MOMENTUM

Country and Global Leadership

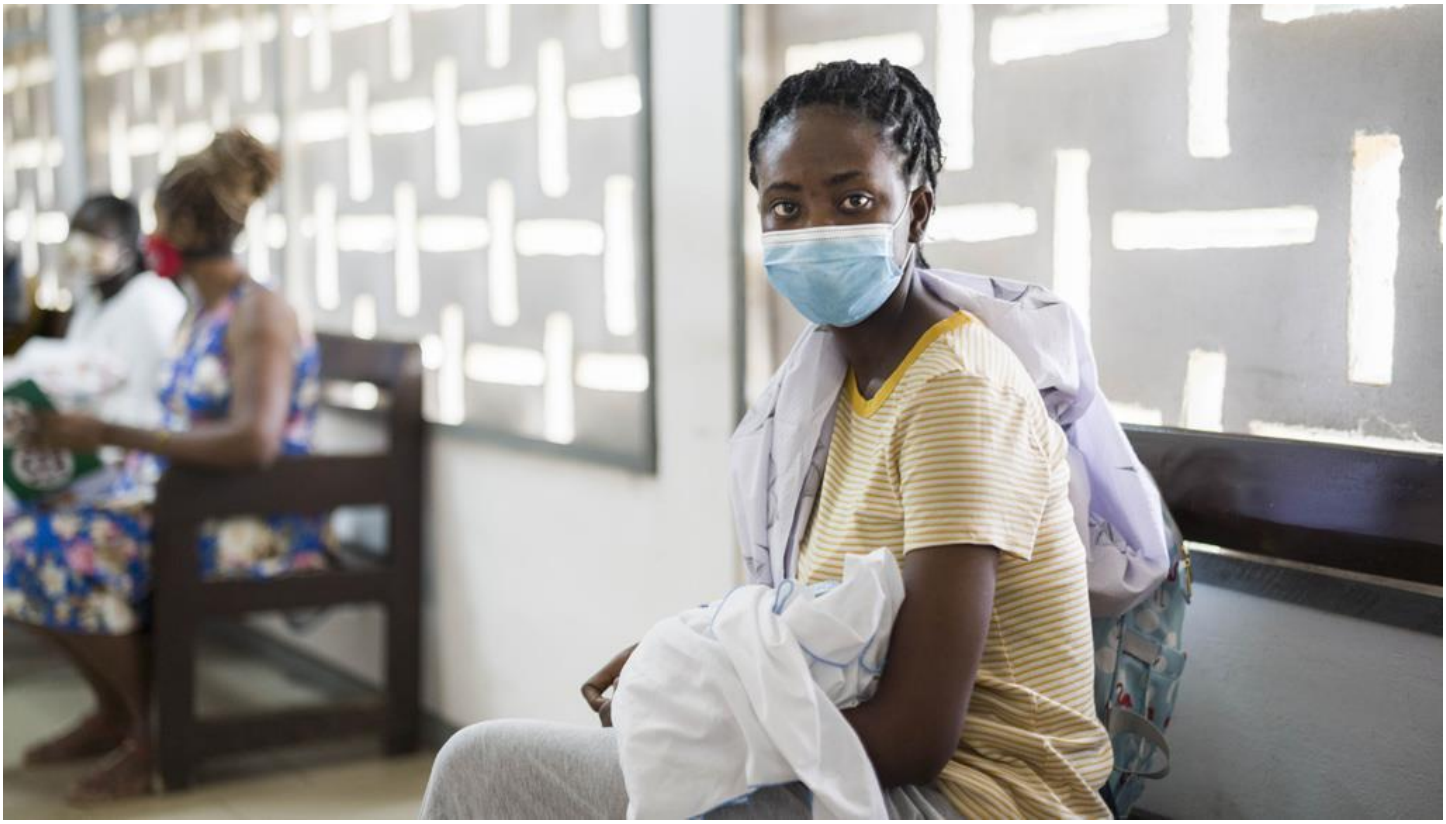

Photo credit: WHO/Blink Media – Nana Kofi Acquah

JOB AIDS: RECOMMENDATIONS FOR MATERNAL AND NEWBORN CARE DURING THE COVID-19 OUTBREAK

USAID FROM THE AMERICAN PEOPLE

MOMENTUM A Global Partnership for Health and Resilience

ACKNOWLEDGEMENTS

MCGL developed the packet of job aids in this document from existing WHO, UNICEF, and UNFPA guidelines to facilitate the implementation of these guidelines by health care providers and managers. Each job aid can be printed and used separately as needed.

Disclaimer: This collection of job aids is made possible by the generous support of the American people through the U.S. Agency for International Development (USAID) under the terms of the Cooperative Agreement #7200AA20CA00002, led by Jhpiego and partners. The contents are the responsibility of MOMENTUM Country and Global Leadership and do not necessarily reflect the views of USAID or the United States Government.

TABLE OF CONTENTS

PROVIDER RESPONSIBILITIES FOR MAINTAINING ESSENTIAL MNH CARE

ADJUST GOVERNANCE AND COORDINATION MECHANISMS TO SUPPORT TIMELY ACTION

- Keep updated on what leadership is doing to respond to the pandemic
- Review MNH data and discuss with team members and facility management to address potential problems

PRIORITIZE ESSENTIAL HEALTH SERVICES AND ADAPT TO CHANGING CONTEXTS AND NEEDS

- Keep updated on what leadership has defined as essential care and make sure that you are providing this care.
- If you are unable to provide the essential care, discuss with team members and facility management to address reasons why the care cannot be provided (e.g. insufficient medications, equipment, supplies).

OPTIMIZE SERVICE DELIVERY SETTINGS AND PLATFORMS

- Keep updated on changes in the ANC and PNC service delivery model which defines which set of interventions will be provided at each contact and by whom (cadre), where (system level), and how (platform) so you can advise clients on where and when to seek care.
- Keep updated on changes in referral networks to appropriately refer clients and follow-up on their care.

RAPIDLY OPTIMIZE HEALTH WORKFORCE CAPACITY

- If there are staff shortages, work with facility management to re-allocate staff.
- Make sure you feel comfortable, confident, and competent to provide the care that is required of you. If you need help or training, ask team members or facility management to provide you with training, mentorship, coaching, and job aids.

ESTABLISH SAFE AND EFFECTIVE PATIENT FLOW AT ALL LEVELS

- Keep updated on the case definition of COVID-19 and guidelines for testing.
- Make sure that all clients are screened for COVID-19 on arrival.
- For inpatients and women during labor and childbirth, observe them for signs of COVID-19 and triage and test them based on guidelines.
- Make sure only asymptomatic companions accompany patients.
- Educate all clients about COVID-19 and how to prevent transmission.
- Make sure that client education infographics are posted in the facility to inform them about signs of COVID-19 and how to prevent transmission.
- Make sure clients and companions have masks and facilities to wash their hands.
- Keep updated on how patients are supposed to move through the facility, from arrival to while waiting for care to moving through the facility for care (patient flow). Work with team members and facility administration to make sure that the patient flow principles are applied.

MAINTAIN THE AVAILABILITY OF ESSENTIAL MEDICATIONS, EQUIPMENT AND SUPPLIES

- Take responsibility for rational use of PPE, medications and supplies.
- Care for equipment using guidelines.
- Take responsibility for notifying facility management when equipment is not functional and ensure timely replacement.
- Take responsibility for notifying appropriate staff when supplies of essential medications and supplies are running low and help with ensuring adequate quantities are ordered in a timely manner.

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)
BY HEALTH CARE WORKERS DURING THE PROVISION OF MATERNAL CARE FOR *ASYMPTOMATIC WOMEN* IN AREAS WITH MODERATE TO SUBSTANTIAL COMMUNITY TRANSMISSION OF COVID-19

PERFORM HAND HYGIENE:

- Before touching clients, putting on gloves, and putting on PPE
- Before "clean"/aseptic procedures
- After exposure to body fluids
- After touching clients, removing gloves, and removing PPE
- After contact with client surroundings

WEAR EXAMINATION GLOVES:

1. When there will be contact with a patient (and his/her immediate surroundings) on contact precautions
2. When anticipating contact with blood or another body fluid, regardless of the existence of sterile conditions and including contact with non-intact skin and mucous membrane

WEAR MEDICAL MASKS continuously during routine activities throughout the entire shift.

When wearing masks:

1. Change the medical mask when wet, soiled, or damaged
2. Do not touch the medical mask to adjust it
3. Safely remove the mask, discard it, and perform hand hygiene
4. Change the mask after caring for any patient on contact/droplet precautions

WEAR FACE SHIELD OR GOGGLES:

1. When there will be contact with a patient (and his/her immediate surroundings) on contact precautions
2. When anticipating contact with blood or another body fluid, regardless of the existence of sterile conditions and including contact with non-intact skin and mucous membrane

WEAR PLASTIC APRONS:

1. During second and third stages of labor
2. When providing care that may involve exposure to blood, body fluids, secretions, excretions, touching oral mucosa, or medication assistance (including: taking blood or vaginal swabs, performing a sweep of membranes)

SCREENING FOR COVID-19 FOR CLIENTS SEEKING MATERNAL AND NEWBORN CARE

SCREENING

- Consider setting up a call-center where women can call to screen for symptoms of COVID-19 before presenting for care so that they are directed to the appropriate facility.
- Place a staff member near the entrance (outdoors if weather and facility layout permit), or in the waiting room area, to ensure clients and companions are screened for symptoms of or exposure to COVID-19 before entering the facility
- Ensure availability of handwashing facilities in the screening area.
- On arrival:
  - Offer masks to women and companions
  - Ask clients and companions to wash their hands
  - Ask all clients and companions upon entry to the facility if they have a fever or symptoms consistent with COVID-19 or exposure to someone with COVID-19, using the most up-to-date guidance and case definitions
  - Ask if the woman or newborn has danger signs that may require urgent care or if she thinks she is in labor

TRIAGE

- Send clients with suspected COVID-19 to a separate area reserved for COVID-19 for further triage. Follow national guidelines for testing, referral, postponing outpatient visits, self-isolation, and where/when to seek medical care.
- Send clients with maternal or newborn danger signs and women in labor to triage for further evaluation - separate clients with suspected COVID-19 infection from asymptomatic clients.

WAITING AREA

- There should be a large waiting area, preferably outdoors with social distancing and adequate ventilation (may require makeshift shade) - limit the number of clients in a waiting area indoors
- Ensure availability of handwashing facilities in the waiting area
- Display and distribute risk communication materials for COVID-19
- Organize the waiting room to divide clients with covid-19 symptoms from clients without symptoms. The area for clients with symptoms should be at least 1-2 metres away from the area for clients without COVID-19 symptoms.

SYMPTOMS


Fever


Cough


Shortness of breath


Fatigue


Aches and pains


Nasal congestion


Headache


Sore throat


Diarrhea


New loss of taste and smell

Symptoms may appear 2–14 days after exposure to the virus.

IMPROVING CLIENT FLOW FOR CLIENTS SEEKING MATERNAL AND NEWBORN CARE DURING THE COVID-19 PANDEMIC

REDUCE CLIENT VOLUME

- Establish clear criteria and protocols for targeted referral and counter-referral pathways within the public system and among public and private providers.
- Consider setting up a call-center:
  - Where women can call to screen for symptoms of COVID-19 and maternal/newborn danger signs and be directed to the appropriate facility
  - For the general public to get information on COVID-19 and where / when to access services
- Improve communication strategies for the community around when and where to seek care
- Establish days for specific services
- To reduce outpatient visits at the facility, develop a sustainable ANC and PNC service delivery model which defines which set of interventions will be provided at each contact and by whom (cadre), where (system level), and how (platform).
- Where possible, schedule appointments to avoid crowding in waiting areas and the facility
- Redirect clients to alternative health care facilities and/or community-based providers
- Deploy telemedicine to replace in-person consultations
- Set up novel supply-chain and/or dispensing approaches for medicines through other channels
- Where possible, provide multi-month dosing
- Put more emphasis on self-care, including self-administered medications and FP methods
- If a facility-based visit is necessary:
  - Limit access to the client and her asymptomatic companion
  - Where possible, provide all care in one visit to reduce the need for the client to return for testing or receiving results

IMPROVE CLIENT WORKFLOW

- Encourage clients to wait outside or in the designated waiting area until they are called
- Reorganize processes and physical space to create uni-directional flow of clients
- Support reorganization of ANC and PNC services, as needed, to reduce wait times and contacts with other clients, and improve client flow, efficiency of service delivery, and satisfaction among clients and providers
- Where possible, clients should enter by one door and exit by another door
- Maintain separate areas and providers for symptomatic and asymptomatic clients
- Ensure physical distancing between clients while moving through the facility and in examination areas
- Ensure adequate distance between examination spaces, labor beds, and hospital and delivery beds

MODIFICATIONS FOR SAFE PROVISION OF ESSENTIAL ANTENATAL CARE DURING THE COVID-19 PANDEMIC

GENERAL RECOMMENDATIONS

- ***Regardless of COVID-19 status of the woman***, continue physical contact, clinical examinations, testing, and preventive and curative interventions as normal during ANC visits but ***pay extra attention to infection control measures***.
- Consider setting up a call-center where women can call before presenting for care to get advice on problems or concerns and decide if and where to present for care.
- Discontinue group ANC or, when permitted locally, make substantial modifications to ensure social distancing and outdoor sessions.
- One asymptomatic companion of her choice should be allowed to be with the woman
- At each visit, assess risk for conditions known to be increased during the COVID-19 outbreak and offer first-line support/refer as needed:
  - Tobacco, alcohol, and other substance use;
  - Common mental health conditions (e.g., anxiety, depression); and
  - Gender-based violence (GBV).

  [NOTE: This screening should take place ***without the presence*** of the woman's partner.]
- Offer 2–3 months of recommended micronutrient supplements and insecticide-treated bednets.
- Inform pregnant women that while the overall risk of COVID-19 to pregnant women is low, pregnancy increases the risk for severe illness with COVID-19. Risk factors for severe COVID-19 during pregnancy include **older maternal age (>35 years old)**, a **high body mass index** and **pre-existing diabetes or hypertension**.
- Advise pregnant women to call their healthcare provider to report possible COVID-19 symptoms (including fever, cough or difficulty in breathing) and follow directions.
- Educate pregnant women on preventive steps she and the people she lives with can take to prevent COVID-19 infection.
- Based on national guidelines and modifications in care provision, inform the woman on when and where to seek her next ANC contact and how to access help if she has danger signs
  - Providers and facility staff should wear appropriate PPE based on COVID-19 status of the woman and procedures being performed.

ANC FOR WOMEN WITH CONFIRMED OR SUSPECTED COVID-19 INFECTION

- Follow national guidelines for testing, postponing outpatient visits, self-isolation, and where/when to seek medical care for women who test positive and are aymptomatic or have only mild symptoms.
- Provide counseling to minimize women's fear about the impact of COVID-19 on pregnant women and newborns and encourage ongoing contact with health care.
- Pregnant women with moderate or severe symptoms should receive specialized care at a designated facility as they are at risk for severe illness with COVID-19.
- Pregnant women who have symptoms of COVID-19 and are experiencing any pregnancy-related complications need to be seen in an area designated for COVID-19 patients and cared for by designated providers.

MODIFICATIONS TO POINTS-OF-CARE FOR ANC CONTACTS

First Trimester

FACILITY-BASED CARE:

- All women should receive their first ANC visit at the facility
- At the first visit, providers should assess for risks—co-morbidities; under- or overweight; <age 19; other vulnerable groups—that require closer follow-up at the facility

USE DIGITAL PLATFORMS/COMMUNITY HEALTH WORKERS TO:

- Screen and triage for danger signs, vaginal signs and symptoms, urinary tract infection, GBV, mental health issues, and tobacco / alcohol / substance use
- Promote, offer information about, and provide discussion forums for self-care interventions (e.g., managing common complaints of pregnancy, nutrition, safer sex, hygiene, rest, and exercise)
- Provide counseling on/update birth preparedness/complication readiness plan (adapt for changes to services)

Second Trimester

FACILITY-BASED CARE:

- Girls and women with risk factors identified at the first visit should present at the facility for ANC visits at 20 and 26 weeks
- Women with danger signs or identified complications/ problems should receive care at the facility

NOTE: During facility-based visits throughout pregnancy, providers should catch up on missed contacts (e.g., TT vaccination, and HIV and syphilis testing) and incomplete home-based records

USE DIGITAL PLATFORMS/COMMUNITY HEALTH WORKERS:

- As listed for the first trimester
- To provide care for ANC contacts at 20 and 26 weeks for healthy women without co-morbidities or complications

Third Trimester

FACILITY-BASED CARE:

- Girls and women with risk factors identified at the first visit should present at the facility for all ANC visits
- Women with danger signs or identified complications / problems should receive care at the facility
- Healthy women without co-morbidities or complications should present at the facility for ANC visits at 30, 36, and 40 weeks

USE DIGITAL PLATFORMS/COMMUNITY HEALTH WORKERS:

- As listed for the first trimester
- To provide care for ANC contacts at 34 and 38 weeks for healthy women without co-morbidities or complications
- To provide counseling on FP, healthy spacing of pregnancy, preparation for childbirth and breastfeeding
- To provide counseling on benefits of breastfeeding in the context of COVID-19 (see WHO brief)
- To provide counseling to couples to prepare for arrival of and care for the baby

MODIFICATIONS FOR SAFE PROVISION OF ESSENTIAL INTRAPARTUM CARE DURING THE COVID-19 PANDEMIC

GENERAL RECOMMENDATIONS

- Consider setting up a call-center where women who think they are in labor can call to get advice on when and where to present for care and about self-care until she reaches the facility.
- Maintain separate areas and providers for symptomatic and asymptomatic women.
- Encourage and facilitate the presence of one asymptomatic birth partner of the woman's choice to stay with the woman throughout labor, childbirth, and the immediate postnatal period
- Assess risk for conditions known to be increased during the COVID-19 outbreak and offer first-line support/refer as needed:
  - Tobacco, alcohol, and other substance use;
  - Common mental health conditions (e.g., anxiety, depression); and
  - Gender-based violence (GBV).

[NOTE: This screening should take place ***without the presence*** of the woman's partner.]

- Observe for signs/symptoms of COVID-19 in clients/companions and isolate if present.
- Providers and facility staff should wear appropriate PPE based on COVID-19 status of the woman, procedures being performed, and stage/phase of labor.

COUNSELING FOR WOMEN WITH CONFIRMED OR SUSPECTED COVID-19 INFECTION

- Counsel symptomatic/COVID-19 positive women and their families that the benefits of breastfeeding substantially outweigh the very low risk of transmission of COVID-19 through breastmilk and the low risk of COVID 19 infection in newborns.
- Counsel symptomatic/COVID-19 positive women and their families that the benefits of skin-to-skin contact, rooming-in, and kangaroo mother care substantially outweigh the low risk of COVID-19 infection in newborns.
- Promote preventive measures for mothers/parents/caregivers who are COVID-19 positive when caring for their newborns, including wearing of facemasks, respiratory hygiene, frequent handwashing, breast washing if the mother coughs on her breast, and disinfection of possibly infected surfaces (see WHO brief on breastfeeding during the COVID-19 outbreak; use WHO/UNICEF/USAID counseling cards for Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed)
- If facemasks are not available, mothers/parents/ caregivers who are COVID-19 positive should be advised that the benefits of breastfeeding far outweigh the low risk of infections in newborns.

PROTECT BEST PRACTICES

- Continue best practices, ***regardless of the woman's COVID-19 status***, but pay ***extra attention to infection control measures:***
- Respectful maternity care, clear communication by maternity staff, pain relief strategies, asymptomatic companion of choice, mobility in labor where possible, birth position of choice, fluids and food intake
- Physical contact (e.g. massage, supporting the woman to walk, etc.), monitoring, care, support, and clinical examinations as normal during labor, childbirth, and the immediate postnatal period
- Only perform induction, augmentation, cesarean birth, or operative birth ***with clear medical or obstetric indications***
- Active management of the third stage of labor
- Delayed cord clamping (1-3 minutes)
- Skin-to-skin contact, rooming-in, and early and exclusive breastfeeding
- Kangaroo mother care for premature and low birthweight babies
- Mother-baby dyad care - care to the mother and infant while they are in close physical proximity (optimally skin-to-skin) with the understanding that appropriate care of one must address the needs and interests of the other.
  - Mothers and newborns should not be separated unless the mother is too sick to care for her baby or the baby requires specialized newborn care
  - If the mother is too ill to breastfeed or express breastmilk, explore alternatives: donor human milk, wet nursing or appropriate breastmilk substitutes if no other options are available. Provide support for relactation, as needed.
  - If a newborn is ill and requires hospitalization, facilitate free access for mothers to visit their newborns, with appropriate IPC measures, and support them to provide breastmilk for their babies.
- Post-placental insertion of an IUD, if the woman is eligible and this is her method of choice
- Close monitoring of the woman and her newborn during the first six hours after birth
- Essential maternal and newborn care in the immediate postnatal period

RESPECTFUL MATERNITY CARE

Respect and dignity

Clear communication by maternity staff

A companion of choice

Pain relief strategies

Mobility in labor and birth position of choice

Mother baby dyad care

MODIFICATIONS FOR SAFE PROVISION OF ESSENTIAL POSTNATAL CARE DURING THE COVID-19 PANDEMIC

GENERAL RECOMMENDATIONS

- Regardless of COVID-19 status of the woman:
  - Continue to care for the woman and her newborn as a unit and while they are in close physical proximity (mother-baby dyad care)
  - Continue physical contact, clinical examinations, testing, and preventive and curative interventions for the woman and her newborn as normal during PNC visits but pay extra attention to infection control measures
- Consider setting up a call-center where women can call before presenting for care to get advice on problems or concerns she or her newborn may be having and decide if and where to present for care.
- Restrict attendance for postnatal care (PNC) visits to include only the woman, her newborn(s), and an asymptomatic companion.
- At each visit, assess risk for conditions known to be increased during the COVID-19 outbreak and offer first-line support/refer as needed:
  - Tobacco, alcohol, and other substance use;
  - Common mental health conditions (e.g., anxiety, depression); and
  - Gender-based violence (GBV).
- [NOTE: This screening should take place without the presence of the woman's partner.]
- Offer 2-3 months of recommended micronutrient supplements, insecticide-treated bednets and contraceptives. Consider offering self-administered or long-acting reversible contraception.
- Provide counseling on breastfeeding during the COVID-19 outbreak (see WHO brief)
- Educate women/families on preventive steps she and the people she lives with can take to prevent COVID-19 infection. Advise women to call their healthcare provider to report possible symptoms (including fever, cough or difficulty in breathing) and follow directions.
- Based on national guidelines and modifications in care provision, inform the woman on when and where to seek her next PNC contact and how to access help if she or her newborn has danger signs
- Providers and facility staff should wear appropriate personal protective equipment based on COVID-19 status of the woman and procedures being performed.

PNC FOR WOMEN WITH CONFIRMED OR SUSPECTED COVID-19 INFECTION

- Follow national guidelines for testing, postponing outpatient visits, self-isolation, and where/when to seek medical care for women who test positive.
- Use WHO/UNICEF/USAID counseling cards for Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed to counsel women/parents on infant feeding
- Women who have symptoms of COVID-19 and are experiencing any postnatal complications need to be seen in an area designated for COVID-19 patients and cared for by designated providers.
- Provide counseling to minimize women's fear about the impact of COVID-19 on newborns and encourage ongoing contact with health care and help them prevent transmission of the virus.

MODIFICATIONS TO POINT-OF-CARE FOR PNC VISITS

Visit within 24 hours after birth

The visit within 24 hours after birth should take place at the facility prior to discharge or after a home birth:

- Observe for signs/symptoms of COVID-19 in hospitalized postnatal clients and companions and isolate if present
- Consider early discharge for healthy women and newborns (i.e., 6 hours after vaginal birth and 2 days after cesarean birth)
- Assess for risks—co-morbidities; under- or overweight; <age 19; other vulnerable groups—that require closer follow-up at the facility by a skilled provider
- Promote, offer information about, and facilitate discussion on self-care interventions (e.g., managing common complaints after birth, breast care, breastfeeding, nutrition, safer sex, hygiene, rest, exercise, and infant care).
- Increase availability and access to postpartum long-acting reversible contraception and sterilization that can be initiated prior to discharge from the facility after childbirth
- Work with women and their partners to develop a complication readiness plan for the woman and newborn that is adapted to take into account changes to services
- Implement birth, perinatal death, and maternal death registration catch up as needed
- Enhance implementation of maternal and perinatal death surveillance and response (MPDSR)

Visit/contact 2–3 days and 4–7 days after birth

Facility-based care:

- Girls and women with risk factors identified at the first visit should present at the facility for these postnatal care visits
- Women with danger signs or identified complications / problems should receive care at the facility

Use digital platforms/community health workers for healthy women/newborns to:

- Screen and triage for danger signs in the woman and newborn
- Screen and triage for GBV and maternal mental health issues
- Promote, offer information about, and provide discussion forums for self-care interventions
- Provide counseling on/update complication readiness plan (adapt for changes to services)

Visit 6 weeks after birth

The visit 6 weeks after birth should take place at the facility:

- Catch up on missed PNC contacts or essential elements (e.g., birth dose immunizations for newborns)
- Catch up on incomplete home-based records
- Implement birth, perinatal death, and maternal death registration catch up as needed and enhance implementation of MPDSR

REFERENCES

1. **UNFPA.** COVID-19: Technical Brief for Maternity Services (July 2020).
2. **WHO.** Maintaining essential services: operational guidance for the COVID-19 context (Interim guidance – 1 June 2020)
3. **WHO.** Frequently asked questions: Breastfeeding and COVID-19 - For health care workers (12 May 2020).
4. **Jhpiego.** Operational Guidance for Continuity of Essential Services Impacted by COVID-19 - A practical guide for program implementation and adaptation. Baltimore: Jhpiego, June 2020.
5. **UNICEF and USAID Advancing Nutrition.** Infant and Young Child Feeding Recommendations When COVID-19 is Suspected or Confirmed - Recommended Practices Booklet (May 2020).
6. **ICM (2020).** ICM Official Statement: Women's Rights in Childbirth Must be Upheld During the Coronavirus Pandemic.

Suggested Citation

MCGL. Job Aids: Recommendations for maternal and newborn care during the COVID-19 outbreak. Washington, DC: MCGL, November 2020.

MOMENTUM

USAIDMomentum.org

Twitter: @USAID_MOMENTUM
Facebook: USAID MOMENTUM