The Suno India Show
COVID19: Impact on Pregnant women and Children

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Kunika Balhotra (Host): With the increasing spread of COVID19, there have been disruptions in access to maternal healthcare and childcare facilities. Developing countries like India, are struggling with a rush of patients at hospitals requiring screening, testing, and intensive care. During the nationwide lockdown in India, the number of institutional deliveries may have fallen by as much as 40% due to the fear of contracting the novel coronavirus, no transport facilities and lack of maternal healthcare facilities. The ASHA (Accredited Social Health Activist) workers instituted by the Ministry of Health and Family Welfare for women seeking maternal healthcare facilities have now been deployed to COVID19 related duties, leaving pregnant women vulnerable and overlooked.

According to a study, "Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study" by the lancet, in past epidemics, health systems have struggled to maintain routine services and utilisation of services has decreased. As WHO notes, "People, efforts, and medical supplies all shift to respond to the emergency which often leads to the neglect of basic and regular essential health services. People with health problems unrelated to the epidemic find it harder to get access to health care services.

During the Ebola outbreak, antenatal care coverage decreased by 22%, and there were declines in the coverage of family planning, facility delivery, and postnatal care. Qualitative studies suggest that these reductions were due to fear of contracting Ebola virus at health facilities, distrust of the health system, and rumours about the source of the disease.

To know more about the impact of the coronavirus pandemic on the maternal healthcare system and the situation in the remote areas for pregnant women and newborns, I reached out to Dr Aparna Hegde, Associate Professor of Urogynecology and the Head of the Division of Urogynecology at Cama Hospital, Mumbai. She is also the founder of ARMMAN, which creates scalable programs using technology innovatively to impact maternal and child health. ARMMAN works in 16 states in India and it's programs have reached more than 18 million women and their children.

Hi I'm Kunika Balhotra, Research and communications officer for Suno India and I will be your host for this episode of The Suno India Show.

Host: Could you start with your brief introduction and tell us about your organization, ARMMAN?
Dr Aparna (Guest): So I'm Dr. Aparna Hegde and I am a urogynaecologist. I'm a researcher. I'm also the founder of an NGO called ARMMAN that works in the field of

maternal and child health in 16 states in India. Our programs are impacting the lives of over 18 million women and their children. As a urogynaecologist, I have a private practice in Delhi and in Mumbai. I am also the honorary Associate Professor of Urogynaecology at Cama Hospital. I'm in the building one of India's first departments of Urogynaecology in Cama Hospital. So ARMMAN is an NGO that came from my experiences during residency and I did my residency in Sion Hospital in Mumbai. And I saw very closely how pervasive systemic problems lead to maternal and child deaths that are completely preventable. You know, there are some extremely horrific stories that I kind of saw play out almost daily during my residency. And I felt that if you really want to impact lives, I had to go into the community and work with the women and children before they come to the hospital. They had so many complications. And I realized very early on that given India sheer numbers, whatever programs we design had to be designed for scale from day one. So that's when ARMMAN came about. So ARMMAN leverages technology because technology allows you to create scalable solutions that are cost-effective. So we leverage technology to create scalable solutions to both impact access to preventive care information for women, and that is pregnant women and mothers, and on the other hand, trained health workers. So our five programs for the same have reached over 18 million women and the children as I spoke about before.

Host: Could you tell us what are the challenges for pregnant women in India during the COVID-19. And how the ongoing lockdown has affected maternal health care facilities?
Guest: Yeah, so what has happened for pregnant women and I'll speak about underprivileged women here, though I think a lot of middle class women are facing the same issues. So if you look at underprivileged, pregnant women and mothers, they are all in the slums of big cities, which are actually the containment zones, you know, because these have become the hotspots. So, unfortunately, what's happened is that for them to access care has become very difficult because there's no public transportation out of their place of stay. And unfortunately, what's happened is that you know, many hospitals where they're registered, have either closed down many private facilities because of the lockdown for a substantial period of time. And even government hospitals are not doing regular work. Many of them also become COVID hospitals. So you know, if you're registered in a hospital and you need to go and get an ultrasound done in a hospital, suddenly you find that that hospital is not any more taking regular patients, you know. And secondly, the problem is that many of these women, you know, have lost access to you know, good nutrition because their husbands have lost their jobs. They themselves who are daily wage earners do not have regular income. Many of them were migrants, you know, who lost the job, so many of them had to go back to their villages. So all in all, what happened is that care completely stopped for many of them. And the problem about pregnancy and in fact, even in infancy, like you know, immunization, it can't wait for a lockdown. If you have a problem, a risk factor, you know, or danger sign or you have an ultrasound to get done. It can't wait for the lockdown to finish. You have to get there immediately so you know where to access care. So many of us stuck in this, you know, horrible phase between, you know, not having access to care not being able to travel out to hospitals, not knowing which doctors to access, and unfortunately what happens is that in urban areas, especially if you don't really have a whole, you know, network of community health workers like you have in villages, right? You have an ASHA worker in every village. So at least you have an ASHA worker to approach. But because of

the lockdown and the fact that urban India doesn't really have this whole network, though, their committee has volunteers of the Government of India, but not this really wonderful network of ASHA workers like you have in rural India, you don't really have an ASHA tai to approach in your area, right. So what do you do? Frankly, both pregnancy care and infancy care, and especially immunization has suffered during the lockdown and the COVID events.

Host: Could you tell us more about the virtual OPD your organization is running and the role of technology during this pandemic?
Guest: Yeah, so you know, ARMMAN was absolutely in the right place for creating programs during COVID time when you can't have care that requires contact with patients. So ARMMAN leverages technologies we already had two programs called mMitra and kilkari. I will just briefly describe this program and tell you how we kind of repurpose them to create a virtual OPD. So, you know, when I was doing a residency in Mumbai in sion hospital, you know, because the antenatal clinic clinics are so crowded 200 patients waiting outside, we had hardly a minute to see our patients and then the women could not come back, you know, imagine the apathy if I was waiting that line and to get only one minute with me, and to not even get any counseling, the women would not come back to access care only to kind of, you know, die in labor or their childhood combat malnourished. So, very early in when I found ARMMAN, I realized that, you know, we have to provide access to preventive care information to women directly in their own homes when they need it. So when a mobile phone came to India, it became a great conduit to give them information through their phones because within two years, everybody had a mobile phone. So we have a program called mMitra. mMitra is a free voice call service that sends timed and targeted preventive care information directly to the phones we enroll women in their chosen time slot and language. We have three tries for every message, a missed call system if they have missed any message on our call centre. And we have literally 145 messages twice a week in pregnancy and twice a week in infancy. So it is already ongoing and we've reached out to around 2.2 million women in nine states and we send them information through pregnancy and infancy till the child is one year of age. We also have a similar program called Kilkari with the Government of India, which is running in 13 states and it has reached across to 18 million women. Now, you know, in mMitra, we enroll women through two sources. We have our own health workers, station government hospitals, almost 100 hospitals over time, where when the woman comes for the first antenatal visit, the hospital supervisor enrolls them and takes their phone number, gestational age or age of the child timeslot choice and then they are enrolled into mMitra. We also have a partnership with community NGOs in the slums to whom you know health workers whom we incentivize, we enroll women as early as possible in pregnancy. So this programs, these programs are ongoing. When the COVID pandemic struck. Suddenly, these women whose numbers we have, you know, we had this whole database of women who were being served with mMitra and Kilkari, they didn't have access to care in the hospitals. And so our hospitals who are supervisors proactively are calling these women up, you know, especially those in the third trimester to see if we can solve their problems because we realize that they will not be having access to care. And while these were calling up, we realized they were having a lot of problems, right. So they didn't know when to come to the hospital where to go, they did not have access to iron supplementation, calcium immunization during pregnancy and infancy was being postponed. And many of them are not registered. So you know, in a hospital, other than where they had early earlier,

they suddenly realize they have queries that are beyond a regular call centre. So we have a regular call to existing call centres, manned by regular counsellors, but we needed, you know, doctors on the roster who could answer The questions and queries of women who don't have access to doctors now, that's when the idea of virtual OPD came about. And overnight Actually, I'm very thankful to my team because we already had this huge tech platform. You know, as we repurposed it. Within two days, almost 60 doctors agreed to come on board. So we decided on this antenatal clinic and a pediatric clinic. So from 11 am in the morning to 3pm is the antenatal clinic. And from 3 pm to 7pm is the pediatric clinic manned by doctors. The number is 1-800-212-1425. And now we also have a second layer because a lot of times what happens is that women are calling not just with medical queries. They're also calling with queries on how to get an ambulance where to go, you know, etc. So we also have a layer in between the woman and the doctor. So in Mumbai, our hospital supervisors form that layer. So the woman calls her hospital supervisor and gets across the hospital supervisor where she gets the number, who also solves logistic issues. And then the medical query that we put forward to the doctor, and for women calling in from the rest of the country, we are in our call centre, we have staff who accept the calls, solve, solve the logistic issues, and then direct the, you know, medical queries to doctors. So we not only give them, you know, answer to the medical queries but also try and find solutions for all their other problems, you know, how to go which hospital to go, because we get these queries about, you know, I'm in labor Now, where do I go or I have this factor, where do I go? So, we actually have found out you know, you know, hospitals in Delhi and other places in the country where, you know, close to them where they can go and access care. Now, when they call for a medical query, some queries we can answer at home itself, right. So there, we can give them home remedies, you know, for them themselves during pregnancy or their child, but other queries may deal with medical emergencies. So that's when we tell them you know, what they can do at home immediately, and then validate their concern and tell him to go to the hospital immediately. And they need an ambulance, we help them arrange an ambulance. It's a complete, you know, care package that the women and children get when they call a virtual OPD.

Host: Apart from the virtual OPD and m-Mitra, what are the other programmes available for infants and children?

Guest: Yeah, so our virtual OPD is the one that has been more than most in the limelight and people have access but we have two other initiatives. So as I told you, we only have the mMitra program where we send voice calls twice a week during pregnancy and infancy right. So what we did was as soon as COVID struck, we realized that you know, we already have this group of women, almost three lakh women in mmitra are actively getting into voice calls and 3 million in Kilkari are getting actively so you know, we realize if you add one more call per week on COVID awareness so we have a call per week going on COVID awareness, this to our women, who were anyway getting mMitra calls. Secondly, what we've done is and, you know, we have like, we have a mMitra and kilkari On the one hand which provides information to women through mhealth as mobile health. On the other hand, you also have a program with the Government of India called mobile Academy where we have a health-based refresher training program for ASHA workers to all the countries working in 13 states now, and we already have over 170,000 health workers. So when COVID struck and suddenly you know, the government had to send real-time information to health workers,

right suppose the government comes up with a new scheme, how do you inform it has broken through the country? Right, so we created a whole rapid response system where our tech platform has been, you know, reef, repurposed so that whenever the government needs to inform health workers throughout the country, maybe ASHA workers or auxiliary nurse midwives, or rural doctors, we use a tech platform to send that information. So when the government came out with a new health insurance scheme for health workers, or when the government wanted to send information related to the stigma associated with COVID or, lastly, you know, when, you know, the government had to send information about how to take care of imposed lockdown phase You know, government collaborated with us and the Ministry of Health and Family Welfare. And we kind of send it in real-time really, I mean, overnight, recorded the calls and sent through SMS and voice calls over 800,000 health workers, there are ASHA workers and it's rural doctors throughout the country. So that's how ARMMAN has three programs: the virtual OPD the, you know, the health worker information system, and you know, voice calls or information on COVID directly to our emitter beneficiaries. These are the three programs that we're doing in the code, you know, a situation in addition to our regular, you know, programs.

Host: Are you also seeing patients with post COVID effects?
Guest: So we see a lot of people so I'm a Professor, Hon. Professor of Urogynaecology at Cama, right. So, I take rounds in the COVID ward. Since the last two months, I've been taking everyday wards rounds in the COVID Ward. And so we have a regular stream of COVID positive patients coming there. And, yes, of course, so we see a lot of COVID positive pregnant women coming for Care and also access care for the virtual OPD. Right. And one of the biggest problems that we face with COVID positive patients is that, like with regular patients, almost 80% of them are asymptomatic, you know. So unfortunately, most of them don't even come with a report. So the problem is pregnancy and delivery is that, you know, it can't wait right for your report, writing, delivery is imminent, it's imminent, you have to go and give care. So a lot of these women when they come, the problem with giving, you know, Pregnancy care, unfortunately, is that you have to give care without realizing that the woman in front of you is positive or negative. It's like Russian Roulette, you know, anybody can turn out to be positive, especially because so many of them are asymptomatic. So when women come in, you know, we have to isolate them, get them tested, if they deliver, we have to deliver them without knowing their report status. And of course, when they come out positive and they send to the COVID Ward, and you know, they are given and they're kept in the hospital quarantined for 10 days. But yes, we see COVID positive patients and many of the COVID passive patients have been calling up the virtual OPD and we direct them where to go and what to do. Because there are certain hospitals in Mumbai I mean any other parts of the country which are COVID, specific.

Host: Even in metro cities, new mothers and pregnant women are finding it difficult to approach the hospitals in cases of emergency. And some pregnant women who do not have access to resources are dying due to lack of healthcare facilities. Can you please comment on this?
Guest: Yeah, absolutely. I mean, you know, when you have an epidemic of this kind, obviously when regular care, you know, fails, or sorry, regular care, you know, does not get its does not get priority, these things are going to happen, especially because of the fact that

our healthcare system was anyway overstretched, right? We have always been working at three to four times our capacity and Suddenly, when an epidemic strikes, then you are going to face a situation where you know, regular care is gonna suffer. And that's why you're hearing these stories of pregnant women dying or before getting care. You know, but I'm only going to say that I'm very grateful to Suno holding this podcast because I would hope that our virtual OPD number is popularized that people come to know of this and they can call us because the minute they call us, we can help you get care because the minute you call us we'll take care of your phone, you know, from time to call till you have a healthy health outcome, but are most of these problems are occurring because you know, when you when you're in labor, women don't know where to go so the families end up going to a hospital where COVID you know, care for positive pregnant women is not being given so then they're told to go somewhere else and then they don't know where to go because you know, you really don't have a you know, a well functioning system of understanding where better available in real time, right you're running from hospital to hospital that's where, your death You know, can occur child might you know be lost because you not found the hospital in time. So that's when you have to access such helplines where, you know, we can help you, you know, get that care, but very one very important thing I'm going to tell through this podcast and I hope that you know, people who are listening, understand that and you know, help women who they know who are pregnant, that during such times, it's very important for pregnant women, when they entering the third trimester itself to kind of find out details right after their health health plan, if possible. But if you don't have access to such, you know, health, you can at least find out which hospital in your area is functioning, try to reach across to a doctor who you know, or a healthcare worker you know, who to fund, whom you can actually find out where care is available in time. If you delay that, you know, till the last minute, then there's a problem. So it's extremely important to have all the details at your fingertips much before you go into labor, because then labor doesn't wait and then you have these modern stories. But having said that, you know, the status of you know, so many underprivileged Women so dire, you know, it's almost like an emergency every day because you know, they lack nutrition. So if your life is all about finding, you know food for today, then obviously you don't have time to find out all of these details. So and they get stuck, you know and not get access to care and then that can lead to loss of lives.

Host: Could you also tell us how the lockdown affected the access to maternal health when there was hardly any population movement because of closing the borders with no non-essential services? Did you notice an increase or decrease in demand for maternal health services?

Guest: There can never be a decline in the demand for maternal health services because pregnancy can't wait for a lockdown, infancy care can’t wait for lockdown. So there is never a decreased demand and unfortunately, because of the lockdown and lack of public transport, you mean there have been instances where women have walked kilometres I know of a patient who walked from road all the way to Sion Hospital to access care, right? I know of a patient who called our virtual OPD eventually and they got care, I know of women who walk all the way from Ghatkopar in Mumbai, you know, and all the way to get an ultrasound done. So, you know, there are a lot of these instances because of lack of access to transportation, women have really suffered, right because, and I have had cases where, you know, I personally have actually answered this call on the, virtual OPD, where there is this guy who

was stuck in Bombay Central, and suddenly the lockdown announced and he couldn't travel all the way to, you know, Navi Mumbai and beyond his wife was beyond the parameters in the perimeters of Mumbai city. And so then he was not allowed to travel out of Mumbai. And then suddenly, you know, his wife is out of Mumbai, just in the outskirts of Mumbai, and he is stuck in Bombay Central, and he's trying to call up and understand what to do you know, so What he did was, you know, smart person, he actually called up the virtual OPD, you know, and asked us what to do. And then he, you know, he called up his wife and told everything and then we got her number and, you know, we helped her get care. But, you know, this fact that, you know, you can't travel across borders, the fact that transportation not available has really, you know, impacted maternal health. And, you know, imagine the worst is when you know you, you need care and you're walking all the way to the hospital and suddenly find that hospital cannot give you care. So, you know, that's really really difficult for women and having said that, I must tell you this you know, that you know, one can't even blame the, you know, the doctors working and the nurses working in these hospitals because, you know, all of them have been overstretched, right, suddenly your hospital become a covid hospital, you know, regular cares being closed down, and you're, you know, in when you ding only covid work or you know, or then you can only look after emergency work, your ultrasound ,you know, department is closed down for some reason or somebody will becomes positive, then suddenly, the entire unit gets quarantined. So, you have off staff. Right. So it's not as if, you know, when I keep saying that care is inevitable or whatever, it's not as if you know, care is purposely on purpose not available because the hospital has their own issues, right. So, you know, all in on everybody suffering, right in the system. So, and this is expected when it happens when an epidemic of this kind of kids, right, so, obviously, hopefully, we can learn lessons from this and be better prepared in the future.

Host: Are there any special services provided by the Ministry of Women and Child Development for pregnant women and children? Do you think the steps taken by the government were sufficient for pregnant women and the guidelines provided by ICMR sufficient?

Guest: Yes, of course. So I must tell you that it is one of the few countries where you know, there's a lot of, you know, financial benefits. There is a lot of free care available for pregnant women and children. So you must understand that India does have a public health infrastructure in place. And I mean, the fact is that you have been assigned to a hospital etc, you can access and get care. Right. So, that is in place, because these are public health, you know, hospitals, and you know, and it's extremely important that these public hospitals are lauded for the kind of work they do. And so there is care available that is for free. Secondly, the fact also remains is that, you know, you do get a lot of monetary benefits if you deliver in a hospital. So all of those things have been in place before the pandemic hit, of course, because of a huge population and the fact that you know, all of our health systems are you know, stretched and we've already been working at three to four times a capacity before the pandemic hit, you know, obviously everything again, then you know, gets even more overstretched and the fact that you don't have public transport so all of that comes together to kind of came together. Either to kind of, you know, impact maternal child health. So to say that, you know, it's only a public health system to blame also would not be correct. I mean, I think it's the situation right that has come together to create this problem. And the

icmr guidelines that came out pretty early on how to manage in a pregnancy and there's a whole graphical representation of how to manage pregnancy that has been given out by ICMR. But having said that, you must understand that, you know, world over I wouldn't even say it's only Indian specific situation will go over because the epidemic struck suddenly and, you know, science has to keep pace with the fast moving virus. If you have, you know, been in touch with what's happening, I mean, drugs have come in and out, you know, suddenly you have a new drug that becomes famous and then it gets pulled out because it's been proved to not have impact, right, protocols haven't really existed. Or if they have existed, they have been changed very regularly world over, we face the same thing in yeah, right. And the problem with pregnancy, you must understand is that pregnancy is an immunodeficient state. I mean, there are in pregnancy, there is immunomodulation that happens. And, you know, there's not been enough time to understand how the virus impacts a pregnant woman. So if you look at the UK or any other country, in the Western world, I think the same thing has been done in India where, you know, pregnant women have been put into a high risk category like, like people with hypertension and diabetes, with COVID. So pregnant women also have been put in that category, but how the virus interacts with a pregnant woman. How do they have, you know, there, there have been some studies done where they have shown increased rates of preterm labor in pregnant women with COVID or, you know, access studies, but overall, there hasn't been much understanding of how the virus impacts a pregnant woman. So I guess you can't really blame any government for the fact that you know, they're protocols I know are changing, you know, Because although that has happened, but ICMR does have a whole graphical representation of how a pregnant woman should be managed in with COVID.

Host: Is there something that you would like to add?
Yeah. So what do I like to add? Yeah, so what I would like to add is that, you know, I think we should kind of learn from this pandemic, and what I really feel is that the gendered perspective to, you know, giving nutrition support or relief, you know, to people who have suffered in pandemic has not really got its, you know, the spotlight, you know, I mean, pregnant women and mothers and children are specific categories that should have got more importance during the pandemic, and they haven't, you know, I mean, I do feel that, you know, I mean, a lot of NGOs have done great work in the field, they burn out and distributed food and nutrition and, you know, a lot of effort has been happening, but I think gender specific Active has been lacking. So it's extremely important that, you know, special categories like pregnant women and children actually get there, you know, do you, you know, in such situations, hopefully we can learn from this experience and you know, create, you know, specific, you know, either hospital should have specific departments or units that are focused on care of pregnant women with specific conditions like this, they suddenly come with children with specific conditions like this suddenly, you know, hit like a pandemic or new pandemic, right. That's one thing. Second thing, I would like to say that, you know, hopefully, if we can kind of learn from this experience and invest more in health care and you know, have a good primary health care system, you know, unfortunately, you know, India does not have a functioning primary healthcare system, it does not even have a good reference system. Ideally, a well functioning healthcare system should have primary care available in the slums itself. Or in you know, in the villages itself that is really robust. So what happens to the pregnant woman does not have to really travel far to access care or child,

you don't have to travel far to access care. So ideally, you know, in the slums itself, the well mothers individually got taken care of properly and there is part of the pick up early and they were effort in time, you know, and then we had a good reference system where, you know, based upon their, you know, severity of symptoms refer to the ideal hospital and this referral system is in place even beforehand, you know, things would have been far different. So hopefully we can learn from the experience and ensure that when investing in primary health care, investing in a good reference system so that our tertiary hospitals are not overloaded right now, what you're seeing is Mumbai is a collection of tertiary hospitals, right? I'm trying to hire and they're all overloaded and if we had a good reference system, they would not have been overloaded because then the you know, only the complicated patient would have ended up in or and less complicated would have gotten taken care of in the level two hospital or in the primary health care system. Right. So if that had happened, and I'm hoping that, you know, from this, we learn and we you know, invest in that, you know, we build a primary health care system, we will have a referral system We also build up, you know, our infrastructure supplies, you know, staff, you know, equipment to match the population growth, right, because there's a whole huge population growth has happened in the last two decades, but our health systems are not kept pace with that. So, hopefully that matching can happen. Right? You know, it would really, you know, be a good learning from what you faced in this, you know, pandemic because, you know, one mistake can be, you know, forgiven but if you repeat those mistakes, it's not at all correct. Right. And lastly, I would like to say that, you know, digital health may be the way forward in major ways that, you know, ARMMAN's work has really shown that you know, programs which depend upon you know, support like mhealth can really offer care and regular care is not possible. So if we, since our hospital is already overcrowded, if we have a system where you know, certain care can be given through virtual opds. And then we can keep our, you know, regular opds less crowded, it might, you know, bridge the gaps that we find in regular health care. So, and lastly, you know, to access a virtual OPD of ARMMAN, the number is 1-800-212-1425. From 11AM to 3 PM is the antenatal clinic and 3 PM to 7 PM is a pediatric clinic. And anybody with any problem during pregnancy or childhood can access that virtual OPD.

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