



We support all maternity service users to navigate the system as it exists, and campaign for a system which truly meets the needs of all



10th November 2020

From: AIMS, Birthrights, The BirthBliss Academy, The Birth Trauma Association, The Fatherhood Institute, and Make Birth Better

To: The Society and College of Radiographers

We are a coalition of organisations that have been campaigning to remove disproportionate visiting restrictions in maternity services in Trusts. We are writing in response to the Society and College of Radiographers (SCoR) document, "[Obstetric ultrasound examinations during the COVID-19 pandemic](#)", and on behalf of pregnant women and people who, due to the pandemic, are being denied a support partner during ultrasound examinations.

During this time, which is difficult for both staff and those in their care, it is imperative that all parties do everything that they can to keep one another safe, both in terms of reducing the risk of COVID-19 transmission, and in terms of mental health and wellbeing.

We know that many pregnant women and people will hear devastating or worrying news which for many will be completely unexpected. Others may need to understand information given to them to make decisions at a later date, for instance if they are found to have a low-lying placenta or a baby who may be growth restricted. For any of us, hearing difficult or life-changing news is hard, and understanding what is said to us when we are in a state of shock is difficult.

It is also imperative to remember that there are normally two parents for each baby or babies. Many of those making decisions about their pregnancy wish to do so in consultation with the other parent. In addition, being the parent who has to wait outside to find out the results of a scan can be terrifying. We must not underestimate the impact of this separation on the non-birthing parent.

These are examples of the experiences which parents have shared with AIMS, typical of many we have heard from. They are included here with the full permission of the parents.

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“I had some bleeding and had to have an emergency scan. It was during this scan that I was told my baby had no heartbeat. I cannot express enough the devastation I felt during this appointment and these feelings of sadness I had to go through completely on my own. It affected my mental health dramatically and I had to then let my partner know this devastating news afterwards, which was horrendous.”

“So far, my partner has only been able to attend my 20-week scan. I’m undergoing extra care this pregnancy due to a previous small baby so have extra growth scans and appointments that he’s not allowed to attend. It terrifies me. I’m struggling as it is being pregnant in a pandemic but having to go through this alone too is having a significant impact on my mental health at a time when I feel extremely vulnerable.”

“Prior to my last pregnancy I had two missed miscarriages. When I went for both my 12 and 20 week scan, the wait in the waiting room was torture and I cried alone on the bed whilst waiting for the sonographer to start, nervous at the outcome and that I was alone. I was fortunate in that it was good news. I can only imagine what it would have been like had I gone through my scans for my miscarriages now instead of last year and had to get the bad news and go through my operations alone. It would have been more upsetting, traumatic and soul destroying.”

We note that some Trusts have found ways to admit partners to antenatal scans safely, and would urge you to take the lead in sharing these innovative solutions and encouraging your members to work with their Trust/Board to enable this for everyone.

Where it is really not possible for such arrangements to be made for all maternity service users, we ask you to urge your members to support attendance by a partner or another supporter on a case by case basis for those who have specific needs. These may include:

- Having had a previous stillbirth
- Having had a previous miscarriage or serious abnormality identified at a scan (or ideally, anyone who has had a previous miscarriage)
- English is not their first language (including Deaf people who use BSL)
- Having a physical or learning disability
- Being diagnosed with antenatal depression, PTSD or clinical anxiety

At the same time, we would urge you to reconsider your advice that women and pregnant people should not be permitted to include their partners or other supporters in the appointment via a phone or video call. Your document raises the following concerns about the impact of this practice.

1. *Guidance suggests aiming for the shortest possible examination times to reduce risk, as scans are often carried out in small and poorly ventilated rooms, with the woman and sonographer in close contact. It is also important to ensure that examination times are not extended, to keep busy antenatal ultrasound clinics, where there are current staffing pressures, running as smoothly as possible.*
2. *Holding a mobile phone in this way leads to a taut abdomen, which makes scanning extremely difficult, if not impossible. It might also impede the ultrasound practitioner’s position, making it difficult to acquire some views.*
3. *It is not usual practice to support filming of entire medical or diagnostic examinations. Filming an entire procedure may increase the risk of distraction for the practitioner and thus lengthen the examination procedure.”*

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To address the first point, we agree entirely that time is of the essence, and ensuring that the scan is as short as possible is important for the safety of all involved, when it comes to COVID-19. There is, however, no reason to think that participating in a phone call would involve the examination lasting any longer than having the partner or a support person in the room. We are concerned that this statement implies that spending time dealing with questions from the second parent or supporter is not seen as important, when it may be vital to enabling the pregnant woman or person to understand the situation fully and make informed decisions. To refuse to do this for reasons of time would seem to be contrary to the sonographer's duty of care.

The second point can be easily resolved, if it does occur, by explaining this to the pregnant woman or person and asking her/them to not hold the phone up for the duration of the scan, but to place it next to them with the speakerphone on to enable their partner to hear and join in the conversation.

The third point is really two points. The document asserts that it is not usual practice to support the recording of medical consultations. In fact, it is a patient's right to do this, and the hospital or Trust has no legal basis for refusal.¹

The second assertion is that filming the consultation could be distracting, and therefore take longer. We appreciate that a change in practice may be challenging for staff, but many areas of healthcare have had to make significant adjustments and we feel that this should not be allowed to outweigh the significant benefits of enabling women and pregnant people to have the support they need.

We therefore call upon ScoR to recommend to their members that:

- They support all pregnant women and people to be able to have their partner or support person present throughout a scan
- If there are specific reasons why this can't be supported for all at a particular hospital at a particular time, then to support it for those with specific needs
- That they support those who cannot have their partner or supporter present to use a mobile phone to speak with them during the scan

We look forward to your response.

Yours,

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1. "Patients Recording Consultations" British Medical Association www.bma.org.uk/advice-and-support/ethics/confidentiality-and-health-records/patients-recording-consultations

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