Maternal and Newborn Health Messaging in the COVID-19 Pandemic

More than a year into the COVID-19 pandemic, mothers and newborns continue to be significantly impacted by the COVID-19 pandemic. This is partly due to direct risk from COVID-19 infection. However, it is also due to widespread misinformation, poor communication, and implementation of non-evidence-based policies intended to reduce COVID-19 transmission but that actually increased risk to mothers and newborns. Here are five key messages to protect women and newborns and maintain progress toward preventing maternal and newborn mortality.

01 Keep mothers and babies together

Mothers and newborns should be kept together, regardless of mother's COVID-19 status, as long as the mother's health allows it. Early and uninterrupted skin-to-skin contact between mothers and infants should be facilitated and encouraged as soon as possible after birth, including those vulnerable newborns requiring prolonged kangaroo mother care, while applying necessary measures for IPC (face mask and hand/respiratory hygiene).



O2 Promote breastfeeding

Early exclusive breastfeeding should be encouraged and supported for all mothers as the benefits of breastfeeding substantially outweigh the potential risk of transmission. Infants should be breastfed within 1hour of birth and mothers that are suspected or confirmed COVID-19 positive should apply appropriate IPC (see above). For those mothers that are too unwell to breastfeed, or provide expressed breastmilk consider alternative options i.e. donor milks, wet nursing, or appropriate breastmilk substitutes.



COVID-19 infection prevention and control are not an excuse for disrespectful care or implementing non-evidence-based medicine. Normal labor and birth should be anticipated unless cesarean section or assisted vaginal delivery is medically indicated. A safe and positive childbirth experience should be promoted, including allowing a companion of choice and zero separation of mothers and newborns.



04 COVID-19 infection puts mothers and babies at risk



COVID-19 infection in pregnancy is associated with increased risk of adverse outcomes including preeclampsia, preterm birth, and stillbirth. Pregnant women are more likely than non-pregnant women of similar age to be hospitalized or die from COVID-19. Pregnant women with risk factors (hypertension, diabetes, obesity, advanced age) who are symptomatic or confirmed COVID-19+ should be referred for medical management at designated referral facilities. Reference facilities should be prepared for care and delivery of symptomatic and confirmed COVID-19+ mothers and care for small and sick newborns.

O5 Vaccination is safe for pregnant and lactating women

Because pregnant women are at increased risk of severe illness from COVID-19, pregnant women should be prioritized for vaccination. Vaccines should not be withheld from pregnant and lactating women. Healthcare providers should be prepared to help pregnant patients assess their personal risk of exposure and severe illness to help patients decide whether to get the vaccine. Pregnant and lactating women should not be required to obtain health care provider approval prior to receiving the vaccine.



