

## Healthcare Workers' Guidance on Perinatal Management of Mothers recently diagnosed with COVID-19

*Ministry of Health; Interim Guidance; 6 February 2021. Ensure this guidance is used alongside guidance 'Caring for Pregnant Women and Children with Confirmed COVID-19', dated April 2020.*

During community transmission of COVID-19, it is important to treat all individuals reporting to our services as potentially infected with COVID-19. Ensure general public health and infection-prevention measures are taken at all times.

### Antenatal Care

- Maximise use of remote consultations (phone, video-call, etc.).
- Empower expectant mothers to recognise any warning signs, and provide them with a focal person to contact.
- Discuss on a case-by-case basis with Obstetrician and Nurse Manager to assess need for in-person obstetric care or follow-up during period of Isolation.
  - Wherever possible and safe, in-person visits during period of potential infectiousness should be avoided.
  - Where this is not possible, plan the minimum visits required and undertake the minimum required procedures required therein.
- Where in-person (face-to-face) care is essential, consider options of home- or isolation-centre visit and provision of care, or alternatively, controlled transfer to and from the ante-natal clinic.
- Minimise number of procedures requiring direct or prolonged close contact with mothers.

### During Labour and Delivery

- Send rapid antigen and PCR tests on admission for labour as per testing protocols in effect for Seychelles Hospital.
- All deliveries should be conducted as per established protocols. Client should be attended to even if PCR test results are not ready.
- Any mothers who newly develop symptoms of illness consistent with COVID-19 during their inpatient care should be retested for COVID-19 (even if initial test is negative).
- Any mothers newly diagnosed with COVID-19 should immediately be reported to Disease Surveillance and Response Unit (DSRU) and Director of Seychelles Hospital.
- Refer to COVID-19 protocols for whether and how to encourage safe breastfeeding in mothers known to have COVID-19.

### Post-natal Care

- Mother and new-born can be roomed in, but with basic safety measures. Discuss with the mother on safe initiation of breastfeeding.
- Where a patient is known to be COVID-19 positive before, during or after delivery, start planning at the earliest for safe discharge.
  - In collaboration with the DSRU and the mother's family, assess home environment and social supports to help the mother and child move to home-isolation safely after required in-patient care needs are completed.
  - Ensure psycho-social support is available for the mother during her admission and whilst at home.
  - Provide a contact person at discharge for queries with regards to post-natal period (from maternity team) and public health/surveillance side (from DSRU).

- Where the mother requires help from other family members, ensure one specific family member is selected for this, and adequate education is done to safely help the mother and child with expected needs, whilst minimising risk. This individual will also have to follow protocols as for quarantine for a period of 14 days, with testing as indicated by the DSRU team.
- Ensure community health team for the district, including post-natal nurses, are notified of the planned discharge and remaining duration of isolation.
- During home-isolation in post-natal period, follow precautions prescribed for home-quarantine as summarised next.

### Advise for Mothers on Post-Natal Home Isolation

- To monitor symptoms: Call 141 if symptoms are getting worse.
- If mother requires assistance with the baby during isolation one designated member of the family can be designated if necessary to assist her.
- Stay indoors.
- Ventilate rooms by opening windows
- Strictly no visitors.
- Avoid contact with pets: Allow healthy family members to do this for you.
- Hand hygiene: wash hands often with soap and water for at least 20 seconds and/or use an alcohol based hand sanitizer (that contains 60-95% alcohol).
- Soap and water is preferred if hands are dirty.
- Avoid touching your face, eyes, nose, and mouth with unwashed hands.
- Wear a facemask when feeding and caring for your infant.
- If breast-feeding is chosen mothers should perform hand hygiene and wear a facemask while nursing.
- Avoid sharing personal household items: Don't share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other family members in the home. After using these items they should be washed thoroughly with soap and water.

### Additional Cleaning

- For all high touch surfaces: Counters, table-tops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets and bedside tables.
- Use household cleaning spray or wipes and follow the instructions on the label.
- The designated carer or caretaker should handle all linen.
- If directed by a healthcare provider to leave the house (e.g. attend an appointment) wear a facemask.
- Upon completion of isolation period a member of the surveillance team will be in contact with the mother. An exit isolation letter will be issued.

### Tips for Self-Care for Mothers

- Mothers pay attention to your own needs: A baby's demands may feel relentless; therefore they should rest as much as possible especially while trying to recover from illness. Allow designated person to care for baby.
- To connect with others: Having visitor restrictions and practicing social distancing can feel isolating for the mother. Try video chats with loved ones and friends.
- Postpartum depression is the most common complication of childbirth. Therefore mothers should be encouraged to seek help and given a contact number to call for psychosocial support.