Streamline maternal health care provision to mitigate the risk for pregnant women under COVID-19 pandemic

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April 28, 2020

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The novel Coronavirus Disease 2019 (COVID-19) outbreak started in Wuhan City China in early December 2019\(^1,2\), and has rapidly spread across the world. The pandemic has strained health system\(^3\), which presents a huge challenge to maintain other essential health services, including maternal health care. As the first country to experience the COVID-19 outbreak, there are lessons could be learnt for establishing a better preparedness mechanism from a service delivery perspective to provide essential maternal health care and mitigate health risk for pregnancy women.

First, all health facilities providing antenatal care should apply high standard of precaution to ensure pregnant women are not exposed to the COVID-19 transmission. This includes setting up a triage area to screen for COVID-19 symptoms and contact history with confirmed cases before pregnant women entering antenatal clinics. People with COVID-19 exposure history, suspected cases or COVID-19 patients should be separated from other pregnant women and placed in designated areas. This will also protect antenatal care providers. Appointment is required in advance for antenatal service to ensure adequate social distancing and manage the patient flow in health facilities.

Second, as routine service provision might be disrupted, perinatal care availability and any changes to service provision should be disseminated widely, preferably through online platforms\(^4\). Women with low risk pregnancy may reduce the risk of contracting COVID-19 by reducing the number of antenatal visits. Women with pregnancy complications and other health conditions should contact their antenatal care provider to seek specific advice. Communication and counselling can be provided to pregnant and postnatal women online, including recognizing warning signs of going to hospital urgently. During movement restriction or self-isolation guidance of keeping healthy diet and physical activity, and mental health support are important for the well-being of pregnant women.
Third, balancing the demands of emergency responding to COVID-19 and maintaining essential perinatal health service at national, provincial and local levels. Guidelines on conditions that require continuing antenatal care and those can be delayed should be developed\(^5\). Designated hospitals for treating pregnant women with COVID-19 should be enlisted to ensure they will receive appropriate care from a multi-disciplinary team\(^6\). At the provincial/regional level, health authorities should adapt to local context and develop uniformed perinatal operational guidelines across all local health facilities and monitor the equitable access to service and service quality. Local health facilities are responsible for disseminating service information via official channels, e.g. account on social media platforms such as WhatsApp, Facebook, and providing services following the provincial/regional operational guidelines.

As the pandemic intensifies globally\(^7,8\), the experience and lessons of China on the response and streamline health system may help other counties to mitigate adverse impact of the pandemic on maternal and newborns.

**Disclosure of interests**

We declare no competing interests.

**Ethics statement**

This article is a “comment”, no original data collection was involved, therefore ethical approval was not required.

**Funding**

There is no funding for this comment.

**Author’s contribution**

HJ, ML, HJS conceived the comment. HJ, ML, HJS and XQ drafted and revised the manuscript. All authors provided the critical comments and approved the final version of the manuscript.

**Reference**


