



Reports monitoring covid-19 pandemic in countries and regions of the Global South Nº 26

26th January 2021

The effect of covid-19 on pregnant women's maternal health

The monopolisation and overburdening of health systems due to covid-19 has made it difficult to provide other health services to the population. In previous reports, we have discussed how this monopolisation has affected other communicable diseases as well as the mental health of the population (Reports 2, 3 and 23) (BIOCOM-SC, 2020). In this report we want to discuss the specific impact on women and girls due to the disruption of reproductive and sexual health services as well as prenatal and postnatal health care.

In 2015, the year the Sustainable Development Goals (SDGs) were created, there were 216 maternal deaths per 100,000 live births on average globally. The Target 3.1 of the SDGs aims to reduce this number to less than 70 maternal deaths per 100,000 live births by 2030. According to the *United Nations Population Fund*, the best way to achieve this reduction is to ensure that all women have access to contraceptives, to provide pregnant women with the care they need during labour including quality obstetric care (UNFPA, 2020). But paralysation of the reproductive and sexual health services does not help achieve this; in fact, it only worsens a situation where displaced women, refugee women, women living in marginalised communities and women with low levels of literacy are the most affected. Yet, 94% of women dying from pregnancy-related causes occur in countries with a low or lower-middle Human Development Index (UN Women, 2020). The map below shows the incidence of maternal mortality per 100,000 births (**Figure 1**).

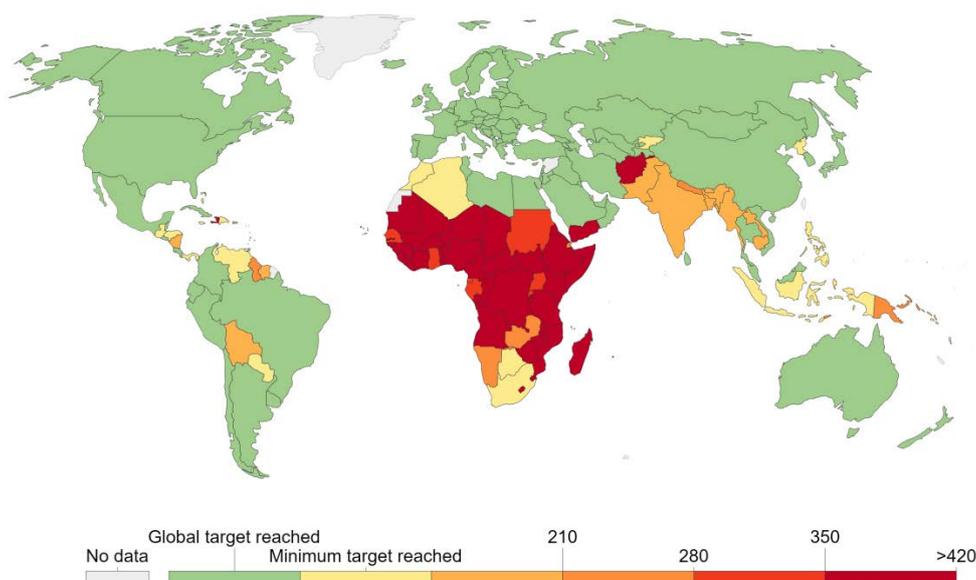


Figure 1. Maternal mortality per 100,000 births. Source: The World Bank, 2017

Since the beginning of the pandemic, many countries have experienced contraceptive supply shortages. The *United Nations* estimates that as a result of increased poverty and unemployment that took place this 2020 as well as limited cross-border transport, 18 million women are losing access to contraception (WHO, 2020). In Mexico, the *National Population Council* estimates that due to low access to sexual and reproductive health services, between 2020 and 2021 there will be 125,719 additional pregnancies in the country, 21,000 of which will be among underage girls. In Namibia, *The Namibian* newspaper reports that the lack of availability of contraceptives in the country's public health facilities is a threat to women's lives as it can lead to an increase in the number of pregnancies and consequently in the number of clandestine abortions.

Indeed, confinement measures and curfews have also hindered access to safe abortions. In South Africa, although abortion is legal it is socially stigmatised. According to the *Daily Monitor* newspaper, because of the stay-at-home recommendations and curfews, many women find it difficult to leave the house for an abortion without having to explain where they were going and what were they going to do. Also, the amount of morning-after pills available has decreased due to border closures and clinics offering abortions have been, like most health centres, overwhelmed due to covid-19.

In Mexico, the women's collective Cihuatlahtolli in Veracruz denounces that one of the few hospitals in the area that provided abortion in case of rape has stopped due to covid-19. This decision makes access to safe abortions even more difficult in an area where many medical personnel refuse to perform legal abortions on the grounds of conscientious objection.

Many hospitals in several countries have recorded a reduction in the number of pregnant women visits. This has been reported in newspapers from South Sudan, South Africa, Tanzania, Guinea, Togo, Benin, Kenya and Namibia. Visits to medical facilities have decreased due to confinements, curfews, transport disruptions and the fear of becoming infected when going to a medical facility.

In Kenya, since the start of the confinement and curfew in mid-March, the number of women giving birth at hospitals had dropped dramatically. The reasons given were mainly fear of police violence taking place in the country or fear of having to pay heavy fines. In some cases, mothers had to give birth at home and the delivery involved complications. Those complications ended in some cases in the death of the baby or even the mother. Midwives and gynaecologists have demanded the government that measures taken to curb the spread of covid-19 should not deny women's right to health. Given the lack of response from the government, some gynaecologists set up a programme to help women in labour. When women have contractions, they can call a midwife and receive instructions on what to do. They can also be transported safely and free of charge to the nearest hospital to give birth at the medical centre.

In Namibia, some women reported in *The Namibian* newspaper that they went to the hospital to give birth but were not attended due to lack of beds.

In the city of Conakry, capital of the Republic of Guinea, according to the *National Health Information Service*, the number of women who gave birth in the first half of 2020 compared to the first half of 2019 decreased by 11% and in the specific case of Caesarean section by 17%. And in South Africa, according to a study by *National Income Dynamics*, 16% of women surveyed had not attended any antenatal or post-natal follow-up visits since the start of the pandemic.

In Uganda, due to the closure of schools, colleges and universities there has been a drastic reduction in blood donations with 70% of donations nationally coming from students. This reduction affects especially children under 5 years of age and women after childbirth. Children under 5 use 50% of the donated blood as they become anaemic due to malaria and severe levels of malnutrition. Blood transfusions in women after childbirth account for 30% of the demand. Postpartum haemorrhage is the main cause of death during and after childbirth.

Finally, although there are still no conclusive scientific studies, it is suspected that pregnant women are at a higher risk of having severe forms of covid-19 and therefore of dying from it. As of 14 September, Mexico recorded 140 pregnant women dead out of 5,574 cases of pregnant women with covid-19, Brazil 135 out of 2,256, Colombia reported 40 deaths out of 2,726 and Peru 35 deaths out of 19,909 pregnant women with covid-19. Thus, the *Pan American Health Organisation* has called on the American countries to work in order to improve and guarantee access to reproductive and sexual health care services.

In conclusion, maternal health of women in many sub-Saharan African countries, as well as women on the move or marginalised is of paramount importance for their health status. The disruptions of reproductive and sexual health services as well as the punitive measures associated with curfews and confinement have severely hampered the access to necessary care for these women. They have even lead, in some cases, to their death or that of their baby. The specific needs of this population group must be recognised in order to anticipate the effects that measures such as border closures or curfews may have. Efforts must also be made in order to facilitate access to contraception, safe abortions and to provide the necessary care.

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The research group BIOCOM-SC from the Polytechnic University of Catalonia is in contact with different research groups and governmental offices in order to jointly predict the evolution of the pandemic covid-19. Moreover, we follow up local media in 35 African countries and 9 Latino American countries and complemented it with interviews to field experts.

<https://biocomsc.upc.edu/en/covid-19>