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

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Background and methods

As of July 10th 2020, the Coronavirus disease (COVID-19) has resulted in more than 175,000 confirmed cases, and more than 2,200 deaths in Bangladesh. 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 Bangladesh, and includes responses received between March 26 and June 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).

Respondents' characteristics

We use 15 responses collected from healthcare professionals working in Bangladesh, 9 of whom agreed to answer the optional module. Six of the 15 respondents worked in Cox's Bazar, eleven were midwives, and the majority were females (n=14). Respondents mainly provided antenatal, childbirth and postnatal care. Six of the 15 respondents provided care in referral hospitals, seven respondents worked in public sector facilities and seven others worked in non-governmental organisations. Six respondents provided care in villages/rural areas, and three worked in refugee camps. Two 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

Preparedness	Almost all respondents (n=14) reported: - Receiving information on COVID-19 from their facilities - Searching for guidance themselves - Taking part in informal sharing with colleagues Six out of fifteen respondents received training on providing care during COVID-19. Twelve 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. Seven out of fifteen respondents received updated guidelines on care provision to pregnant, labouring or postpartum women and their newborns in the context of COVID-19. The following were mentioned as guideline sources: - Directorate General of Health Services (DGHS) in Bangladesh - Ministry of Health in Bangladesh - Obstetrical and Gynaecological Society of Bangladesh - Guidelines specific to a non-governmental Organisation - The World Health Organisation

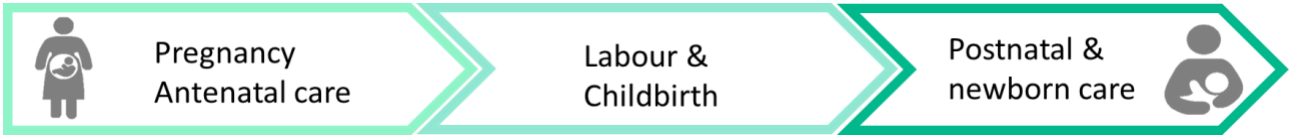
Response	Almost half the facilities where participants worked took some measures to respond to COVID-19: - Established a sign-posted entrance and COVID-19 screening area (n=6) - Screened maternity patients for COVID-19 symptoms (n=7) - Dedicated isolation rooms for suspected patients (n=8) Three out of fifteen respondents reported being able to order a RT-PCR test for the SARS-CoV-2 virus for maternity patients. The range of time periods to receive results was one to four days. Almost all respondents reported an increase in routine cleaning at the maternity ward (n=14).

Part 2. Challenges and concerns

Healthcare provider protection	Three out of fifteen respondents reported feeling well or completely protected from COVID-19 in the workplace. Participants reported a shortage in personal protective equipment, and insufficient masks (6/15), aprons (7/15) and gloves (3/15), and uncertainty about the quality of available protective equipment: "*We don't know whether the PPE we are using are up to the mark because of disbelief in supply quality.*" **Recommendations from respondents** - Provision of adequate personal protective equipment - Proper screening and identification of COVID-19 cases
Risk of infection	Respondents worried about their own safety and that of their family members, and they were concerned about the ability to receive the needed care in case they become infected with COVID-19. "[…] *if I get infected and if I need health services like HFNC, ventilator, I am not sure that I will [receive this care] because of scarcity at the moment*."
Stress levels	Respondents reported somewhat or substantially higher levels of stress than usual (n=11). "*Now we are tensed about COVID-19 because we work at refugee camp, if we get affected what will happen? Or if any of my team members get affected what will we do*?" "*I am very worried because this situation makes me hopeless."* **Recommendation from respondents:** - Provision of mental and psychological support.
Community awareness	Lack of sufficient community awareness about COVID-19 and inadequate application of infection prevention and control measures in the community. **Solution** Awareness raising about COVID-19 was provided to women in the form of health talks, fliers and posters, and some respondents reported integrating it during antenatal counselling.

Workload and schedule	Respondent reported: - Reduced collaboration with other team members - Changes in working schedule: "*We have to stay at odd time like evening, night."* - Increased workload: "*I have to do all operation which was previously handled by residents… I have to communicate over telephone with residents even for minor issues as they are scared and insecure*."

Part 3. Changes to the care provided to women and newborns
The table below reports responses from 9 health professionals who completed the optional module.



Women's use of care
Fewer women were reportedly seeking services from health facilities for antenatal and postnatal care.

Challenge
"*Obstetric patients who are getting admitted are at worst condition than before as they are coming late."*

Solution
"*We are provide solutions to their problems, health education or anything else by phone [calls]. We discouraged them [women] to go outside of home. And in special case we try to give them [care] by visiting their home."*

Care and service availability

Respondents noted the closure of outpatient departments and prioritising care provision to emergency cases. One participant mentioned that they had "s*topped [inpatient] admission for low risk patients and for observations*" during the antenatal period.

Some respondents mentioned:
- Ceasing home follow-ups in the postnatal period
- Delaying the timing of postnatal visits
- Suspending the provision of non-essential gynaecological services

Care process

Respondents reported:
- Reducing the number of allowed birth attendants and visitors
- Dedicating an operating theatre to perform caesarean section for COVID-19 suspected women
- Encouraging early discharge from facilities after childbirth