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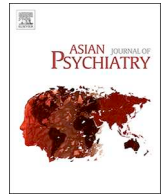
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Letter to the Editor

Maternal mental health amidst the COVID-19 pandemic



The present outbreak of COVID-19 is due to the emergence of a newly identified organism that first identified in Wuhan, China and rapidly spread across the borders, becoming a global public health threat (Heymann, 2020). Albeit all individuals are at a risk of being infected, the susceptible ones include the pregnant women as they are more prone to be affected by the virus (Fakari and Simbar, 2020). Pregnancy is an immune-compromised state, and biological adaptive changes during pregnancy could make women more vulnerable to viral respiratory infections, like influenza, severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) (Luo and Yin, 2020). Although, there is limited information available regarding vertical transmission, assessment and management of pregnant women infected with COVID-19 but rapid increase in number of COVID-19 cases certainly results in an increased level of stress and anxiety among pregnant women (Luo and Yin, 2020; Fakari and Simbar, 2020). In normal times, it is estimated that globally around 10% of pregnant women suffer from mental disorder, primarily depression and it is even higher (16%) in developing nations (Zeng et al., 2020). This may be aggravated during Covid-19 pandemic when pregnant women may have restricted access to mental health services. The mental health repercussion of the COVID-19 pandemic on childbearing women is a major public health challenge, which require appropriate and timely health care support to avert adverse health outcomes (Topalidou et al., 2020). Hence, pregnant women are not only at risk for medical related issues but also at risk for psychological problems due to public health strategies like social distancing (Buekens et al., 2020).

Social distancing has resulted in inadequacy of social supports for many pregnant women as they are separated from their loved ones, whom they rely on for the support during this critical phase. While the social support helps pregnant women with their stressors of life, inconsistent social support is one of the significant risk factor for depression among pregnant women (Negron et al., 2013). Moreover, the connection from the healthcare system has also cut off which has further impacted maternal and child health. The stigma associated with hospitals due to COVID-19 has led to underutilization of healthcare services. Many pregnant women are reluctant to visit their doctors due to the fear of acquiring infection in the hospital setting or on the way to the hospital (Fakari and Simbar, 2020). A survey conducted with pregnant women in their second and third trimester of pregnancy identified that almost 35% of the pregnant mothers were self-isolating to prevent themselves from getting COVID-19 transmission (Corbett et al., 2020).

Alongside, the deluge of imprecise and inaccurate information from different sources has induced anxiety and panic among pregnant women, affecting fetus growth (Roy et al., 2020). A study identified that more than half of the pregnant women (50.7%) were anxious about their well-being often or all the times. In addition, they were also worried about their other children health (66.7%) as well as the well-being of their unborn child (63.4%) (Corbett et al., 2020). These

circumstances exert more distress and stressors on the pregnant mothers that might results in adverse maternal mental health outcomes (Fakari and Simbar, 2020).

Current pandemic has also largely impacted the global economy and has led to the break in the global supply chains. The prime target of the healthcare systems is to limit spread, provide early care and management of the COVID-19. However, the provision of basic healthcare services such as perinatal and psychological health services have impeded that makes pregnant women more vulnerable to psychological health issues associated with this disaster (Roy et al., 2020; Corbett et al., 2020; Fakari and Simbar, 2020).

The long-term mental health repercussion of COVID-19 might take weeks or months to turn out to be completely evident and dealing with these effects require rigorous effort not only from psychiatrists but also from the health care system at large. There is a fundamental need to integrate screening for anxiety and depression in existing antenatal programs to provide proper support to pregnant women in the developing nations like Pakistan which has minimum mental health services available. A detailed mental health crisis program should be developed by introducing innovative strategies like tele-consultation services to give psychological assistance to pregnant mother to deal with secondary mental health challenges related with COVID-19. Also there is an emergent need for further research to assess the impact of this pandemic on pregnant women and their offspring's specifically in developing countries, where psychological wellness framework is less evolved and the effect is probably going to be progressively extreme. Therefore, timely and culture sensitive intervention should also be taught to healthcare staff including nurses and midwives for early action. Collaboration between nations is also required to address the gaps in information about COVID-19 and its impact on maternal mental health.

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Declaration of Competing Interest

The authors declare no conflicts of interest

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