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EFFECT OF COVID-19 ON THE UTILISATION OF MATERNAL AND CHILD HEALTH SERVICES

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Abstract

In any community, mothers and children are the major consumers of the health services. They comprises approximately 71.14 percent of the population of the developing countries. Most causes of maternal morbidity and mortality can be avoided if women are given quick and appropriate treatment by skilled health professionals. The recent coronavirus disease (COVID-19) pandemic has wreaked havoc on the health care system globally. Women and children suddenly faced limitations in accessing essential health facilities. Many regions saw significant drops in the use of both preventive and curative services. The purpose of this review is to assess the effects of the COVID-19 pandemic in the utilisation of maternal and child health services. The pandemic has undoubtedly resulted in more deaths and more illness – particularly for the most vulnerable women and children. However, pregnant ladies around the world encounter unique difficulties in getting maternal health care due to restrictions, transportation issues, and fear of getting coronavirus exposure thereby reducing the coverage across all maternal and child health interventions hence better strategies should be implemented to minimize the lag in the health care delivery.

Keywords*: COVID19, Pandemic, Pregnant, Essential health services.*

INTRODUCTION

Mothers and children not only constitute a large group, but they are also a vulnerable or special risk group. The risk is connected with child bearing in case of women and growth development and survival in case of infants and children

Global observation shows that in developed regions maternal mortality ratio averages at 8 per 100,000 live births, in developing region the figure is 450 for the same number of live births. It is evident that infant child and maternal mortality rates are high in many developed countries. Further much of the sickness and deaths among mothers and children can be prevented by giving prompt and suitable treatment to the women by qualified health practitioners.

The MCH services encompass the curative, preventive and social aspects of obstetric, paediatrics, family welfare, nutrition, child development and health education. The specific objectives of MCH includes reduction of morbidity and mortality rates for mothers and children, promotion of reproductive health and promotion of the physical and psychological development of the child within the family

The current trend in many countries is to provide integrated MCH and family planning services as compact family welfare services. As a result, in the past two and half decades, maternal mortality ratio has dropped by almost 38% globally. However, despite the global efforts there were 295,000 deaths in 2017 related to pregnancy and delivery. This may be the consequence of a decrease in utilization of MHS. The 'three delay' model is commonly used for identifying causes of such decrease. The delays include, delay in decision to seek health services, delay in reaching health care facility and delay in getting required care. Interruption of the essential services due corona virus disease (COVID-19) could lead to additional 253,500 – 1,157,000 child deaths and 12,200 – 56,700 maternal deaths, globally. As a result of these disruptions in South

Asia, child mortality could potentially increase by 18 – 40% and maternal mortality by 14 – 52%, over the next year. The purpose of this review is to assess the effect of COVID-19 on the utilisation of maternal and child health services. Journal articles, national and international reports on maternal health services during the pandemic were reviewed for writing this narrative review.

LITERATURE REVIEW

Outbreak of corona virus disease (COVID-19) diverted the resources normally reserved for reproductive and sexual health to the emergency response. Such measures contribute to a rise in negative outcomes including maternal mortality, unsafe pregnancies and unsafe abortions. Numerous instances of preventable morbidity and mortality amongst children and pregnant women were documented during the year 2020

Lockdown, transport challenges and fear of being exposed to corona virus were the barriers to women who are trying to access maternal health care during the pandemic. United Nation's Population Fund ran a model to assess the probable effect of COVID-19 on sexual and reproductive health services including three indicators, namely births assisted by skilled health-care providers, institutional delivery and access to contraception. The analysis was focused on countries in Asia-Pacific region. The results showed that even in the best-case scenario the use of these services would decrease by one fifth of the present value while in the worst-case scenario the service utilization would decrease to half. This would subsequently lead to 17 % and 43 % rise in maternal mortality ratio respectively . Similarly, a prospective observational study in a tertiary centre illustrated a reduction of 45.1% in institutional deliveries ($P < 0.001$), a percentage point increase of 7.2 in high-risk pregnancy, and 2.5-fold rise in admission to the intensive care unit of pregnant women during the pandemic. One-third of women had inadequate antenatal visits. The main reason for delayed health-seeking was lockdown and fear of contracting infection, resulting in 44.7% of pregnancies with complications. Apart from these thirty-two symptomatic women who tested positive for COVID-19 were managed at the centre with good maternal and foetal outcomes. The pandemic has further exacerbated the effect of the group of factors that lead to delays in availability and access of maternal health services.

Delay in decision to seek health care:

Pregnant women are reported to have experienced increased anxiety as a result of COVID-19. A qualitative study conducted in Kenya showed that expectant mothers feared attending hospitals for perinatal care due to the possibility of contracting COVID-19. Therefore, there was an increase in home deliveries with the assistance of traditional birth attendants (TBAs)/traditional midwives A survey conducted in Italy among 100 pregnant women, to assess the psychological impact of the COVID-19, showed that more than half of the respondents rated themselves as having severe impact, and 68% stated that they had higher than normal anxiety. About 43% reported having anxiety concerning the possibility of transmission of the disease to their babies. Pregnant women in Australia, New York and in many other developing countries like Nepal and Bangladesh expressed fear of visiting hospitals for childbirth because they were scared of being infected themselves or feared about vertical transmission. The dread and anxiety of visiting hospitals during COVID-19 has led many women across the countries to change their plan of childbirth from the institutional deliveries to have home deliveries. According to American College of Obstetricians and Gynecologists (ACOG) and American College of Nurse-Midwives (ACNM) home birth should only be considered for low-risk pregnancies and If a mother or child is not low risk, then the best place for the mother and baby is to be in the hospital. As per the National Sample Survey's Health and Morbidity 75th round, nearly 21.3 million women reported being pregnant. On an average, India registers approximately 77575 live births per day, and these statistics reflect gravity of the current situation for the expectant women, who not only find it difficult to travel to the hospital in the absence of transportation but also are apprehensive of visiting a facility due to high risk of

infection the deliveries in health facilities are related to reduction in risk for neonatal deaths. Hence, it could lead to unfavorable outcomes for the mother and new-born as a woman hesitates to visit health facility during the pandemic

Delay in reaching the health facility

A countrywide lockdown was announced with directives to frontline health-care providers to prepare for cases. The lockdown consisted of multiple restrictions including on all forms of travel except for emergency services, and grocery stores and food services with authorization from security personnel from local law enforcement throughout the country which gravely exacerbated the problems of pregnant women in reaching health care facilities. There have been reports of pregnant women delivering on the road and in ambulances, en route to the hospital, because of blockades amid the lockdown and delays of ambulance service in many states of India. Similarly in Zimbabwe, pregnant women faced problems in seeking care for their new-borns due to movement restriction Many women developed complications on the way to the hospital and died at the health facility before receiving proper care due to delay in reaching the facilities.

Delay in getting care:

The Indian Ministry of Health and Family Welfare (MOHFW) had clearly mandated guidelines that pregnant women must be provided with all essential maternal health services. In spite of this, many states have curtailed outreach services for immunization and maternal health services citing the importance of taking precautionary measures against the infection. A majority of public health infrastructure and workforce from the primary to the tertiary level are engaged in COVID-19-related health activities and are facing a high shortage of Personal Protective Equipment (PPE). On the other hand, many private hospitals have stopped functioning completely as they do not want their staff to be exposed to the virus due to lack of PPE. Both of these issues exacerbated the problems of pregnant women in the country.

As per the National Sample Survey more than 40 per cent of the expectant women in rural areas rely on AWW/ASHA for maternity and child care services while merely 13% in urban settlements. This reliance is nearly double amongst socially disadvantaged tribal population if compared with the privileged upper caste pregnant women. AWW/ASHA workers were deployed mainly in testing and contact tracing of COVID-cases due to closure of other outreach programs that they used to perform. As a result, pregnant women, especially in rural settlements as well as in urban slums, have lost access to their last resort during their crucial months. Apart from putting mothers at higher mortality risk, the newly-born children are often devoid of the necessary immunization. Hence, exposed to a greater risk of death due to preventable diseases like polio, measles, diphtheria etc.

Moreover, there were several containment areas around the hospital. Women from those areas with even a mild fever or sore throat were not getting admission because they are likely to have Covid-19. Hence, they refer them to Covid-19 hospitals which was causing a delay in getting prompt care. Apart from this a study highlighted that access to abortion was highly compromised during lockdown in which around 59 per cent of women seeking an abortion could not access the services As per the Health Management Information System (HMIS), there would be a loss of 6.9 lakh sterilization services, 9.7 lakh intra-uterine contraceptive device (IUCDs), 5.8 lakh doses of injectable contraceptive (ICs), 23.8 lakh cycles of Oral contraceptive pills (OCPs), 9.2 lakh emergency contraceptive pills (ECPs) and 40.59 crore condoms. This is likely to result in an additional 23.8 lakh unintended pregnancies, 679,864 childbirths, 14.5 lakh abortions (including 834,042 unsafe abortions), and 1,743 maternal deaths".

Additionally, a lack of preparedness of health institutions appears to be another factor that hinders service delivery in many countries. With rising number of COVID-19 patients and shortages of personal protective equipment, health workers were frightened, stressed and demoralized. During a survey in Australia, majority of health workers involved in management

of COVID-19 said that they were distressed by the lack of personal protective equipment's (PPEs) in the hospitals. Similarly, a research done among about 2500 physicians in Canada also illustrated that the respondents were very anxious and reported that this anxiety could be relieved by provision for adequate PPEs and testing. As a result, many services regularly provided by the hospital, including MHS, have suffered. Even in developed countries like United States, some facilities have converted maternity wards to COVID-19 units, in order to accommodate the increasing number of COVID-19 patients. Moreover, routine immunization services have also suffered during the pandemic which negatively impacts the well-being of the new-borns. The situation is even harsher in developing countries affecting the availability of certain medications necessary for pregnant women along with decreased access to contraceptives for others.

CONSEQUENCES OF DELAYED MATERNAL AND CHILD HEALTH SERVICES

In the absence of effective treatment protocols and a vaccine, total lockdown of cities, even entire countries, and mandatory social distancing between people was the only means to slow the spread of the disease. While the pandemic affects everyone, those who were already marginalized – including women, ethnic minorities, and the poor are likely to suffer the most due to the disruption in health facilities. It is estimated that 10–35% of women around the world including India suffer from depression during pregnancy and postpartum. Pregnant women may feel social isolation and have greater fear of infection for themselves, as well as their infants. Lack of health facilities and increasing number of home deliveries without the assistance of trained health workers heighten the distress and depression in these women. The mental health issues and problems faced by women in rural India are even more serious. In rural areas, most of the time, antenatal care services are provided by local health workers. Due to the lockdown, it is not possible for local health workers to reach every woman. As a result, many pregnant and lactating mothers are left without medical care. The recent Global Financing Facility brief mentioned that almost 4.7 million women in India could be devoid of facility-based deliveries, 27.2 million fewer children would receive DPT vaccinations, and nearly 22.7 million fewer children would receive oral antibiotics for pneumonia. The estimate further indicated that if the coverage of all essential MCH interventions reduced in a similar way, India might observe an increase of 40% in child mortality and 52% in maternal mortality over the next year.

EFFORTS AND INITIATIVES

Despite these circumstances, efforts have been made to boost maternal health with telemedicine as per the guidelines issued by Union Ministry of Health and Family Welfare. During the e- consultation doctors received queries regarding the schedule for antenatal check-up, medicines they have to take during various periods of pregnancy, ultrasound check-ups and suggestions regarding how to deal with complications during pregnancy Even in India, some states have established pregnancy hotline to provide advice to women in need apart from disseminating the information through various IEC (Information, Education and Communication) materials to raise awareness regarding protection of mother and child during COVID-19.

CONCLUSION

United Nations Secretary has rightly called the COVID-19 crisis the "greatest test" the world has faced since World War II. To pass it, leaders everywhere must recognize that, while the pandemic affects everyone, those who were already marginalized – including women, ethnic minorities, and the poor – are likely to suffer the most. That is why no pandemic-response strategy is complete without a plan to ensure uninterrupted access to essential sexual and reproductive health services for all. Arrangements should be made for assuring proper means of transportation and availability of maternal and child health services.

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