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சுகாதார மற்றும் சுதேச வைத்திய சேவைகள் அமைச்சு
Ministry of Health and Indigenous Medical Services

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Date)

DDG NHSL/ Kandy National Hospital
All Provincial Directors of Health Services
All Regional Directors of Health Services
All Directors of TH, PGH, DGH
All Medical Superintendents of Base Hospitals
All Heads of Institutions
All Heads of Private Hospitals

Interim Guidelines for Maternal and Newborn Care Services in Hospitals during the Outbreak of COVID-19 Infection (Date: 18 March 2020)

This interim guideline for Maternal and Newborn Care Services in hospitals, is prepared based on the prevailing situation, to provide optimal care for pregnant mothers, newborns and their communities during the current COVID-19 pandemic. This will be effective until further notice.

Objective of this guideline is to utilize the limited hospital resources effectively to manage the current outbreak and to provide optimum care for the pregnant mothers and newborns suspected/confirmed with COVID-19 while minimizing exposure to health care staff, in-ward patients and patients attending the OPD/clinics.

This guideline is intended for all healthcare personnel involved in maternal and newborn care services in the curative sector including outpatient services.

- **All hospitals providing maternal care services, must have a predesignated isolation area for pregnant/postpartum mothers and newborns suspected of COVID-19.** This should also include a designated area to conduct emergency delivery and provide neonatal care until the mother and/or newborn are fit for transfer.
- **Base Hospital Colombo East** (Base Hospital Mulleriyawa) is identified as the national center for management of pregnant/ postpartum women and newborns confirmed of COVID-19.
- The sample collection will be carried out at designated hospitals for confirmatory testing (please see Annexure 01).
- All other hospitals are requested to admit and transfer pregnant/postpartum mothers and newborns fitting to the 'suspected' case definition of COVID-19 (Annexure 02) to the designated hospitals for confirmatory testing.
- **The private hospitals/ institutions should not manage suspected or confirmed pregnant/ postpartum mothers and newborns until further notice. They are requested to adhere to this guideline when a suspected case presents to them.**
- Minimize the number of public present in the hospital premises including the relatives of patients.

1. Hospital antenatal clinics with specialized care (ANC)

- Routine clinics must be conducted. However, priority should be given to high risk pregnant mothers and for routine follow up of pregnant mothers ≥ 32 weeks of POA.
- All high risk pregnant mothers referred by MOOH should be seen.
- An appointment system should be implemented to avoid overcrowding. (e.g. 10 mothers per hour)
- Maintain a distance preferably of one metre from each other (e.g. waiting area).
- Limit the number of accompanying adults to one person/ family member.
- If the pregnant mother is already under “home isolation” (for possible COVID-19 exposure), antenatal clinic visits should be re-arranged after the home isolation period (14 days) except in an emergency.
- For mothers who have recovered from COVID-19 infection, routine antenatal care has to be provided.
- If a pregnant/postpartum mother previously tested negative for COVID-19, presents again with a new episode of symptoms, she should be re-tested for COVID-19.

2. Out Patient Department (OPD)

- Suspected pregnant mothers to be identified according to the case definitions issued by the Epidemiology unit (Annexure 02); all suspected pregnant mothers who fulfill the above case definition and who may need inward care should be transferred to a designated hospital only after stabilizing the patient. The referral should be done in consultation with the Consultant Physician or Obstetrician or Head of the Institution of the referring institution, after informing the relevant consultants at the designated institution (Refer “Provisional clinical practice guidelines on COVID-19 suspected and confirmed patients” by the Epidemiology Unit -March 2020).
- All other patients who present with fever with or without flu like symptoms who do not fit the case definition, should be admitted to a designated ward in the institution and the Consultant Physician and/ or Obstetrician on call informed immediately.
- Suspected pregnant mothers should be provided with a medical mask.
- Staff involved in screening of these patients should take necessary precautions by wearing standard personal protective equipment (PPE) (Annexure 03).
- Minimize the unnecessary admissions to wards.

3. Inward antenatal care (Refer algorithm/ care pathway –Annexure 04)

- A designated ward/ area in each hospital should be identified to admit all pregnant/postpartum mothers with fever and/or flu like symptoms.
- If a pregnant mother develops symptoms and meets criteria of suspected COVID-19 during her ward stay, she should be transferred to the designated hospital for confirmation after informing the specialist and the hospital director.
- All patients admitted should be managed in consultation with the multi-disciplinary team including Consultant Obstetrician or Consultant Physician and referred to Consultant Anaesthetist when necessary.
- It is advisable to use handheld Doppler or CTG probe on suspected/confirmed mothers of COVID-19 to detect fetal heart parameters to prevent healthcare staff getting infected.
- Maintain a distance of one metre between patients.
- Only one visitor should be allowed.
- If pregnant mother becomes positive, transfer her to Base Hospital East Colombo (Base Hospital Mulleriyawa) with strict adherence to infection control measures.

- If a pregnant mother becomes negative, treat and manage appropriately in the designated/isolation area (e.g. exclude H1N1 infection). If mother is discharged, advise her to adhere to home quarantine for 14 days from exposure.

4. Management of suspected/confirmed pregnant mothers for COVID -19 during delivery

➤ Identifying a designated space for delivery

- Separate labour room and theatre facilities must be identified and universal precautions must be adhered to. The health staff must use PPEs even during emergencies.
- A designated space should be prearranged for performing deliveries in the event of absence of a separate labour room for this purpose.

➤ Intrapartum care

- Intra-partum care should be given by a multi-disciplinary group including Consultant Physician.
- Mode of delivery should be based on the obstetric indications and should take into consideration the mother's respiratory status.

Note – Currently there is no evidence to favour LSCS.

- If the pregnant mother requires oxygen, maintain oxygen saturation at $\geq 94\%$.
- Fetal monitoring should be done with CTG during labour.
- Postpartum monitoring should be carried out using MOEWS chart and according to the national guidelines.
- All other standard care during labour is applicable for these mothers.
- Currently, there is NO evidence of transmission of infection through blood or vaginal secretions.
- No evidence to suggest that steroids for fetal lung maturation cause any harm in the context of COVID-19. However, urgent delivery should not be delayed for steroid administration.

➤ Important -

- Minimize the number of staff entering the particular units and labour rooms.
- Labour companion should not be allowed until further notice.
- If Caesarian Section is indicated due to obstetric reasons:
 - Spinal or Epidural anaesthesia is preferred over General Anaesthesia (GA), as they would reduce the contact with the patient's respiratory secretions.
 - Provide epidural /spinal anaesthesia and avoid GA unless absolutely necessary.
 - Use of PPE can cause communication difficulties between team members. Checklists (including incubating checklist) should be used at all times.
 - If GA is used-
 - Intubation checklist should be used to facilitate communication between team members.
 - An experienced anaesthetist should be available.
 - Consider wearing a second pair of gloves and remove one pair once the ET tube is secured.
- Designated hospitals for caring pregnant mothers with COVID-19 should conduct dry-run simulation exercises to ensure preparedness of staff and identify issues.

5. Postpartum follow up of mother and newborn

- In the routine postnatal clinics, only mothers and newborns with complications should be seen.
- Minimize revisiting to the hospital by ensuring field follow up and giving a hospital contact number if any assistance is required.

6. Management of newborns born to suspected/confirmed mothers (Refer Care Pathway)

6.1 In the event a suspected mother delivers;

- The newborn and the mother must be isolated and managed together in the isolated area in the hospital.
- Separation of baby and the mother MUST be avoided at all times.
- All unwell/sick newborns must be isolated and managed, either in a separate room (where possible) or in a separate area in the neonatal unit (SCBU/NICU).

If delivery occurs in a non-designated hospital,

- Transfer both mother and newborn to a designated hospital for testing for COVID-19 after stabilization, while adhering to universal precautions.

6.2 Test all newborns of mothers suspected/confirmed for COVID-19

- If mother is negative (baby is negative)
 - Provide routine neonatal care as per national guidelines.
 - Mother and baby should be discharged. If asymptomatic, adhere to home quarantine until 14 days are completed from the time of the mother's exposure. Inform area MOH and PHM.
- If mother is positive - transfer to Base Hospital Colombo East (Mulleriyawa)
 - If baby is positive – provide neonatal care as per national guidelines and discharge when both mother and baby are test negative and clinically well
 - If baby is negative – Adhere to quarantine with the mother till 14 days from the day that the mother becomes test negative

6.3 Neonatal care should be provided as per National Guidelines for Newborn Care, Ministry of Health

- **Breastfeeding should not be interrupted at all as it is a protective factor.**
 - Breast feeding should be initiated within one hour of birth of the baby and continue as per National guidelines.
 - In case of separation of the baby due to maternal factors, provide expressed breast milk.
- If the baby is sick and is treated at the neonatal unit (NICU/SCBU)
 - Mother / visitors should not be allowed in the neonatal unit due to risk of exposure to other babies and as well as other patients/ staff when the mother moves between from the ward to the neonatal unit
 - Expressed breast milk should be sent to the neonatal unit
- Provide Kangaroo Mother Care for babies as per national guidelines.

6.4 Reducing transmission from mother to baby

Mother should be advised to

- Wash hands with soap and water before and after touching/ feeding the baby.
- Wear a mask/cover the nose and mouth during feeding and while handling the baby.

6.5 Admission of a newborn baby with a history of exposure

Both baby and mother should be tested for COVID-19 and managed as mentioned above

7. Routine neonatal clinics

- **All routine neonatal clinics should be stopped until further notice**
- **Low risk babies** - On discharge mothers should be given the contact number of the hospital and the extension of the neonatal unit and asked to call if there is a problem. A medical officer should attend the problem case by case (e.g. giving appointments).
- **High risk babies** - An appointment for review will be given on discharge
- **Babies who have been given appointments previously and come to the clinic during this period** - They will be seen by the medical team while adhering to safe distancing and other universal precautions. Appointments will be given follow up on a case by case basis.

8. Routine gynaecological surgeries and clinics

- All routine gynaecological surgeries and clinics must be stopped except in lifesaving situations until further notice.
- These measures are taken to make ICU beds available for the management of confirmed COVID-19 cases. (e.g.: Minimizing all routine surgeries).

9. Routine family planning clinics at specialized institutions

Family planning should be considered as a strategy for reduction of maternal mortality hence should be continued adhering to the universal precautions.

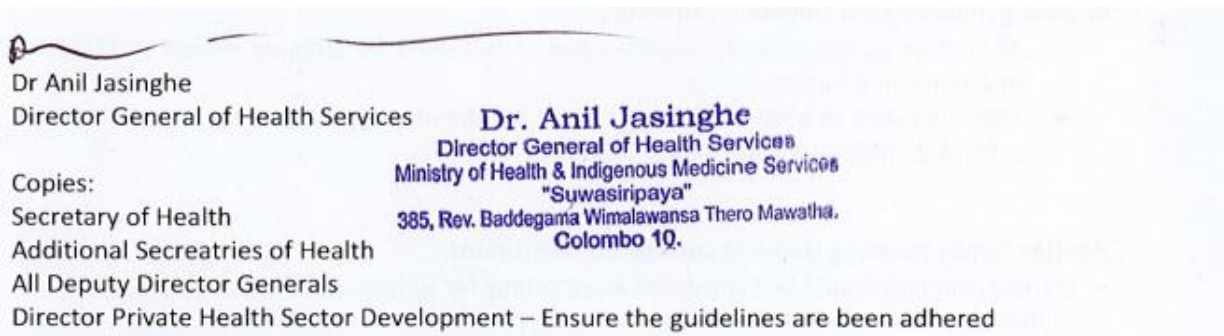
10. Safety precautions

- Guidelines are being frequently updated with evolving evidence therefore, health staff must get updated as frequently as necessary (at least once a week) on the relevant guidelines (<http://www.epid.gov.lk/web/> and <http://www.fhb.gov.lk>).
- All categories of health staff should immediately be updated especially on universal precautions, Infection Prevention and Control (IPC) measures and use of personal protective equipment.
- Universal precautions must be adhered to at all times and all settings including patient transfer.
- Provide hand washing facilities at the entrance to clinics /ward premises to all staff / clients with soap and running water.
Note - Hand sanitizer should not replace hand washing with soap and water but could be used in the absence of soap and water.
- Refer to the latest guidelines on
 - Use of PPE – “ Guidance on the rational use of personal protective equipment (PPE) in hospitals in the context of COVID-19 disease” issued by the Epidemiology Unit, Ministry of Health (Annexure 03)

- Disinfecting surfaces and equipment –
 - “Environmental Cleaning Guidelines to be used during the COVID-19 outbreak – 15/03/2020” by the Epidemiology Unit, Ministry of Health (Annexure 05)
 - Interim Bio safety guidelines for laboratories (2019 nCoV) issued by the Epidemiology Unit, MOH (07 February 2020)

For more details on diagnosis and further management of COVID-19 infection, infection prevention and control measures, staff safety and well-being, autopsy practice and disposal of dead body- please refer to Provisional Clinical Practice Guidelines on COVID-19 suspected and confirmed patients, issued by the Epidemiology Unit, Ministry of Health (March 2020)

You are advised to consider this as a top priority and give urgent attention to implement the above recommendations. This information must be urgently communicated to all relevant health staff in your respective institutions and steps should be taken to train your health staff on the above areas.



Director/Maternal and Child Health
Chief Epidemiologist /Epidemiology Unit
Director/ Health Promotion Bureau
CCP – Province/District -to monitor implementation of the guidelines and co-ordinate with FHB
MOMCH - to monitor implementation of the guidelines
Heads of Institutions
President Sri Lanka College of Paediatricians
President Sri Lanka College of Community Physicians
President Sri Lanka College of Obstetricians and Gynecologists
President Perinatal Society of Sri Lanka
President Sri Lanka College of Administrators
President Sri Lanka College of General Practitioners
President College of General Practitioners, Sri Lanka
President Ceylon College of Physicians/ Pulmonologists