

Letter to the Editor

Incidence of preterm birth in low- and middle-income countries during COVID-19 pandemic: Recommendations

Dear Editor-in-chief,

Many studies across the globe are claiming that there was no negative effect of COVID-19 and the related lockdown on the outcome of preterm birth (PTB). Some of the studies from high-income countries, such as Austria, United States, and Ireland, have even reported a substantial decrease in the incidence of PTB during COVID lockdown.

However, the global pandemics may have a different effect on individuals living in middle- and low-income countries of Asia such as Pakistan. There are many social, cultural, and environmental factors, which are producing an opposite effect thus increasing the perinatal mental distress and increasing the risk of PTB during the pandemic outbreak. This can be understood by the fact that Pakistan is characterized by densely populated urban areas, scanty resource capacity, and fragile healthcare system. Not only limited to that, a great number of Pakistani population constitutes those of daily wagers, and due to the lockdown situations the earning and financial conditions is badly impacted resulting in poor socioeconomic situation.

Therefore, the clinical reduction in the incidence of PTB, which is observed in high-income countries through lifestyle modification, resulted in outcome of the positive COVID-19 enforced socio-environmental and behavioral changes. These observations, if replicated in other regions of the world, during the pandemic could offer novel perspectives and promising insights.

In order to control the alarming PTB in low- and middle-income countries, some additional measures need to be taken by concerned authorities, which are as follows: (i) a proper surveillance and statistical analysis shall be monitored in all the tertiary and primary healthcare units of Pakistan in order to estimate the total number of cases associated with preterm labor; (ii) an increased awareness in mothers regarding transmission of COVID-19 and risk factors associated with it and also regarding all the red flags;

(iii) rapid restructuring of maternity care and highquality remote care unit may facilitate the population and limit the hospital stay, thus minimizing the risk to contact COVID-19; (iv) the guideline highlighting a disaster plan should be formulated, which may protect the women and newborns' health and minimize the risk of unwanted exposure; and (v) we recommend that the midwifery community and the network of healthcare providers be expanded and strengthened. Midwife facilities should be established near rural communities so that midwives may screen pregnant women for any maternal or fetal complications.

CONFLICT OF INTEREST

The authors declare no potential conflict of interest.

Shafaq Taseen and Munib Abbas Karachi Medical and Dental College, Karachi, Pakistan E-mail: munib.abs1@gmail.com

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