

Care of the Pregnant Women and New- born in
COVID-19 containment, 2020

FAMILY HEATH DIVISION
MINISTRY OF HEALTH, RL

Contents	
Background	2
Goal:	2
- Objectives:	2
Who this is for:	3
The focus	3
Planning	3
Health Promotion: Information Education Communication (IEC)/Behaviour Change Communication (BCC)	3
Human Resource	3
Service Provision	4
a. Routine Maternal and New-born Care services:	4
b. Mode of delivery:	4
c. Breastfeeding	4
d. Manage Maternal and New-born complication:	4
e. Functional triage:	5
f. Quality isolation services:	5
g. Precautionary Observation Center (POC):	5
h. Treatment Center:	5
i. Infection Prevention Control (IPC):	5
Drugs, Equipment and Medical supplies	5
Space for maternal services	6
Coordination	6
Surveillance	6
Monitoring/Supervision	6
Reference	7

Background

A Public health emergency crisis can be understood as ' a situation in which there is an exceptional and generalized threat to human life, health or subsistence. These crises usually appear within the context of an existing situation of a lack of protection where a series of pre-existent factors (poverty, inequality, lack of access to basic services) usually have negative effect on health (1).

The outbreak of the December 2019 novel coronavirus disease (COVID-19) from China, has reached pandemic levels as declared by the WHO in its recent announcement in February 2020. As of March 25, 2020, the cumulative number of confirmed cases globally has reached 414, 179 and 18,400 deaths in over 198 countries(1).

COVID 19 cases have been reported in Africa with Liberia reporting three (3) cases as of March 23, 2020.

Worldwide, this pandemic significantly impacts public health, health infrastructure and the delivery of health care.

The capacity of medical facilities to care for pregnant women is greatly reduced in times of crisis. Owing to the facts that most facilities and health programs become non-operational while facilities that are operational are usually overwhelmed.

Maternal and new-born health is largely promoted through access to services such as antenatal care (ANC), skilled birth attendance, emergency obstetric and neonatal care, postnatal care and comprehensive maternal and new-born immunisation services among others. These services, in turn, reduce the risk of maternal and neonatal morbidity and mortality. The importance of maternal health for new-born health and survival cannot be overemphasised: early identification and management of maternal health complications leads to improved neonatal health outcomes(2).

In crisis, or during an outbreak there is usually insufficient medical and psychological care for pregnant women, new-borns, lactating mothers and victims of other sexual violence. This period usually sees an increase in morbidity and mortality for this population due to neglect and divided attention on the severity or otherwise of the prevailing pandemic.

As the COVID-19 outbreak unfolds, prevention and control of COVID-19 infection among pregnant women and the potential risk of vertical transmission have become a major concern. Pregnant women and new-born babies should be considered key in strategies focusing on prevention and management of COVID-19 infection, (3).

In consideration of previous outbreak, it is known that Failure to apply **infection control** measures favours the spread of pathogens, and health-care settings can act as amplifiers of disease **during** outbreaks, with an **impact** on both hospital and community health. If outbreaks hit health care settings without a culture of safe practices, the risk of disruption to health care system can be high.

Goal: To eliminate the spread of COVID 19 to pregnant woman and new-borns in Liberia

- **Objectives:** To ensure preparedness and having a culture of safe health care practices that can prevent and control pathogen dissemination during the COVID 19 outbreak;

- To provide standard guidance for provision of continuous maternal and new-born care during COVID 19 pandemic;
- To protect healthcare workers and other patients at facilities that provide care to a patient with confirmed COVID 19 who is clinically unstable or has signs and symptoms thereby describing protocols for using PPE.

Who this is for: Healthcare workers, supervisors, and health administrators in the Liberian health settings.

The focus

Planning

Planning is a critical function to the entire response. If planning is not properly done, no matter how much is available, results will be a mismatch to resources. Plan must be detailed including clearly stating specific interventions, the actors and their roles and responsibilities, to ensure reduction in overlapping as well as maximizing resources.

- a. Standard operating procedures should be made available for guidance and adherence to address the prevailing emergency;
- b. Resources should be made available by national government, donors and partners for the response of the pandemic;
- c. Capacity Building: Basic and refresher training for all cadres of healthcare personnel on those units to include correct adherence to infection control practices and personal protective equipment (PPE) use and handling, information sharing, management of health conditions associated with the disease, amongst others;
- d. Sufficient and appropriate PPE supplies should be positioned at all points of care; and processes to protect pregnant women and new-borns from risk of COVID-19.
- e. All healthcare facilities that provide obstetric care must ensure that their personnel are correctly trained and capable of implementing recommended infection control interventions. Individual healthcare personnel should ensure they understand and can adhere to infection control requirements.

I. Health Promotion: Information Education Communication (IEC)/Behaviour Change Communication (BCC)

Key to the response is awareness and sensitization of the general population to include pregnant women. Health messages should be developed to address the growing pandemic which should provide guidance on behaviour change, access to care for pregnant women and new-born.

II. Human Resource

The importance of the **Health Workforce** to the response cannot be overemphasized. As a part of the emergency response the capacity of managers, service providers, amongst others need to be built to address the prevailing needs of pregnant women and new born, The responders should include the Midwives, Nurses, Physician Assistant, Medical Doctors, Community Health Services Supervisors (CHSS) Community Health Assistants (CHA's), Community Health Workers/Volunteers (to include TTM's), health facility staff, County Health Teams (CHT), Central Ministry

RMNCAH mentoring team as well as partners and stakeholders. Notwithstanding, for the response of the COVID 19, it has been strictly recommended that there is a need to reduce close contact. Therefore, managers and directors will be very clear in defining the roles of individual staff members to the response to maternal and new born care in-order to reduce its spread.

III. Service Provision

Hospital, clinics, health centers providing maternal, reproductive, child and neonatal health services should liaise with the IMS to put in place a system for identification of possible cases to prevent potential transmission to other patients and staff. This should be at first entrance of the facility where women seeking these services should be met at the maternity unit entrance by staff wearing appropriate PPE and provided necessary IPC measure at all stages of her visit.

- a. **Routine Maternal and New-born Care services:** In order to reduce maternal and new-born morbidity and mortality, there is an ongoing routine maternal and new-born care services that the systems adhere to. For the response of COVID 19, the routine services will be continued with clear guidance for reduction of the spread of the virus. Pregnant women will continue to visit the health facilities except in the case of a lock down. During these visits, there will be adherence to standard procedures by the client and the services providers.
- b. **Mode of delivery:** Follow national standard for stages of labour (1, 2, and 3) and immediate post-partum and strict adherence to IPC measures. In case of suspected or confirmed case, if the woman is not in labour, delay induction/delivery for the 14-day period of isolation. Patient case should be individualised based on their needs, as COVID -19 should NOT be an absolute indication for a caesarean section, other maternal, obstetric and fetal indications should be considered as per individual case. However, monitoring of the mother and fetus in Labour should be frequent, with addition of maternal oxygen saturation done hourly aiming for oxygen saturation of greater than 94 %.
- c. **Breastfeeding:** Since there is no evidence of breastmilk transmission of COVID-19, it is advisable to continue breastfeeding while in isolation with her baby and all IPC precautions (wearing of mask, washing hands etc.), should be strictly adhere to. However, if the woman is confirmed positive of COVID-19 and is symptomatic or asymptomatic she should be told about the risk involve in breastfeeding, holding the child in close proximity and the IPC measure that could be followed. Other forms of feeding practices like expression of breast milk, formula etc can also be introduced in some cases.
- d. **Manage Maternal and New-born complication:** Priority for medical care should be to stabilize the woman and new-born condition with standard supportive care as in the case with other obstetric emergency (eclampsia, sepsis, asphyxia etc.). However in case of severe disease, causing respiratory distress to the mother, health workers should consider delivery through the fastest means possible; for example, if mother has respiratory distress but is in the second stage of labor and no contraindication to vaginal delivery, the second stage of labour should be shorten by assisted vaginal delivery, but

if contraindication to vaginal delivery, health workers should do caesarean section to enable a Multidisciplinary team to Resuscitate the mother.

- e. **Functional triage:** At the level of the health facility where other members of the population are seeking care, a triage service should be in place. Pregnant women and new-borns should be prioritized.
- f. **Quality isolation services:** For the COVID 19 health response, isolation services will be provided for affected cases. Pregnant women and new-borns should receive isolation services that provides quality maternal care services for maximum outcome. Each patient should have a separate room with attached bathroom and doors closed at all times. The facility should ensure appropriate and consistent use of PPE by all people entering the patient's room.
- g. **Precautionary Observation Center (POC):** A designated space with at least two MNH service provider should be available at every POC for pregnant woman and Women with New-born. Pregnant women, mothers and new-borns should immediately be taken to the designated room, suitable for the majority of their stay at POCs. All precautionary IPC measures should be taken and care should be provided according to their specific needs. Information like name, contact, location and gestation age for suspected or confirmed case should be collected and used for outcome follow-up.
- h. **Treatment Center:** Every treatment cent should have a designated space and at least 4 MNH service provider like nurse, midwife etc. Pregnant women, mothers and new-born, should be provided with necessary support and IPC care during their stay. Care should also be taken during the provision of drugs as to reduce risk of miscarriage or other adverse outcome.
- i. **Infection Prevention Control (IPC):** Infection prevention control measures should be included in all service provision package for pregnant women and new-borns. PPE should cover the clothing and skin and should completely protects mucous membranes when caring for pregnant women and new-born with COVID 19. Individuals unable or unwilling to adhere to infection control and PPE use procedures should not provide care for patients with COVID 19.

IV. Drugs, Equipment and Medical supplies

- a. Adequate Essential Maternal and New-born health drugs to include Family Planning Commodities should be made available at all service delivery points;
- b. Adequate medical supplies to prevent provider and client cross infections;
- c. Equipment for management of COVID 19 at the level of the facility should be made available for prompt response;

V. Ensure prompt referral

Preposition functional ambulance at referral health facilities

- a. Hospitals

- b. Health Centers
- c. Strategic/centrally position ambulance to provide referral service to other clinics
- d. Support activation of community level referral system
- e. Government vehicle and other ambulances can be used to help pregnant women get from one facility to the other.

VI. Space for maternal services

- a. Provision of WASH facility
- b. Ensure stable electricity
- c. Identify designated space in each health facility for pregnant women at risk and/or pregnant women with special needs.

VII. Coordination

Coordination mechanism should allow actors to organize themselves in an attempt to improve service delivery and reduce the duplication of efforts. The responsible agency (MOH) must:

- a. Liaise with other organizations, agencies and facilities providing maternal and New-born services;
- b. Use the cluster approach to ensure that the government is aware of what and where each agency in the country is doing and working.

VIII. Surveillance

Using the existing structures (CHAs, CHVs/TTMs) and along with the emergency management structures, the lead agency (MOH) must ensure that:

- a. All pregnant women within the communities' access quality Maternal and New-born services, including:
 - o Antenatal Care
 - o Delivery at the health facility
 - o Postpartum Care
 - o Postnatal care at health facility and community
- b. Regular briefings are made for informed decision making.

X. Monitoring/Supervision

- a. Quality data collection must be ensured, using existing data platform as well as emergency data collection medium to capture data that are not necessary collected routinely;
- b. Ensure availability of adequate data collection tools.
- c. Biodata including telephone numbers should be collected to ensure documentation and assist in follow- up.

Reference

- a. WHO. Coronavirus disease 2019. World Heal Organ [Internet]. 2020;2019(March):2633. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- b. Manual F. Inter-Agency Field Manual. 2018;
- c. Qiao J. What are the risks of COVID-19 infection in pregnant women? Lancet [Internet]. 2020;395(10226):760–2. Available from: [http://dx.doi.org/10.1016/S0140-6736\(20\)30365-2](http://dx.doi.org/10.1016/S0140-6736(20)30365-2)