

Adapting Antenatal Care in a Rural LMIC During COVID-19: A low literacy checklist to mitigate risk for community health workers



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INTRODUCTION

The COVID-19 pandemic is challenging health systems across the world. In LMIC, maternal healthcare is focused outside a health center through the use of community health workers and birth attendants. These essential workers are ill prepared for the highly transmissible nature of this novel virus [1]; this holds true in the rural region of Sololá, Guatemala. This is alarming given that Mayan women living in rural Guatemala have a maternal mortality rate double that of their non Mayan counterparts (163 per 100,000 compared to 78 per 100,000) [2].

METHODS

Saving Mothers Guatemala has piloted an ANC low literacy protocol (Figure 1). A total of 8 traditional birth attendants skilled in ANC delivery were trained. Implementation was feasible due to an existing collaboration between the municipal branch of the MOH and Saving Mothers Guatemala, a local NGO with vast experience in training traditional birth attendants in basic ANC [3].

COVID-19 COMMUNITY PRENATAL VISIT CHECKLIST

PRE-VISIT

- Confirm the visit and ensure a safe environment for you and the patient
 - STOP No visit if you have a temperature over 37.7 C and/or COVID-19 symptoms
- Screen all household members for COVID-19 signs and symptoms
 - 1. STOP
 - 2. Instruct to self-isolate at home
 - 3. CAP & El Ministerio de Salud
- Clean all Pow-HER kit prenatal supplies with bleach/ alcohol/ disinfectant
- Ensure there are enough supplies in your kit for every scheduled visit
 - Place supplies in a separate bag from personal items
 - Maximum of 3 household visits a day

COVID-19 COMMUNITY PRENATAL VISIT CHECKLIST

VISIT

- Before you leave your home:
 - COVID-19 supplies
- When you arrive at the patient's home:
 - Stay 2m away except during the exam
- Complete prenatal visit and schedule next appointment
 - If patient's temp is over 37.7 C, instruct to self-isolate & notify SM's Program Coordinator
- Once outside the patient's home:
 - Proceed to the next patient's home and repeat steps 1-4. If not go straight home

POST-VISIT

- Once you are home:
 - Remove PPE away from kitchen and common areas



RESULTS

The five session lecture and simulation based training addressed two recently recognized barriers (1) feeling safe having healthcare providers inside their home (2) false information regarding the transmission of COVID-19. The checklist emphasized four major topics to address these barriers; proper risk assessment prior to entering the home, understanding of COVID-19 transmission in pregnancy, infection control for both the healthcare worker and the pregnant woman, and proper use of PPE. Training was both lecture and simulation based in order to assure understanding, especially for novel topics such as donning and doffing of PPE.

REFERENCES

[1] Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic. World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO.

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CONCLUSION

Successful training using our low literacy checklist as part of a larger COVID-19 training program is a valuable tool in improving ANC care in LMICs [5]. In the evolving global setting of COVID-19, the low literacy checklist described here allows for ease of PPE execution and reinforcement of infection control.