

COVID-19 MESSAGES FOR

PREGNANT AND POSTNATAL WOMEN

WWW.MESSAGESFORMOTHERS.CO.ZA

12 FEBRUARY 2021





TABLE OF CONTENTS

- 1. ABOUT
- 2. EFFECT
- 3. RISK
- 4. ANTENATAL APPOINTMENTS
- 5. SYMPTOMS
- 6. TREATMENT
- 7. COMPLICATIONS
- 8. LABOUR
- 9. CLINIC VISITS
- 10. NEWBORN CARE
- 11. BREASTFEEDING
- 12. WORKING PARENTS
- 13. CHILD FLU
- 14. TRANSMISSION OF COVID-19 BY A CHILD
- 15. EXTENDED FAMILY
- 16. IMMUNISATION
- 17. FAMILY PLANNING
- 18. PUBLIC TRANSPORT
- 19. MASKS
- 20. CHILDREN IN CONTACT WITH PERSON WITH COVID-19
- 21. CHILDREN WEARING MASKS

AUTHORS AND REVIEWERS







1. ABOUT

WHAT'S DIFFERENT FOR PREGNANT AND POSTNATAL WOMEN IN THE TIME OF COVID-19?

The symptoms and signs of COVID-19 are the same in pregnant women as the general public. Everyone should take care to avoid infection or infecting others. You can help protect yourself by:

- Wear a cloth mask in public. Ensure that the mask covers your nose and mouth and fits well.
- Wash hands as often as possible with soap for 20 seconds (or use alcohol sanitiser)
- Avoid Crowds
- Avoid Confined space
- Avoid Close contact (close contact means: no mask, 15 mins or more, less than 2 metres away)
- Try to **stay more than 2 meters away** from others, if you can and avoid crowded spaces.
- Avoid touching your face.
- Practice **respiratory hygiene**: cough or sneeze into your bent elbow covering your mouth and nose, or into a tissue which you must then throw straight away into a closed container and wash hands with soap for 20 seconds).
- **Open windows** when possible and keep household surfaces clean with 4 teaspoons bleach in 1 litre water. Keep bleach out of reach of children.





2. EFFECT (12 FEBRUARY 2021)

CAN THE COVID-19 VIRUS AFFECT MY PREGNANCY?

Pregnant women are often worried about how a virus affects their health and that of their unborn baby. For most women with the infection, tests show the virus does not go from the mother to the baby in the womb or to breast milk.

For very few mothers with COVID-19, it is possible that the virus crossed from the mother to the baby. But it is not certain if this happened in the pregancy or just after birth. It is important to note that none of these babies had abnormalities and were not very ill. There is also no proof of increased chance of miscarriage. If a pregnant woman late in her pregnancy gets severe COVID-19, there may be complication

High fever from any cause can bring on labour early. So women with a high fever should go to the clinic or hospital as soon as possible.

*We are committed to bringing moms evidence-based information about COVID-19 and pregnancy/breastfeeding as soon as it becomes available. Please check back often for updates.

3. RISK (12 FEBRUARY 2021)

ARE PREGNANT WOMAN MORE AT RISK FOR COVID-19?

In general, pregnant women are more likely to catch seasonal "flu", and to have worse symptoms from flu-like illnesses. Some doctors recommend seasonal flu injections for pregnant women. So far, there is no proof that pregnant women are more at risk of catching COVID-19, but they do tend to have worse infection, especially if they have any other chronic illnesses such as TB, high blood pressure, heart disease, HIV, diabetes or are overweight/obese. Most women with COVID-19 in pregnancy can self-isolate and be managed at home. For the few (less than 10%) who need to be in hospital, it is mostly in the last 3 months of pregnancy, This is a time for pregnant women to be very careful about preventing infection.

*We are committed to bringing moms evidence-based information about COVID-19 and pregnacy/breastfeeding as soon as it becomes available. Please check back often for updates.







4. ANTENATAL APPOINTMENTS

SHOULD I STILL GO TO THE CLINIC DURING PREGNANCY?

Yes, pregnant women should continue attending their planned antenatal visits.

Wear a cloth mask. When you arrive at the facility, you will be asked questions about COVID-19, have your temperature checked and asked to use hand sanitiser. If you have symptoms (fever, dry cough, sore muscles, sore throat, difficulty breathing) you will be cared for in a separate room and probably tested. If you have mild symptoms you will be asked to isolate yourself at home while waiting for the COVID-19 test result. If you have severe symptoms e.g. high fever or great difficulty breathing, you will need to stay in hospital.

5. SYMPTOMS AND TESTING

WHAT MUST I DO IF I HAVE SYMPTOMS OF COVID-19 AND WHEN SHOULD I BE TESTED?

Pregnant women with any COVID-19 symptoms (fever, dry cough, sore muscles, sore throat, not able to smell or taste, difficulty breathing, overwhelming exhaustion) need to be tested. Please phone the hotline (0800 029999) or your local antenatal clinic to find out where to go for testing or whether you need to call an ambulance to take you to hospital urgently. Wear a cloth mask that covers your nose and mouth. As soon as you arrive, tell a health worker that you have these symptoms.

There may be shortages of test kits. Then, you will be checked by a nurse or doctor and given advice without being tested. If more tests become available, all pregnant women may be tested before labour because some people can have the infection but still feel well. While waiting for test results you need to self isolate at home.



6.TREATMENT

HOW WILL I BE TREATED IF I GET SICK WITH COVID-19?

If you test positive for COVID-19

- In early pregnancy, if your are not ill, you will be managed at home (self-isolation) or in a place with other people with COVID-19.
- In later pregnancy (after 5 months) you will be managed at home (mild symptoms and not in labour), in a safe place with other people who have the infection, or in your maternity facility if in labour.
- If you have severe symptoms like high fevers and shortness of breath you will need to call an ambulance to get you admitted to a specialised hospital with a maternity unit, where you might need to be looked after in an intensive care unit.
- If you have had the baby, you should stay together. Always wear a mask whenever you handle your baby and have skin-to-skin contact. Wash your hands before and after baby care or breastfeeding.

Health care workers that look after you will wear protective clothing and keep you in an area separate from other patients. Don't worry about this; it is to protect them and other women from getting the coronavirus.

7.COMPLICATIONS

WHAT SHOULD I DO IF I DON'T FEEL WELL IN PREGNANCY?

If you have COVID-19 symptoms and/or you have other pregnancy symptoms that worry you like bleeding, reduced movements of the baby, breaking of waters; you must attend your facility. A cough must not prevent you from getting the necessary care for you and your baby.

Be sure to first tell the health care worker of your COVID-19 symptoms or other symptoms as soon as you arrive at the clinic.







8.LABOUR

WHAT HAPPENS WHEN I GO INTO LABOUR?

- Women who may have or have COVID-19 can have normal labour and there is no need for a special type of delivery such as caesarean section. Skin-to-skin care and breastfeeding should start at birth.
- All women arriving at a facility in labour must wear a cloth mask and will be screened for COVID-19 symptoms.
- If you maybe have, or definitely have COVID-19, you will be looked after in a separated area and the health workers will wear protective clothing. You will be asked to wear a surgical mask to prevent infection from spreading to other patients or health workers.
- If you do not have COVID-19, you will be looked after in the normal delivery area with other patients

Although birth companions are very supportive to women in labour, some facilities may not allow them to be with you during this time of the COVID19 pandemic. This is to prevent the virus spreading from people without symptoms to other patients, newborn babies or health care workers. You will need to ask your facility what their policy is. If you can, try to connect with your support person over the phone as much as possible, while you're in labour.

9.CLINIC VISITS

WHAT IS NORMAL DURING PREGNANCY - AND WHEN SHOULD I TO GO TO THE CLINIC?

Many mothers are worried about their pregnancies and COVID-19. Here is some information about what is normal for pregnancy, what could be due to anxiety or a cold, what could be a pregnancy complication and what could be symptoms of COVID-19.

- **Heart palpitations:** these are usually from a lot of stress and worry or could be due to a fever causing your heart to beat faster. If you do not have a fever, this is probably not COVID-19.
- Shortness of breath: in pregnancy, your womb grows bigger and can make you feel a little short of breath. Sometimes if your red blood cell levels are low, this can also make you breathless. But, if your breathing is very fast and you are struggling to breathe, this could be caused by an infection and you need to get medical attention urgently.
- Blocked nose, stuffy, heavy feeling in the head: these are signs of a 'cold' or hayfever and are not common with COVID-19. You can take paracetamol to relieve symptoms
- Headaches: in pregnancy, many women have headaches. They do not need to go to
 a clinic if the headache gets better if they drink fluids and take simple painkillers
 (paracetamol). But, headaches that don't go away or are severe, can mean there is a
 serious problem like high blood pressure or COVID 19 (if also have fever and cough).
 You should go to the clinic immediately, and inform the nurse when you arrive, if the
 headache does not go away, is severe or comes with
 - swelling of the hands or face, lights flashing in front of the eyes, painful belly, or
 - you know you have a high blood pressure condition, or
 - fever

Contact your maternity unit if:

- you have any bleeding from your vagina
- you have pain in your belly
- the baby is not moving as much as usual

None of these is likely to be caused by COVID-19.

When you go to the clinic, wear a cloth mask, go straight to the person who is organising the screening when you arrive. Difficulty breathing is an emergency, and you or your relative should phone the clinic or hotline to see if you need to call an ambulance to take you to hospital.

If you are not sure what a symptom means, or are unsure how urgent it is, phone your clinic or the hotline for advice. 0800 029 999.







10.BREASTFEEDING

CAN I BREASTFEED IF I HAVE, OR MAY HAVE COVID-19?

Breastfeeding is recommended for all mothers, including mothers who have, or may have COVID-19. Breastmilk is the best choice for your baby and will protect your baby against many types of infections and should be continued.

- Always wash your hands with soap for 20 seconds before and after you breastfeed and before and after removing your mask.
- Make sure you follow good **respiratory hygiene**: cough or sneeze into your bent elbow covering your mouth and nose, or into a tissue which you must then throw straight away into a closed container and wash hands with soap for 20 seconds.
- Everyone in the house should **wash hands often** with soap for 20 seconds (or use alcohol-based hand sanitiser).
- If you have COVID-19, you should wear a mask that covers your mouth and nose when breastfeeding. A homemade mask can be a cloth or scarf that is washed after each use. Do not touch the mask while the baby is feeding or when spending time with the baby.

11. NEWBORN CARE

HOW CAN I PROTECT MY NEWBORN BABY FROM COVID-19?

- Breastfeed: with proper handwashing before. If you have COVID-19, breastfeed with a mask.
- Hold your newborn baby skin-to-skin on your chest (but keep them warm).
- Everyone in the house should **wash hands often** with soap for 20 seconds (or use alcohol-based hand sanitiser).
- Choose only two or three other people to help with the baby. Everyone who spends
 time with the baby should always wash hands for 20 seconds before and after
 touching the baby. They should also use a clean, homemade mask each time they
 are with the baby.
- They must not touch their face or the baby's face.
- No-one should kiss the baby's face.
- If possible, other people should be at least 1-2 meters away from the baby and the person caring for the baby.
- Keep **household surfaces clean**. Use 4 teaspoons of bleach in 1 litre of water. Keep bleach out of reach from children.







12. WORKING PARENTS

HOW CAN I PROTECT MY CHILDREN IF I AM GOING OUT TO WORK?

If you are working out of the home, try to protect your children and other family members from COVID-19.

- Stay home as much as possible
- At work
 - Wear a clean cloth mask which at all times covers your nose and mouth
 - Try to stay more than 2 meters away from others
 - **Don't hug** or kiss or have ANY physical contact with anyone
 - Avoid touching your face
 - Avoid groups where you see them gathered
 - Try to **avoid surfaces** like doorknobs and switches that are touched by many people. If you have to touch these, use a cloth with alcohol sanitiser.
 - Wash hands as often as possible with soap for 20 seconds (or use alcohol sanitiser)
 - **Leave all items** such as pens, at work, if possible (and only use your own)
 - Wash/sanitise your hands before and after removing your mask.
 - At Home
 - If possible, wash your hands and body and change into clean clothes before you enter the home
 - Hand washing as above
 - **Wipe down** any items your brought home, straight away with sanitiser or use 4 teaspoons of bleach in 1 litre of water. Keep bleach out of reach from children.



13. CHILD FLU

MY CHILD HAS FLU SYMPTOMS WHICH STARTED YESTERDAY. WHAT SHOULD I DO?

Children tend to have a mild type of COVID-19 illness if they get the infection. But they can spread it easily to others. As we go into flu season, children can pick up viruses other than Corona at this time. The symptoms caused by these viruses may be very similar to COVID-19. You should take the usual precautions to avoid COVID-19:

- Wash hands as often as possible with soap for 20 seconds (or use alcohol sanitiser)
- Stay at home
- If breastfeeding, continue with breastfeeding.
- Teach your child to avoid touching his or her face.
- Teach your child **respiratory hygiene**. This means cough or sneeze into his bent elbow covering mouth and nose, or into a tissue which he or she must then throw straight away into a closed container and wash hands with soap for 20 seconds.
- Your child should not hug or kiss anyone if your child or the other person has flu symptoms.

If your child has fever, cough or difficulty breathing, seek medical care early. For advice on what to do and where to go, contact the free COVID-19 hotline (0800 029999/ 0800 111 132).

14. TRANSMISSION OF COVID-19 BY A CHILD

CAN CHILDREN WITH COVID-19 SPREAD THE VIRUS TO OTHER PEOPLE?

Yes. Children can seem well or have mild COVID-19, but still spread the virus to other people. So, as far as possible, children should be kept apart from adults who have illnesses like asthma, TB and diabetes and other serious health problems. Also, children should be kept apart from adults over 60 years of age as much as possible because older adults with COVID-19 may get sicker than younger people.







15. EXTENDED FAMILY

HOW CAN I PROTECT MY BABY FROM COVID-19 WHEN I LIVE WITH AN EXTENDED FAMILY AND SOME WORK OUT OF THE HOUSE?

If you are living with an extended family, you should take the same precautions to avoid COVID-19 infection as other people. You and your child can help protect yourselves by:

- Wash hands as often as possible with soap for 20 seconds (or use alcohol sanitiser)
- Try to **stay more than 2 meters away** from others, if you can and avoid crowded spaces.
- Avoid touching your face.
- Practice **respiratory hygiene.** This means cough or sneeze into your bent elbow covering your mouth and nose, or into a tissue which you must then throw straight away into a closed container and wash hands with soap for 20 seconds).
- Do not allow family members to hold your baby unless they have washed hands properly before and after and use a clean homemade mask, that covers their nose and mouth very well, each time
- Avoid kissing the baby on the mouth or face.
- **Open windows** when possible and keep household surfaces clean with 4 teaspoons bleach in 1 litre of water. Keep bleach out of reach of children.

If you have fever, cough or difficulty breathing, seek medical care early. For advice on what to do and where to go, contact the free COVID-19 hotline (0800 029 999/ 0800 111 132).



16. IMMUNISATION

SHOULD I STILL TAKE MY BABY FOR IMMUNISATIONS?

Yes. Your baby should still be taken for immunisations as usual.

The government has said that immunisations are an essential service. If you can make your way to the clinics, please take care and use all the usual protection measures. Wear a cloth mask and don't fiddle with it. Wash hands for 20 seconds with soap before and after being in public spaces or transport. Please share the names of clinics which are no longer offering immunisations to the free COVID-19 hotline (0800 029 999/ 0800 111 132).

If you cannot go safely to the clinic, there will be the chance to have catch-up immunisations after the pandemic.

If you can, **phone before going to your clinic**, to find out if special arrangements have been made for immunisations.

17. FAMILY PLANNING

MAY I STILL GO TO THE CLINIC FOR MY FAMILY PLANNING DURING THE TIME OF COVID-19 AND DURING LOCKDOWN?

Yes. You will still be able to get family planning services from your local clinic. But try to find out if there are changes to the service or if it has been moved. Be sure to continue with your family planning during this time to prevent unwanted pregnancies. Remember that condoms give you protection against pregnancy, HIV and other sexually transmitted infections. If you are planning a pregnancy, it is a good idea to discuss the timing with your health care provider.







18. PUBLIC TRANSPORT

I AM PREGNANT AND USE PUBLIC TRANSPORT TO GET TO THE CLINIC. SHOULD I STILL GO TO THE CLINIC?

If possible, walk to the clinic to avoid being close to other people. If you need to take a taxi, try to sit with space between you and others and make sure that the windows are open. You should take the same precautions to avoid COVID-19 infection as other people. You can help protect yourself by:

- Wear a cloth mask which covers your nose and mouth when in public places.
- Wash hands as often as possible with soap for 20 seconds (or use alcohol sanitiser)
- Try to **stay more than 2 meters away** from others, if you can and avoid crowded spaces.
- Avoid touching your face.
- Practice **respiratory hygiene.** This means cough or sneeze into your bent elbow covering your mouth and nose, or into a tissue which you must then throw straight away into a closed container and wash hands with soap for 20 seconds).
- Avoid using public transport if there is no distancing between passengers or others are not wearing masks.

If you have fever, cough or difficulty breathing, seek medical care early. For advice on what to do and where to go, contact the free COVID-19 hotline (0800 029 999/ 0800 111 132).

If shortness of breath is severe, so you cannot speak properly and have chest pain, you will need urgent ambulance transport to hospital.

Pregnant women and women who have recently given birth – including those affected by COVID-19 - **should attend their routine care appointments.**

If you can, **phone before going to your clinic**, to find out if special plans have been made for antenatal and postnatal visits.







19. MASKS

SHOULD I BE WEARING A MASK? IF SO, WHAT KIND OF MASK SHOULD I WEAR, WHEN SHOULD I WEAR IT, AND WHERE COULD I GET ONE?

In order to stop the spread of the Coronavirus, the health minister recommends that everyone should wear cloth face masks when in public. It is possible to carry the Coronavirus and feel well. Face masks helps to stop the virus getting into the air and infecting other people.

Disposable medical grade masks should be kept for healthcare workers who are in close contact with COVID-19 patients. Other people should wear cloth masks.

How should cloth masks be used?

- **Do not share masks.** If you are able to, make sure everyone who leaves the house has two face masks, a clean one that is ready to use, and another one for when one is dirty or on the washing line.
- Make sure your mask is big enough to cover your mouth and nose completely.
- Before you use the mask, make sure it has been washed with soap and warm water,
 dried and ironed. Ironing helps to kill off the germs.
- Do not touch the inside of the mask when putting it on or taking it off.
- Once your mask is on, **do not fiddle with it, touch your face,** or lower the mask to speak.
- To eat or drink, take off the mask and store it in a place where it cannot spread the virus, e.g. in a plastic bag.
- After you take off the mask for the day, make sure you wash your hands carefully, and wash the mask immediately.



How can I make a cloth mask?

- Find two layers of strong cotton material. The material should be fairly thick, like a cotton dishcloth, but you still need to be able to breathe through the mask. Stretchy T-shirt material is NOT good.
- Cut the pieces of cloth into 2 rectangles, each 20cm by 15cm in size.
- Put the two pieces of cloth on top of each other. If the cloth has a pattern or print, put the printed sides together. Stitch the two pieces of material together along the all the edges, but leave a small gap in the middle of one of the short edges so that you can turn the material inside out.
- In between the two layers, add a third layer of breathable cotton or liner.
- Turn the material inside out so that the stitching is on the inside and the pattern on the outside.
- Take two shoe laces, pieces of elastic or strings and sew them along the short edges of the mask. The strings should be long enough so you can tie the mask onto your face with your mouth and nose covered and not fall off.

For more info and helplines visit www.messagesformothers.co.za





20. CHILDREN IN CONTACT WITH PERSON WITH COVID-19

THERE IS SOMEONE AT HOME WITH COVID-19. WHAT SHOULD I DO IF I AM WORRIED ABOUT MY CHILD'S HEALTH?

If children get infected with the virus, they usually have a much milder form of COVID-19 than adults.

Some children may become very sick with COVID-19, especially if they have other health problems, like malnutrition, TB, HIV, asthma and other chest problems or long-term illnesses.

If your child gets sick, it may be from COVID-19 or from other health problems. If you are worried:

- If you think it is an emergency, call an ambulance. Tell them that the child has had contact with someone with COVID-19.
- If your child has a long-term/chronic health problem, call your regular clinic or doctor for advice.
- If your child has always been healthy, call your nearest clinic or hospital for advice.
- If your child must go to a clinic or hospital, someone who is well and without COVID-19 should take him/her there safely, using precautions.
 - This person should tell the health workers that the child has been in contact with someone with COVID-19
 - This person should wear a mask. If the child is over 2 years of age, he/she should wear a mask.
 - It is best if someone can stay with the child. But If no one can, the caregiver should get the contact number for the ward where the child is admitted.

You can also contact the free COVID-19 hotline for help and advice (0800 029 999 / 0800 111 132).







21. CHILDREN WEARING MASKS

SHOULD CHILDREN WEAR A FACE MASK?

Children over 2 years of age should wear a face mask when outside of the home. But, they should also still keep about 2 metres away from other people. That is about the length of a bed.

But, a child should not wear a mask if:

- They cannot breathe properly through the mask.
- It makes them fiddle with the mask and touch their face more often
- They cannot take off the mask on their own because of a disability
- They are under 2 years of age



AUTHORS AND REVIEWERS

- 1. **Dr Fathima Naby Paediatric Infectious Disease Specialist**; Pietermaritzburg Metroplitan Hospitals; Affiliated to KZN Provincial Outbreak Response Team
- 2. **Dr James Nuttall**; Paediatrician and Paediatric Infectious Diseases Specialist; Senior Specialist and Senior Lecturer at Red Cross Children's Hospital and the School of Child and Adolescent Health, University of Cape Town; President of Southern African Society for Paediatric Infectious Diseases (SASPID)
- 3. **Dr Kopano Matiwa Mabaso**; Executive Director, GrowGreat, MBChB (UCT) Masters in Global Health Science (Oxford University); DPhil (PhD) in Population Health (Oxford University)
- 4. **Dr ME Patrick** (FCPaed); Research Centre for Maternal, Fetal, Newborn & Child Health Care Strategies, University of Pretoria, South Africa; Department of Paediatrics, Grey's Hospital, Pietermaritzburg, South Africa; School of Clinical Medicine, College of Health Sciences, University of KwaZulu-Natal, South Africa; Executive member: Child Healthcare Problem Identification Program (Child PIP)
- 5. **Dr Natasha R Rhoda**; National Perinatal Mortality and Morbidity Committee vice-chair (NDOH); HCU Neonatal Medicine, Mowbray Maternity Hospital; MBChB (UCT), FCPaed(SA), Certificate in neonatology(SA)
- 6. Professor Priya Soma-Pillay; Professor and Head Obstetrics, Department of Obstetrics and Gynaecology, University of Pretoria and Steve Biko Academic Hospital; Hon. Secretary: College of Obstetricians & Gynaecologists (SA) and South African Society of Obstetricians & Gynaecologists (SASOG)
- 7. **Sally Field**; Project Co-ordinator, Perinatal Mental Health Project; B.Soc Sci Psychology and Sociology, UCT, BA hons Psychology, Rhodes University, MA Video for Development, University of Southampton
- 8. Associate Professor Simone Honikman; Director, Perinatal Mental Health Project; Alan Flisher Centre for Public Mental Health; Department of Psychiatry and Mental Health, University of Cape Town (MBChB; MPhil in MCH); Expert Committee member Standard Treatment Guidelines and Essential Medicines List (Hospital Level); Contributor to development National Framework and Guidelines for Maternal and Neonatal Care during a crisis, COVID-19 response, for Director of Maternal and Neonatal Health, NDoH
- 9. **Professor Susan Fawcus**; Emeritus Professor and Senior Scholar, Dept Obstetrics and Gynaecology, University of Cape Town; Public sector obstetric specialist (MA, MBBCh. FRCOG)
- 10. **Professor Welma Lubbe;** PhD; M.Tech; RN; Adv M, NE, Associate Professor, School of Nursing Science, North West University)



