COVID-19 and Companion at Birth

QOC WEBINAR
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MCA DEPARTMENT
Summary

• There is no evidence that pregnant women present with different signs/symptoms or are at higher risk of severe illness and little evidence for mother-to-child transmission.

• Pregnant women with suspected, probable, or confirmed COVID-19 (even if in isolation) should have access to woman-centred, respectful skilled care while applying necessary Infection Prevention and Control (IPC) measures.

• Regardless of COVID-19 status, mothers and infants should remain together, breastfeed, practise skin-to-skin contact, kangaroo mother care, and rooming-in day and night while applying necessary IPC measures.

• Efforts to ensure a woman has a companion at birth should continue, so long as IPC guidance is followed.
Key messages

• At this point, there is no evidence that pregnant and postpartum women with COVID-19 infection present with different signs/symptoms or are at higher risk of severe illness.
  – There is no clear evidence of mother-to-child transmission.

• Pregnant women with suspected, probable, or confirmed COVID-19 (even if in isolation) should have access to woman-centred, respectful skilled care, while applying necessary infection prevention and control (IPC) measures.
Caring for women with COVID-19 during labour and childbirth

- During labour and childbirth, care of pregnant women with suspected, probable, or confirmed COVID-19 includes, depending on the severity of the disease:
  - A companion of their choice during childbirth (with appropriate IPC measures, including appropriate training on and use of Personal Protective Equipment (PPE) and movement restriction in the healthcare facility)
  - Pain relief strategies
  - Adoption of mobility and an upright position where possible

Midwife-led continuity of care, in settings with well functioning midwifery programmes.


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

Pregnant women with suspected, probable, or confirmed COVID-19 (even if in isolation) should have access to quality, woman-centred, respectful skilled care

- Be treated with dignity, privacy and confidentiality, ensuring freedom from harm and mistreatment, and enabling informed choice
- Benefit from **multidisciplinary teamwork** from midwifery, obstetric, perinatal, neonatal and intensive care specialists as appropriate
- Have access to facilities with readiness to care for maternal and neonatal complications
- Benefit from mental health and psychosocial support
  - Prevention and management services for common mental disorders should be available

Specific considerations for maternal and newborn health services in the context of the COVID-19 pandemic

- Maternal and newborn services are **essential services that should continue throughout the pandemic.**
  - **Childbirth care,** should be prioritized within facilities.
- MNH services **provided in the facility,** should focus on
  - promoting care-seeking in communities
  - addressing risks of COVID-19 transmission at health facilities through IPC
  - supporting home care practices.
- **Access to services may become difficult (lock downs, less transport, or fear of infection in facilities).**
- Women and adolescents may have even less access related to **gender issues, discrimination, and stigma**
- Midwives and community health workers can continue to support women through regular phone calls and on-line communication platforms to provide reassurance and to listen to women's needs.
Birth preparedness and complications readiness during the COVID 19 pandemic

- The woman and her midwife/care provider should review the BPCR plan at every ANC contact.
- In case of changes in access to services, women and their care team will need to re-plan on where services are being offered, and inform women how they will get there or ensure they can be contacted by phone.
- Transport and costs of transport may be different during COVID-19 lockdowns.
- The person selected to be the companion should not have any signs or symptoms of COVID-19.
- The companion will have to be carefully instructed and follow the Infection Prevention and Control measures at the facility.
- It will be important for healthcare workers to address any fear about amongst women and/or companions about becoming infected in the facility.
Maternity and neonatal services in the context of COVID-19

➢ Ensure that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing;

➢ WASH YOUR HANDS! hand hygiene includes either:
  - cleansing hands with an alcohol-based hand rub or
  - with soap and water;

Health facilities should establish infection prevention and control strategies to prevent or limit transmission in maternity care settings for women in the context of COVID-19

As described on in the Infection Prevention and Control section of the WHOA app.

Protecting mothers with COVID-19 and their infants

If COVID-19 is suspected or confirmed, appropriate hygiene measures can protect the infant or child. These include:

- Washing hands before and after breastfeeding the child or infant
- Practicing good respiratory hygiene, wearing a medical mask where possible
- Coughing or sneezing into a tissue and disposing of the tissue immediately
- Routinely cleaning and disinfecting surfaces that have been touched

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

World Health Organization

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