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Study page: <https://bit.ly/2X2LdJt>

Background and methods

As of July 21st 2020, the Coronavirus disease (COVID-19) has [resulted](#) in more than 500 officially reported cases and 21 deaths in Tanzania. 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 Tanzania, and includes responses received between March 26 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). Round 2 of the survey is open and available [here](#).

Respondents' characteristics

We use 26 responses collected from healthcare professionals working in Tanzania, 12 of whom agreed to answer the optional module. Half the respondents worked in Dar es Salaam (n=12). Eleven of the 26 respondents were obstetricians/gynaecologists, followed by nurse-midwives (n=6), and half the respondents were females (n=12). Respondents mainly provided antenatal care, childbirth and postnatal care. Most of the respondents provided care in referral hospitals and in public sector facilities (n=15 and n=19, respectively). Almost all of the facilities where respondents worked provided caesarean sections and accepted maternity patients referred from other facilities (n=24), and the majority had an intensive care unit (n=17). Three respondents 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

<p>Access to information</p>	<p>The vast majority (21 of 26) of respondents reported receiving information on COVID-19 from their facilities.</p> <p>Covered themes included disease signs and symptoms, transmission mode, protective measures (e.g. hand hygiene, personal protective equipment (PPE) use, social distancing and isolation), and treatment options.</p> <p>Almost all respondents searched for guidance themselves (n=23) and took part in informal sharing with colleagues (n=24).</p> <p>Recommendations from respondents:</p> <ul style="list-style-type: none"> - Provision of updated information <i>“Need to have clear information on personal protection and medical supportive treatment for COVID-19 to frontline health care providers at all level of health system.”</i>
<p>Trainings and drills</p>	<p>Half the respondents received training on providing care during COVID-19 (n=13) and ten respondents reported being mostly or completely clear on what to do in case they need to provide care to suspected or confirmed COVID-19 maternity patients.</p> <p>Recommendation from respondents:</p> <ul style="list-style-type: none"> - Provision of training on preventive measures
<p>Updated guidelines</p>	<p>13 respondents received updated guidelines on care provision to pregnant, laboring or postpartum women and their newborns in the context of COVID-19.</p> <p>Respondents mentioned the WHO and the Tanzanian Ministry of Health as sources of these guidelines, followed by FIGO.</p> <p>Recommendation from respondents:</p> <ul style="list-style-type: none"> - Provision of updated guidelines: <i>“Send guideline of maternal care specific to COVID19 epidemic.”</i>
<p>Screening and isolation</p>	<p>Most of the facilities where participants worked had established a sign-posted entrance and COVID-19 screening area (n=22).</p> <p>Nine respondents reported that their facilities screened maternity patients for COVID-19 symptoms. Respondents reported that maternity patients referred from other facilities were screened before admission.</p> <p>18 respondents reported that their facilities had dedicated isolation rooms for suspected patients.</p>
<p>Testing capacity</p>	<p>Five respondents reported being able to order a RT-PCR test for the SARS-CoV-2 virus for maternity patients.</p> <p>The range of time periods to receive results for those who could order a test was one to five days.</p>

Part 2. Personal experience and work

<p>Stress levels and concerns</p>	<p>21 out of 26 respondents reported that their stress levels were somewhat or substantially higher than usual.</p> <p>Recommendation from respondents:</p> <ul style="list-style-type: none"> - Provision of psychological and emotional support - Shorter working hours to reduce risk of exposure
<p>Infection prevention and safety</p>	<p>Participants reported shortages in personal protective equipment and insufficient masks (20/26), aprons (17/26) and gloves (8/26). Four out of 26 respondents felt well or completely protected from COVID-19 in the workplace.</p> <p>Respondents were concerned about the lack of PPE, and about staff and patients becoming infected with COVID-19:</p> <p><i>“As staff we are not provided with enough stuff to protect ourselves.”</i></p> <p>Most of the respondents (n=17) reported an increase in routine cleaning in their facility’s maternity ward.</p> <p>Recommendations from respondents:</p> <ul style="list-style-type: none"> - Provision of PPE - Maintaining awareness raising activities to community members: <i>“Continue to provide awareness and preventive measures to the women and significant others.”</i>

Part 3. Changes to the care provided to women and newborns

The table below reports responses from 12 health professionals who completed the optional module.

<p>Women and newborns use of care</p>	<p>Fewer women were reportedly seeking services from health facilities, including for antenatal and postnatal checks, either because of fear of contracting the illness or because of lockdown measures. Participants reported the provision of care remotely via telephone.</p> <p><i>“Number of patients has reduced. It could be due to the fact that they are told to stay at home and would probably come in critical situations”</i></p> <p><i>“Clinics are empty, patients are afraid to come. Phone consultations have been increasing.”</i></p>
<p>Infection prevention measures</p>	<p>The following infection prevention measures were included in the care process:</p> <ul style="list-style-type: none"> - Application of social distancing in waiting areas and reducing crowding - Spacing successive appointments: <i>“Working hours adjusted morning and evening so that patients’ appointments are spread widely.”</i> - Enforcing hand washing among all patients and visitors - Avoid touching patients without protective equipment - Reducing the number of allowed visitors to one, and/or reducing visiting hours - Establishing an isolation area in the Newborn Intensive Care Unit for babies born to women with COVID-19 (if any).