Women's sexual and reproductive health care and rights. The role of midwives\(^1\) during the COVID-19 pandemic

The right to health care and sexual and reproductive rights are human rights. As stated by the Office of the High Commissioner for Human Rights (OHCHR) in its recent guidelines: "sexual and reproductive health services should be considered a life-saving priority and an integrated part of the response to the pandemic; these services include access to contraceptives, maternal and newborn care, treatment of sexually transmitted infections, safe abortion and effective counselling of women clients. Efforts should be made to ensure that resources are not diverted from essential sexual and reproductive health services, as this would have a specific impact on the lives of girls and women and their rights" (1).

The International Confederation of Midwives’ (ICM) Code of Ethics highlights the importance of professional midwives in recognizing, defending and respecting the human rights of all people, especially women. Specifically, in Section 3-d it states that "professional midwives understand the adverse consequences that violations of ethical and human rights have on the health of women and newborns and will work to eliminate them" (2).

The COVID-19 pandemic has had a strong impact on all countries, testing the capacity of governments and health services to deal with the health and humanitarian crisis associated with it. To date, the cumulative incidence exceeds 3.5 million cases worldwide (3) and although there is not enough evidence of increased mortality rate among women, the social, economic and health impact on them, has not yet been fully measured. It is estimated that there has been a 10% decrease in the use of sexual and reproductive health services as a result of COVID-19-related interruptions.

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\(^1\) There are different terms used for these health professionals, depending on the country: Licensed in Obstetrics (Argentina), Obstetrician-Midwife (Uruguay), Obstetric Midwives (Brazil), Professional Midwives (Mexico), Obstetrician (Peru), Licensed Nurse (Bolivia), Obstetric Midwives (Ecuador), Obstetrician (Paraguay) and Midwife (Chile).
This could result in more than 48 million women having an unmet need for contraception and an increase of more than 15 million unwanted pregnancies, 3.3 million unsafe abortions.

As concerns maternal deaths, it is estimated that there will be additional 29,000 maternal from covid19 in pregnant women (4.5), in whom, although not demonstrating symptoms of greater severity than those of the general population, the conditions of gestation place them at greater risk of severe complications (6).

The United Nations Population Fund (UNFPA) estimates that for every three months of pandemic containment, there will be an additional 15 million cases of gender-based violence (5).

All of this hampers efforts to end preventable maternal deaths, unmet needs for family planning, and gender-based violence and all harmful practices, key outcomes included in the 2030 Agenda for Sustainable Development. These impacts are negatively influenced by social determinants such as education and poverty, which mainly affect women thereby generating an increase in gender gaps and inequities, dependency and effects on women's economic, physical and decision-making autonomy with regard to their health (7).

For this reason, the Professional Midwives Associations of Latin America have expressed their concern about violations of the reproductive rights of adolescents, women, newborns and professional midwives which are manifested - in some countries – in the absence, or in the lack of protocols of fertility regulation, pregnancy, birth and postpartum care in the framework of the COVID-19 pandemic or the use of medical or public health guidelines that not based on scientific evidence or a human rights framework (8).
The Professional Midwives Associations of Latin America also join the urgent call made by the United Nations agency (OHCHR) in its guidelines where it recognizes the heroes and heroines of health care system, urging that "States should ensure that countries with fewer resources have the necessary personal protective equipment (PPE) for all their health care providers" which includes professional midwives as part of the first line responders providing essential sexual and reproductive health services. Many governments are excluding them from access to PPE. This equipment reduces the risk of infection for both providers and pregnant women (9).

In a recent survey conducted by UNFPA in which 971 professional midwives in nine countries of the region participated, 58% stated that they did not feel safe when they were working, mainly due to their lack of PPE. Additionally, 58.6% said they did not have the necessary medical supplies, equipment or basic infrastructure to provide safe health care (10).

The same survey showed that 63.4% of professional midwives were afraid of becoming infected with COVID-19 and 82.9% said they were afraid of infecting patients, colleagues and family members because they do not have sufficient and safe medical supplies, equipment and basic infrastructure (10). This reflects serious inequalities, as most midwives are women who during an emergency such as COVID-19 continue to care for other pregnant and non-pregnant women whose rights may be violated either through lack of contraceptive methods, lack of continuity of care or even sexual and gender-based violence in confined spaces.

Experience indicates that emergencies and disasters affect men and women differently and therefore people's response capacity will differ in accordance with their gender and access to resources (11, 12). Gender-based violence, including sexual violence, manifests itself starkly and increases during disasters, social crises, wars and pandemics such as the current one. Midwives play a significant role in the public health response by saving lives, as well as in the subsequent recovery.

Therefore, we call on Governments to:
1. Recognize the importance of women's sexual and reproductive health - including maternal, newborn and child health services, emergency contraception, family planning, pregnancy termination services (where legal) and clinical management of sexual violence - as part of essential life-saving services during emergencies, disasters and pandemics, and therefore to ensure and maintain their continuity in the framework of the COVID-19 response and the recovery phase. Collect and report cases of pregnant women and newborns diagnosed with COVID-19 to monitor the impact of the disease and support related decision-making processes.

2. Develop protocols for pregnancy care and childbirth during the COVID-19 pandemic based on scientific evidence; with a gender and human rights approach; and that are respectful of all women and their newborns, always promoting a positive experience in the reproductive context (13).

3. Include professional midwives in the preparedness, response and recovery phases of risk and disaster management programs and consider them as part of the health care teams to be deployed during a health emergency.

4. Recognize all professional midwives as frontline providers of care and therefore provide them with PPE, ensure their access to sanitary measures and a safe, dignified and respectful work environment.

5. Develop protocols and audit obstetric medical interventions in the context of the COVID 19 pandemic, such as increases in inducing labor, Caesarean sections and forceps in normal pregnant women, avoiding overuse and unintended use, as these practices can increase the likelihood of complications for mothers and newborns as well as hospital stays, burden on health personnel and thus exposure to COVID-19.
References

9. International Confederation of Midwives. Urgent Call to Governments to Provide Personal Protective Equipment for Midwives 2020;