**Data Abstraction Tool**

**FP, ANC, L&D and Immunization-specific analysis**

**COVID-19 RMNCH Policy Analysis**

**DRAFT 9/11/2020**

*Instructions: Please fill **one** form in for every policy reviewed.*

Name of Country: Mozambique

**Name of Policy**: Operational Guidelines for Care of Pregnant Women in the context of New Coronavirus Infection

Date of Issuance: April 9, 2020

Authority Issuing: Ministry of Health, Department of Public Health

Name of analyst(s) and date: Vivaldo Oficiano and Emily Keyes, 9/19/2020

Comments on distribution of policy (format, media, levels): Paper draft. Sent by email from MOH.

Any known mechanisms for enforcing policy (please describe): None known.

Overview: This document shares information, best practices and advice with a view to assessing and managing pregnant women with respiratory symptoms or with suspected or confirmed COVID-19 infection by health facility staff. Guidelines apply to pregnant women, women with spontaneous miscarriage, late fetal loss, and postpartum/postabortion women. The policy includes guidance on preparation of the delivery room, provision of routine antenatal care (ANC) and postnatal care (PNC) services, considerations for cesarean delivery, information on breastfeeding, and counseling messages for pregnant and lactating women (including most-frequently asked questions and sample responses for CHWs and MCH nurses). It also includes a flowchart for risk evaluation of COVID-19 during maternity services.

This policy was developed based on available epidemiological knowledge at the time. At the time of publication, no pregnant woman had been confirmed COVID-positive in Mozambique, only one case of vertical transmission had been recorded in the literature, and there was no scientific evidence of transmission via vaginal fluids. The policy states that pregnant women do not appear to be more likely to acquire the infection but pregnancy itself alters the body's immune system and infection responses in general, which could result in more serious symptoms. Further, it states that newborns are most likely to acquire the virus directly after birth rather than via vertical transmission, and that there is no evidence that the virus could be transmitted via breastfeeding.

The policy emphasizes that reproductive and sexual choices and rights of women should be respected, independent of the COVID-19 situation, including access to contraception and safe abortion per national norms. It also states that lactating women should not be separated from their babies, and that lactating women with COVID-19 symptoms who can breastfeed should do so following all prevention practices.

Does this policy include (**BOLD** all that apply): FP **ANC** **Labor and Delivery/ Intrapartum**
Immunization Cross-cutting Health Services Cross-cutting Population/ Society

*Instructions: Please qualitatively describe specific guidance about the key policy factor described in the policy. Please note any important themes arising under "Other."*

**Section 1. Key Policy Factors for ANC, L&D**

**1a. Labor and Delivery Service Provision**

**Closure of maternity waiting homes:**

*Not mentioned*

**Support person during labor:**

The policy states that the practice of birth companions/visitors will no longer be allowed (earlier policy version limited birth companions to 1 person).

**Other:**

The policy describes the procedures to be followed, including environmental hygiene measures, in the waiting room, labor and delivery room for women with and without symptoms of COVID-19, and in the operating room, for women infected with COVID-19. The procedures include:

1. Have sufficient PPE (masks, gloves, glasses, gowns, hand sanitizer, soap and water, cleaning supplies) in delivery room;
2. Staff should follow regular hand hygiene practices (hand washing before and after examining each patient, using sterile gloves to examine patients);
3. Wear masks and goggles in the delivery room, according to the protocol;
4. In the delivery rooms and in the post-natal ward, no companions/visitors allowed;
5. The number of staff in the operating room must be kept to a minimum, all of whom must wear appropriate PPE;
6. Emergency cesareans should be performed in specified operating room, to allow for complete cleanings between surgeries.
7. All surfaces must be cleaned with disinfectant every 3 hours;
8. The health unit must have a plan to ensure the adequate cleaning and disinfection of the surfaces and environmental equipment of the delivery, prenatal, postnatal and newborn care rooms. Responsible staff must be properly trained.
9. Waiting rooms and exam rooms should have sufficient PPE and other IPC materials (NOTE: it is not clear if this PPE is for staff only or also for clients/visitors), be well-illuminated and ventilated, with pregnant women separated by a minimum of 1.5 meters.

10. Ambulance/emergency vehicle drivers must alert the obstetric unit before arriving with a suspected or confirmed COVID+ patient.
11. All staff in the operating room (including maternity, newborn and cleaning services) should have been trained on use of PPE and IPC to facilitate safe and rapid emergency surgery.

Facilities should commence temperature checks of staff before the start of any shift.

The policy describes procedures for screening clients upon admission and for referring, if necessary:

- Maternity services must have a system for quickly identifying potential COVID-19 cases at the first point of contact (near the entrance or at the reception).
- Staff should be instructed how to identify and isolate pregnant women with confirmed or suspected COVID-19 infection.
- The health facility should identify suitable space for PPE in the labor and delivery and inform all health personnel about expectations of infection control prior to the patient's arrival.
- The health facility should have a mechanism to ensure that pregnant women with confirmed or suspected COVID-19 are quickly transferred to an Isolation room as soon as possible. The facility must also immediately notify designated authorities of COVID-19 positive case.
- The unit should be organized to receive suspected cases arriving by ambulance.

The policy refers to guidance on the **use of diagnostic test for COVID-19** during pregnancy, but provides few specifics. The guidance states:

- Pregnancy should not change recommendation for diagnostic tests for COVID-19.
- Testing for COVID-19 for symptomatic pregnant women may need to be prioritized over other clients.

The policy describes care to be taken with **women who show symptoms suggestive of COVID** in the delivery room or in an obstetric emergency (including women who develop new respiratory symptoms or unexplained fever during the peripartum period)**.** These include:

• Report to the local COVID authority in the district;
• Test women according to the current protocol;
• If it is positive, the maternity staff transfer to an isolation room with the appropriate PPE;
• Once the Infection Prevention and Control (PCI) measures are in place, obstetric emergency must be treated as a priority;
• Obstetric management should not be delayed to test or wait for results of COVID-19 test;
• Care should continue as if it were a woman with confirmed COVID-19, until a negative test result is obtained.

The policy highlights the importance of considering alternative explanations for fever, such as urinary tract infection or septicemia, and emphasizes that women with fevers but no respiratory symptoms should be treated according to regular obstetric protocols.

The policy also describes delivery **care for confirmed cases of COVID 19,** which should be conducted in an isolation room to avoid contact with other women:

- Care during labor should be the same as normal care.

- The type of delivery should be individualized based on obstetric indications and professional medical decisions. There is no evidence that favors one type of delivery over another unless the woman's respiratory state requires rapid delivery.
- A complete maternal and fetal assessment should be performed that includes:
    - Assessment of symptoms of COVID-19 in consultation with infectious disease specialist or specialist doctor.
    - Maternal observations, including temperature, respiratory rate and oxygen saturation.
- Delayed cord cutting is still recommended, as long as there are no other contraindications.
- The baby can be cleaned and dried as usual, while the cord is still intact.

**Steroid use in premature labor among confirmed COVID-19 cases:**

- Routine steroids for viral pneumonia should not be administered; however, WHO recommends prenatal corticosteroid therapy for women at risk of preterm delivery from 24 to 34 weeks of gestation, when there are no clinical signs of maternal infection, and when there is adequate care for childbirth and the newborn.
- In cases where the woman has mild COVID-19, the clinical benefits of prenatal corticosteroids can outweigh the risks of possible harm to the mother. In this situation, the balance of benefits and risks should be discussed with the woman for an informed decision.
- Due to the associated risk of acute respiratory distress syndrome, women with moderately severe symptoms of COVID-19 should be monitored using graphics, fluid inlet and outlet times, to avoid the risk of fluid overload

The policy describes measures to ensure safety of **elective cesarean delivery**, including:

- For women with respiratory symptoms and/or suspected or confirmed COVID-19 infection, an individual assessment should be carried out to determine whether it is safe to delay cesarean section in order to minimize risk of transmission.
- Caesarean section should be performed if indicated based on maternal and fetal status
- In cases where caesarean delivery cannot be postponed, all precautions for suspected / confirmed COVID-19 must be taken.
- There is no evidence that epidural , spinal analgesia or anesthesia is contraindicated in the presence of coronavirus. Epidural or spinal anesthesia should be used and it is prudent to avoid general anesthesia unless absolutely necessary.

## 1b. ANC Service Provision

**Recommendations on timing and number of visits:**

No difference in number of recommended ANC visits due to COVID-19 (previously four visits recommended and this is current recommendation). Women are encouraged by health care providers and community health workers to visit ANC every three months in an uncomplicated pregnancy.

However, ANC visits for women with symptoms consistent with COVID must be postponed to allow adequate time for quarantine. Antenatal care should be postponed until 14 days after the end of a period of acute illness.

The policy does not discontinue home visits by community health workers and *matronas* (aka traditional midwives).

**Recommendations on multi-month dispensing of ANC medicines:**

*Not Mentioned*

**Other:**

**Overview:** *The policy briefly describes the prenatal care to be followed by suspected pregnant women or those with confirmed cases of COVID-19, including in the post-recovery period.*

The policy describes **routine ANC for women with suspected or confirmed COVID-19 infection**, which includes the following guidance:

- Routine antenatal care for women with suspected or confirmed COVID-19 should be postponed until after the recommended isolation period.
- If it cannot be postponed, infection prevention and control measures should be organized locally to facilitate care.
- Prenatal examinations for pregnant women in isolation who need urgent prenatal care should preferably be carried out at the end of the working day.
- Pregnant women with suspected / confirmed COVID and mild symptoms may stay at home and should be advised to attend the hospital as soon as labor pains begin or any other signs requiring attention appear.
- All pregnant or recently pregnant women recuperating from COVID-19 should be encouraged to go to routine ANC, PNC, FP and post abortion consultations.

The policy describes **ANC care for women with fever, cough or history of travel** and advises that**:**

• If pregnant women attend ANC and have symptoms that coincide with COVID-19 (for example, fever with ruptured membranes), treat suspected COVID-19.

• If women show symptoms suggestive of COVID-19 infection (cough or fever above 37.8 degrees) and need to be hospitalized, they should be tested. Before test results are available, they should be treated as if they have a confirmed infection.

The policy provides guidance for provision of ANC for women recovering from COVID-19

- The programmed prenatal care must be readjusted after the period of isolation has ended.
- Antenatal care should be provided 14 days after the end of the period of acute illness.
- Prenatal USG consultation is recommended to monitor fetal growth after 14 days after resolution of the acute disease. Although there is still no evidence of delayed fetal growth due to COVID-19, two-thirds of pregnancies with SARS have been affected by delayed growth, so ultrasound monitoring seems important.

The policy provides guidance for counseling women during ANC who are without confirmed COVID symptoms and have had with no contact with confirmed case of COVID. The policy outlines the following key messages:

**Birth planning**

- acknowledge that she might be worried about catching COVID and worried about spending time in the health facility. Provide background that health facilities are following protocols to ensure all patients with COVID-19 are isolated and not mixed with the general patient population. Therefore, she can go to the health facility as planned for delivery.
- Discuss with her that pregnancy and delivery is a time when emergencies can arise suddenly, even in normal pregnancies, and that it can be dangerous to deliver at home.
- If she is still worried about the hospital, encourage her to go to a smaller facility close to her home after confirming that a qualified person is available.

**Care-seeking**

- If a woman's closest health facility is far from her home, she might instead get ANC services at a closer facility such as a peripheral health center.
- Women should consult a health provider via telephone for minor complaints.
- In case of an emergency or a high-risk pregnancy, the woman should not delay seeking care.

**Routine precautions**

- Encourage women when in the hospital, to maintain a minimum of 1.5 meters of social distance from other clients.

**Other: Postnatal Care**

The policy provides guidance on immediate post-natal care for women who are without symptoms or any contact with confirmed cases, as well as guidance on community-level care and counseling during the postnatal period.

Based on the lack of evidence that mother and baby should be isolated from each other, the policy indicates that:

- Healthy women and babies that do not require care in the ICU should remain together in the immediate post-partum period, respecting the norms of IPC.
- All babies of women suspected or confirmed COVID-19 should be tested
- All babies born to COVID+ women should be closely monitored and the newborn will require neonatal followup and surveillance after discharge.

The policy highlights the nutritional and protective benefits of breastfeeding and encourages that women breastfeed regardless of COVID status. It states again that breastfeeding mothers and babies should not be separated from one another, including symptomatic mothers who can breastfeed should be allowed to using the following precautions:

- Wear a mask when close to the baby, including during breastfeeding
- Wash hands before and after contact with the baby

- Wash and disinfect contaminated surfaces
- Avoid coughing or sneezing on the baby during breastfeeding.

Further guidance is provided in case mother's too sick to breastfeed, recommending that she be encouraged to feed the baby with extracted milk. The policy provides guidance for procedures of safe alternative feeding with spoon and extraction with a pump.

The policy indicates the important messages that should be conveyed by community health workers and *matronas* to lactating women with no symptoms of cough or fever and without history of contact with confirmed COVID-19 cases. These messages include:

- routine precautions (frequent handwashing with soap and water; cover nose and mouth with a cloth, tissue or your elbow when coughing or sneezing; maintain social distance; avoid crowded places and public transportation; avoid touching nose, mouth or eyes; wash and disinfect contaminated surfaces such as tables, door handles, cellphones and other daily items)
- immediately seek care if danger signs are observed (fever, cough or difficulty breathing)
- breastfeed baby regularly, take all postpartum medicines according to doctor's instructions.