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Maternal mental health is being affected by poverty and COVID-19



Scientific efforts during the COVID-19 pandemic, in respect to pregnancy, have shown that COVID-19 infection is associated with a substantial increase in severe maternal morbidity and mortality,¹ preterm birth, and low birthweight.² In addition, preliminary data now suggest that vaccination in pregnant women is safe,³ and that there is an infrequent possibility of vertical transmission.⁴ Yet, less attention has been paid to the maternal health of uninfected women. Challenges that pregnant women face during the COVID-19 pandemic include fear of viral exposure, concerns about their health and of their unborn children, social isolation, childcare, and the increase of job, food, housing, and health-care insecurity.⁵ Negative effects on the mental health of mothers (eg, depression, anxiety, and parenting stress) are associated with disruption in the physical, cognitive, and socioemotional development of their children.⁶ Emotional or psychological stress during pregnancy affects the neurodevelopment potential of the unborn child. This negative effect further reduces the probability of equal capabilities and opportunities as adults.

Since the COVID-19 pandemic began, the consequences to specific population groups have never been fair; mortality is higher in elderly people, poorer populations, and ethnic minorities, and the economic consequences are also unequally distributed across the population.⁷ The COVID-19 pandemic is an abrupt and chronic stressor that puts several pregnant women at risk of developing mental and behavioural health problems, particularly mothers from deprived backgrounds and marginalised areas.^{5,8} In *The Lancet Global Health*, Andrés Moya and colleagues analyse the effect of the COVID-19 pandemic and associated policy responses on maternal mental health in a highly vulnerable and violence-exposed population in the context of a fragile and conflict-stricken setting in Tumaco, Colombia.⁹ This longitudinal data analysis shows an 8-month follow-up of two cohorts (before and after the pandemic) and describes the changes in mental health and parenting stress among caregivers while adjusting for baseline characteristics. Colombia's decades-long armed conflict has left more than

260 000 people dead, and is a country that hosts the second largest number of refugees (1·7 million) and the largest number of internally displaced people (8·1 million) worldwide. In Tumaco, for instance, almost 10% of the inhabitants are internally displaced people, 45% live below the poverty line, and 92% are informal workers. Almost 44% of the population has no access to safe drinking water, and the public hospital network is deficient.⁹

In this worrying scene, the COVID-19 pandemic arrived and amplified existing inequalities. Moya and colleagues report that caregiver mental health significantly worsened during the COVID-19 pandemic, revealing a significant increase in anxiety, depression, and parenting stress. Specifically, participants in the post-COVID-19 cohorts had on average a 14 percentage point higher probability of reporting anxiety rates above the at-risk threshold compared with the pre-COVID-19 cohorts, which is an 88% increase in the probability of scoring above the at-risk threshold relative to the baseline mean value and a 30% increase in the probability of reporting parenting stress compared with pre-COVID-19 cohorts. These results show that the effect was greater among people who had a history of forced displacement, low levels of education, pre-existing mental health conditions, and other COVID-19-related stressors, and that these stressors increased mental health detriment in a dose-dependent manner. This study found that 70% of the participants reported a scarcity of food, resulting in an increased probability of depression (by 8 percentage points) and parenting stress (by 10 percentage points). These findings reinforce the suggestion that the adverse mental health effects of the COVID-19 pandemic varied depending on socioeconomic and violence-related vulnerabilities.

The future of a society is at stake. This deep socioeconomic inequality might have profound intergenerational consequences. The circle of poverty and detriment environments for unborn children will reinforce poverty dynamics and socioeconomic exclusion that will have an effect on the next generation, who might also have to deal with an unprecedented economic crisis after the pandemic. Efforts to mitigate

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the effect of COVID-19 will fail without an equity lens to face health and social inequalities. We believe that, from a health-care policy perspective, legislators and those planning health-care access are responsible for considering the effect of COVID-19 on vulnerable communities, and should ensure mental health services and social support targeting gender-based violence. Regular income support for vulnerable families need to be assured. Without such action, the current health crisis will become a social crisis with long-lasting consequences for pregnant women and their unborn children among highly vulnerable and violence-exposed populations.¹⁰

We declare no competing interests

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