



Maternity care in the context of COVID-19 pandemic

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Introduction

- COVID 19 is impacting on health systems and maternal and neonatal health.
- 116 million expected births in the approximately 9 months since the COVID pandemic was recognized (UNICEF, 2020)
- Despite COVID 19, women still require high quality and RMC
- Pregnant and postnatal women at LMIC have challenges in accessing quality care.

Challenges

- Access to MNH and RH services has been affected.
- Adolescent pregnancy & Unintended pregnancy
- No companions in labour ward
- Maternal mental health is affected
- Social stigma
- Increased perinatal and maternal mortality, STIs/ HIV
- Practicality of telemedicine

Antenatal care



Pregnancy

- Limited data is available on pregnancy.
- Available data indicate pregnant women are not at increased risk of severe disease, however, they are vulnerable (RCOG, 2020).
- Third trimester more risky

Pregnancy

- COVID-19 is linked to a higher rate of cesareans and preterm births.
- No clear evidence of vertical transmission but there is potential. (Schwartz, 2020), (Zeng et al. 2020), (Chen et al., 2020).
- Prioritize face-to-face appointments for women at increased risk of complications due to COVID-19

Providing right care

Midwives should:

- Triage - Risk assessment
- Reduce wait times for ANC services and/or client flow.
- Encourage women to wait outside or in designated areas and maintain social distancing wherever possible.
- Discourage groups of more than 20 women from attending ANC at any one time

NB:

- All women should be triaged and screened for symptoms of COVID-19 before entering the health facility
- Women with COVID-19 symptoms and are experiencing any pregnancy related complications need to be seen separately in an isolated room

Guide to pregnant women

- Infection – prevention measures (Social distancing, Hand washing, Respiratory hygiene, Use of masks)
- Stay at home (Avoid confirmed or suspected people)
- Maintain hydration
- Eating healthy food
- Having adequate rest
- Suspending any social events e.g baby shower
- Avoiding non-essential use of public transport
- Avoiding touching eyes, nose, and mouth with unwashed hands

(MoH, 2020) (UNFPA, 2020)

Intrapartum care

- Should not differ from usual
- Skilled birth attendance should be encouraged.
- Vaginal birth is preferred (assisted vacuum delivery) (Favre et.al, 2020)
- Infection prevention measures (PPEs)



Intrapartum care

- Monitor using hourly fluid input-output charts to avoid the risk of fluid overload.
- Interventions to accelerate labour and childbirth (e.g. augmentation, episiotomy, operative vaginal birth etc) should only be undertaken if medically justified.
- Immediate removal of baby to avoid contact with the mother until she has showered.
- Avoid breastfeeding until the breasts are washed

Postnatal care



Postnatal care



- Postnatal midwifery care is a key public health intervention for women, their newborns and families.
- Home or virtual visits by midwives could be done to reduce the number of times the mothers and their babies leave their home

Postnatal care

- Limit visitors
- Rooming in (No evidence of increased risk)(few reported neonatal infections were acquired during the postnatal period and the infants were not significantly unwell)
- Breastfeed, skin to skin contact, warmth
- Mental health care (Risk for depression, anxiety)
- Family-centred care – psychosocial parent support

NB:

- Mothers with psychosocial vulnerabilities, operative births, premature or LBW babies, other medical conditions and neonatal complications may require a physical home visit or the mother and baby may be required to come to the hospital facility.
- Strict adherence to infection control should be practiced when entering the home, during the procedures and when leaving the home.

Recommended postnatal visit schedules

	1 st visit	2 nd visit	3 rd visit	4 th visit
WHO guidelines	Day 1 (Discharge)	Day 3 (48 – 72 hours)	7 – 14 days	6 weeks
Kenya National Guidelines (2013)	Within 48 hours	1 – 2 weeks	4 – 6 weeks	4 – 6 months

Breastfeeding



- COVID 19 positive women can breastfeed without restrictions.
- Hand washing before and after touching the baby.
- Practice respiratory hygiene
- Clean and disinfect surfaces routinely

Post-COVID infection

- Pregnant and postnatal women who have recovered from COVID-19 and been released from the COVID-19 care pathway, should be enabled and encouraged to receive routine antenatal or postpartum care as appropriate.
- Additional care should be provided if there are any complications.

Care of Maternity team



- Provide evidence-based safe care
- Access to PPEs, sanitation and safe working environment
- Strong inter-professional communication
- Timely testing for providers
- **Psychosocial support** (quality hydration and meals, adequate breaks during and between their shifts, counselling for stress and fatigue)
- Providers in 3rd trimester or with underlying health conditions in any stage of pregnancy to avoid direct contact with patients.

What the government has done

- Launch of Wheels for Life in collaboration with other service providers including AMREF Health Africa, and online taxi operator Bolt
- Training through online platforms and the distribution of protocols to healthcare facilities

Finally.....

- A unique approach is needed to enhance maternal health during the COVID-19 crisis –
 - ❖ strengthen access to services
 - ❖ precautionary measures
 - ❖ practical guideline for continuity of maternal health services
 - ❖ train and motivate frontline health care workers

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Thank you

