



International Centre for Migration,
Health and Development

**PRACTICAL
GUIDELINES ON
PSYCHOSOCIAL HEALTH AND
WELLBEING: **PREGNANT WOMEN
AND WOMEN WITH BABIES****



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Introduction

The war in Ukraine is forcing millions of people, including pregnant women and women with babies, to leave their country and seek refuge far from their homes. They are all fleeing experiences that produce social and psychological wounds which, if not managed in a timely fashion, can seriously affect the long-term health and well-being of people and reduce their capacity to look after themselves and their loved ones. In the case of pregnant women and women with babies, the implications of this are especially far-reaching.

The response to the crisis has been overwhelming and has been made possible by the decision of governments to open their frontiers to refugees with or without visas, and this is being facilitated everyday by the outpouring of help from thousands of volunteers, health and social workers and host families in these countries.

Because many of these helpers may have little experience dealing with situations of this kind, these PRACTICAL GUIDELINES have been produced to support them in their work. They build on a long body of experience dealing with the psychosocial impact of conflicts and natural disasters and the needs of the people caught up in them. This set of guidelines focuses on pregnant women and women with babies and brings together a body of knowledge on maternal and young child health gained in many low-income, conflict and refugee settings.

The guidelines are not meant to be prescriptive, but rather seek to provide ideas on how to respond to what are likely to be new circumstances, new questions and new demands.

Preparing local healthcare workers and facilities

Pregnant women and women with newborn babies are likely to need special care and treatment, and often need it at unexpected moments so,

- map hospitals, clinics or emergency healthcare facilities in towns receiving refugees
- make sure managers of health facilities are warned of likely refugee arrivals
 - ✓ ensure capacity to deal with pregnant women and women with babies
- brief local health staff, especially midwives, obstetric and neonatal staff
 - ✓ on possible numbers of refugee pregnant women and women with babies
 - ✓ on types of psychosocial needs of pregnant women and women with babies
- list and map local ambulance services
 - ✓ brief ambulance staff on refugee pregnant women and women with babies
 - ✓ brief them on their psychosocial needs

Identifying refugee healthcare staff

In any refugee population there are likely to be some doctors, midwives and nurses who can be called on to help, so

- try to identify and list who they are, what their areas of specialization are, and
 - ✓ how long are they likely to be in their present location
 - ✓ if there are any staff with experience in obstetrics and gynecology
- ask if they are willing and can be called on to help
 - ✓ brief them on the work they may be asked to assist with
 - ✓ explain what steps already taken to enlist local healthcare staff & hospitals
- list the phone numbers of refugee healthcare staff
 - ✓ ensure they have phones and charging equipment

Identifying pregnant women and women with newborn babies

Pregnancy is always a time of increased vulnerability for women, and this is especially so in situations of forced displacement where women are being further challenged by a mix of physical, psychological and social factors, so

- look out for pregnant women and women with young babies
 - ✓ ask refugees to tell pregnant women they should come forward for care
 - ✓ ask refugees to tell women with babies to come forward for care
 - ✓ when contact is made explain they may need and are eligible for special care
 - ✓ record their names, where (city or town) they are from
 - ✓ provide them with a record with their personal details

Communicating with pregnant women and women with babies

Being able to communicate with refugees, especially pregnant women and women with babies, in their own language will always be a source of comfort and support, and will help avoid misunderstandings, so

- remember many of the refugees are well educated and may speak a local language
- check if there are official translators available
- look for other refugees who do speak the local language and ask them to translate
- look for other people in the close-by community who speak Ukrainian
- remember that non-verbal communication can be very helpful, so
 - ✓ always smile, be patient and show warmth
 - ✓ joke about not being able to speak Ukrainian with them
 - ✓ do not be embarrassed about using simple sign-language
 - ✓ do not be embarrassed about language mistakes, and laugh with them

Caring for physical health of pregnant women

Timely and quality medical care is key to the management of pregnancy. In humanitarian crisis and refugee settings this is even more so because of what women will have been through

- get as much medical history details as possible, and record
 - ✓ if pregnant, how does she feel in general
 - ✓ how many months pregnant
 - ✓ is it a first pregnancy or how many previous pregnancies
 - ✓ was previous pregnancy or delivery complicated and if so why
 - ✓ were there any baby complications
 - ✓ have there been problems with current pregnancy prior to displacement
 - ✓ what type of problems and how were they managed
 - ✓ when was the last pregnancy check-up
 - ✓ have there been any illnesses/infections during pregnancy
 - ✓ if yes, what type
 - ✓ what vitamin/micro-nutrient supplements (folic acid), if any are being taken
 - ✓ what, if any, medication was prescribed before being displaced
 - ✓ what if any treatment or supplementation has been interrupted
 - ✓ if the mother looks healthy (skin tone, fatigue, listless etc.)
- record all information and share with relevant local healthcare personnel

Keeping pregnant women well nourished

- ensuring good nutrition of pregnant women is important, so
 - ✓ respect need for dietary supplements (folic acid)
 - ✓ respect culturally defined nutritional habits
 - ✓ identify any special requirements (including religious)
 - ✓ seek expert nutritional advice where necessary or in doubt
 - ✓ ensure food is available and pregnant women is eating well
 - ✓ ensure adequate hydration and clean drinking water is available

COVID-19

Pregnant women and women with babies may be at risk of acquiring COVID-19, so

- ask if they have been vaccinated against COVID-19 and if so, how many times
 - ✓ ask if they or close relative had a COVID-19 illness, and if so, when
 - ✓ try to arrange COVID-19 tests and vaccination, where appropriate
- provide masks and hand disinfection, keeping in mind hygiene needs

Psychosocial health and wellbeing

In any population of refugee pregnant women and women with babies, it is important to start out by assuming there may be psychosocial problems associated with displacement, so

- look for pregnant women and women with new-born babies travelling alone
 - ✓ ask them if they have relatives in the refugee group
 - ✓ try to quickly re-unite any women with relatives in the refugee group
- if travelling alone
 - ✓ try to link them up with other pregnant women and women with babies
 - ✓ encourage chatting and provide chat space with other women
 - ✓ encourage other women to report any signs of difficulty
 - ✓ try to create “buddy system” with other women

- if travelling with family and/or friends
 - ✓ ask them if they have noticed any problems
 - ✓ how serious they see/feel the situation
 - ✓ discuss how they might help
 - ✓ encourage pro-active warm affective support even if rejected
 - ✓ encourage timely reporting of any increased severity
- look out for pregnant women and women with babies and having difficulties
 - ✓ offer assistance
 - ✓ assess if they have sufficient warm clothing and blankets
 - ✓ ensure they are supplied with whatever they need
 - ✓ assess if they have hygiene materials for themselves and their babies
 - ✓ ensure they have what they need
- if and when pregnant women are being moved on buses and trains
 - ✓ try to keep them physically together with family, relatives and close friends
 - ✓ always explain where they are being taken, why and for how long
 - ✓ provide bus or train staff with information on pregnant women
 - ✓ provide them with contact phone numbers of health staff and facilities
- ask pregnant women if they have mobile phones if they are in contact with relatives
 - ✓ ensure they have phones and charging equipment
 - ✓ help them to look up contacts and if necessary, help by calling on their behalf
 - ✓ provide them with contact numbers of maternal/child health staff/facilities
- **depression** is a common problem in refugee situations, and it can also be serious in terms of what it does to the ability of people, including pregnant women and women with babies, to look after themselves, so look out for:
 - ✓ loss of interest in everything, including eating and drinking
 - ✓ inability to smile and be able to take pleasure in things
 - ✓ loss of appetite over a long period and loss of weight
 - ✓ loss of energy and not wanting to get up and do anything
 - ✓ loss of energy and not taking care of personal hygiene
 - ✓ poor sleep or too much sleep
 - ✓ chronic fatigue
 - ✓ irritability and lack of concentration
 - ✓ chronic anxiety
 - ✓ loss of self-esteem and thoughts of worthlessness
 - ✓ thoughts or mention of self-harm and suicide
- ask for professional help if you feel there is a problem of depression, and
 - ✓ remember to be supportive and non-judgmental
 - ✓ remember to be warm and encouraging
 - ✓ look out for health and welfare of baby and other children
- **anxiety** is a common problem among refugees and has a capacity to become severe and debilitating, so look out for signs of:
 - ✓ being constantly nervous and tense
 - ✓ not being able to engage with others
 - ✓ constantly saying/believing that things are going to get worse
 - ✓ occasional panic and breathing rapidly (hyperventilating)
 - ✓ sweating, even when immobile
 - ✓ difficult-to-explain trembling and not being able to control trembling
 - ✓ difficulty concentrating, even on simple tasks and things
 - ✓ avoiding people and withdrawing from social situations

- ask for professional help if you feel there is a problem of anxiety, and
 - ✓ remember to be supportive and non-judgmental
 - ✓ remember to be warm and encouraging
 - ✓ look out for health and welfare of baby and other children
- **anger and fear** are common reactions to war and refugee flight, but can become chronic and exaggerated if not responded to quickly, so look out for
 - ✓ unusual irritability
 - ✓ unusual anger and/or fear
 - ✓ signs or mention of violence towards others
 - ✓ signs of self-harm or talk of self-harm
 - ✓ mention of suicide
- ask for professional help if you feel there is a problem of anxiety, and
 - ✓ remember to be supportive and non-judgmental
 - ✓ remember to be warm and encouraging
 - ✓ look out for health and welfare of baby and other children

Providing privacy for pregnant women

Privacy in refugee situations, especially in the first few days when there are more people than space and when conditions are relatively chaotic, can be very difficult, so

- try to ensure discrete access to toilets and bathing facilities
- try to keep pregnant women in and among family, relatives and friends
- at the same time do everything to provide privacy when called for

Helping pregnant women with hygiene

Maintaining good hygiene is imperative for both physical and mental health, so

- ensure good access to toilet facilities and always ensure privacy
- make sure that the most immediate hygiene needs can be met,
 - ✓ including hands, face washing, breasts in case of breast-feeding mother
 - ✓ ensure body washing can be met if possible
 - ✓ provide (where possible) warm water, soap and disinfection
 - ✓ provide the means for oral health
 - ✓ ensure pregnant or recently delivered women have access to sanitary pads

Labor and delivery

Most pregnancies develop well and naturally, but women may have difficulties and may go into labor unexpectedly, especially in refugee settings where they have been highly stressed, so

- encourage pregnant women's relatives, friends, or others to be alert to:
 - ✓ abdominal pains (acute and chronic)
 - ✓ any bleeding
 - ✓ fever
 - ✓ severe headache
 - ✓ uncontrollable jerking movement of arms and legs
 - ✓ loss of consciousness or awareness
- if any signs of these, call for help and refer mother to healthcare personnel
 - ✓ activate local and any previously identified refugee midwives, nurses, doctors
 - ✓ keep any relatives travelling together informed and present
 - ✓ keep record of name, date, time and reason for action
 - ✓ keep record of healthcare personnel, or hospital

- provide warm and sympathetic support to mother
 - ✓ encourage her to be positive
 - ✓ demonstrate affective support without being overwhelming
- if mother “loses her water” and labor begins take immediate action,
 - ✓ inform/call local healthcare personnel working with refugees
 - ✓ call for midwives, nurses, doctors in the refugee group
 - ✓ call for women who have previously assisted in deliveries
 - ✓ ensure clean immediate environment, especially underneath the mother
 - ✓ demonstrate affective support without being overwhelming
 - ✓ make sure the mother is comfortable
 - ✓ ensure all helping hands have been disinfected
 - ✓ ensure any equipment (scissors/razor blade) are well sterilized
 - ✓ keep local hospital informed of progress and any difficulties
 - ✓ keep a record of all procedures, time and outcomes
 - ✓ ensure rapid follow up at hospital or clinic

Caring for the newborn baby

The health and wellbeing of the newborn baby will depend on immediate quality care, so

- ensure the baby is kept warm
 - ✓ ensure baby is dried and cleaned
 - ✓ place baby on the mother for skin-to skin warmth and comfort
 - ✓ wrap baby in dry warm sheets/blanket
- ensure mother is comfortable and emotionally supported by family and friends
- ensure mother has easy access to bathroom/toilet facilities
- try to ensure the midwife, nurse or doctor sees the baby and mother, and
 - ✓ try to ensure the baby is seen by a pediatrician
 - ✓ try to ensure mother is seen by an obstetrician

Feeding the baby

Breastmilk is best for babies and helps to avoid common infections and diarrhea, so

- encourage and facilitate breastfeeding
 - ✓ encourage feeding the baby the colostrum (first milk)
 - ✓ encourage and facilitate breastfeeding on demand, when baby cries
- remember stress can work against breastfeeding, so
 - ✓ make sure the mother is psychosocially supported and cared for
 - ✓ make sure her own food and hydration requirements are met
 - ✓ try to reduce stress by compassionate counselling and support
- some mothers may not feel able to breastfeed, so
 - ✓ encourage her by saying she can probably produce enough milk
 - ✓ help her to position the baby well when feeding
 - ✓ encourage other mothers who have breastfed their babies to help
 - ✓ involve any local breastfeeding support groups
- if for any reason the mother cannot breastfeed,
 - ✓ ensure she has good quality and quantity of breastmilk substitutes
 - ✓ ensure she knows how to use/prepare substitutes
 - ✓ ensure she can access clean, bottled water
 - ✓ ensure she can wash bottle and teat after use
 - ✓ show bottle-feeding mother how to hold baby in a breast-feeding fashion

Vaccination

The baby will need to receive the usual early childhood vaccinations from healthcare personnel, so

- ensure baby is seen by a pediatrician
- encourage mothers to have their babies vaccinated and give her a record to keep
- make sure the local national vaccination schedule can be followed (see below)
 - ✓ Hepatitis B (HBV)(1st and 2nd dose)
 - ✓ Diphtheria, tetanus, and whooping cough (pertussis) (DTaP) (1st dose)
 - ✓ Haemophilus influenzae type b disease (Hib)type b disease (Hib) (1st dose)
 - ✓ Polio (IPV) (1st dose)
 - ✓ Pneumococcal disease (PCV13) (1st dose)
 - ✓ Rotavirus (RV) (1st dose)

Dealing with post-natal depression

Post-natal depression is not uncommon following the birth of a baby. It can be very debilitating and affect not only the health and wellbeing of the mother but, by extension, it can also have serious implications for the baby and any other children

- look out for signs of post-natal depression
 - ✓ many of the same signs as listed above for depression
 - ✓ encourage relatives to report warning signs to healthcare personnel
 - ✓ keep in mind that post-natal depression is often transitory
 - ✓ be very emotionally supportive
 - ✓ encourage relatives and friends to give constant and emotional support
 - ✓ encourage them to “embrace” the mother and assure her
 - ✓ encourage group chats and support activities with other mothers

Continued care for the mother and baby

- ensure continued follow-up of the baby with pediatricians
- ensure continued follow-up of the mother with OB/GYN specialists
- encourage mothers to remain in touch with host families and humanitarian staff

These Practical Guidelines were prepared by ICMHD under direction of Dr Manuel Carballo. Members of ICMHD include Dr Monir Islam, Dr Paolo Hartmann, Dr Raul Gagliardi, Dr Michel Lavollay, Dr Gangyan Gong, Miss Madita Schulte. External technical support to the work of ICMHD on the Ukraine crisis was provided by Mrs Dominique Larsimont and Mrs Holly Clark. Cover page: Ina Gudumac.