

## ***Editorial***

### **From a pandemic to a manmade disaster**

Since 2020 Sri Lanka is going from one crisis to another. Firstly, the pandemic caused by the Severe Acute Respiratory Syndrome Corona Virus 2(SARAS-CoV-2) took center stage. It played havoc with health care systems of the world. Due to our strong foundations in public health and primary care, Sri Lanka was able to emerge from this pandemic without much cost to life compared to some other more developed nations. Even though their GDP was far greater than ours, countries such as USA paid heavily with life and ill health in spite of heavy spending into healthcare services. The first two waves of Covid-19 did not affect Sri Lanka significantly. However, the third wave (with the DELTA variant of COVID-19) struck our country badly, causing a severe strain on our health care services. The available resources (both financial and service provision) had to be redeployed in order to control the epidemic and manage the influx of affected patients.

From March 2020 to end December 2021 in Sri Lanka, there were 11,214 pregnant mothers contracting COVID-19 infection with over 57 maternal deaths<sup>1,2</sup>, of the infected mothers, 54.1% were not vaccinated<sup>2</sup>. In this cohort, some infected mothers had complications; a preterm birth rate of 28.5%, LSCS rate of 54.5% and a low birth weight rate of 16.5%, were recorded, which were all higher than the national averages<sup>1,2</sup>. Pregnant mothers with comorbidities and a high BMI (BMI>30) were shown to have to a higher incidence of preterm birth and severe disease requiring intensive care<sup>3</sup>. During the pandemic, routine antenatal care such as home visits by the PHM and antenatal clinic visits were greatly disrupted. This

may have also contributed to the number of maternal deaths during this period.

Neonates were also affected; although some newborns of Covid-19 positive mothers contracted the infection, many were asymptomatic. Unfortunately, no statistics are available of newborns who were PCR positive since only about one third of the babies born to COVID-19 infected mothers were tested<sup>2</sup>. A total of 7408 and 3810 mothers were followed up during pregnancy and after delivery respectively. This amounted to 68% and 34% of the total recorded cases of COVID-19 positive pregnant mothers. Of this post-delivery cohort of 3810 mothers, 28.5% delivered prematurely, and 7.5% of babies needed SCBU or NICU care. There were 33 neonatal deaths resulting in a neonatal mortality rate of 9.0/1000 live births<sup>2,3</sup>. With the acceleration of the vaccination drive and all pregnant women being eligible for vaccination, Sri Lanka was able to reduce the number of maternal deaths in the subsequent months.

As Dr. Fauci of USA recently announced, the Covid-19 pandemic is officially over. However, our country is now facing a humanitarian disaster brought on by the economic crisis. This dire situation is affecting all strata of society, our mothers and newborns being two of the most vulnerable groups.

The present economic crisis had plunged the lives of Sri Lankans into chaotic disarray, with essentials such as fuel, gas and electricity being unavailable. The devaluation of the rupee has led to the prices of essential food items skyrocketing, becoming barely reachable for the lower

socio-economic strata of the population. According to a Central Bank communique, headline inflation, as measured by the year-on-year (Y-o-Y) change in the Colombo Consumer Price Index (CCPI, 2013=100) increased to 29.8% in April 2022 from 18.7% in March 2022. This increase in Y-o-Y inflation was due to the monthly increases of both food and non-food categories. Food inflation (Y-o-Y) increased to 46.6% in April 2022 from 30.2% in March 2022. However, salaries have not kept pace with this increase. This is undoubtedly pushing some families, such as the 'urban poor' (belonging to the informal work force), to the brink of starvation.

In the agricultural sector, the lack of chemical fertilizer has led to poor crop harvests including cash crops such as tea and staples such as rice. All these factors are compromising family food security. One of the first to be affected by unavailability of food will be the pregnant mothers and children. Once food security is threatened, a whole gamut of social problems will ensue, with desperate segments of the community resorting to violence, theft and other antisocial methods in order to keep their families from starvation. This is in addition to the loss of income and livelihoods caused by lack of basic commodities such as gas, fuel and electricity.

The short and long term outcomes of the present crisis are yet to be seen. However, malnutrition during pregnancy is known to produce many adverse outcomes. During World War II and soon after (1941 to 1945-the Dutch famine, Leningrad siege

and in Germany, when there were acute food shortages due to rationing), malnutrition in pregnancy was observed along with poor foetal growth, small for gestational age babies and increased pregnancy loss (still births)<sup>5</sup>. A significant percentage (30.7%) of our pregnant mothers still remain anaemic<sup>1</sup>. The long term effects of these compounding factors on mothers and their off spring are yet to be seen. The same studies (done during world war II) also show a clear association between malnutrition in pregnancy and an increase in short and long term infant mortality<sup>5</sup>.

Neonatal health will also be greatly impacted by the economic crisis. Prematurity contributes significantly to our neonatal mortality. The lack of essentials for these preterm babies such as antibiotics, total parenteral nutrition supplements (TPN) and lifesaving equipment such as endotracheal tubes and oxygen canulae will definitely impact their survival. The shortages are so acute that medical organizations and professionals are now canvassing for assistance from foreign donors using personal channels.

It is too early to assess the impact of this current crisis; unconfirmed reports say that malnutrition in children is already on the rise in the north-central provinces. If we are to minimize the blows directed at us, policy makers need to act in haste in this already 'too late' situation. Not only policy makers, we also need to think and act fast collectively as a society, as well as individually, if we are to mitigate these impacts for our future generations.

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