Guidelines for providing care to Pregnant Women in view of the current pandemic situation of COVID - 19 disease.

In view of the prevailing pandemic of Covid - 19 disease, the under mentioned guidelines are to be followed for providing Antenatal, Perinatal and Post Natal care to Pregnant Women (PW).

A. Antenatal Care:
1. ANM and ASHA to list and track all pregnant women especially High Risk Pregnancies (HRP) to ensure early detection of complications, referral and follow up. Mothers may be encouraged to contact their respective ANMs and ASHAs for seeking antenatal advice over telephone. ANMs and ASHAs may give ANC advice over telephone. Routine ANC services can be provided maintaining social distancing and with infection control measures. Home based visits for ANC / follow up to be provided following all precautions while visiting the household. ANMs and ASHAs should facilitate and ensure that asymptomatic Pregnant Women with onset of labour pain or whose EDD has crossed 24 hours is taken to the linked Delivery Point in “102” or Nischay Yan Ambulance. IA and Calcium tablets may be given for 3 months at a time.

2. PMSMA Clinic on 9th of every month should be postponed for the time being to avoid overcrowding. However, pregnant women (especially high risk pregnancy) who attend the hospital must be provided care at the routine OPD / P.P. Unit / ER / maintaining social distancing norms and other Infection Prevention & Control (IPC) measures.

B. Perinatal Care:
1. Pregnant Women with suspected or confirmed COVID-19 disease should have their childbirth only at Secondary & Tertiary level Delivery Points where there should be a separate isolation room / Delivery Room for providing perinatal care.

2. An advance communication should be sent to the designated Secondary / Tertiary level Delivery Point in the event of a pregnant woman with suspect or confirmed Covid-19 being referred.

3. The MSVP / Superintendent of all Secondary & Tertiary level Delivery Points should notify a Nodal Person with his / her mobile number who may be contacted when a pregnant woman with suspect or confirmed Covid – 19 disease is referred from the peripheral health facilities.

4. The following SOP will apply to all Hospitals providing care to PW with suspected or confirmed COVID -19 disease:
   - Health Staff providing obstetric care must wear Personal Protective Equipment (PPE) and take all precautions as per Government guidelines.
   - Pregnant Women should be attended at Triage / ER by the senior most Obstetrician / MO (on duty) wearing appropriate PPE including face mask.
   - Pregnant Women should immediately be escorted to an isolation room, suitable for the majority of care during their hospital visit or stay. Isolation rooms should ideally have an ante-chamber for wearing and removing Health Care providers’ PPE and also have washroom facilities. Only essential Health Staff should enter the room and visitors should not be allowed. IPC norms to be strictly followed.
• Once settled in an isolation room, a full maternal and foetal assessment should be conducted. Assessment of maternal and foetal conditions, progress of labour, oxygen saturation and other vital parameters should be done as per protocol.

• Assessment of the severity of Covid-19 symptoms should be done as per State guidelines.

• If labour is confirmed, the care in labour should ideally continue in the same isolation room. Labour Table is to be kept in the isolation room as per need.

• Minimum number of health staff (MO, SN, GDA, Karmabandhu) should attend to provide intra-partum care and neonatal resuscitation wearing full set of PPE and N95 mask.

• Mode of birth should not be influenced by the presence of Covid-19, unless the woman’s respiratory condition demands urgent delivery. It should be guided by her obstetric assessment and her physiological stability. Covid-19 infection itself is not an indication for induction of labour or operative delivery.

5. At all Medical Colleges, there should be a separate Operation Theatre for management of suspected or confirmed Covid-19 pregnant mothers. Neonatal resuscitation corners should be located at least 2 (two) metres away from the Delivery Table / OT Table. The standards and facilities required for infection control in these areas should be same as that for other adults with suspected or confirmed Covid-19 infection.

6. At District and Sub District Hospitals either a separate OT can be arranged (if possible) or the same OT can be used following the prescribed infection control measures and using PPE.

7. Disinfection of Surfaces in the childbirth / neonatal care areas for patients with suspected or confirmed Corona virus infection is not different from those for usual Labour Room & OT areas. (follow the prevailing QA guidelines).

8. Breast feeding to newborns:
   Infants born to mothers with suspected, probable, or confirmed Covid-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for IPC.

9. Kangaroo Mother Care:
   As with all confirmed or suspected Covid-19 cases, symptomatic mothers who are breastfeeding or practising skin-to-skin contact or kangaroo mother care should practice respiratory hygiene, use of a triple layer mask, perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact. In absence of mask, breast pump can be used after proper sterilization to express breast milk to feed the neonate.

10. Post Partum Care – will be provided in the same isolation ward.

11. Discharge after Delivery – State protocol for discharge of Covid-19 patients should be followed.

12. Comprehensive Abortion Care (CAC) services to be provided to the beneficiaries in need in the same separate OT.

13. PPIUCD can be provided to the mothers after delivery.

14. Ligation can be done along with LUCS.

15. The above mentioned protocol must also be followed for all pregnant women at the notified Covid Hospitals.

All concerned are informed and requested to comply accordingly.
Memo. No. H/SFWB/23M-01-2020/290/1(33)

Copy forwarded for information and necessary action please:-

1. The Mission Director (NHM) & Secretary to the Govt. of West Bengal,
2. The Advisor Health, Govt. of West Bengal,
3. The AMD (NHM), West Bengal,
4. The Director (FMG), NHM, West Bengal,
5. The Principal, All Medical Colleges, West Bengal,
6. The DDHS (Admin), West Bengal,
7. The DDHS (HA), West Bengal,
8. The DDHS (Nursing), West Bengal,
9. The CMOH, All Districts, West Bengal,
10. The MSVP, All Medical Colleges, West Bengal,
11. The HOD, Department of G&O, All Medical Colleges, West Bengal,
12. The HOD, Department of Anesthesia, All Medical Colleges, West Bengal,
13. The HOD, Department of Pediatrics, All Medical Colleges, West Bengal,
14. Dr. Kaninika Mitra, Health Specialist, Unicef, West Bengal,
15. The ADHS (MH/TRG/AH/SH/EPI), West Bengal,
16. The DFWO, Kolkata,
17. The DADHS (CH), West Bengal,
18. The SNO, State QA Cell, West Bengal,
19. The SNO, NUHM, West Bengal,
20. The TO, SPSRC (FP & Trg), West Bengal,
21. The SNO (Nursing), NHM, West Bengal,
22. The Coordinating Officer, FBNC Cell, Swasthya Bhavan,
23. The Coordinating Officer, FBMC Cell, Swasthya Bhavan,
24. The Regional Programme Director, Ipas Development Foundation, Kolkata,
25. The Dy. CMOH-I / Dy. CMOH-II / Dy. CMOH-III, All Districts, West Bengal,
26. The DMCHO, All Districts, West Bengal,
27. The DPHNO, All Districts, West Bengal,
28. The Superintendent, All DH/SDH/SSH/SGH/Decentralized Hospitals, West Bengal,
29. The ACMOH, All Sub Divisions, West Bengal,
30. The BMOH, All Blocks, West Bengal,
31. The DPC / DSM / DAF / DAM, All Districts,
32. The Coordinator, IT Cell with a request to post in the Departmental website,
33. Office copy.

Date..........................2020

SFWO & Jt. DHS (FW)
Govt. of West Bengal