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Dear *Eilish*,

Thank you for your correspondence of 16 November in which you asked me to consider a motion proposed by Councillor Tracy Kelly and seconded by Councillor Sarah Bunting, regarding visiting restrictions in relation to maternity services during the COVID-19 crisis. The motion requested that further consideration be given to a consistent approach to restrictions across the Belfast Health and Social Care Trust (BHSCT).

The restriction of visitors to hospitals has been a key strategic component of managing the pandemic and it was introduced to protect patients, visitors and staff by reducing the risk of infection.

As a result of the Northern Ireland Executive's decision to invoke limited additional restrictions across Northern Ireland in response to increasing COVID-19 transmissions, updated visiting guidance for maternity services has been published and is available here: <https://www.health-ni.gov.uk/Covid-19-visiting-guidance>, and took effect from 23 September 2020.

The visiting guidance outlines that the specific restrictions for each care setting are aligned to the pandemic Alert levels/R value, which represents the risk of the virus spreading from one infected person to another, on average. The guidance is based on the best scientific advice available, with restrictions applying in line with the current Regional Alert Level Position – we are currently at Level 4, defined as **“a high or rising level of transmission - enforced social distancing”**. This means that for expectant mothers:

“Birth partners will be facilitated to accompany the pregnant woman to dating scan, early pregnancy clinic, anomaly scan, in the event of pregnancy loss and bereavement, Fetal Medicine Department, when admitted to individual room for active labour (to be determined by midwife) and birth and, to visit in antenatal and postnatal wards for up to one hour once a week.”

The motion indicated that varying measures are being applied across the BHSCT area. These restrictions apply equally to all HSCT maternity settings across Northern Ireland, however it must be noted that the decision to permit visitors into a facility on a day to day basis will still lie with the midwife in charge. This decision will be based on a risk

assessment of that specific setting and will rely on the ability to ensure safety of patients, staff and the visitor.

The motion sought clarification over whether an additional availability of 15 minute COVID-19 testing would allow for further consideration to be given to the restrictions. One of the key priorities of my Department is to ensure that there is sufficient capacity to test everyone in Northern Ireland that requires a test in line with current policy. This includes testing of anyone who has symptoms as well as testing to support the risk assessment and management of clusters and outbreaks. Routine COVID-19 testing, including 15 minute testing, has not been implemented for partners of expectant mothers and there are currently no plans to do so, however, this position will be kept under review as new scientific evidence and new technologies become available.

I wish to stress that these restrictions are not in place simply to protect patients and their visitors, but are necessary due to the need to maintain safety for all others, including other families, all our HSC staff and therefore the wider population, through social distancing and ensuring appropriate Infection Control Procedures are followed across all healthcare settings.

The visiting guidance is structured to take account of variances in the ongoing rate of infection transmission across Northern Ireland, and will remain in place for the duration of the COVID-19 pandemic. This guidance is written in such a way as to require different levels of restriction based on the regional position in terms of surge assessment, and while my officials keep the guidance under review, no significant changes are currently anticipated.

I recognise that this is a very anxious time for all families. I acknowledge that the approach to managing this crisis has meant that many difficult requests have been and will continue to be made of the public around all aspects of health service provision. Particularly, the normal maternity care provision has had to be adapted in order to reduce the spread of infection and to protect expectant mothers, their families and staff providing care. This is not the experience I would hope for expectant mothers and their partners, and I sincerely apologise for this but do hope that you understand.

I hope that this is helpful and has provided an explanation for the difficult decisions that have been taken during these challenging times.

Yours sincerely



Robin Swann MLA
Minister of Health