



COVID-19

NOTES ON MIDWIVES

AN ICMHD HEALTH POLICY CONTRIBUTION



ACKNOWLEDGEMENTS

These Notes were prepared by a Working Group led by Dr Manuel Carballo. The Working Group included Dr Richard Guidotti (ICMHD), Ms Ina Gudumac (ICMHD), Dr Raul Gagliardi (ICMHD), Dr Paolo Hartmann (ICMHD) Dr Franka Cadée (International Confederation of Midwives), Dr Emma Clark (Chemonics), Dr Barbara Kwast, Dr Jigmi Singay, and Dr Idrissa Sow.

© ICMHD 2020

Some rights reserved. You may copy, redistribute, and adapt the work for non-commercial purposes, provided the work is appropriately cited. Responsibility for any interpretation and use of the material lies with the reader. In no event shall ICMHD be liable for damages arising from its use.

International Centre for Migration, Health and Development (ICMHD). Notes on COVID-19 and Midwifery. Geneva. April 2020

Photo credits

From top to bottom, left to right:

WaterAid/ Al Shahriar Rupam

HCA Healthcare UK

Abbie Trayler-Smith

Graham Crouch / World Bank

Design and layout: ICMHD

International Centre for Migration, Health and Development (ICMHD)

11 Route du Nant d'Avril

1214 Geneva

Switzerland

Tel.: +41 22 783 10 80

Fax: +41 22 783 10 87

E-mail: admin@icmhd.ch; mcarballo@icmhd.ch

Website: www.icmhd.ch

CONTENTS

03	Midwives and the COVID-19 challenge
03	Midwives and COVID-19 prevention
03	Midwifery settings and COVID-19
04	Psychological support
04	Gender considerations
05	Education, training and recruitment of midwives
05	Clean working environments
05	Clean water
06	References

MIDWIVES AND THE COVID-19 CHALLENGE

The COVID-19 pandemic has become one of the most important threats to global health the modern world has ever seen. As countries work to prevent or delay the further spread of COVID-19, the health and wellbeing of healthcare workers must always be given high priority. Midwives are an essential, but all-too often forgotten human resource in healthcare systems. Midwives help with most of the 130 million deliveries (1) that occur every year in the world, and the contact they have with women and their babies is vital to the continuity of care and the building of a life course approach to health. Unfortunately, many midwifery education and training programs have been temporarily shelved as a result of the COVID-19 pandemic, just at a time when quality midwifery services are most needed. These Notes have been prepared to help national and local authorities, and midwifery organizations in planning midwifery services at a time of COVID-19.

MIDWIVES AND COVID-19 PREVENTION

The life-saving support midwives provide during pregnancy and delivery presents unique opportunities for promoting COVID-19 prevention. It is nevertheless also a time and place where midwives themselves are at risk of being exposed to the COVID-19 virus. Initial data suggest COVID-19 is not present in umbilical cord blood, or vaginal fluid/mucosa (2-7), but every precaution must nevertheless be taken to protect midwives.

- ensure midwives are given regular information and training on COVID-19
- ensure midwives have access to testing for the COVID-19 virus
- provide midwives with updated evidence-based safety protocols
- ensure health facilities are aware and adhere to safety protocols
- ensure they promote appropriate COVID-19 hygiene and prevention
- develop protocols on COVID-19 and maternal and perinatal support
- ensure access to and use of personal protective equipment (PPE)
- ensure safe disposal of used materials, including PPE
- ensure midwives have access to soap and disinfectant in good quantities
- ensure data on COVID-19 infected persons are shared with midwives
- provide midwives with timely and factual messages to use with patients
- help midwives combat misinformation on COVID-19 and pregnancy

MIDWIFERY SETTINGS AND COVID-19

The settings in which midwives work vary widely across the world. An estimated 200 million of the 213 million pregnancies that occur annually, do so in developing countries where deliveries often take place in resource-poor settings, and where access to quality equipment and support from other healthcare personnel may be lacking. It is imperative that no matter where deliveries take place, everything be done to ensure that midwives are able to perform their work to the best of their technical ability, and at the same time be able to avoid COVID-19 infection in themselves and their patients.

- ensure midwives' access to soap, disinfectant and clean water at all times
- ensure quality PPE is always available to them, including protective clothing
- ensure PPE protocols are in place and support is provided in using them
- ensure access to timely coronavirus testing for midwives
- encourage midwives to promote coronavirus testing in their patients
- support midwives to continue providing evidence-based safe care
- support them in providing equitable, compassionate, respectful care
- support them in providing care by remote access if necessary
- ensure midwives are seen/ supported as members of healthcare teams
- encourage strong interprofessional communication in the team
- ensure necessary backup from local health facilities and services
- ensure midwives have safe transport to and from work
- ensure midwives can access specialized obstetric and neonatal support
- ensure midwives have access to smartphones-linked support
- provide special support to midwives who provide home care
- ensure midwives keep good records of patients seen and treated

PSYCHOSOCIAL SUPPORT

Midwives often work long stressful shifts during which they may be preoccupied with the health of their families as well as their own and that of their patients. In the context of COVID-19, their work may also expose them to scenes of human suffering. For ethical and professional reasons, it is important that everything be done to support midwives and ensure their physical and psychological health and wellbeing.

- ensure midwives get regular quality hydration and meals
- ensure midwives get adequate breaks during and between their shifts
- provide on the job and after-hours counselling for stress and fatigue
- encourage midwives to be alert to personal and colleague burn-out

GENDER CONSIDERATIONS

Everywhere in the world, the midwifery profession is essentially a female role. In many cultures, women are seen, and often are, responsible for household management and childcare in addition to their professional work. In the context of COVID-19, informal childcare arrangements, which are often provided by grandparents and friends, are now becoming less viable due to social and physical distancing measures. As a result, the time and energy-intensive professional and household roles that midwives fulfill are often becoming more difficult and stressful.

- remember midwives have family as well as professional responsibilities
- recognize the domestic as well as health professional load on midwives
- encourage men's active support to their professional and domestic work
- organize workloads and shifts of women healthcare staff accordingly
- coordinate child care for midwives without alternative childcare

EDUCATION, TRAINING AND RECRUITMENT OF MIDWIVES

In many parts of the world the education of midwives continues to lag well behind national midwifery requirements, and many of the health and social benefits that they contribute to national healthcare systems are poorly appreciated (8). If the fight against COVID-19 and maternal and neonatal mortality and morbidity is to be successful, the role of midwifery and midwives will have to be better recognized and education and training of midwives will have to be radically increased. It will also be important to prepare midwifery systems and midwives for future pandemics.

- prioritize education and training of midwives to international standards
- register and regulate midwives' practice as part of all healthcare systems
- strengthen recruitment/placement of midwives within existing workforces
- bring in retired midwives to complement existing workforce
- provide on the job continuing education/training for midwives
- ensure their worth and status is clearly recognized
- ensure pay equity in keeping with national pay standards
- develop education and training curricula on pandemic preparedness

CLEAN WORK ENVIRONMENTS

Keeping the immediate environment in which midwives work clean and free of germs is essential for the health of the midwife as well as for the health of the mother and her baby. In many situations, this is neither easy or straightforward. Many of the settings in which they work, especially where home deliveries are concerned, contain a number of safety and health hazards. The fact that current evidence indicates that SARS-CoV-2 can remain viable for hours or days on a number of surfaces and materials makes it imperative that disinfectants be available.

- provide midwives with disinfectants/cleaning materials to carry with them
- ensure they have protocols on disinfecting they can follow easily
- provide supervision and support to midwives doing domiciliary delivery

CLEAN WATER

Clean water is essential for safe midwifery care but finding clean running water can be difficult in some settings. One in nine people in the world lacks access to clean drinking water. In preparing for delivery or whenever there is skin-to-skin contact with the pregnant woman, the woman during delivery, and the woman and baby after delivery, it is important that everything be done to ensure access to clean water.

- explore ways of rapidly enhancing community access to clean water
- provide midwives with means of purifying water at points of work
- ensure they have protocols on purifying water they can follow easily
- provide supervision and support to midwives doing domiciliary delivery

REFERENCES

1. World Health Organization. "Helping mothers get the best care during childbirth". <https://www.who.int/reproductivehealth/news/childbirth-checklist/en/>
2. Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet* 2020 doi: [https://doi.org/10.1016/S0140-6736\(20\)30360-3](https://doi.org/10.1016/S0140-6736(20)30360-3)
3. Chen Y, Peng H, Wang L, et al. Infants Born to Mothers With a New Coronavirus (COVID-19). *Frontiers in Pediatrics* 2020;8(104) doi: 10.3389/fped.2020.00104
4. Li N, Han L, Peng M, et al. Maternal and neonatal outcomes of pregnant women with COVID-19 pneumonia: a case-control study. doi: 10.1101/2020.03.10.20033605
5. Zhu H, Wang L, Fang C, et al. Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia. *Transl Pediatr* 2020;9(1):51-60.
6. Wang L, Shi Y, Xiao T, et al. Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection (First edition). *Annals of Translational Medicine* 2020;8(3):47.
7. Fan C, Lei D, Fang C, et al. Perinatal Transmission of COVID-19 Associated SARS-CoV-2: Should We Worry? *Clinical Infectious Diseases* 2020 doi: 10.1093/cid/ciaa226
8. World Health Organization. Strengthening quality midwifery education for Universal Health Coverage 2030: framework for action. Geneva: World Health Organization; 2019. <https://apps.who.int/iris/bitstream/handle/10665/324738/9789241515849-eng.pdf?ua=1>

