

## Coronavirus Disease (COVID-19) Preparedness and Response UNFPA Interim Technical Brief

For the latest evidence, see the World Health Organization COVID-19 site:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

### Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19

#### Key Messages

#### Core Messages

- There is no current evidence of adverse effects on pregnant women from COVID-19. The physical and immune system changes that occur during and after pregnancy should however be taken into account. It is critical that all women have access to safe birth, the continuum of antenatal and postnatal care, including screening tests according to national guidelines and standards, especially in epicenters of the pandemic, where access to services for pregnant women, women in labour and delivery, and lactating women is negatively impacted.
  - Keep the health system functioning: Maintain sexual and reproductive health and rights (SRHR) information and services, protect health workers and limit spread of COVID-19.
- During public health emergencies, human and financial resources are often diverted from various health programs to respond to the infectious disease outbreak. Sexual and reproductive health services are being impacted by the pandemic and must be prioritized.
  - High Maternal Mortality Ratio (MMR) in a country is a strong indication of a weak health system. The COVID-19 pandemic will further strain health systems, and is expected to severely impact the health systems of low- and middle-income countries - with worse impacts in countries experiencing fragility and humanitarian crises. Preparedness and response support to countries with high maternal mortality rates will be critical in low income countries - and in pockets of populations with high maternal mortality rates in middle-income countries. Such measures must pay special attention to ensuring the continuation of basic services such as maternal and newborn health and sexual and reproductive health services and supplies.
  - Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases.

- The protection of health workers, in particular midwives, nurses, obstetricians and anesthesiologists, must be prioritised as critical and lifesaving and they should be provided with personal protective equipment if they are treating patients with COVID-19.
- Safe pregnancies and childbirth depend on functioning and accessible health systems and strict adherence to infection prevention control measures.
- Surveillance and response systems should be disaggregated by sex, age, gender, and pregnancy status. Where relevant, special attention should be given to vulnerable populations such as persons with disabilities, HIV-positive persons, adolescents, elderly, indigenous people, people of African descent, refugees and migrants.

## **UNFPA Response Interventions**

### **Short-term interventions**

#### ***Facilitate coordination, participation and consultation***

- Encourage activation of the UN coordination mechanism in sexual and reproductive health and rights, support efficient coordination mechanisms to ensure obstetric and newborn care is prioritized.
- Strengthen advocacy and leadership of the sexual and reproductive health (SRH) sub-working group under the health cluster where humanitarian coordination architecture is in place to channel support to the maternal health programme and specific response. Advocate at health cluster level to ensure uninterrupted access to maternal health, and non-diversion of healthcare resources at the expense of pregnant women.
- Establish necessary situational analysis that is gender, sex and age disaggregated as part of joint United Nations Country team.
- Support Ministry of Health and partners to strengthen, fund, implement and integrate gender and sexual and reproductive health into COVID-19 preparedness and response and operationalize plans and maintain ongoing programs.
- Organizations of young people, women, indigenous people, people living with human immunodeficiency virus (HIV), and persons living with disabilities should be consulted and involved in all stages of COVID-19 response.

#### ***Maintain continuity of maternal health and other sexual and reproductive health services***

- Ensure women's and girls' choices and rights to sexual and reproductive health is respected regardless of their COVID-19 status, including access to contraception, emergency contraception, safe abortion to the full extent of the law and post-abortion care.
- Ensure that, when medical resources are scarce, access to healthcare is maintained, including sexual and reproductive health services with special attention to pregnant women among vulnerable populations such as persons living with disabilities, persons living with HIV, people belonging to indigenous groups, people living in poverty

- Ensure pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, have access to woman-centred, respectful skilled care, including obstetric maternal screening tests, fetal medicine and neonatal care, as well as mental health and psychosocial support with readiness to care for maternal and neonatal complications.
- Work with the Ministry of Health and relevant line ministries, and the private sector to ensure availability and access to essential SRHR including maternal and newborn health services. In humanitarian contexts, this should include the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health in Emergencies, which is endorsed by UNFPA. <https://iawg.net/resources/minimum-initial-service-package-misp-resources>
- Ensure sufficient training/refresher training of health care personnel in Infection prevention and control (IPC) [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)) to reduce risk of human to human transmission; train based on the World Health Organization (WHO) guidance note (Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected Interim guidance 13 March 2020) [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)
- Support supply chain (modern contraceptives, maternal and newborn life-saving drugs and supplies, maternal health equipment, IPC material and supplies, educational and counselling materials)
- Train health workers, particularly midwives, on the risk and mitigation of stigma and discrimination, and engage them and other relevant cadres in the sensitization of pregnant women on the COVID-19 infection symptoms and related prevention and hygiene messages. [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rccce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rccce)-action-plan-guidance)
- Particular attention to be paid to the care and protection of young people, especially girls, in areas with high HIV prevalence.

#### *Facilitate the continuum of care during a pandemic*

- For all pregnant women (See World Health Organization (WHO) risk communication: <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding> )
- Maintain antenatal and postnatal care; especially in pandemic affected countries, support the establishment of dedicated antenatal and postnatal care facilities/ mobile clinics in accordance with local Ministry of Health authorities.
- Mode of birth should be individualized based on obstetric indications and the woman's preference. WHO recommends that caesarean section should ideally be undertaken only when medically justified.
- Advocate for continued breastfeeding and uninterrupted care between mother and newborn.

- Develop education materials for pregnant women/families on basic hygiene practices including related to COVID-19. [https://www.who.int/publications-detail/risk-communication-and-community-engagement-\(rcce\)-action-plan-guidance](https://www.who.int/publications-detail/risk-communication-and-community-engagement-(rcce)-action-plan-guidance)

#### *For women directly affected by COVID-19*

- Pregnant and recently pregnant women who have recovered from COVID-19 should be enabled and encouraged to access routine antenatal, delivery, safe abortion, and postpartum, or post abortion care to the full extent of the law.
- Ensure that pregnant women infected with COVID-19 at the time of delivery are attended at least in the second level of care, to ensure appropriate care if respiratory complications arise
- Monitor the situation (obstetric activity, service readiness and utilization, hygiene status and staff protection)

#### *Limit the transmission of COVID-19*

##### *Facility policies and interventions*

- Provide technical guidance on reinforcing infection control measures within facilities, including triage flow and segregation of neonatal and maternal health units in exceptional cases and according to the decision of governments. Pregnant women with respiratory illnesses must be treated with utmost priority due to increased risk of adverse outcomes, and Antenatal, neonatal and maternal health units must be segregated from suspected and confirmed COVID-19 cases.
- Ensure appropriate [Infection Prevention and Control \(IPC\) measures](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control) and prevention of complications applied to pregnant and recently pregnant women, including those with miscarriage, late pregnancy fetal loss, and postpartum/post abortion women. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
- Manage antenatal care, delivery, postnatal care, and maternity ward flows in order to keep a safe distance (at least 2 meters) between people.
- Ensure all recently pregnant women with COVID-19 or who have recovered from COVID-19 are provided with information and counselling on safe infant feeding and appropriate [infection prevention and control measures](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control) to prevent COVID-19 virus transmission. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

##### *Protection and capacity building of health workers*

- Protect health workers (in particular midwives, nurses, obstetricians and anesthesiologists) by ensuring that basic protection (PPE) is available (gloves and masks, gowns and protective lenses, according to [WHO guidelines](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
- Procure and provide medical supplies and equipment for prevention and infection control, including personal protective equipment (PPEs) according to [WHO guidelines](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control) for health care personnel and

community health workers. Ensure that hygiene material (chloride, soap, hand hygiene stations) are available in maternity units (including ANC and PNC facilities) AND utilized.

- Support the training of health workers and facility administration including in shelters and maternity homes, on COVID-19 infection prevention; control strategies, hygiene procedures, create/activate hospital hygiene committees where possible

#### *Community level interventions*

- Inform the population (community level) and pregnant women on COVID-19 risks, symptoms and transmission and prevent discrimination of people that present with COVID-19 like symptoms, people that have confirmed COVID-19 infection (if tests are available, which is not certain) and health care providers working in facilities with COVID-19 cases. [https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-\(ncov\)](https://www.who.int/publications-detail/risk-communication-and-community-engagement-readiness-and-initial-response-for-novel-coronaviruses-(ncov))
- Public advice campaigns and information from national health authorities should be made available to the public in sign language and accessible means, modes and formats, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plain language on [hygiene practices including those related to COVID-19](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public). <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

#### *Long-term interventions*

- Strengthen health systems to ensure continuum of services that integrate gender-based violence services during public health emergencies
- Extend strategies for comprehensive Maternal and Newborn Health interventions at national and sub-national scale to all countries with a maternal mortality rate above 140/100 000 live births
- Utilize and communicate best practices from current program countries<sup>1</sup> that have capacity to implement and monitor maternal and newborn health (MNH) program at national scale to replicate in all countries.