Health of pregnant women during and after the COVID-19 pandemic: methodological recommendations for monitoring maternal health indicators and inequalities

The COVID-19 pandemic is causing serious direct and indirect repercussions on the population health, especially its most vulnerable groups, threatening to weaken the care of maternal health services and deepen social inequalities in the opportunities for a healthy and safe pregnancy. Therefore, it is imperative to strengthen institutional capacities to monitor inequalities in pregnant women health in order to inform decisions, policies, programs and public health practices that make it possible to avoid, correct and remedy unfair health differences in such opportunities.

To do so, EWEC-LAC proposes the following five methodological recommendations:

Expand basic health indicators framework for pregnant women including, in addition to routine variables, those related to COVID-19:

To define health indicators, it is recommended to identify the following variables:

1. Related to COVID-19:
   - COVID-19 diagnosis confirmed by RT-PCR [Yes/No]
   - COVID-19 hospitalization [Yes/No]
   - COVID-19 ICU care [Yes/No]
   - Mechanical ventilation assistance due to COVID-19 [Yes/No]
   - Mechanical death [Yes/No]

2. Health routines:
   - At least 4 antenatal checkups [Yes/No]
   - Preterm delivery (less than 37 weeks) [Yes/No]
   - Termination of labor [Spontaneous vaginal/Instrumental vaginal/Cesarean section]
   - Early gestational loss as termination of pregnancy [Yes/No]
   - Presence of a companion during labor and delivery [Yes/No]
   - Birth [Live/Dead]
   - Breastfeeding in the first hour after delivery [Yes/No]
   - Postpartum control within the first 7 days after discharge [Yes/No]
   - Access to modern contraceptive methods after delivery [Yes/No]

For definition of socio-economic indicators (equity stratifiers), it is recommended to identify the following variables in pregnant women:
- Age
- Formal education level
- Race or ethnic group
- Residence in rural area [Yes/No]
- Socio-economic status
- Habitual residence municipality
Systematically collect data corresponding to variables of the expanded indicators framework, establishing a plan for their periodic updating and inclusion in the health information systems.

Systematically explore the presence, magnitude and trends of inequalities in the health indicators of pregnant women based on equity stratifiers.

This activity includes:
1. calculation of health indicators for pregnant women in each one of the social stratification variables categories; and,
2. calculation of specific summary social inequality metrics in health, as well as other standard metrics.

Social inequalities in health analysis includes three components or stages:
1) current state;
2) changes over time; and,
3) benchmarking.

Standard metrics for analysis:
- **Metrics summary**: average populations.
- **Health inequality metrics**: gaps and gradients (absolute and relative).
- **Temporary changes in metrics**: percentage change and average annual percentage change.
- **Uncertainty metrics**: confidence intervals.

To establish consensual and explicit goals to improve national averages and reduce social inequalities according to health indicators for pregnant women framework, including those mitigating direct and indirect impact of COVID-19.

Design, develop, implement and maintain a control panel (dashboard) to visualize:
- Current state of maternal health and its inequalities.
- Changes in time of maternal health and its inequalities.
- Referencing the current state and changes over time of maternal health and its inequalities.

Sources:

For more information, visit https://www.everywomaneverychild-lac.org/e