# "El impacto de la pandemia por COVID-19 en los Servicios de Salud Materna"

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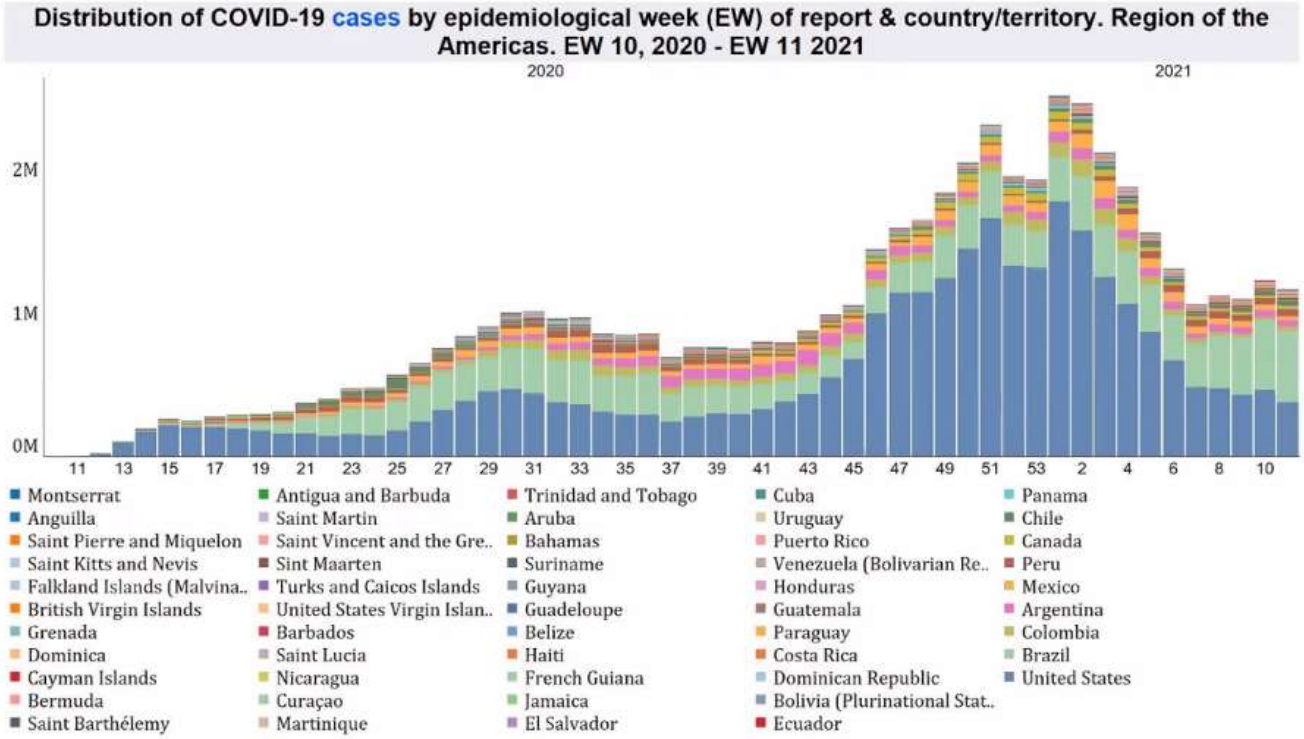
# Objetivo


Analizar la situación de los servicios de salud materna frente a la pandemia por COVID-19, los efectos sobre la salud de las mujeres, la respuesta brindada por los ministerios de salud y los desafíos para responder durante la pandemia.

# Region of the Americas: COVID-19



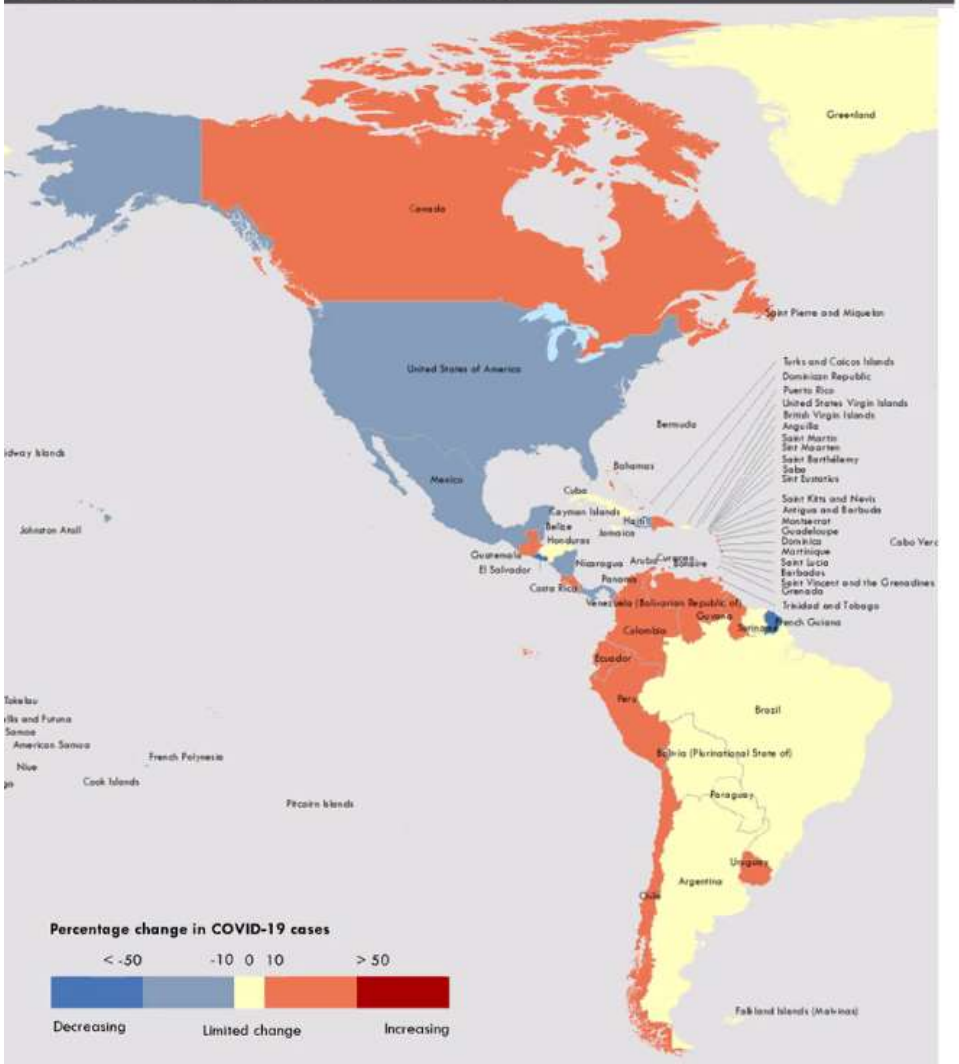

**Previous week:**

1,173,561 new confirmed cases from 49 countries.
31,040 new deaths from 33 countries.
35.8% of new global cases and 51.5% of new global deaths

**Cumulative:**

53,937,714 confirmed cases.
1,299,243 deaths.

## Percentage change in COVID-19 cases over the last seven days relative to the previous seven days (as of 21 March 2021 10:00AM CET)




| Country | New Cases: past 7 days | New Cases per 1M Pop: past 7 days | 7-day % Change | Total Cases |
|---|---|---|---|---|
| Brazil | 508,010 | 2,390 | 3 | 11,871,390 |
| United States of America | 374,369 | 1,131 | -19 | 29,437,770 |
| Peru | 49,035 | 1,487 | 11 | 1,451,645 |
| Argentina | 42,888 | 949 | -5 | 2,234,913 |
| Chile | 39,710 | 2,077 | 14 | 925,089 |
| Mexico | 30,139 | 234 | -22 | 2,187,910 |
| Colombia | 29,809 | 586 | 19 | 2,324,426 |
| Canada | 23,836 | 632 | 11 | 927,069 |
| Paraguay | 12,906 | 1,809 | 10 | 190,499 |
| Ecuador | 10,202 | 578 | 32 | 310,868 |
| Uruguay | 9,327 | 2,685 | 31 | 78,401 |
| Bolivia (Plurinational State of) | 5,484 | 470 | 9 | 263,808 |
| Cuba | 5,404 | 477 | -6 | 65,962 |
| Guatemala | 4,980 | 278 | 15 | 187,659 |
| Jamaica | 4,753 | 1,605 | 3 | 34,665 |

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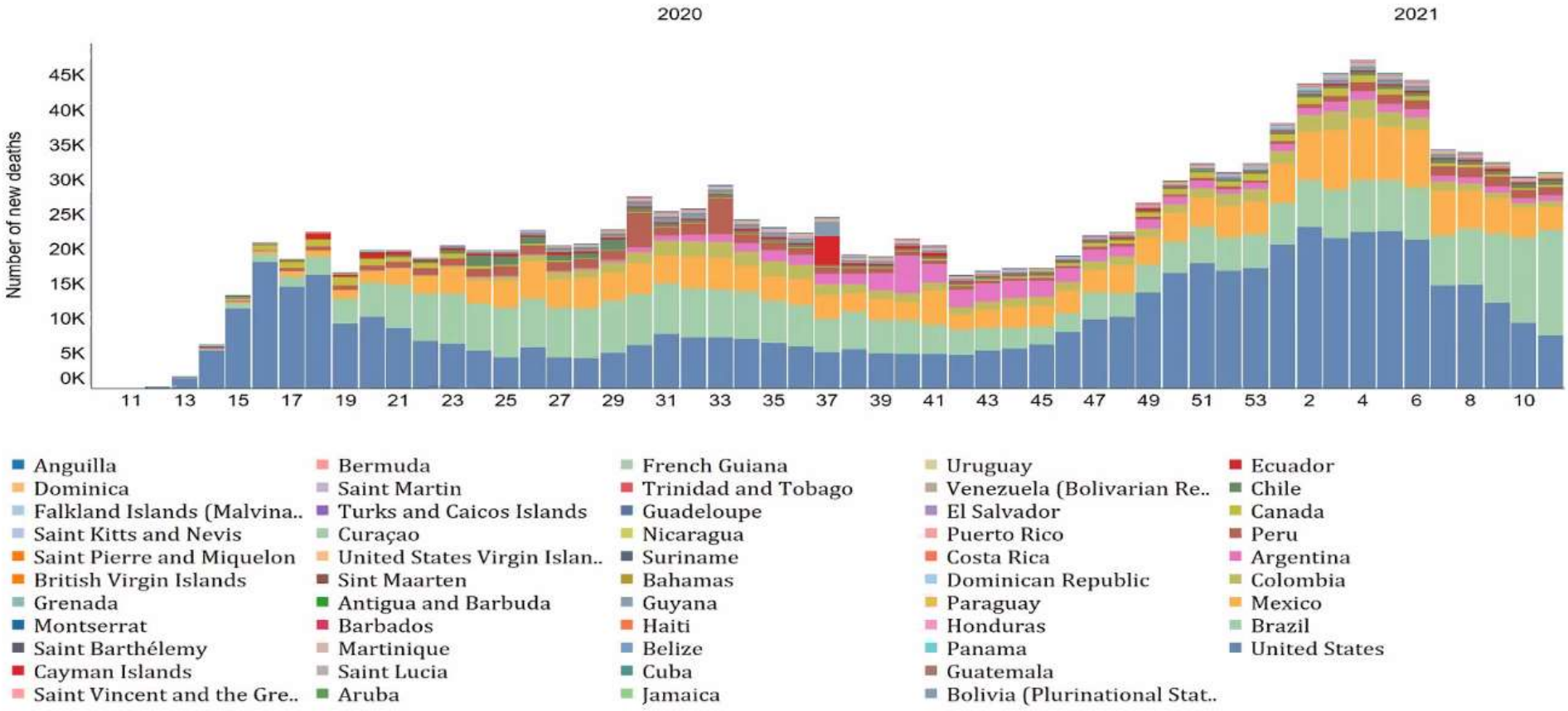
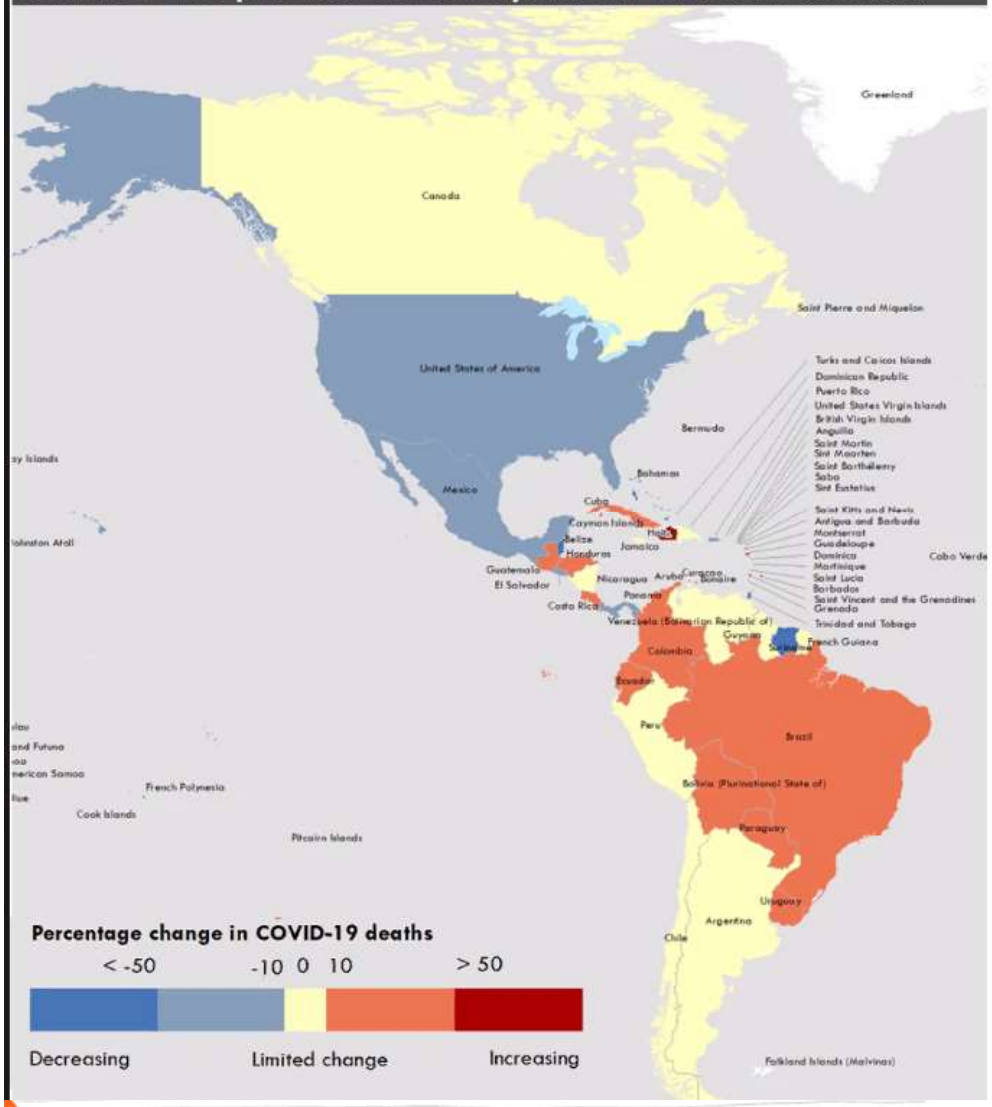
## Distribution of COVID-19 deaths by epidemiological week (EW) of report & country/territory. Region of the Americas. EW 10, 2020 - EW 11, 2021



## Percentage change in COVID-19 deaths over the last seven days relative to the previous seven days (as of 21 March 2021 10:00AM CET)

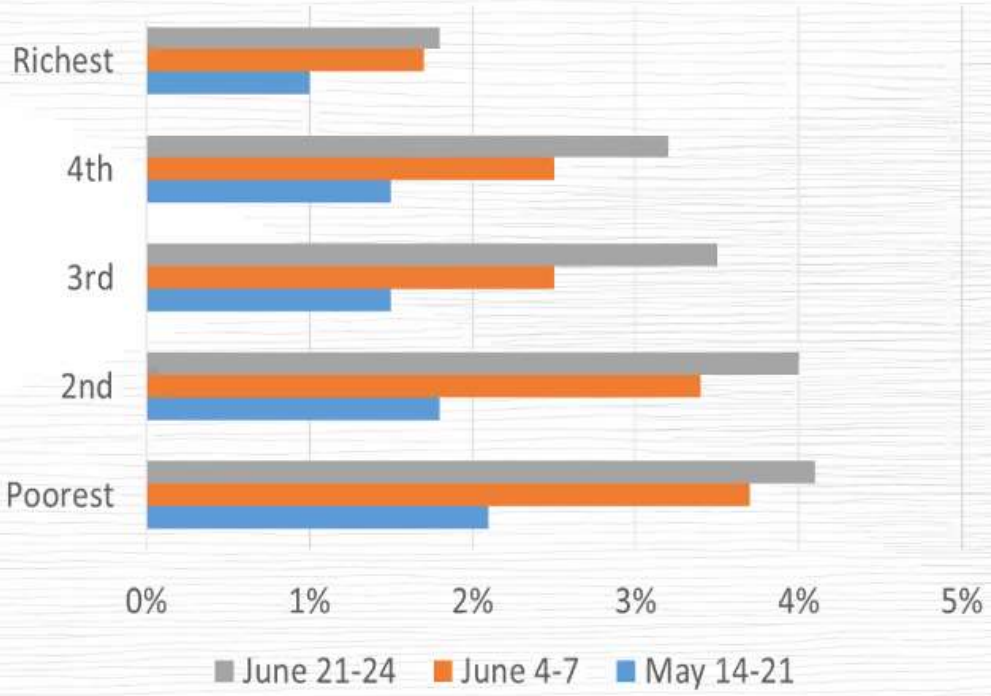


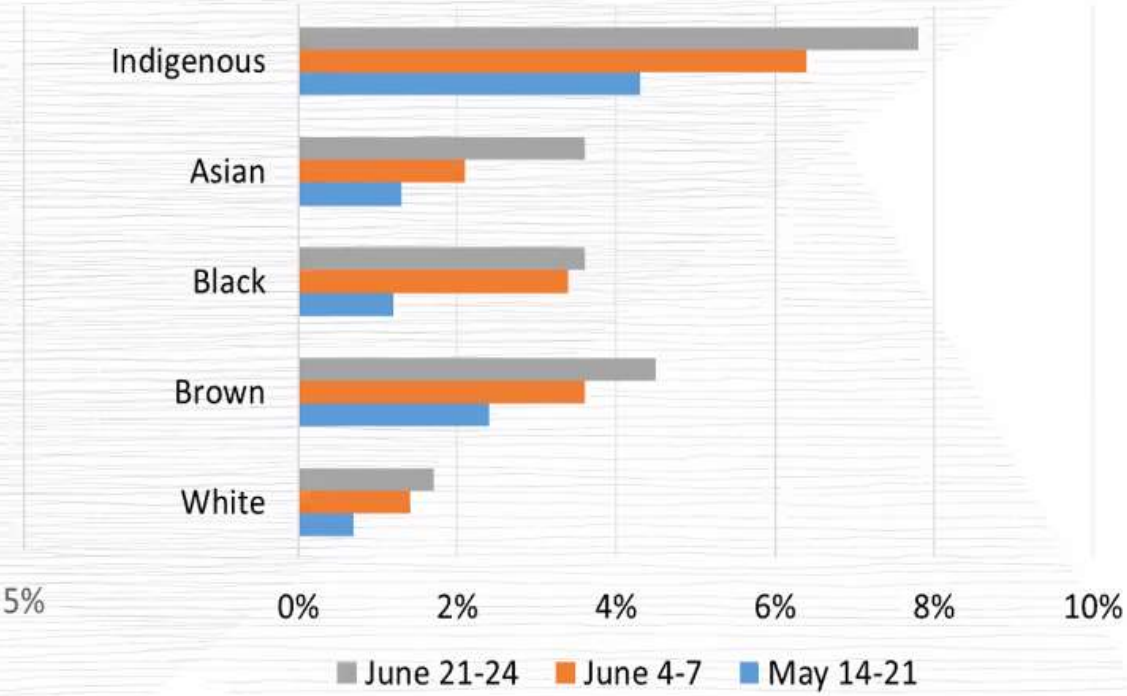

| Country | New Deaths | New Deaths per 1M Pop | Total Deaths | Total Deaths per 1M Pop |
|---|---|---|---|---|
| Brazil | 15,209 | 72 | 290,314 | 1,366 |
| Peru | 1,233 | 37 | 49,897 | 1,513 |
| Chile | 606 | 32 | 22,180 | 1,160 |
| Paraguay | 226 | 32 | 3,662 | 513 |
| Mexico | 3,368 | 26 | 197,219 | 1,530 |
| United States of America | 7,552 | 23 | 536,008 | 1,619 |
| Uruguay | 71 | 20 | 760 | 219 |
| Argentina | 830 | 18 | 54,476 | 1,205 |
| Colombia | 821 | 16 | 61,771 | 1,214 |
| Jamaica | 40 | 14 | 524 | 177 |



Plan estratégico de preparación y respuesta para la enfermedaad por coronavírus 2019 (COVID-19). Pautas para la planificación operative de la preparación y respuesta de los países, 2020.
covid-19-plan-estrategico-preparacion-respuesta-de-paises.pdf

# Inequality gradients in SARS-CoV-2 prevalence, Brazil; May-June 2020

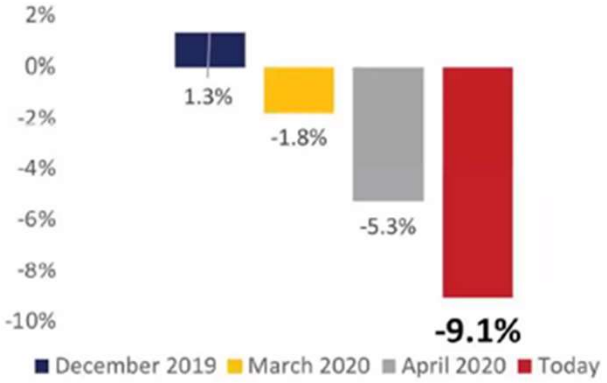


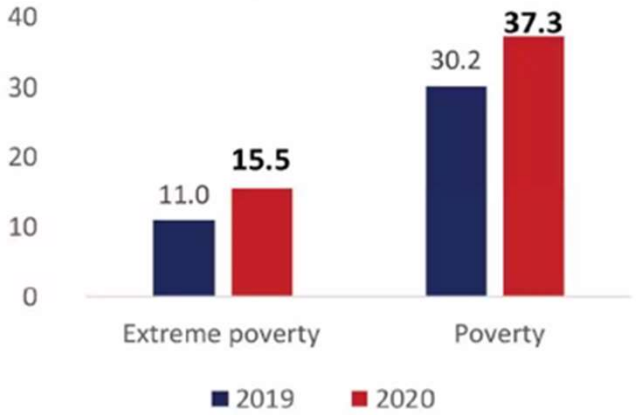

Victora C. Epidemiology and Inequalities in Brazil: the EpiCOVID19 Study. PAHO Webinar 1 on COVID-19, Health-related SDGs and Equity. July 20, 2020.

# Country Challenges
## Social and Economic Impact

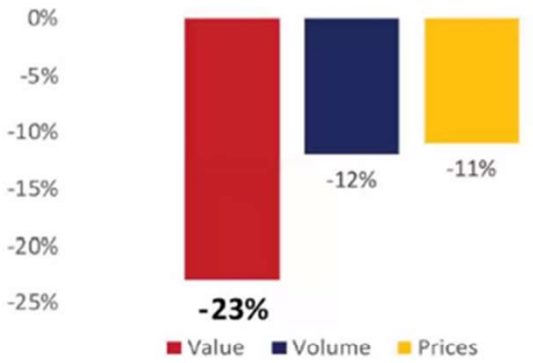
**Latin America and the Caribbean: projected growth**




**Latin America: poverty and extreme poverty**




**Latin America and the Caribbean: exports**

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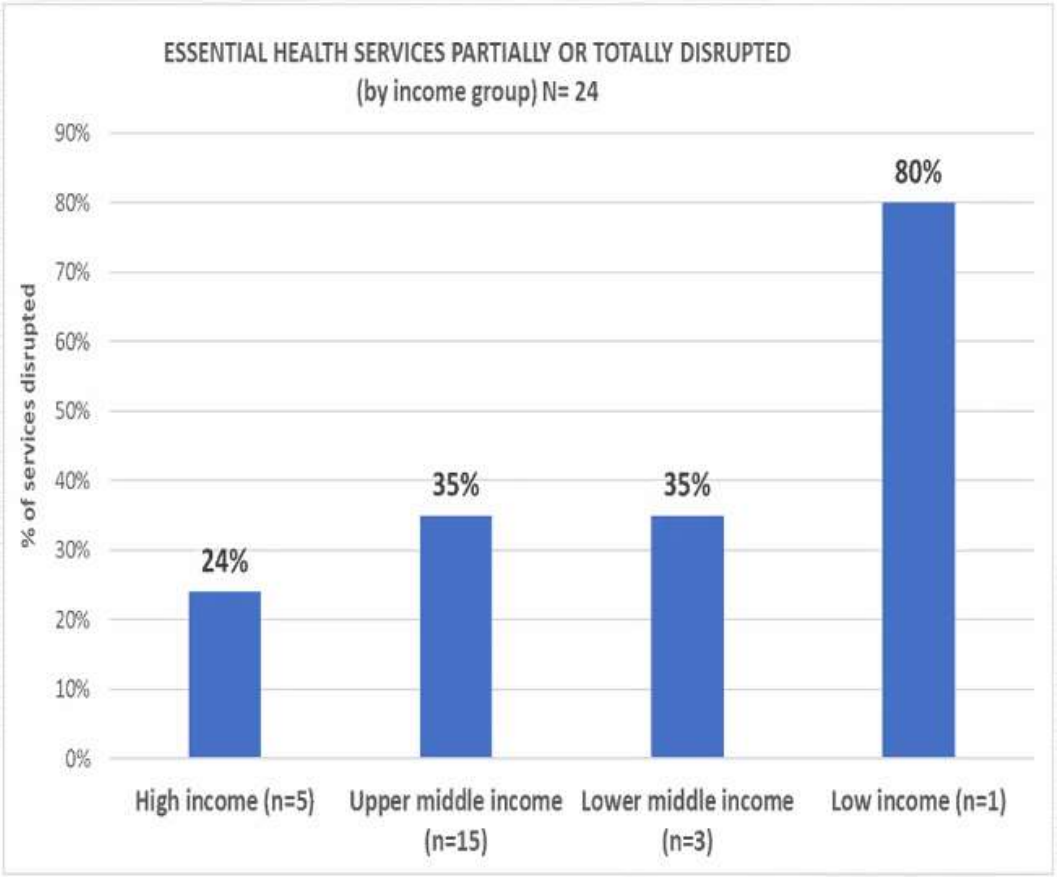
Services disruptions reported by 24 countries of the Region (WHO EHS Survey) and limited priority given to increase capacity in the first level of care, are threatening public health gains in the Region.

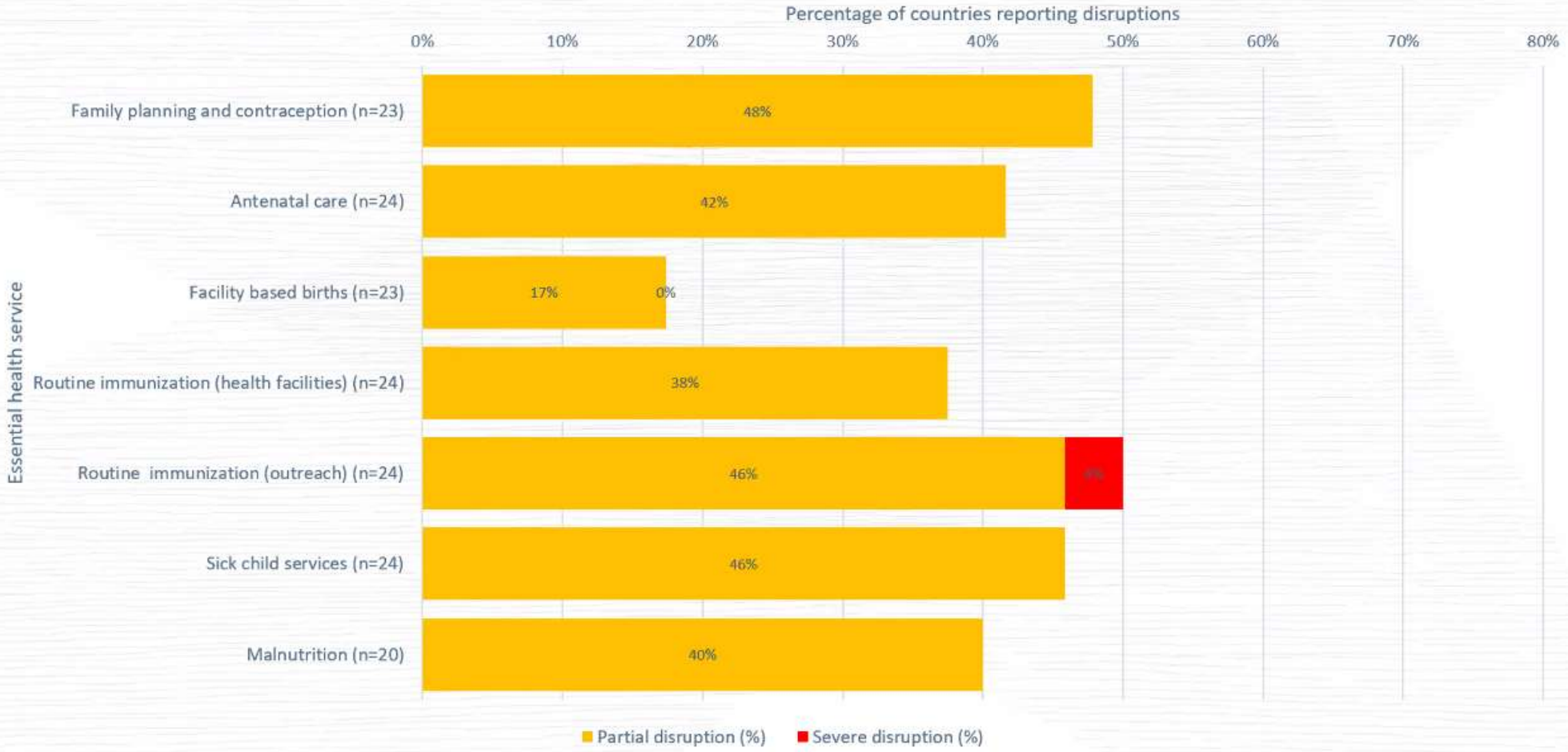
## Services disruptions

compromised access and continuity of services for priority programs: Mental Health, Health of the Elderly, Maternal and child health, NCDs, IM, TB/HIV and other CD.

Access to vulnerable populations (indigenous, afrodescendants, remote rural communities) was further compromised due to limited priority given to the first level of care



## Percentage of countries reporting disruptions in RMNCAH and nutrition services in PAHO




Partial disruption: change in service use by 5-50% of patients/users
Severe/complete disruption: change in service use by more than 50% of patients/users

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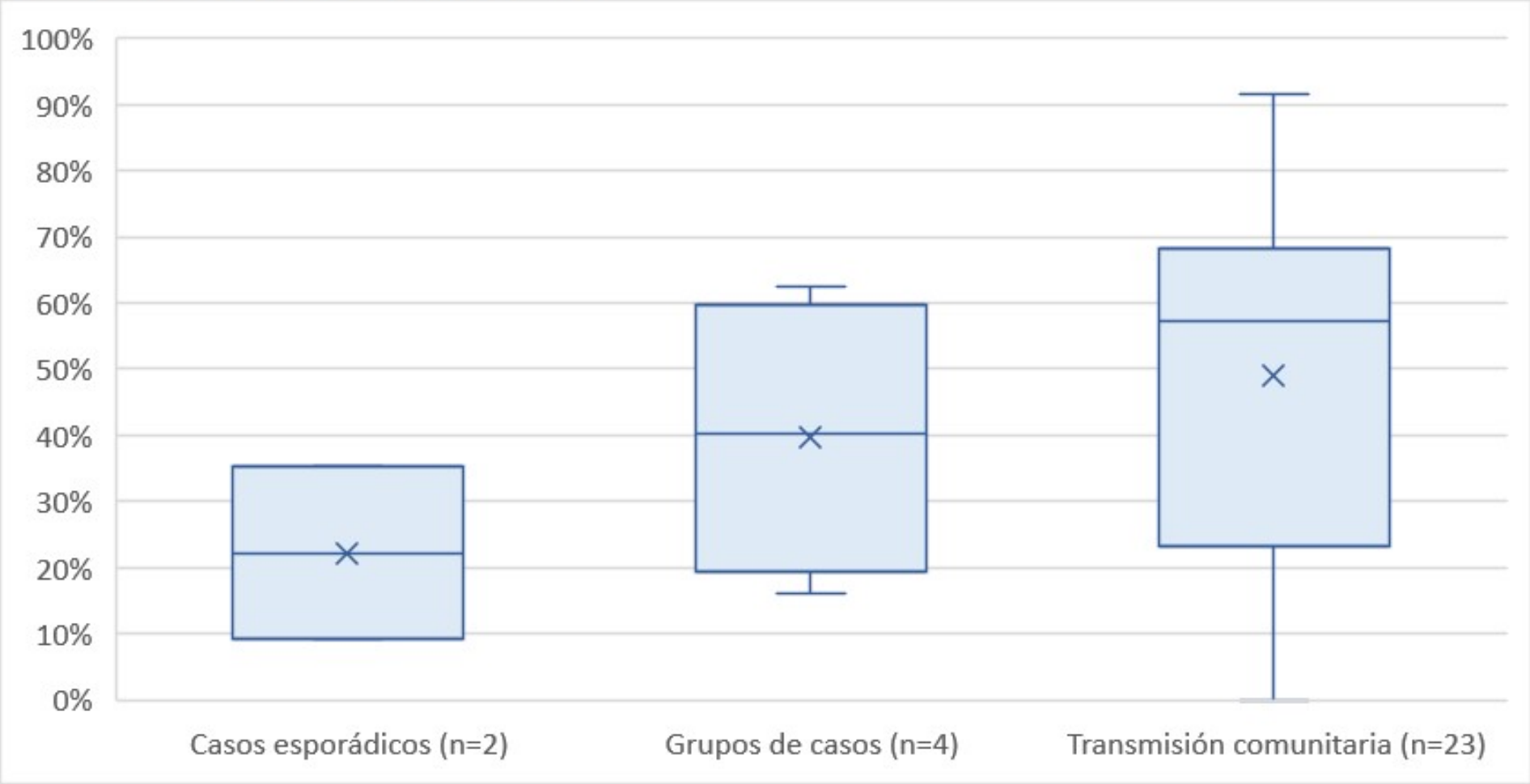
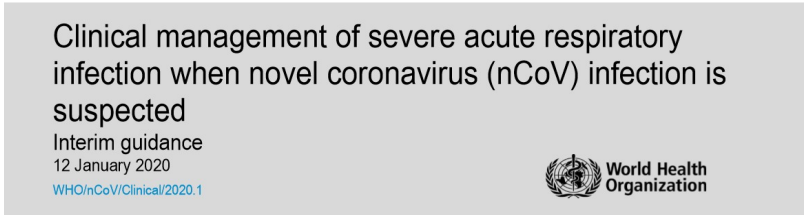
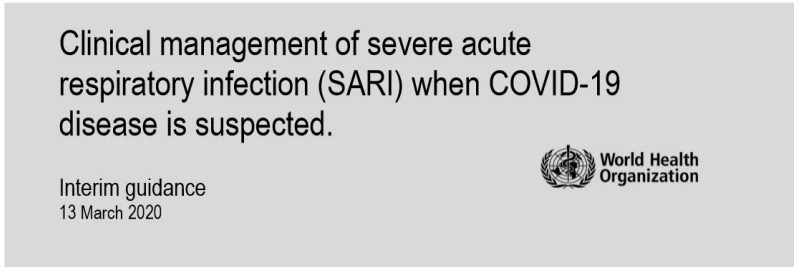
## Figura 3. Porcentaje de servicios interrumpidos según situación de la transmisión de COVID-19 (número de países = 29)*




Nota: se utilizó información de situación de transmisión del Covid-19 al 6 de mayo. La situación de la transmisión de COVID-19 se clasificará según Guía de Vigilancia de Salud Pública en relación con la COVID-19 : WHO-2019-nCoV-SurveillanceGuidance-2020.7-spa.pdf




No hay evidencia de que las mujeres embarazadas presenten signos o síntomas diferentes o estén en mayor riesgo de enfermedad grave.




Las mujeres embarazadas con CoVid sospechada o confirmada deben ser tratadas con terapias de apoyo como se describió anteriormente, teniendo en cuenta las adaptaciones fisiológicas del embarazo.


Hay datos limitados sobre la presentación clínica y los resultados maternos y perinatales de la enfermedad covid-19 durante o después del embarazo. Los hallazgos actuales deben interpretarse con cautela dados los pequeños tamaños de muestra y las limitaciones en el diseño del estudio. A partir del 24 de abril de 2020, los datos muestran una prevalencia y patrones de presentación clínica en el embarazo que son ampliamente similares a la población general.


- 13/03/20: 1ª muerte materna en gestante COVID-19 +
- 10/04/20: 5 MM en gestantes COVID-19 +
- 25/05/20: 29 MM en gestantes COVID-19 +


- 18/03/20: 1ª muerte materna en gestante COVID-19 +
- 28/04/20: 6 MM gestantes COVID-19 +
- 25/05/20: 21 MM gestantes COVID-19 +

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Weekly / Vol. 69 / No. 25 June 26, 2020

# Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–June 7, 2020

## Hospitalizations, among women with known pregnancy status and laboratory-confirmed SARS-CoV-2 infection (N = 91,412), by pregnancy status, age group, and race/ethnicity, and relative risk for these outcomes comparing pregnant women to nonpregnant women aged 15–44 years

| Outcome* | No. (%) Pregnant women (n = 8,207) | No. (%) Nonpregnant women (n = 83,205) | Crude risk ratio (95% CI) | Adjusted risk ratio† (95% CI) |
|---|---|---|---|---|
| Hospitalization§ | | | 5.4 (5.2–5.7) | 5.4 (5.1–5.6) |
| All | 2,587 (31.5) | 4,840 (5.8) | | |
| ICU admission†† | | | 1.6 (1.3–1.9) | 1.5 (1.2–1.8) |
| All | 120 (1.5) | 757 (0.9) | | |
| Mechanical ventilation§§ | | | 1.9 (1.4–2.6) | 1.7 (1.2–2.4) |
| All | 42 (0.5) | 225 (0.3) | | |
| Death¶¶ | | | | |
| All | 16 (0.2) | 208 (0.2) | | |

RESEARCH

## Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis

John Allotey,[1,2] Elena Stallings,[3,4] Mercedes Bonet,[5] Magnus Yap,[6] Shaunak Chatterjee,[6] Tania Kew,[6] Luke Debenham,[6] Anna Clavé Llavall,[6] Anushka Dixit,[6] Dengyi Zhou,[6] Rishab Balaji,[6] Siang Ing Lee,[3] Xiu Qiu,[7,8,9] Mingyang Yuan,[1,7] Dyuti Coomar,[1] Madelon van Wely,[10] Elizabeth van Leeuwen,[11] Elena Kostova,[10] Heinke Kunst,[12,13] Asma Khalil,[14] Simon Tiberi,[12,13] Vanessa Brizuela,[5] Nathalie Broutet,[5] Edna Kara,[3] Caron Rahn Kim,[5] Anna Thorson,[5] Olufemi T Oladapo,[5] Lynne Mofenson,[15] Javier Zamora,[3,4,16] Shakila Thangaratinam,[2,17] for PregCOV-19 Living Systematic Review Consortium

*BMJ* 2020; 370 doi: https://doi.org/10.1136/bmj.m3320 (Published 01 September 2020)Cite this as: *BMJ* 2020;370:m3320

### WHAT IS ALREADY KNOWN ON THIS TOPIC

Pregnant women are considered to be a high risk group for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, and the potential adverse effects of the virus on maternal and perinatal outcomes are of concern

In non-pregnant populations admitted to hospital with coronavirus disease 2019 (covid-19) the most common symptoms are fever, cough, and dyspnoea, reported in more than two thirds of individuals

Advancing age, high body mass index, non-white ethnicity, and pre-existing comorbidities are risk factors for severe covid-19 in the general population

### WHAT THIS STUDY ADDS

Pregnant and recently pregnant women with covid-19 diagnosed in hospital are less likely to manifest symptoms of fever and myalgia than non-pregnant women of reproductive age and might be at increased risk of admission to an intensive care unit

Risk factors for severe covid-19 in pregnancy include increasing maternal age, high body mass index, and pre-existing comorbidities

Pregnant women with covid-19 are more likely to experience preterm birth and their neonates are more likely to be admitted to a neonatal unit

TABLE 2. Intensive care unit (ICU) admissions, receipt of invasive ventilation, rec… deaths among symptomatic women of reproductive age with laboratory-confirm… ethnicity, and underlying health conditions — United States, January 22–Octob…

| Outcome*/Characteristic | No. (per 1,000 cases) of symptomatic wo… Pregnant (n = 23,434) | Nonpregnant (n = 386,028) | Crude† | Adjusted†,§ |
|---|---|---|---|---|
| ICU admission¶ | | | | |
| All | 245 (10.5) | 1,492 (3.9) | 2.7 (2.4–3.1) | 3.0 (2.6–3.4) |
| Invasive ventilation†† | | | | |
| All | 67 (2.9) | 412 (1.1) | 2.7 (2.1–3.5) | 2.9 (2.2–3.8) |
| ECMO§§ | | | | |
| All | 17 (0.7) | 120 (0.3) | 2.3 (1.4–3.9) | 2.4 (1.5–4.0) |
| Death¶¶ | | | | |
| All | 34 (1.5) | 447 (1.2) | 1.3 (0.9–1.8) | 1.7 (1.2–2.4) |

**Suggested citation for this article:** Zambrano LD, Ellington S, Strid P, et al. Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1641–1647. DOI: http://dx.doi.org/10.15585/mmwr.mm6944e3 .

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## Reporte oficial de casos covid-19 en embarazo (15 de junio 2020)

| País | Nº MM en mujeres COVID-19 + | Nº Gest COVID-19 + |
|---|---|---|
| ARG | 1 | 155 |
| BOL | 4 | 50 |
| BRA | 36 | 484 |
| DOM | 7 | 121 |
| HND | 2 | 36 |
| MEX | 50 | 1312 |
| Total | 100 | 2158 |

Fuente: OPS/FPL/CLAP Junio 2020

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# Epidemiological Alert
## COVID-19 during pregnancy
13 August 2020

Recently published results and studies based on COVID-19 surveillance data have indicated an increased risk among pregnant women of presenting with severe forms of COVID-19 and, therefore, of being hospitalized and admitted to intensive care units (ICU). The Pan American Health Organization / World Health Organization (PAHO/WHO) requests that Member States intensify efforts to ensure access to prenatal care services, as well as to implement preventive measures to reduce morbidity and mortality associated with COVID-19 across all levels of the health system, in order to maintain the commitment to reducing maternal and perinatal mortality and the progress achieved to date.

**Table 1**. Cases and deaths among pregnant women with COVID-19, by country. Region of the Americas. January 2020 to 11 August 2020.

| Pregnant women with COVID-19 | | |
|---|---|---|
| Country | Alive | Deaths |
| Argentina | 155 | 1 |
| Bolivia | 50 | 5 |
| Brazil | 2,256 | 135 |
| Colombia | 571 | 2 |
| Dominican Republic | 304 | 12 |
| Ecuador | 849 | 20 |
| Haiti | 39 | 2 |
| Mexico* | 3,916 | 106 |
| Peru | 4,782 | 36 |
| United States of America | 15,735 | 37 |

* Mexico reports pregnant and postpartum women

356 MM

**Source:** Latin American Center for Perinatology, Women's Health, and Reproductive Health (CLAP/SMR) and information published on the websites of the Ministries of Health, Health Agencies or similar and reproduced by PAHO/WHO

X 3

X 11

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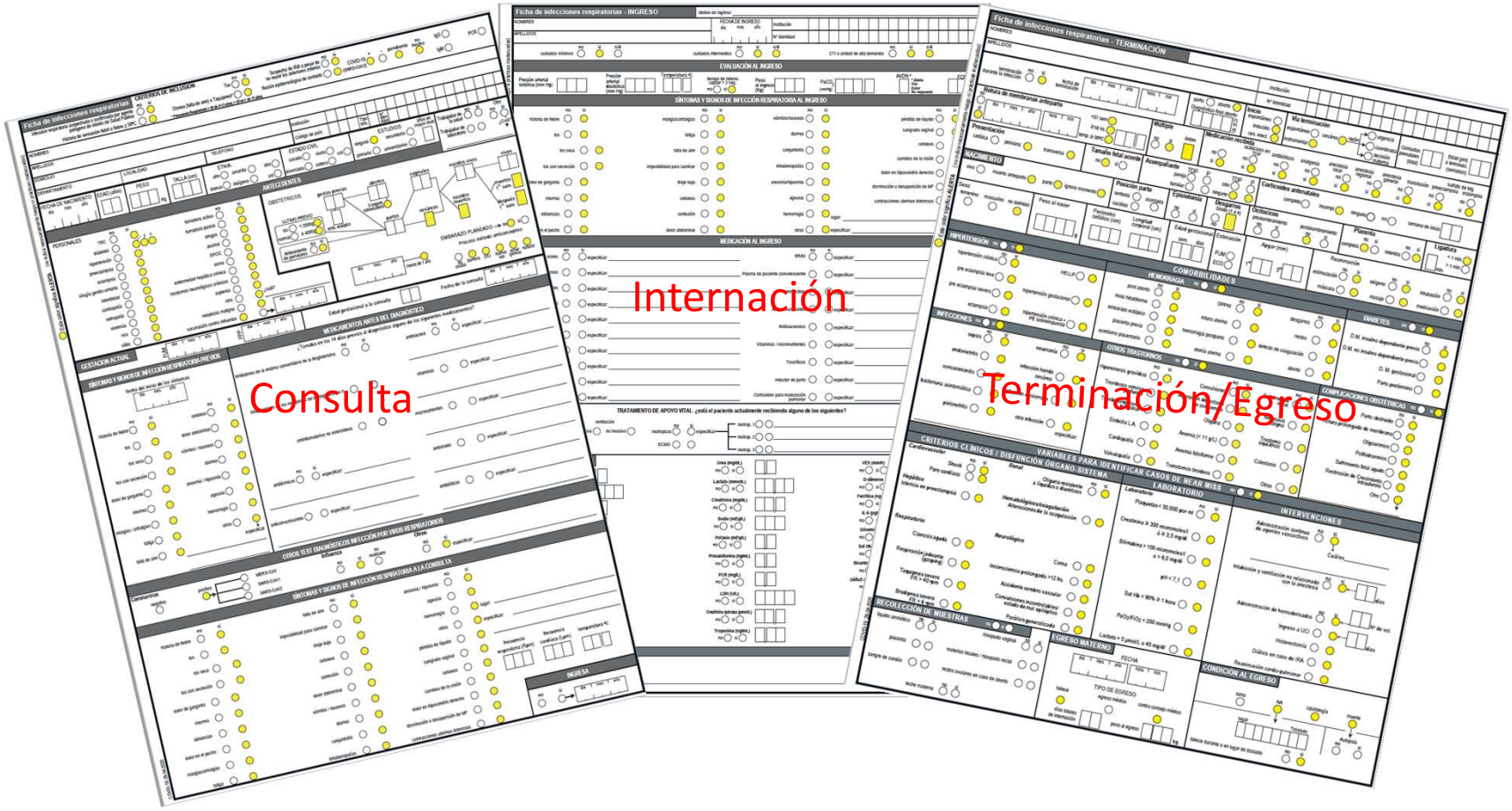
# Actualización Epidemiológica
## Enfermedad por coronavirus (COVID-19)
14 de abril de 2021

**Tabla 4**. COVID-19 durante el embarazo, por país. Región de las Américas, enero de 2020 al 13 de abril* de 2021.

| País | Número de embarazadas positivas a SARS-CoV-2 | Número de defunciones entre embarazadas positivas a SARS-CoV-2 | Tasa de letalidad (%) |
|---|---|---|---|
| Argentina | 10.467 | 46 | 0,44 |
| Bahamas** | 30 | 1 | 3,33 |
| Bolivia | 1764 | 31 | 1,76 |
| Belice** | 103 | 2 | 1,94 |
| Brasil** | 5.381 | 289 | 5,37 |
| Chile | 9.764 | 5 | 0,05 |
| Colombia | 8.327 | 63 | 0,76 |
| Costa Rica** | 393 | 3 | 0,76 |
| Cuba& | 648 | 0 | 0,00 |
| Ecuador | 2.145 | 29 | 1,35 |
| El Salvador** | 272 | 9 | 3,31 |
| Estados Unidos de América | 84.629 | 95 | 0,11 |
| Guatemala** | 1.834 | 22 | 1,20 |
| Haití | 79 | 4 | 5,06 |
| Honduras | 28 | N/D | N/D |
| México[&] | 15.329 | 331 | 2,16 |
| Panamá[&]** | 2.264 | 12 | 0,53 |
| Paraguay | 996 | 2 | 0,2 |
| Perú[&] | 46.524 | 114 | 0,25 |
| República Dominicana | 360 | 37 | 10,28 |
| Suriname | 50 | 0 | 0,00 |
| Uruguay** | 124 | 0 | 0,00 |
| Venezuela | 389 | 7 | 1,80 |
| **Total** | **191.900** | **1.102** | **0,57** |

# Registro COVID 19 Materno-Perinatal
# Sistema de Información Perinatal SIP Plus



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Fecha y hora del fallecimiento

dia | mes | año | hora | min

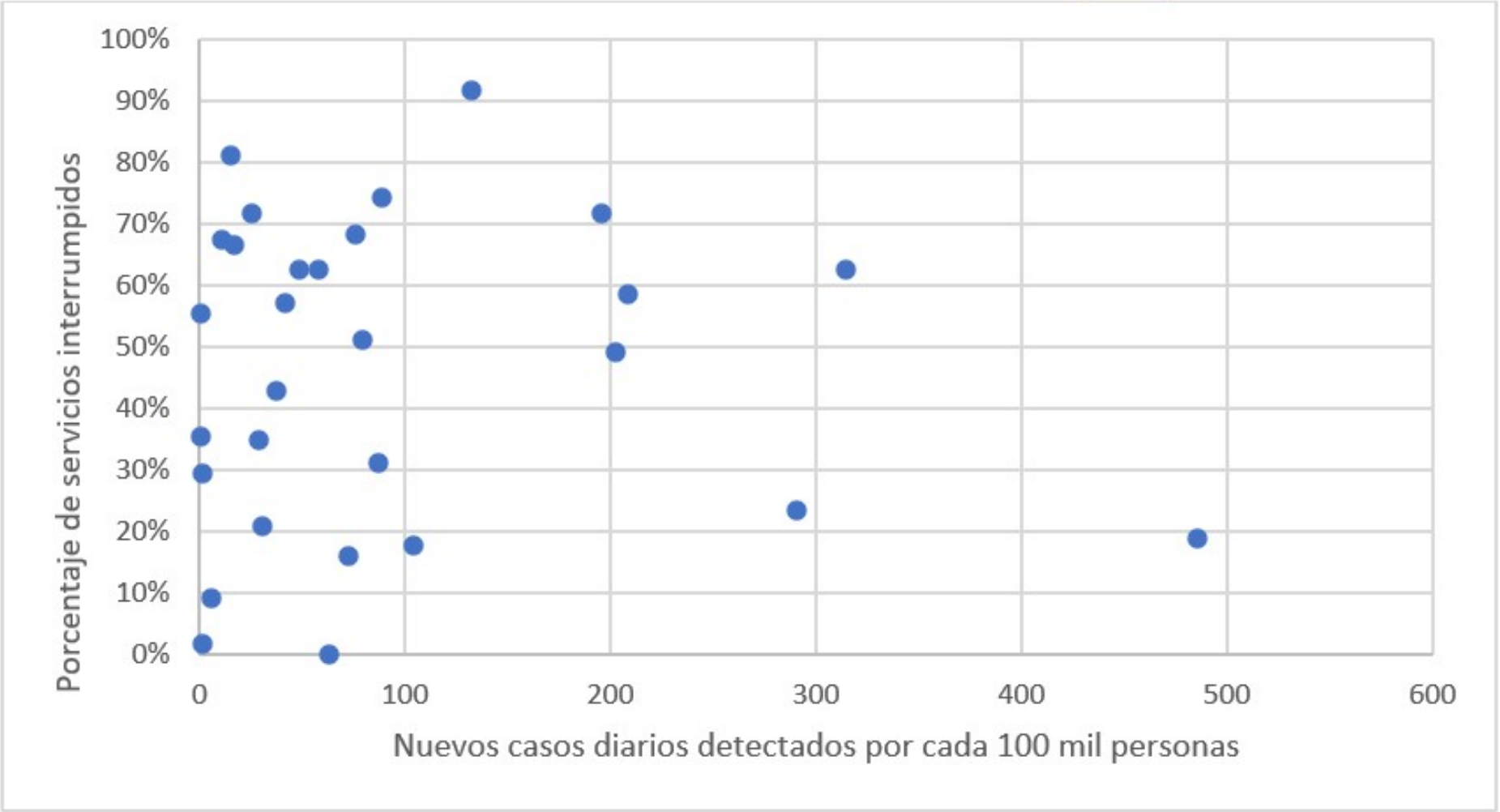
Dias totales de internación

Nombre de la persona que ingresó la información:_____ Correo electrónico: _____

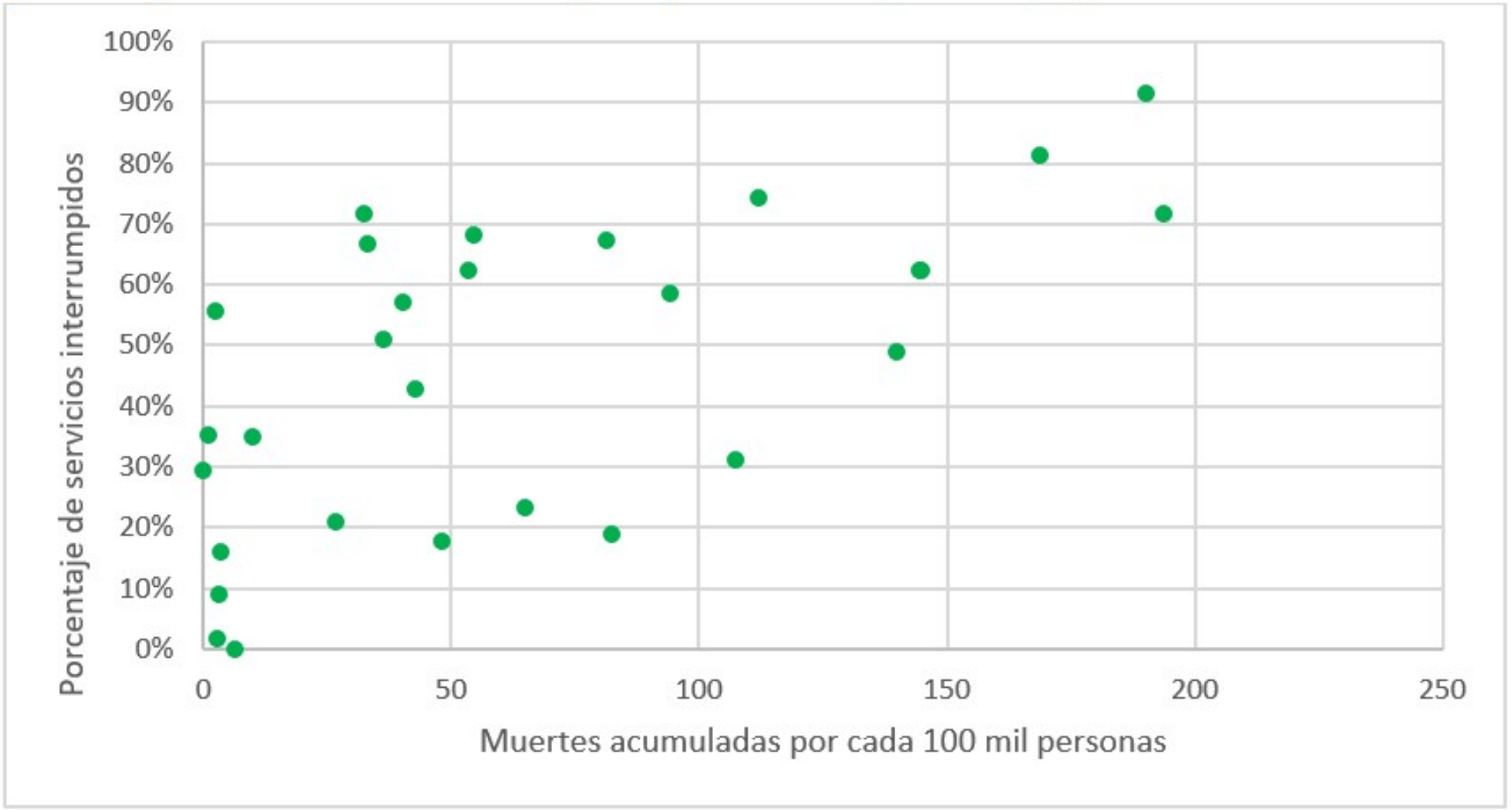
**DATOS CARGADOS EN EL CERTIFICADO DE DEFUNCIÓN - PARTES 1 Y 2**

| **Parte 1** | | **Causa de muerte** | **Intervalo de tiempo entre el comienzo y la muerte** |
|---|---|---|---|
| Reporte la enfermedad o condición directamente causante de la muerte en la linea A | A | Debido a: | |
| Reporte la cadena de eventos en el debido órden si aplica | B | Debido a: | |
| | C | Debido a: | |
| La causa básica de la muerte debe ser anotada en la última linea | D | Debido a: | |
| **Parte 2** Anote otras condiciones que contribuyeron a la muerte | | | |

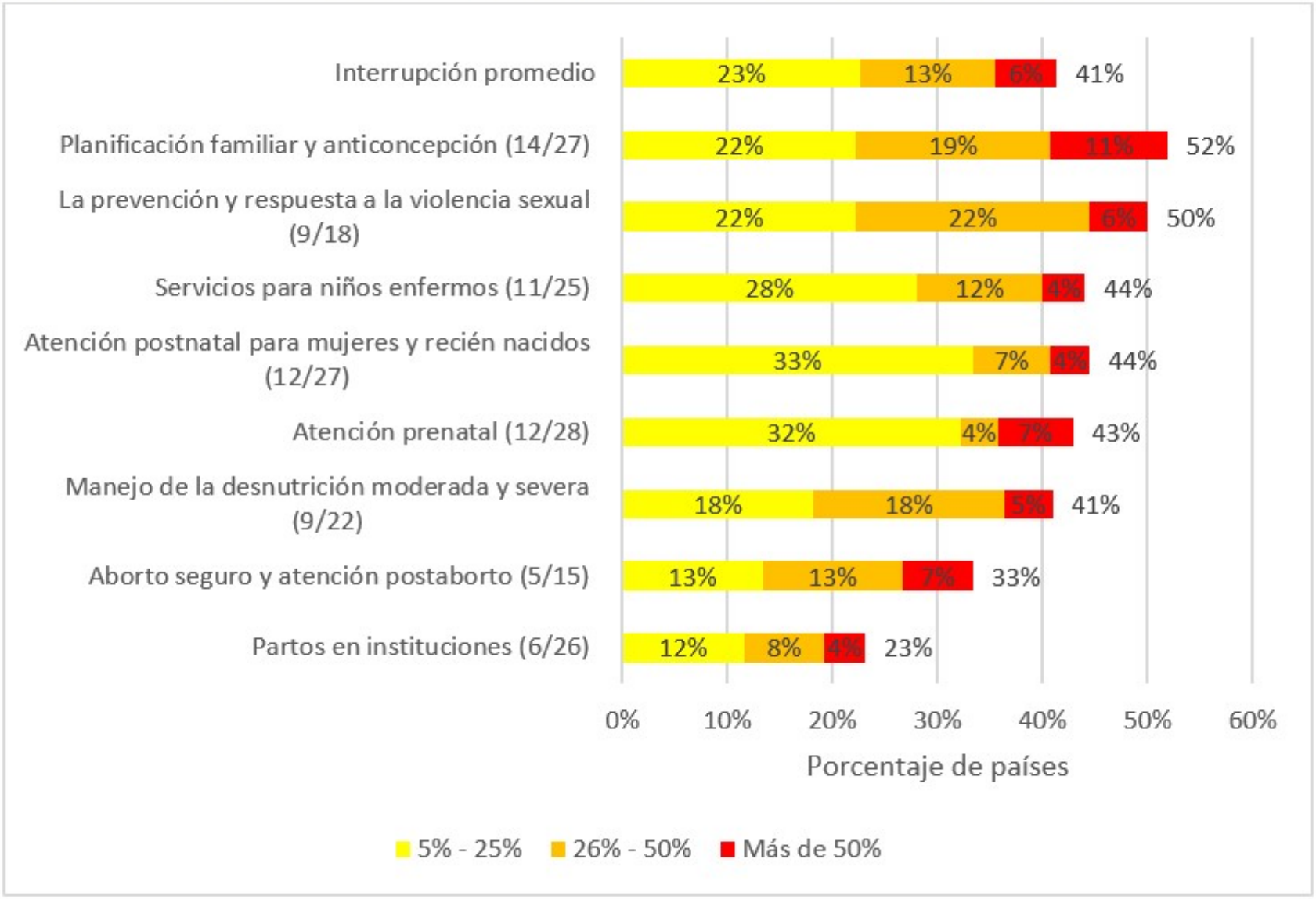
## Figura 3. Relación entre el nuevos casos diarios de COVID-19 por cada 100 mil personas y el porcentaje de servicios interrumpidos (número de países = 29)*



## Relación entre muertes por COVID-19 acumuladas por cada 100 mil personas y el porcentaje de servicios interrumpidos (número de países = 29)*

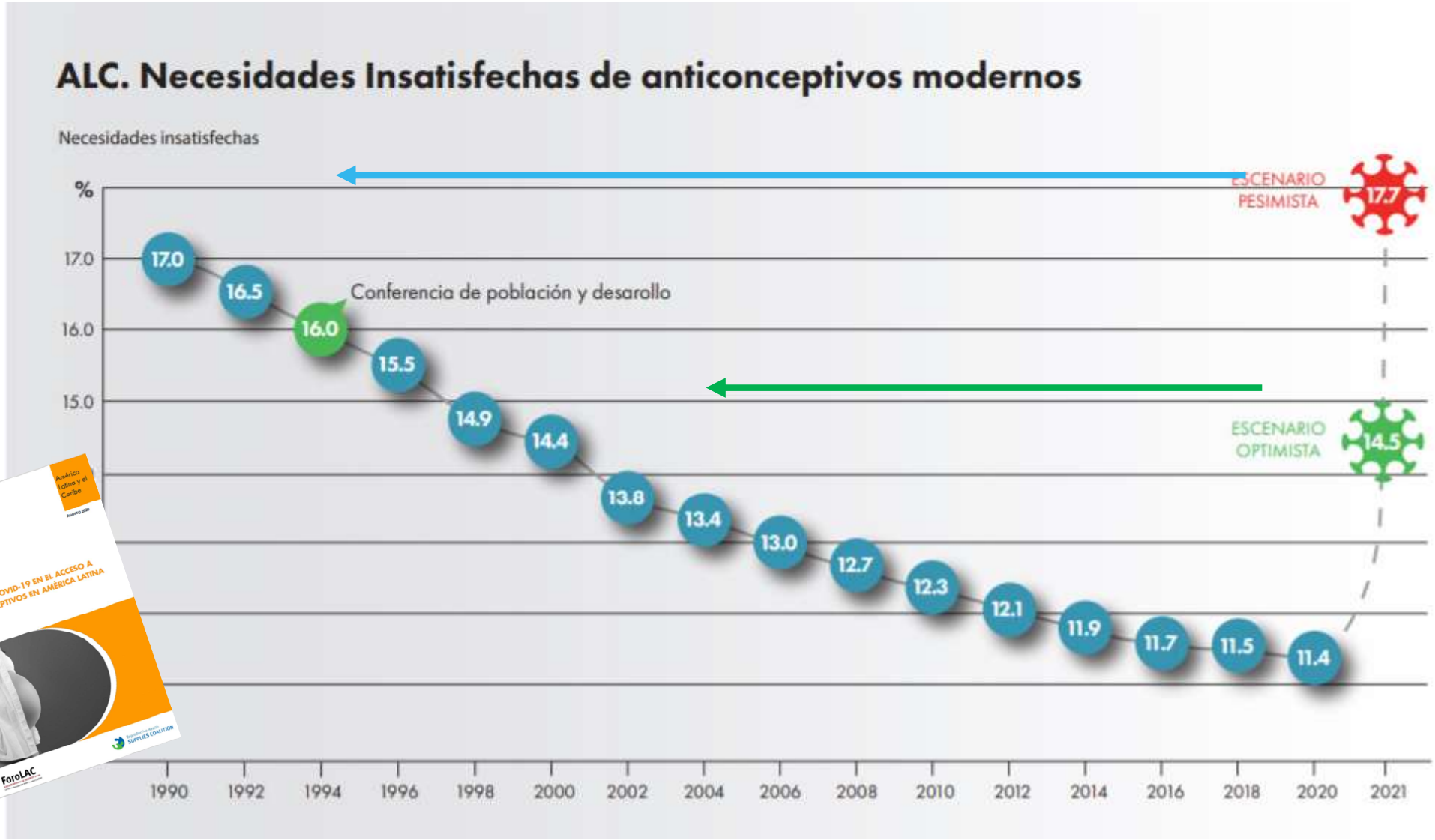


## Figura 8. Porcentaje de países que reportaron interrupción en los servicios trazadores de salud reproductiva, materna, neonatal, infantil, adolescente y nutrición




Nota: entre paréntesis se muestra el número de países que interrumpieron el servicio sobre el número de países que reportaron su situación.

# ALC. Necesidades Insatisfechas de anticonceptivos modernos









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Article Commentary

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SRHM SEXUAL AND REPRODUCTIVE HEALTH MATTERS
MORE THAN A JOURNAL

# Applications of the High Impact Practices in Family Planning during COVID-19


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**Abstract:** *The COVID-19 pandemic has substantially strained health systems across the globe. In particular, documented disruptions to voluntary family planning and reproductive health care due to competing health priorities, service disruptions, stockouts, and lockdowns are significantly impacting reproductive, maternal, newborn, and child health. As governments and family planning programmes grapple with how best to respond to the direct and indirect effects of the pandemic on family planning and reproductive health (FP/RH), the implementation and adaptation of evidence-based practices is crucial. In this commentary, we outline applications of the High Impact Practices in Family Planning (HIPs) towards COVID-19 response efforts. The HIPs are a set of evidence-based family planning practices which reflect global expert consensus on what works in family planning programming. Drawing upon preliminary COVID-19 data, documented experiences from prior health emergencies, and recommended programme adaptations from a variety of global health partners, we outline situations where specific HIPs may assist family planning programme managers in developing context-specific and evidence-based responses to COVID-19-related impacts on FP/RH, with the ultimate goal of ensuring the accessibility, availability, and continuity of voluntary family planning services across the world.*


DOI: 10.1080/26410397.2021.1881210


A medida que los sistemas de salud en el mundo implementan respuestas a la pandemia COVID-19, la utilización y adaptación del acceso continuo y la disponibilidad de atención priorizada a Planificación familiar /Salud Reproductiva de alta calidad, **es esencial y salva vidas**

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# Sobrevivir , Prosperar y Transformar


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Centro Latinoamericano de Perinatología Salud de la Mujer y Reproductiva - CLAP/SMR

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