



17 September, 2020: Alarming rise in stillbirths highlights need for screening both physical and mental health during pregnancy.

Researchers are stressing the need for pregnant women to receive appropriate antenatal care after a number of studies have shown a significant rise in the number of pregnancies ending in stillbirth since the start of the coronavirus pandemic.

“What we’ve done is cause an unintended spike in stillbirth while trying to protect [pregnant women] from COVID-19,” Jane Warland, a specialist in midwifery at the University of South Australia in Adelaide told [Nature](#).

The largest study reporting a rise in the stillbirth rate was published in *The Lancet Global Health* on 10 August. It was based on data from over 20,000 women who gave birth in nine hospitals across Nepal and found that stillbirths increased from 14 per 1,000 births before lockdown to late March, to 21 per 1,000 births by the end of May.

According to the study’s lead author Ashish K.C. the proportion of stillbirths among hospital births was not caused by COVID-19 infections. In fact, he notes, it’s likely a result of the way the pandemic has affected access to routine antenatal care, which might have otherwise picked up complications that can lead to stillbirth.

Alarmingly, data from London, Scotland and India have also shown a rise in the number of stillbirths during lockdown. But while it's not yet clear if the findings are applicable here in Australia, some experts are concerned.

“The normal recommendation is that women should see their caregiver at least seven times during their pregnancy,” says [Associate Professor Warland](#). “This ensures that any red flags – such as high blood pressure, reduced fetal movements and growth restriction – are all picked up during an examination.

“Instead, expectant mothers have been directed to 10-minute tele-healthappointments via phone and Zoom. How can you check someone’s blood pressure or do a physical examination over the phone?”

She says stillbirths are more common in first-time mothers who are more vulnerable and less aware of potential abnormalities, making face-to-face care particularly important during their pregnancy.

Caroline Homer, a midwifery researcher at the Burnet Institute in Melbourne, Australia told *Nature* that the studies are call to arms to support maternal and

newborn health services, especially in low-to middle-income countries, “This is not the moment to reduce” these services, she said.

[Current RANZCOG guidelines](#) highlight some of the changes to the way routine pregnancy care is delivered. These may include:

- Reducing, postponing and/or increasing the interval between antenatal visits
- Limiting time of all antenatal visits to less than 15 minutes
- Using telehealth consultations in [Australia](#) or [New Zealand](#) as a replacement, or in addition to, routine visits

COPE’s Founder and Executive Director, Dr Nicole Highet, says that as well as fewer physical health checks, screening for emotional and mental health has also decreased during the pandemic, with many states not assessing for mental health symptoms or risk factors at a time when rates of anxiety and depression are higher than ever.

And the need for early detection and referral to appropriate treatment has never been greater.

“There’s an urgent need for mothers to be screened,” Dr Highet says, noting that clinicians are currently seeing a population of women more likely to be experiencing higher levels of stress, anxiety, depression and family violence.

When it comes to their physical and emotional health during pregnancy, Dr Highet says women should also trust their instinct and advocate to be seen face-to-face if they have concerns.

And, if you’re worried about your mental health during pregnancy, and screening hasn’t been offered as part of reduced routine care, don’t be afraid to bring it up during your appointments.

“The sooner you get help, the sooner you’ll be able to enjoy your pregnancy and your baby,” she says.