



UCLA Fielding School of Public Health

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Addressing the Intersection of Health and Economic Inequities among Pregnant and Post-partum Women in Kenya during COVID-19
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RATIONALE OF STUDY
 The COVID-19 pandemic disproportionately threatens vulnerable populations, including women and especially pregnant and post-partum women.¹ Early estimates suggest that maternal and child deaths could increase by 8.7–38.6% and 9.8–44.7%, respectively, across low and middle-income countries (LMIC) due to disruptions in healthcare access and food insecurity.² A global systematic review of impacts on maternal health found evidence of disruptions to healthcare services, reduced use of antenatal care, decreased access to family planning, and increased stress, anxiety, and depression related in part to isolation and fear of COVID-19 infection.³ Approximately one year into the COVID-19 pandemic, there continues to be a lack of information on the social, economic, and health impacts of the pandemic on pregnant and post-partum women and their infants, particularly from LMICs. Prior to the pandemic, Kenya, in particular, reported one of the highest rates of maternal and neonatal mortality in the world.⁴ Action-oriented research is needed to identify solutions and strategies for national and local government and communities. This policy brief provides information on the experiences of pregnant and post-partum women during COVID-19, with particular attention to healthcare access, maternal and newborn healthcare utilization, and maternal and newborn health.

KEY FINDINGS

- One in 2 women (52%) reported that COVID-19 negatively impacted their ability to receive antenatal care.
- Almost half of women (44%) gave birth outside of their preferred or intended location.
- One-fifth of women (17%) reported avoiding or delaying needed care at least once during COVID-19.
- Nine in 10 women (92%) reported at least one condition indicating household food insecurity in the last four weeks.

ANTENATAL CARE

ANTENATAL CARE USE & TIMING
 Among the 1,235 women who gave birth during COVID-19 (on or after March 23rd 2020), nearly all (99%) received some antenatal care. About 1 in 3 women (35%) attended fewer than 4 visits, and most (76%) did not initiate antenatal care until the second trimester. Women who were currently married or partnered were more likely to begin antenatal care during the first trimester than those who were single, divorced, or widowed (69% vs. 14%). Further, 15% of women with 4 or more births began antenatal care in their third trimester compared to just 5% of women who had given birth for the first time.

IMPACT OF COVID-19 ON ANTENATAL CARE
 One in 2 women (52%) reported that COVID-19 negatively impacted their ability to receive antenatal care. The most reported impacts included those related to a fear of contracting COVID-19 if going into the community or to a health facility, an inability to afford care or transportation to the health facility, and facility factors related to COVID-19, such as being turned away from the facility, the facility being closed or too busy, and restrictions in the types of services being provided at facilities.

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