As a coalition of organizations dedicated to expanding and strengthening access to reproductive health care in emergencies, the Inter-agency Working Group (IAWG) on Reproductive Health in Crises applauds the extraordinary efforts to date around the Ebola Crisis response and we offer our full-fledged support to humanitarian and local actors working to ensure that the Minimum Initial Services Package (MISP) for Reproductive Health is part of the ongoing response.

The recommendations summarized in this overview comprise priority activities designed to save lives and prevent illness, trauma and disability, especially among women and girls. The recommendations are also intended to minimize health care providers’ exposure to blood and bodily fluids in the context of ongoing Ebola transmission. The technical notes included in the overview are not comprehensive; please review relevant technical guidelines in full at the links provided for more detailed information. This overview will be updated as new guidance becomes available.

**BACKGROUND**

The Ebola Virus Disease (or “Ebola”) outbreak continues to evolve, with the severely affected countries of Guinea, Liberia and Sierra Leone struggling to control the escalating outbreak against a backdrop of high maternal, newborn and child mortality and low skilled birth attendance rates. In addition, adolescent girls in Guinea, Liberia and Sierra Leone account for high proportion of all births in these countries, and nine in 10 births to girls younger than 18 years occur within a marriage or a union. In the affected countries, health systems are now fragmented and access to routine health services; in particular, essential maternal and newborn care has been significantly reduced. Within the Ebola outbreak context:

- Health workers are overstretched, working long and hard shifts, and in fear of falling ill themselves.
- The supply chain for commodities is under increasing pressure—competing for priority with Ebola supplies, coupled with travel restrictions.
- Initial reports suggest that communities, particularly pregnant women and adolescent girls, are not attending health facilities for fear of contracting Ebola.
- There is an absence of well-functioning health facilities able to provide backup referral services; in particular, for obstetric and neonatal complications.
- There is increasing distrust of health personnel.

If these trends continue, drastic increases in maternal mortality, infant mortality and unwanted pregnancies are to be expected. There is an urgent need, in consultation with communities—including adolescents—and key partners, to strengthen priority health delivery systems at different levels of care to maintain the provision of essential basic health services in Ebola-affected areas and to develop interim strategies and interventions to mitigate the impact of the Ebola Crisis on the provision of sexual and reproductive health (SRH) services.

**Prevention of Ebola transmission in the community**

In an Ebola outbreak that affects large numbers of people—such as the current crisis in West Africa—the vast majority becomes infected by having physical contact with the body fluids (e.g., blood, saliva, urine, sweat, vomit, diarrhea/fecal matter, tears and semen) of a person who is infected. When an uninfected person has unprotected physical contact with an infected person, the virus can be transmitted through the skin, especially when bodily fluids come into contact with cuts or breaks in the skin, or through the mucous membranes, such as those in the mouth, near the eyes, the vagina or penis.

Community outreach through community health workers (CHWs) and volunteers will be critical to both disseminate messages to communities and provide essential SRH care to women and girls of reproductive age, especially pregnant women and girls. Outreach messages should be designed taking into consideration the existing misinformation, fears and stereotypes surrounding the Ebola disease, as well as building on lessons learned from HIV/AIDS and other programs for sexually transmitted infections that tackle similar challenges.

It is therefore important to:

1. Inform the community and health care providers on how to minimize exposure to the Ebola virus, particularly when exposed directly or indirectly to environments contaminated with body fluids. These efforts should not be limited to persons with known infections.
2. Coordinate to deliver the correct messages to communities. Using radio programs and hot lines in the local language is one of the lessons that can be drawn from the HIV response on providing correct information to the community.
3. Once someone recovers from Ebola, s/he can no longer spread the virus. However, the Ebola virus has been found in semen for up to three months. Abstinence from sex (including oral sex) is recommended for at least three months. If abstinence is not possible, condoms may help prevent the spread of disease.³ To this end, make condoms widely available and provide guidance on using condoms correctly and consistently, especially in the high-risk areas. This means making condoms available in areas where health care facilities are scarce and means are limited.
4. There is a small risk of the Ebola virus being present in menstrual blood or lochia in postpartum women and girls who have been cured and test negative. Therefore, abstaining or using condoms, if abstinence is not possible, is recommended. Additional recommendations include:
   - Educating all women living in communities where Ebola is present, on safe disposal of cloth or pads with menstrual blood or lochia, by the woman herself. Cloth and pads should be burned or buried after being soaked in chlorine before disposal, depending on community preferences for disposal.
   - Include alcoholic hand-rub (hand sanitizers containing more than 70% concentration) in hygiene kits, so women can apply hand-rubs after disposing of cloth and pads.
   - Include male and female condoms in hygiene kits, and include information on the importance of using these during the outbreak if abstinence is not an option.
   - Hygiene kits should also include more sanitary napkins than usual. Use of resuable material should be strongly discouraged.
   - Women and girls should be informed to visit the nearest health facility, if uncommonly heavy periods are noticed—which could also be a miscarriage—to rule out Ebola and complications in pregnancy.
5. Ensure a high level of infection-prevention measures at all health services, in particular, SRH services (childbirth, treatment of abortion/miscarriage complications, vaginal examination, surgery, etc., where health care providers

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³ [http://www.cdc.gov/vhf/ebola/transmission/qas.html](http://www.cdc.gov/vhf/ebola/transmission/qas.html)
and facility equipment are exposed to blood and body fluids). It is of utmost importance that these services receive high attention in prevention programs, both for the safety of health care providers as well as women using these services. During labor, treat all vomit, saliva, sweat and fecal matter as contaminated with the virus. Ensure all corpses, including stillborns, are handled with utmost precautions according to WHO recommendations.  

6. Ensure personal protection equipment (PPE) for SRH care staff—including extra gloves, masks, goggles, boots, aprons)—and provide training on standard precautions, including use of PPE.

7. Support national efforts in contact tracing within SRH service delivery points, as this is one of the key strategies in containing the Ebola outbreak, in addition to early detection and treatment. It is critical in finding persons who have been in close contact with Ebola patients, monitoring them to see if they have become infected, and providing them with education and support. It is an essential step in breaking the chain of disease transmission and ending an outbreak. Ebola signs and symptoms specific to pregnancy include miscarriage, premature delivery, still birth and abnormal bleeding.

8. Work jointly with WHO and national authorities to deliver the information on all the measures taken and the safety of these services to the population at large, but especially for women of reproductive age. Aim to improve the use of facilities for childbirth and other SRH services.

**ENSURING THE MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH IN THE EBOLA CRISIS.**

**COORDINATING THE RESPONSE**

An SRH lead should be identified and, together in close partnership with the Health Cluster, provide operational and technical support to health partners and ensure prioritization of the MISP, as well as sustained coordination among national and international responders throughout response and recovery efforts.

**PREVENTING SEXUAL VIOLENCE AND ASSISTING SURVIVORS**

The Ebola Crisis is unfolding in a context where gender-based violence (GBV) and sexual exploitation programs have been seriously disrupted, further raising the possibility of unreported and untreated cases during the crisis. The Protection and Health response must identify gaps in GBV survivor-service provision and provide essential stop gap measures where feasible, especially in quarantined areas. Please see the [Humanitarian Crisis in West Africa (Ebola) Gender Alert (Sept 2014), Inter-Agency Standing Committee](https://un.org/esa/adas/htf/hisef/2014/HRG03_MIS1.pdf) for further information.

**Priority Actions:**

- Coordinate with GBV staff and other relevant sectors to prevent sexual violence.
- Provide RH Kit 3 (Post-Rape) to selected health care centers and ensure staff is trained.
- Inform the community of the availability and location of services.

**REDUCE TRANSMISSION OF HIV**

There are an estimated 217,000 persons living with HIV across the Ebola-affected countries, of which approximately 43,500 are on anti-retroviral therapies (ARTs), including 6,590 pregnant women. During the Ebola emergency response, securing continuity of access to ARV drugs and essential HIV prevention interventions—including prevention of mother to child transmission (PMTCT)—is critical to reducing morbidity and mortality of persons living with HIV and to prevent new infections. Please see [Ensuring Continuity of HIV Services in the Ebola Crises (October 2014)](https://un.org/esa/adas/htf/hisef/2014/HRG03_MIS1.pdf) from the Inter Agency Task Team (IATT) to address HIV in Humanitarian Emergencies for further information.

**Priority Actions:**

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• Practice standard health facility infection control precautions, including, when required, standard PPE and approaches within facilities and at community level care points.
• Provide access to male and female condoms.
• Ensure safe blood transfusion services.
• Continue ART for persons on treatment.
• Ensure PMTCT services continuation.
• Ensure tuberculosis/HIV services continuation.
• Make available post-exposure prophylaxis for both occupational and non-occupational exposure to HIV.

**PREVENT EXCESS MATERNAL AND NEWBORN MORBIDITY AND MORTALITY**

UNFPA estimates that more than 800,000 women in Guinea, Liberia and Sierra Leone will give birth in the next 12 months. All will require antenatal, delivery and postnatal care, and more than 120,000 will require emergency obstetric support for complications of pregnancy and childbirth. Complications related to pregnancy or childbirth are leading causes of death for adolescent girls in these three countries. Despite this, many pregnant women are afraid to visit, or are turned away from, overstretched health facilities, which puts them and their babies' lives at risk. Furthermore, it has been estimated that 1.2 million women of childbearing age may lack access to the family planning services. This will increase the number of unexpected pregnancies in these countries. Because pregnant women tend to have more contact with health services—both for antenatal care and for delivery—they experience greater exposure to Ebola, which is amplified in health care settings.

**Priority Actions:**

- Through functioning health facilities, CHWs, community health volunteers (CHVs) and community leaders, distribute clean and safe delivery kits and newborn kits to all pregnant women and birth attendants. Women should be encouraged to have the kits immediately available with them whether they deliver in a health facility, or at home as health facility supplies have been disrupted.
  - An additional item to include in the clean delivery kit is Misoprostol for the prevention of postpartum hemorrhage (PPH). In settings where skilled birth attendants are not present, the WHO recommends administration of misoprostol by CHWs for the prevention of PPH. Please refer to WHO recommendations for the prevention and treatment of postpartum haemorrhage for full clinical guidance.
  - Potential side effects of misoprostol are similar to Ebola symptoms and can include fever, chills, nausea, vomiting and diarrhea. Therefore, before and after administration of misoprostol, health care workers should closely monitor women, avoid contact with the blood and bodily fluids of women exhibiting symptoms and apply all personal protective measures until Ebola infection can be ruled out. It is important to educate women and providers to monitor the side effects that are similar to Ebola symptoms.
- The Newborn kit should include 7.1% Chlorhexidine to be applied to the umbilical cord immediately after delivery to prevent neonatal infection. Please refer to WHO recommendations on postnatal care of the mother and newborn for full clinical guidance.
- Through community leaders, pregnant women and girls and birth attendants, strengthen community education on Ebola prevention and transmission, prevention of maternal and newborn deaths, essential newborn care immediately after delivery and during the post-natal period, identification of danger signs for mothers (hemorrhage and infection) and newborns (fever, signs of infection, fatigue and loss of appetite) and indications for referral.
- All facility deliveries should be conducted by a skilled provider who follows the recommendations outlined to strengthen the Ebola response; this includes the use of PPE for all health workers, frequent hand washing with soap, use of disposable supplies, decontamination and sterilization of non-disposal instruments (bag and mask, suction device) and labor ward after each delivery.

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• Health workers are advised not to touch any woman who has signs of Ebola and immediately refer to the nearest treatment center with appropriate precautions. If immediate referral is not possible, the woman should be isolated from all other patients and health care workers should apply the use of full PPE when coming into contact with the woman until it is possible to transfer her.

• In cases where women deliver at home, CHWs and birth attendants who have been trained on the use of the “Clean and Safe Delivery Kit” and “Newborn Kit” should support the women unless the woman is exhibiting signs of Ebola. She should then not be touched and be immediately referred.

• Identify a referral facility to which obstetric and neonatal emergencies can be referred. In consultation with community leaders, set up a system for contacting the referral service and for transporting patients.

• All women and newborns should receive postnatal care within 48 hours of delivery either at a health facility or through a home visit from a trained CHW or midwife, for assessment of complications, for advice and education on essential newborn care, including thermal control, cord care, early initiation and exclusive breastfeeding (refer to CDC Breastfeeding guidelines in the context of Ebola) and family planning.
  o A mobilized network of trained and incentivized CHWs and CHVs should conduct home visits for the postnatal care of the mother and baby during the first week after childbirth using a ‘no touch’ approach—this means the provision of care without any physical contact of the CHW with both the mother and newborn.
  o Mothers and newborns with postnatal danger signs should be counseled and referred to the nearest functioning health facility. If immediate referral is not possible, the woman should be placed in an isolation area and all health workers and caregivers should apply the use of full PPE when coming into contact with the woman until it is possible to transfer her.
  o Target vulnerable groups and individuals for additional postnatal support (e.g. women with complicated pregnancies or deliveries, unaccompanied women and adolescent girls).

• At all times, care should be taken to protect the mother and the newborn baby from Ebola. The mother and the newborn baby are particularly vulnerable to Ebola because of the potential for infection through increased surfaces of exposed mucous membranes. Anyone who has been in contact with an Ebola patient should refrain from caring for the mother and the newborn baby until they are certified free from the Ebola.

### Key Focus Areas

1. **Prevent transmission in the community** through outreach messaging to target populations and by making condoms widely available.

2. **Identify, train, equip and incentivize health care workers** including CHWs to provide priority lifesaving maternal and newborn interventions in the context of Ebola.

3. **Strengthen application of universal standards in delivery of SRH services**, including both facilities and among CHWs (PPE for SRH care staff, including extra gloves, masks, goggles, boots and aprons).

4. **Address the impact that Ebola might have on maternal health conditions** by ensuring that pregnant women who have no access to health services have supplies to deliver under hygienic circumstances at home (RH Kit 2A); and by supporting health facilities in providing basic emergency obstetric care and management of miscarriages (RH Kits 6,8,9 and 10) and referral level hospitals with supplies for comprehensive obstetric care (RH Kits 11 and 12).

5. **Ensure that medical care** (at least emergency contraception, post-exposure prophylaxis and sexually transmitted infection treatments) for survivors of sexual violence is available in select health care services. **Coordinate with GBV actors** to ensure that the community knows where to access care.

6. **Advocate for a specific focus on women**, given their heightened vulnerability to contracting Ebola due to their role as caregivers, and their high contact with health services. (Supported by procurement of adapted hygiene kits that include PPE, to the most vulnerable families.)

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10 Note: WHO does not advise families or communities to care for individuals who may present with symptoms of Ebola in their homes. Rather, patients should seek treatment in a hospital or treatment centre staffed by doctors and nurses qualified and equipped to treat Ebola patients.