

प्रेषक,

अमित मोहन प्रसाद,
प्रमुख सचिव,
उत्तर प्रदेश शासन।

सेवा में,

1. समस्त जिलाधिकारी, उत्तर प्रदेश।
2. समस्त मण्डलीय अपर निदेशक, चिकित्सा एवं स्वास्थ्य, उत्तर प्रदेश।
3. समस्त मुख्य चिकित्साधिकारी, उत्तर प्रदेश।
4. समस्त मुख्य चिकित्सा अधीक्षक/अधीक्षक,
पुरुष/महिला/संयुक्त चिकित्सालय, उत्तर प्रदेश।

चिकित्सा अनुभाग-5

लखनऊ; दिनांक : 19 अप्रैल, 2020

विषय-प्रदेश के सभी 75 जनपदों की चिकित्सा इकाईयों में आवश्यक आपातकालीन स्वास्थ्य सेवाओं, (कोविड पॉजिटिव/संदिग्धों सहित सभी गर्भवती महिलाओं के सुरक्षित प्रसव एवं बीमार नवजात शिशुओं की देखभाल) की बहाली।

महोदय,

आप अवगत हैं कि उत्तर प्रदेश में मातृ-मृत्यु दर एवं नवजात-मृत्यु दर बहुत अधिक है। तदनुसार में सचिव, स्वास्थ्य एवं परिवार कल्याण, भारत सरकार के पत्र दिनांक 14 अप्रैल, 2020 द्वारा आवश्यक स्वास्थ्य सेवाओं जैसे गर्भवती महिलाओं एवं नवजात शिशुओं की देखभाल संबंधी सेवाओं की बहाली के निर्देश दिये गये हैं। तदनुसार इस दुर्बल वर्ग में मृत्यु दर को रोकने के लिए जनपद स्तर पर गर्भवती महिलाओं एवं नवजात शिशुओं हेतु आवश्यक स्वास्थ्य सेवायें निर्बाध रूप से सुनिश्चित करने हेतु निम्नलिखित क्रिया-बिन्दु प्रस्तुत है और साथ ही विस्तृत परिचालन मार्गदर्शन भी संलग्न किया जा रहा है:-

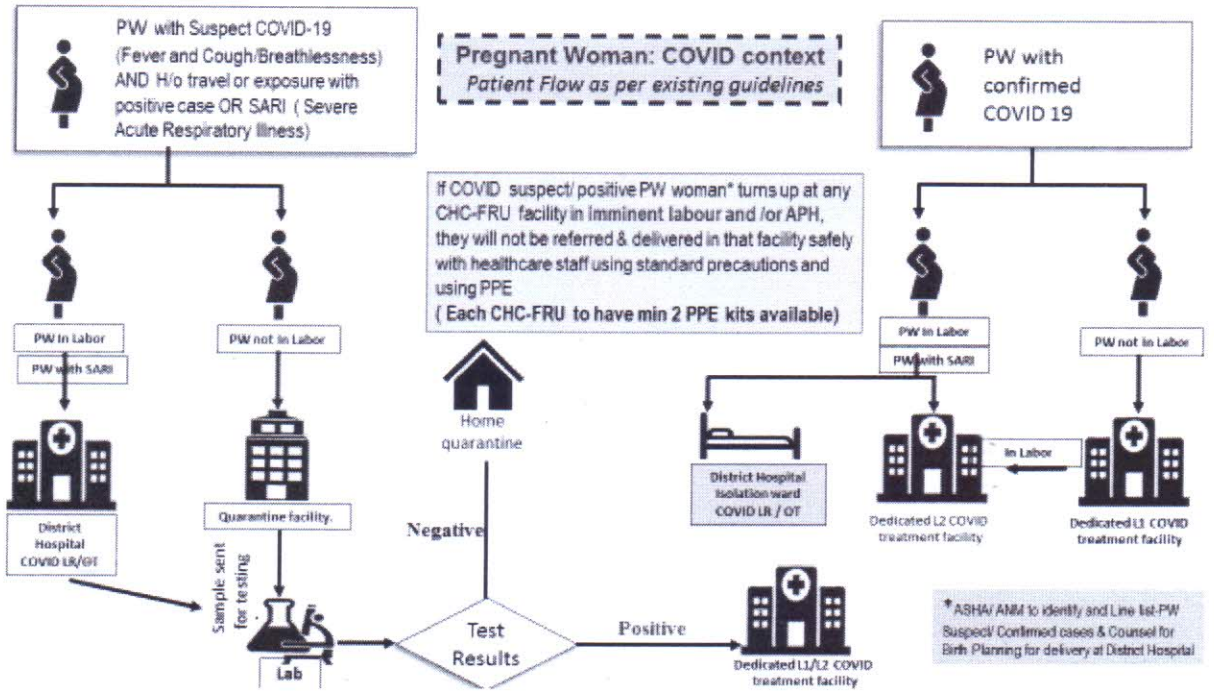
(1) कोविड-19 महामारी के दौरान गर्भवती महिलाओं हेतु प्रसव सेवायें (Delivery services for pregnant women during COVID-19 epidemic)

- (i) जनपद में चिकित्सा इकाईयों का मानचित्रण (mapping) करते हुए, गर्भवती महिलाओं की पर्याप्त देखभाल/प्रसव तथा नवजात एवं बीमार नवजात शिशुओं की देखभाल सुनिश्चित करने की योजना बनायी जायेगी।
- (ii) सभी जिला चिकित्सालयों में आइसोलेशन वार्ड से सटा हुआ "कोविड लेबर रूम" तथा जिला महिला चिकित्सालय में सी0-सेक्शन के लिए कोविड ओ0टी0 तैयार किया जाएगा और समुचित सावधानी, पी0पी0ई0, कीटाणुशोधन (disinfection) एवं बायोमेडिकल अपशिष्ट के निस्तारण की कार्यवाही मानको के अनुसार सुनिश्चित की जायेगी। इस संबंध में सभी स्टाफ को संक्रमण, इसकी रोकथाम एवं नियंत्रण प्रक्रियाओं में प्रशिक्षण प्रदान किया जायेगा।

(iii) सभी सी0एच0सी0-एफ0आर0यू0 में "कोविड लेबर रूम" तैयार किया जायेगा जहां पर एक लेबर-टेबिल एवं वांछित उपकरणों सहित कोविड पुष्टि/संदिग्ध गर्भवती महिलाएं जो आसन्न प्रसव पीड़ा में हैं, के प्रसव के लिए स्वास्थ्यकर्मियों हेतु कम से कम 1-2 पी0पी0ई0 किट्स का प्रावधान सुनिश्चित किया जायेगा। यदि कोई कोविड पुष्टि/संदिग्ध गर्भवती महिला, आसन्न प्रसवपीड़ा और/या ए0पी0एच0 स्थिति में सी0एच0सी0-एफ0आर0यू0 में आती है, तो उसे अन्यत्र सन्दर्भित नहीं किया जायेगा, बल्कि उसी चिकित्सा इकाई में स्वास्थ्य कार्मिकों द्वारा मानकीय सावधानी बरतते हुए पी0पी0ई0 का प्रयोग करके सुरक्षित रूप से प्रसव कराया जायेगा।

(iv) कोविड पुष्टि/संदिग्ध गर्भवती महिला के उपचार हेतु उनका फ्लोचार्ट निम्नवत् दर्शाया गया है:-

FLOW CHART OF PREGNANT WOMAN WHO IS COVID SUSPECT OR CONFIRMED



(v) जटिल मामलों के प्रबन्धन हेतु कोविड लेबर-रूम एवं ओ0टी0 तैयार करने के लिए नये एम0सी0एच0 विंग सहित स्वास्थ्य इकाईयों को विकसित करने पर विचार किया जा सकता है।

(vi) निर्दिष्ट 102 एम्बुलेंस का उपयोग गर्भवती महिलाओं, विशेषकर उच्च-जोखिम वाली गर्भावस्था एवं तीसरे त्रैमासिक गर्भावस्था वाली महिलाओं को समीपस्थ सी0एच0सी0/जिला महिला चिकित्सालय में रक्त-जांच एवं अन्य जाचों जैसे अल्ट्रासाउंड सहित प्रसवपूर्व देखभाल हेतु लाने के लिए किया जाता रहेगा तथा कोविड पुष्टि मामलों में 108 एम्बुलेंस का प्रयोग किया जायेगा। एम्बुलेंस में परिवहन के दौरान सोशल-डिसटेंसिंग का मानदण्ड अपनाया जायेगा।

- (vii) आशा और ए0एन0एम0 द्वारा कोविड संदिग्ध/पुष्टि गर्भवती महिलाओं की लाइन-लिस्टिंग की जायेगी और जिला चिकित्सालय में प्रसव हेतु जन्म की योजना संबंधी परामर्श प्रदान किया जायेगा और इस संबंध में प्रभारी चिकित्सा अधिकारी/चिकित्सा अधीक्षक को सूचित किया जायेगा।
- (viii) आशा और ए0एन0एम0 द्वारा किसी भी गर्भवती महिला को एल-1 चिकित्सा इकाई पर न लाने के लिए निर्देशित किया जायेगा।
- (ix) मां की कोविड स्थिति के बावजूद शुरुआती स्तनपान (Early initiation of breast feeding) कराया जायेगा एवं स्वास्थ्य नवजात को मां के साथ ही रखा जा सकता है। मां द्वारा मास्क का प्रयोग करते हुए हाथ की स्वच्छता संबंधी मानदण्डों का सख्ती से पालन किया जायेगा। यदि मां/नवजात की बीमारी के कारण स्तनपान संभव न हो तो नवजात के लिए अलग से मां का दूध (expressed mother's milk) उपलब्ध कराया जा सकता है।
- (x) बीमार नवजात के उपचार हेतु सी0एच0सी0-एफ0आर0यू0 में एन0बी0एस0यू0 एवं जनपद स्तर पर एस0एन0सी0यू0 की क्रियाशीलता सुनिश्चित की जायेगी तथा स्वास्थ्य कर्मियों द्वारा उपयुक्त पी0पी0ई0 संबंधी मानदण्डों का पालन किया जायेगा।
- (xi) टीकाकरण की जन्मजात खुराक दी जायेगी।
- (xii) सभी संबंधित स्वास्थ्य कर्मियों को संक्रमण की रोकथाम व नियंत्रण संबंधित प्रक्रियाओं (Infection prevention control (IPC) practices) में प्रशिक्षित किया जायेगा।

(2) बीमार नवजात की देखभाल-एस0एन0सी0यू0 (Care of Sick New-borns-SNCUs):

- (i) एस0एन0सी0यू0 में बीमार नवजात के उपचार-प्रबन्धन हेतु मानक एफ0बी0एन0सी0 प्रोटोकॉल के अनुसार सभी सेवायें निर्बाध रूप से चलती रहेगी।
- (ii) मानक एफ0बी0एन0सी0 प्रोटोकॉल के अनुसार एस0एन0सी0यू0 में सभी नवजात को प्रदान की जा रही देखभाल के लिए मानक संक्रमण निवारण एवं नियंत्रण उपाय किए जायेंगे।
- (iii) सभी बीमार नवजात के उपचार की प्राथमिकता (Triaging) निर्धारित की जायेगी। यदि नवजात की मां का प्रसव से 14 दिन पूर्व अथवा प्रसवोपरान्त 28 दिवसों के पश्चात कोविड-19 से संक्रमित होने का इतिहास है, अथवा नवजात कोविड-19 से संक्रमित किसी व्यक्ति (परिवार के सदस्य, देखभाल करने वाला व्यक्ति, स्वास्थ्य कर्मी अथवा आगन्तुक इत्यादि) से प्रत्यक्ष सम्पर्क में आता है, तो उसका परीक्षणाधीन रोगी (patients under investigation (PUI) के रूप में प्रबन्धन किया जायेगा, भले वह सिम्टोमेटिक हो अथवा नहीं।
- (iv) प्रत्येक एस0एन0सी0यू0 द्वारा कोविड संक्रमण के सम्पर्क में आए नवजात के लिए एक रेडियेन्ट वार्मर आरक्षित किया जायेगा और इसे एस0एन0सी0यू0

परिसर के अन्दर पृथक कक्ष में रखा जायेगा। यदि पृथक कक्ष उपलब्ध नहीं है तो आरक्षित रेडियेन्ट वार्मर को सामान्य शैय्या से कम से कम दो मीटर की दूरी पर एक काने में इस प्रकार रखा जायेगा जहां से न्यूनतम आवागमन हो।

- (v) सहायक यंत्र/सामग्री सहित उपकरणों को आरक्षित रखते हुए इन्हें आवश्यकतानुसार अपेक्षित स्थान पर स्थानान्तरण हेतु तैयार रखा जायेगा।
- (vi) इन आइसोलेशन रूम में कार्यरत चिकित्सक, नर्सिंग एवं अन्य सहयोग स्टाफ उन स्टाफ से भिन्न होंगे जो एन0आई0सी0यू0/एस0एन0सी0यू0 में सामान्य रूप से कार्यरत हैं।
- (vii) कोविड संक्रमण के सम्पर्क में आये किसी बीमार नवजात के भर्ती होने की स्थिति में उसकी देखभाल कर रहे स्टाफ द्वारा संक्रमण से बचाव हेतु उपयुक्त सुरक्षात्मक विधियों (protective gear) का इस्तेमाल किया जायेगा।
- (viii) कोविड रोगसूचक (symptoms) समाप्त हो जाने तथा 24 घण्टे से अधिक के अन्तराल पर किये गये दो परीक्षणों में नकारात्मक जांच परिणाम आने पर उस नवजात को आइसोलेशन से अन्यत्र स्थानान्तरित किया जा सकता है। नवजात के 24 घण्टे से अधिक के अन्तरालपर किये गये दोनों परीक्षणों में नकारात्मक जांच परिणाम आने के बावजूद यदि मां अभी भी बीमार हैं तो उसे अच्छी स्वास्थ्य देखभाल हेतु डिस्चार्ज किया जा सकता है।

(3) एस0एन0सी0यू0 से डिस्चार्ज होने के पश्चात नवजात का अनुश्रवण (Follow up of newborns after discharge from SNCU (graduates) :

- (i) कोविड-रहित ग्रीन जनपद एवं आरेंज क्षेत्रों के कोविड-रहित ब्लॉकों में, एस0एन0सी0यू0 से डिस्चार्ज हुए नवजातों (SNCU graduates) का, ओ0पी0डी0 में सोशल डिसटेंसिंग हेतु किए गये उपयुक्त उपायों सहित, अनुश्रवण जारी रहेगा।
- (ii) अत्याधिक कोविड संक्रमण वाले जनपदों एवं ऐसे ब्लॉक जहां पर कोविड संक्रमण के मामले हैं, वहां पर एस0एन0सी0यू0 डाटा इन्ट्री आपरेटरों द्वारा एस0एन0सी0यू0 से डिस्चार्ज नवजातों का दूरभाष के माध्यम से अनुश्रवण किया जायेगा।

(4) पोषण पुनर्वास केन्द्र (Nutrition Rehabilitation Centres (NRCs) :

- (i) पोषण पुनर्वास केन्द्र की सेवाओं की निरन्तरता को इस समय के दौरान भी बनाये रखने की आवश्यकता है।
- (ii) कोविड-19 के सक्रिय संचरण के जोखिम तक समूह-परामर्श, खेल-चिकित्सा एवं खाना पकाने का प्रदर्शन संबंधी गतिविधियां निलम्बित रखते हुए इसके स्थान पर स्टाफ द्वारा व्यक्तिगत बेड-साइड परामर्श दिया जाना चाहिए।

- (iii) एन0आर0सी0 में भर्ती बच्चों को खांसी, जुखाम या सांस लेने में कोई कठिनाई हो रही है या नहीं, इसकी जांच के लिए दिन में दो बार टेस्ट कराना चाहिए। कोविड के लक्षण प्रदर्शित होने वाले बच्चों का निर्दिष्ट कोविड-19 आईसोलेशन वार्ड/कोविड समर्पित चिकित्सा इकाई में उपचार कराया जाए।
- (iv) एन0आर0सी0 में अवस्थान के दौरान अनुशंसित एस0ए0एम0 प्रोटोकॉल का पालन किया जाएगा। संक्रमण के कारण होने वाली क्षति को कम करने के लिए, यदि एन0आर0सी0 में भर्ती एस0ए0एम0 बच्चा चिकित्सीय जटिलता से ऊबर गया है और उनका वजन >5 ग्राम/प्रति किग्रा0/प्रति दिन की दर से अगले तीन दिवसों तक लगातार बढ़ना शुरू हो जाता है, तो उनकी माता/देखभाल करने वाले व्यक्ति को पौष्टिक एवं सुरक्षित भोजन तैयार करने, हैंडवाशिंग, प्ले-थिरेपी के साथ-साथ आवश्यक औषधियों (Potchlor and Magnesium sulphate को छोड़कर) से संबंधित यथावश्यक परामर्शों के साथ, उसे डिस्चार्ज किया जा सकता है।
- (v) तत्पश्चात दूरभाष द्वारा इनका अनुश्रवण किया जायेगा और केवल चिकित्सीय जटिलता वाले बच्चों को "आमने-सामने अनुश्रवण" हेतु बुलाया जायेगा।
- (vi) टेक-होम-राशन के गृह-आधारित वितरण को प्राथमिकता देने के लिए एन0आर0सी0 से डिस्चार्ज हुए एस0ए0एम0 बच्चों की सूची आंगनवाड़ी केन्द्रों के साथ साक्षा की जायेगी।
- (vii) समुदाय में चिन्हित सभी एस0ए0एम0 मामले आशा/आंगनवाड़ी कार्यकर्त्री द्वारा अनुश्रवण हेतु पी0एच0सी0 अथवा समीपस्थ हेल्थ एवं वेलनेस केन्द्र को सन्दर्भित किए जायेंगे।

(5) बच्चों में डायरिया एवं निमोनिया का प्रबन्धन (Management of Diarrhea and Pneumonia in children)

- (i) समस्त जनपदों में सभी गैर-कोविड चिकित्सा इकाईयां गम्भीर मामलों में आपातकालीन डायरिया एवं निमोनिया प्रबन्धन सेवायें प्रदान करना जारी रखेंगी।
- (ii) जहां भी वी0एच0एन0डी0 आयोजित हो रहें हैं, वहां पर ओ0आर0एस0, जिंक एवं एमोक्सिसिलिन टैबलेट की उपलब्धता सुनिश्चित की जायेगी और डायरिया एवं निमोनिया का सामुदायिक प्रबन्धन प्रोटोकॉल के अनुसार सुनिश्चित किया जायेगा।
- (iii) जहां कहीं भी वी0एच0एन0डी0 आयोजित नहीं हो रहें हैं, वहां पर आशा द्वारा समुदाय में डायरिया एवं निमोनिया मामलों पर दृष्टि/निगरानी रखी जायेगी एवं ओ0आर0एस0, जिंक एवं एमोक्सिसिलिन टैबलेट का वितरण मानकानुसार सोशल डिस्टेंसिंग उपायों का पालन करते हुए सुनिश्चित किया जायेगा और आवश्यकतानुसार सन्दर्भन भी सुनिश्चित किया जायेगा।

(6) **किशोर स्वास्थ्य (Adolescent Health) :**

- (i) कोविड अवधि के दौरान आंगनवाडी कार्यकर्त्रियों द्वारा स्कूल न जाने वाली किशोरियों को आई0एफ0ए0 ब्लू टैबलेट का मासिक/साप्ताहिक वितरण उनका गृह भ्रमण करके सोशल डिस्टेंसिंग बनाये रखते हुए जारी रखा जायेगा और इसकी प्रविष्टि डब्लू0आई0एफ0एस0 पंजिका में अंकित की जायेगी।
- (ii) आंगनवाडी कार्यकर्त्रियों द्वारा सोशल डिस्टेंसिंग के मानदण्डों का पालन करते हुए उक्त टैबलेट का वितरण सुनिश्चित किया जायेगा। अगले माह की आपूर्ति का वितरण करने से पूर्व आंगनवाडी कार्यकर्त्रियों द्वारा पूर्व-वितरित टैबलेटों के उपभोग की स्थिति भी चेक की जायेगी।

2- उक्त तथ्यों के आलोक में मुझे यह कहने का निदेश हुआ है कि कोविड पुष्टि/संदिग्धों सहित सभी गर्भवती महिलाओं के सुरक्षित प्रसव एवं बीमार नवजात शिशुओं की देखभाल इत्यादि संबंधी आपातकालीन स्वास्थ्य सेवाओं की बहाली की आवश्यकता के दृष्टिगत स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के उक्त सन्दर्भित पत्र के माध्यम से प्राप्त निर्देशों के अनुसरण में निर्दिष्ट उपरोक्त क्रिया-बिन्दुओं एवं परिचालन मार्गदर्शन का गम्भीरता से क्रियान्वयन/अनुपालन सुनिश्चित करने का कष्ट करें।

संलग्नक- यथोपरि।

भवदीय,


18.4.20

(अमित मोहन प्रसाद)
प्रमुख सचिव।

संख्या-888(1)/पांच-5-2020, तददिनांक


प्रतिलिपि निम्नलिखित को सूचनार्थ/आवश्यक कार्यवाही हेतु प्रेषित :-

1. मिशन निदेशक, राष्ट्रीय स्वास्थ्य मिशन, उत्तर प्रदेश।
2. महानिदेशक, चिकित्सा एवं स्वास्थ्य सेवायें, उत्तर प्रदेश।
3. महानिदेशक, परिवार कल्याण, उत्तर प्रदेश।
4. अधिशासी निदेशक, उ0प्र0 तकनीकी सहयोग इकाई, लखनऊ।
5. गार्ड फाईल।

आज्ञा से,


17.04.2020

(वेद प्रकाश राय)
अनु सचिव।


3404/2020
20/4/20
17.4.2020



Guidelines for Pregnancy & COVID-19

**Department of Medical Health & Family Welfare,
Uttar Pradesh**

BACKGROUND

The state of UP has approximately 14,000 births/day besides struggling with huge burden of Maternal, Perinatal and Neonatal deaths and under reporting of the deaths against estimated.

Government of UP acknowledges the challenge that district teams are facing to provide services in the wake of COVID 19 Pandemic. Recently several guidelines from the state have been disseminated to guide and support the service provider and provisions at the ground level during the current scenario. Considering pregnant women and newborns a special category possibly being more susceptible during these times; what efforts will be required for them are elaborated in this guideline. This guidance note is adapted from Clinical recommendations jointly released by FOGSI, IAP and NNF during COVID 19

Effect of COVID-19 on pregnancy

- No evidence from existing literature regarding
 - Fetal effects of the infection in terms of fetal abnormalities or other fetal parameters of growth, amniotic fluid or doppler indices
 - High risk preterm labour with COVID-19 infection
- Currently available data on COVID-19 infected pregnant women reveals that:
 - Any pregnant women will be as sick as any other healthy adults large majority of pregnant women if get infected will experience only mild or moderate cold/flu like symptoms.
 - The risk factors for more severe disease are also same such as diabetes, hypertension, obesity, respiratory disease advanced age etc and may present with pneumonia and marked hypoxia.
 - Immunocompromised and elderly pregnant women may present with atypical features such as fatigue, malaise, body ache and/or gastrointestinal symptoms like nausea and diarrhea.

However, similar to systemic disease which can compromise maternal health, there is a possibility that preterm labour may occur in these situations. At present, pregnant women have almost universally been delivered by caesarean section when they present in labour with COVID-19 infection.

Scope of this document is as a ready reckoner while caring for pregnant women during COVID 19. An effort is made to cover the following topics:

- Effect of COVID-19 on pregnancy and Indications for Testing of pregnant women
- Actions at the state & district level
- Recommendation to be followed during antenatal, intranatal and Postnatal period
- Care of the newborn
- Infection prevention, decontamination etc

Remember:

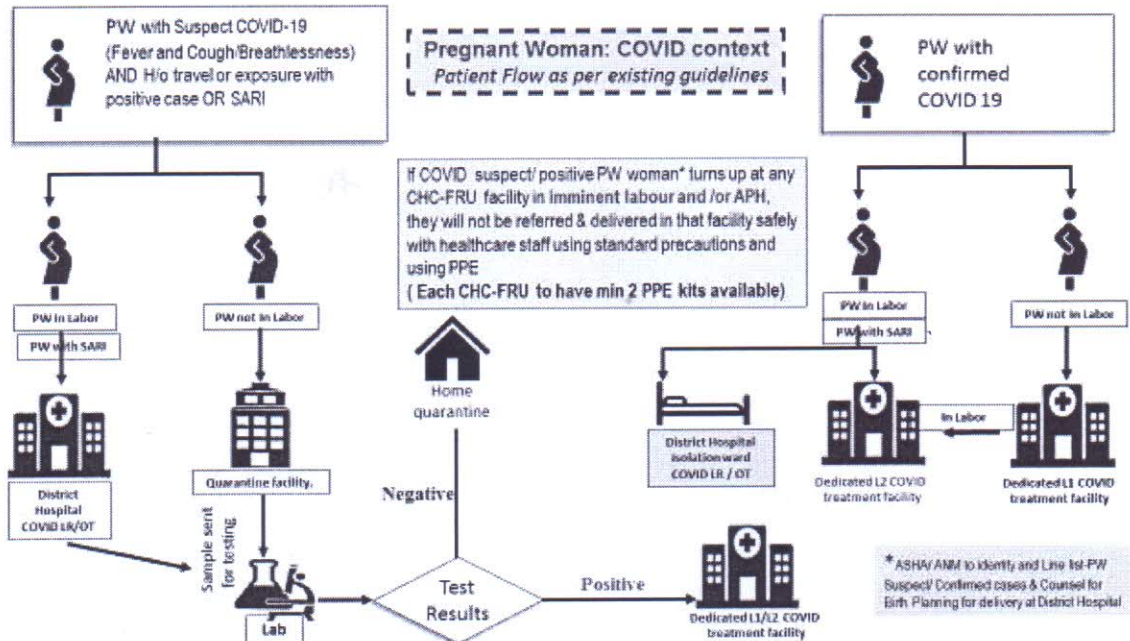
1. It is very important for all the service providers to protect themselves and others from getting infected with COVID-19 and therefore strictly adhering to Standard precautions for the service provider and care area. **(Please see Annexure 1)**

2. Management of the pregnant women through antenatal, intranatal and postnatal period will continue in the same manner as earlier except that a high degree of suspicion for COVID 19 and associated risk factors have to be always looked for

FLOW OF A PREGNANT WOMAN : SUSPECT OR CONFIRMED COVID-19

Standard Operating Procedures

Refer to the chart for referring the patient according to the symptoms and their positive COVID 19 status



Testing for COVID-19 in Pregnancy Indications (Standard ICMR Criteria)

The criteria for offering a laboratory test are the same for pregnant women and the non-pregnant population Whom to test: only on prescription of medical practitioner (as per ICMR guidance)

- All symptomatic (fever, cough, difficulty in breathing) individuals who have undertaken international travel in the last 14 days and are in home quarantine for 14 days.
- All symptomatic contacts of laboratory confirmed cases.
- All symptomatic health care workers.
- All hospitalized patients with Severe Acute Respiratory Illness (fever AND cough and/or shortness of breath).
- Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact and should be home quarantined.

– Direct and high-risk contact include those who live in the same household with a confirmed case and healthcare workers who examined a confirmed case without adequate protection as per WHO recommendations.

Diet for the pregnant woman and COVID-19 infection: No special instructions just generic dietary advice is and would include a high protein diet, vitamin and micronutrient supplementation and maintain hydration.

Actions at the state level

As per MHA Order No. 40-3/2020-DM-I(AJ) dated 25.3.2020 and further modified and 25.3.2020, 27.3.2020, E.O. 2020, 3.4.2020 (<https://mha.gov.in/sites/default/files/PRConsolidated%20Guideline%20of%20MH%20A%2028032020%20EO%20ZB1%20.pdf>), Essential health services are exempted. **Thus the state needs to ensure that the disruption to critical essential health services is minimized** and no one should be denied of the services due to current situation. Particular attention needs to be paid to providing essential health care for specific sub-population groups. These include: Pregnant women likely to deliver in the period of the lockdown with particular focus on high Risk Pregnant Women, new-borns and young children.

1. The service delivery would need to be redesigned temporarily to suit the specific local context, be it urban/rural as lockdown places certain restrictions on movement. In addition, assure the transport, supplies of essential medicines and commodities for these population groups.
2. The states will ensure access to care for such groups during the period of the lockdown through facilitating patient access to facilities as needed, using special passes/permits, if local administration warrant such passes and arranging transport, wherever required, to ensure that a women are transported safely to facilities for delivery,
3. Zero birth doses of vaccines are administered in institutions, home based care for new-borns and young children are provided by ASHAs/ANMs.
4. Volunteers such as local youth who can support medicine delivery or accompanying patients can be engaged.

Actions at the district level

1. ALL facilities to continue essential emergency services as before except dedicated quarantine and COVID
2. Healthcare workers at every patient contact, irrespective of the reason for the meeting with a pregnant woman, must enquire about features of Severe Acute Respiratory Infections (SARI), travel abroad and/or contact with a known or possible COVID-19 infected person through household contact, visitors or attending events where such a person was present. Unless the samples are negative keep a very high degree of suspicion.
3. Birth planning at community level for all high-risk pregnancies must continue
4. Notification of any above case/ COVID -19 or any breach in PPE by HCW to concerned district surveillance unit and CMO It is mandatory by all HCW

Blocks where CHC is converted to COVID/ quarantine facility

An alternative site for the routine and uncomplicated delivery must be planned in advance for the pregnancies registered under those facilities are now dedicated for COVID patient so that precious time at delivery is not lost in reaching the appropriate non COVID facility. Advance birth planning and counselling to deliver at an alternative identified CHC –FRU would be important.

Actions to be taken at the facility level

Quarantine for COVID-19 pregnant women	GOUP has decided to set up at least 1 quarantine facilities in each district for sampling and monitoring.
All pregnant women suspects with mild	H/o (fever, cough and cold) with H/o travel in last 14 days / coming in close contact of COVID positive patient will be

<p>symptoms</p> <p>quarantine at home/facility</p>	<p>brought to Quarantine facility. If she tests positive refer her to COVID dedicated facility and if negative follow home quarantine with the advice to report to NON COVID facility if symptoms recur or worsens.</p> <p>Counsel the mother regarding standard precautions of social distancing, hand and respiratory hygiene. If possible, keep each patient in a separate room with attached bathroom with minimal and easily cleanable furniture. Access to isolation areas should be strictly limited however electronic communication devices to facilitate interactions with the family and friends will be allowed. If requires a companion then allow but treat that woman as infected and all precautions should be taken.</p>
<p>All pregnant women suspects with SARI c/o fever, cough and severe acute respiratory distress and H/o travel/ coming in close contact of COVID positive</p>	<p>Treat at District hospital /Medical College with ICU facility for sampling and monitoring. The district hospital where women with SARI will be arriving without clarity of their COVID status it may be beneficial to have an entire contaminated zone (wards, labour rooms, operation theatres and ICU) with a negative pressure system to limit the spread of infection. A triage area may be helpful for expediting actions towards emergency cases.</p>
<p>Actions at Triage area</p>	<ol style="list-style-type: none"> 1. Convert any room before entering the labour room as TRIAGE and if not possible then keep one dedicated labour table with Foot step ,IV stand and a screen for Privacy. 2. Send SOS for the sampling team to know the status at the earliest 3. PW will be provided with mask, remove her footwear, and perform Hand hygiene to enter the Triage area. 4. Staff Nurse/Doctor after handwashing and donning N95 masks and vinyl gloves will record the history, examination and send for the required investigations. 5. Goes to Labor room if in active labour or else will go to Isolation ward after changing her clothes in the Changing room 6. After Examining the Pregnant women Staff Nurse will disinfect the Outer Gloves with Alcohol based hand rub and then will dispose them in Red Bin will wear second pair of gloves 7. HCW should keep the Crash Cart, Emergency Drug Tray and Oxygen Cylinder with mask ready for any eventuality. 8. Sister I/C to ensure enough supplies of requisite equipment and disinfection protocols as detailed in Annexure XXX
<p>Antenatal care women cannot come for the routine antenatal check ups</p>	<p>Reassure the mother that currently there is no evidence that COVID 19 affects the fetus. The mother should be asked to follow all advice strictly and contact nearest health facility. Women who are high risk with underlying health conditions must be strictly monitored. Following activities for antenatal care will be ensured by staff nurse even in</p>

	<p>quarantine/ isolation:</p> <ol style="list-style-type: none"> 1. Conduct detailed history and examination (BP, weight, fundal height etc) and refer to DWH quarantine/isolation ward using 108 ambulance if any obstetrical complication is present 2. Send for routine investigations like Hb, urine, Bld group, GTT, Hep B, HIV, BT/CT a 3. Provide Td vaccination as per schedule 4. Daily Vitals and FHR monitored every 8 hourly 5. All woman in 3rd trimester will be advised to strictly maintain dailyfetal movementscount (DFMC).
Principles of Labour management in COVID 19 infection	<p>There is no rationale to induce labour or deliver a woman early because of COVID-19 infection.</p> <p>The second stage of labour should be cut short to prevent maternal exhaustion and reducing maternal efforts, in case where there is respiratory involvement by the infection.</p> <p>Decisions regarding route of delivery should be as per standard obstetric practice in most situations. Any pregnant women whether COVID-19 suspect /infected must be delivered at District Women's Hospital in a dedicated COVID Labour room/OT.</p> <p>ConsentIn addition to routine consent taken at the time of admission, treatment procedures, delivery or surgery, include aspects related to COVID-19 infection</p>
Labour room requirements	<p>Under NHM and specially LaQshaya strengthening of labour room is ongoing and shall continue. To prepare for COVID 19the Labour table should be placed at a distance of at least 4'' from the side wall, at least 4'' from head end wall the table should have at least 4' distance from each wall. Remove all extra items/junk material should be kept with functionalback up for 24 hourslight and water supply andattached functional toilet</p>
Labour room -	<ol style="list-style-type: none"> 1. Maintain unidirectional flow enter the labor room from one entrance i.e. entry door after donning recommended PPE. 2. Strict Infection Prevention Protocol <ol style="list-style-type: none"> a. Use hand wash OR Alcohol hand at critical 5 moments. b. Cleanthoroughly after every delivery and in each shift with 1% hypochlorite solution and glass items and monitors should be cleaned with 70% isopropyl alcohol 3. Do not allow Birth companion but if permitted then allowed to stay in the same room & not leave and come back. 4. Disposal of used PPE material to be done according to Biomedical Waste management (BMW) protocol into red and yellow bins as appropriate.

<p>Obstetric OT</p>	<p>Designate a specific operating theatre for all COVID-19 cases Preferable next to dedicated COVID 19 labourroom with restricted access and entry for patients.</p> <p>An ante-room with access to only providers should be used as an area for donning and doffing of personal protective equipment and exchange of equipment, medications and materials for the case and should have an entrance to the operating room directly.</p> <p>Neither allow nor bring any non-essential/personal like pen or cell phones etc. if required keep a material exchange cart placed immediately outside of the room or in the anteroom</p> <p>Prominently display all services provide and instructional posters on appropriate procedures</p> <p>Discard all disposables after each case. Disposable pens should be provided in the room</p> <p>Stabilize the patient before shifting out the operated patient</p> <p>Newborn care described below</p>
<p><u>Transportation of patient after surgery</u></p>	<p>Minimum number of personnel to be involved, corridor to be kept clear in advance before wheeling out the patient. If referral is planned then handover to EMT who should wait outside the operating room.</p> <p>Consider applying a surgical mask to all other awake and stable patients with at least 1 m distance apart in the recovery area.</p> <p>Remove and dispose of PPE in a clinical waste bin as per protocol</p>
<p><u>Post procedure</u></p>	<p>Currently it is recommended that OT should be left empty for half an hour after use before the final clean (Negative air pressure is required)</p> <p>Remove and discard filters and breathing circuits</p> <p>Ensure the operating theatre is cleaned as per local protocol</p> <p>Any staff entering the theatre within half an hour of the patient leaving must wear full PPE.</p>
<p>Anesthesia in Pregnant Women with COVID-19 infection</p>	<p>If caesarean section is indicated then as routine spinal or epidural anaesthesia for caesarean section delivery is suitable. GA should be avoided.</p> <p>An intravenous access should be established for antibiotic or any other medication in case of obstetrical complications.</p>
<p>Medical Management of COVID 19 Pregnant women</p>	<ol style="list-style-type: none"> 1. Remember the classification of mild, moderate and severe cases of COVID case and its management is exactly the same as for any other for COVID case. 2. Supportive therapy should include rest, oxygen supplementation (to maintain SPO2 more than 92-94), restricted fluid management and nutritional care as needed. 3. Caring for critically ill pregnant women patients with COVID - 19 has to be done with team of ICU experts. 4. Other Drugs like Paracetamol is the preferred drug for symptomatic relief of fever and myalgia. 5. Antenatal steroids will be used on a case-by-case basis more so in the imminent preterm labour (PROM, APH and Severe Preeclampsia/ Eclampsia) and is contraindicated for use of ANCS if a woman has fever, foul smelling discharge,

	tender uterus and FHS is not heard. 6. Appropriate antibiotics (erythromycin, Injection Ampicillin, gentamicin and metronidazole) which are safe in pregnancy should be used if indicated.
Recommendations for newborn resuscitation at birth:	<ol style="list-style-type: none"> 1. The umbilical cord should be clamped promptly 2. Delivery team member should bring over the neonate to the resuscitation area for assessment by the neonatal team 3. If positive-pressure ventilation is needed, self-inflating bag and mask is used as per newborn resuscitation protocol.(NRP) 4. Minimum number of personnel should attend and wear a full set of personal protective equipment including N95 mask.
Stable neonates exposed to COVID-19 infection from mothers	Room-in these babies with their mothers for exclusively breastfeeding. Mother should perform hand hygiene and wear triple layer mask. If unable to breast feed , Mother can express milk after washing hands and breasts and while wearing mask. This expressed milk can be fed to baby without pasteurization
Symptomatic neonates born to a mother with suspected or proven COVID-19 infection	Manage the newborn in dedicated radiant warmer atleast 2 metres away from routine admissions. Referred to medical college for further management If rooming-in is not possible because of the sickness in the neonate or the mother, the neonate should be fed expressed breast milk of the mother Or by a nurse or family member who has not been in contact with the mother or other suspected/proven case.

Breastfeeding and the COVID-19 infected mother

As breast milk is the best source of nutrition and immunity for the infant, allow all mothers to breast feed. The main risk for infants of breastfeeding is the close contact with the mother, who is also likely to share infective airborne droplets. Breast feeding mothers should strictly follow respiratory and hand hygiene. Pregnant woman should wash her hands before and after touching her baby and wear a mask. If she is too unwell to breastfeed her baby due to COVID-19 or its complications, she can be supported to safely provide breast milk to her baby in a way possible, and acceptable to her.

Postnatal Care and Advise to the mother infected with COVID-19

Postnatal care of the mother infected with COVID-19 should include daily monitoring of both mother and baby for any danger signs along with continued medical evaluation for respiratory status and symptoms and standard practices of routine postnatal care. She should consume a healthy, nutritious diet to recover from the infection and build immunity. Explain her about regular follow up and danger signs and mention on discharge card. If safe, early discharge to home follow-up by telephonic or home visit by a designated nurse or ANM/ASHA may be considered.

Guidance for Parents and families of the COVID-19 infected and suspected neonates

DO NOT allow any COVID-19 confirmed or suspect Persons (including parents) in the childbirth/neonatal care area. Everyone must be aware of isolation, monitoring, diagnostic and treatment plans of the mothers/babies and be given a periodic update about the health condition.

Visitors to both routine and COVID-19 specific childbirth/neonatal care areas should be screened for symptoms of COVID-19 infection. For neonates roomed in with COVID-19 confirmed/ suspect

mother, one healthy family member following contact and droplet precautions should be allowed to stay with her to assist in baby care activities.

Reproductive health: Women who seek abortion & family planning should have access to services

ANNEXURE: - 1

PREVENTION AND CONTROL OF INFECTION & STANDARD PRECAUTIONS

- ☑ Provide a triple layer mask to the pregnant woman
- ☑ Hand Hygiene: Hand washing – follow WHO 5 moments
- ☑ Use of PPE by Healthcare Staff
 - *Donning & Doffing procedures*
- ☑ Disinfection of all floors, Surfaces & Equipments
 - *Use 1 percent sodium hypochlorite solution*

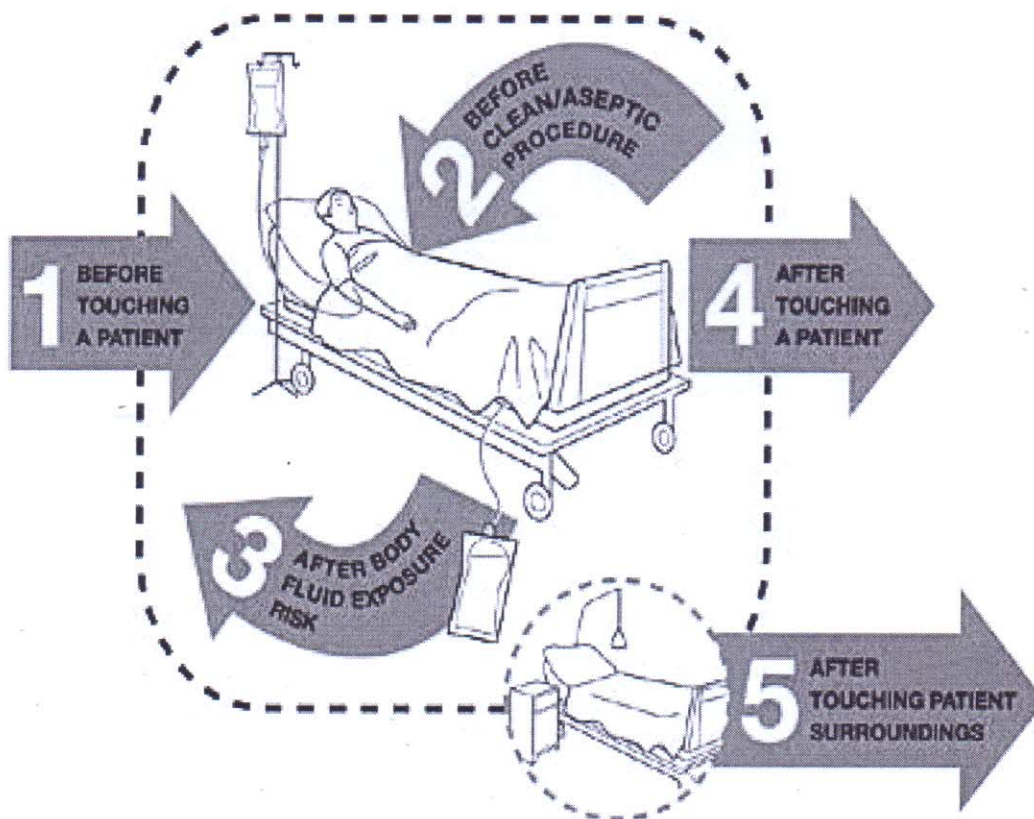


Figure 1: WHO 5 moments of cleaning hands

HAND WASHING:

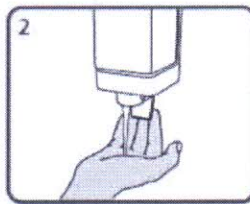
By Soap and water for 40-60 seconds or alcohol based sanitiser for 25-30 secs

ACRONYM: SUMAN-K (*Sidha-Ulta-Muthi-Angootha-Nakhoon-kalai*)

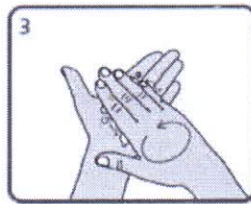
Hand-washing technique with soap and water



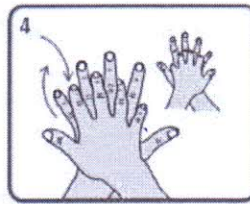
1
Wet hands with water



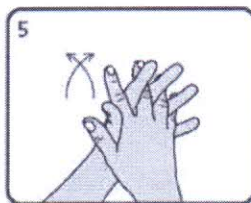
2
Apply enough soap to cover all hand surfaces



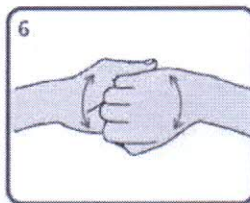
3
Rub hands palm to palm



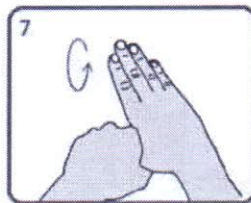
4
Rub back of each hand with palm of other hand with fingers interlaced



5
Rub palm to palm with fingers interlaced



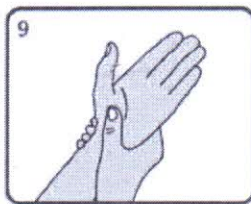
6
Rub with back of fingers to opposing palms with fingers interlocked



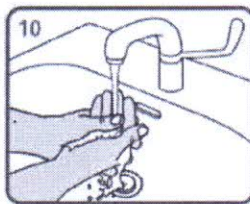
7
Rub each thumb clasped in opposite hand using a rotational movement



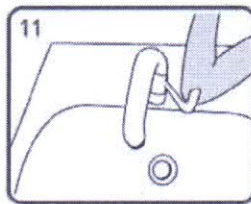
8
Rub tips of fingers in opposite palm in a circular motion



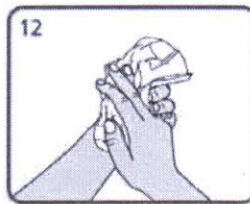
9
Rub each wrist with opposite hand



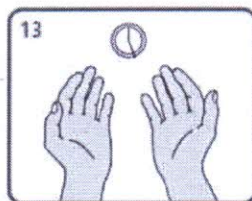
10
Rinse hands with water



11
Use elbow to turn off tap



12
Dry thoroughly with a single-use towel



13
Hand washing should take 15-30 seconds



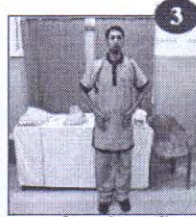
DONNING TECHNIQUES



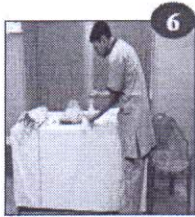
व्यक्तिगत सुरक्षा उपकरण
Articles needed for donning



अपना मोबाइल फोन, घड़ी, आभूषण और वॉलेट नालें जाएं
Don't carry your watch, jewellery, wallet and mobile



जाँच करें- पीपीई कट्टा या फटा न हो
Do check for any tear, wear and appropriate size of PPE



हैंड सनेटाइज़र द्वारा हाथों को
कीटाणुरहित करें
Perform Hand hygiene



दोनों जूते कवर (अंदर और बाहरी) पहनें
Wear both shoe covers (inner and outer)



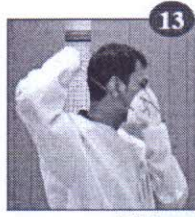
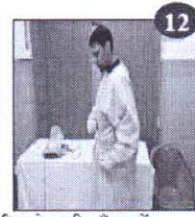
हैंड सनेटाइज़र द्वारा हाथों
को कीटाणुरहित करें
Perform Hand hygiene



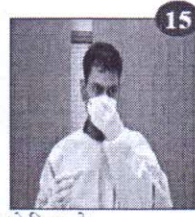
दस्ताने की पहली जोड़ी पहनें,
आस्तीन को जहाँ तक संभव हो खींचें
Wear first pair of gloves &
pull the sleeves as far as possible



गाउन पहनें और फिटनेस की जाँच करें
Wear gown and check the fitness



N95 मास्क पहनें और नाक के पुल पर ठीक से फिट करें
Wear N95 Mask and fit over the nasal bridge properly



तेज फूकमार कर
लीक प्रूफ टेस्ट करें
Perform leak proof test



हुड पहनें और हुड को सिर के पीछे बांधें
Wear hood with breather mask and
tie the hood at the back of the head



दस्ताने की दूसरी जोड़ी पहनें
इससे गाउन की आस्तीन कवर होना चाहिए
Wear a second pair of gloves.
It should cover the arms of the gown



गाउन के फिटनेस की जाँच करें
Check the fitness of gown



डॉनिंग क्षेत्र से बाहर आने के लिए तैयार
Ready to leave the donning area



DOFFING TECHNIQUES

पीपीई उतारने का तरीका



डॉफिंग रूम में एक कुर्सी, एक बीएमडब्ल्यू बिन और एक स्वचालित हैंडरब मशीन होना चाहिए
Doffing room should have a chair, a BMW bin and an automatic hand rub dispenser



पीपीई में किसी भी फटे और संदूषण के लिए जाँच करें
Check for tear and exposed body parts



बाहरी दस्ताने कीटाणुरहित करने के लिए हैंडरब का उपयोग करें
Disinfect the outer gloves with alcohol based hand rub



गंदी कुर्सी पर बैठें और जूते का कवर हटा दें
Sit on dirty chair and remove the shoe cover



आगे झुकें और सिर की टोपी निकालें
Remove the hood away from the body



अंदर के दस्तानों को कीटाणुरहित करें
Disinfect the inner gloves



दोनों हाथों के अंदर के दस्ताने का निरीक्षण करें
Inspect both sides of inner gloves



बाहरी दस्ताने निकालें
Remove the outer gloves



हैंडरब द्वारा बाहरी दस्ताने कीटाणुरहित करें
Use alcohol based hand rub to disinfect the outer gloves



अंदर के दस्तानों को कीटाणुरहित करें
Disinfect the inner gloves



कमर के स्तर से खींचकर गाउन निकालें, आंखों से एक समय में एक हाथ खींचें, गाउन को अंदर से बाहर और शरीर से दूर रोल करें और कूड़ेदान में फेंक दें
Remove the gown by pulling from hip level, pull one arm at a time from the sleeves and roll it inside out away from the body. Discard into dustbin



अंदर के दस्तानों को कीटाणुरहित करें
Disinfect the inner gloves



दस्ताने को कीटाणुरहित करें
Disinfect gloves



N95 मास्क निकालें
Remove N95 mask



नये दस्ताने पहनें
Put a fresh pair of gloves



हैंड सनेटाइज़र द्वारा हाथों को कीटाणुरहित करें
Perform hand hygiene



अंदर के दस्ताने हटा दें अपने हाथों को दूषित न करें
Remove the inner gloves. Do not contaminate your hands.



जूतों को तले सहित सनेटाइज़र द्वारा कीटाणुरहित करें
Disinfect shoes along with sole with alcohol based swab



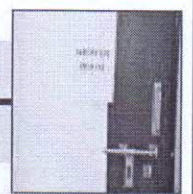
दस्ताने को कीटाणुरहित करके निकाल दें
Disinfect and remove gloves



हैंड सनेटाइज़र द्वारा हाथों को कीटाणुरहित करें
Perform hand hygiene



स्क्रब के फटे / दूषित होने की जाँच करें
Check the scrub for tear & contamination



सिर से पैर तक स्नान करें
Proceed for a head to toe shower

ANNEXURE: 2

SNCU: ADVISORY FOR CONTINUITY OF SERVICES DURING COVID-19 PANDEMIC

Care of sick newborns (Non-COVID) in SNCUs

Management of the sick newborns in SNCUs should continue without disruption. Administration, to ensure that all staff are duly trained in IPC protocols relevant for COVID 19 and uninterrupted supply of hand wash, hand sanitizers, masks and caps are available. Ensure the following in view of the current COVID-19 pandemic:

For staff

- The newborn beds should be at a distance of at least 1 meter from one another
- Continue to follow the standard treatment protocols, Housekeeping protocols and Infection prevention and control practices as per FBNC guidelines
- Biomedical waste management should be followed as per standard protocols
- Availability of hand wash, hand sanitizers, masks and caps should be ensured as per standard guidelines in waiting area, triage area and inside the SNCU.

For visitors including mothers

- Visitors Policy should be posted at the SNCU entrances with instructions for attendants
- Allow only mother /one dedicated parent attendant only after training (how to enter SNCU) and providing them with mask to continue breastfeeding KMC and developmentally supportive care
- Visitors should immediately put on a mask and keep it on during their visit.
- Follow hand and respiratory hygiene and maintain social distancing (at least one metre between any two people) in waiting area as well as inside the SNCU.

Management of Sick Newborns of Suspected/Confirmed COVID 19 mothers

Triaging of Sick Newborn

- ⇒ Triaging of all Sick Newborn is to be done and if the baby is born to the mother with a history of COVID-19 infection diagnosed 14 days before delivery or 28 days after delivery, or if the neonate is directly exposed to close contacts of confirmed COVID-19 case (including family members, caregivers, medical staff, and visitors) they should be managed as patients under investigation (PUI) irrespective of whether they are symptomatic or not.
- ⇒ When/if a sick newborn exposed to COVID infection is admitted, the staff attending to such newborns should use appropriate protective gear for infection prevention.

Preparedness of the Unit & Health staff

- ⇒ Every SNCU should earmark one radiant warmer for newborns exposed to COVID infection and this should be placed in a separate room within the SNCU complex. If a separate room is not available, an earmarked radiant warmer should be kept at a distance off at least two meters from the normal beds in the corner with minimum crossing with the normal beds during movement. Patient care equipment along with the essential commodities must be earmarked

and kept ready to transfer to this area when need arises. The existing Triage area can be developed

- ⇒ The doctors, nursing and other support staff working in these isolation rooms should be separate from the ones who are working in regular NICU/SNCU.

Specific disinfection practices in NICU/SNCU (if newborn exposed to COVID infection is admitted)

- ⇒ Wear appropriate protective gear before disinfecting
- ⇒ Cleaning with soap & water solution or soaked cloth as appropriate before applying disinfectant

Name	Disinfection Method	Frequency & other consideration
Large surfaces like floors and walls	1% sodium hypochlorite	At least once per shift and for cleaning after a patient is transferred out of the area.
Reusable dedicated equipment.	70% ethyl alcohol	Between uses
Surface cleaning of incubators, open care systems, infusion pumps, weighing scales, standby equipment-ventilators, monitors, phototherapy units, and shelves.	Hydrogen peroxide (dilute 100 ml of H ₂ O ₂ 10% v/v solution with 900 ml of distilled water)	Use H ₂ O ₂ only when equipment is not being used for the patient. Contact period of 1 hour is needed for efficacy of H ₂ O ₂ .

Transfer & discharge Policy

- ⇒ Transfer from isolation can be done once symptoms are resolved and baby is tested negative twice 24 hours apart.
- ⇒ If mother is still sick, discharge to a healthy caretaker can be done if baby is tested negative twice 24 hours apart.

Facility Follow up of SNCU graduates

- ✓ In the green zones, the facility follow up of SNCU graduates will be continued, with appropriate measures for social distancing taken at the OPD.
- ✓ In Orange/amber zones, facility follow up will be continued in the blocks where there are no COVID cases and will remain suspended in the blocks with COVID cases.
- ✓ In red zones and the blocks of orange zones with COVID cases, the data entry operator should follow up all graduates telephonically to enquire about their health.

The guidelines for community follow-up of SNCU graduates are being sent separately.

Annexure 3:

NRC -Care in Nutrition rehabilitation Centre

Nutrition Rehabilitation Centres:

It is already known that severely wasted children admitted in NRCs are 9-10 times more likely to die in contrast to normal children as more . vulnerable to all types of infections including COVID. The continuity of NRC services need to be maintained during these times as well. NRC In-charge should ensure training of all staff in the NRC on COVID-19 Following set of specific precautions need to be adopted to prevent COVID in a SAM child and also safeguard the health of NRC Staff

- New admissions to be allowed in NRC only in conditions where adequate supervisory and medical staff is available in NRC
- Care in NRC :
- Continue individual bed side counseling by staff but no Group-counseling; play therapy and cooking demonstration .
- Tests must be done twice in a day to check whether the child admitted in the NRC is having cough,cold or any difficulty in breathing. Any child displaying COVID symptoms must be treated in the designated COVID-19 isolation ward. SAM children or the accompanying mother / caregiver who are symptomatic or with suspected or proven COVID-19 infection should be managed in separate isolation facility as per recommended COVID guidelines.
- Entry to the wards should be restricted. Only one attendant should be allowed with each patient admitted. Everyone who enters should practice proper handwashing (minimum 40 seconds with soap) before entering the ward.
- Disinfection practices of multiple-use equipment – such as weight and height measurement, etc. with prescribed disinfectant should be strictly adhered.
- All staff should wash hands between two cases as well as at regular intervals. All mothers /caregivers should practice preventive measures like hand washing at regular intervals. All mothers /caregivers should be repeatedly counseled for social distancing, hand hygiene and infection prevention measures.
- Recommended SAM management protocols will be followed during the stay period.
- Discharge and Follow Up
- if the admitted SAM child in NRC has recovered from medical complications and started gaining wt >5 gm/kg/day consecutively for three days, he/she may be discharged with necessary counselling to the mother /caregiver regarding preparation of nutritious and safe food, handwashing, play therapy along with essential drugs/medicines except Potchlor and Magnesium
- Follow-up to be done telephonically and only children with medical complications will be called for physical follow-up.
- List of SAM children (discharged from NRC) to be shared with Anganwadi centres for prioritizing home-based delivery of Take Home Ration.
- All SAM cases identified in the community can be referred by ASHA/AWW to PHC, health subcentre or nearby Health and Wellness Centre for follow-up

Annexure 4: Management of diarrhea and pneumonia

Management of diarrhea and pneumonia during COVID-19

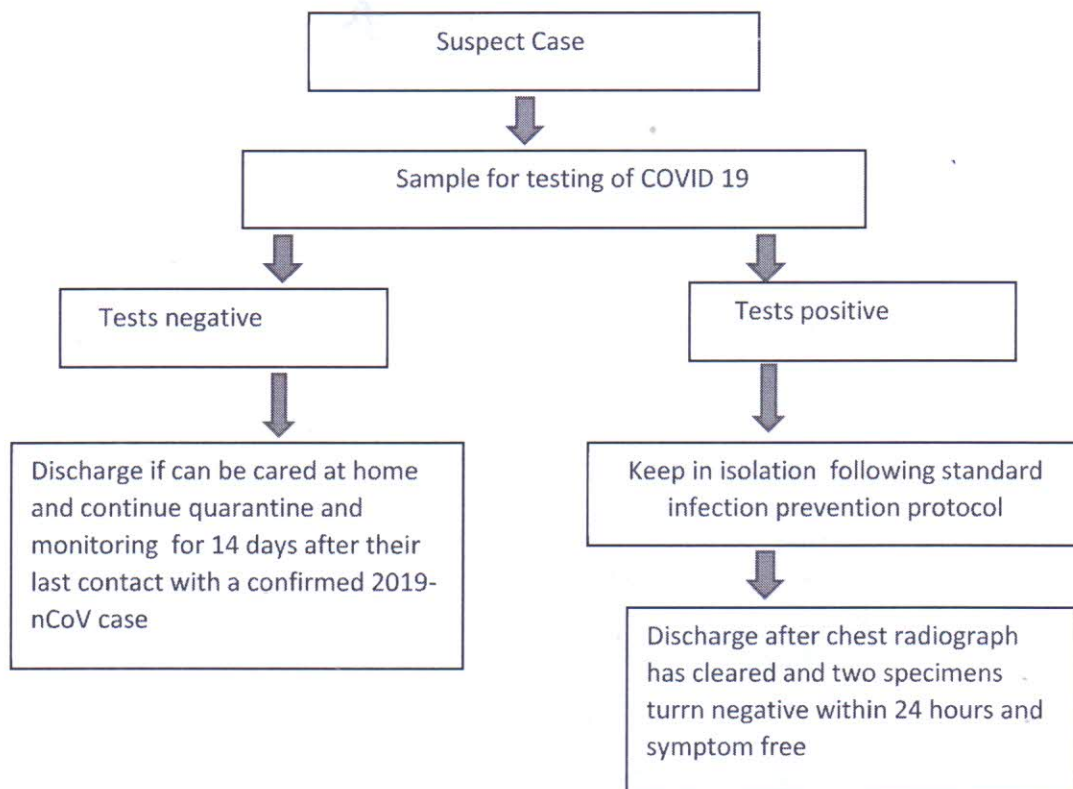
- 1) All Non COVID facilities will continue to provide Diarrhoea and Pneumonia management services in all Green, Orange and Red zone districts.
- 2) The districts in Green zone will ensure logistics and supply chain for Zinc and ORS upto community level/ VHND.
- 3) The districts in Orange zone, will ensure logistics and supply chain for Zinc and ORS upto community level/ VHND in blocks which does not have any COVID19 patients as on date.
- 4) The districts in Red zone, only critical services at non COVID facilities will be functional, in reference to Diarrhoea and Pneumonia management. For community, ASHAs will communicate with beneficiaries and ensure supplies of Zinc and ORS maintaining social distancing and hand hygiene protocols.
- 5) How to regulate sick children movement in outpatient department are as follows:
 - ⇒ Set up a screening area/ help desk/ registration counter
 - ⇒ Nurses / paramedic interacting with children and caregivers on (i) Distancing, (ii) Cough and sneeze etiquettes and (iii) Handwashing protocols
 - ⇒ **Token system to ensure** one beneficiary at one time reaches the OPD counter
 - ⇒ Support staff to manage seating arrangement.
 - ⇒ Allow only one caregiver with one child but do not allow Elderly caregivers
 - ⇒ Provide mask to symptomatic and make a separate queue .
 - ⇒ Entry to. should be discouraged to accompany the children.
 - ⇒ Children and caregivers are made to wash hand or use 70% alcohol-based hand rub
 - ⇒ Set up a temperature recording station - Clean the thermometer with cotton swab and 70% alcohol hand rub May prefer to use infrared thermometer
 - ⇒ Priorities to send children with danger signs into the doctors' chamber first.
 - ⇒ Sanitization of the seating space/waiting area after completion of the OPD hour following the infection control guideline for COVID 19.
 - ⇒ Stethoscope should be cleaned cotton swab and 70% alcohol after every use
 - ⇒ In case a child requires bronchodilation, then instead of nebulization, a spacer and mask should be used.
 - ⇒ Aerosol generating procedures should not be allowed like suction, intubation, nebulization, oxygen therapy, ambu bag ventilation, insertion of nasogastric tube, bronchoscopy, chest physiotherapy, tracheostomy etc.
 - ⇒ Patients requiring aerosol gathering procedures should be handled referred to emergency / casualty where medical personnel with full PPE should perform such procedures.
- 6) Precautions at VHND: Will be the part of VHND guidelines
- 7) Guidelines for activities at VHND session (Green and selected block of Orange Zone) are as follows:
 - ⇒ Management of sick children with diarrhea and pneumonia as per standard protocols
 - ⇒ Provide ORS and Zn supplementation for the entire duration of treatment
 - ⇒ Refer sick children who classify with danger signs - The child is unable to drink or breastfeed, vomits everything, has had convulsions during the present illness or is unconscious or lethargic to health facility using 102 ambulance for non COVID facility
 - ⇒ Counselling and Demonstration using MCP card about Danger signs related to diarrhoea and pneumonia
 - Handwashing with soap and water for at-least 40 seconds
 - ORS preparation and Zinc.
 - how to give Amoxicillin tab

Annexure 5
Testing in a neonate

Whom to test?	All neonates who are born to mothers with COVID-19 infection within 14 days of delivery or up to 28 days after birth
When to test	<p>If symptomatic, specimens should be collected as soon as possible</p> <p>If asymptomatic and roomed-in, test only if and when mother's test comes positive. If mother is COVID-19 positive and baby's initial sample is negative, repeat sample after 48 hours.</p>
What to collect	<p><i>Not mechanically VENTILATED</i> - Upper respiratory nasopharyngeal swab (NP). Collection of oropharyngeal swabs (OP) is a lower priority and if collected should be combined in the same tube as the NP.</p> <p><i>Mechanically VENTILATED</i> - Tracheal aspirate sample should be collected and tested as a lower respiratory tract specimen</p>
How to collect?	<p><i>Upper nasopharyngeal swab</i></p> <ul style="list-style-type: none"> • Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. • Insert a swab into nostril parallel to the palate. Swab should reach depth equal to distance from nostrils to outer opening of the ear. Leave swab in place for several seconds to absorb secretions. Slowly remove swab while rotating it. • Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. <p><i>Oropharyngeal swab (e.g., throat swab)</i>: Swab the posterior pharynx, avoiding the tongue.</p> <p><i>Nasopharyngeal wash/aspirate or nasal aspirate</i> Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.</p> <p>Other samples: Currently not advised; stool, urine and blood specimens, since the isolation is less reliable than from respiratory specimens. Do not take these specimens for testing (based on current advisory recommendations)</p>

Annexure 6
Discharge Policy of COVID 19 confirmed pregnant females

Recommend discharge of mother and baby after 48 hours if the mother test is COVID-19 negative twice within 24 hours and chest radiograph has cleared. If the mother is COVID-19 positive then she should be shifted to isolation ward for 14 days. Stable neonates exposed to COVID19 and being roomed-in with their mothers may be discharged together at time of mothers' discharge. Follow the national immunization schedule in healthy neonates born to mothers proven COVID-19. Stable neonates in whom rooming-in is not possible because of the sickness in the mother and are being cared by a trained family member may be discharged from the facility by 24-48 hours of age.



(Source: WHO: [https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications-detail/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov)))

Annexure 7

Advice for COVID-19 for patients and care givers

- ✓ Avoid close contact with people suffering from acute respiratory infections
- ✓ Frequent hand hygiene, especially after direct contact with ill people or their environment
- ✓ Avoid touching face, eyes, nose and mouth with hands
- ✓ People with symptoms of acute respiratory infection should practice:

Respiratory etiquette:

- ⇒ Turn head away from others when coughing/sneezing
- ⇒ Cover the nose and mouth with a tissue OR wear a medical mask
- ⇒ If tissues are used, discard immediately into the trash
- ⇒ Cough/sneeze into your sleeve if no tissue is available
- ⇒ Clean your hands with soap and water or alcohol- based products
- ⇒ Do not spit here and there
- ⇒ seek medical care for advice

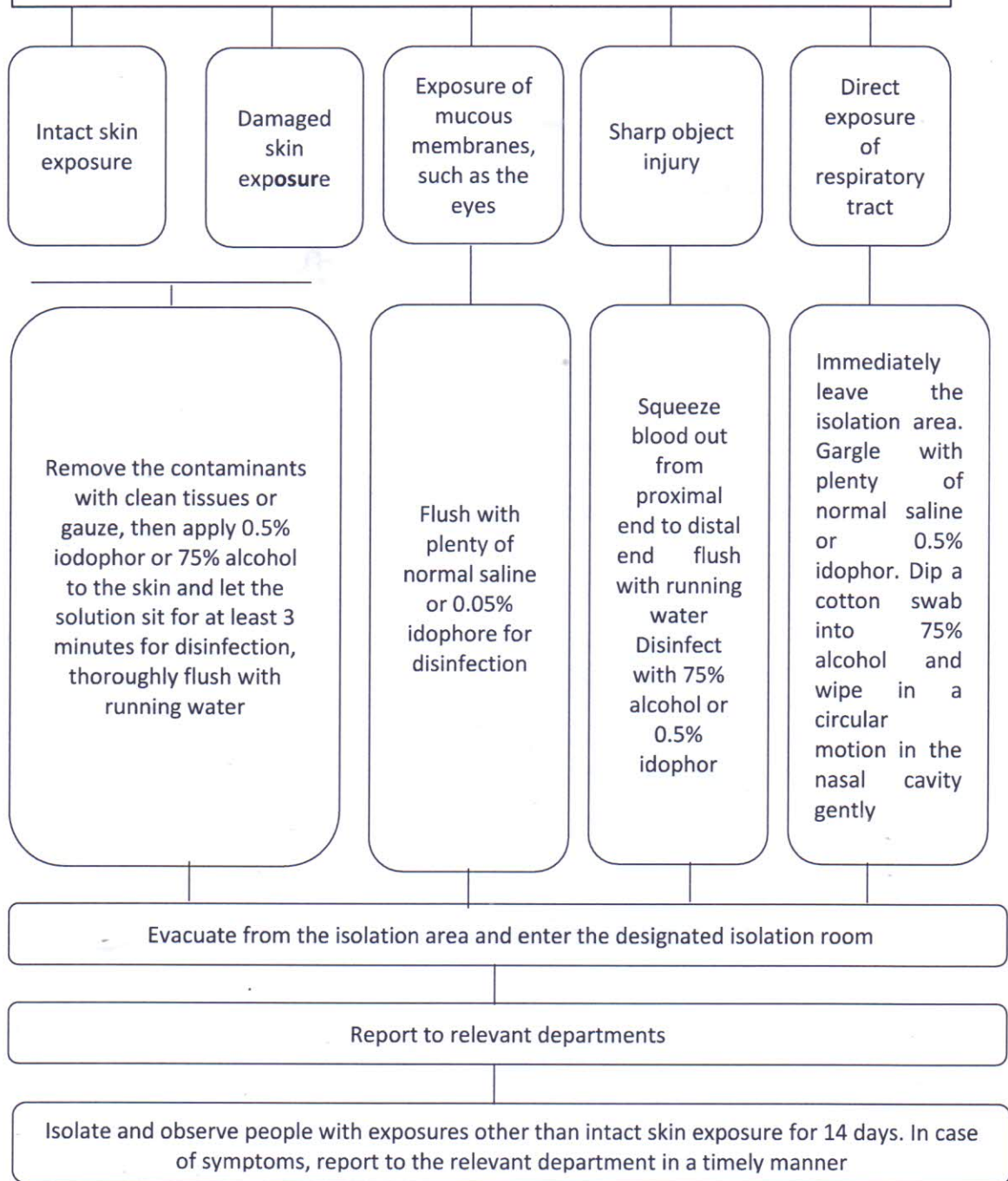
Healthcare professional working in any childbirth or neonatal area should report to their supervisor if they have respiratory or other symptoms suggestive of COVID-19 infection. Such healthcare professional should not be put on clinical duty and should be replaced by a healthy healthcare professional to maintain appropriate patient-provider ratio.

Disinfection of Surfaces in the childbirth/neonatal care areas

- ☑ Housekeeping staff to wear personal protective equipment before disinfecting.
- ☑ If equipment or surface is visibly soiled first clean with soap and water solution or soaked cloth as appropriate before applying the disinfectant.
- ☑ 1% sodium hypochlorite should be used to disinfect large surfaces like floors and walls at least once per shift and for cleaning after a patient is transferred out of the area.
- ☑ 70% ethyl alcohol can be used to disinfect small areas between uses, such as reusable dedicated equipment.

Personal Protective Equipment in relation to COVID-19 infection management:	
Area	Protective Equipment
outpatient department	Disposable surgical cap and Disposable Disposable latex gloves
Non-respiratory diagnostics like Imaging, and other diagnostics, Cleaning of surgical instruments	Disposable surgical cap, N95mask Wash proof gowns and aprons Disposable latex gloves Goggles
Delivery and or surgical procedures, Intubation, resuscitation	Disposable surgical cap mask (N95) Washproof gowns and aprons Disposable latex gloves Full face respiratory protective devices or powered air-purifying respirator

Annexure 8: Occurrence of COVID-19 related occupational exposure



Annexure 9

FOGSI Short term advisory on COVID -19 Pandemic.

The Federation of Obstetric and Gynaecological Societies of India (FOGSI) prioritises in its mission and vision the safety of women, their families, its members, their staff and the public in general. FOGSI advise it's members for the following.

1. Where possible outpatient visits, e.g. routine antenatal visits for patients having no complaints or at low risk, gynaecological complaints of a chronic nature and new treatments for fertility care should be deferred. A gynaecologist can take a decision on it.

(The purpose of deferring clinic visits is to reduce traffic to the hospital and/or clinic and enhance social distancing.)

2. Elective surgeries and diagnostic procedures can be deferred after informing a patient about the risks of transmission of COVID-19 as it is a pandemic and it's consequences if they agree. A Gynaecologist can take a decision looking to the condition of a pregnant woman and her foetus.

(The purpose of deferring planned procedures is to reduce traffic to the hospital and/or clinic and enhance social distancing. The impact of COVID-19 infection on postoperative recovery is not known)

3. For women undergoing assisted reproduction, who have already begun ovarian stimulation, care can be continued after counselling with the couple. The decision to transfer embryos in all cycles whether fresh, thaw or recipient cycles in not suspected patients can be individualized after proper counselling and as per the couple's wish. If there is a diagnosed positive COVID-19 infected patient or if there is a strong suspicion based on travel history and/or clinical features, embryo transfer should be deferred.

(At present, there is no suggestion that there is mother to child blood-borne transmission of COVID -19. The current prevalence of infection in India suggests that it is not in the community spread phase. It would be prudent to discuss these aspects with the couple before making a decision on embryo transfer.) (It would be prudent to discuss all aspects with the couple before making a decision on embryo transfer.)

4. Medical, Paramedical and other staff members should be trained in infection prevention including correct hand hygiene, usage of masks and social distancing. Only essential attendant should be allowed with the patient.

5. If there is a diagnosed positive COVID-19 infected patient or if there is a strong suspicion based on travel history and/or clinical features, the appropriate health authority should be notified.

(As a measure to reduce community spread, quarantine, social distancing and hand washing are the most effective preventive measures.)

Annexure 10 : Triage area

Recommended HR

Proposed

Available 24*7 Nurses 2 each in each shift for labour room , OT and postnatal ward ward boy 2, Housekeeping staff 2-

On Call Obstetrician -1, Anaesthetics 1, Paediatrician 1, Pathologist 1, lab technician 1, Per shift (8 hourly)

Readily available

1. Monitoring Equipment's – BP apparatus, Fetal Doppler, Thermometer, Stethoscope, Weighing Scale
2. Crash Cart/ Emergency Drug Tray
3. Oxygen Cylinder with mask
4. Point of Care Diagnostic (POCD) Kit

Labour Room

Equipment & Accessories for labor room

Patient Care	General care
<ul style="list-style-type: none">• Labour Table• 5 trays (Delivery tray, baby tray, medicine tray, emergency tray, episiotomy tray)• Eclampsia kit & PPH kit• 10 delivery sets at least,• Oxygen source – Central/concentrator or cylinder• Hand-held fetal doppler• POC kits - Glucometer Protein urea test kit• Stethoscope <p><u>PS</u> Autoclaved delivery tray for each labor table to be ensured</p>	<ul style="list-style-type: none">• Digital clock• Digital BP instrument• Infrared/ digital thermometer• Autoclave,

New Born care Area (NBCA)/ NBCC

New born care area should have free space on all sides for easy access. Following to be ensured :

- Radiant warmer and complete Resuscitation kit - with functional Shoulder roll, bag and mask. (volume 250 ml) with masks of 0 to 1 size
- Mucus extractor.
- Baby-receiving towels.
- Digital/ Infrared thermometer
- Pediatric stethoscope
- Neonatal weight machine

Oxygen cylinder/oxygen concentrator should be available in the vicinity of the NBCA

Other Consumables

Following consumables should be available in adequate quantities in the labor room:

<ul style="list-style-type: none">• IV Fluids (RL, NS)• Intra Cath• IV drip sets• Nasal prongs of all sizes• Cord clamps• Catgut,• Needles• Syringes• Betadine solution• Leucoplast	<ul style="list-style-type: none">• Soaps &• Hand-wash,• Alcohol Hand rub (Sanitiser)• Mosquito repellent etc.• Sanitary napkins• Sterile pads• Gloves• Cotton,• Gauze,
--	---

Obstetric OT

1. Demarcate the OT complex into 4 zones viz., Protective zone, clean zone, sterile zone and disposal zone:

PROTECTIVE AREA	CLEAN AREA	STERILE AREA	DISPOSAL AREA
Reception, Waiting, Trolley Bay, Change Rooms, Rooms for MOs, Sister I/C, Stores etc	Pre& Post-operative, Stores, Donning/Doffing area	Operating Theatre, Scrub Room, Anaesthesia, Setup Room	<i>Dirty Utility, Disposal areas from each OT & Corridor leading to disposal zone, Disposal Corridor</i>

Equipments for OT

- Functional Boyle's Trolley
- Multipara Monitor
- Oxygen cylinder
- Suction machine
- Adult AMBU bag
- Emergency Kit available-Adrenaline,
- OT light and OT Table
- C-Section set - 5
- Surgical Instruments/drums
- MVA/EVA Set
- Oxygen concentrator

New Born Care Corner as described in Labour room section

Key points for Donning / Doffing

It is preferable to have separate Donning/Doffing area for Triage, LR and OT with separate entry for patients and providers. Each facility however should make contextual arrangement to atleast ensure unidirectional flow of movements for a donned staff

Ensure that all cadres of staff are adequately Trained on “Donning and Doffing” of PPE for all the staff.

1. Appropriate Donning of PPE by all the staff involved in direct patient-care (doctor, nurses and aya) must be compulsorily done in the designated area.
2. Doffing area to have BMW disposal, hand hygiene, disinfectant, changing and bathing facilities

SN	Infrastructural and furniture Required in Donning/Doffing Area
1	Attached toilet
2	Hand washing area
3	Table (To keep PPE) – can be easily wiped
4	Plastic Chair – can be easily wiped
5	Closed Cupboard for storing PPE and Scrub clothes
	Supplies Required In Donning/Doffing Area
6	PPE
7	Automatic hand rub dispenser
8	Tub with 5 % Sodium hypochlorite
9	Soap
10	Sanitizer/Cotton Swab
11	BMW bags with bins and COVID Label

Steps Of Donning

1. Check for any wear, tear and size of PPE
2. Perform hand hygiene
3. Wear both shoe covers
4. Perform hand hygiene
5. Wear first pair of gloves
6. Wear gown and check the fitness
7. Wear N95 mask and fit over nasal bridge properly
8. Perform leak proof test
9. Wear hood with breather mask and tie the hood at the back of the head
10. Wear a second pair of gloves. It should cover the arms of gown
11. Check the fitness of gown

Steps Of Doffing

1. Check for any wear, tear and exposed body parts
2. Disinfect the outer gloves with alcohol based hand rub
3. Sit on the chair and remove the shoe covers
4. Disinfect the outer gloves using hand rub
5. Remove the outer gloves
6. Inspect both sides of inner gloves
7. Disinfect the inner gloves
8. Remove the hood away from the body
9. Disinfect the inner gloves
10. Remove the gown and discard in bin
11. Disinfect the inner gloves
12. Remove the inner gloves
13. Perform hand hygiene
14. Put a fresh pair of gloves
15. Remove N95 mask
16. Disinfect gloves
17. Disinfect the shoes along with sole using cotton swab
18. Disinfect and remove gloves
19. Perform hand hygiene
20. Check the scrub for tear and contamination
21. Proceed for head to toe shower.