KENYA COVID19 RMNH GUIDELINES

A Kenya Practical Guide for Continuity of Reproductive, Maternal, Newborn and Family Planning Care and Services in the Background of COVID19 Pandemic

MOH, April 2020

MINISTRY OF HEALTH

FOREWORD

This Practical Guide for Continuity of Reproductive, Maternal, Newborn and Family Planning Care and Services in the Background of COVID19 Pandemic in Kenya was developed in response to the new Coronavirus Disease 2019 (COVID-19). COVID -19 is a serious highly contagious respiratory viral infection caused by a novel coronavirus recently named SARS-COV2. The outbreak started in Wuhan City, Hubei Province in mainland China and has since spread globally, infecting more than 1,925,000 people resulting in over 119,600 deaths, and occurring in 210 countries. This pandemic continues to pose grave danger to all populations, particularly those in Sub-Saharan Africa where overburdened health systems continue to struggle with scarcity of human and financial resources.

The outlined protocols in this guide offer practical consideration of both preventive and clinical aspects of safe continuity of quality Reproductive, Maternal, Newborn and Family planning services during the COVID19 Pandemic in Kenya. This guide borrows from various international recommendations; including the World Health Organization, preceding country COVID19 response guidelines by MOH, as well as from experience of other countries such as China, Europe and America that have struggled with the evolving impact of the outbreak a little earlier and in a severer form than is presently being witnessed here in Kenya. As experience and knowledge on COVID-19 is rapidly evolving, these interim guidelines will be updated periodically as significant new information becomes available

I expect every clinician, healthcare worker, caregiver and stakeholder in Reproductive , Maternal, Newborn and Family Planning Health to adhere to these guidelines to effectively manage the Coronavirus epidemic while maintaining continuity of this essential health care services for all in need in Kenya.

Dr. Patrick Amoth
Ag. Director General for Health

MINISTRY OF HEALTH

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The Ministry of Health (MOH) wishes to recognize the enormous contribution of her staff, guided by the Head, DRMH: the Technical Division responsible for Reproductive and Maternal Health, Dr. Stephen Kaliti. This guide would not have been the same without the patriotic indulgence of an ad hoc pro bono committee of experts comprising of Professor Omondi Ogutu (Chair), Professor Joseph Karanja, Dr. Elly Odongo, Dr. John Nyamu, Dr. Charlotte Polle, Dr. Nelly Bosire, Professor Eunice Ndirangu, Louisa Muteti, Dr. Dan Okoro, Dr. Gathari Ndirangu and Dr. Khadija Abdallah.

Finally, it is the laudable contribution of, and representation from; Kenya Obstetric and Gynaecological Society, Nursing Council of Kenya, Midwives Association of Kenya, UNICEF Kenya, UNFPA Kenya, JHPIEGO Kenya, Reproductive Maternal Health Consortium Kenya and numerous other entities that validated this guidelines for the country.

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MINISTRY OF HEALTH

1. INTRODUCTION

SARS-COV-2 (COVID-19) is a new viral disease that is highly contagious. This newly discovered coronavirus was not previously detected in animals or humans and the source is still unknown. Its effects on pregnancy, child birth and the neonate have not been fully understood as very little information is available since the outbreak was first reported in December 2019 in Wuhan China. Evidence gathered by WHO shows that when routine practice comes under threat due to competing demands, simplified purpose-designed governance mechanisms and protocols can mitigate outright system failure. These guidelines are designed to provide a simple algorithm to ensure reproductive health services are not compromised during this pandemic.

2. PURPOSE OF THE GUIDELINES

1. Identify elements of antenatal care crucial to minimizing maternal and perinatal morbidity and mortality that require modification to ensure safety of the patients and the healthcare workers within the context of COVID-19
2. Provide algorithms on intrapartum care of COVID-19 negative mothers, COVID-19 positive mothers and those suspected but not confirmed to be COVID-19 positive, during labour and delivery, while ensuring the safety of mothers, newborns and healthcare workers
3. Identify elements of postnatal care that support women and are crucial to minimizing maternal and perinatal morbidity and mortality that require modification to ensure safety of the patients and the healthcare workers within the context of COVID-19
4. Provide safe and highly effective care plans for women with acute emergency and urgent Gynaecological conditions, that take into consideration the safety of the patients and healthcare workers
5. Ensure access to family planning and contraception services for women during the pandemic period, for both continuing and new users
6. Guide on collective response to the ambient re-emergent threat of Sexual and Gender Based Violence

3. UNIVERSAL INFECTION PREVENTION MEASURES

1. Hand hygiene; Frequent hand washing with soap and water or alcohol based sanitizer
2. Respiratory hygiene; Consistent use of face mask in public settings, sneezing on elbow or handkerchief
3. Avoid touching the face especially mouth, nose and eyes
4. Stay at home, reduce clinic visits to bare minimum
5. Make use of telemedicine
6. Keep a safe distance ; at least (2metres/6 feet) from other people,
7. Reduce visitors including relatives

8. Should you feel sick (fever, cough, difficulty in breathing) call for help or go to the designated facility for care
9. Avoid public transport where possible
10. Leave baby at home during visits unless it's a dual clinic for both mom and baby
11. Where possible, make hospital visits unaccompanied.
12. Minimize luggage to hospital (baby bag, handbags etc.)

4. USE OF TELEMEDICINE FOR RMH IN THE CONTEXT OF COVID19

1. Telephone calls are the preferred first contact with the healthcare providers and are encouraged where face to face visits may not be recommended
2. General enquiries about COVID19 will be directed to the government 24Hr call Centre
3. During Lockdowns, curfews or emergency restrictions, and where medically appropriate, evaluations and management services conducted by telephone will be valid
4. Dedicated Tele Call Centres will provide link between patients and care within their locality as needed
5. Tele Contact Centres will be manned by appropriately trained persons on matters of reproductive health as well as COVID19
6. Contact Centre number should be widely circulated through the various media

> Pregnant women will continue to experience labour and pregnancy related emergencies during this period. Therefore deliberate concerted efforts must be made to ensure no woman is denied access to skilled care. It is guided that communities devise ways of ensuring women in labour or experiencing pregnancy emergencies are able to safely reach the nearest hospital without restrictions or threats to their safety. Further, village headsmen/sub chiefs /chiefs and County Chief Executives for Health should activate county specific mechanisms to enforce health service access for all pregnant mothers, and especially at night or during periods of movement restriction to contain COVID19 pandemic.

7. Service providers are encouraged to use telephone consultations and seek appropriate expertise from fellow colleagues as demanded by each situation, as would happen in a normal face to face referral.
8. Detailed evaluation and tele management services must be provided by, or routed to, a medical specialist, medical doctor or midwife licensed and retained in the practice register to offer reproductive, obstetric or gynecological care as the need may be.

5. ANTENATAL CARE

1. Covid-19 infection in itself is not an indication for interference with the natural progression of a pregnancy and therefore timing and mode of delivery remains based on obstetric and medical indications where applicable.
2. At this time it is not known if pregnant women are more susceptible to COVID-19 than the general public. However due to changes that occur during pregnancy, pregnant women may be more susceptible to viral respiratory infections.

3. It is important for pregnant women to protect themselves from illness and for their health care providers to have the most current and updated information to provide the best care for them.

Deliveries attended by non-skilled personnel or occurring at home increase the risk of complications and death to both the mother and the baby. At this time we do not know the risk COVID-19 may have on pregnancy or potential problems during delivery or post-partum. Skilled birth attendance is particularly important and must be emphasized and conducted in a facility that is equipped with the requisite staff and resources to manage labour safely and handle any arising complications. Birthing facilities should observe COVID19 infection prevention protocols as well as offer the requisite advanced care as the need may be. Home deliveries increase mortality and remain strongly discouraged.

I. CLINIC VISITS

Care of the pregnant woman should be highly individualized with respect to her overall status. However, in line with recommendations to reduce risk to both the client and the healthcare workers, the following recommendations are made:

1. Call your health care provider for advice that can be provided over the phone or by using telehealth, before seeking care in the hospital or clinic.
2. Except where inevitable, patients should go to the clinic unaccompanied and wear a face mask
3. Clinic visits may be reduced to 4 face to face visits where feasible , supplemented by 4 virtual /tele consultations
4. Keep strict records of all visits, whether face to face or virtual, preferably electronic
5. Women suspected or positive for COVID-19 should be safely transferred to and managed from designated (level 4 hospitals and above) quarantine or isolation Centre's manned by Doctors.
6. Referral and consultations by telephone or video should be encouraged to minimize unnecessary exposure

II. ANTENATAL SCREENING

Antenatal screening tests should be done at the first opportunity for every pregnant mother attending clinic. These include:

1. Universal laboratory investigations as recommended under routine care
2. Baseline investigations for co-morbidities
3. Gestation-appropriate ultrasound scans

III. PATIENT EDUCATION

1. Extensive education of danger signs must be done for all clients
2. Every institution must inform the mother on how to contact them in case of emergency
3. Disseminate the national contact Centre number to all mothers

IV. PRESCRIPTIONS

All mothers shall be issued with extended prescriptions for antenatal supplements and any other regular medications for other chronic illnesses including anti-retroviral drugs, for at least three months.

7. INTRAPARTUM CARE

1. Health workers are the first responders, providing frontline care, and are risking their lives in doing so.
2. Health workers should be equipped with the necessary information and protection to stay safe in the course of their clinical duties.
3. All pregnant women need respectful skilled care during the process of labor and delivery.
4. To minimize risk, birthing partners in the intrapartum unit are discouraged, during this COVID 19 pandemic

> ALL persons must be screened for symptoms (fever, cough, or shortness of breath) including a temperature check prior to entering the labor and delivery room and every twelve hours after, and for potential exposure to someone with COVID-19. Movement into and out of the delivery room must be controlled, ideally all persons in the delivery room to stay in the room until completion of the process allowing non-return exit

I. TRIAGE

Always use appropriate protective gear –PPE, before interacting with a patient. Take history, examine, investigate, counsel and review medications. Specifically look out for the following:

- Hypertensive disorders of pregnancy
- Metabolic disorders: Diabetes
- Endocrine disorders: thyroid disease
- Cardiac disease
- Respiratory disease
- Haematological disorders and VTE
- Neurological diseases especially epilepsy
- G.I diseases: Chronic liver disease, IBS
- Rheumatology
- HIV
- Renal disease: CKD, Renal transplants
- Obesity >40Kg/m^2

II. CARE FOR THE COVID-19 NEGATIVE WOMAN IN LABOUR

A. EXPECTING NORMAL DELIVERY:

These are pregnant mothers who should:

- ✓ Have no complications
- ✓ Have previous normal deliveries
- ✓ No comorbidities
- ✓ Have comorbidities, but are asymptomatic or have mild disease

1. Monitor labor and conduct delivery as per the set protocol, using appropriate tools e.g. Partograph
2. Discharge home in 24 hours if stable

B. DELIVERING BY CAESERIAN SECTION

These are mothers who:

- ✓ Have labor complications
- ✓ Have recurring obstetric complications from history
- ✓ Planned for Pre-labor (elective) caesarean section
- ✓ Have conditions precluding vaginal birth

1. Deliver by caesarian section as per existing protocols
2. Discharge home within 48-72 hours if stable

III. CARE FOR THE COVID 19 SUSPECTED OR CONFIRMED POSITIVE WOMAN

I. EXPECTING NORMAL DELIVERY

1. Labour will be conducted in a facility with quarantine or isolation rooms equipped for managing patients who test positive for covid19
2. Monitor labor as per the set protocol using a Partograph
3. Ensure vacuum extraction equipment at hand in case of maternal distress (respiratory) during second stage of labor
4. Immediate removal of baby from mother upon delivery, preventing any contact until mother has undergone hand and body hygiene
5. Delay breast feeding until the breast has been washed with soap and water
6. The mother shall wear an N95 mask at all times during labour and during contact with the baby and this should continue at home until she is declared COVID 19-free
7. The staff assigned to the patients should be well trained, restricted and wearing appropriate PPE-personal protective equipment.

Currently there is no evidence of COVID 19 transmission through breast milk, however Care should be taken not to expose the newborn: refer to separate Breast Feeding guidelines

Service providers include:

- ✓ General staff trained on handling patients testing positive for COVID19 and regular high level infection control in isolation/quarantine facilities
- ✓ Trained and resourced medical doctors and midwives on appropriate use of PPE in level 4 and above hospitals

II. DELIVERING BY CAESERIAN SECTION

1. Obtain informed consent
2. Observe normal preparations for caesarean delivery
3. Use designated negative pressure operating theatre
4. The patient must have a face mask in theatre preferably N95

5. Regional anesthesia is preferred, unless there are contraindications to it
6. All the prerequisite sterile procedures to be observed
7. There is no contraindications to delayed clamping
8. Perform the caesarean section in the normal procedure
9. Delay breast feeding until the breast has been washed with soap and water and mother is is wearing N95 mask
10. Restrict staff assigned to patient and control movement in and out of theatre
11. COVID-19 IPC must be observed at all times

> Where intubation and general anaesthesia are required, rapid sequence induction, using a short acting muscle relaxant preceded by generous oxygenation, and bypassing need for bag and mask, given by an experienced anesthesiologist is strongly advised to minimize aerosol generation. Manual ventilation should use low tidal volume and as guided by current Anaesthesia Guidelines for covid19. Places with only one operating theatre should fumigate immediately the procedure is completed

Service providers include:

- ✓ General staff trained on handling patients testing positive for COVID19 and regular high level infection control in isolation/quarantine facilities
- ✓ Trained and resourced medical doctors and midwives on appropriate use of PPE in level 5 and above hospitals

8. POSTNATAL CARE

This section applies to healthcare facilities and healthcare providers managing women during the first six weeks after delivery as well as the postnatal woman. The main aim is to ensure that during the postnatal period:

1. The risk of contracting COVID-19 infection is minimized
2. Women receive routine postnatal care
3. Women with emerging complications/emergencies are attended to appropriately and in a timely manner

I. NUMBER OF PHYSICAL (FACE TO FACE) VISITS

Individualize postnatal care to meet the woman and newborn's needs. However, where acceptable, minimize face to face visits as follows: For Low risk women who underwent normal delivery: review at six weeks after delivery

1. For Low risk women who underwent caesarean delivery: review at two weeks and 6 weeks post-delivery
2. For High risk women who underwent normal delivery or caesarean delivery: Individualized care
3. Any woman with complaints or emerging complications to be triaged, risk profile determined and appropriate care assigned, preferably through telemedicine where possible

II. ASSIGNING RISK

While keen on reducing face to face visits, the following women should be considered high-risk and accorded individualized care:

1. Women with medical conditions and other comorbidities during pregnancy and delivery including Gestational diabetes, Cardiac disease, Hypertensive disorders , Haemoglobinopathies, VTE, among others
2. Women with emerging complications during the postnatal period including puerperal sepsis, post-Partum Haemorrhage, post-partum Eclampsia
3. Women with any other medical emergency during the postnatal period

III. APPROPRIATE LEVEL OF CARE

Women should continue to receive postnatal care at their regular healthcare facilities. However, in order to reduce the need for unanticipated referrals the following is recommended:

1. Low risk women who underwent normal delivery and are otherwise well should be attended to at lower levels of care (same locality dispensary and health Centre) unless expressly advised. Unless necessary, women are advised to visit unaccompanied.
2. Women who underwent caesarean delivery and any woman classified as high risk irrespective of mode of delivery should be attended to at a CEmONC facility (level 4 and above) preferably by a doctor unless expressly advised
3. Women with emerging complications during the postnatal period including puerperal sepsis, post-partum Haemorrhage, post-partum eclampsia, should be attended to at a CEmONC facility (level 4 and above), by a doctor unless expressly advised

Advance telephone booking and scheduling of review clinic visits is highly recommended

IV. POSTNATAL WOMAN CONFIRMED OR SUSPECTED TO HAVE COVID 19

The following is applicable:

1. Case management: will be according to the current national guidelines for managing patients confirmed or suspected to have the corona virus
2. Neonatal/infant feeding options: While breast feeding is advised and preferred, women will be counselled and guided on making a choice on whether to continue breastfeeding or be separated from their infants. Refer to current guidelines and the annexed algorithm for breast feeding,

V. NEONATAL/INFANT FEEDING OPTIONS FOR POSTNATAL WOMEN CONFIRMED OR SUSPECTED TO HAVE COVID19

At present, there is no evidence suggesting that the SARS-COV2 virus (COVID 19) is transmitted through breast milk and therefore the benefits of breastfeeding outweigh the attendant risks.

> The benefits of breastfeeding outweigh any potential risks. Breastfeeding is therefore encouraged but efforts should be made to minimize the risk of contact & droplet transmission of COVID19 infection to the breast feeding newborn/infant

Breastfeeding is therefore encouraged, alongside rooming in, and kangaroo mother care as may be professionally advised, regardless of COVID 19 status. (See Guidelines on The Management of Paediatric Patients During Covid-19 Pandemic March, 2020)

The following options are recommended as appropriate:

1. For safe breast feeding option, follow the National COVID19 infection prevention guidelines with emphasis on the following:

✓ Strict hand and breast hygiene with soap and water before handling and breastfeeding baby
✓ Use N95 face mask while breast feeding

2. For separation from neonate/infant option, which may be occasioned by severe illness in the mother due to COVID-19 or other complications that prevent her from continued breast feeding, or where the mother chooses to be separated from the infant:

✓ Encourage mother to express breast milk to establish and maintain milk supply
✓ Ensure expressed breast milk is fed to the newborn/infant by a healthy caregiver or companion as is applicable, where the mother is not able to feed her baby

3. In the event that the mother is too unwell to breastfeed or express breastmilk, appropriate breastmilk substitutes including Formula milk and breast milk banks should be considered.

9. ACUTE GYNAECOLOGICAL CONDITIONS

These include, but are not limited to the following:

1. Ectopic pregnancy
2. Pelvic and Bartholin's abscesses
3. Hydatidiform mole
4. Torsion of ovarian cyst
5. Acute severe dysfunctional uterine bleeding
6. Inevitable, incomplete and septic abortion

Admit and offer: standard emergency care, surgery, laparotomy or laparoscopy but consider the following:

1) Screen all patients for COVID19 as per screening protocol

2) Offer COVID19 test where feasible
3) For COVID19 negative patients, proceed with emergency care as per routine practice
4) For patients suspected or confirmed to have COVID19, manage as per current guidelines for acute specialized care for persons testing positive for COVID19
5) While COVID19 status must not compromise lifesaving procedures, IPC practices including offering care in the appropriately resourced facilities according to COVID19 status should be adhered to
6) Where possible, surgery should be done safely under Spinal or low aerosol generating anesthesia modes, preferably administered by a qualified anaesthesiologist, and as guided by the current guidelines on safe COVID19 anaesthesia practice.

10. GYNAECOLOGICAL CANCERS

Over and above the current MOH general guidelines for cancer management in the context of COVID19, and the recommendation to postpone elective surgeries where service provision is strained by COVID19 demands on personnel and supplies, the following specific approaches are recommended:

1. Benign Gynaecological tumours: reviews and surgeries should be deferred till a later time when the health system will have normalized
2. Uterine Malignancies: Oral progesterone and use of the levonorgestrel- secreting intrauterine systems are options where surgery is not feasible immediately. Primary radiotherapy is also recommended where available.
3. Ovarian Malignancies: Consider neo-adjuvant chemotherapy in all women with extra-pelvic disease. In some situations, neo-adjuvant chemotherapy may be extended to four to six 6 cycles before surgery. Where there is excellent response to neo-adjuvant therapy and remission is achieved i.e. no detectable disease, further deferral of surgery may be considered
4. Cervical Cancers: Where surgery is delayed and it is difficult to determine when surgery is possible, then radiotherapy with or without concomitant chemotherapy should be considered
5. Vulvar Cancers: For the operable tumor, consider resection under local/spinal anaesthesia. Removal of the sentinel nodes should be undertaken where at all possible. However, there may be a need to defer groin lymphadenectomy until a time that is safer for the patient

11. NON-EMERGENCY GYNAECOLOGICAL CONDITIONS

1. For clients who are COVID 19 negative or their status is unknown and have benign lesions such as genital warts, vulvar dystrophy, breast lumps, ovarian cyst, infertility and hormonal imbalance, treatment shall be postponed.
2. Genital tract infection, urinary tract infection and sexually transmitted infections should be managed via telemedicine and where necessary, referred to the nearest health care provider
3. Women who are COVID-19 positive with these conditions, COVID-19, being more life-threatening, is managed first unless the condition is one that can be managed concurrently without interfering with the medications used , or worsening pre-existing conditions.

12. SEX IN THE BACKGROUND OF COVID 19

Sex is an intimate high contact activity and preventing infection and transmission of COVID19 within the confines of a sexual act may not be feasible. Discordant couples are encouraged to abstain and observe isolation/quarantine guidelines until complete resolution of COVID19.

It is recommended that sexual acts be responsible and restricted to consenting sexual partners in the same households who share a similar COVID19 risk / exposure status. Persons suspected of, or testing positive for, COVID19 are encouraged to abstain from sexual intimacy and observe isolation/ quarantine guidelines. Transactional sex carries heightened risk of COVID19 infection and transmission, and is particularly discouraged at this time.

13. FAMILY PLANNING AND CONTRACEPTIVES

Kenya has made significant gains in reducing unmet need for contraception as well as expanding access to a variety of contraceptive methods. These gains are threatened by the outbreak of COVID19, which has disrupted global commodity supply chains as well as put enormous pressure on the health care providers and organization of family planning service delivery points. The minimum deliverables in family planning, namely : comprehensive counselling , full accurate disclosure of method information, access to quality services, informed consent , respect for choice, privacy , confidentiality and dignified care will continue to be observed even in this era of COVID19 pandemic.

Family planning remains an essential service and continuity of care should be ensured. To guard the safety of clients and providers while relieving pressure on health facilities during the COVID19 pandemic, rational use of contraceptive methods to deliberately prevent infection or transmission of COVID19 is encouraged. Due to ease of administration, wide safety profile and low intensity interaction between client and provider, condoms and oral contraceptive pills with 3 monthly extended refills will be the mainstay of contraception until health services normalize. Unnecessary premature method switch and method discontinuation are discouraged. Staggered telephone scheduling of clinic return dates (TCA) to avoid crowding should be enforced. Elective surgical contraception is suspended and where applicable, removal of long acting methods deferred. Due to high risk of perpetuating community transmission of COVID19 infection, community based distribution of contraceptives is restricted to condoms and oral pills. For the same reason, community family planning outreaches are suspended until a later safer time when normal service provision resumes and widespread restriction of movement to control COVID19 pandemic is lifted.

I. GENERAL RECOMMENDATIONS

1. Increase of minimum stock level in service delivery points from current four months of stock (MOS) to six MOS to cushion the health facilities in case of delays in the supply chain.
2. All clients presenting at a health facility to start (or restart) a family planning method should be encouraged to use less skill intensive methods i.e. condoms, pills and patches that are easy to deliver with minimal client –provider physical interaction
3. Pursuant to government legal notice number 50 of 2020, all clients visiting a family planning facility must wear a mask and observe hand hygiene and social distancing Family planning facilities must observe and maintain spurious COVID19 infection and transmission prevention as per current COVID19 IPC guidelines
4. All clients who have been on oral contraception for more than three months should be supplied with pills to last for three months to reduce the frequency of visits to health facility
5. To avoid congestion in the delivery points, To Come Again (TCA) dates should be staggered so only a small number of clients present at a time
6. To comply with current directives on prevention of COVID19 infection and transmission, group counselling of clients is suspended with immediate effect and service delivery points are encouraged to expand physical spaces e.g. by use of tents to comply or closure of space constrained physical points that could pose a threat to clients and health care providers
7. Community based distribution of contraceptive methods is restricted to condoms and oral pill refills
8. New methods and all other methods, except condoms and contraceptive pills within the confines of clause 12(8) above, will be issued from family planning clinics and health facilities.
9. To reduce workload on family planning service delivery points, institutions are advised to offer family planning services on a 24 hour basis
10. Visits to Family planning clinics are to be scheduled through telephone calls and planned so that only a small number attends at any given time.
11. Every encounter between a health care provider and a woman of reproductive age, should be used to ascertain contraceptive needs and ensure they are fully catered for as long as they are medically fit.
12. Unnecessary method switches are strongly discouraged as they deplete commodities and place extra burden on the health system.
13. New recruits to a particular method must be thoroughly counselled and guided to make informed choices of the ideal method for their needs to reduce suboptimal early removals, method discontinuations and method switches that are wasteful and put enormous pressure on the health system.

II. METHOD SPECIFIC GUIDANCE:

1. Except for condoms, clear records for clients served, by method and date must be kept and promptly availed, electronically where possible, to the responsible government data person for uploading into the Kenya Health Information System.
2. Condoms will be liberally availed across all outlets
3. Combined contraceptive pills, emergency contraceptive pills, combined contraceptive patches and progesterone-only pills will be dispensed in family planning clinics, health facilities and pharmacies/drugstores accompanied by proper record keeping.
4. Injectable contraceptives including subcutaneous DMPA , will be availed in primary healthcare facilities , family planning clinics, hospital and specialist clinics
5. Pharmacy and drugstores desiring to initiate clients on contraceptives must create conducive space, environment and trained personnel to offer comprehensive confidential client counselling and risk screening for specific methods.
6. Only Condoms, contraceptive pills and contraceptive patches may be distributed through Pharmacy and drugstore outlets.
7. Long acting reversible contraceptives (LARCs- Subdermal contraceptive implants, intrauterine devices, and contraceptive impregnated intrauterine systems) will be availed on prescription upon counselling and obtaining informed consent.
8. Postpartum and post abortion family planning counselling coupled with availability of contraceptive methods will continue to be offered through respective health facilities before client is discharged.

III. EXTENDED PRESCRIPTIONS

Every contact with a client is an opportunity to evaluate suitability for extended prescriptions, and where applicable (benefits outweigh risks), shall be guided as follows:

1. In all cases of hormonal contraceptives and intrauterine devices, client risk for sexually transmitted infection including HIV shall be assessed and additional protection using condoms emphasized.
2. Eligible continuing clients on contraceptive pills or contraceptive skin patches prescriptions, extended refills shall be issued to cover three months.
3. Clients returning for injectable contraceptives, offer counselling and if acceptable and eligible, consider converting them to a long-acting progesterone implant. If the client has no desire to use an implant, they should get their injection and further issued with at least three months' worth of progesterone-only pills to keep, with instructions to start the pills two weeks prior to the next injection date to ensure complete protection, and to continue the usage of the pills for the duration of the pandemic.
4. For first time users, the women shall receive appropriate counselling and review to ensure suitability to use a method as per the national guidelines. Should they choose to use contraceptive pills or the contraceptive skin patch, they should be issued with a three month supply.

5. All family planning clients shall be provided with a provider or facility telephone, in case of need to seek clarity, future scheduling of appointment, in the event of adverse effects or need to contact the provider.

IV. PERMANENT OR SURGICAL METHODS

1. Interval tubal ligations and routine vasectomies will be rescheduled until regular hospital services resume
2. Clients desirous of permanent surgical contraception, will be offered condoms , oral pills or short-term injectable, if eligible, to cover their contraceptive needs until normal services resume
3. Community outreach surgical services are suspended until resumption of normal services and risk for COVID19 community transmission is contained
4. Routine intrapartum tubal ligations will continue to be offered intraoperatively to eligible women as appropriate

V. POSTPARTUM IUDS

Immediate postpartum IUDS and IUS will continue to be offered to eligible clients at time of delivery and before discharge from health facility

VI. LONG ACTING REVERSIBLE CONTRACEPTIVES (LARCs)

Delay of replacement of long-acting reversible contraceptive methods is recommended as follows:

1. For women on LARC methods that are due for removal, and who are desiring of fertility upon removal, they shall be scheduled for removal once normal services return. However, they shall be reassured that delayed removal of their contraceptive devices does not confer harm, and the devices shall continue to remain active for at least twelve months from the recommended date of removal.
2. For women who require replacement of LARC methods due to imminent expiry, the replacement shall be safely delayed as follows:
    1) Etonogestrel-based implants (Implanon, Nexplanon): an additional 12 months
    2) Levonogestrel-based implants (Jadelle): an additional six months BUT with additional POPs or COCs/skin patches
    3) Levonogestrel intrauterine system: an additional twelve months
    4) Copper-based IUCDs:
        - T380A: an additional 24 months
        - Nova-T380: an additional 12 months
        - Multiload Cu375: an additional 3 months

VII. TELEMEDICINE

1. To the extent possible, low-risk new users who can effectively use condoms, oral contraceptives and contraceptive skin patches should be supported to do so by use of teleconsultation.

All Women/Clients/Patients visiting a Health Facility to be provided with a working telephone number to contact the provider (preferably within same geographical locality) in Emergencies/for schedule of visits.

2. Effective screening and counselling may be done remotely and appropriate contraceptives initiated where possible.
3. Visits to family planning clinics should be scheduled by telephone and staggered to ensure only a small number is served at a time.
4. All clients should be given a service/method card that has the provider or clinic telephone number to call back should the need arise

VIII. OVER THE COUNTER ACCESS TO CONTRACEPTIVES

1. Condoms, combined contraceptive pills, combined contraceptive patches and progesterone-only pills shall continue to be refilled stand-alone pharmacies as over the counter medications without strict requirement of a prescription
2. New users of these methods must be counselled by trained personnel and guided to choose the appropriate method of choice and as per client need , free from provider bias
3. Users of hormonal contraceptives are encouraged to concurrently use condoms for protection against HIV and Sexually transmitted diseases

IX. ONLINE PRESCRIPTION REFILLS

Where feasible, use of technology that enables responsible online prescription refills should be encouraged for contraceptive refills not requiring skilled provider to administer. This applies to both continuing users and newly counselled and recruited users benefitting from teleconsultation. Proper records will be kept at each Tele encounter.

X. SPECIAL CONSIDERATION FOR SPECIAL POPULATIONS

1. Emergency contraceptive pills should be availed to survivors of sexual and gender based violence promptly as part of standard post exposure prophylaxis
2. Clients seeking non assault emergency contraceptive must be counselled and guided to transition to safer longer term contraceptive alternatives

3. Clients seeking non assault emergency contraceptives must be discouraged from repeated use of emergency contraceptives , additionally condoms should be dispensed to the client to mitigate risk of HIV and STI's
4. Emphasize guideline number **12 [SEX IN THE BACKGROUND COVID19]** above, on clients seeking emergency contraceptives.
5. Screen all clients for exposure to COVID19 and link to COVID19 care as appropriate

XI. INFORMATION FOR THE PUBLIC

1. Any contact with a healthcare professional is an opportunity to seek contraceptive care
2. At delivery, ask your midwife or doctor about postpartum contraceptive before leaving the hospital
3. For contraceptive information, call your healthcare provider or the MOH contact Centre
4. If your contraceptive implant is due for removal or replacement, talk to your healthcare provider or call the MOH contact Centre for more information

14. SEXUAL AND GENDER BASED VIOLENCE

Sexual Gender Based Violence (SGBV) Violence against women (VAW) and Violence against Children (VAC) tends to increase during every type of emergency, including epidemics. Anecdotal reports indicate rising cases of GBV occasioned by the effects of COVID-19 in Kenya. The health impacts of violence, particularly domestic violence, on women and children, are significant and can be life threatening. Access to appropriate care and services will continue to be prioritized and facilitated to all in need.

Care for SGBV survivors remain a priority and essential service and should be offered as other essential services. Those in need of this health service should not defer due to the potential result in injuries (even death) and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies. All new cases of SGBV needing the health services should visit the health facility as soon as possible and within 72hours of the occurrence of the incident.

1. SGBV survivors on follow up with no complications and have a routine visit due in the coming days, should contact the clinic/ facility for advice and to agree a plan.
2. Telephone consultations ,where feasible ,are encouraged to schedule visits guided by facility staffing and workload
3. Counties and health facilities should identify information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling, open hours) and a local service directory with contact details published and widely disseminated
4. Public education with emphasis on possibility of SGBV being perpetuated, even by known persons or close relatives within lockdown confines, during this period is recommend

- **SGBV and related services Hotlines :**

Number / SMS	Services	Partner
719	COVID19 HOTLINE	MOH
1195 (Toll Free)	GBV services	Health Care Assistance – Kenya
1190 (Toll Free)	GBV, HIV, SRH, Counselling	LVCT Health
1199 (Toll Free)	Counselling, referral , linkage	Kenya Red Cross
999	Gender Desks	National Police service
116(Toll Free)	Violence against children	National Child Helpline
SMS022116116	Violence against children	National Child Helpline
08002210080	Child social support services	National Council Children services
SMS 21094	GBV reporting	Nairobi County
0711400506	GBV response	MSF (Nairobi)
0777782318	GBV response	JOT Referral Hospital, Kisumu
0702141431	GBV response	Mombasa General Hospital – Level 5
0709667130,0110922255	GBV response	Gender Violence Recovery Center

MINISTRY OF HEALTH

Algorithm 1 – Antenatal Clinic Hospital Outpatient Care For All Patients

General Measures to Minimize Exposure of Patients and Health Care Providers
1. Decrease visits for low risk clients and supplement with telephone calls at scheduled visits
2. Request patients to come to clinic unaccompanied unless inevitable due to sickness

↓

Screen for Symptoms of/Exposure to COVID19 over the Phone before Arrival to Clinic

Negative for COVID19 or Test Not Feasible → Proceed With Visit as Scheduled

Screened/ Confirmed COVID19 → Is visit necessary for maternal/fetal reason?

- Advise on precautions (social distance, mask, hand hygiene)
- Notify team to use PPE
- Link to designated facility

- Defer visit by at least 14 days
- Advise patient to monitor symptoms and indications to present to Emergency Room
- Share Facility/Provider telephone

↓

Screen all visitors at main entrance to clinic/hospital [Fever, Cough, Breathing difficulties, Contact history]

COVID19 SCREEN - VE

- Educate on routine precautions : Mask in Public, Hand hygiene , social distance of 2M (6ft)
- Give client the facility working telephone number to call in emergency
- Ensure patient is clear on means of transport in case of emergency especially at night
- Supply extended supplements and prescriptions to last client through reduced hospital visits
- Educate on danger signs (Bleeding, Fever, Breaking of waters, Labour, worsening co-morbidities, severe illness, reduced fetal play)

↓

- Discharge to continue routine ANC
- Telephone follow up to supplement reduced visits
- Admit for standard Obstetric indications

SCREEN +VE for COVID19

- Identify patient as screen positive
- Prioritize these patients to minimize stay in the waiting area
- Patient must be on mask at all times , observe hand and respiratory hygiene
- Attending team to wear PPE
- Assess severity of symptoms, co-morbidities and other risk factors
- Consider testing for COVID-19 if meets criteria

↓

Transfer care to tertiary/the designated specialist isolation/quarantine hospital resourced to manage patients who test positive for covid19

MINISTRY OF HEALTH

ALGORITHM 2 – Intrapartum/Postpartum Management

1. Screen all patients and visitors to labour ward or delivery rooms at entrance
2. Limit visitors and encourage mothers to labour unaccompanied

Screened/Tested Negative for COVID19

1. Routine intrapartum care
2. Limit visitors

Screen positive/confirmed +ve for COVID19

1. Manage in a specialist hospital or isolation unit designated for those testing positive for covid19
2. Identify patient as screen positive, notify attending staff
3. Patient to wear mask and observe hand and respiratory hygiene
4. Test for covid19
5. Assign a team leader to coordinate with labour ward ,anaesthesia, NBU & IPC teams
6. C-section should be performed for standard indications

Discuss with patient/Family before delivery:
1. Delayed cord clamping
2. Skin to skin contact/Kangaroo MC
3. Care of infant (Separation?)
4. Feeding options/Breast Feeding

Vaginal delivery

1. Limit visitors and staff caring for patient
2. Care team to use appropriate PPE
3. Where available, manage in a negative pressure isolation room
4. Partograph as routine practice
5. Prepare for assisted second stage
6. Intensify PPE for aerosol protection during second stage of labour (maternal pushing)
7. C-section for standard indications

C-section

1. Use operating room with negative pressure if possible
2. Manage anaesthesia and analgesia as per routine practice with preference to Spinal/Epidural
3. Where General anaesthesia is necessary, seek assistance of anaesthesiologist and extend PPE to cover aerosol generation during intubation , ventilation, suction and bag and mask
4. Fumigate operating room after procedures for patients testing positive for COVID19

During Standard Postpartum Care:
1. Continue implementing contact precautions in isolation/private rooms and limit visitors
2. Appropriate Personal Protective Equipment (PPE) by attending team
3. As agreed with patient/family (preferably before delivery) , consider as applicable: cord clamping, skin to skin contact, separation of infant from mother and feeding options (see separate neonatal care algorithm)

COVID19 results become available (counsel ALL patients before, during and after tests/results for COVID19)

Negative for COVID19

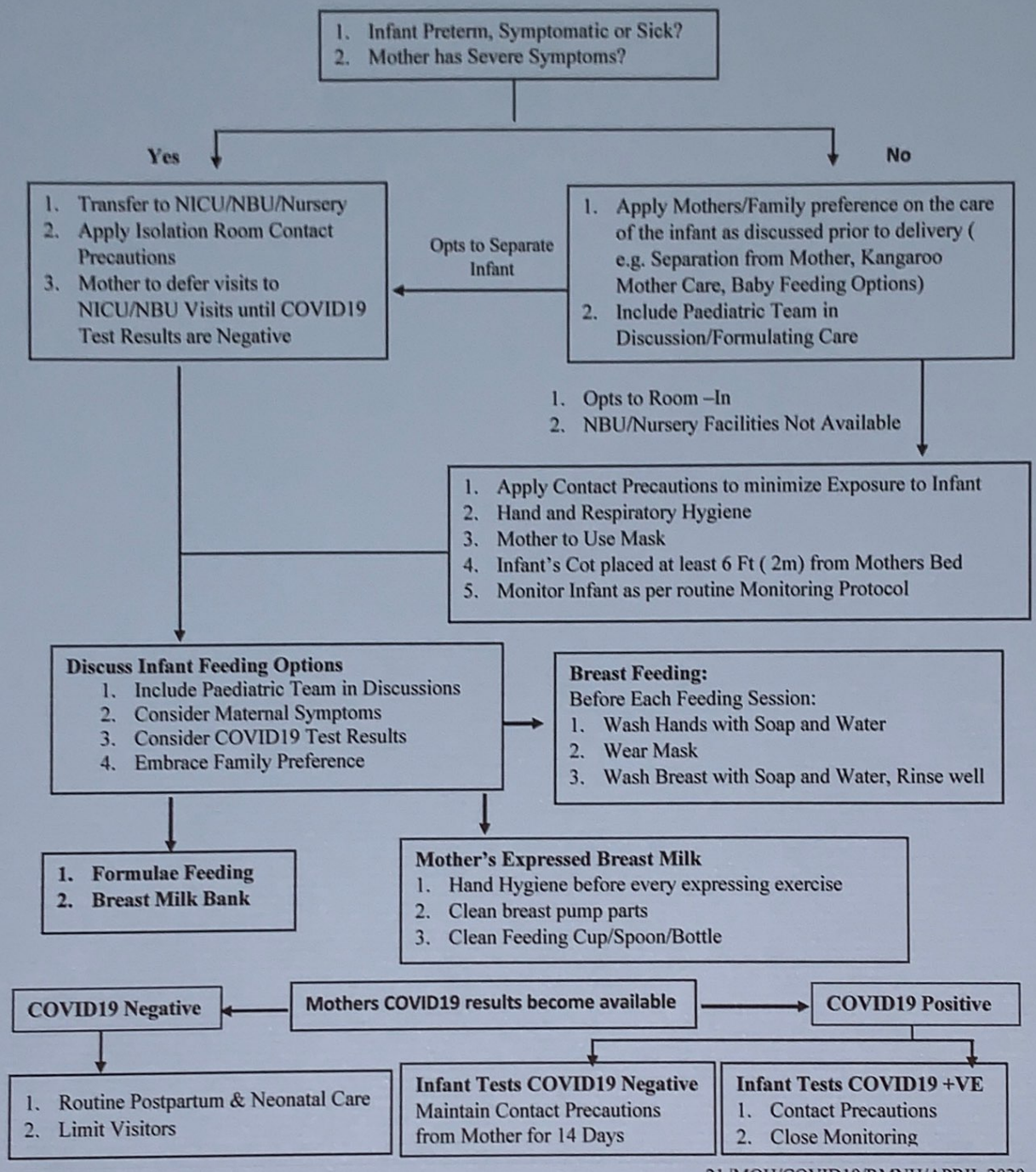
1. Routine postpartum and neonatal care
2. Limit visitors

COVID19 Positive

Revisit need based discussions above for applicable scenarios for patients testing positive for COVID19

MINISTRY OF HEALTH

ALGORITHM 3: Neonatal Care for Women with Suspected or Confirmed Positive for Covid19



MINISTRY OF HEALTH

Algorithm 4: Case Management of Sexual and Gender Based Violence

Patient entry into a health facility / Triage

- Ensure patient has face mask at Entrance
- Observe IPC and use appropriate PPE, Emphasize Hand and Respiratory Hygiene, Observe Social Distance
- Screen at main entrance to facility as per National COVID19 screening guidelines and provided tools

Screened **positive** for violence and **positive** for COVID-19

Screened **negative** for violence but **positive** for COVID-19

Screened **positive** for violence but **negative** for COVID-19

Screened **negative** for violence and **negative** for COVID-19

Isolate & Notify IPC and GBV service Teams

- Offer post GBV care Package
- Test for COVID 19 if meets criteria
- Share national and local hotlines for GBV & COVID 19

- Assess for GBV related risks at home and community
- Share national and local hotlines for GBV & COVID 19
- Consider testing for COVID 19 if meets criteria

- Offer post GBV care package
- Assess for GBV risks at home & community
- Design a feasible follow up plan for GBV related services

- Advice on social distancing mask and hand hygiene while in the community
- Assess for GBV risks at home & community
- Share national & local hotlines for GBV & COVID 19

COVID 19 test results

Negative:

- Continue with GBV as per needed
- Give client national and local helplines for GBV & COVID 19

Positive

1. Isolate and manage as per positive COVID -19 guidelines
2. Integrate GBV health services in care plan
3. Refer and link to services as needed (psychosocial, legal etc.)
4. Design a feasible follow up plan for GBV at discharge from COVID 19 follow-up

Minimum Package for Post GBV Services

•Ensure survivor centered approach and prioritize the rights needs and wishes of the survivor

•Offer First line support and treat any injuries

•Undertake physical, and forensic examination (ensure chain of custody of evidence collected). Where applicable, Test for HIV initiate PEP as appropriate (full month dose), Commence Emergency contraception, treat for STI drugs

National Hotlines: Share with Clients

- 1195- GBV help line
- 999 -National Police service
- 1190 -Tele Counselling &HIV services
- 1199- -Counseling
- 116 -Child Helpline
- 719 –COVID 19

MINISTRY OF HEALTH

GENERIC SCREENING TOOL FOR MAIN ENTRNACE TO CLINIC/HOPSITAL/LABOURWARD

Name of Facility			
Names :	**Patient**	**Visitor/Companion**	
Deliberately ask and select any of the following symptoms before entry to clinic/hospital/labour ward			
Symptom (Tick what applies to each symptom)	**Yes**	**No**	**Notes**
1 **Cough**			
2 **Difficulty in breathing**			
3 **Hotness of Body/ Fever**			
4 **Sneezing**			
5 **Headache**			
6 **Sore throat**			
7 **General Body aches/Malaise**			
Screened By : (Name: Person Manning Main Entrance]			
Date and Time of Screening			
Signature			

MINISTRY OF HEALTH

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