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Background and methods

As of July 11th 2020, the Coronavirus disease (COVID-19) has [resulted](#) in more than 7,900 confirmed cases, and around 188 deaths in the Democratic Republic of the Congo (DRC). As evidence continues to be generated around the impacts of the infection during pregnancy and the postpartum period, it is expected that the outbreak’s indirect effects will exceed the direct impacts of infection among women and newborns. This document summarises the findings from a global online survey of maternal and newborn health professionals working in the DRC, and includes responses received between March 27 and June 10, 2020. This brief presents challenges experienced by healthcare providers during the early stages of the pandemic, as well as applied and suggested solutions to overcome them and ensure that care continues to be provided to women and newborns.

The survey collected data on the respondents’ background (country and region, qualification and work responsibilities, gender, and basic characteristics of the health facility in which the respondents worked, if any). To avoid concerns over confidentiality, we did not collect names of health facilities. The questionnaire included three core modules focusing on preparedness for COVID-19, response to COVID-19, and health workers’ own experience of work during the COVID-19 pandemic. In the fourth, optional module, we asked respondents to elaborate on adaptations to 17 care processes (timing, frequency, modality of contact with patients during various types of outpatient and inpatient care) and to comment on whether they perceived that the uptake of care by the population they serve has changed and, if it had, how. The summary of global responses was published [here](#) (Round 1 survey questionnaire is provided as supplementary material).

Respondents’ characteristics

We use 12 responses collected from healthcare professionals working in the DRC, 10 of whom agreed to answer the optional module. Six of the 12 respondents were general practitioners or family medicine physicians, and two were obstetricians/gynaecologists. Respondents mainly provided antenatal, childbirth and postnatal care. Eight of the 12 respondents provided care in referral hospitals/centers and nine respondents worked in public sector facilities. One respondent reported that their facility had seen maternity patients with suspected or confirmed SARS-CoV-2 infection.

Part 1. Preparedness for and response to COVID-19

Preparedness	<p>Respondents reported:</p> <ul style="list-style-type: none"> - Receiving information on COVID-19 from their facilities (n=12) - Searching for guidance themselves (n=11) - Taking part in informal sharing with colleagues (n=8) <p><i>“We as health professionals are under-informed about the pandemic, and we often listen to social networks and the media like everyone. The politicians are trying to explain everything in their own way.”</i></p> <p>Five out of twelve respondents:</p> <ul style="list-style-type: none"> - Received training on providing care during COVID-19 - Reported being mostly clear on what to do in case they need to provide care to suspected or confirmed COVID-19 maternity patients <p>Recommendation from respondents</p> <ul style="list-style-type: none"> - Provide training to all healthcare providers, including maternity and newborn care providers
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	Three out of 12 respondents received updated guidelines on care provision to pregnant, labouring or postpartum women and their newborns in the context of COVID-19. The Ministry of Health in the DRC, the World Health Organization and the International Federation of Gynaecology and Obstetrics (FIGO) were mentioned as guideline sources.
Response	<p>Almost half the respondents reported that the facilities where they worked:</p> <ul style="list-style-type: none"> - Established a sign-posted entrance and COVID-19 screening area (n=8) - Dedicated isolation rooms for suspected patients (n=7) <p>Three respondents reported an increase in routine cleaning at the maternity ward.</p>

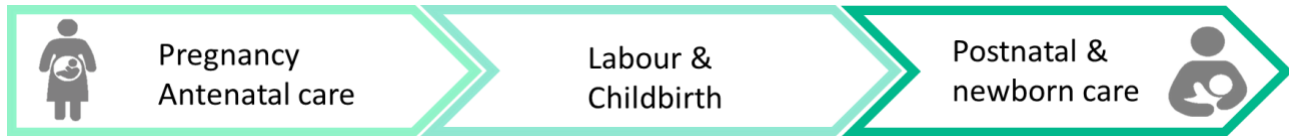
Part 2. Challenges and concerns

Healthcare provider protection	<p>None of the respondents reported feeling well or completely protected from COVID-19 in the workplace.</p> <p>Respondents reported a shortage in personal protective equipment, and insufficient masks (9/12), aprons (10/12) and gloves (4/12). One respondent mentioned that they are facing <i>“maximum exposure without adequate protective equipment”</i></p> <p><i>“This permanent fear of becoming infected creates a kind of mistrust on the part of providers since they work without protective barriers.”</i></p> <p>Recommendation from respondents</p> <ul style="list-style-type: none"> - Provision of adequate personal protective equipment for healthcare providers and patients
Lack of screening and testing	<p>Four respondents reported that maternity patients were screened COVID-19 symptoms.</p> <p>Two out of twelve respondents reported being able to order a RT-PCR test for the SARS-CoV-2 virus for maternity patients.</p> <p>Recommendations from respondents</p> <ul style="list-style-type: none"> - Increase the availability of infrared thermometers for fever screening - Designate an adequate triage area at the entrance of facilities where this was not applied yet - Decentralize COVID-19 testing points and provide more testing kits
Lack of resources	<p>Respondents mentioned a <i>“difficulty in obtaining medication”</i> for women during the antenatal period.</p> <p>Respondents were also concerned about the lack of ventilators and ambulances needed to provide care to COVID-19 patients</p>
Staff motivation and remuneration	<p>All twelve respondents reported somewhat or substantially higher levels of stress than usual.</p> <p>Respondents noted a decrease in their income and being less motivated to provide care:</p> <p><i>“Decrease in income of the health facility impacts the behavior of providers”</i></p> <p>Recommendation from a midwife:</p> <p><i>“Think of the midwives who must stay with the woman because COVID-19 will not prevent the baby from being born”</i></p>

Community awareness	Respondents were concerned about misinformation among community members about COVID-19 and inadequate application of infection prevention and control measures in the community.
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Part 3. Changes to the care provided to women and newborns

The table below reports responses from 10 health professionals who completed the optional module.



<p>Women’s use of care</p> <p>Fewer women were reportedly seeking services from health facilities, including for antenatal, childbirth and postnatal care because of:</p> <ul style="list-style-type: none"> - Lockdown - Fewer modes of transportation available to women - Fear of becoming infected with COVID-19 at the health facility <p><i>“Since travel is prohibited from time to time, antenatal consultations are reduced. Women who are wealthy enough to have access to communication technology are consulted by mobile phone.”</i></p> <p><i>“Most people think that it is in the hospital where you can easily become infected with COVID-19, and given the current situation, I agree with them because our hospitals are not prepared for this pandemic.”</i></p>
<p>Care and service availability</p> <p>One respondent noted the suspension of outpatient ANC services for a period of four weeks for low-risk women, and reducing the number of caregivers per woman to one.</p> <p>Some respondents noted suspending the provision of non-essential gynaecological services.</p>
<p>Care process</p> <p>Implementation of infection prevention and control measures when providing care to women, including:</p> <ul style="list-style-type: none"> - Social distancing in the ANC room - Patients wearing PPE during consultation, and using hand sanitizer - Distancing beds at 1 meter - Decontaminating the delivery room after each birth <p>One respondent noted fewer normal deliveries and a potential increase in the caesarean section rate, while another one mentioned the suspension of elective caesareans during the pandemic.</p> <p>Respondents also reported reducing the number of allowed birth companions and visitors to one or none at all.</p>