



# COVID19 and Maternal issues in IPC

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Preventing and controlling transmission of COVID 19 infection

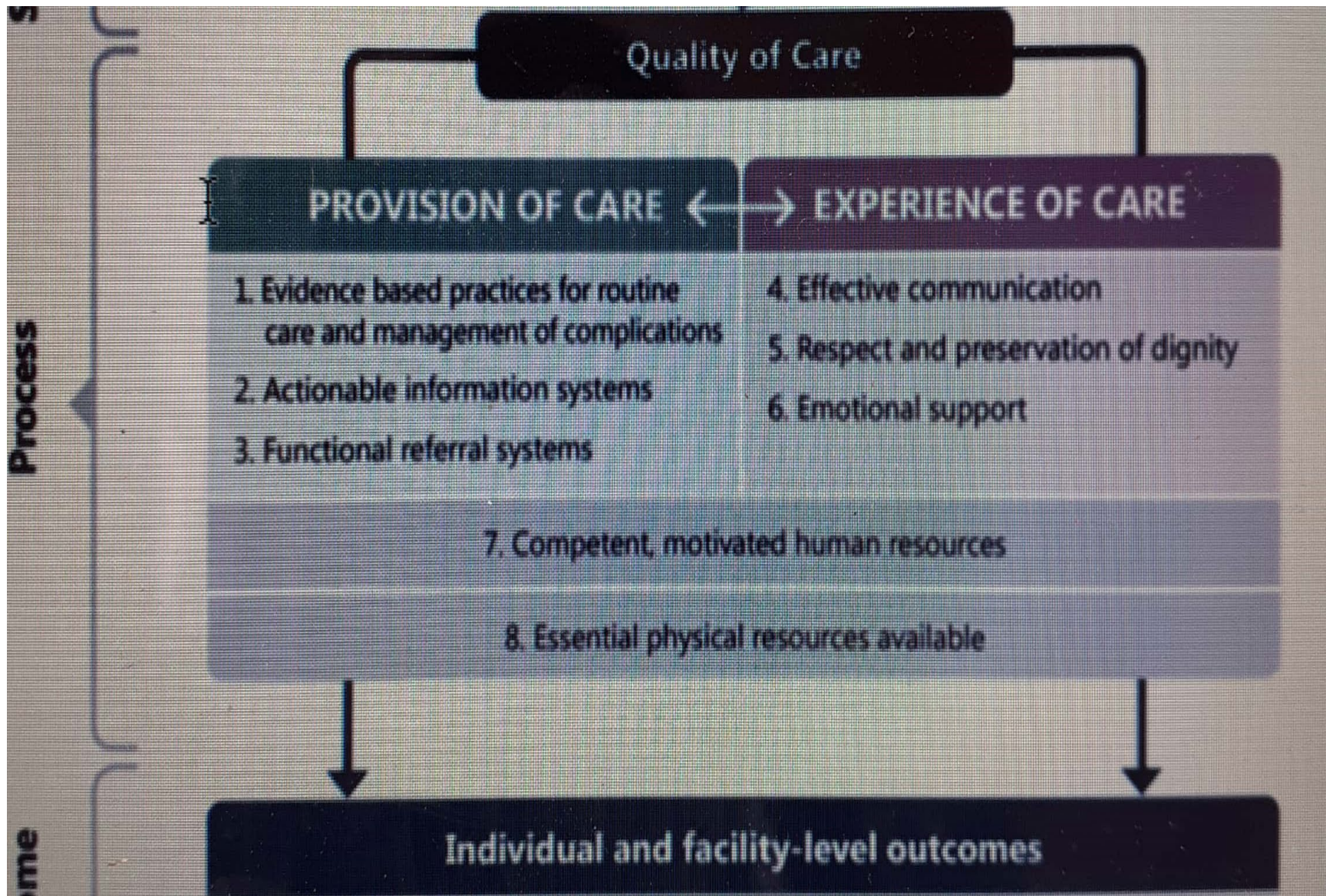
# Outline

- Background
- Framework for Quality of care
- What is the risks of COVID 19 and mother with newborn baby
- How can we protect and ensure safe environment for both
- Recommendations for mother and child before , during and after delivery

# Background

- The WHO (2016) Standards for improving quality of maternal and newborn care in health facilities identify that the period around childbirth and immediate postnatal care as the most critical for saving the maximum number of maternal and newborn lives, and preventing stillbirths

# Framework of Quality of Care



# Statements on Quality

**8.1: Water, Sanitation, Hand Hygiene and Waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of STAFF, WOMEN and their FAMILIES**

8.2. Areas of labor, childbirth and postnatal care are designed, organized and maintained so that everywoman can be cared for according to their needs in private, to facilitate the continuity of care

8.3. Adequate stocks of medicines, supply and equipment are available for routine care and management of complications

# Effective IPC standards

- Effective **Infection ,Prevention and Control** plays a significant role in reducing maternal and newborn deaths-Account for 11% of maternal death and a risk for neonatal sepsis

<i>To be defined at national level</i>	<i>To be defined at national level</i>	<i>To be defined at national level</i>	<i>To be defined at national level</i>	<i>To be defined at national level</i>
<p><b>Basic service</b> Running water is available in the delivery room<sup>13</sup>.</p>	<p><b>Basic service</b> Usable (available, functional, private) and single-sex toilets are accessible to women.</p>	<p><b>Basic service</b> Hand washing facilities (with water and soap) and equipment for clean births are available in the delivery room, and women have access to a bathing area.</p>	<p><b>Basic service</b> Waste is segregated into bins for Sharps, infectious and other waste are segregated into labelled bins in the delivery room and placentas are disposed of safely.</p>	<p><b>Basic service</b> Basic protocols exist for cleaning the delivery room, and staff with cleaning responsibilities have all received training.</p>
<p><b>Limited service</b> Water is available in the delivery room in a storage container but without a tap.</p>	<p><b>Limited service</b> There are toilets but not all requirements for basic service are met.</p>	<p><b>Limited service</b> Hand washing facilities (with water and soap) or equipment for clean births or showers are not available in the delivery room</p>	<p><b>Limited service</b> Either waste is not segregated or placentas are not disposed of safely.</p>	<p><b>Limited service</b> Cleaning protocols are absent, or not all staff have received training.</p>
<p><b>No service</b> No water available in the delivery room.</p>	<p><b>No service</b> There are no toilets available for women in the delivery</p>	<p><b>No service</b> Hand washing facilities (with soap and water) are</p>	<p><b>No service</b> Bins are not used for waste segregation and placentas are</p>	<p><b>No service</b> No protocols exist and no staff have received training.</p>

# Preventing exposure in the community

- Social distancing, avoiding crowds, hand washing and wearing face masks (hygienic measure) are recommended but may be difficult in
  - Homeless women
  - Women in shelters( waiting home mothers)
  - Multigenerational dense housing structures
  - Living in multiple places at the same time



# Patients with potential exposure

- Patients with an epidemiologic history of contact with a suspected or confirmed cases should self isolate and be monitored for symptoms
- incubation period is 14days- diagnostic testing depends on availability
- Further evaluation depends on severity, underlying comorbidities and clinical status

# Care of uninfected woman

- Guidance available from societies
- Should be tailored for high risk v low risk

## Include

- Tele-health
- Reducing the number of in person visits and timing of visits
- Grouping tests for the same visit/  
day( e.g diabetes screen, infection screen and aneulpoidy)



# Care of uninfected woman

- Restrict maternal contact with others- restricting visitors and tests
- Timing and frequency of indicated obstetric Ultrasound scanning
- During these visits-healthcare workers practice the usual social distancing, frequent hand washing, sanitization of surfaces, wearing of at least a surgical mask, no partners allowed but facilitate video communication

# Delivery

Pre-hospital notification so that facility can make the necessary precautions

All patients should be screened for signs and symptoms of COVID 19 as well as the contact status before entering the hospital for admission  
eg temp checks, new cough, sore throat  
abnormalities of smell and taste

# Before Admission

- Pregnant patients with suspected or confirmed COVID-19 should notify the obstetric unit prior to arrival so the facility can prepare
- identify the most appropriate room for labor and delivery,
- Ensure availability of PPE
- Inform the healthcare personnel who will be involved in the patient's
- Train all staff on IPC before the patient's arrival.

# During Admission

- Ensure that staff are correctly trained and capable of implementing recommended infection control interventions, including the use of personal protective equipment.
- Limit visitors to those essential for the pregnant woman's well-being and care (emotional support persons). If possible should be one person throughout stay
- All visitors must be masked and screened before entry
- Visitors cannot go to any other location but their patients room
- Visitors should not assist any other mother
- Appropriate signages on masking and social distancing

# Recommendations

- The CDC recommends the testing of pregnant women with suspected or who develop symptoms of COVID 19 during admission
- Asymptomatic and pre-symptomatic patients may present in labor as implications for staff and newborn
- In areas of with community infection testing all patients on presentation with a rapid SARS COV@ is reasonable if available to inform appropriate IPC intrapartum and postpartum

# USE of PPE in labor and delivery

- Health care workers should use the appropriate PPE when caring for patients with known or suspected COVID 19
- Patients and visitors should have appropriate face coverings( medical or cloth masks) for universal source control
- During labor there are concerns of viral dissemination when an infected patient forcefully exhales which may reduce the effectiveness of a facemask



# PPE- cont

- Support person- may be allowed but will not leave and reenter the room, should have been screened for COVID19
- Those with symptoms or exposure to a confirmed case of COVID 19 within 14 days should not be allowed to attend
- If screening is negative- face covering
- If additional support, then via Video

# Labor and post partum care

- Route of delivery is not altered due to COVID status, but severity may play a role( acute decompensating
- Person to person contact and time in the labor unit should be limited as safely as feasible
- SARS COV 2 not detected in vaginal or amniotic fluid but detected in feces thus good IPC practices

# Post partum cont.

- Routine delivery and initiation of breastfeeding is initiated within the first hour
- The infants of COVID positive mothers should be considered suspects and should be isolated from other healthy infants and cared for with infection prevention measures for suspected or confirmed

# Discharge

If patient has Covid 19 , can be discharged when clinically indicated

If patient has not met the criteria to discontinue isolation, she can be discharged home to continue self isolation

# Mother -baby Contact

- temporary separation has been proposed but has adverse consequences
- Not rooming in or breastfeeding can be stressful to the mother and have negative effects on newborn stress, feeding and bonding
- WHO has recommended routine care

# Neonatal care

- Covid-19 is not a contraindication for breast feeding
- No evidence for transnission through breat milk
- Mother should mask when feeding baby.
- If there is high risk of infection to baby, there may be a need for temporary separation which must be agreed with mother and risks and benefits discussed. This is not commonly required and should be a last resort.

# References

- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>
- ICAN guideline on Standard and transmission base precaution
- CDC guidelines on maternal care