
COVID- 19 Pandemic and its Effect on Pregnancy in Nepal: A Public Health Issue

Bijaya Parajuli¹¹Karnali College of Health Science, Kathmandu, Nepal**ABSTRACT**

World Health Organization declared Corona Virus Disease (COVID-19) that was originated from Wuhan, China as a Public Health Emergency of International Concern. The world is facing unprecedented test due to the ongoing COVID-19 pandemic. The scenario of Nepal reflects that in present condition where country is fighting with COVID- 19, safe pregnancy is not guaranteed and fear of challenges to ensure the lives of mother and children is seen among pregnant women. In particular, this has been especially major problem for pregnant women, who fear not only for themselves but often even more so for their unborn infants. Three Nepali mothers still die daily at childbirth and at least 24 women had died of birth-related complications during first two months of lockdown in Nepal. The situation is worse in remote areas where hospitals are few and far between and communities are coupled with a lack of awareness about reproductive healthcare. Thus, Nepal government should seriously address these issues because it is said that the pregnant women are the vulnerable groups during emergencies, disaster and disease outbreak. Also living in a healthy environment is ascribed as a right of people in the constitution of Nepal 2015.

Keywords: COVID-19, Nepal, Pandemic, Pregnancy

INTRODUCTION

The novel coronavirus (SARS-CoV-2) that causes COVID-19 has spread rapidly since emerging in late 2019. The world is facing unprecedented test due to the ongoing COVID -19 pandemic. On 30th January 2020, World Health Organization (WHO) declared the current outbreak that originated in Wuhan, China as a Public Health Emergency of International Concern. The increasing mortality rate warrants identification and protection of the vulnerable populations in society.¹ The knowledge gained from previous human coronavirus outbreaks, namely, the Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) and the Middle East Respiratory Syndrome Coronavirus (MERS-CoV), suggests that pregnant women and their fetuses are particularly susceptible to poor outcomes.^{2,3} The existing data on the maternal and perinatal outcomes of pregnant women infected with the SARS-CoV-2 are limited to a handful of case reports. Similarly, health policy changes in various countries affected by the pandemic makes uncertainty about the reliability of those findings of the reports which makes difficult to interpret.⁴

Nepal is not free from the pandemic effect of COVID-19. It was on 24th January that Nepal confirmed the first case of the deadly coronavirus in the country identifying the infected person as a Nepali student who had returned from the Chinese city of Wuhan.⁵ As the threat of COVID-19 pandemic is expanding, numerous nations of the world imposed lockdown as the strategy to focus

on prevention and management of COVID-19 infections. The Government of Nepal had also imposed nationwide lockdown from March 24 until June 14. Despite the expansion of testing facility, there are 2,16,965 confirmed cases of it and the death count is 1298 till 21st November 2020. Of particular concern is that its effect is mostly seen on pregnant women thus being the risk of both mother and child life.

Status of Safe Motherhood Services and COVID-19 in Nepal

The proportion of women with four or more ANC visits has increased from 50.1% in 2011 to 69.4% in 2016. Similarly, the institutional delivery rate has increased from 35.3% in 2011 to 57.4% in 2016 for the last child born.⁶ But due to COVID -19 pandemic the safe motherhood services are not being easily ascertained. So considering the situation of COVID- 19 pandemic, Nepal government has focused on critical public health program like: critical ANC, safe delivery services, critical PNC, management of complicated pregnancies and comprehensive abortion care.⁷ But in the present scenario of Nepal, halt in local transportation and fear of getting infection is one of the major challenge for health facility visit by pregnant women. In addition to these, geographical remoteness which is always one of

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the challenge to receive the health services is itself major challenge during this pandemic. But when the pregnant women reaches the health care center she might already develop the complications. The condition of now is really difficult that when they reach late to the hospital, health workers become unable to prevent the complications due to lack of resources in lockdown. Also, with the inadequate Personal Protective Equipment (PPE) the health workers are in difficulty to provide the health services. It seems like really a tough job for health workers to work with limited number of PPE. The Safe Motherhood Program (SMP) of Nepal is directly or indirectly affected by lockdown in the country. Rural ultrasound program which is a part of SMP is also affected because of inadequate PPE for health care workers in the remote areas. Similarly, lack of transportation is itself hurdle for it. Another component of SMP is blood transfusion services which is also confined due to the effect of lockdown. The heart touching scenario is that the obstetric emergencies are difficult to manage in the absence of blood products. Thus, the delay in seeking, reaching and receiving care leads to increment in Maternal Mortality Ratio (MMR) making hindrance in the outcome of SMP.

Current Issues and Challenges

Nepal has witnessed its first COVID-19 mortality and the deceased was a new mother in her first week of puerperium. Preliminary reports suggest that a delay in reaching health facility was the reason of untimely demise of the 29 year old new mother. The condition might get more devastating when these issues are not highlighted by the related authority. The scenario of Nepal reflects that in present condition where country is fighting with COVID-19, safe pregnancy is not guaranteed and fear of challenges to ensure the lives of mother and children is seen among pregnant women. UN estimates show that roughly a woman dies in childbirth every two minutes around the world and a bulk of these deaths in developing countries. Similarly, three Nepali mothers still die daily at childbirth.⁸ The existing data on the deaths of pregnant women during lockdown was really shocking. At least 24 women have died of birth-related complications in two months of lockdown in Nepal.⁹ The situation is worse in remote areas where hospitals are few and far between, and communities are plagued by regressive patriarchal values, coupled with a lack of awareness about reproductive healthcare. The maternal mortality ratio (MMR) in Nepal has decreased from 539 maternal deaths per 100,000 live births to 239 maternal deaths per 100,000 live births between 1996 and 2016.¹⁰ But if this pandemic increases the success that Nepal has got in reducing MMR will really be difficult to

maintain and it will be a big question for Nepal that is Safe motherhood Program of Nepal really safe ?

Nepal has committed to achieve Sustainable Development Goal (SDG) target 3.1 of reducing MMR to less than 70 per 100,000 live births by 2030. For achieving this target, Nepal needs to reduce its MMR by at least 7.5% annually.¹¹

CONCLUSION

In the present context where our country is fighting with COVID -19 pandemic, Safe Motherhood program is really being tumultuous and complex. Thus, Nepal government should seriously address these issues because pregnant women are the vulnerable groups during emergencies, disaster and disease outbreak. Also living in a healthy environment is ascribed as a right of people in the constitution of Nepal 2015.

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