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Deputy Dillon  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ Ref 40532/20 To ask the Minister for Health if his Department will update Covid-19 advice for pregnant women to include the findings of The Royal College of Obstetricians and Gynaecologists and The Royal College of Midwives and the Faculty of Occupational Medicine that women who are 28 weeks pregnant and beyond are at an increased risk of becoming severely ill upon contraction of the virus; and if he will make a statement on the matter.**

Dear Deputy Dillon,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I would like to apologise to you for the delay in issuing this response. The HSE has examined the matter and the following outlines the position.

The HSE works closely with the Institute of Obstetricians and Gynaecologists in Ireland in determining advice for pregnant women in the context of the Irish experience of Covid and based on Irish data. The current advice from the Institute in this regard states

*“Employers should be sensitive to the fact that pregnant women are, appropriately, often anxious about their own health and protective of their unborn baby. Pregnant healthcare workers are specifically impacted by the nature of their professional activities and exposure. This risk applies particularly, but is not limited to, those in nursing and midwifery, or those providing medical, or ancillary care, to known infected patients. Risk seems to be proportional to exposure duration and is higher for some occupations that involve aerosolisation. Pregnant health care workers should therefore be allocated to patients, and duties, that have reduced exposure to patients with, or suspected to have, COVID-19 infection. It is specifically recommended to avoid rostering pregnant staff to COVID-specific units or wards, and redeployment to lower risk duties should be considered. Those pregnant staff who also have underlying medical conditions should discuss with their treating obstetrician as redeployment or working from home may be further advised. The HSE’s list of those who are considered vulnerable healthcare workers includes women who are pregnant with significant heart disease, congenital or acquired.”*

This advice is based not only on international evidence but also our experience in Ireland. Since the 1<sup>st</sup> March approximately 45,000 babies have been delivered in Ireland and there has been no maternal death from Covid. In the Netherlands there has been one maternal death reported in approximately 80,000

births. This should be contrasted with the experience of the United Kingdom where it has been reported that there is an incidence rate of 5.8 mortalities per 100,000 births. It can be seen that the rate in the United Kingdom appears to be higher than in Ireland or the Netherlands.

The Royal College of Obstetrics and Gynaecology (RCOG) is an internationally regarded organisation but it should be borne in mind that their advice is based on UK data. This data highlights that pregnancy related Covid deaths are very much associated with minority ethnic groups and pre-existing morbidity.

To date the data from Ireland, with no maternal deaths, is a reflection on our population, our underlying incidence of Covid, the response of the health service and the priority accorded to keeping maternity units free of Covid.

While working in pregnancy is not without risk, neither the HSE nor the Institute of Obstetricians and Gynaecologists in Ireland is advocating ceasing work at a particular gestation. This position is also mirrored by the three agencies referred to in your Parliamentary Question, who noted in a further joint statement that *" risk assessments and the resulting conclusions in relation to safety at work are expected to differ between employment sectors and by region and country, and therefore a single recommendation is no longer appropriate "*.

In practice many workers are stopping slightly earlier depending on their obstetricians individual risk assessment. Risk factors like ethnicity, obesity, older age diabetes and hypertension all need to be assessed as well as the environment. Obstetricians are counselling patients regarding ventilation, avoiding mingling at mealtimes in staff rooms etc.

The Irish advice is prepared by professionals who are both aware of international data and well positioned to interpret it. As further data, both national and international, becomes available the flexibility exists to rapidly alter the advice.

I trust this clarifies the matter.

Yours sincerely,



**Mary-Jo Biggs, General Manager, National Women and Infants Health Programme**