

# THE LANCET

## Global Health

### Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Dmello BS, Housseine N, van den Akker T, van Roosmalen J, Maaløe N. Impact of COVID-19 on maternal and child health. *Lancet Glob Health* 2020; published online Aug 1. [http://dx.doi.org/10.1016/S2214-109X\(20\)30328-4](http://dx.doi.org/10.1016/S2214-109X(20)30328-4).

**Table 1:** Concerns and recommendations for a COVID-19 response integrated into maternity care guidance.

How a vertical COVID-19 response may affect maternal health	Clinical recommendations for a safe and respectful COVID-19 response integrated in maternity care
Staff shortages worsen as staff is reallocated, ill or quarantined	<ul style="list-style-type: none"> <li>• Staff should not be redirected from maternity services</li> <li>• Innovative contractual or volunteer hire should be considered to address additional staffing</li> </ul>
Lack of personal protective equipment leading to (fear of) infections among health staff	<ul style="list-style-type: none"> <li>• Personal protective equipment must be provided to maternity staff</li> </ul>
COVID-19 is prioritized over obstetric complications.	<ul style="list-style-type: none"> <li>• Triage and response to obstetric emergencies and imminent birth should take precedence.</li> </ul>
Symptoms in COVID-19 suspects (fever, fatigue, shortness of breath, myalgia, headache, diarrhoea, nausea and vomiting) may also be caused by obstetric emergencies (pre-eclampsia, congestive cardiac failure, pulmonary embolism, sepsis).	<ul style="list-style-type: none"> <li>• Initial screening of pregnant women should include all danger signs in pregnancy, and symptoms of COVID - 19</li> </ul>
'Isolation' of pregnant women and neonates may put women and neonates at increased risk of neglect	<ul style="list-style-type: none"> <li>• Staff in isolation units must be skilled maternity care providers.</li> </ul>

Current interim guidance recommending fewer clinic visits may compromise pregnancy outcomes

Earlier discharge after childbirth may put women and children at even higher risk of mortality

- All reproductive health services should be maintained
- Improved patients flows preferred over reduction of visits
- Test safety and acceptability of telemedicine follow -up, especially for the very poor, prior to recommending its use.

Lack of essential medicines and equipment due to redirecting resources and constraints in manufacturers' supplies

- Excess maternal and child deaths to be considered an emergency by government leaders and partners