Delivering Respectful Mate & Newborn care (RMNBC) in COVID Era





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## Pandemic has Severely challenged capacity & flexibility of existing HS

- Health Structures
  - deficit to cope burden
  - required major restructuring & expansion
- Wide Know-skill gap
- Labile policies, Rapidly changing guidelines: translating into unstable practices with challenges in implementation
- An ever issue of Supplies equipment and logistics &HR
- HR short: deployment, mobility restrictions (lockdown), sickness-Q- Ab.
- Attitude of both receivers & providers of healthcare- fear, phobia, stigma.
- Adverse social impact of lockdown: mass migrations & economic crises.

#### Paralysis of even existing essential health services!!.

#### QoC MNH:RMNBC

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





#COVID19 #CORONAVIRUS

Not simply abt treating...

Phys, mental, social well

Evid based QoC



Mother-NB as a dyad.

Right to respect and dignity

An experience of warmth & caring childbirth

#### Risk analysis:

Benefits of BF outweigh potential risks of Covid-19

••••

Cost of Not Breastfeeding!!!

Rationale of recommendations

#### **Reg COVID in NB**

- SARS-CoV-2
  - Rarely found in Breast milk
  - Replication & transmission not detected in BM
- Potential protective benefits in breastmilk (slgA)
- Risk of vertical transmission low
- Disease mild to moderate in most

#### **Reg Breast Feeding**

- Benefits
- SSC and KMC benefits more than risk of transmission of virus through contact
- Benefits of rooming in more than risk of transmission

# Recommendations from major bodies for well babies born to COVID positive mothers

<b>Health Authority</b>	Skin to Skin Contact	Rooming in	Breastfeeding
WHO, June 2020	Yes	Yes	Yes
MOHFW, India	Yes	Yes	Yes
AAP, July 2020	Brief holding of baby during DCC	Yes (Revised guidelines)	Yes
FOGSI-IAP-NNF, May 2020	Yes	Yes	Yes
CDC, August 2020	Maternal autonomy and right to choose, case based decision		



# For COVID positive Moms Are these guidelines implementable? or Illusionary

Early and uninterrupted S2S contact at birth in VD n C/S Continuing KMC asap ??

**Direct breastfeeding: Mothers-baby together: roomed-in** day and night .... ..but keep 2 m distance. Bedding in??

Continous supply of expressed breastmilk to babies who are kept in Nursey due to sickness?

#### Formative Research Deptt of Neonatology WHO funded , July 2020.. Ongoing

**Hypothesis:** There exists significant knowledge gap wrt establishing successful breastfeeding among recently delivered mothers with suspected/proven COVID infection admitted in a COVID facility in north India.

#### Objective

To identify the enablers and barriers to breastfeeding in a facility setting in COVID era: A mixed method study.

#### A Mixed Methods Study (Team of Qualitive Researchers and Neonatology Faculty)

- *In Depth Interviews* using structured questionnaire carried out in 7 major hospitals, for:
  - Recently Delivered Mothers
  - HOD and Faculty of Neonatology
  - Residents
  - Lactation/ staff Nurse
- Non Formal Interaction carried out for:
  - Family members of RDMs
  - HOD OBGY
- Thematic content analysis for finding out determinants of breastfeeding done

# Preliminary Barrier Themes & Codes That Are Emerging.... (Work In Progress)

- Challenges with the guidelines
  - Labile guidelines : not implementable
  - Classification of abortion as non-essential service
- Doctor- Patient Interaction
  - Reduced Duration and Frequency of Doctor- Patient Interaction
  - Lack of opportunity for Counselling

(in face of shortage of staff & skill)

• Anxiety, Fear and Stigma with Lack of support to RDMs: Families disowned, mothers in Isolation amidst financial crisis mounting stress

Preliminary Barrier Themes & Codes That Are Emerging (Work In Progres) contd.....

- Compromised maternal and newborn practices
  - Preference for home deliv.: Fear of Inst deliv., Inc. C/S rates
  - CAB: SSC, Sep. mom-baby dyad
  - BF : Delayed initiation, lack of lactation support, poor estabt.
  - Exploitation by infant food industry

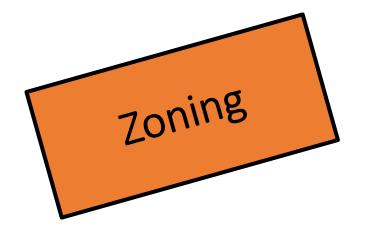
- New-born Care not prioritised
- Inadequate FU (Fear , mobility restrict

Unavailability of contraceptive services/commodities

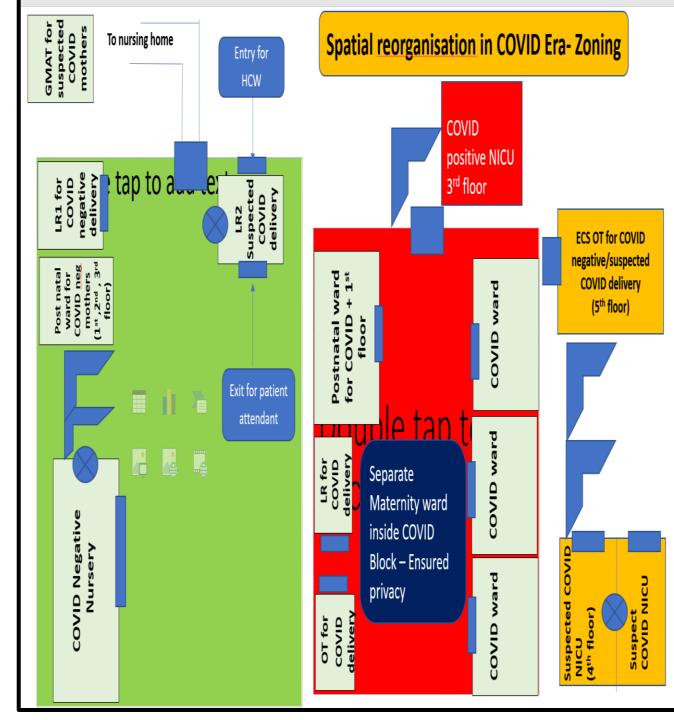
- Short emerg. transport/ access to care
- Limited COVID Testing

Disruption of Routine MN svs

### Enablers





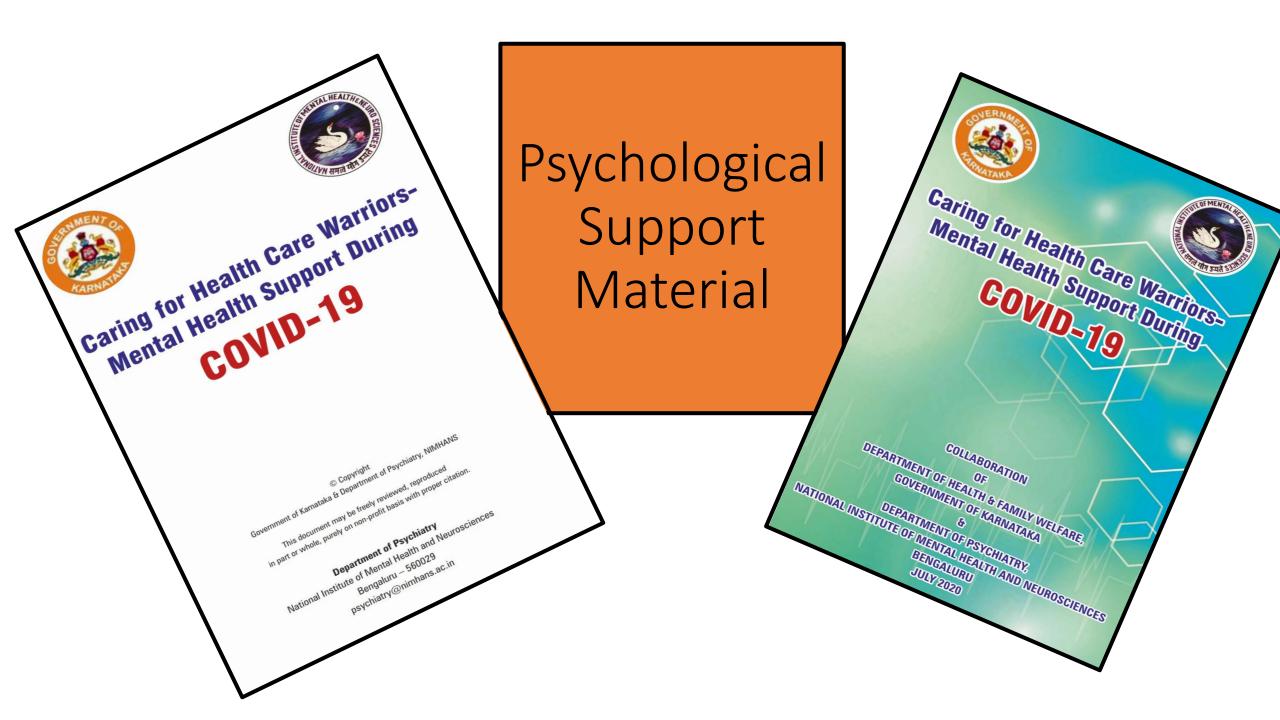


#### Capacity building: IPC trainings









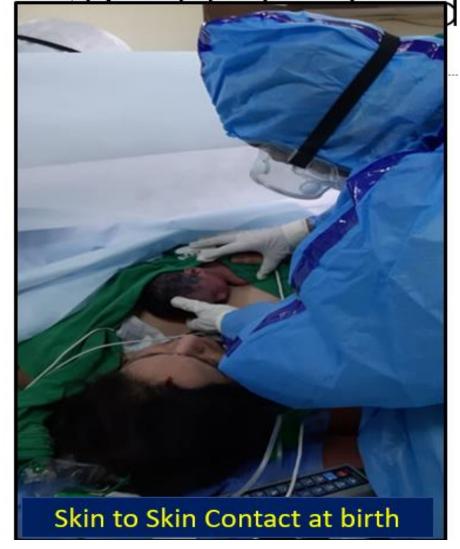


# How to ensuring Respectful Maternity and Newborn Care in COVID times?

**Possible Solutions** 

#### Skin to Skin Care at Birth in COVID +ve Moms





#### Rooming-In & Lactaiton Support in Mat. COVID Isolation Ward





Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby



Routinely clean and disinfect surfaces



Bedside sanitisers in COVID wd





#### Still Unsolved??

- ??For maintenance of supply fexpress 8 or more in 24
- Availability of: Breast Pumps, Wash areas/ Disinfection of breast pump an utensils,....How??
- Zipper Bags and personnel to transport collected EBM ..who???

#### Lactation support in Post natal ward





#### **Innovative: Use of Telemedicine**

Virtual Trainings, consultations, FUs, Virtual" Birth Regis.







Tablets to communicate & show babies to moms in COVID Isolation ward



#### Family Centred Care





# MOM with CRF on Dialysis Maintaining Continous Supply of EBM with support of Grand Mother.

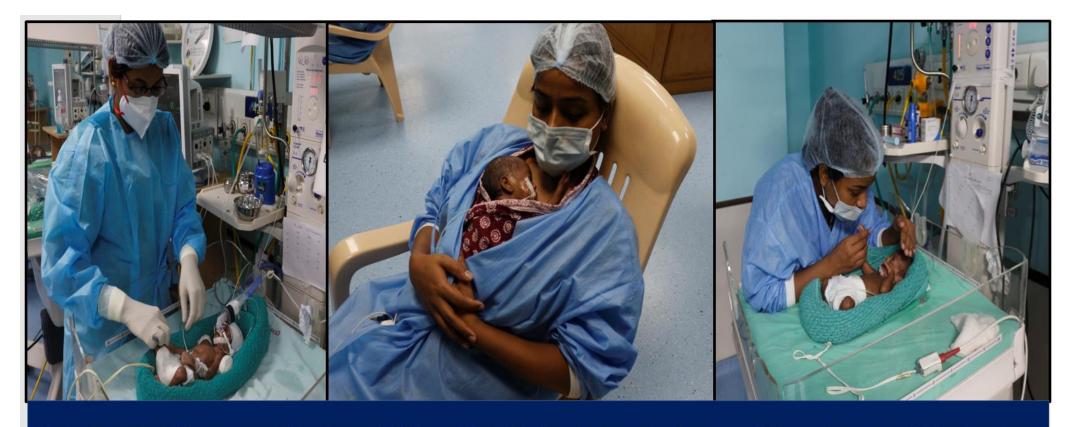






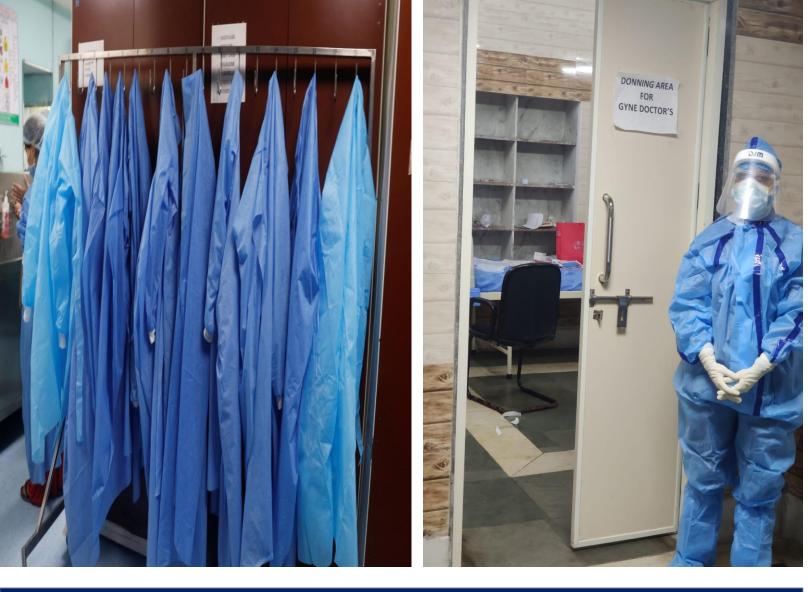


Father providing KMC



Developmentally supportive Care, KMC and Family Participatory Care ..... Using adequate IPC measures

??Access to breast milk
Maintaining supply of breastmilk





Resources were Optimised-Adequate PPE, Gowns, Masks, Face Shield provided and constant supply ensured

Safe transport using incubator was ensured

### Counseling for Mothers & HCW



### Telephonic Counselling for Faculty, Residents, Interns & Nursing Officers

### Take care of yourself first

or you will have nothing left to give others.

Self-care is not selfishness.

You cannot serve it from an empty vessel.



#### Your help is just a call away.

The Department of Psychiatry,RMLH acknowledges the stress of it's Health Care Providers (HCPs) during pandemic time.

- #CareForCovidWarriors
- #CareForMedicosByMedicos
- #CareForHCPsByHCPs

On Call	Dates	Phone No.
Dr. Bhupendra	19,20,25,26,31	9899063706
Dr. Linkan	21,22,27,28	9971832077
Dr. Priyanka	18,23,24,29,30	8860228554

Emilys Quote

Under supervision of Dr.Mina Chandra (Nodal Officer, Psychiatry), Department Of Psychiatry, Centre of Excellence In Mental Health, ABVIMS & Dr RMLH

#### Routine NB care & Follow Up











# Breastfeeding Week Celebration: 4<sup>th</sup> August 2020; Safe Breastfeeding for a Healthier Planet

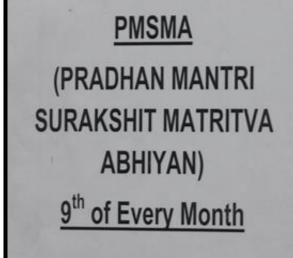






Skit depicts BF safety in COVID





Kindly send All ANC to the Room No.

11 (Gynae. OPD) for the Registration under PMSMA.





### Outreach and Community Programs labelled essential

#### Conclusions

We perhaps now know what to do, but not yet quite, how to do??

However so far....to provide a RMNBC

- Safety first!
- Communication, education and psychological support to both receivers and providers of care is of paramount importance
- A strong leadership on the top, interdepartmental coordination
- Innovate indigenous ways & need to contextualise and adapt the guidelines to be feasible, effective & sustainable in our own setups.

#### Conclusions contd....

- Mother & Newborn must be considered an inseparable dyad.
- Strong maternal-NB dyad support through peripartal, birth and neonatal period is required to make RMNBC a reality. (Birth companions, Lact Cou.)
- Leveraging upon Family Centred Care still seems promising.
- Community empowerment will ensure continuity of care.
- Cross learnings great opportunities!

"GIVE THE CARE THAT YOU WISH TO RECEIVE"

**TOGETHER WE CAN!**