

Background

- In response to the COVID-19 pandemic, maternity units will have undoubtedly implemented Public Health England (PHE) infection prevention and control guidance in different ways.
- To date, there has been no national exploration of the successes in, and barriers to, implementing the PHE guidance in English maternity units.

AIM: To explore implementation successes and barriers through virtual interviews with 16 staff working across 8 regions in England.

Successes to Implementation

Three themes identified; **Existing Infrastructure**, **Training Satisfaction** and **Organisational Culture**.

Existing Infrastructure

“And that is [a] massive place, so we never had problems with the social distancing using that clinical setting, However, and I don’t know what the previous setting looked like, but when I started, I was told that you know, from the COVID perspective, we would have struggled if we weren’t in that new setting.” [P16]

Training Satisfaction

“I think it was probably as good as it could be actually in terms of training. Because we weren’t doing so much of the elective stuff, actually people could get trained up quickly, and those sorts of things for essential work where it matters to our frontline, which is delivery suite.” [P1]

Multidisciplinary approach

“We had weekly meetings, a multidisciplinary COVID meeting, weekly, regarding any new measures that were coming out or new guidance and then we could implement them.” [P3]

COVID dedicated roles

“A dedicated person who was in charge of the COVID response from an early, from the beginning of the pandemic and who was solely responsible for sharing the information and collating the information, so we all had someone to go to.” [P13]

Organisational Culture was split into three subthemes: Multidisciplinary approach, COVID dedicated roles and Hospital wide communication.

Barriers to Implementation

Three themes identified; **Variances in Testing Arrangements**, **Application of Guidance**, and **Infrastructure and Resources**.

Variances in Testing Arrangements

“So, the women who came in in labour were automatically all COVID swabbed and their partners.” [P3]

“Well partners aren’t being tested, they’re just being asked to wear a mask and socially distance.” [P1]

Application of Guidance was split into five subthemes: Contradictions, Specificity to maternity, Staff compliance, Timings & frequency and Delayed implementation.

Contradictions

“The sonographers were a group who were really anxious about PPE and they had different guidance through their Royal College... There was a decision made that they could wear FFP3 masks, so they were walking around with their FFP3 masks on, and I was saying you don’t need it.” [P10]

Methods



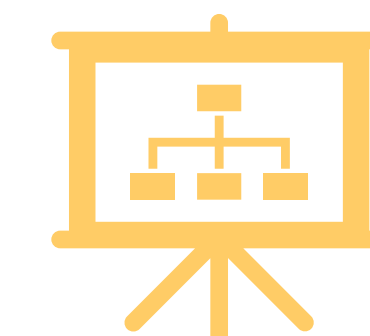
Virtual interviews, n = 16



Worked on a maternity unit between March 2020-July 2021



8 obstetricians
4 midwives
2 matrons
2 neonatologists



Thematic analysis

Infrastructure and Resources was split into five subthemes: IT compatibility, PPE availability, Difficulties with cohorting, Nature of clinical role and Fit testing arrangements.

PPE availability

“People were using binbags because we’d run out of aprons, you know, so just cutting a head and the little arms out.” [P9]

Difficulties with cohorting

“Sometimes there wasn’t capacity, so negative women would be put in that pending bay and then I know times that someone in the pending bay has been positive and the lady that’s had a negative test on discharge has then been told to isolate.” [P2]

Conclusion

Findings illustrate the importance of effective hospital wide communication and the need for consistent, easily understood guidance.

These results will be used to inform the content of an expert panel consensus meeting to develop a best practice guide for use in maternity services.