



Royal College of  
Obstetricians &  
Gynaecologists

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Friday 09 December 2022

Mr. Tim Suter: [solicitors@covid19.public-inquiry.uk](mailto:solicitors@covid19.public-inquiry.uk)  
Sent by email

Your ref: M2/R9R/RCOG/TJS

Dear Mr. Suter,

**Re: Request for Information (RFI) under Rule 9 of the Inquiry Rules 2006 – UK Covid-19  
Inquiry-Police-Ext-RFI\_20221107**

Thank you for your RFI received Monday 07 November 2022. Please see an extract of your request and our response below.

**Your request**

Please find a copy of your request attached.

**Our response**

Please find our response to the UK COVID-19 Inquiry Module 2 questionnaire below. Please also find copies of supporting evidence enclosed as appendices, as provided in the list of attachments on page 13 of this document.

Your questions have been italicized for ease of reference:

1. *A brief overview of the history, legal status and aims of the organisation or body. Please explain whether the work of the organisation or body is UK wide, or is instead confined to England, Scotland, Wales or Northern Ireland only.*

RCOG Response:

The [Royal College of Obstetricians and Gynaecologists](#) (RCOG or the College) works to improve women's healthcare in the UK and across the world.

The RCOG is a registered charity, with a mission to set standards to improve women's health and the clinical practice of obstetrics and gynaecology in the UK and across the world. As outlined in our [current strategy](#), our aim is to achieve the scale necessary to



deliver our ambition of improving women's health and healthcare worldwide, through our global education, clinical quality and influencing abilities.

The RCOG was founded in 1929. The College was granted a 'Royal' title in 1938 and the Royal Charter was awarded on 21 March 1947. The College is governed by the Royal Charter, from which are derived the College Regulations, which guide the governance, management and business arrangements of the College. More details of RCOG governance can be found [on our website](#).

The RCOG is a UK wide organisation, with members working across England, Scotland, Wales and Northern Ireland. We also have a global membership and reach.

The RCOG plays a key role in contributing to policy development as it affects our members, the health service and wider women's health concerns, and we regularly advise the Government and other public bodies on healthcare matters relating to obstetrics and gynaecology. The RCOG also plays an essential role in the development of clinical guidelines and best practice in the areas of obstetrics and gynaecology.

2. *A brief description of the group(s) which the organisation or body supports or represents.*

RCOG Response:

As both a professional body for the global community of obstetricians and gynaecologists (O&G), and a charity with a mission to improve women's health, the College is uniquely placed to bring together the clinical expertise of our global membership and the experiences and voices of the girls and women we are ultimately here to serve. The RCOG therefore supports and represents two distinct groups:

- Women and girls (in relation to their health outcomes) and
- Our Fellows and Members around the world.

We also support healthcare professionals more widely within the obstetric and gynaecological clinical speciality.

In line with its mission to improve women's health in the UK and across the world, the RCOG advocates for the needs of women and girls to improve health outcomes throughout the life course. In partnership with colleagues at the Royal College of Midwives (RCM), the combined professional and clinical expertise of our members also uniquely places us to support and represent the health needs of the pregnant population, a role we undertook throughout the COVID-19 pandemic.

The RCOG supports and represent over 16,000 members' worldwide working in obstetrics and gynaecology, with over 8,000 members working in the UK. We develop education, training and exam programmes for doctors wishing to specialise in O&G, publish clinical guidelines setting standards for high-quality women's health care, and provide a Continuous Professional Development programme for qualified O&G clinicians.



3. *A brief overview of the work of the organisation or body in supporting or representing the relevant group(s) between January 2020 and Spring 2022 as it relates to the response to Covid-19 of (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive.*

**RCOG Response:**

The RCOG's key priority during the pandemic was to ensure healthcare professionals had the support and resources they needed to continue to provide safe, high-quality care, and for women and their families to have access to accurate and timely information and advice about the pandemic and its potential impact on their health and healthcare.

We recognised the need to ensure our members were supported to deliver care during the pandemic. This included advocating for their needs in terms of avoiding where possible the redeployment of maternity staff into other specialties in response to the pandemic, their specific needs for personal protective equipment in O&G care settings; supporting members who returned to frontline care from retirement; and developing resources to enable those who practise predominantly or solely in gynaecology to safely return to work on maternity wards.

Throughout the pandemic and beyond, the RCOG played an important role in providing advice and guidance around women's healthcare in the context of COVID-19 to RCOG members and the wider healthcare profession, and directly to women and their families. The College also played a role in advocating on behalf of women and girls, and providing advice and guidance to the UK Government and devolved administrations, including the Chief Medical Officers (CMO) and key decision-makers in the NHS across the UK.

The RCOG did not receive any specific funding for the role it played in response to the COVID-19 pandemic, and used a substantial amount of its existing organisational resource to provide the advice, guidance and support it delivered. The work undertaken by the RCOG in response to the COVID-19 pandemic was delivered at a time of financial constraint for the organisation, when like many other charities and businesses the College was facing the challenges created by the economic impact of the pandemic, which included the furloughing of a number of staff members.

The RCOG is proud of its contribution to the UK's response to the COVID-19 pandemic, and the guidance and support it provided for healthcare professionals, for women and to the UK Government and devolved administrations, which has attracted global plaudits.

**COVID-19 Guidance Cell**

In response to the emerging pandemic and in recognition of the need for expert guidance and advice for healthcare professionals working in maternity and neonatal care, the RCOG brought together key stakeholders into a COVID-19 Guidance Cell. The



COVID-19 Guidance Cell became a central mechanism for the RCOG response to the pandemic, providing expert clinical input and advice and meeting frequently to respond to emerging evidence and evolving Government advice, guidance and changes in legislation. Membership of the Cell evolved over the pandemic, but initial members included RCOG staff and clinical fellows, clinical advisor to the Chief Medical Officer for England, and representation from the RCM, the Royal College of Anaesthetists (RCOA), the Royal College of Paediatrics and Child Health (RCPCH), the Obstetric Anaesthetist's Association (OAA), Public Health England, Health Protection Scotland, NHS England, and the NHS Improvement Infection, Prevention and Control Team.

### **Guidance for healthcare professionals**

On 09 March 2020, the RCOG published version 1 of its Coronavirus (COVID-19) Infection in Pregnancy guide, co-badged with the RCM and the RCPCH. The RCOG recognised the need to provide advice to healthcare professionals in relation to the care of pregnant women during the pandemic at a very early stage, and this need was reasserted when Chief Medical Officer for England, Professor Chris Whitty, requested that the RCOG lead on such guidance at a briefing with other Royal College early March 2020 (see Appendix A1).

The guidance provided advice for UK healthcare professionals on provision of safe care to pregnant women, and remains a living document that continues to be updated in line with new evidence. In the initial months of the pandemic, the guidance was based on a combination of the best available published evidence and where this was absent, good clinical practice and expert opinion. The most recent version of the guidance, version 15, was published in March 2022, with version 16 due to be published soon. The RCOG library continues to regularly conduct a literature review in order to identify any new evidence to inform necessary updates to the guidance. We were transparent throughout that the pandemic was an evolving situation and the guidance would be updated as and when new information became available, and recommended that those using the guidance visited the page regularly for updates.

Alongside the central Coronavirus (COVID-19) Infection in Pregnancy guidance, the RCOG produced a suite of other guidance documents to provide advice and guidance on delivering care and services relating to obstetrics and gynaecology through the pandemic. This included guidance on antenatal and postnatal services, antenatal screening and ultrasound, COVID-19 and abortion care, early pregnancy services, fetal medicine units, staffing frameworks, maternal medicine services, midwife led settings and home birth, occupational health, restoration and recovery, and testing and triage. These documents were produced in collaboration, and often co-badged, with specialist organisations representing subject matter experts in each of the areas covered.

### **Information and advice for women and girls**

Alongside guidance for healthcare professionals, the RCOG identified a need to provide evidence-based information and advice for women during an uncertain time, recognising in particular that pregnant women and their families were likely to be particularly anxious about protecting themselves and their unborn baby from a virus



which, in the early stages of the pandemic in particular, was not well understood. In light of this, on 09 March 2020, the RCOG published a Q&A for pregnant women providing advice and information based upon the existing evidence and clinical judgement which mirrored our clinical guidance for healthcare professionals. The RCOG also regularly updated its Q&A to reflect new evidence, updates in Government advice, guidance and legislation. There have been 26 versions of the Q&A that have reflected updated guidance, and have been broadened and informed by both emerging evidence, and frequently asked questions from pregnant women and their families.

On 23 March 2020, in response to a rapidly increasing number of queries from women and healthcare professionals to various different internal email addresses, the RCOG set up a COVID-19 inbox to provide a central contact point. The COVID-19 inbox was monitored throughout the pandemic, and all responses were drafted by RCOG staff based upon our published guidelines and Q&A, and reviewed by clinical fellows before they were sent. Over the period it was open, the RCOG received and responded to 1682 queries sent to the COVID-19 inbox.

The RCOG provided advice and guidance for information purposes only to women, and it was not intended to meet individual healthcare requirements. We consistently strongly recommended that women who were concerned about their health or healthcare requirements should speak to their clinician or a healthcare professional as appropriate. In a leaflet accompanying a letter sent by the Prime Minister to all UK households at the end of March 2020, the RCOG was referred to as the place to go for information regarding pregnancy and COVID-19.

### **Advocacy for the health needs of women and girls**

In line with its mission to improve women's health in the UK, and in line with its role to represent the health needs of women, the RCOG also undertook advocacy work during the COVID-19 pandemic, to ensure that the UK Government considered and addressed these needs as part of its decision-making in relation to the COVID-19 pandemic.

The RCOG was well placed to advocate for the health needs of women during the pandemic because we held the clinical and frontline healthcare expertise to understand the impact of political decision-making on women's health and services. Furthermore, we were receiving many queries directly from women and also from the media, which helped to shape our understanding of the key issues and concerns being raised with regards to the emergence of COVID-19, and in particular where guidance or advice was required from the UK Government or devolved administrations.

This advocacy generally took the form of raising such issues with the UK Government, devolved administrations, or relevant public bodies (for example, the NHS), either through formal communications such as letters, or less formal communications including emails, phone calls and messages, and virtual meetings. As the RCOG and its members were already well connected with key parts of the UK Government and public bodies that work in women's health and maternity care, existing relationships with civil servants, Government advisors including Chief Medical Officers and their respective



teams, and key decision-makers in the NHS, were utilised wherever possible to raise issues, provide support and inform decision-making.

#### **COVID-19 vaccination for pregnant women and girls**

The RCOG has played a key role in advocating for the needs of pregnant women in relation to vaccination against COVID-19. This advocacy began with us calling for the inclusion of pregnant women early in vaccination trials. This was followed firstly by calls for timely and comprehensive advice and guidance for pregnant women around vaccination and the vaccination programme, and then, as the evidence emerged around safety and efficacy, calling for the vaccination of pregnant women as the best form of protection against the effects of COVID-19.

This work was led by the RCOG/RCM COVID-19 Guidance Cell vaccine sub-group (first convened on 21 January 2021 which involved clinicians supporting the education around and delivery of COVID-19 vaccination to eligible pregnant women. The Cell included RCOG Officers and staff, representatives from the UK Obstetric Surveillance System (UKOSS), the UK Teratology Information Service (UKTIS) and academics. Representatives from NHS England, PHE and MHRA also joined the group. The subgroup was initially chaired by Professor Lucy Chappell, NIHR Research Professor in Obstetrics at King's College London, now Chief Scientific Advisor to the UK Department of Health and Social Care. The initial role of the subgroup was to ensure adequate counselling for women around use of an unlicensed medication in pregnancy, review considerations around vaccine delivery, and focus on data collection around safety and efficacy specific to pregnant women and their babies.

4. *A list of any articles or reports the organisation or body has published or contributed to, and/or evidence it has given (for example to Parliamentary Select Committees) regarding the impact on the group(s) which the organisation or body supports or represents of the response to Covid-19 by (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive.*

#### **RCOG Response:**

The provisional outline of the COVID-19 Public Inquiry (the Inquiry) scope states that this module will look at the UK's core political and administrative decision-making in relation to the pandemic between early January 2020 until February 2022, paying particular scrutiny to the decisions taken between early January and late March 2020, when the first national lockdown was imposed.

Provided below is a list of articles and reports the RCOG published or contributed to with regard to the impact on women's health that relate most closely to the UK's core political and administrative decision-making the provisional outline of the scope of Module two. The RCOG is currently reviewing all articles or reports published or contributed to in relation to the public inquiry into COVID-19 and will continue to share



any further articles or reports identified with the relevant modules if more are identified. The items listed below are included in Appendix G.

- Appendix G1 - RCOG response to the Women and Equalities Select Committee inquiry 'Unequal impact: Coronavirus (COVID-19) and the impact on people with protected characteristics (April 2020)
- Appendix G2 - RCOG response to the All-Party Parliamentary Group (APPG) on Coronavirus rapid inquiry (July 2020)
- Appendix G3 - RCOG response to the Women and Equalities Select Committee inquiry 'Unequal impact: Coronavirus and BAME people' (July 2020)
- Appendix G4 - RCOG briefing for oral evidence session to the APPG on Coronavirus rapid inquiry (November 2020)
- ['Change in obstetric attendance and activities during the COVID-19 pandemic'](#), on behalf of the PregnaCOVID-19 pandemic, *Lancet Infect Dis* (published 2020)
- ['Effect of COVID-19 on maternal and neonatal services'](#), *Lancet Global Health* (published online November 2020)
- ['Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care'](#), *BJOG* (published online September 2020)

5. *The view of the organisation or body as to whether the group(s) it supports or represents was adequately considered when decisions about the response to Covid-19 were made by (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive. Please also explain the reasons for the view expressed by the organisation or body in this respect.*

RCOG Response:

The RCOG recognises that the initial emergence of the COVID-19 pandemic required decisions to be made at speed and based on the limited evidence available at the time, and the challenges this brought to political decision-making. It is the RCOG's position that throughout the pandemic, there were times when pregnant women, and their healthcare needs, were not adequately considered when decisions about the response to COVID-19 were made by the UK Government with regards to non-pharmaceutical interventions.

The primary reason for the RCOG view that pregnant women were not always adequately considered when decisions were made about the response to COVID-19 relates to a lack of timely and tailored communications for pregnant women with regards to the non-pharmaceutical measures, and how they relate specifically to pregnant women.

Key examples of this include: the initial communication around pregnant women being categorised as at higher risk of severe illness from COVID-19, the lack of timely information for pregnant women with regards to occupational health, and the unintended impact of the strength of the 'stay at home' messaging on pregnant women's confidence to access essential healthcare.



On 16 March 2020, The Secretary of State for Health and Social Care the Rt Hon Matt Hancock MP made a [statement to the House of Commons](#) on the Government's response to the emerging COVID-19 pandemic, with the advice to avoid all unnecessary social contact and travel being directed at everyone but stating it was 'especially important' for some groups, including pregnant women. This statement was followed by a televised statement from Prime Minister Boris Johnson reiterating that the advice was 'particularly important' for pregnant women. In the televised statement, Chief Medical Officer for England Professor Chris Whitty explained that pregnant women would be considered at higher risk as a 'precaution'. In response to a question from a journalist in relation to pregnant women, Professor Chris Whitty pointed to guidance on the RCOG website, noted that for many infectious diseases there is a small but appreciable risk for pregnant women, and noted that the current evidence on COVID-19 in pregnancy related only to the third trimester of pregnancy. [UK Government Guidance](#) was then published which included all pregnant women in the group of those at increased risk of severe illness.

Correspondence between Government officials and the RCOG in the lead up to the announcement on the 16 March 2020 shows we were made aware that the Government was considering including pregnant women in the group defined as at higher risk of severe illness, including a briefing meeting between NR Deputy Chief Medical Officer for England, and stakeholders including RCOG President Dr Edward Morris and Matthew Jolly, National Clinical Director for Maternity and Women's Health at NHSE. However, to our recollection this briefing did not provide a comprehensive view of what was to be announced by the Government a few hours later (see Appendix A2). Based on the existing evidence, the published RCOG guidance at that time stated that pregnant women did not appear to be more susceptible to the consequences of infection with COVID-19 than the general population (see Appendix B).

The RCOG was supportive of the Government taking a precautionary approach for pregnant women in light of limited evidence, but the impact of the detail of the planned announcement not being shared in advance was significant. It resulted in the RCOG guidance, which the Chief Medical Officer had pointed to during the briefing, not aligning fully with the Government's chosen approach, and caused a huge amount of anxiety amongst pregnant women and their families. Sharing the details of the planned announcement in advance would have allowed us to prepare updated guidance and information for women, which would have supported Government messaging.

As a result of the perceived gap between the RCOG guidance and the Government advice following the announcement on 16 March 2020, the RCOG received many queries from pregnant women and their families, in particular pregnant healthcare workers, on whether they should still be going to work if they were unable to work from home. Jointly with the RCM and the RCPCH, the RCOG published a press statement on 17 March 2020, to reassure pregnant women that no new evidence had come to light suggesting they were at higher risk of becoming seriously unwell compared with other non-pregnant healthy individuals, and noted we awaited more detailed guidance from Government about modifications that should be taken for pregnant women who could





not work from home (see Appendix C). In this press release, we committed to updating our guidance and our Q&As for pregnant women as soon as possible.

The speed at which the COVID-19 pandemic started to impact hospital settings meant that even prior to the announcement on 16 March 2020, the RCOG was receiving requests for advice from pregnant healthcare workers. Correspondence between RCOG staff and colleagues at the RCM, the RCPCH and NHS England on 12 March 2020 described advice for pregnant healthcare workers as the ‘number one issue we are getting questions about’ (see Appendix A3). The RCOG had reservations about providing guidance for pregnant healthcare workers, as we did not feel that providing occupational advice fell definitively within our remit. This was raised by RCOG President Dr Edward Morris in an email to **NR** adviser to the Chief Medical Officer for England, and **NR** National Clinical Director for Maternity and Women’s Health, on 14 March 2020, stating that ‘RCOG will refer to official CMO/PHE/HPS advice here. Please can you send us your suggested wording for pregnant healthcare workers? (see Appendix A4).

However, in light of continued queries to the RCOG from pregnant healthcare workers a slower than hoped for response from Government bodies, RCOG President Dr Edward Morris shared with stakeholders some proposed ‘interim guidance for pregnant healthcare workers’ which had been informed by correspondence with Scottish Chief Medical Officer Cath Calderwood (see Appendix A5). This was supported by officials in NHS England and Scottish Government. There was then a delay in publication of this guidance because it was noted by NHS officials that the guidance was dependent on soon to be published views from Public Health England and the Chief Medical Officer for England on whether pregnant women were more vulnerable or not (see Appendix A6). An email was then sent to a series of senior officials including Jenny Harries, Deputy Chief Medical Officer for England, from the President of the RCOG which outlined the importance of delivering a ‘sensible, measured’ set of advice that balanced workforce needs and protecting pregnant women (see Appendix A7). Following the announcement on 16 March 2020 about pregnant women as a higher risk group, an email was sent to Jenny Harries in advance of a call with RCOG President Dr Edward Morris where he called for ‘improved preparedness for the maternity system’ and highlighted the need for updated advice for pregnant women in light of the announcement (see Appendix A8).

On 18 March 2020, RCOG President Dr Edward Morris shared an updated draft of guidance for pregnant healthcare workers with Jenny Harries Cath Calderwood and other key stakeholders for review, which specified 20 weeks’ gestation as the threshold to delineate pregnant women at higher risk, based on data around the risk for pregnant women with influenza. An email chain between officials from NHS England outlined why they felt 28 weeks was the most appropriate gestation for women to be considered higher risk in relation to guidance for healthcare workers (see Appendix A9). A further draft was shared, and there was ongoing deliberation between stakeholders to find a point which best protected pregnant women but also ensured adequate staffing of services. It was recognised that, without a change in the official Government guidance



that also dichotomised risk between pregnant women before and after 28 weeks' gestation, it would be difficult for the draft guidance to be enforced. Following review and agreement from Jenny Harries, Cath Calderwood and Professor Chris Whitty, RCOG guidance for pregnant healthcare workers was included in an updated version of the RCOG Coronavirus (COVID-19) Infection in Pregnancy guidance. The RCOG continued to update this guidance with the support of stakeholders, but it remained a challenge because there was no accompanying guidance from Government to employers of pregnant women.

The final example we want to outline is the unintended impact of the strength of the 'stay at home' messaging on pregnant women's confidence to access essential healthcare. The strength of messaging from the UK Government and all devolved administrations to 'stay at home' in the initial lockdown following the emergence of the COVID-19 pandemic achieved the desired impact on public behaviour in order to reduce transmission of the virus. However, it is important to consider the unintended adverse impact of the strength of this messaging, in particular of the wording used to discourage non-essential use of NHS services.

There were reports at the time of pregnant women being unwilling to attend arranged antenatal appointments or visit hospital when they had concerns about their pregnancy health, for example when they experienced reduced fetal movement. The RCOG were clear that maternity care had been shown repeatedly to be essential, and were worried at the time that non-attendance would potentially adversely impact pregnancy outcomes (see Appendix D). Studies looking at the early months of the pandemic show an increase in adverse outcomes (stillbirth, for example) in women who were not infected with COVID-19, and that this could have been linked to a reluctance to attend hospital settings, for example:

- [Healthcare Safety Investigation Branch \(HSIB\) National Learning Report: Intrapartum stillbirth: learning from maternity safety investigations that occurred during the COVID-19 pandemic, 1 April to 30 June 2020 \(published September 2021\)](#)
- ['Change in the Incidence of Stillbirth and Preterm Delivery During the COVID-19 Pandemic', \*Journal of the American Medical Association \(JAMA\)\* 324\(7\) \(published online 10 July 2020\)](#)
- ['Change in obstetric attendance and activities during the COVID-19 pandemic', on behalf of the PregnaCOVID-19 pandemic, \*Lancet Infect Dis\* \(published 2020\)](#)
- ['Effect of COVID-19 on maternal and neonatal services', \*Lancet Global Health\* \(published online November 2020\)](#)
- ['Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care', \*BJOG\* \(published online September 2020\)](#)

In response to these concerns, on 30 March 2020, the RCOG published its first version of guidance for antenatal and postnatal services in the evolving pandemic, which included guidance for Trusts and Health Boards, and advocated for a minimum of six face to face antenatal consultations during pregnancy (see Appendix E). Alongside this, from 18 March 2020, RCOG guidance for women encouraged them to attend antenatal appointments if they had no coronavirus symptoms, and we regularly communicated



this through our social media channels (see Appendix F). Ahead of the second wave of the pandemic, the RCM and RCOG also issued [clear advice to NHS services](#) to ensure women were encouraged to attend day assessment and triage services if they had concerns about their wellbeing or that of their baby.

6. *Whether the organisation or body raised any concerns about the consideration being given to the group(s) which it supports or represents with (a) the UK Government; (b) the Scottish Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive, when the Government(s) and/or Executive were making decisions about their response to Covid-19. Please provide a list of any such correspondence or meetings with the UK Government, Scottish Government, Welsh Government and/or the Northern Ireland Executive, including the dates on which the body or organisation wrote or such meetings were held, to whom the correspondence was addressed or with whom the meeting was held, and any response received from the UK Government, Scottish Government, Welsh Government and/or Northern Ireland Executive addressing such concerns.*

RCOG Response:

From the emergence of the COVID-19 pandemic, via existing relationships between the UK Government, devolved administrations and senior NHS stakeholders in maternity and women's health, there was regular communication with the RCOG with regards to the response to the COVID-19 pandemic, primarily via email, virtual meetings and phone calls and messages. A central point of contact was set up through a regular meeting with Chief Medical Officer for England Professor Chris Whitty and Royal College stakeholders, hosted by the Academy of Medical Royal Colleges. Due to the official or sensitive content of some of the items shared with Royal College leads during these meetings, discussions of these meetings were not recorded by the RCOG. It was often during these private meetings that the RCOG President raised emerging concerns with regards to the Government's response in relation to pregnant women or maternity services.

Communication focused on key issues including the development of clinical guidance for the care of pregnant women during the pandemic, and updates to this guidance to include emerging queries such as staffing levels in O&G and the definition of aerosol generating procedures. The RCOG worked closely in collaboration with the NHS and Chief Medical Officers and their teams in each of the nations who informed and reviewed much of this guidance. Communication also focused on the initial decision to place pregnant women in the group of those who were at increased risk of severe illness from coronavirus and for whom social distancing measures should be followed particularly stringently, and the resulting need to develop guidance for pregnant healthcare workers and other pregnant workers who could not work from home. At points, this involved the RCOG raising some concerns which align to the issues we have outlined in response to question 5, which are provided in Appendix A.

7. *A brief summary of the views of the organisation or body as to any lessons, if any, that can be learned from any consideration which was given to the group(s) that the organisation or body supports or represents by (a) the UK Government; (b) the Scottish*



*Government; (c) the Welsh Government; and/or (d) the Northern Ireland Executive when they were making decisions about their response to Covid-19*

**RCOG Response:**

The RCOG recognises the challenges faced by the UK Government and public bodies in responding at speed to a global pandemic, and the need to frame any lessons learned in this context.

During pregnancy, the physiological changes that occur within the mother's body mean their health needs are distinct from the non-pregnant population. Pregnant women therefore require special consideration as part of the response to any public health interventions, and this includes the response to a pandemic.

As outlined in responses to earlier questions, the RCOG felt at times that political decision-making and the Government and NHS response could have been more effectively tailored to the pregnant population; and, where appropriate, ensured clearer communication of differing messaging targeted at different gestation periods. It is important that the reasons for decisions relating to the pregnant population and the supporting evidence (e.g. taking a precautionary approach and including pregnant women in the group of those at higher risk) are fully explained, and that all Government agencies and public bodies are able to communicate these reasons clearly.

Information and guidance for pregnant women from the Government, at times, was not produced in a timely manner and created high levels of anxiety amongst pregnant women and their families. Another lesson to take forward is to ensure guidance is developed in time with new announcements, and to consider tailoring communication to pregnant women as well as providing advice for the overall population. The Government could consider setting up a small group of key stakeholders led by UKHSA who are called in to support the production of guidance in the event of an emerging pandemic.

We recognise the significant challenges the Government and NHS decision-makers faced in responding to the pandemic, requiring rapid decisions based on limited available evidence. The RCOG faced similar pressures. However, it is critical that lessons are learnt for the future around ensuring that the unique health information needs of pregnant women are met, and to protect pregnant women's confidence in, and access to, health services.

**Your next steps**

If you have any further queries about this RFI, please contact the College using the email and postal address at the top of this letter or call us between 9:00am – 4:30pm (UK time) Monday to Friday.

If you are unhappy with how we handled your request and would like to make a complaint, please contact the College with any further queries: <https://www.rcog.org.uk/en/about-us/policies/complaints-policy/>.

Yours sincerely,



Royal College of  
Obstetricians &  
Gynaecologists

**PD**

**Kate Lancaster**  
Chief Executive Officer



**List of attachments:**

1. Rule 9 Request for Royal College of Obstetricians and Gynaecologists
2. Supporting evidence
  - a. Appendix A: Summary of email correspondence
  - b. Appendix B: 'Coronavirus (COVID-19) Infection in Pregnancy: Information for healthcare professionals', Version 1 (published 09 March 2020)
  - c. Appendix C: RCOG Press Release, "Professional bodies' response to government coronavirus advice for pregnant women to reduce social contact" (published 17 March 2020)
  - d. Appendix D: RCOG Press Release, "Antenatal care should be standardised to the minimum targets set out in new guidance, say professional bodies" (published 31 March 2020)
  - e. Appendix E: 'Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic', Version 1 (published 30 March 2020)
  - f. Appendix F: RCOG Coronavirus infection and pregnancy FAQs, Version 3 (published 18 March 2020)
  - g. Appendix G1: RCOG response to the Women and Equalities Select Committee inquiry 'Unequal impact: Coronavirus (COVID-19) and the impact on people with protected characteristics (April 2020)
  - h. Appendix G2: RCOG response to the All-Party Parliamentary Group (APPG) on Coronavirus rapid inquiry (July 2020)
  - i. Appendix G3: RCOG response to the Women and Equalities Select Committee inquiry 'Unequal impact: Coronavirus and BAME people' (July 2020)
  - j. Appendix G4: RCOG briefing for oral evidence session to the All-Party Parliamentary Group (APPG) on Coronavirus rapid inquiry (November 2020)