



## Understanding antenatal care during COVID-19 in Nepal through health workers' perspectives

### INTRODUCTION

Health workers in Low and Middle Income Countries (LMICs) faced difficulties in providing Antenatal Care (ANC) during the COVID-19 pandemic [1]. In Nepal, we know that access to maternal health care declined during the pandemic [2] and there has been little research to analyse supply and demand side issues affecting the provision of ANC. We explored factors affecting ANC services during the pandemic in primary care facilities in Kapilvastu district of Nepal to inform future emergency response planning.

### RESULTS

#### Supply-side factors affecting ANC during the COVID-19 pandemic

Many health workers stopped ANC because they were afraid of COVID-19 infection at the beginning of the pandemic. ANC was also interrupted because many health workers worked in quarantine centers and were not available to provide ANC. Pregnant women were dissatisfied with the poor-quality ANC during the pandemic, and health workers were also unhappy with providing suboptimal care.

### METHODS

We interviewed eight health workers to understand how services were provided during the pandemic. Through open and closed questions, we asked 52 Female Community Health Volunteers (FCHVs) to describe service provision, mother's group meetings, and Iron Folic Acid (IFA) supply between January 2020 and December 2021.

Often, health facilities did not have sufficient Personal Protective Equipment (PPE) and there was a lack of guidance about how to provide services during the pandemic. Managing resupply of IFA tablets to pregnant women was challenging for some health facilities. Strategies such as rationing IFA, and asking FCHVs to help women get IFA, were implemented but FCHVs found it difficult to move around communities during the pandemic. This, combined with irregular mother's group meetings, limited community outreach.

## **Demand side factors affecting ANC during the pandemic**

The lack of public transport made it difficult for pregnant women to travel to health institutions for ANC. They were also afraid of COVID-19 infection from health workers. One health worker said: "They told us to go away and even chased us in the fields." Tele-counseling was implemented with a few pregnant women, but this was ineffective for many women without access to phones, and health workers were unable to reach newly pregnant women.

## **CONCLUSION**

Lack of access to PPE and IFA revealed the urgent need to improve procurement systems and coordination between federal, provincial and local governments. mHealth interventions should consider access among the most marginalised and newly pregnant women who may not have access to phone. Ongoing community engagement is important to ensure women and families are aware of the need to access ANC, even in a public health emergency.

## **REFERENCES**

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<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0284796>

**DOI:** <https://doi.org/10.1371/journal.pone.0284796>

*This research was funded by the UK Medical Research Council. For further information, please contact [joanna.morrison@ucl.ac.uk](mailto:joanna.morrison@ucl.ac.uk) or [sushil@herdint.com](mailto:sushil@herdint.com)*

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