

Protecting Maternal Diets and Nutrition Services and Practices in the Context of COVID-19

Brief No. 4

22 April 2020

To support decision-makers and implementers on how to prepare and respond to the COVID-19 pandemic, a series of guidance briefs are produced and periodically updated as new information and evidence emerge. **This brief provides interim programmatic guidance on actions to protect the diets and nutrition services and practices of pregnant women and breastfeeding mothers (henceforth referred to as ‘women’) during the mitigation phase¹** of the COVID-19 response. Disseminating this guidance and documenting emerging evidence and lessons learned will be key to implementing the most appropriate and effective responses in the face of this pandemic. Please share your questions and programmatic adaptations with us:

English: <https://en-net.org/forum/31.aspx> **French:** <https://fr.en-net.org/forum/31.aspx>

RELEVANCE OF THIS BRIEF TO THE GLOBAL COVID-19 RESPONSE

The COVID-19 pandemic and its socio-economic impacts are likely to disproportionately impact the diets, and nutrition practices and services of women. Pregnancy and breastfeeding are periods of nutritional vulnerability when nutrient needs are increased to meet physiological requirements, sustain fetal growth and development and protect the health of the mother while breastfeeding. Globally, many women do not meet their dietary needs, which has negative consequences for their own nutrition, health and immunity, as well as for the nutrition, growth and development of their infants. In the context of COVID-19, women may face additional risks impacting diets, nutrition practices, and access to nutrition services as follows:

- Disruptions in food systems may limit the availability of and access to nutritious foods, increase food prices making nutritious foods unaffordable, and increase the availability and/or reliance on cheap staple (cereals, roots and tubers) and nutrient-poor ultra-processed foods. Such disruptions may affect the quality of diets and impact the nutritional status of women and newborns. In food insecure households, COVID-19 may also exacerbate discriminatory gender and social inequalities around food with adverse impacts on the nutritional status of women.
- The COVID-19 response may limit the availability and access to essential nutrition services for women. Even before the pandemic, quality and timely maternal nutrition services were mostly unavailable, inaccessible or unaffordable for many women. This situation may be exacerbated due to mobility restrictions and reduced capacity of already overstretched healthcare systems. Moreover, human, financial, and logistical resources may be diverted to prioritize the COVID-19 response. Fear of infection may also prevent women from seeking care. Disruptions to essential nutrition services may be amplified for at-risk women.
- Socio-cultural factors and gender norms may adversely affect women from healthy practices during COVID-19. Social exclusion, limited decision-making power, and hampered physical mobility may constrain the needs and concerns of women from being identified and hinder access to information and participation in food and nutrition, counseling and financial assistance. Existing social protection schemes may not support the needs of women. Women may face increased stress, trauma, depression and other mental health concerns along with gender-based violence resulting from loss of social support structures and disruptions during physical distancing.

¹ Mitigation phase, where community spread has occurred. At this stage, countries typically switch to population-based measures, including social distancing, to slow the virus's spread and to reduce the burden on the health system.

KEY PRINCIPLES FOR PROTECTING MATERNAL DIETS AND NUTRITION SERVICES AND PRACTICES IN THE CONTEXT OF COVID-19

Actions to ensure a timely and appropriate response to support the needs of women as part of the mitigation phase should be guided by the following key principles:

1. **Rights-based:** Support national governments and other duty bearers, including caregivers, service providers, and the private sector, in respecting, protecting and fulfilling women's rights to adequate food and nutrition as a fundamental approach to providing health and nutritional services during COVID-19. Support women to use their agency to demand diets, services and practices that support optimal nutrition and hold duty-bearers to account.
2. **Equity:** Prioritize the needs of women to promote and support positive maternal outcomes. Specific priority should be given to women with increased nutritional and health vulnerabilities including adolescent girls, and those who are underweight, overweight, anemic, hypertensive, live with HIV infection or non-communicable disease (including gestational diabetes), and those in the third trimester of pregnancy (henceforth defined as 'at-risk' women in this document).
3. **Gender-responsive:** Mainstream gender, through gender sensitive and responsive strategic analysis and approaches. Advocate for gender-responsive social safety nets to overcome gender barriers and facilitate women's access to healthy diets, adequate nutrition services and positive nutrition practices.
4. **'Do no harm':** Establish processes to ensure that routine antenatal (ANC) and postnatal care (PNC) services do not contribute to the spread of COVID-19 and/or further compromise COVID-19 patients, while ensuring continuity of service provision, especially for those women at highest risk of poor pregnancy outcomes.
5. **Community participation/engagement:** Advocate for a strong community-led response to the pandemic. Engage communities, including women to identify local solutions and build trust. Communicate the risk of COVID-19 when engaging with communities, and local partners, taking care to follow conflict of interest safeguards [1, 2].
6. **Context-specificity:** Ensure responses are evidence-informed and guided by a clear understanding of the context, determinants, drivers, pathways for positive impact, risks, best practices, and are aligned with national strategies and policies.

RECOMMENDATIONS FOR MATERNAL NUTRITION PROGRAMMES IN THE CONTEXT OF COVID-19

Context-specific responses are needed to protect the nutrition of women. In countries with no cases and where there are no mobility restrictions in place, preparedness measures to meet the needs of women and other vulnerable groups should be put into place, concurrent with COVID-19 transmission prevention procedures.

In countries with sporadic, cluster or community transmission, partial or full mobility restrictions may be in effect and continuity and access to services should be adapted accordingly.

The following table provides recommendations to support the nutritional needs of women in the context of partial or full population mobility restrictions, to be implemented in line with national guidelines.

Table 1: Recommendations to meet the nutritional needs of women in the mitigation phase of covid-19

01. Service delivery for women should be guided by local adaptations of international recommendations.

- Maintain continuity of ANC and PNC as essential services for all women in the context of COVID-19 including delivery of essential maternal nutrition interventions which includes nutrition and breastfeeding counseling, weight gain monitoring, MUAC screening, micronutrient supplements, and deworming prophylaxis while implementing infection prevention and control procedures to risk COVID-19 transmission [3, 4, 17].
- Introduce multiple micronutrient supplements (MMS) for pregnant women to ensure adequate micronutrient intake in populations with a high prevalence of nutritional deficiencies or where food distribution is disrupted [5, 6].

- Prioritize the needs of at-risk women as per WHO and/or national guidelines where the COVID-19 response requires scaling back of service delivery.
- Adapt service delivery platforms and schedules to maintain continuity of health services while protecting health care workers and women such as:
 - * Apply WHO or national operational guidance on essential services, PPE and infection prevention and control during health care and for health care workers caring for patients [3, 9, 10].
 - * Modify workflow and standard operating procedures (SOPs) to reduce waiting times and promote physical distancing.
 - * Consider alternative service delivery modalities (telemedicine, mobile phone, home visits) for counseling and screening at-risk women for danger signs.
 - * Deploy staff to COVID-19 hot-spots and task shift services to community health workers/volunteers in settings with a high case load.
 - * Identify approaches to activate community outreach in urban settings.
- Postpone routine ANC and PNC services or provide alternative delivery platforms for women with suspected, probable or confirmed mild COVID-19 not requiring hospitalization until cases are resolved.
- Provide nutritional support (e.g. counseling, access to nutrient dense local food, micronutrient supplements) for at-risk women or women with suspected or confirmed COVID-19 and isolated at home. Refer to WHO and/or national guidelines on home care and clinical management of patients with COVID-19 [7, 8].
- Promote, protect and support skin-to-skin contact for newborns, timely-initiation of breastfeeding, exclusive breastfeeding. Prioritize continuation of optimal breastfeeding counselling and support for all pregnant women and mothers with infants and young children.
- Ensure psychosocial support to women during ANC and PNC contacts.
- Develop plans to resume routine service delivery as soon as mobility restrictions are lifted.

02. Essential nutrition commodities should be available for women for service delivery.

- Forecast and pre-position essential nutrition commodities (e.g. MMS, iron and folic acid, deworming prophylaxis, calcium) for 2-3 months, close to service delivery while ensuring adequate storage conditions.
- Organize food distribution close to homes/communities to facilitate women's access [11]. Refer to IASC and WFP SOPs on alternative food distribution in the context of COVID-19 [12].
- Increase the amount/reduce the frequency of essential nutrition commodities dispensed to women (e.g. a 3-month supply) where disruptions in routine healthcare service contacts are likely, supported by sensitization on their appropriate storage and use.

03. Food systems should protect the diets of women.

- Undertake a rapid assessment of markets to identify immediate and longer-term policy and programme actions to ensure access to locally available, nutritious, safe, affordable and sustainable foods.
- Support and maintain local food production systems to ensure availability of staple foods, fresh fruits and vegetables, and high protein foods in markets and retailers.
- Ensure that major retailers, local markets and shops remain open and retailers follow hygiene, marketing and social distancing recommendations.
- Strengthen food safety monitoring capacities (including for food fortification).
- Report price gouging and other violations.
- Ensure safeguards are in place to avoid conflict of interest from companies marketing breastmilk substitutes and foods for infants and young children and women and ensure that donations or free supplies are prohibited. Prevent commercial exploitation of COVID-19 through unnecessary use of specialized foods and supplements, and spillover to those who do not need them.

04. Social protection programmes should be expanded to cover the needs of women

- Introduce or expand gender-responsive social protection programmes (e.g. in-kind food, vouchers, cash) and other emergency economic schemes to cover the needs of at-risk women in food insecure households.
- Consider the appropriateness of modalities to effectively reach and support the nutritional needs of at-risk women.
- Advocate for the inclusion of high-quality nutritious foods (such as lentils, fortified cereals and oil) in food-based safety net schemes.
- Ensure discussions on safety net transfers includes an understanding of the cost of nutritious diet to help set the transfer value.
- Mainstream effective social behavior change communication for maternal and child nutrition into social transfer programmes and platforms for greater nutrition impact on women and children.

05. Communications strategies should focus on healthy eating and food hygiene among women.

- Use a human rights approach to assessments of gender and social norms to inform a gender-responsive approach to the design of communications strategies. Also involve women wherever possible in planning.
- Identify innovative channels to support culturally appropriate messaging on healthy eating, hygiene, and physical activity/rest (social media, television, radio, digital platforms/mobile phone) specific to the needs of women [13-15]. Refer to WHO (EMRO) guidance on nutrition advice for adults during the COVID-19 pandemic [16].
- Consider use of digital platforms to inform and counsel women and families on services changes, measures to ensure the safety and health of women, to dispel fears of using services, and provide information on danger signs.
- Adapt counseling to emphasize importance of healthy diets for immunity, safe food preparation, eating well on a budget, hygiene, managing stress, as well as information on assistance for mental health.
- Modify training materials and train frontline health, nutrition, and community workers to support healthy diets and hygiene practices, safeguarding against conflicts of interest.

06. Nutrition information management, surveillance and monitoring should include indicators for women.

- Ensure that data collection activities and reports include key indicators on women. Where feasible, use existing indicators that have been previously collected to allow for continuity. Refer to GNC/ GTAM guidance on nutrition information management, surveillance and monitoring in the context of COVID-19 [18].
- Support innovations such as use of MUAC by family members to screen for underweight women.
- Undertake assessments to determine functionality of local markets, food availability, price tracking of basic food commodities, and adequate market supply of nutritious foods. Ensure that assessments consider the potential impact of food supply chains, food environments, and behaviors on women and the quality of women's diets.
- Encourage adoption of regulations and laws that control marketing of ultra-processed foods and prevent misleading commercial messaging and exploitation.
- Support analysis of market price and strength to include an understanding of availability and cost of nutritious food.

REFERENCES

1. World Health Organization, *Coronavirus disease (COVID-19) technical guidance: Risk communication and community engagement*. 2020.
2. International Federation of Red Cross, United Nations Children's Fund, and World Health Organization, *Risk Communication and Community Engagement Plan Guidance. COVID-19 preparedness and response*. 2020.
3. World Health Organization, *COVID-19: Operational guidance for maintaining essential health services during an outbreak*. 2020.
4. United Nations Children's Fund, *Internal Guidance on Community-based Programme Support in the Context of the COVID-19 Pandemic*. 2020 (Draft).
5. World Health Organization, *Joint Statement by WHO, WFP, UNICEF on Preventing and Controlling Micronutrient Deficiencies in Populations Affected by an Emergency*. 2007.
6. Multiple Micronutrient Supplementation Technical Advisory Group, *The use of multiple micronutrient supplementation for maternal nutrition and birth outcomes during the COVID-19 pandemic*. 2020.
7. World Health Organization, *Home care for children, adolescents, pregnant mothers and adults with COVID19 presenting with mild symptoms and management of contacts*. 2020.
8. World Health Organization, *Clinical management of all patients (children, adolescents, pregnant mothers and adults) admitted with severe acute respiratory infection when COVID-19 is suspected*. 2020.
9. World Health Organization, *Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected*. 2020.
10. World Health Organization, *Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV*. 2020.
11. World Health Organization. *WHO recommendations on antenatal care for a positive pregnancy experience*. 2016.
12. Inter-Agency Standing Committee (IASC), *Interim recommendations for adjusting food distribution. Standard Operating Procedures in the Context of the COVID-19 Outbreak*. 2020.
13. World Food Programme, *WFP's additional recommendations for the management of maternal and child malnutrition prevention and treatment in the context of COVID 19. Brief 1*. 2020.
14. Royal College of Obstetricians and Gynecologists, *Information for pregnant women and their families*. 2020.
15. World Health Organization, *Q&A on COVID-19, pregnancy, childbirth and breastfeeding*. 2020.
16. World Health Organization (Eastern Mediterranean Region), *Nutrition advice for adults during the COVID-19 outbreak*. 2020.
17. World Health Organization, *Specific Considerations for Maternal and Newborn Health in the Context of COVID-19 Outbreak*. 2020 (Draft).
18. United Nations Children's Fund, Global Nutrition Cluster, Global Technical Assistance Mechanism for Nutrition, *Nutrition International Management, Surveillance and Monitoring in the Context of COVID-19. Brief No. 3*. 2020.