

COVID-19



FEDERAL MINISTRY OF HEALTH



NIGERIA CENTRE FOR DISEASE CONTROL

Guidelines for the Management of Pregnant Women and Nursing Mothers



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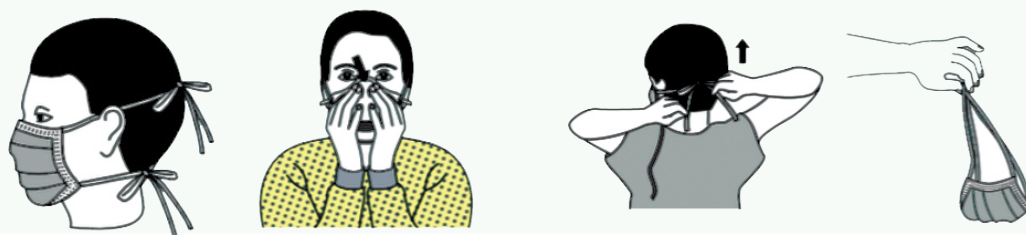


GUIDELINES FOR THE MANAGEMENT OF PREGNANT WOMEN AND NURSING MOTHERS

Throughout the gestational period, it is important for obstetric health care facilities to strengthen health counselling, screening, and follow-ups for pregnant women, while incorporating screening, hand hygiene practice, good respiratory etiquette and infection prevention control precautions. These screening procedures will help determine individualised precautions necessary, such as the wearing of face masks during consultations.

Screening characteristics to be considered may include:

- Symptoms of influenza-like illness such as fever, cough, difficulty breathing, shortness of breath and other cold/flu symptoms
- Usual rapid assessment including airway, breathing, circulation, vaginal bleeding,
- Level of consciousness, convulsions, fever, and abdominal pain should be considered
- Having travelled to an area where the virus is known to be circulating, and/or travel outside Nigeria within the last 14 days
- Having been in close contact with a probable or confirmed case of COVID-19 or someone who has travelled to an affected area
- All individuals (patients, employees, visitors, delivery personnel), on entry to a health care facility, should perform hand hygiene
- Individuals with respiratory symptoms, of any cause, should wear a face mask
- For patient information, a diagram of how to apply and remove masks (e.g. the diagram below from the Centre for Disease Control). COVID-19 test process is the same for pregnant and non-pregnant women and is based on local public health policies



GUIDELINES FOR THE MANAGEMENT OF PREGNANT WOMEN AND NURSING MOTHERS

Care for all expectant mothers



Provide counseling related to risk of adverse pregnancy outcomes, safe infant feeding, self-care, postnatal care and IPC

- Provide counseling related to risk of adverse pregnancy outcomes, safe infant feeding, self-care, postnatal care, and appropriate infection prevention and control (IPC) to prevent COVID-19 transmission
- Identify high risk pregnancies for ANC and modify schedule and give pre-appointments to come to health facilities to reduce crowding and maintain physical distancing
- Handwashing facilities and soap should be made available for all expectant mothers visiting health facilities. Alcohol-based sanitisers should also be available
- Consider delay in routine appointments. Creative approaches to appointments may be considered such as phone consultations to avoid unnecessary travel to health facilities.
- Create a special, isolated and highly hygienic room for pregnant women and nursing mothers for ante-natal care visits and post-natal care visits respectively
- Appointments should be spaced out to avoid overcrowding in health facilities, and within waiting rooms physical distance should be ensured between patients.
- Reinforcing visit time and procedures in obstetric clinics and units with specialised infection control preparations and protective clothing



GUIDELINES FOR THE MANAGEMENT OF PREGNANT WOMEN AND NURSING MOTHERS

Expectant mothers with suspected or confirmed COVID-19

It is important to remember all patients, regardless of COVID-19 status, should continue to monitor for any concerning maternal and/or foetal signs (e.g. foetal movement counting).

- In women affected by COVID-19 with ongoing pregnancy, surveillance for fetal growth restriction would be reasonable, given the acute and chronic placental changes observed in a recent study
- Because 47% of reported cases of COVID-19 among pregnant women had preterm delivery, women will need to be monitored locally in their maternity units with transfer for delivery to centres with appropriate neonatal intensive care facilities for delivery
- Discuss balance of benefits and harms of corticosteroids with the woman to ensure informed decision. WHO recommends antenatal corticosteroid therapy for women at risk of preterm birth from 24 to 34 weeks of gestation when there is no clinical evidence of maternal chorioamnionitis, gestational age is reliable, and adequate childbirth and newborn care is available
- Mask and separate patient with signs of COVID-19 (minimum 2 metre between suspected and other patients); engage response team including infection prevention and control (IPC) staff.
- Antepartum foetal surveillance should occur as part of scheduled routine care
- If a person and/or their support person becomes symptomatic at home, they should be directed to call their local public health unit



47%

of reported cases of COVID-19 among pregnant women had preterm delivery



GUIDELINES FOR THE MANAGEMENT OF PREGNANT WOMEN AND NURSING MOTHERS

- If a person and/or their support person presents for care and screens positive on any of the characteristics mentioned in screening, it is recommended to:
 - Triage quickly
 - Give them a mask to wear (N95 are not recommended)
 - Place the individual in a single occupancy waiting area or room (e.g. clinic, triage or labour room with a door)
 - Do not cohort with other patients
- Use droplet/contact precautions for health care providers, including wearing a procedure/surgical mask with eye protection
 - In accordance with hospital guidelines, use of an N95 mask (respirator) is recommended in aerosol generating situations such as intubation
- Obstetrical care providers may consider delay of Elective Caesarean, if possible, until a patient is asymptomatic
- Decision for Caesarean Birth is based on maternal-foetal status as per obstetrical recommendations
- Access clinical risks for serious complications of COVID-19 comorbidities including hypertension; diabetes; asthma; HIV; TB, heart, liver, lung, kidney, or blood disease; immune suppression



Visitors

- Limit visitors to only 1 person per patient. This may be the pregnant person's partner or designated family member
- Children under the age of 18 may be limited from visiting within the hospital at any time



GUIDELINES FOR THE MANAGEMENT OF PREGNANT WOMEN AND NURSING MOTHERS



Use video conferencing apps as alternatives for connections with family and support persons

- Any family member who is symptomatic, has had close contact with a potential COVID-19 patient, travelled outside Nigeria within the last 14 days, and/ or other risks factors should self-quarantine for 14 days
- Patient waiting rooms, and common rooms may be closed
- It is advisable to limit the presence of non-symptomatic family and household contacts in the waiting areas, and visitation post-delivery should be permitted in accordance with locally developed infection prevention and control protocols
- Use of technology such as video conferencing applications (e.g. *Skype*, *ZOOM*, or *Facetime*) could be used as alternatives for connections with family and support persons

Neonatal Care

If a person was COVID-19 positive, the new-born should be tested for COVID-19 at birth (i.e., nasopharyngeal swab and umbilical swab). If the mother was not tested but suspected of being COVID-19 positive, consider testing of the neonate.

Universal isolation of the infant from either confirmed or suspected infection in the mother is not recommended. However, depending on availability of resources the infant may be separated from mother until isolation precautions for the mother can be formally discontinued.

Based on available evidence, continue with:

- Skin to skin contact with mother after mother completes hand hygiene
 - If the mother is symptomatic, she should also wear a mask

GUIDELINES FOR THE MANAGEMENT OF PREGNANT WOMEN AND NURSING MOTHERS

- Bathing baby as per facility practice
- Breastfeeding is encouraged and supported:
 - For breastfeeding mothers: considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a surgical/procedure mask when near the baby, practice good respiratory hygiene, and perform hand hygiene before and after close contact with the baby
- Maintain immunisation schedules

All those providing infant care (individuals, family and staff) should practice hand hygiene before and after care. Use of a mask according to facility guidelines and presence of symptoms in newborn.

Postnatal care

- Prioritise first contact (within 24 hours of delivery) with adequate Infection Prevention Control measures.
- Replace subsequent contacts in no-risk cases with home-visits (where possible), tele-consultation and counselling.



Use separate transport vehicles for COVID-19 negative cases and COVID-19 suspected and confirmed cases

Referral and Emergency Transport

- Provide emergency transport from home and lower level health facilities to higher level facilities and back to home with clear referral pathway.
- Separate transport vehicles and personnel are recommended for COVID-19 negative cases and COVID-19 suspected and confirmed cases.



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Provision sexual and reproductive health services

- Designate units with enhanced IPC provisions, triage and isolation areas for COVID-19 suspected or positive cases to sustain provision of safe and quality services for family planning, safe delivery and management of potential complications (CEmONC), abortion care, and referral care for serious diseases.

For more information for health care professionals on the management of coronavirus (COVID-19) in pregnancy, visit the SOGON website **www.sogon.org**

Be aware that media speculation is rife about COVID-19 and not everything you read in the newspapers or online or hear is accurate or verified. The release of trusted and accurate information will always be released by the Ministry of Health or Nigeria Centre for Disease Control.

You can find the latest information and advice by contacting NCDC on:

- *NCDC Toll-free Number: **0800-9700 0010***
- *Website for additional resources:*

<https://covid19.ncdc.gov.ng/guidelines.php>

- *Twitter and Facebook: **@NCDCgov***

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