

Global Health

Pandemic Contributes to Worse Pregnancy Outcomes Worldwide

Maternal deaths, stillbirths, and surgery for ectopic pregnancies increased substantially during the COVID-19 pandemic, especially in low- and middle-income countries, according to a recent [meta-analysis](#) that included 40 studies involving more than 6 million women in 17 countries.

The data showed that maternal deaths rose by about one-third during the pandemic and stillbirths increased by about one-quarter. Women's odds of having a surgical intervention due to a ruptured ectopic pregnancy increased by 6-fold, likely because of delayed care, according to the authors. Postpartum depression and maternal anxiety also increased, according to 7 of 11 studies that included mental health data.

Varied pandemic mitigation strategies in the countries studied didn't affect maternal and fetal outcomes, the authors noted. Instead, they suggested that pandemic-related strains on hospitals or fears of infection likely reduced access to care for many women, especially in low- and middle-income countries. They also recommended further research to help determine why spontaneous, late preterm births decreased in high-income countries during the pandemic. Those findings could help identify strategies for reducing preterm births in the future.

Policy makers and health care leaders should prioritize safe and accessible maternal care for all women in future emergencies, lead author Asma Khalil, MD, MSc, professor of obstetrics and maternal fetal medicine at St George's Hospital, University of London, said in a [statement](#). For example, hospitals should not redeploy maternity ward staff to critical care units during future emergencies.

"We have an unprecedented opportunity to learn from the experiences of the COVID-19 pandemic to plan for a future of inclusive and equitable maternity care worldwide," coauthor Erkan Kalafat, MD, assistant professor of obstetrics and gynecology at Koç University in Istanbul, Turkey, said in the statement.

Rare PEG Allergy Triggered Postvaccination Anaphylaxis

Researchers in the UK have linked anaphylaxis in a [patient](#) who received the Pfizer-BioNTech COVID-19 vaccine with her allergy to polyethylene glycol (PEG), which stabilizes lipid nanoparticles that deliver mRNA in the vaccine to cells in the body.

Although anaphylaxis after receiving an mRNA vaccine is [rare](#), the woman had required adrenaline after a previous severe systemic allergic reaction to azithromycin that contained PEG. Her systemic reactions to consumer products like shampoo, toothpaste, and mouthwash containing PEG were less severe.

Suspecting that an undiagnosed PEG allergy had caused her reactions, the researchers performed skin prick testing. The woman developed a systemic reaction to a 1% concentration of PEG 4000 that required treatment with adrenaline, chlorphenamine, and hydrocortisone.

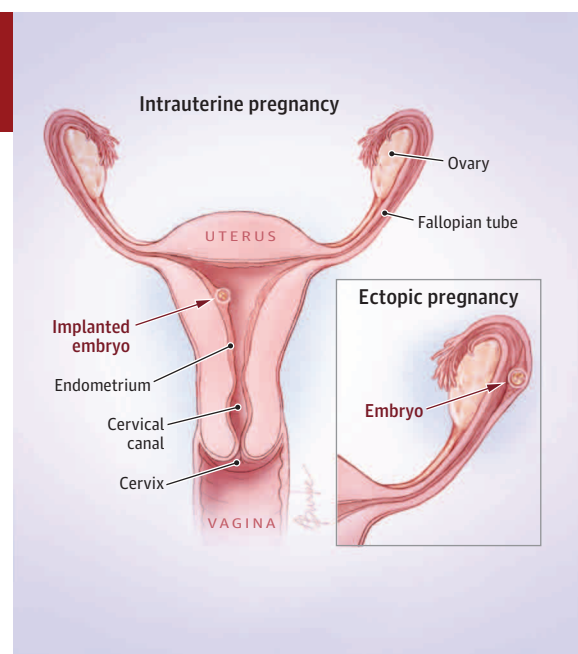
Allergies to PEG, which is often found in some medications and personal care products, are rare. The authors suggested that prior to COVID-19 vaccination, clinicians use a previously published [algorithm](#) for skin prick testing to screen patients for PEG allergy without provoking a severe reaction in those who are allergic.

"In a patient with a suspected or proven PEG allergy, mRNA vaccines containing PEG should be avoided," the authors wrote. However, they emphasized that PEG allergy and anaphylaxis following COVID-19 vaccination are rare and that the vaccines are safe.

WHO Calls for Stronger Primary Care in the Postpandemic World

Countries will have to rebuild their primary care health systems to ensure equitable and affordable access to care and eliminate inequities laid bare by the COVID-19 pandemic, according to a call to [action](#) from the World Health Organization (WHO).

"The pandemic has exposed the fragility of our health systems," WHO Director-General Tedros Ghebreyesus, PhD, MSc, said during a media [briefing](#). "At least half of the



Ectopic pregnancies requiring surgery have increased during the COVID-19 pandemic.

world's population still lacks access to essential health services and out of pocket expenses on health drive almost 100 million people a year into poverty."

To address these problems, the WHO has urged countries to spend an additional 1% of their gross domestic product on universal health care. By creating at least 10 million full-time jobs, governments could help alleviate a global shortfall of 18 million health care workers needed to achieve universal health care by 2030.

Tackling gender inequity is another goal in improving primary care. The WHO noted that women represent up to 70% of all health and care workers yet they are denied leadership roles. Paying women salaries equal to those of men and recognizing their unpaid work can raise the profile of women in primary care.

Stronger data and health information systems are also needed to identify and address health inequities. WHO officials noted that only about half of countries have data compiled by sex, ethnicity, race, wealth, education, and place of residence, which can obscure health disparities when countries consider only national averages. Often, some of the most vulnerable members of society are missing entirely from the data. — **Bridget M. Kuehn, MSJ**

Note: Source references are available through embedded hyperlinks in the article text online.