

Online survey

1. Preparedness – information, guidelines, training
2. Response – screening and testing, PPE, cleaning
3. Experience
4. Changes in care processes and use

Round 1: March 24 – July 5 (13 languages)

Nearly 1,500 respondents from 103 countries

Round 2: July 6 – ongoing (11 languages)

>1,000 respondents from 71 countries



Burnley, England

Kirsty Hartley, a neonatal nurse, passes Theo Anderson, who was born prematurely, to his mother, Kirsty, at Burnley general hospital's neonatal intensive care unit.

Photograph: Hannah McKay/Reuters

Survey: Infection protection and PPE

	Round 1 March - June	Round 2 July - now
Feel well or completely protected	31%	40-50%
Can change PPE between patients		40%
Patients purchase own PPE		40%
HCW can access SARS-CoV-2 test		Yes, mostly free

*“Surgical face mask is handed to you once on a daily basis.
Asking for more is as if you were Oliver Twist.” – Doctor from Nigeria (Round 2)*

PPE

Availability, quality
Training + skills/simulations
Time to don/doff
Cost \$



- Hierarchy
- Changing guidelines
- Dual practice/exposure
- How own exposure/infection handled

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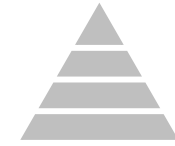


- Compliance with measures
- Cost of PPE for self and HCWs
- Nature of contact with patients

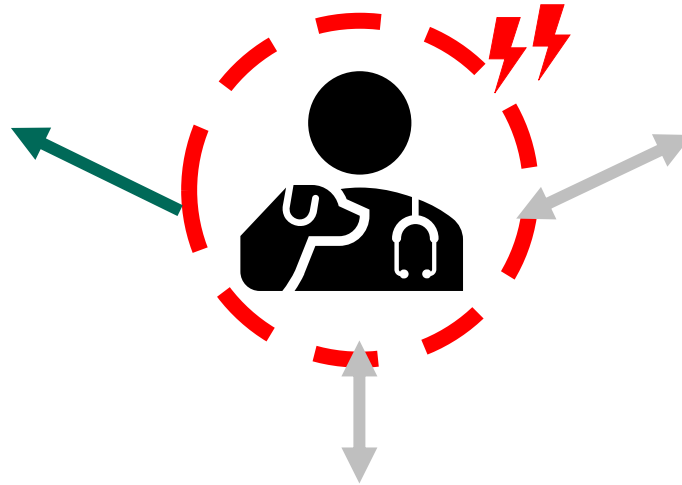




PPE
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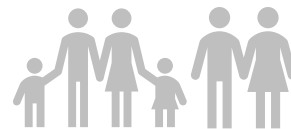
- Heroes vs disease vectors
- Stigma
- Violence
- Rumours



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Health care worker's perspectives, challenges and solutions



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Psychosocial issues are urgent

- Lack of compensation/appreciation
- Loss of income
- Fear, panic, exhaustion
- Powerlessness (conflicting guidelines, non-evidence-based care)
- HCWs upset about poor care and experiences of women/babies

“Monitoring of fetal hearts has reduced because we do not have adequate fetal dopplers and people are afraid of using fetal scopes because of this pandemic on each patient.”

Nurse-midwife from Malawi

“[the] Gynaecological and Obstetrical Society recommended to ban partners and doulas from accompanying a woman at birth - outrageous!!!”

Obstetrician from the Czech Republic

Health care worker's perspectives, challenges and solutions

What positive changes has COVID brought?

- Emphasis on hygiene
- Training and skill building
- More team effort and communications



What can be done to better support HCWs?

1. Better availability of PPE + training
2. Enhance testing capacity
3. Better transportation options for HCWs
4. Provision of mental health support and psychosocial counselling
5. Unified guidelines at national level and clear communication
6. Provision of financial incentives for HCW
7. Increased awareness about safety measures among the public

More information

Ongoing Round 2 online survey:
<http://tiny.cc/MaternalHCWSurvey>

Published paper

<https://gh.bmj.com/content/bmjgh/5/6/e002967.full.pdf>

Study website (incl questionnaires; country summaries)

<https://www.itg.be/N/matco-global-study-of-maternal-health-provision-during-the-covid-19-pandemic>

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World Health Organisation

Some of the beneficiaries of a WHO campaign that saw the mass distribution of 4.6 million long-lasting, insecticide-treated bed nets in Sierra Leone's capital city, Freetown and its suburbs.