Summary from the COVID-19 front-line: **Nigeria country brief**
Survey of maternal and newborn health professionals

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Background and methods

As of July 21st 2020, the Coronavirus disease (COVID-19) has resulted in more than 37,000 confirmed cases and around 800 deaths in Nigeria. 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 Nigeria, and includes responses received between March 25 and July 5, 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 28 responses collected from healthcare professionals working in Nigeria, 18 of whom agreed to answer the optional module. Around half the respondents worked in Lagos (n=12). Ten of the 28 respondents were obstetricians/gynaecologists, followed by nurse-midwives (n=5) and medical doctors (n=4), and half the respondents were females (n=14). Respondents mainly provided antenatal care, childbirth and postnatal care. Most of the respondents provided care in referral hospitals and in public sector facilities (n=13 and n=17, respectively). Most of the facilities where respondents worked provided caesarean sections (n=20), accepted maternity patients referred from other facilities (n=20), and had an intensive care unit (n=19). Seven 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

Access to information	The vast majority (25 of 28) of respondents reported receiving information on COVID-19 from their facilities. Covered themes included disease signs and symptoms, transmission mode, protective measures (e.g. hand hygiene, personal protective equipment (PPE) use, social distancing and isolation), triage protocol and case reporting and referral. Almost all respondents searched for guidance themselves (n=27) and took part in informal sharing with colleagues (n=26).
Trainings and drills	Half of the respondents received training on providing care during COVID-19 and 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 (n=14). "*Hospital hasn't trained the health workers that are interested on how to deal with a positive patient with COVID-19*" **Recommendation from respondents:** - Provision of updated information on COVID-19 and training activities: "*Capacity building of health workers and information sharing as well as effective supervision and monitoring support to health workers.*"
Updated guidelines	13 respondents received updated guidelines on care provision to pregnant, laboring or postpartum women and their newborns in the context of COVID-19. Respondents mentioned the WHO, the Ministry of Health and the NCDC as sources of these guidelines, followed by country-level professional organizations such as the Society of Gynaecology and Obstetrics of Nigeria (SoGON) and departmental and institutional guidelines. International guideline sources were also mentioned such as RCOG, ICM and FIGO.
Screening and isolation	Almost all facilities where participants worked had established a sign-posted entrance and COVID-19 screening area (n=27). Eight respondents reported that their facilities screened maternity patients for COVID-19 symptoms. 18 respondents reported that their facilities had dedicated isolation rooms for suspected patients.
Testing capacity	Ten respondents reported being able to order a RT-PCR test for the SARS-CoV-2 virus for maternity patients: "*Only 2 test centers for COVID-19 currently exist in the country, [the state where I work] does not have a center*." Range of time periods to receive results for those who could order a test was one to three days. **Recommendation from respondents:** - Increase testing availability for patients and healthcare workers.

Part 2. Personal experience and work

Staff workload	Respondents reported a shortage of healthcare workers resulting from: - The lockdown - Staff being diagnosed with COVID-19 - New working schedule reduced the number of healthcare providers This shortage led to an increase in workload for the healthcare workers present at the facility: "*Splitting of call duty for doctors to minimize their contact time with the hospital further reduces manpower thereby increasing workload per shift sometimes*."
Stress levels and concerns	22 out of 28 respondents reported that their stress levels were somewhat or substantially higher than usual. "*Though we do not have a case of COVID-19 in the state I can still feel the fear among colleagues and patients.*" "*There is need for psychosocial counseling because people are panicking; when we saw a suspect come to facility everyone was scared except our village health worker took courage and reported the case.*"
Infection prevention and safety	Participants reported shortages in personal protective equipment and insufficient masks (20/28), aprons (25/28) and gloves (16/28). Only five out of 28 respondents felt well or completely protected from COVID-19 in the workplace. "*[There is a] lack of consensus on routine use of protective gears especially masks and gloves by healthcare professionals when in the wards whether or not patients are being attended to directly."* "*Because of not being fully protected there is fear in carrying out thorough work as usual.*" Some respondents also expressed concerns over transmitting the infection to their family and household members "*I feel I am a threat to my family going home at the end of each working day*." "*At this time I had to send my 2 young kids away to my sister. I feel it's better they are away from me."* Almost half the respondents (n=15) reported an increase in routine cleaning in their facility's maternity ward. **Recommendations from respondents:** - Provision of PPE and of training on their appropriate use: "*Provide PPEs so I can feel somewhat safe while at work*" - Provision of accommodation for healthcare workers: *"Isolation buildings for health workers to retire to, in order to avoid infecting family members at home who are observing the social distancing and lockdown"* - Increased financial incentives for healthcare workers

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

The table below reports responses from 18 health professionals who completed the optional module.

Women and newborns use of care	Respondents reported that fewer women were seeking services from health facilities either because of fear of contracting the illness or because of lockdown measures. "*More now refuse to come to the hospital for fear of being diagnosed COVID-19 but present when in bad condition*" "*Most mothers are staying away from vaccinations for newborn to avoid exposure to hospital settings because of COVID."*
Care and service availability	Respondents noted their facilities were: - Suspending outpatient services - Prioritising high-risk and laboring women for outpatient visits and inpatient admissions - Postponing or suspending non-essential gynaecological services including infertility treatment "*A switch to WHO focus antenatal care for low risk pregnant women instead of the traditional model we were practicing."*
Intrapartum care	Some respondents reported stricter indications for all caesarean sections, and the use of a dedicated theatre for COVID-19 patients undergoing a caesarean. Healthcare providers reported limiting the number of labour companions to one or none at all, and reducing the number of visitors allowed post-partum: *"Allowance of additional family members have been greatly reduced to effect social distancing. This has led to increased burden of care for nursing staff and the new mother too."* *"Newborns are strictly handled by the mother only unlike before family handle babies any time."*
Postnatal care	Respondents mentioned shortened length of stay in facility postpartum: *"Discharge home within 12 and 24 hours instead of the 48-72 hours in order to complete observation and evaluation of newborn."* Postnatal follow-up was delayed and home visits were reduced: *"Encouraging postnatal patients to stay at home unless there are serious complaints"* *"Home visits have been greatly ruled out except in very essential cases."*

Key challenges to and solutions for maintaining provision of maternal and newborn care: In respondents' words

Compromise to quality care

"[I am concerned] that we cannot provide optimal care the women and their newborns because we are trying to decongest the hospital as much as possible."
"Fear within my colleagues might prevent them from giving appropriate care to patients."

Shortage of equipment

"Routine clinical supplies are now scarce due to increased use to combat spread of COVID."

Difficulty reaching the workplace

"As a community case worker, moving from where I live to the rural community where I work is a bit hard due to the lockdown order by the government. Also movement have been restricted thereby, collaboration with the facility is limited."

Loss of income

"Two members of staff were laid off work due to the reduction in patient inflow and thus income generated by the hospital."

Reduced access to family planning services

"Reduced access to contraceptives especially for women in hard to reach areas who mostly access such services during in reaches and outreaches which are currently on hold. There might increase cases of unplanned pregnancies among families who fear going to health facilities to access services now."

Solutions

Change working schedules to reduce risk of exposure

"We have modified call duty rosters to allow all doctors minimal contact time with patients. We avoid hospital environments when not on duty."
"Reduction of numbers of health care workers attending to patient on the wards, in clinics and at the emergency points to reduce risk of exposure and spread of infection."

Telephone communication with patients

"Provision of telephone contacts of doctors to patients so that they can easily be reached if they have complaints to minimize their frequency of visits to the hospital."

"Central phone number given to women on discharge to call the team if any complaints before postnatal visit."