

Editorial

Coping with Covid 19: Blend of uncertainty with innovation

At the end of second decade of 21st century the whole world was shaken with emergence of a new public health threat labeled as Novel Covid 19. The infection was first notified from Wuhan province of China in December 2019. Pattern of human to human transmission by respiratory droplets, through direct contact and fomites and contagiousness surpassed all previous epidemics in rapidity of spread and severity of symptoms. World Health Organization declared Covid 19 as a public health emergency of international concern (PHEIC) on Jan 30, 2020 and a global pandemic in March 11, 2020¹.

Initial recommendations by WHO and other organizations to fight against the pandemic were nationwide lockdown, disrupting economy, health care seeking and services as well as the normal way of life². During the initial phase of infection there were very rapid spreads with great

mortality. Paucity of evidence regarding appropriate management of the infection had resulted in undue fear, uncertainty and helplessness among people³. Restraints related to pandemic like social distancing, home quarantine and isolation could be a threat to psychological well being. It has been reported that sadness worry, fear, anger, annoyance has increased during and after pandemic^{4,5}. There are also reports of increased incidence of abuse, negligence, exploitation and domestic violence during Covid 19 pandemic⁶. Patients with previous mental disorders reported worsening of their symptoms³. There are even extreme cases of suicide from fear of being infected by Covid 19, lockdown related economic recession, loneliness, and work related stress, social boycott and pressure being in quarantine⁷. Anxiety over health, finance, partial inactivity of different social welfare organization, frustration from forced home stay contributed to negative outlook towards life².

During periods of any natural disaster maternal health services are most vulnerable to suffer and Covid 19 epidemic is not an exception. Experience from outbreak of Ebola virus in west showed, during the outbreak, antenatal care coverage decreased by 22

percentage, there were declines in the coverage of family planning (6 percentage), facility delivery (8 percentage), and postnatal care (13 percentage)⁸. Indirect effect of the outbreak was more severe than the outbreak itself and women and children were more vulnerable to face challenges⁹. People with health problems unrelated to the epidemic find it harder to get access to health care services¹⁰.

The COVID-19 pandemic required postponement of many non “essential” health services to prevent transmission within clinics, which led to significant reductions in obtaining routine antenatal and postnatal care². Access to abortion care was restricted in many countries during lockdown that may result in many unintended pregnancies globally.¹¹ Many community based care outlets were closed globally, hospitals were overcrowded with dealing covid patients and there were changes in care seeking behavior and care availability for pregnant women.² The main cause for reduced attendance was concern about the risk of acquiring COVID-19 in health-care settings. Others were, reduced clinic hours, restriction on number of visitors, governmental advice to stay at home, and reduced public transport to reach hospitals, denial of in person visits during pregnancy etc¹². Shortage of supply of medicines and logistics were evident in most hospitals¹¹. During the peak of pandemic maternity staff had been redeployed to support critical care and medical teams, reducing the staffing available for maternity care¹¹. Studies has revealed that many maternal and newborn healthcare providers worldwide did not receive training in COVID-19 from their health facility, and 53% of participants in LMICS and 31% in HICs expressed that they did not feel knowledgeable in how to care for a COVID-19 maternity patient; 90% of participants reported higher stress levels¹³. This lack of training and confidence might have hinder quality of care. In many situations much of routine care was rapidly restructured and delivered using digital methods like telephone or video-based appointments. However, people without regular access to high-speed internet or privacy in their living

space were deprived of such opportunities and it created inequality to access antenatal care¹³.

In Bangladesh also the pandemic has disrupted sexual and reproductive health services that led to upsurge in unmet need for family planning, inappropriate use of contraception, unsafe abortion, unplanned pregnancy, increased rate of sexually transmitted infections, and overall a not so well functioning of feto-maternal healthcare and reproductive health services¹⁴. Many mothers missed regular vaccinations of their children owing to countrywide lockdown. School and daycare closures exacerbate the burden of unpaid care work on women adding to mental stress³ and dropouts and increased adolescent marriage.

Regarding pregnant women and Covid-19, they were not found to be at higher risk for COVID-19 infection and most cases of pregnant women were asymptomatic or mildly symptomatic¹⁵. Pregnant women who had symptomatic COVID-19 experienced more severe outcomes than people who are non pregnant¹¹. There are reported cases of increased prevalence of low birth weight and Cesarean- section (C-section) delivery¹⁵. Other obstetric complications and outcomes reported are maternal death, stillbirth, miscarriage, preeclampsia, fetal growth restriction, coagulopathy, and premature rupture of membranes¹⁶. A systematic review of global data have shown increased maternal mortality and stillbirth, maternal stress, ruptured ectopic pregnancies during the pandemic than before the pandemic². There are Projections that COVID-19 could lead to up to a 45% increase in child deaths and a 39% increase in maternal deaths across low and middle- income countries¹⁷. The guidelines for labor, delivery, and breastfeeding for COVID-19 positive patients vary in different countries, and this variability has a potential to create uncertainty and unnecessary harm¹¹.

The WHO and UNICEF recommended continued breastfeeding, rooming in, skin to skin contact, and kangaroo care utilizing infection control practices. Even for mothers with suspected or confirmed COVID-19 are encouraged to initiate or continue to breastfeed because benefits of breastfeeding substantially outweigh the potential risks for transmission. Transmission of SARS-Cov-2 through breast milk is most unlikely. However, the Centers for Disease Control and Prevention, while

encouraging the continuation of breastfeeding in general, recommends for temporary separation of the newborn from a mother with confirmed or suspected COVID-19 to reduce the risk of transmission to the neonate¹¹.

Bangladesh achieved the status of Green on the world Breastfeeding trend initiative which implies the best level of performance and ranked first position among countries of South East Asia declared during 2021. It is a matter of concern that limitation of work performed during the pandemic may jeopardize the progress unless vigilant efforts are instituted to hold up the position.

The pandemic significantly impacted maternal mental health. Pregnant women and new mothers are more likely to experience mental illness than non-pregnant individuals¹¹. Feelings of anxiety and depression were associated with uncertainty surrounding COVID-19 and maternal fear of vertical transmission of the virus to their infants, limited accessibility to health services and lack of social support¹¹. Social distancing and isolation/quarantine procedures implemented during the pandemic increased risk of psychological problems among pregnant women and new mothers¹². Intimate-partner violence, already a leading cause of maternal death, has increased during the pandemic². A global survey of pregnant and postpartum women found substantial proportions of women scored at or above the cut-offs for elevated posttraumatic stress [43%], anxiety/depression [31%], and loneliness (53%)¹⁸. In a national survey of Bangladesh there was a clustering of depression and suicidal ideation in the capital metropolitan region and coastal districts where the number of COVID-19 cases being reported was particularly high⁴. The pandemic not only have great impact on health care system but also on societal structure, economy and the way we perceive our lives².

Bangladesh government took strong measures from early February 2020. Preventive measures like mandatory lockdowns, community awareness programs on hygiene practice, remote office activities, international travel bans, personal protection and social distancing were emphasized. Management protocols were developed and health care providers were trained, hospitals were specifically designated and upgraded to serve COVID-19 infected persons. Personal protective measures and quarantine for frontline workers were

ensured. Vaccines are provided in phases to different age group and already quite good coverage of recommended two doses of vaccine been achieved. Covid vaccination is recommended during pregnancy and lactation. However, as on December 2021 total doses given are 132 million and 49.7 million fully are vaccinated. Booster dose of covid vaccine has been started from 28th December, 2021.

Among lots of negativities there are certain indirect benefits of pandemic on women and climate change. Despite loss of job and lack of opportunities to earn money certain proportion of women explored own potentialities for alternative sources and express their skills and passion to start online business and develop themselves as entrepreneur. Surviving challenges of epidemic boost up their inherent strength and capacity to overcome adverse circumstances. In many cases mothers took care of their families without fearing the contamination chances even if she is a covid 19 positive patient depicting central role of women in the family³. Environmental pollution also was reduced for obvious reasons.

Bangladesh has set an example among LMIC to tackle the challenges of combating Covid-19 epidemic with strong commitment and appropriate measures in time. We are in much better position on vaccination coverage among neighboring countries. The country will be able to manufacture Corona vaccine in near future. The theme for world health day 2021 was towards a fairer and healthier post covid19 world. Confronted with the theme and evidence gathered during the pandemic should be utilized for planning future action to safeguard women's health and advance towards health equity and universal health coverage.

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