

2020.12.17

7.1 Deputy L.M.C. Doublet of St. Saviour of the Minister for Health and Social Services regarding support partners at antenatal scans.

Could the Minister please explain the reasons why pregnant women will not be permitted to have a support partner with them for any antenatal scans, given that the N.H.S. (National Health Service) guidance issued on 14th December emphasised the importance of support partner involvement and states the negative impacts on mothers, babies and partners that could potentially arise as a result of this new policy?

Deputy R.J. Renouf of St. Ouen (The Minister for Health and Social Services):

This decision has been taken as a result of advice from our Infection Prevention and Control team and following an assessment of risks in the workplace, the purpose being to keep our workforce safe and as free as possible from the risk of spread of COVID.

Deputy L.M.C. Doublet:

Can the Minister continue, because he has not fully answered the question?

The Deputy of St. Ouen:

The Deputy in her question has referenced N.H.S. advice and of course I agree with the N.H.S. finding that it is always helpful, I am sure, to pregnant women to have their partner with them. I am not aware how N.H.S. hospitals are operating at the present time although clearly many of them are under strain and would also be seeking to protect their workforce. We recognise that we would wish to restore the position as soon as possible, so this is not a policy, it is a decision taken on a risk-based assessment in the light of the current circumstances.

Deputy L.M.C. Doublet:

A supplementary, please, Sir.

The Bailiff:

I am sorry, I thought that was your supplementary, Deputy Doublet. You of course have a final supplementary but very well, yes, I think it is reasonable as you were asking for further clarification. Therefore a supplementary, Deputy Doublet.

7.1.1 Deputy L.M.C. Doublet:

I am disappointed that the Minister has not fully answered the initial question, even given that prompting that I had to give him just then. The second part of the question asks what negative impacts on mothers, babies and partners could potentially arise as a result of this new policy? I would like the Minister to answer that, please.

The Deputy of St. Ouen:

In the Government's COVID response we have always sought to balance the harms. We acknowledge that harms result from some of the measures that are necessary to combat and control the spread of COVID and we are seeking to balance that. In the U.K. I am advised that there have been cases of staff working in clinics who have acquired COVID as a result of spread from either patients or partners attending. Of course we wish to avoid that. We recognise the harm that is caused, the possible upset and why mothers would wish to have their partners with them, but it is important to bear down on the spread of COVID in hospital, which

is a place where we take in our sickest people in the Island who are vulnerable to the spread of disease. This is a perfectly proper, safe and appropriate measure to take.

The Bailiff:

Thank you very much. I have 8 people indicating a desire to ask a question. In the amount of time available I propose not to allow supplementary questions to any of those, but to allow them to ask their questions until we run out of time. May I remind Members that immediately follows Questions without notice to Ministers and if their questions are not answered during the course of this few minutes then they are at liberty to pose a question if they wish subsequently?

Deputy R.J. Ward:

Sir, I am sorry to interrupt but it really is difficult at times without a supplementary on specific topics. I wonder whether it would be possible to extend the questioning time. This is the last thing that we are dealing with today, with respect.

The Bailiff:

It is not the last thing that we are dealing with today, Deputy Ward. The last thing we are dealing with today would be the traditional greetings but before that of course there is an hour of Questions without notice to Ministers and it is possible to spend a lot of that, if necessary, dealing with this point. I am looking to fit as many people into this question within the 10 minutes available to it. I think in the circumstances I will permit 15 minutes of questioning instead of 10 minutes of questions and we will see if we can deal with matters of supplementary questions. If we run out of time at the end of 15 minutes then it must be the case that we will have to defer anything else until Questions without notice.

7.1.2 Connétable K. Shenton-Stone of St. Martin:

My question is in 2 parts. The second part relates to the first part. Does the space in the scanning room prevent social distancing? If so, can another room be used? I understand that the scanning room is very large. The second part is what is the additional perceived risk if the partner is distanced in the scanning room and already from the same household?

The Deputy of St. Ouen:

I am confident that all of these matters would have been considered in the risk assessment that has taken place and would have been considered by our Infection Prevention and Control team. They are not capricious about this. We do not have a desire to do this. It has been considered necessary to prevent the spread of infection within the hospital. Visiting to other wards has been closed. Visiting to some of our most vulnerable in mental health wards is closed, the reason being not that we wish to do it but that it is recognised that bringing more people into an environment such as this does increase the risk of spread among the most vulnerable in the Island. Therefore, that is why the decision has been taken.

7.1.3 Deputy R.J. Ward:

Given that we are in 2020 and that, speaking as a father, fathers are an integral part of the process of pregnancy and want to be involved, is there not a way that fathers or partners can be included wearing P.P.E. (Personal Protective Equipment) or taking the precautions that are necessary so that they are part of the scan and part of the support mechanism? Can I ask the Minister: will he accept that it is okay for him to change his mind and no one will see him as weak for doing that and it will be supported?

The Deputy of St. Ouen:

It is the case, as was said in the news release yesterday, that we know there are times when extra support is needed during an antenatal scan, particularly if the pregnancy is high risk or complicated and we will provide additional support as is needed. In appropriate cases what the Deputy has said may well be implemented.

7.1.4 Deputy I. Gardiner of St. Helier:

Would the Minister recognise that supporting mother and child is not visiting? Does the Minister recognise the role of the partner as a vital role to care for mother and baby and it cannot be considered as visiting and they should be treated differently with extra precautions to be taken, such as advanced scanning and using P.P.E. to avoid the spread of the virus?

The Deputy of St. Ouen:

Yes, I do recognise the valuable and critical support of a partner in instances like that. I did not mean to infer that the partner was a visitor in the same way as a visitor to the ward, although undoubtedly the partner is a visitor to the hospital if the partner is not receiving a clinical examination in a clinical environment. P.P.E. and other measures do take time to put on and take off and they are not a failsafe. That is probably the reason why in the U.K. there has been a spread of COVID from people attending such examinations, even though their staff have been fully kitted out in all P.P.E. It is a simple measure, a straightforward and necessary measure to protect staff and patients in the hospital.

7.1.5 Senator K.L. Moore:

In his answer to Deputy Ward the Minister suggested that in appropriate cases if there was a particularly stressful situation in relation to the pregnancy that some waivers may be offered. How does the Minister propose that occurs?

[12:15]

Is it the pregnant person who should request it if they feel particularly stressed or concerned about their pregnancy, therefore they would like due consideration to be given to their partner or is that a medical decision to be taken?

The Deputy of St. Ouen:

It is certainly not for me to direct how such decisions should be taken. Staff are not unfeeling in this. They would already have established a relationship with the mother and we will be aware of difficult pregnancies, problematic pregnancies, particular instances where additional support may be needed. I am sure those discussions would be had with appropriate mothers-to-be.

7.1.6 Deputy G.P. Southern:

What evidence or basis is the Minister aware of that should lead to such a marked difference between the U.K. advice and our advice?

The Deputy of St. Ouen:

I do not know what the specific U.K. advice is in each and every N.H.S. Health Trust. There is obviously advice for the general situation, that partners should be encouraged but in COVID times I am sure that N.H.S. hospitals are being very careful about their measures. I would remind the Deputy, as he well knows, that we are a single health care provider, unlike an N.H.S. hospital that can call upon support from the neighbouring town or county if their staff are affected and fall ill with COVID. We are not able to do that, so we do need to protect our staff here on the Island and try to minimise the risks for them.

7.1.7 Senator S.Y. Mézec:

Can the Minister understand why what he is suggesting will sound so implausible to so many members of the public who will be wondering what benefit this actually provides, to separate a couple for an antenatal appointment in the name of preventing the spread, when presumably outside of this appointment they will be spending a lot of time with each other? Is he in possession of some sort of medical evidence that demonstrates there is a higher risk of spread in an antenatal appointment without separating a couple who are otherwise spending a lot of time together anyway?

The Deputy of St. Ouen:

The risk is double. We know that people are at their most infectious before they exhibit any symptoms. We know also that many people can carry COVID and yet be asymptomatic. There is a risk from the mother-to-be attending, who may have COVID and not be aware of it and may not exhibit symptoms. The service will continue to bear that risk and deliver the antenatal service, but the risk is doubled if that mother's partner comes in and for that reason it is appropriate to seek to minimise the risk.

7.1.8 Deputy K.G. Pamplin of St. Saviour:

I have read the N.H.S. advice issued on 14th December and I respect Dr. Muscat, as the Minister knows I do. What is the specific reason that has led to the conclusion that Dr. Muscat has made that these things cannot go ahead? There has to be a specific reason, otherwise he would not have made that decision. Does the Minister know what that is and can he share it with us all now?

The Deputy of St. Ouen:

As I have said before, the reason that has been given to me is this is the appropriate measure to minimise risk to our staff and the community in hospital, including vulnerable Islanders.

7.1.9 Deputy C.S. Alves of St. Helier:

I have just heard the Minister quite rightly say that the risk is doubled and that in many situations somebody may be positive and not show any symptoms. Therefore, does the Minister recognise that there is a clear contradiction when the Government are allowing our pregnant teachers to be in contact with potentially hundreds of children and other members of staff in a non-sterile school environment compared to a hospital environment?

The Deputy of St. Ouen:

Every workplace runs on the basis of a risk assessment, schools, hospitals, every other States workplace. Those risk assessments would have been carried out and were they to be an unsafe environment action would be taken, as we are doing in this hospital scenario.

7.1.10 Deputy S.G. Luce of St. Martin:

The reason that the Minister has brought in these changes, he says, is to protect the workforce. Would he agree with me that in order to protect the workforce even further he could ask for pregnant women who are very close to their birth date to come in to the hospital and have their babies under more controlled conditions than might otherwise be the case if they just wait for baby to come along naturally?

The Deputy of St. Ouen:

I am happy to put that to those who would be the best judge of these things on a clinical basis. I do not think I can say any more than that. I cannot give my own opinion. It needs clinicians.

The Bailiff:

Very well. We come to the end of the 17 minutes that I have in fact ended up that I have allowed for this so far. Do you have a final supplementary, Deputy Doublet, before we move on to Questions without notice?

7.1.11 Deputy L.M.C. Doublet:

Yes, please. Does the Minister not agree that the minimal risk of one person from the same household attending a scan is vastly outweighed by the huge toll that this will surely have on the mental health of pregnant women? Indeed a U.K. survey shows that these same restrictions in the U.K. negatively affected over 90 per cent of pregnant women at the time, and that it cannot be predicted whether the news from a scan might be: “Sorry, your baby does not have a heartbeat” or: “Sorry, your baby has an abnormality” or: “Sorry, you need to have a termination.” Even with the mitigations and the allowances he is stating and given the fact that these things cannot be predicted, and the N.H.S. document that Deputy Pamplin refers to states that support partners are not just visitors, they are a vital part of providing the care for pregnant women and babies, will the Minister please agree to go back and review this decision?

The Deputy of St. Ouen:

I am afraid that right at the beginning of the supplementary the Deputy asked if I would accept that this is minimal risk. No, I am sorry I cannot accept that it is minimal risk. I reiterate that staff are not unfeeling. Staff will be on hand to offer all the support they can. We have a magnificent team in the antenatal service and yes, these decisions are under constant review, if only because it pains the staff, I am sure, to have to impose this requirement. As soon as it is safe to do so we will revert to the previous practice, recognising the benefits of partners attending these appointments.