



COVID-19 pandemic on maternal and child healthcare services and the inclusion of perinatal social workers in effective healthcare delivery in Nigeria

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Article Info

Article history:

Received: Aug 08, 2022

Revised: Aug 20, 2022

Accepted: Aug 30, 2022

Keywords:

Maternal healthcare;
Neonatal care;
Perinatal;
Programmes and policies;
Social work.

ABSTRACT

Women's well-being determines the health of the next generation. Globally, 6,000 children under five die daily and an additional 950 Nigerian children die daily from preventable diseases. These diseases lead to deaths and complications. Social workers as change agents work as perinatal workers in other to help in alleviating most health challenges faced by women and children. Perinatal social workers act as helpers to individuals, families, and communities to enable them to respond to the various psychosocial issues that tend to emerge during the period from pre-pregnancy through an infant's first year of life. The study utilized a secondary method of data collection and the data was analyzed and discussed. This study recommends that social workers in perinatal health care should be actively involved and included in daily maternal and child health care activities to improve their care and well-being to promote health and prevent diseases. The Nigerian government needs to reinforce their commitments to achieving immunity for its citizens especially women and children by stepping up safe and effective vaccine procurement efforts.

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1. INTRODUCTION

Globally, 6,000 children under five die daily and an additional 950 Nigerian children die daily from preventable causes over the next six months as the COVID-19 pandemic disrupts routine services and threatens to weaken the health system (UNICEF, 2020) and these disruptions could result in potentially devastating increases in maternal and child deaths while on the other hand, about 6,800 more Nigerian maternal deaths could also occur in just six months (UNICEF, 2020). COVID-19's impact weighs heavily on many African countries (Ameyaw et al., 2021). However, it is not strange to know that Nigeria failed to meet MDG 5A with a percentage change in MMR of only 39.7% between 1990 and 2015 (WHO, 2015). Quality of care is imperative in the effective utilization of maternal and child health services (Osariemen, 2011). Women's well-being determines the health of the next generation and the upsurge of COVID-19 has affected all sectors of society gravely. Recently, a report estimated that COVID-19 in the next six months alone could result in the deaths of over 1 million children and over 50,000 mothers all due to the indirect impact of COVID-19 and the reductions in utilization of essential services (Downey, 2020; Robertson et al., 2020). Again, a report by Johns Hopkins Center for Systems

Science and Engineering Corona Virus Resource Center (2020) revealed that as of June 29th, 2020, over 502, 634 people have died from COVID-19. Despite these deaths recorded women and children are vulnerable to face greater harm. According to [United Nations \(2020\)](#) report “Disease outbreaks affect women and men differently,” says the new UNFPA guidance document, which covers how gender is playing a role in the unfolding pandemic. “Pandemics make existing gender inequalities for women and girls worse, and can impact how they receive treatment and care.”

The COVID-19 pandemic has revealed that Nigerians do not have what it takes to prevent diseases and promote health, especially for women of reproductive age and infants. Covid-19 in Nigeria and other parts of the world has ravaged not only the healthcare sectors but also the economic sector as evidence has shown that so many people lack the wherewithal to survive and maintain good healthcare. Nigeria is among the countries with weak healthcare systems and this COVID-19 pandemic is causing disruptions in medical supply chains and straining financial and human resources ([UNICEF, 2020](#)). The onset of the COVID-19 pandemic has shown that the essential health services for pregnant women have suffered delay or have shifted and while this is so; some other women have refused to seek antenatal care services ([Ameyaw et al., 2021](#); [Tadesse, 2020](#)). There are cases of poor visits to health care centres due to the lockdowns, curfews and transport disruptions and as such maternal and neonatal health is affected ([UNICEF, 2020](#)). It is disheartening to note that the indirect effect the COVID-19 pandemic has on the health of women and children outweighs the number of deaths from the virus itself ([Downey, 2020](#)). These types of problems call for the actions of social work professionals and other related bodies in charge of helping women and children. Maternal and infant health licensed clinical social workers to provide psychosocial support, health and behaviour assessment. They also provide interventions focused on biopsychosocial factors related to women’s perinatal health status and these services are intended for women and children who are at risk ([Oklahoma Health Care Authority, 2020](#)). Again they also attend to problems in the postpartum environment that interfere with the infant’s health and bonding and/or other psychosocial concerns ([Oklahoma Health Care Authority, 2020](#)). Despite the government and health workers’ efforts at the local, national, regional and global levels, there is still an increase in the effect of the COVID-19 pandemic ([WHO, 2020](#)), especially on the health of women of reproductive age. Hence, this study intends to examine the effects of the COVID-19 pandemic on maternal and child healthcare services and the inclusion of Perinatal Social Workers in effective healthcare delivery in Nigeria.

2. METHODOLOGY

This study utilized secondary data in gathering literatures that were reviewed and discussed. Literatures relevant to this study were sourced through secondary data from Google, Google scholar, PubMed and Science Direct sites. Themes such as COVID-19, maternal health, perinatal social work practice and the Nigerian healthcare sector are discussed under sub-themes below:

3. RESULTS AND DISCUSSION

This study sought to assess the effects of COVID-19 pandemic on maternal and child healthcare services and the inclusion of Perinatal Social Workers in effective healthcare delivery in Nigeria.

3.1. Concept of maternal healthcare and the State of Nigeria’s maternal and neonatal health care

Maternal healthcare (MHC) refers to any secure and excellent quality medical services and treatment provided during pregnancy and delivery of the newborn child. Also, MHC refers to the care given before pregnancy, during pregnancy, birthing and pre and post-birth care. Maternal care is given by looking at the patients, entire family members of the patient and the newborn child’s requirement of physical and psychological needs. Good maternal care is paramount for the health of an expectant mother and the normal development of the fetus ([Uwambaye et al., 2020](#)).

[Emelumadu et al., \(2014\)](#) observed that Nigeria has a high maternal and neonatal mortality rate. Recently, the country has embarked on measures to reform the healthcare system, including maternal healthcare (MHC) delivery, in a bid to attain Millennium Development Goals (MDGs) 4 and

5. Most health reform efforts have been geared toward increasing the availability of healthcare services, without a commensurate increase in quality. Studies have shown that increased availability of service does not always translate to increased access to healthcare ([Emelumadu et al., 2014](#); [Osariemen, 2011](#)).

Less than half of Nigerian women make four or more formal antenatal care visits during their pregnancy, while approximately 60% of childbirths have taken place at home since the 1990s ([Izugbara, Wekesah, Adedini, 2016](#)). [Fantaye, Okonofua, Ntoimo, et al., \(2019\)](#) in a qualitative study opined that Nigeria has one of the highest rates of maternal deaths during pregnancy, childbirth and after childbirth in the developing world. The worst rates are seen in rural Nigerian communities. The major contributor to such high rates in rural Nigeria is the underuse of maternal services in health facilities. Instead, many rural Nigerian women use traditional services that are unsafe and not based on scientific evidence. With the traditional influence of community elders' perceptions and opinions on reproductive health decisions, such as the decision to seek delivery care in a hospital, it is important to understand what they think is causing underuse of health facilities and death during maternity and to identify potential solutions for their communities.

3.2. Socio-cultural determinants of healthy living for women and children

[Ameyaw et al., \(2021\)](#) rightly observed that the pandemic has put additional strain on healthcare systems that are overburdened and under-resourced even in normal times and has exposed the vulnerabilities of high-risk population groups in addressing critical healthcare concerns. Again, various determining factors promote or demote the utilization of health care services that influence healthy living among women and children. For instance, [Wekesah and Izugbara \(2017\)](#) mentioned that costs of services, distance to health facilities, long waiting times and poor treatment from professional attendants often deter Nigerian women from utilizing formal maternal healthcare services. [Nikiema et al., \(2010\)](#) avowed that most women who utilise antenatal care (ANC) services in sub-Saharan Africa (SSA) do not receive adequate attention; as care providers are overwhelmed by the number of pregnant women seeking ANC. [Braveman et al., \(2011\)](#) revealed that the conditions in the places where women and children live, learn, work and play affect a wide range of health risks and outcomes. Environmental and social factors such as access to health care and early intervention services, educational, employment, and economic opportunities, social support, and availability of resources to meet daily needs influence maternal health behaviours and health status. Also, maternal and neonatal health status and well-being can be influenced by access to high-quality health care, such as that received through a medical home and maternity care practices that promote breastfeeding and safe sleep environments (Task Force on Sudden Infant Death Syndrome, 2016; [Long, Bauchner et al., 2012](#); U.S. Department of Health and Human Services, Office of the Surgeon General, 2011).

Furthermore, the cognitive and physical development of infants and children may be influenced by the health, nutrition, and behaviours of their mothers during pregnancy and early childhood. Consumption of recommended amounts of folic acid before and during pregnancy can reduce the risk for neural tube defects. Breast milk is widely acknowledged to be the most complete form of nutrition for most infants, with a range of benefits for their health, growth, immunity, and development ([Chung et al., 2007](#)). Furthermore, children reared in safe and nurturing families and neighbourhoods, free from maltreatment and other adverse childhood experiences, are more likely to have better outcomes as adults ([Culhane & Elo, 2005](#); [Chung et al., 2007](#)). Again, most maternal deaths are preventable, the inaccessibility and underutilization of formal maternal healthcare services and trained health professionals sustain the high mortality rates across Nigeria ([Fantaye, et al., 2019](#)).

3.3. Overview of Perinatal Social Workers

Social work is a helping profession that operates at various levels in bringing change. Social workers charged with the care and welfare of women and infants as it relates to maternal and neonatal health care are referred to as perinatal social workers. Perinatal social workers help individuals, families, and communities respond to psychosocial issues that emerge during the period from pre-pregnancy through an infant's first year of life ([National Association of Perinatal Social Workers, 2016](#)). Pregnancies can be very exciting and times of pure joy; however, they can also be scary and tumultuous. Medical conditions, uncertainty and the family's socio-cultural situation may all challenge the ability

to enjoy the pregnancy and give birth to a child who can thrive. Perinatal social workers work to support women and families as they navigate medical challenges, process complex information about pregnancies and neonates (birth to age 1), and access community supports. Perinatal social workers help with planning and nurture hope as families move toward their future. According to the National Association of Perinatal Social Workers (2016), Perinatal social workers intervene to:

- a. Work with women and families to assess their strengths and challenges as they approach child-bearing;
- b. Ameliorate the effects of psychosocial and medical challenges by working directly with the woman and family, while also assisting them to access long-term supportive services where needed;
- c. Assist in creating healthy and nurturing parent-child relationships;
- d. Advocate for the woman and her family within the health care setting and in the community.

Perinatal social workers work in hospitals, but they also work in community settings. They can work in pediatric hospices, adoption agencies (with birth mothers and/or adoptive parents), early intervention programs, prenatal drug cessation programs, prenatal diagnosis clinics, foster care, parenting education and many other settings. Some perinatal social workers provide out-patient mental health services as families adjust to medical challenges, make decisions, manage the transition to parenthood, mourn idealized pregnancies, manage post-partum depression and cope with many types of perinatal loss. In short, perinatal social workers work in many settings; they provide families with support, counselling, case management, advocacy, guidance & resources. The goal of perinatal social work is to ascertain that every baby and every family is supported with competent compassionate care.

3.4. Impact of COVID-19 on maternal and child health

Universally, Maternal and child healthcare services have encountered numerous challenges. Also, the COVID-19 pandemic has posed an unprecedented challenge to individuals, society and healthcare systems especially as it relates to maternal and child healthcare. This is a result of the abrupt worldwide spread of COVID-19. Initially, the potential effects of this novel virus on pregnancy outcomes, mothers and newborns were a significant concern. Early reports suggested an increase in iatrogenic preterm birth and caesarean birth in infected mothers (Khalil, Kalafat, Benlioglu, et al., 2020), and there is evidence of an increased risk of maternal intensive care unit (ICU) admission and maternal mortality due to COVID-19 in some settings (Allotey, Stallings, Bonet, et al., 2020). Women and children are significantly impacted by the ongoing COVID-19 pandemic. Premature birth has been associated with pregnant women with COVID-19 (Di Mascio, et al., 2020; Zimmermann & Curtis, 2020). Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, morbidity, or mortality compared to the general population as observed in cases of other related coronavirus infections (McCarthy, 2020). Adverse infant outcomes such as preterm birth have been reported among infants born to mothers who tested positive for COVID-19 during pregnancy (McCarthy, 2020:12). Growing up in poorer neighbourhoods increases the risk of catching the virus and being a carrier, experiencing underlying health issues and reduced prevalence of vaccination among children (Organisation for Economic Co-operation and Development (OECD), 2020:5) it also affects access to a range of necessities such as good nutrition, quality housing, sanitation issues, space to play or study, and opportunities to engage in on-line schooling.

3.5. Strategies and measures put in place for maternal and child health promotion and disease prevention

WHO (2005) opined that for years now maternal and child healthcare has been a major public health problem. Ever since the 1990s, the international community has implemented important initiatives to reduce the morbidity and mortality of mothers and newborn infants. Recently, the Universal Health Coverage, Millennium Development Goals (MDG) and Sustainable Development Goals (SDG) have improved good health and well-being for women and children (Saturno-Hernández, Martínez-Nicolás, Moreno-Zegbe et al., 2019; United Nations, 2017; United Nations, 2015). Frameworks to integrate and improve maternal and child healthcare feat have concurrently been proposed as the so-called gamut

of care for maternal, newborn, and child health (Saturno-Hernández et al., 2019; Kerber, de Graft-Johnson, Bhutta, Okong, Starrs & Lawn, 2007). According to Saturno-Hernández et al (2019), a major improvement strategy focused more on access and availability of healthcare services and an increase in the number of births in health facilities and not on traditional/unprofessional services. Health facilities should also ensure that core sexual and reproductive health services such as antenatal, delivery, postnatal and family planning services are available and accessible to all women throughout the COVID-19 season. However, these services should be delivered in strict adherence to all COVID-19 protocols sanctioned by the WHO, including social distancing and the wearing of nose masks (Ameyaw et al., 2021; WHO, 2020).

3.6. Possible Solutions in the reduction of maternal morbidity/mortality and neonatal deaths and complications

Maternal and neonatal mortality and morbidity can be abridged through the increase of access and the utilization of quality preconception (before pregnancy), prenatal (during pregnancy), and interconception (between pregnancies) care. Again, healthy birth outcomes and early identification through scans and treatment of developmental delays and disabilities can prevent death/disability (Centers for Disease Control and Prevention, 2010; Watson MS, et al., 2006). Perinatal social workers who support women and families as they navigate medical challenges, and access community supports should be included in policies and programmes that promote maternally and child healthcare to prevent diseases and complications that may affect them as perinatal social workers help with planning and nurturing hope as families move toward their future. The maternal mortality ratio (MMR) of a country is an important indicator of the overall health status of its mothers (Haque et al., 2016) hence, social workers in perinatal care must be held in high esteem and given the required attention and support in order to carry out their duty effectively and efficiently. Social workers in perinatal health settings should take up their roles in preventive, promotive, curative and rehabilitative interventions to help these women and children enjoy life to its fullest (Ragesh et al., 2016). Finally, the Nigerian government need to reinforce their commitments to achieving immunity for its citizens especially women and children by stepping up safe and effective vaccine procurement efforts.

4. CONCLUSION

Too many women, infants and children worldwide suffer from little or no access to essential, quality health services and education, clean air and water, and adequate sanitation and nutrition. The epoch of COVID-19 has exposed the weakness of Nigeria's maternal and neonatal health care services and it is needful that measures are put in place to protect women and children from the pandemic and endemic situations which may affect their social function and health. In providing quality health care during pregnancy and childbirth, maternal and neonatal deaths and complications can be averted. Social workers in perinatal health care should be actively involved and included in the day-to-day maternal and child health care activities in order to improve their care and well-being in a bid to promote health and prevent diseases. The government of Nigeria should also ensure that the rights and protection of women and children's health must be put into high consideration in order to attain the sustainable development goals (SDGs).

Conflict of interest: The authors have disclosed no conflicting interest

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