Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Commentary

COVID-19. The new normal for midwives, women and families

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At the start of 2020, we were full of hope and excitement with plans for celebrating the first ever International Year of the Midwife. We were eagerly looking forward to how we might raise the profile of midwives and their contribution to safe maternity care-here and across the world. Now, I am sure I am not alone in constantly thinking about how 2020 is turning out.

While the COVID pandemic may be the most challenging thing we have faced together, there are definitely silver linings. It may not be in the way we would have ever wished for, but the current situation is giving us an opportunity to showcase the work, and the resilience, of maternity services in the UK and across the world. I am constantly amazed how innovative, imaginative and kind midwives continue to be to women despite their fears for their own health and safety and that of their families. We must balance our pride in our profession and bringing these stories into the public domain, with the heart-breaking stories of midwives and women who are seriously ill and have lost their lives. This gives the Royal College of Midwives (RCM) an even greater drive to influence senior NHS officers and the government not to forget that midwives and maternity staff are front line staff, caring for women with COVID in a service that cannot be reduced or switched off. We constantly ask for an equal chance to access PPE, testing, ringfencing of staff and support for the hard decisions on service delivery changes which inevitably reduce women's choice.

In the early planning for how maternity services would continue to be provided, modelling a worst-case scenario, many services looked at reducing face-to-face antenatal and postnatal contacts and replacing it with online contact. The RCM and Royal College of Obstetricians and Gynaecologists developed evidence-based guidelines, setting a baseline for the acceptable face-to-face contact for women at low risk of complication. Community hubs and clinics were hastily put together to reduce the number of one-off visits to small clinics and homes. Midwives quickly developed a safe distancing queuing system for women using text messaging. Women have been understandably anxious about COVID and pregnancy and the evidence has been limited due to the novel nature of the virus. Midwives have responded quickly and set up advice lines, videos and call centres. They have done everything they can to help reduce fear and anxiety for women. Many of these new ways of engaging with women have been really successful and have actually increased the level of support available for some. I hope that we reflect and build on this for the future so that improving care becomes a positive outcome of the COVID crisis.

One of the most concerning issues must be the disappointment for some women when their choice of place of birth is changed. Suspending a home birth service is such a difficult decision for Heads and Directors of Midwifery and is done with real thought and consideration of the many complex factors. These include staffing capacity, paramedic availability, the ease of risk assessment in a home environment, the availability of PPE and the confidence of the midwives to provide safe care in a home, including the impact on their own safety. Despite this I have heard so many women report positive birth stories.

Midwives are continuing to try their best for women, not only to ensure their care is safe but also to support them to have the best experience as is possible. One aspect where we, alongside the RCOG, has made a positive impact on this is around birth partners. While other hospital services have, understandably, restricted visitors to hospital and clinical settings, we have developed a clear policy for allowing their partner, in all but exceptional circumstances, with the women for the birth. This has helped allay anxiety, which is understandably heightened at this time.

Finally, we are welcoming midwives back to the clinical workforce from education, non-clinical roles and being retired. The wealth of experience all focussing on providing clinical care is bringing midwives closer together as a family. Students are also starting to work more clinically and having an experience that they previously would not have. We are all learning, responding, thinking, reflecting, and hoping. I am sure going back to normal will be out of reach the new normal I hope will be better for midwives, better for women and better for society.

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