



– A Technical Brief for Breakthrough ACTION Field Teams –

# SOCIAL AND BEHAVIOR CHANGE FOR MATERNAL, NEWBORN, AND CHILD HEALTH DURING COVID-19

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**This brief includes important considerations, messages, and resources to support country programs in adapting social and behavior change programming for maternal, newborn, and child health in response to the challenges presented by COVID-19.**

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# The Impact of COVID-19 on Maternal, Newborn, and Child Health

The COVID-19 pandemic is likely to have severe and lasting effects on maternal, newborn, and child health (MNCH) outcomes. Disruptions in prevention and care-seeking for obstetric and newborn care as well as for illnesses that overwhelmingly impact children under five, such as malaria, pneumonia and diarrhea, may cause associated mortality to return to the levels from 20 years ago. In preliminary modeling, severe disruption of health systems and decreased access to food due to COVID-19 in 118 low- and middle-income countries could result in over 1.1 million additional child deaths and over 50,000 additional maternal deaths over six months<sup>1</sup>. Increase in child wasting is responsible for the greatest number of child deaths in the modeling scenarios. The potential disruption stems from multiple factors, including reduced availability of health workers, supplies, and equipment; decreased demand for services due to fear, stigma against health workers, reduced mobility, and economic hardship; and limited access to services due to closures or overwhelmed clinical capacity. In addition to disruptions in essential health services, including antenatal care, skilled delivery, post-natal care, immunizations, and family planning, women and families may experience reduced access to food and other necessities, including menstrual hygiene products, as a result of lockdowns and increased income insecurity<sup>2</sup>. Violence against women and children is also of grave concern, with emerging evidence indicating that violence has intensified since the start of the outbreak<sup>3,4</sup>.

## The Evolving Role of Social and Behavior Change in the time of COVID-19

Social and behavior change (SBC) remains a critical approach to support women, children, and families during the COVID-19 pandemic. However, the new environment created by COVID-19 poses a host of challenges, including abundant misinformation and rumors, changing patterns of communication with reduced personal contact, and evolving recommendations about safe practices and availability of services. In this environment, SBC practitioners need to adapt MNCH approaches and messages to ensure they resonate with the audience's current emotional state and provide calls to action that are practical in the new reality of their daily lives. SBC practitioners must also find new ways of working that follow physical distancing guidelines while reaching audiences via trusted sources.

## Overarching considerations for MNCH SBC programs

- **Adapt to the evolving situation and audience:** Over the course of the pandemic, SBC practitioners should listen to and track the input from pregnant and breastfeeding women, caregivers, and families with young children to both understand changing risk perceptions, knowledge gaps, and barriers to MNCH needs, including hygiene behaviors, and receive their ideas for creative solutions. Typical barriers may be amplified at this time and new barriers may emerge<sup>5</sup>.
- **Utilize trusted channels:** To reach young children and their families, programs should look at existing data about trusted channels for this audience. Consider using ongoing health, early education, and nutrition platforms or educational TV and radio shows to both reach them directly as well as to reach their influencers. Additional channels to consider for two-way communication and rumor management include hotlines and online question-and-answer sessions<sup>6</sup>. Practitioners can also engage with businesses whose employees or customers are families with children. As schools begin to re-open, school-based programming may also serve as a channel for outreach.
- **Think about MNCH providers as an SBC audience:** SBC programs can help MNCH providers (facility- and community-based) deal with their own fears and stigma—as well as mental and physical trauma—so that they are able to provide quality MNCH services for those who do seek them out.
- **Integrate prevention and treatment of gender-based violence and violence against children into MNCH SBC interventions:** Programs should share information for women and children experiencing violence on where they can access help and use innovative approaches to prevent violence during the pandemic<sup>7</sup>.

Photo credit:

USAID Indonesia: A mother and her healthy baby. January 25, 2007. <https://www.flickr.com/photos/usaaid-indonesia/8313241658/>

# Illustrative SBC Strategies for MNCH<sup>8</sup>

**SBC programs can engage in the following strategies to ensure people have access to the information and services they need during the COVID-19 pandemic:**



## Build trust in essential MNCH services

- When promoting care-seeking for essential MNCH services, emphasize that emergency obstetric and newborn care, as well as immunization, are lifesaving. Reassure pregnant and breastfeeding women and their families that safe care is available with adequate infection prevention. Teach women and their families to recognize safe infection prevention practices so that they can verify adequate standards are being met<sup>9</sup>.
- Highlight the role of facility and community health MNCH providers as trusted actors in protecting the community and keeping women and children healthy in order to reduce stigma against health workers.
- Communicate changes to MNCH service protocols in order to manage expectations and promote continued trust. For example, provide information on points of care that may have been diverted from usual facilities, infection control practices that may be put in place that cause delays, or changes to transportation to services.



## Address pregnancy and childbirth concerns<sup>10</sup>

- Acknowledge anxiety around COVID-19 as it relates to maternal and child health. Provide reassurance and emphasize the benefits of essential services and care practices.
- Address general concerns and questions that pregnant women, partners, and parents of children have, such as risk of infection, protective behaviors, maternal-child transmission of COVID-19, infant care and other MNCH practices<sup>11</sup>.
- Inform women and partners of their right to respectful childbirth care. This includes having a planned location for giving birth, skilled birth attendant, labor companion, mobility during labor, birth position of choice, skin-to-skin contact, and early and exclusive breastfeeding. Every woman has the right to receive information, provide consent, refuse consent and to have her choices and decisions respected and upheld.
- With the likely increase in home births, provide information on how to get clean delivery kits, if available; how to access the support of a midwife or traditional birth attendant, if possible; and where to register the baby after birth<sup>12</sup>.
- Promote consistent midwifery care throughout the pregnancy, birth, and postnatal period, to reduce the number of caregivers in contact with the woman and her birth partner.
- Encourage pregnant women to contact their midwife or other provider if experiencing any COVID-19 symptoms.
- Continue to provide messaging and counseling on danger signs for pregnancy, delivery and post-natal care, such as vaginal bleeding, convulsions/fits, severe headache and/or blurred vision, fever and weakness (too weak to get out of bed), severe abdominal pain, or fast or difficult breathing<sup>13</sup>.



## Support breastfeeding and infant and young child feeding<sup>14</sup>

- Remind health providers and families of young children that all infant and young child feeding (IYCF) recommended practices remain the same, based on global guidelines.
- For caregivers and families with suspected or confirmed COVID-19, continue recommended IYCF practices, underlining the need for increased hygiene precautions due to COVID-19.
- Share guidance on how families can prepare to take increased hygiene precautions in the home through implementations such as setting up handwashing stations with soap and water and establishing regular cleaning routines for high-touch surfaces<sup>15</sup>.
- Provide how-to tips on increased hygiene precautions for safe IYCF practices for parents navigating COVID-19 information, emphasizing the “3 Ws”:
  - Wash hands with soap before and after touching the baby
  - Wipe and disinfect surfaces regularly<sup>16</sup>
- For infant and young child caregivers with COVID-19 or those who have recently recovered from COVID-19, illustrate safe infant feeding and appropriate infection prevention and control measures, to prevent COVID-19 virus transmission within the family and beyond.
- Encourage family members to provide extra support to new mothers who are recovering from COVID-19 in feeding their infants, reassuring all mothers to initiate and continue to breastfeed their infants—even if they are suspected or confirmed to have COVID-19.
- Clarify the benefits of breastfeeding and skin-to-skin practices and note that no evidence to date indicates that active COVID-19 can be transmitted through breast milk.



## Ensure ongoing messaging around HIV prevention and treatment for pregnant and breastfeeding women<sup>17</sup>

- Expand phone/SMS support to pregnant women through existing mechanisms (e.g., community health workers and peer navigators) that align with antenatal care clinical touchpoints to support pregnant women undergoing HIV treatment. Provide information on both prevention of mother-to-child transmission and postnatal care to support safe breastfeeding practices.
- Encourage HIV testing for pregnant and breastfeeding women and promote treatment services for women living with HIV and their HIV-exposed infants. Inform women of where to access these services. Encourage them to leave children and other family members at home with another caregiver during their clinic visits to minimize the risk of community transmission of COVID-19 and to practice COVID-19 prevention practices during testing and treatment services (e.g., masks, physical distancing, and hand washing).



## Encourage routine immunizations

- Remind caregivers of young children that it is important to continue to take children for routine immunizations, following national immunization schedules (following country guidelines on what to do if a caregiver or family member has a confirmed or suspected case of COVID-19).
- Encourage caregivers to wear masks, practice physical distancing and other recommended preventative measures when seeking care for immunizations (and other health issues).
- Provide up-to-date information on immunization service availability and accessibility.



## Promote continued importance of care-seeking for other childhood illnesses

- Urge families to immediately seek care for potentially life-threatening illnesses, such as malaria, pneumonia, diarrhea and wasting, and febrile conditions especially for children under five. For example, everyone should continue to seek care within 24 hours of fever onset, especially children under the age of 5 and all pregnant women. Other reasons families should seek care from a trained health worker or clinic include refusal to feed and limpness/weakness, vomiting, diarrhea, convulsions, respiratory infection, low body temperature, jaundice, dehydration and malnutrition<sup>18</sup>.
- In areas that are not only under stay-at-home measures due to COVID-19 but are also affected by dengue, malaria, and zika, encourage families to work together for 30 minutes every week to get rid of potential mosquito-breeding sites, clean roof gutters, and ensure that all water storage containers are covered<sup>19</sup>.



## Promote self-care for appropriate MNCH interventions

- Since routine health promotion visits may be limited or adapted, determine how mothers and children can get life-saving commodities for use at home, such as chlorhexidine and oral rehydration salts, and promote self-care for appropriate interventions<sup>20</sup>.
- When promoting self-care and family care practices in the home, avoid reinforcing traditional gender roles, and encourage men to take on household and family care responsibilities.

# Illustrative SBC Strategies for MNCH

(Continued)



## Support healthy parenting

- Ensure new parents have contact information for a known maternity care provider, community health worker, and emergency services, to call for support with coping<sup>21</sup>.
- Empower parents with action-oriented parenting messages and information they can use to plan one-on-one time with their children, stay positive, create a daily routine, avoid bad behavior, manage stress, and talk about COVID-19<sup>22</sup>.
- Encourage positive and responsive parenting and provide examples of learning opportunities for positive childhood development. Promote family handwashing and hygiene, stress management, and nurturing care. Books and educational play materials can be a great way to deliver health information<sup>23</sup>.



## Reach health providers as an audience for SBC

- Seek out the opinions and experiences of MNCH providers in any formative research to understand their challenges, lessons learned and recommendations for improving care during this time and establish ongoing feedback mechanisms.
- Express empathy with MNCH providers in the challenges they are faced with in order to increase feelings of support and solidarity.
- Emphasize the continued importance of a positive experience of care for all women, children, and their families and ensure that providers respect a woman's right to respectful care. Provide tips and practical suggestions on how providers can ensure client-centered care and sustain empathy under stress.
- Provide guidance on how providers can utilize physical space in clinics and other MNCH facilities to ensure adequate infection prevention in line with respectful, client-centered care. This may involve interventions such as setting-up handwashing stations, spacing chairs further apart, assigning appointment time blocks so that fewer people show up at health centers at the same time, and marking the recommended physical distance on the ground. This may also involve exploring non-traditional ways of offering care that enhance safety, such as setting up counseling stations outside.

## Related Resources

- <https://covid19communicationnetwork.org>
- [Guidance on Social and Behavior Change for Family Planning during COVID-19](#)
- [Guidance on Social and Behavior Change for Nutrition During COVID-19](#)

### Cover photo credit:

KC Nwakalor for USAID, Digital Development Communications. Nigeria: a family involved in the WeMUNIZE program, which uses a combination of digital record keeping and community engagement to increase early childhood immunizations. June 25, 2019. <https://www.flickr.com/photos/121302193@N07/48128361378/>

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