

## Maternal and Child Health During Corona: Health Issue

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### Abstract

The article focused on maternal and child health during CORONA period. Health is an area of concern which is drastically affected by covid-19 and in most of the cases people couldn't get services due to unavailability, negligence and fear of getting infection. Maternal health vastly affected during their antenatal, intranatal and postnatal period. It was very difficult to reach the health services during lockdown and go for COVID screening before any type of health assessment and care. Most of the mothers couldn't seek medical care during their antenatal period due to inaccessibility and fear of getting illness. There was high rate of maternal and fetal morbidity and mortality. Many studies were also conducted to show the impact of covid-19 on health services provided and attained by mothers and their babies. Results have shown diminished access to preferred health care and family support. It increases anxiety among mothers and causes indirect adverse affects on maternal and child health.

**Keywords:** COVID-19; Maternal and Child Health; Antenatal; Intranatal; Postnatal; Breastfeeding.

### Introduction

Corona is an infectious disease that is caused by a recently discovered corona virus (COVID-19). Most of the cases that are infected with the Corona virus experience mild to moderate type of respiratory manifestations and recover without requiring any specific treatment. People who are very old and people who have underlying medical illnesses like

cardiovascular disease, renal diseases, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness.<sup>1</sup>

Human corona virus was first identified by scientists in 1965. It caused a type of common cold. After 10 years of this outbreak scientists have found a category of similar human and animal viruses and named those viruses as per their

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crown-like structure. Out of them seven corona viruses can infect humans. The viruses that cause SARS emerged in southern area of China in 2002 and quickly spread to 28 more other countries. By July 2003 more than 8,000 people were infected and 774 died. Again a small outbreak of this virus was in 2004 and involved only four cases. This covid causes fever, headache and respiratory symptoms such as cough and shortness of breath.<sup>2</sup>

Wuhan Municipal Health Commission of China reported on 31 December 2019, a cluster of cases of pneumonia in Wuhan, Hubei Province and novel corona virus was eventually identified. WHO had set up the Incident Management Support Team on 1 January 2020 among the three levels of the organization, headquarters, regional headquarters and country level and putting the organization on an emergency level for dealing with the outbreak. WHO reported on social media that there was a cluster of pneumonia cases with no deaths in Wuhan, Hubei province on 4th January 2020 and by 5th January 2020. WHO published its first disease outbreak news on the new corona virus. This is a standard technical publication to the scientific and public health community as well as global media. It contained a risk assessment and advice and report provided by China in which the information was given to organization about the status of patients and the public health response on the group of pneumonia cases in Wuhan. WHO had issued a comprehensive package on 10 January 2020 for technical guidance online and advice to all countries to detect, test and manage potential cases based on what was known about the virus at that time. This guidance was shared with WHO's regional emergency directors to share this with WHO representatives in all countries. China publicly shared the genetic sequence of COVID-19 On 12th January 2020. On 13th January 2020, Officials confirm a case of COVID-19 in Thailand, and it was the first recorded case outside of China.<sup>3</sup>

The first case of COVID-19 in India was reported on 30 January 2020 which originated from China only. India currently has the largest number of confirmed cases in Asia and has the second-highest number of confirmed cases in the world after the United States with more than 9 million reported cases of COVID-19 infection and more than 100 thousand deaths. The first case

The COVID-19 pandemic has substantially affected the lives and health of huge people worldwide with millions of confirmed cases and

thousands of deaths. The immediate medical effects of the pandemic are obvious and substantial. Adverse maternal and infant health outcomes are also linked with the pandemic and are likely to disproportionately impact ethnic minority communities: including Black, Indigenous, and People of Color (BIPOC). For instance, CORONA associated with disruptions to prenatal care, lack of access to the medical technology or safe spaces needed to facilitate telehealth, loss of medical facilities or benefits and inability to access preferred and trusted care providers are all expected to increase the risk of poor birth outcomes.<sup>5</sup>

### *Impact of Covid 19 on Prenatal, Intranatal and Postnatal period*

A study was conducted by Timothy Robertson and colleagues on July (2020) which modeled the indirect effects of COVID-19 on maternal and child mortality in low-income and middle-income countries (LMICs). It highlighted potential consequences of disruptions to routine health care and decreased access to food. Where the total projected impacts were shocking and the analysis omitted modeling disruptions in breastfeeding practices because the researchers assumed only a marginal reduction in these kind of activities.<sup>6</sup>

This COVID-19 pandemic is indirectly threatening breastfeeding practices as in early initiation, exclusive breastfeeding and continued breastfeeding. Universal breastfeeding could prevent 8, 23,000 child deaths per year, yet additional examination as part of COVID-19 impact procedure are needed. Interim guidance released by WHO emphasizes on fewer clinic visits, early discharge, COVID-19 screening upon admission, and quarantining of suspects until the proven negative. However this response is undetermined by low testing capacity, delays in obtaining results, constraints in infrastructure and staffing shortages. Due to corona positive symptoms mimic obstetric emergencies, triaging women with concomitant complications might be delayed. Moreover the vertical COVID-19 response leaves women even more vulnerable to delays, neglect in isolation and substandard management of life-threatening complications. Even WHO urges context-adaptation of their guidance and continuation of essential health services. Then also low-income and middle-income countries (LMICs) often do not adapt guidance, because it is a complex and resource-consuming process when non-contextualized recommendations are far from achievable. In

low-income and middle-income countries, health services offered are predominantly essential and tiny can be discontinued without catastrophic consequences.<sup>7</sup>

A prospective observational study was performed from April to August, 2020 including all antenatal and parturient women admitted to the hospital. Data were collected regarding number of admissions, deliveries, antenatal visits, reason for inaccessibility of health care, and complications during pregnancy and it was compared with the data from the pre-COVID period of October 2019 to February 2020. There was a reduction of 45.1% in institutional deliveries ( $P < 0.001$ ) and increase of 7.2 percentages in high-risk pregnancies and 2.5 fold rise in admission to the intensive-care unit of pregnant women during the pandemic. 1/3rd of women among them had inadequate antenatal visits. The reason behind delayed health seeking was lockdown and fear of contracting with infection resulting in 44.7% of pregnancies with complications. Thirty-two symptomatic women who tested positive for COVID-19 were managed at the middle with good maternal and fetal outcomes. Even though CORONA does not directly affect pregnancy outcomes but it has indirect adverse effects on maternal and child health. Emergency obstetric and antenatal care is essential services which to be continued with awareness of people while maintaining social distancing and personal hygiene also.<sup>8,9</sup>

### *Covid-19 and New Mothers*

The Stanford Center for Health Education's Digital Medic Initiative and Noora Health collaborated together to investigate the effect of the pandemic on new mothers during India's lockdown from May 5 to June 22, 2020 which severely restricted mobility across the country. During a 25 minute telephonic survey mothers were asked about their background and experiences during the lockdown. A total of 841 new mothers were participated in the survey among them 68 percent resided in villages and 65 percent lived below India's poverty line. The average age of the babies at the time of surveying was nearly 5 months. Those new mothers confirmed the many anecdotes being shared during that time as diminished access to health services and family support and increased anxiety among new mothers. Regarding access to healthcare of the mothers' survey: 10 percent of mothers indicated that their baby missed at least one vaccination recommended during the period of lockdown. Most of the mothers

whose babies had missed vaccinations, 73 percent out of them attributed the missed vaccination to restrictions in mobility due to the lockdown and another 10 percent to the unavailability of ASHAs and ANMs (frontline health worker staff who support antenatal and postnatal care for families) in their community. Nearly half of mothers (49 percent) indicated that their ASHAs/ANMs were too busy to help them or their baby during the lockdown. This likely reflects additional COVID-19 duties that ASHAs and ANMs have had to acquire during the pandemic. Forty percent of mothers also indicated that they were afraid to seek treatment from a hospital if needed.<sup>10</sup>

### *Breastfeeding and Covid-19*

Breastfeeding is protective for newborns protects them from getting sick and also protects them throughout their infancy period and childhood. Breastfeeding is especially effective against infectious diseases because it strengthens the immune system by directly transferring antibodies from the mother to baby. Mothers who are confirmed or suspected of COVID-19 or mothers with any symptoms who are breastfeeding or practicing skin-to-skin contact should take precautions and should practice respiratory hygiene during breastfeeding. If mothers have respiratory symptoms such as short of breath, they should use a medical mask whenever near to their child. Wash hands thoroughly with soap or sanitizer before and after contact with child. Routinely clean and disinfect any surfaces touched. If mothers are severely ill with COVID-19 or suffer from other complications that prevent them from caring for their infant or continuing direct breastfeeding then express milk to safely provide breast milk to infant. If mothers are too unwell to breastfeed or express breast milk then only they should explore the possibility of re-lactation (restarting breastfeeding after a gap). Wet nursing (another woman breastfeeding or caring for the child) or donor human milk may be used when mother cannot feed. The Approach to bed for feeding will depend on cultural context, acceptability to them and service availability.<sup>11</sup>

### *Summary*

The scale of interruption in routine health services in emerge of the Covid-19 pandemic in India is even larger than was earlier estimated. Maternal and child health was also grossly affected by the condition. There were no proper antenatal and

postnatal services. Women didn't get support for their deliveries also. Many women lost their lives because services were not proper or they get help very late during lockdown. Most of the maternity centers and clinics were closed and those were open during that time were asking for Covid test report. When rather than report care was important for them at that crucial time of intra partum period. Breastfeeding and immunization was also affected. Some of the babies missed their vaccination and some got vaccination very late from the actual time.

### Conclusion

Maternal mortality and morbidity continue to be one of the biggest challenges of the health system during Covid-19. It is seen that despite the continue hard endeavors of health professionals there is an upward surge in the numbers of COVID-19 associated deaths in women of reproductive age including prenatal and post-natal women taking place. It is crucial phase however to continue every effort as a vital contribution to safe parturition, high-quality maternal care and to continue to work towards the attainment of imperishable development goals. There is necessity to include additional measures to prevent the disastrous health, social and economic effect of a COVID-19 outbreak particularly among women living in informal settlements and among newborn and young children.<sup>12</sup>

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