



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

GUIDELINES FOR MANAGEMENT OF PREGNANT, BREASTFEEDING WOMEN, AND INFANTS IN THE CONTEXT OF COVID-19

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Reproductive and Child Health Department

BACKGROUND

Sexual and Reproductive health (SRH), safe pregnancy, childbirth and postnatal care services are regarded as essential health services during pandemics, and should therefore be planned for along with other essential services to be provided during this COVID-19 pandemic.

There's need to ensure that access to SRH services including contraceptive services is maintained, with special attention to women among vulnerable populations such as Adolescents, persons living with disabilities, persons living with HIV, and people in humanitarian settings.

Currently, there is no evidence that pregnant women present with different signs or symptoms or are at higher risk of severe illness. There is currently no known difference between the clinical manifestations of COVID-19 pregnant and non-pregnant women or adults of reproductive age.

There is limited data on effects of the COVID-19 virus among pregnant, breastfeeding feeding women and infants. The Ministry of Health will continue to provide additional guidance to health facilities on the management of pregnant, breastfeeding women and infants.

So far, there is no evidence of mother to child transmission of COVID-19. Some cases of premature rupture of membranes, foetal distress and preterm birth have been reported.

The COVID-19 pandemic has raised specific concerns regarding the management of pregnant, breast feeding women and infants. These guidelines have been developed to address concerns and guide health workers on how to deliver essential RMNCAH services during this period. This includes routine care for pregnant women, including those with Suspected, Probable or Confirmed COVID-19 along the entire continuum of care for mothers and newborns during Antenatal care, Delivery and Postnatal periods.

SECTION A: CARE OF PREGNANT WOMEN INCLUDING ADOLESCENTS DURING ANTENATAL CARE PERIOD IN THE COVID-19 PANDEMIC

Key messages:

- Health workers should continue to provide antenatal care as a routine package but should practice appropriate Infection Prevention and Control (IPC) measures for COVID-19, including hand washing and personal protective equipment (Refer to Figure 1).
- Ensure Social distancing at Antenatal (ANC) clinics of 4 metres and use of face masks, among other IPC measures by all pregnant women while in the ANC clinic, and in the community to prevent them from transmitting the virus SARS-CoV2. Overcrowding MUST be avoided at the ANC clinics, a 4-metre social distance should be practised, hence group Antenatal care should be avoided during this period.
- Pregnant mothers should be kept in the open spaces of the various health facilities and in the outside compound where these are near the designated ANC clinic.
- The pregnant women should be encouraged to wear facial masks whether clothe/other material just to reduce what can get out through the air they breathe or when they cough.
- Water taps, tippy taps and all other forms of sources of clean water and sanitizers and or soap for hand washing should be available and mothers advised to use them before they enter the consultation room.
- The health workers should wash/sanitize hands before they examine clients and after they have examined the patient.
- The health worker should put on a medical mask when examining the ANC mothers.
- All necessary examination should be done within the same space to avoid mothers moving around the health facility too much, this will reduce their contact with possible other sources of infection or them spreading infection.
- If possible ENTRY AND EXIT could be clearly labelled to avoid a mix.
- Give a wider spacing between visits up to one month unless absolutely necessary and give information on danger signs to all mothers and encourage them to return any time they get any of them.

Figure 1: Universal Precautions for Prevention and Control of COVID-19

- ❖ *Hand washing with water and soap following the WHO recommended technique and use of an alcohol-based hand rub; for at least 20 seconds.*
- ❖ *Use alcohol-based hand sanitizers- 60% alcohol and above- to disinfect reusable dedicated equipment such as thermometers between patients or 0.5% Sodium hypochlorite for disinfection of frequently touched surfaces.*
- ❖ *Avoid touching your eyes, nose, and mouth.*
- ❖ *Practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing off the tissue.*
- ❖ *Wearing personal protective equipment (PPE) such as; a medical mask, gloves, eye protection (goggles or face shields) etc and performing hand hygiene after disposing off the mask.*
- ❖ *Personal protective equipment should be changed between use and for each different patient. Health care workers should wear a medical mask in the triage area and when entering a room where patients with suspected or confirmed COVID-19 are admitted.*
- ❖ *Maintaining social distance (a minimum of 1 meter) from persons with respiratory symptoms.*
- ❖ *Waste produced during the care of patients with suspected or confirmed COVID-19 infection should be disposed off as infectious waste.*

- Pregnant women should pay particular attention to avoiding contact with people who are known to have COVID-19 or those who show possible symptoms.
- Pregnant women attending ANC, including those in the communities should receive information on the signs and symptoms, the spread, prevention and control of COVID-19, including knowledge on the asymptomatic carriers.
- While in the community, if a pregnant woman develops symptoms suggestive of COVID-19, and fits the criteria for case definition for suspect or probable case for COVID-19, she should contact the health care professional attending to her at the health facility to postpone the routine ANC visits. The health worker will contact surveillance teams to continue checking on the suspected, probable pregnant woman to ensure they comply with the self-quarantine measures.
- At the health facility, if a pregnant woman is a suspected, probable case and fits the criteria for case definition of COVID-19, the health worker shall inform the laboratory staff who shall initiate testing for COVID-19. If the patient is negative but has been exposed, she should start self-quarantine for 14 days. She should contact the health workers at the health facility to postpone routine visits and the

health worker should ensure that the health surveillance team conducts follow up checks until the self-quarantine period is over.

- Women should be advised to attend routine antenatal care unless they meet current self-quarantine guidance for individuals and households of individuals with fever or respiratory symptoms such as cough or shortness of breath
- Every mother, whether she has symptoms or not, should be considered a Suspected case of COVID-19, until proved otherwise, especially with the on-going pre-symptomatic transmission.
- Actively screen all clients attending ANC to identify any suspected symptoms of COVID-19 using the MOH guideline.
- If a pregnant woman is infected with COVID-19, she is still most likely to have no symptoms or may present with mild illness from which she can recover.
- If the pregnant woman develops more severe symptoms or her recovery is delayed, this may be a sign that she is developing a more significant chest infection that requires enhanced care. The woman should contact a health worker for medical further information and advice.
- Health facilities should conduct targeted integrated ANC/EPI outreaches to extend services, especially in hard to reach communities with large numbers of pregnant women.
- Screen mothers for Intimate Partner Violence (IPV) according to the existing guidelines. There is increased risk of IPV during emergence situations such as the current COVID-19 pandemic.
- Health workers should provide psycho-social counselling and support to suspected, probable or confirmed pregnant women with COVID-19. Pregnant women have fears of contracting COVID-19, including transmission of the disease to their un-born babies.
- Sensitize women on the risk and mitigation of stigma and discrimination that may be associated with COVID-19.

SECTION B: CARE OF PREGNANT WOMEN INCLUDING ADOLESCENTS DURING LABOUR AND DELIVERY PERIOD IN THE COVID-19 PANDEMIC

Maternity departments with direct entry for patients and the public should have in place a system for identification of potential cases as soon as possible to prevent potential transmission to other patients and staff. This should be at the first point of contact to ensure early recognition and infection control. This should be done before a patient sits in the maternity waiting area.

Key messages

- If a pregnant woman is a confirmed COVID-19 case in labour, the health worker should refer her to the isolation unit for management. The mother will continue receiving obstetric care while in the isolation unit.
- If a pregnant woman presents with an obstetric emergency and being suspected or confirmed to have COVID-19, maternity staff MUST first follow IPC guidance. This includes transferring the woman to an isolation room and wearing appropriate PPE such as face masks, eye shields, Eplons, among others. Once IPC measures are in place, the obstetric emergency should be dealt with as a top priority.
- During the delivery process, the health workers should continue observing the IPC guidelines.
- Do not delay emergency obstetric and newborn care (EMONC) service delivery in order to test for COVID-19.
- Continue providing care for a woman with COVID-19, until a negative test result is obtained.
- All reusable maternity equipment should be decontaminated after use in line with the IPC guidelines
- Encourage pregnant women to deliver from health facilities for their safety and that of their new born.
- Health workers should actively screen the pregnant women to identify suspected symptoms of COVID-19 using MOH guidance.
- Health workers should conduct health education on signs and symptoms of COVID-1 and the precautions in prevention for all women who present in labour.
- Once settled in an isolation room, a full maternal and fetal assessment should be conducted to include: Assessment of the severity of COVID-19 symptoms and should follow a multi-disciplinary team approach including an infectious diseases or medical specialist, Maternal observations including temperature, respiratory rate and oxygen saturations; Confirmation of onset of labour, as per standard care and electronic fetal monitoring.

- If labour is confirmed, then care in labour should continue in the same isolation room, ensuring privacy, respect and dignity for the mother.
- Management of mothers in labour should continue as per standard practice like use of partographs to monitor all mothers in active labour, while observing IPC measures such as use of PPE, hand washing with water and soap.
- Where women with suspected or confirmed symptoms of COVID-19, or confirmed COVID-19 have scheduled appointments for pre-operative care and elective caesarean birth, an individual assessment should be made to determine whether it is safe to delay the appointment to minimize the risk of infectious transmission to other women, healthcare workers and, post natally, to her infant.
- If a pregnant woman is diagnosed with COVID-19, without respiratory distress and requires delivery by cesarean section, the health worker should administer spinal anesthesia.
- If the pregnant woman is diagnosed with COVID-19, and is critically ill, with features of respiratory distress, and requires ventilation, the mother should be delivered by Caesarean section under General Anesthesia with ventilation.

SECTION C: CARE OF PREGNANT WOMEN INCLUDING ADOLESCENTS DURING THE POSTNATAL PERIOD IN THE COVID-19 PANDEMIC

Key Messages

- Health workers should encourage women to breastfeed and take necessary precautions to limit viral spread to the baby. Hand washing before touching the baby, breast pump or bottles; avoiding coughing or sneezing on the baby while feeding at the breast; considering wearing a face mask while breastfeeding, if available; following recommendations for pump cleaning after each use.
- All postnatal women with or recovering from COVID-19 should be provided with psychosocial counselling and information related to the potential risk of adverse pregnancy outcomes.
- Routine immunisation services delivery will continue but with strict observance of the COVID-19 infection prevention and control measures such as social distancing to avoid overcrowding at the vaccination sites.
- Health workers should continue to manage sick newborns and children under 5 years of age as per the existing Integrated Management of Newborn and Childhood Illness (IMNCI) guidelines.
- Health workers should provide information and services for family planning with emphasis on postpartum family planning using the Medical Eligibility Criteria (MEC) wheel.

- Provision of modern short- and long-acting contraceptives, information, counseling and services (including emergency contraception) is lifesaving and should be available and accessible during the COVID-19 pandemic response.
- Women on short-term contraceptives methods, especially the oral contraceptives should be given commodities to cover at least a 3-months' period. This will minimize the frequent visits to the health facility for refills. Client should be fully counseled on the side effects and how these can be managed, when to switch and when to return to the health facilities. Client should be linked to the respective community resource persons for any immediate support in case of refill or support.
- Health facilities that are already providing contraceptive community-based distribution of oral contraceptives, DMPA SC including self-injection, ensure that the village health teams (VHTs) that are actively involved are well-oriented on the COVID-19 signs and symptoms, preventive measures and what to do in case of identification of a suspect or probable case.
- Ensure adequate stock management at both health facility and community and monitor stock levels of RMNCAH commodities.
- Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for IPC.
- Breastfeeding counseling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19.
- Breastfeeding women should not be separated from their newborns, as there is no evidence to show that respiratory viruses can be transmitted through breast milk. The mother can continue breastfeeding, as long as the necessary IPC precautions are applied:
- Symptomatic mothers well enough to breastfeed should wear a mask when near a child (including during feeding), wash hands before and after contact with the child (including feeding), and clean/disinfect contaminated surfaces, avoid touching the baby's eyes, mouth or nose.
- If a mother is too ill to breastfeed, she should be encouraged to express milk that can be given to the child via a clean cup and/or spoon – while wearing a mask, washing hands before and after contact with the child, and cleaning/disinfecting contaminated surfaces.
- All recently pregnant women with COVID-19 or who have recovered from COVID-19 should be provided with information and counseling on safe infant feeding and appropriate IPC measures to prevent COVID-19 virus transmission.

Note: Health Workers should continue to monitor the other pregnant mothers during labour and postnatal period.

SECTION D: HANDLING REFERRALS FOR PREGNANT WOMEN, NEWBORNS AND CHILDREN DURING THE COVID-19 PANDEMIC

- Health facilities should liaise with the district health officer to ensure that transport means are available for referral of clients to higher level facilities for further management.
- The health workers should engage community structures such as boda boda cyclists to arrange for transport of pregnant, post-partum mothers, newborns and children from communities to health facilities, especially in the event of emergencies.
- Health workers to map out Boda boda riders within the facility catchment area and link them up to pregnant women during antenatal care sessions. The list of boda boda riders in the catchment area should be pinned up at the maternity unit so that they can easily be accessed by the pregnant women.
- The health worker should support the boda boda rider to secure emergency travel permits with the support of the DHO's Office.