



UNFPA supporting midwives at the heart of the COVID-19 response

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The novel coronavirus (SARS-CoV-2) that causes COVID-19 emerged in late 2019 and the outbreak was declared a global pandemic by the World Health Organization in March 2020 [1]. As the world has begun to deal with the full impact of this pandemic, low- and middle-income countries are facing a series of challenges: Communities are facing loss of livelihoods and incomes, uncertainty for their future, fear and stigma. Weak and poorly equipped health systems are struggling with break-downs in supply chains, lack of adequate water and sanitation facilities, capacity constraints within the health system, including the ability to address training and personal protective equipment (PPE) needs of health care providers, as well as limited ability to provide testing and treatment services for those infected with coronavirus [2].

In many of these settings, midwives are being redeployed away from providing their essential core services and women are being denied access to life saving and time critical services. Women are being actively discouraged from, or are afraid to seek care at health facilities. In Kenya, at the beginning of the outbreak media reports indicated that strict night time curfews have confined women to their homes, and on one night in April 2020, four women died due to delays accessing emergency obstetric and newborn care because of these strict curfews [3]. In Uganda, a pregnant woman experiencing a placental abruption, unable to access transportation services as a result of the lockdown, walked almost two hours to reach a health facility. She and her unborn child died soon after. As of this writing, Uganda has reported no COVID-19 deaths, but seven women have died in similar tragic circumstances [4].

Women and girls in lockdown have less access to protective services in case of intimate partner- or family violence or abuse.

Unemployment, with consequent poverty and undernutrition is straining families, especially women and children. Sexual agency and the right to be free from abuse or discrimination needs extra protection during periods of upheaval and sudden economic disempowerment [5].

Women's and adolescent girls' menstrual hygiene needs do not change during an emergency. However, adequate and dignified menstrual hygiene management is often overlooked during an emergency including during the COVID-19 pandemic [6].

Sexual and reproductive health demands sustained attention and investment even in the midst of an appropriate pandemic response. Affording women and girls the quality care that is their right means prioritizing systems to facilitate access and availability. Sexual and reproductive health services must continue to be essential services that are maintained during the pandemic and persons with local authority should support access and not hinder it for fears of pandemic transmission.

Midwives are an essential and limited human resource; highly educated and skilled at providing sexual and reproductive health care across the continuum for girls and women, and their newborns. They should be dedicated for this purpose, and be protected from pressures to provide general care to COVID-19 patients. They should be protected from infection, by access to sufficient PPE and have a safe work environment dedicated for providing sexual, reproductive, maternal and newborn health care (SRMNH), and be free from violence, stigma and discrimination [7].

Midwives, as one of the main frontline female health workers, are under a lot of strain, not only physically but also mentally due to their double caring role at work and at home. They often have to look after their families and their communities. Midwives may also worry about their families' safety and risk of infection due to their work. Many health workers, including midwives, face stigma from the community who are afraid that they may be infected with

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coronavirus. Therefore, it is important that psychosocial support is provided for midwives and all frontline workers as part of a safe and enabling work environment [8]. Maintaining a healthy workforce will ensure ongoing life-saving quality care for women and their newborns.

The role of UNFPA during COVID-19

Since 1969, UNFPA, the United Nations lead agency for sexual and reproductive health has worked to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. Progress has been made across the globe. The number of women dying from complications of pregnancy or childbirth has more than halved since the early 1990's, families have better health and young women and girls are more empowered than ever before. But despite this progress, many women and girls are still left behind. Sexual and reproductive health (SRH) issues remain a leading cause of death and disability for women in low resource settings and adolescents experience the highest risks of HIV infection and unintended pregnancy.

UNFPA supports national governments and local level planners across numerous low and middle income countries to coordinate and sustain Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) services during the COVID-19 pandemic by providing PPE and training in its use, supporting governments to provide continuity of service delivery, disseminating evidence based best practice guidance on SRMNAH with COVID-19 appropriate precautions, communicating frequently with midwives from diverse settings, supporting midwifery colleges to employ virtual learning, strengthening the Maternal, Perinatal Death Surveillance and Response system, supporting community platforms, and responding at the highest levels and in pragmatic ways to address their immediate needs and concerns. All over the world, UNFPA is taking rapid action to protect and support midwives and the communities they serve [9].

In Venezuela, health facilities lack sufficient medical supplies, a situation that has had severe repercussions for women and girls and has been compounded by COVID-19. An 80 per cent shortage in contraceptive supplies and a critical shortage of safe blood supplies, which are needed to manage labour complications like postpartum haemorrhage, was identified early on in the pandemic. UNFPA together with other partners, delivered more than 90 tonnes of health, water, hygiene and sanitation, and education supplies together with PPE for midwives and other health workers to enable continuity of essential sexual and reproductive health services.

Across Egypt, the European Union and UNFPA delivered PPE to the Ministry of Health and Population's Family Planning Sector as part of the European Union's support to Egypt's National Population Strategy project. The equipment included 137,783 surgical masks and 20,000 alcohol bottles distributed to family planning clinics across the country. Also, in Morocco, SALAMA kits (safety kits) have been delivered to midwives, pregnant women, detainees, migrants and people with disabilities to ensure the continuity of sexual and reproductive health services.

In Palestine, the Ministry of Health, with support from UNFPA, is helping midwives and other maternity care providers to mitigate COVID-19 risks by modifying maternity service delivery to reduce overcrowding in facilities and the risk of infection transmission through limiting the number of patients in waiting rooms and providing alternate modalities for care. These include hotlines and phone consultations, digital health outreach/education, as well as home and mobile clinic services. Similar systems for delivering phone based antenatal care during COVID-19 have been developed in Georgia.

Alternative modalities for accessing maternity care have become vital in many countries during the current situation. In South Africa, UNFPA is supporting the Department of Health to

conduct mobile outreach services to ensure continuity of SRH services in underserved areas of the country whilst in Madagascar, UNFPA works to support the transportation of women for antenatal care and health facility delivery in areas with limited public transport systems.

Across Asia and the Pacific, UNFPA works in partnership with partners and local authorities to ensure essential SRH services are functioning and accessible for all the women who need them. In Bangladesh, UNFPA has supported health authorities to set-up special maternity areas where UNFPA-trained midwives have been delivering care to pregnant women affected by COVID-19 with supplies and PPE procured by UNFPA. Mentoring support has also been provided to midwives to ensure that evidence-based care is provided and that midwives are supported at this challenging time.

Access to crucial SRH information becomes of the utmost importance at a time when many countries have imposed lockdowns and restrictions on movement: in Nepal, a popular phone-in radio programme is being used by experts to provide critical SRH information and advice to pregnant women and breastfeeding mothers, while in the Philippines pregnant women who are facing difficulties accessing birth facilities during the lockdown are benefiting from information and advice through a 24/7 hotline.

Despite our current isolation, the vulnerabilities that we all share now bring us together more than ever before. Let us unite in our resolve, and as a community to protect our midwives, our mothers, sisters and daughters, whose devastating loss is too crippling to even imagine. Yes, let's fight COVID-19, but do so wisely, sustaining the gains we have achieved for the health of girls and women globally.

Author's contributions

All authors contributed to the content of this manuscript. Bar-Zeev, Breen-Kamkong, ten-Hoope -Bender, Sahbani and Abdullah t drafted the manuscript and all authors reviewed the manuscript and approved it to be submitted.

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Ethical statement

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Conflict of interest

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