Overview

Up-to-date evidence on COVID-19 during pregnancy, childbirth and postnatal

Recommendations on how to ensure Respectful Maternal and Newborn care in times of COVID-19
  ➢ Ensure maintenance of essential maternal and neonatal services
  ➢ Respectful care during labour, childbirth and the postnatal period
  ➢ Breastfeeding and nurturing care

Protecting Healthcare providers (in policy, healthcare facilities and with patients).

Mental health support for women/families and for healthcare providers
1. Up-to-date evidence
Up-to-date Evidence

• Currently, there is no evidence that pregnant women present with different signs and/or symptoms or are at higher risk of severe illness, although there are limited data on clinical presentation and perinatal outcomes after COVID-19 infection during pregnancy or the puerperium.
• Research is currently underway to understand the impacts of COVID 19 infection on pregnant women and infants.
• WHO will continue to review and update its information and advice as more evidence becomes available.
We still do not know if a pregnant woman with COVID-19 can pass the virus to her foetus or baby during pregnancy or childbirth. To date, the virus has not been found in samples of amniotic fluid, cord blood, vaginal discharge, neonatal throat swabs or breastmilk.

Similarly, evidence of increased severe maternal or neonatal outcomes is uncertain, and limited to infection in the third trimester, with some cases of premature rupture of membranes, fetal distress and preterm birth reported, although not clearly related to COVID-19 infection. To date, there is no indication of an increase of incidence of these complications in pregnant women.

Testing protocols and eligibility vary depending on where you live. However, WHO recommendations are that pregnant women with symptoms of COVID-19 should be prioritized for testing. If they have COVID-19, they may need specialized care.
2. Ensure Respectful Maternal and Newborn care

All women have the right to a safe and positive childbirth experience, whether or not they have a confirmed COVID-19 infection.

- Respect and dignity
- A companion of choice
- Clear communication by maternity staff
- Pain relief strategies
- Mobility in labour where possible and birth position of choice

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Respectful maternal and newborn care

• All pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after childbirth. This includes antenatal, intrapartum, postnatal, newborn, and mental health care.

• A safe and positive childbirth experience includes:
  • Being treated with respect and dignity;
  • Having a companion of choice present during labour and childbirth;
  • Clear communication by maternity staff;
  • Appropriate pain relief strategies:
  • Mobility in labour where possible, and birth position of choice.
Respectful maternal and newborn care

- WHO advice is that caesarean sections should only be performed when medically justified. The mode of birth should be individualized and based on a woman’s preferences alongside obstetric indications.

- Mothers and infants should be enabled to remain together (do not separate) and practice skin-to-skin contact, kangaroo mother care and to remain together and to practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19.

- If the newborn is admitted in the neonatal unit, mothers should be supported to express milk, have access to the unit and participate in the care of the baby with appropriate IPC measures for women with suspected, probable, or confirmed COVID-19.
Maintenance of essential healthcare services

Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse.

- With a relatively limited COVID-19 caseload, health systems should have the capacity to maintain routine service delivery in addition to managing COVID-19 cases. When caseloads are high, and/or the health workforce is reduced due to infection of health workers, strategic shifts are required to ensure that increasingly limited resources provide maximum benefit for a population.

- Countries should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery. In the WHO “Operational guidance for maintaining essential health services during an outbreak”, maternity services are listed as essential.

- Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behavior and adherence to public health advice.
Adaptation of healthcare services

• Strengthen infection prevention and control strategies to prevent or limit transmission in maternity care settings for women

• Establish triage, early recognition, and source control at entry into the maternity hospital/ward and adjust personal protective equipment and infection prevention and control strategies accordingly

• Avoid moving and transporting women out of their room or area unless medically necessary. If transport is required, use predetermined transport routes to minimize exposure for staff, other patients and visitors, and have the woman wear a medical mask;

• Limit the number of HCWs, family members, and visitors who are in contact with suspected or confirmed COVID-19 woman;

• Maintain a record of all persons entering a patient’s room, including all staff and visitors.
Adaptation of healthcare services

- Ensure facilities have supplies and infection control protocols to ensure appropriate isolation of pregnant women and mothers/newborns who have confirmed COVID-19 and/or who show symptoms
- Have sufficient supplies of all PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies)
- All surfaces should be cleaned thoroughly with disinfectant spray and a clean cloth after any contact by patient or staff
- Staff should follow regular hand hygiene practices – handwashing before and after examining each patient.
Breastfeeding: pregnant women with suspected or confirmed COVID-19

Women with COVID-19 can breastfeed if they wish to do so. They should:

- Practice **respiratory hygiene** during feeding, **wearing a mask** where available;
- Wash hands before and after touching the baby;
- Routinely clean and disinfect surfaces they have touched.
- Women with symptoms consistent with COVID-19 infection need to avoid contact with other mothers and babies.

Women with COVID-19 can **breastfeed** if they wish to do so. They should:

- Practice respiratory hygiene and wear a mask
- Wash hands before and after touching the baby
- Routinely clean and disinfect surfaces

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In situations when severe illness in a mother with COVID-19 or other complications prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate infection prevention and control (IPC) measures.
3. Healthcare providers
The important role of the healthcare provider

• The basic principles of IPC and standard precautions should be applied in all health care facilities, including outpatient care and primary care.

• For COVID-19, the following measures should be adopted:
  • Triage and early recognition;
  • Emphasis on hand hygiene, respiratory hygiene, and medical masks to be used by patients with respiratory symptoms;
  • Appropriate use of contact and droplet precautions for all suspected cases;
  • Prioritization of care of symptomatic patients;
  • When symptomatic patients are required to wait, ensure they have a separate waiting area;
  • Educate patients and families about the early recognition of symptoms, basic precautions to be used, and which health care facility they should go to.
Health workers should take all appropriate precautions to reduce risks of infection to themselves and others, including hand hygiene, and appropriate use of protective clothing like gloves, gown and medical mask.
What healthcare providers should say to pregnant women

- **Washing your hands frequently** with an alcohol-based hand rub or soap and water.
- **Keeping space between yourselves and others** and avoiding crowded spaces.
- **Avoiding touching your eyes, nose and mouth.**
- **Practicing respiratory hygiene.** This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
- **If you have fever, cough or difficulty breathing, seek medical care early.** Call before going to a health facility, and follow the directions of your local health authority.
- **Pregnant women and women in postnatal period** – including those affected by COVID-19 - should **attend their routine care appointments.**

I’m pregnant. How can I protect myself against COVID-19?

- Wash your hands frequently
- Avoid touching your eyes, nose and mouth
- Put space between yourself and others
- Cough or sneeze into your bent elbow or a tissue

If you have fever, cough or difficulty breathing, seek care early. Call beforehand, and follow medical advice.

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Before, during and after childbirth, all women have the right to high quality care. This includes:

- Antenatal and intrapartum
- Newborn
- Postnatal
- Mental health

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Mental health support is equally important for women and healthcare providers

Pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications.

For healthcare providers:

- Feeling under pressure is a likely experience and is quite normal
- Take care of yourself at this time and use helpful coping strategies
- Some healthcare workers may unfortunately experience avoidance by their family or community owing to stigma or fear.
- Know how to provide support to people who are affected by COVID-19 and know how to link them with available resources.
Mental health – some additional issues for consideration

• Mistreatment of women including stigma against women with suspected or confirmed COVID-19 infection

• Domestic violence

• Possible burn-out and psychological repercussions for healthcare professionals, who are highly overloaded and exposed to risks

• Community care management and response for pregnant women with confirmed COVID-19 infection

• Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should have access to appropriately trained health or non-health workers for mental health and psychosocial support.
1. WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. World Health Organization: Geneva, March 2020
2. WHO. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. World Health Organization: Geneva, March 2020
Additional Resources under development

WHO-UNICEF. Guidance: Community-based Health care, including outreach an campaigns, in the context of COVID-19 Pandemic – special considerations for SRH, MNH

WHO. Ensuring continuity of essential maternal health services in the context of covid-19 outbreak

WHO. Guidance on frequently asked questions on MNCH services in the context of covid-19 outbreak

WHO. COVID-19 CLINICAL TRAINING: Caring for women with COVID-19 in health care facilities during pregnancy, childbirth, postnatal period, and breastfeeding

WHO. Updated guidance on clinical management of severe acute respiratory infection when COVID-19 is suspected
THANK YOU