South Sudan

Reproductive Health Services during COVID-19

Response in refugee settings

Sudanese refugee women at Pamir primary health centre. UNHCR/Elizabeth Stuart

Research is currently underway to understand the impacts of COVID-19 infection on pregnant women. Data are limited, but at present there is no evidence that they are at higher risk of severe illness than the general population. However, due to changes in their bodies and immune systems, pregnant women can be affected. It is therefore important that they take precautions to protect themselves against COVID-19. We still do not know if a pregnant woman with COVID-19 can pass the virus to her fetus or baby during pregnancy or delivery. To date, the virus has not been found in samples of amniotic fluid or breastmilk. There is no evidence that pregnant women present with different signs and/or symptoms or are at higher risk of severe illness. So far, there is no evidence on mother-to-child transmission when infection manifest in the third trimester, based on negative samples from amniotic fluid, cord blood, vaginal discharge, neonatal throat swabs or breastmilk. Similarly, evidence of increased severe

maternal or neonatal outcomes is uncertain, and limited to infection in the third trimester, with some cases of premature rupture of membranes, fetal distress and preterm birth reported.

It is important to ensure that essential health services and operations continue to address the sexual and reproductive health and rights of people living in humanitarian and fragile settings. Therefore, all emergency sexual and reproductive health services (intrapartum care for all deliveries, emergency obstetric and new-born care, post-abortion care, clinical care for rape survivors, and HIV prevention measures) and comprehensive sexual and reproductive health services (antenatal care, postnatal care, essential new-born care, breastfeeding support, family planning and contraception services, cervical cancer screening, clinical management of HIV and sexually transmitted infections) must remain available. A safe and positive childbirth experience includes:

- Being treated with respect and dignity and appropriate pain relief strategies:
- Having a companion of choice present during delivery;
- Clear communication by maternity staff;
- Mobility in labour where possible, and birth position of choice.
- Royal College of Obstetricians and Gynaecologists (May 2020): Coronavirus (COVID-19) Infection in Pregnancy, Information for healthcare professionals
- World Health Organization (March 2020): Q&A: Pregnancy, childbirth and COVID-19

Precautionary measures and covid-19 preparedness and response:

WHO recommends facilities, including nutrition centres, to consider reductions or modification in routine services to ensure support the epidemic response, and COVID-19 case management and to avert undue exposure to risk of contracting the virus in a health facility during an outbreak and/or when community transmission has been confirmed. Pregnant women should take the same precautions to avoid COVID-19 infection as other people.

- Appropriate IPC measures and prevention of complications also apply to pregnant and recently pregnant women including those with miscarriage, late pregnancy fetal loss and postpartum/post abortion women.
- These IPC precautions should be applied for all interactions between an infected caregiver and a child
- If a pregnant woman has fever, cough or difficulty breathing, she should seek medical care early
- If COVID-19 is suspected or confirmed, health workers should take all appropriate precautions to reduce risks of infection to themselves and others,

including hand hygiene, and appropriate use of protective clothing like gloves, gown and medical mask.

- All pregnant women, regardless of gestation, should observe the social distancing guidance

Infection prevention and control precautions apply for health staff, patients and accompanying family members; facilities should consider the needs of mothers and new-borns including adequate space for breastfeeding, kangaroo mother care, and management of sick new-borns.

- Royal College of Obstetricians and Gynaecologists (April 2020): Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic, Information for healthcare professionals
- World health Organization coronavirus disease (COVID-19) technical guidance: Infection prevention and control / WASH

Primary health care nurses at Pamir Primary Health Care centre. UNHCR/Elizabeth Stuart

- **Care for pregnant women with COVID-19:**
  - Considering asymptomatic transmission of COVID-19 may be possible in pregnant or recently pregnant women, as with the general population all women with epidemiologic history of contact should be carefully monitored.
  - Pregnant women with a suspected, probable or confirmed COVID-19 infection, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications.
  - Mode of birth should be individualized based on obstetric indications and the woman's preferences

- Caesarean section should ideally only be undertaken when medically justified
- All recently pregnant women with COVID-19 or who have recovered from COVID-19 should be provided with necessary information and counselling on safe infant feeding and appropriate IPC measures to prevent COVID-19 transmission.
- Pregnant and recently pregnant women who have recovered from COVID-19 should be enabled and encouraged to attend routine antenatal, postpartum or post abortion care as appropriate.
- All pregnant women undergoing or recovering from COVID-19 should be provided with counselling and necessary information related to the potential risk of adverse pregnancy outcomes
- Women's choices and rights to sexual and reproductive health care should be respected irrespective of COVID-19 status, including access to contraception and safe abortion to the full extent of the law.

- World Health Organization (2015): Statement on Caesarean Section Rates

- **Caring for infants and mothers with COVID-19: IPC and breastfeeding**
  - Breastfeeding protects against death and morbidity also in the post-neonatal period and throughout infancy and childhood. Therefore, standard infant feeding guidelines should be followed with appropriate precautions for IPC.
  - Infants born to mothers with suspected, probable or confirmed COVID-19 infection, should be fed according to standard infant feeding guidelines, while applying necessary precautions for IPC.
  - Breastfeeding should be initiated within as early as possible (30 min-1 h) and exclusive breastfeeding should continue for 6 months with timely introduction of adequate, safe and properly fed complementary foods at age 6 months, while continuing breastfeeding up to 2 years of age or beyond
  - Mothers who are not able to initiate breastfeeding during the first hour after delivery should still be supported to breastfeed as soon as they are able especially after caesarean section
  - Everyone should wash his/her hands before and after touching the newborn baby and keep all surfaces clean.
  - As with all confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or kangaroo mother care should:
    - Practice respiratory hygiene, including during feeding (for example, use of a medical mask when near a child if with respiratory symptoms),
    - Perform hand hygiene before and after contact with the child,
    - And routinely clean and disinfect surfaces which the symptomatic mother has been in contact with.

- Breastfeeding counselling, 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.
- All mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties, including IPC measures. This support should be provided by appropriately trained health care professionals and community-based lay and peer breastfeeding counsellors
- In situations when severe illness in a mother due to COVID-19 or other complications prevent her from caring for her infant or prevent her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate IPC measures
- There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity and new-born services, or by any of the staff
- Mothers and infants should be enabled to remain together and practice skin-to-skin contact, kangaroo mother care and to remain together and to practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable or confirmed COVID-19 virus infection
- Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should have access to appropriately trained health or non-health workers for mental health and psychosocial support

- World Health Organization (2013): Essential New-born Care and Breastfeeding training module
- World Health Organization (2018): Guidelines on counselling of women to improve breastfeeding practices
- World Health Organization: Guidelines on protection, promoting and supporting breastfeeding in facilities providing maternity and new-born services

- **Pregnant and lactating women in Self-Isolation or Quarantine**
  - Pregnant women with symptoms or signs of COVID-19 should be prioritized for testing. If they have COVID-19, they may need specialized care in isolation or quarantine depending on local capacity available
  - Scheduled antenatal care that falls within the self-isolation or quarantine period should be re-arranged for after the period of isolation ends; no additional tests are necessary.

- **Clinic or Laboratory Monitoring and ANC**
  - Weigh the risks and benefits of attending, versus not attending in-person at the health facility.

- Pregnant women and women who have recently delivered – including those affected by COVID-19 - should attend their routine care appointments.
- Women should be advised to attend routine antenatal care unless they meet current self-isolation guidance for individuals and households of individuals with symptoms of new continuous cough or fever
- For women who have had symptoms, appointments can be deferred until 7 days after the start of symptoms, unless symptoms (aside from persistent cough) persevere
- For women who are self-isolating because someone in their household has possible symptoms of COVID-19, appointments should be deferred for 14 days
- Consider reducing routine ANC visits to the minimum required and advise women with low-risk pregnancies to postpone visits during early pregnancy for a few weeks.
- Priority should be given to routine visits in the 3rd trimester and high-risk pregnancies, and consider shifting to community-based care
- Consider redistribution of facility-level staff to provide ANC in the community where feasible.

- **Pregnant and lactation women, Nutrition and covid-19**
  - Persons with HIV may need additional assistance with food. Therefore, in order to enhance care engagement and continuity of ARV therapy, clinicians should:
  - Continue to assess their patients' need for additional social assistance in terms of supplementary feeding as of the agreement between UNHCR and WFP following selection criteria (only malnourished PLHIV are considered except in isolation or inpatient;
  - For PLHIV meeting the selection criteria, provide a ratio for the same period of ART refill in order to limit the number of visits at the health facility
  - For inpatient, follow the guideline on inpatient feeding for covid-19 cases

Mothers and expecting mothers outside a women's centre in Pamir refugee camp. UNHCR/Elizabeth Stuart

- **Maternity**
  - Women should be advised to alert a member of maternity staff to their attendance when on the hospital premises, but prior to entering the hospital.
  - Staff providing care should take personal protective equipment (PPE) precautions
  - Women should be met at the maternity unit entrance by staff wearing appropriate PPE and be provided with a surgical face mask.
  - Women should immediately be escorted to an isolation room where available, suitable for most of the care during their hospital visit or stay.
  - Only essential staff should enter the room and visitors should be kept to a minimum.
  - Remove non-essential items from the clinic room prior to the woman arriving there

- **Postnatal care**
  - Focus on first 24 hours and then within the first week post-natal visits
  - CHWs can support with home visits following appropriate following IPC measures

- **Coronavirus disease (COVID-19) and Sexual and Reproductive Health (including Family Planning and fight against Gender Based Violence)**
  - Women's choices and rights to sexual and reproductive health care, however, should be respected regardless of COVID-19 status.
  - Ensure minimum initial services package for Reproductive Health, access to quality, respectful maternal health care and ensure timely access to contraception
  - Ensuring that people have access to the contraceptive services they need also reduces avoidable pressures on the health system to manage the consequences of unintended pregnancy
  - Health facilities should identify and provide information about services available locally (e.g. hotlines, shelters, rape crisis centres, counselling) for survivors, including opening hours, contact details, and whether services can be offered remotely, and establish referral linkages
  - Health providers need to be aware of the risks and health consequences of violence against women. They can help women who disclose by offering first-line support and medical treatment.
  - Access to contraceptives needs to be maintained; therefore, continue to offer a range of long-acting reversible and short-acting contraceptive methods at service delivery points
  - Focus on providing continuity of contraceptive coverage, optimize access through community-based systems, shift to self-management when possible, provide supply for several months if possible and continue to offer a range of post pregnancy contraceptives and where feasible consider telephone consultations and follow-up.
  - Ensure that women, girls and SRH service providers are provided evidence-based information on keeping themselves and their families healthy

- World Health Organization (June 2020): Coronavirus disease (COVID-19) and Sexual and Reproductive Health
- UNHCR (May 2020): Supporting the Continuity of Health and Nutrition Services in the context of a COVID-19 in Refugee Settings – Interim Guidance V2