

Maternal Healthcare Issues during COVID-19 pandemic in Nepal

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ABSTRACT

The COVID-19 pandemic has affected the healthcare system worldwide, and maternal healthcare was no exception. Nepal, a low-income country with a high maternal mortality rate, faces unique challenges in providing adequate maternal healthcare during the pandemic. The pandemic has resulted in decreased access to maternal healthcare services, with pregnant women facing barriers to accessing antenatal care, delivery, and postpartum care. The pandemic has also exacerbated existing inequalities, with marginalized groups and rural communities being disproportionately affected. The COVID-19 pandemic has highlighted the need for Nepal to prioritize maternal healthcare, particularly in the context of a public health crisis. This article presents the impact of the COVID-19 pandemic on maternal healthcare in Nepal, focusing on the challenges faced by pregnant women.

Keywords: COVID-19 pandemic; maternal healthcare; pregnant women; Nepal.

INTRODUCTION

The COVID-19 pandemic was declared a 'public health emergency of international concern' by the WHO on January 30, 2020, and a 'pandemic' on March 11, 2020.^{1, 2, 3} It had affected healthcare and taken lives worldwide⁴ making Maternal healthcare is a challenge even in developed countries. Nepal had recorded 5,335 confirmed COVID-19 cases with 18 deaths as of June 14, 2020.⁴ Considering the risk of COVID-19 transmission, the government of Nepal had announced a lockdown in the country, where people are asked to stay at home except for emergency reasons only.⁵ This announcement had affected routine health care services⁷ and was placing considerable strain on the health systems of developing countries like Nepal. Despite maternal health being a top priority in Nepal for sustainable development, the COVID-19 outbreak had overshadowed it.^{6,7} This article aimed to highlight the importance of maternal healthcare during the global health crisis.

LEVEL OF DELAY

Maternal health encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care to reduce maternal morbidity and mortality.⁸ Women during pregnancy, childbirth, and the postpartum period pose a high risk associated with suffering, ill-health, and even death.⁷ According to Thaddeus and Maine, delay can occur at three different levels: delay in the decision to seek care, delay in reaching the appropriate facility, and delay in receiving adequate care in the facility.⁹

Delay in the decision to seek care:

There are several factors, such as late recognition of the problem, fear of the COVID-19 transmission, or lack of an available decision-maker that contribute to delay in seeking care.¹⁰ Maternal health is particularly

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threatened due to physiological and immune changes that make them more susceptible to viruses.^{11, 12, 13} The fear of getting infected and passing the virus from a mother to their unborn or newborn child played a role in delay in seeking care in Nepalese women. The COVID-19 pandemic has caused an exponential growth in stress or anxiety-related concerns among mothers about their health and the health of their babies.¹⁴ This has led to under-utilization of maternal health services, if any are available. Thus, under-utilization of available services such as antenatal check-ups, deliveries, and postnatal services due to stress and anxiety over possibly being exposed to a virus is the foremost issue in maternal health care during the COVID-19 pandemic in Nepal.

Delay in reaching the appropriate facility:

The delay in reaching the appropriate facility is an important issue in maternal health care during the COVID-19 pandemic in Nepal. Women's access to safe delivery services had been impacted by COVID-19 due to the fear of transmission in hospitals and limitations on maternal healthcare services during lockdown preparedness¹⁵ the maternal health situation has worsened in remote areas with limited healthcare facilities due to the suspension of local transportation.¹⁶ The difficulty of transportation in rural parts of the country was itself a big challenge before the COVID-19 crisis. Lockdown measures had exacerbated the issue of limited maternal healthcare access in both rural and urban areas, as travel restrictions and transportation challenges prevented those in need from reaching healthcare facilities. The unavailability of private vehicles particularly affects economically disadvantaged women trying to access maternity check-ups and deliveries.¹⁷ This has compelled the women in labor pain to give birth at home, which further kept pregnant women and their newborns in grave danger. Furthermore, if women reach and deliver at birthing centers, defying all odds, referrals of complicated cases to tertiary-level hospitals will be an insurmountable challenge with the ongoing lockdown. These factors have caused hindrances in basic maternal health care, contributing to poor maternal health outcomes.¹⁸

Delay in receiving adequate care in the facility:

An important issue in maternal health care during the COVID-19 pandemic in Nepal is the unavailability of services, including a shortage of maternal health commodities and health care professionals. Healthcare workers are pulled from their usual duties and assigned to the COVID-19 crisis centers, resulting in a shortage of health professionals in maternal hospitals. Long work hours, a scarcity of qualified professionals, a lack of personal protective equipment, and social isolation can all contribute to burnout in maternal healthcare professionals.¹⁹ As a result, there is relatively little assistance for women who need help giving birth or who need routine pregnancy check-ups.^{11, 20} Further,

responding to infectious disease outbreaks often entails additional physical and economic stress on the health system. In such conditions, it is very common to face a shortage of supplies like family planning commodities like condoms, pills, iron tablets, albendazole tablets, and so on.

NUTRITIONAL INSUFFICIENCY

The COVID-19 crisis have had a significant impact on household finances, reducing access to food and healthcare services. Shifts in healthcare priorities also affected nutrition services such as vitamin A supplementation and malnutrition treatment. Unhealthy habits such as poor nutrition and hygiene have increased, leading to potential consequences such as decreased immunity, increased vulnerability to illness, and high rates of undernutrition and anemia in pregnant women.²¹ Such maternal malnutrition contributes to poor maternal health, leading to high morbidity and mortality rates, along with effects on fetal development and neonatal health.²² This in turn, weakens the immune system, and they may be more vulnerable to acquiring the COVID-19 infection.

EFFECT OF DELAYING ANTENATAL CHECKUPS

Pregnant women are being requested to delay regular antenatal checkups to minimize transmission through hospitals. This means missing prenatal vitamins, immunizations, and chances to diagnose high risk pregnancies. With 80% antenatal coverage and only 59% institutional deliveries, Nepal still has a high maternal mortality rate compared to other Southeast Asian countries.^{17,23} Reduced antenatal visits may lead to missed chances of diagnosing pregnancy complications in time. Also, there is a possibility of delay in seeking care when pregnant mothers are unsure when to visit the hospitals because of the uncertainty of availability of their services during the pandemic.

CHALLENGES AND SOLUTION

To date, the government of Nepal hasn't addressed the impacts of the covid-19 outbreak on maternal health, which can be more impactful than the disease itself.^{11, 24} Still, no specific provision has been made for expectant mothers or those in their postpartum period on how they can access the hospitals and receive maternal health care services in this crisis. Reports have shown that there was a 200 percent increase in maternal deaths as a result of restricted access to essential healthcare services during the COVID-19 lockdown compared to the epidemic itself.²⁵

The health care workers at the community level should be immediately mobilized to motivate the expecting and

new mothers to seek maternal care whenever necessary and arrange their transportation for antenatal check-ups or deliveries. Pregnant women should be properly counseled about their health conditions, available services, and methods to overcome fear, anxiety, and stress. The utilization of skilled health workers like midwives and female community health volunteers for these purposes could be beneficial. Further, all the regular health services should not be interrupted at any cost. The proper nutritional supplements and foodstuffs should be provided to ensure that no pregnant women or mothers remain hungry.

WAY FORWARD

The infectious disease outbreak has aggravated adverse effects on maternal health in a developing country like Nepal. Limited access to basic maternal health care due to travel restrictions and transport challenges, under-utilization of available services due to stress and anxiety over possibly being exposed to a virus, unavailability of services including shortage of maternal health commodities and health care professionals, a lack of proper information about the availability of services, and being susceptible to malnutrition and diseases are some of the major contemporary issues in maternal health care during the pandemic in the developing countries like Nepal. The issues must be addressed as soon as possible for better maternal health outcomes. Otherwise, poor maternal health outcomes during the outbreak are much greater than the morbidity and mortality related to the disease itself.

Conflict of Interest: None.

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