On inequality of gender relationship and its effect on pregnancy outcomes

Dear Editor,

Arora et al.[1] assess the impact of COVID-19 in pregnancy by making a preliminary retrospective review of the first 50 days of lockdown of India in their original article in February 2021 issue of the journal. They analyse medical records of expectant women brought to the hospital and draw conclusions based on pointed information culled from a large database. As the pandemic is still evolving in the world – including India – we need several such studies so as to visualize the ground situation.

Under a heading of Result, the authors write that All the females with COVID-19 positive pregnancy were high-risk women obstetrically with the presence of comorbidities like aplastic anemia, and iron deficiency anemia. However, we want to underscore that aplastic anemia is rare form of hemoglobin deficiency. The most common ones remain nutritional deficiencies. Hence unusual causes of comorbidities should be mentioned at the end of the list rather than at the beginning.

Second, Table 1 of the article has a heading,” Sociodemographic factors, obstetric characteristics and risk factors of study population”. In the table at serial number 5, the authors count that how many percentages of the pregnant women were scheduled. The investigators found that just over one-third (37.1%) were booked. “Also, majority of women were unbooked, with no previous antenatal visits”, the authors write in the fifth paragraph under a heading of Discussion, “which can be explained by the poor attitude of these women for seeking timely antenatal care, coming only at term or in labor for maternity services.”

But it’s strange that in our patriarchal society, where women are neglected since even before their birth, onus of all that is wrong is put on the victim herself. Goyal et al.[3] measured the effect of the COVID-19 pandemic on maternal health due to delay in seeking healthcare in their experience from a tertiary center. They discovered that there was a 2.5 fold rise in ICU admission of pregnant women during the pandemic. Also one-third of women had inadequate antenatal visits. The main reason for delayed health-seeking was lockdown and fear of contracting infection, resulting in 44.7% of pregnancies with complications. Therefore here too causes should have been searched for the effect of lockdown on pregnancies.

Third, in the third paragraph of the Discussion, the authors highlight that as opposed to previous systematic reviews, a relatively younger age (mean age = 27 years) in women in this analysis reverberates the concept of early age at marriage and conception prevalent in India. As child marriage is a reality in our country, United Nations is making earnest attempts, realises the scourg and urges the government to take steps to halt the practice of battering the body and minds of girl children.[4] But to express the challenge, a mean age of 27 years, as observed in the study hardly serves the purpose. In Table 1, 7 pregnancies in <20 years age group (incidentally all in the SARS-CoV-2 negative population) represent a better picture of this challenge ahead rather than the mean age of the entire population.

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Conflicts of interest
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