

# Providing Antenatal Care Counseling in the Context of COVID-19

The novel coronavirus 2019 (COVID-19) pandemic has caused disruptions to clinical services, including antenatal care (ANC). Counseling is a key component of ANC that contributes to healthy behaviors (e.g., nutrition, exercise), prevention of complications, and appropriate care-seeking. Health systems may wish to consider a range of strategies to create safer mechanisms for provision of ANC, including important counseling messages to pregnant women, prioritizing those that are most important for individual women. This document summarizes key considerations when revising standard approaches to ANC counseling, including limited content on re-organization of ANC services, with additional guidance available in forthcoming Jhpiego ANC briefs and at the World Health Organization's (WHO's) COVID-19 website (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>). Health systems should also consider alternate strategies for provision of other components of ANC, including maternal and fetal assessment, preventive measures, and other interventions.

## **For settings where routine ANC services are functioning, create physical space and infrastructure, to the extent possible, to minimize risk of COVID-19 transmission**

- Health providers in contact with clients who have signs of COVID-19 should wear recommended personal protective equipment (PPE) (mask, gloves, long-sleeved gown, eye protection) and maintain other recommended infection and protection control (IPC) practices in accordance with WHO and national guidelines.
  - Clean hands frequently with soap and water or alcohol-based hand rub, including before and after patient contact, contact with potentially infectious material, and before putting on and after removing PPE.
- Maintain adequately supplied hand hygiene stations, in accordance with WHO guidance, at outside entrance to facilities and at other key points within facilities.
- Screen incoming staff and clients one by one outside facility, directing them to wait 1–2 meters apart, for signs of COVID-19, checking for fever  $\geq 38^{\circ}\text{C}$ , cough, difficulty breathing, shortness of breath, chest tightness, other cold/flu symptoms, muscle aches, and gastrointestinal symptoms (e.g., nausea, diarrhea). All clients with signs of medical or obstetric emergency (related or unrelated to possible COVID-19) should have rapid evaluation and triage according to WHO guidance.
  - If a client has signs of COVID-19, mask (if not already wearing her own mask) and separate her immediately in a dedicated area before further assessment or counseling.
- Ensure linkages with appropriately trained (in ANC, IPC, referrals) community health providers.
- Discontinue group counseling and group ANC sessions until related restrictions are lifted. During individual counseling, maintain 1–2 meter distance between self and client (in client home, community, or facility); also maintain this distance between clients in waiting areas and queues.
- Where possible, use a simple booking system for appointments, or increase frequency of ANC sessions, to decrease client volume per ANC session.

## **Prioritize ANC counseling messages that are most important for individual clients**

- The most common symptoms of COVID-19 infection include fever, fatigue, cough (with or without sputum production), and shortness of breath. Other symptoms may include loss of appetite, malaise, muscle pain, sore throat, nasal congestion, headache, diarrhea, nausea, and vomiting. Some people may not have signs or symptoms of COVID-19 infection, but can still pass the infection to others. To decrease chance of spreading infection, counsel pregnant women to maintain a distance of 1–2 meters from everyone (except intimate household members without symptoms) or per other national guidance.

- Seek care for pregnancy-related danger signs (e.g., bleeding, leaking fluid, abdominal pain, headache, visual changes, fever, pain with urination, dizziness, fits) and for signs of potential COVID-19 infection (most commonly fever, cough, difficulty breathing). Wash hands frequently for 20 seconds with soap and water or use alcohol-based hand rub; avoid touching face; cough/sneeze into elbow; use/discard disposable tissues, where possible.
- Recognize labor signs, and make plans for transport, birth preparedness, and complication readiness.
- Where applicable, take intermittent preventive treatment of malaria as directed, sleep under insecticide treated nets, and know the symptoms of malaria infection, as well as how and where to access testing and care.
- Maintain healthy eating, physical activity, and self-care for common physiologic symptoms of pregnancy, including planning for any anticipated obstacles (e.g., food scarcity).
- Take daily iron and folic acid tablets, as well as any other prescribed medications (multi-month dispensing of medications for chronic conditions should be provided if possible).
- When possible, avoid environmental risks (e.g., tobacco; prolonged exposure to cookstoves, especially without adequate ventilation; alcohol; and alternative medications/treatments not discussed with provider).
- Exclusive breastfeeding provides the best nutrition for infants up to 6 months old; women with COVID-19 infection can breastfeed with good support for IPC (masking, hand hygiene, cleaning surfaces).

### **Additional steps and considerations for ANC providers and other counselors**

- Intimate partner violence may increase with more time at home with a violent partner and/or economic hardship due to COVID-19. Where training and protocols are in place, inquire about and assess safety, particularly whether she fears violence or is experiencing any violence. If violence is present, provide first-line response: listen and validate; develop a basic safety plan in case of violence, including escape route and place to go, resources ready in case she needs to leave; and specialized services as needed.
- Advise clients to delay routine ANC contacts if mild COVID-19 symptoms are present and no other urgent need for care is present. Where PCR testing (testing negative twice from samples collected at least 24 hours apart) is not possible, WHO recommends that confirmed patients remain isolated for two weeks after symptoms resolve.
- Encourage clients to continue ANC and describe any anticipated changes to health services and policies:
  - ANC contact schedule, recommended location of birth, birth companion policy, anticipated duration of stay in facility, location or type of routine postnatal care for mothers and/or newborns, and IPC measures in facilities to reduce COVID-10 infection exposure for clients and health workers.
  - Postpartum family planning options and services, within the limitations of possibly decreased postpartum in-person contacts due to COVID-19; for patients who express interest in postpartum contraception, discuss additional benefit of immediate postpartum long-acting reversible contraception.
- Be aware of local rumors about COVID-19 infection including promotion of complementary or alternative medicines/treatments, and help to dispel inaccurate rumors with facts. Allow clients time to ask questions and provide respectful, clear answers based on guidance from your local health authority.
- All clients should receive counseling on and access to HIV and syphilis testing, prevention of sexually transmitted infection, the meaning of test results, and treatment for infection, including for partners. If appropriate for setting, provide counseling on pre-exposure prophylaxis for prevention of HIV infection, with multi-month dispensing where available.

### **For settings where routine (non-emergency) ANC services have been discontinued, optimize non-facility-based counseling opportunities and services**

Where possible, provide counseling by phone (e.g., call or text) or through community outreach services or community-based providers. Provide multi-month dispensing of medications and supplements taken on a regular basis (e.g., iron and folic acid). Radio and other media messages targeting pregnant women and their families, particularly around IPC and important care-seeking behaviors, can help to bridge gaps in counseling services. Ensure information, education and communication materials are up-to-date and available, including pictorial messages on key ANC practices and in local languages whenever possible.