

# COVID-19 and Companion

**QOC WEBINAR  
APRIL 20<sup>TH</sup>  
MCA DEPARTMENT**



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# 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



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

WHO recommendations: intrapartum care for a positive childbirth experience. 2018.  
<https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>

WHO recommendations on interventions to improve preterm birth outcomes.  
[https://www.who.int/reproductivehealth/publications/maternal\\_perinatal\\_health/preterm-birth-guideline/en/](https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/preterm-birth-guideline/en/)

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# 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



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- WHO recommendations: intrapartum care for a positive childbirth experience. 2018. <https://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>
- Definition of skilled health personnel providing care during childbirth: the 2018 joint statement by WHO, UNFPA, UNICEF, ICM, ICN, FIGO and IPA. <https://apps.who.int/iris/bitstream/handle/10665/272818/WHO-RHR-18.14-eng.pdf>
- Mental health and psychosocial considerations during the COVID-19 outbreak. WHO. 2020 <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.

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# 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

**BIRTH AND EMERGENCY PREPAREDNESS CARD FOR PREGNANT WOMEN**

NAME OF WOMAN \_\_\_\_\_ AGE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
EXPECTED DATE OF CHILDBIRTH \_\_\_\_\_  
NAME AND ADDRESS OF LOCAL SKILLED BIRTH ATTENDANT \_\_\_\_\_ DATE \_\_\_\_\_  
NEAREST HEALTH FACILITY \_\_\_\_\_

Activity	Indicate response
1. Skilled birth attendant identified for birth	
2. Preferred location for birth	
3. Health centre identified in case of emergency	
4. Companion identified to accompany during birth, 24 hours after birth and in case of emergency	
5. Support person identified for care of the home and children during birth or in case of an emergency	
6. Transportation to the health centre identified including costs	
7. Estimated costs of care in case of emergency identified	
8. Arrangements made to cover costs	
9. Supplies for birth	
10. Possible blood donors identified in case of haemorrhage/ emergency	

- 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 health care 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



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