



How can I run a safe and rights respecting maternity service in a pandemic?



birthrights

Protecting human rights in childbirth

NHS guidance says MVP (Maternity Voice Partnerships) Chairs should be involved in decisions

Step 1 What would it take to keep existing services running?

Could the Local Maternity System help?

What are the pressures?

- PPE shortages
- Staff shortages
- Ambulance response times
- +
- +

How could these be solved/eased? E.g...

- Remove vulnerable staff from high risk work +?
- Use Maternity Support Workers instead of a second midwife at home births +?
- Make non urgent transfers by private transport +?
- +
- +

Only if no change is not an option...

What harm or trauma may be caused?

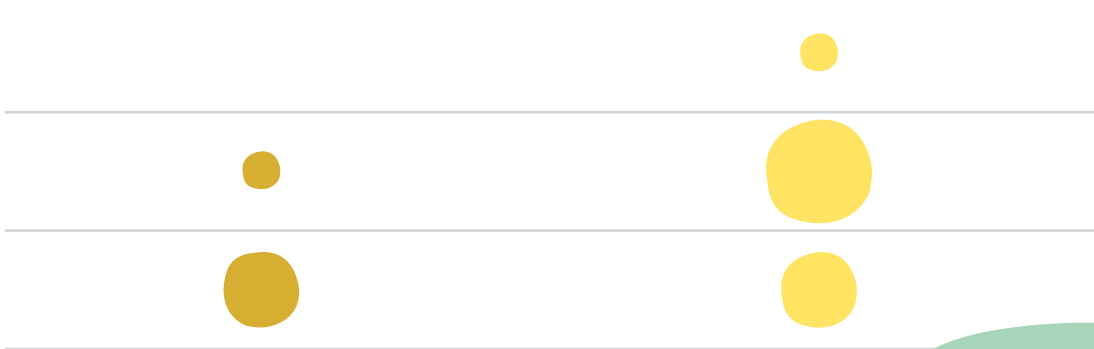
Step 2 What are my options for temporary changes?

How strong is the evidence for this?

How far does it impact on the rights of women/birthing people/partners?

How far does it prevent the spread of COVID-19?

- No change
- Option 1 (example)
- Option 2 (example)
- +



What might the unforeseen circumstances be, especially for marginalised groups?

This will not necessarily be the option that has the greatest effect of stopping the spread of COVID-19

Step 3 Choose the most proportionate option i.e. that which protects health with the least restriction on rights

Duty under the Equality Act to make 'reasonable adjustments' remains

Step 4 Implement

Review regularly – return to normal asap

Always consider individual exceptions