"SEPARATED DURING THE FIRST HOURS" - POSTNATAL CARE FOR WOMEN AND NEWBORNS BEYOND THE EARLY PHASE OF THE COVID-19 PANDEMIC: FINDINGS FROM A GLOBAL ONLINE SURVEY OF MATERNAL AND NEWBORN HEALTHCARE PROVIDERS

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Introduction

The largest burden of maternal and newborn mortality and morbidity occurs during the first six weeks after birth. Quality routine postnatal care (PNC) allows the prevention, recognition and management of complications, and the counselling of families on strategies to ensure their ongoing wellbeing. Effective coverage of routine PNC is sub-optimal globally.

Since March 2020, the COVID-19 pandemic disrupted the availability and quality of maternal and newborn care, including during the postnatal period. In June 2020, the World Health Organization promoted the complete package of PNC as an essential service during the pandemic and issued guidance on ensuring the continuity of breastfeeding and non-separation for all mothers and newborns.

Objective: Explore the **effect of the COVID-19 pandemic on PNC provision, service availability, content and quality** between July and December 2020, beyond the early phase of the pandemic.

Methods

Data collection

- **Global online survey** among **424 maternal and newborn healthcare providers** from **61 countries**.
- Questionnaire available in 11 languages.
- Four multiple-choice and four open-text questions on adaptations to PNC made during the month preceding the survey.

Data management and analysis

- A country income group variable was added using the 2020-World Bank classification of economies.
- Descriptive statistics to analyse quantitative data, disaggregated by country income group.
- Content analysis applied to analyse qualitative data.
- Findings integrated at the reporting stage and summarised as three themes.

Results

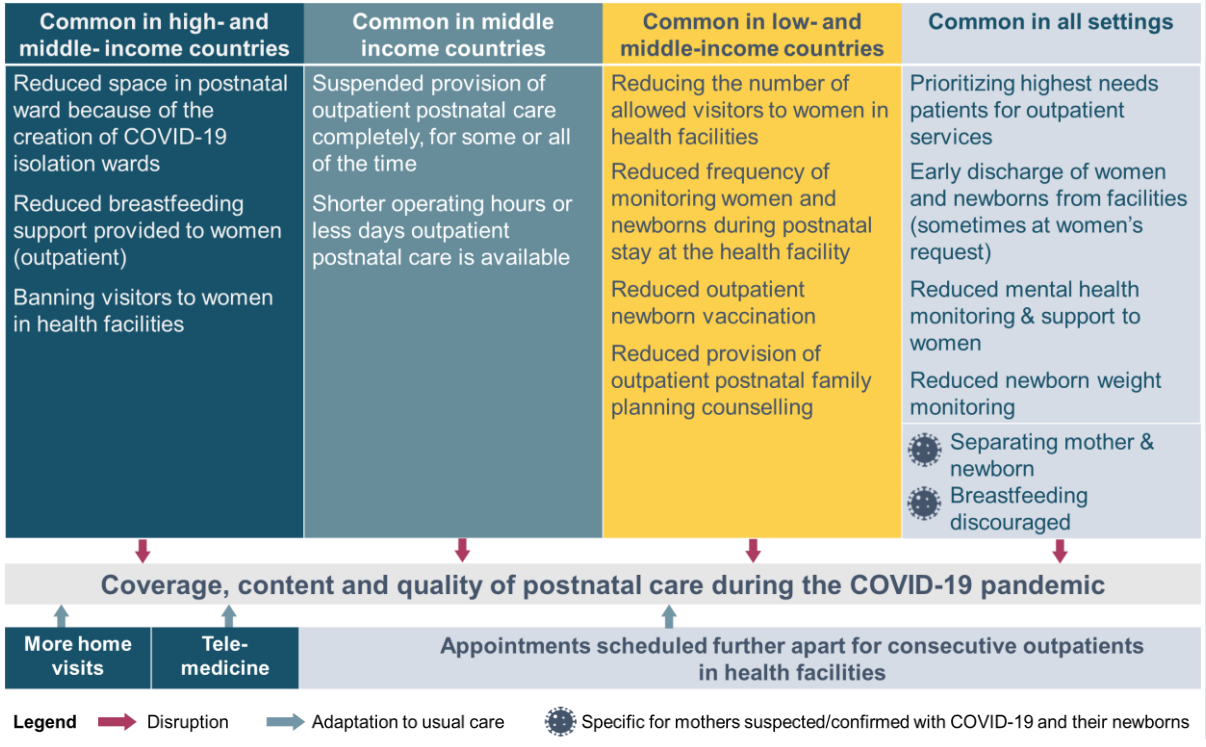
Respondents were from high-income countries (HIC, 46%), middle-income countries (MIC, 42%) and low-income countries (LIC, 12%). Midwives and obstetricians/gynaecologists each comprised 27% of respondents. Commonly reported adaptations to PNC varied by country income group (Fig. 1).

1- Adaptations to PNC provision

42% reported banning visitors to women during the postnatal period. The double burden of lack of birth companionship and postnatal visits was common. Among respondents who reported a ban on birth companionship, 60% noted that visitors were not allowed in the postnatal ward.

Physical distancing of beds and creation of COVID-19 isolation rooms contributed to **reducing the space and beds available in postnatal wards.** 40% of respondents in HICs reported the provision of PNC through **telemedicine,** compared to 8.2% of the respondents in LICs.

Fig. 1 – Adaptations and their impact on PNC during the COVID-19 pandemic, by country income group



Results (*Cont.*)

2- Postnatal care service availability

A third of respondents mentioned that **patients with highest needs were prioritised to receive PNC**, and that the number of women and newborns accessing outpatient PNC services decreased during the month preceding the survey.

Respondents in HICs reported that more **home-visits** were offered during the study period to reduce crowding in outpatient clinics, compensate for care needed when women were discharged early, and supplement the care provided by telemedicine.

3- Changes to PNC content and quality

Earlier discharge after birth in a health facility was reported by 60% of respondents in all country income-groups. 30% of respondents reported a reduction in providing **breastfeeding support**. Some respondents mentioned that skin-to-skin contact was encouraged among 'healthy' mothers but was not allowed to be practiced with mothers confirmed with COVID-19. One third of respondents from HICs noted that COVID-19 suspected/confirmed mothers were being **separated** from their newborns.

Conclusions

- Severe disruptions to PNC content and quality continued to exist beyond the early phase of the pandemic.
- Postnatal length-of-stay, visitors and companions, and non-separation of mother and newborn were negatively affected during the pandemic, despite the availability of international guidelines against such disruptions.
- Lessons learned from disruptions to care during the pandemic must inform evidence-based advocacy for PNC policy and service delivery during and beyond the COVID-19 pandemic.