

# MATERNAL HEALTH IN PUERTO RICO DURING COVID-19

## ISSUE

Perhaps the biggest structural challenge posed by COVID-19 is the strain that the pandemic is placing on healthcare systems. The human costs, however, are much more significant – recent data has shown that Black and Latinx populations and poorer people have higher rates of infection and are more likely to die from COVID-19. For birthing families in Puerto Rico this could mean less attention in an already over-burdened system, a heightened susceptibility to exposure and infection, and an increase in adverse maternal health outcomes. Any public health response to COVID-19 must include a focus on birth equity work and center the needs of birthing families that are facing the greatest hardship during this pandemic.

## BACKGROUND

As of June 29, 2020, there were 7,250 \_\_\_\_\_ of COVID-19 in Puerto Rico, with 153 reported deaths. Although the territory has been able to \_\_\_\_\_, experts warn that more testing is needed to accurately assess the outbreak and its impact. Puerto Rico has \_\_\_\_\_ an average of 15 coronavirus tests a day for every 100,000 people, a rate lower than any other state and far lower than needed. Puerto Rico’s health system was underfunded and ill-equipped before the pandemic; the territory has been battered by a string of hurricanes and earthquakes which have weakened both its economy and the health infrastructure. The \_\_\_\_\_ is \$20,2096; women between the ages of 25-34 are the largest demographic living in poverty. COVID-19 is magnifying multilayered economic and social inequities at the juncture of intersecting public health crises – the pandemic and \_\_\_\_\_.

## DISPARITIES IN OUTCOMES PRE-COVID-19

Just as we have seen racial and ethnic disparities in COVID-19 morbidity and mortality, we also know that racial and ethnic disparities in maternal mortality are a \_\_\_\_\_; the impacts of structural and individual racism can compromise health over time leading to poorer outcomes for Black and Latinx women. Puerto Rico has a complicated history with racial identity (the majority of the population \_\_\_\_\_ even though much of the population has roots in Africa), but racial discrimination and its impacts are not absent. Poverty and racism are also inextricably linked, and this linkage is particularly visible as it pertains to hospital quality. Centro Médico University Hospital and San Juan Municipal are located in close proximity to each other but serve very different patient populations and have very different outcomes. This tangled web of structural inequities emphasizes the need for birth equity work in Puerto Rico and solutions that ensure no part of the population is left behind.

Before the COVID pandemic, Puerto Rico had a 49% cesarean birth rate; significantly higher than the 15% World Health Organization (WHO) ideal rate. Since the late 90s, Puerto Rico has advocated for aggressive birth and lactation rights legislation. \_\_\_\_\_ and Administrative Order 336 mandates that babies born in medical facilities be breastfed and that there be written justification of either parental consent or medical necessity for the administration of human milk substitute. Additionally, \_\_\_\_\_, passed in 2006, specified that birthing parents could be accompanied by the companions of their choice and have 24 hour rooming-in with newborns; that was amended in 2016 by \_\_\_\_\_ that eliminated the discretion of medical facilities to limit this access and strengthened the rights of birthing families.

## BIRTHING DURING A PANDEMIC

Specialists fear that the impact of COVID-19 on health systems is going to further \_\_\_\_\_, especially when it comes to labor and delivery. It is changing an already dire public condition and it is negatively impacting the autonomy pregnant women have – autonomy that has been ratified by the aforementioned laws. The governor recently signed an order that indemnifies doctors from any legal responsibility for actions taken to decrease the spread of COVID-19. Birthing families are now reporting that hospitals are forcing them to choose between having a doula or birth partner present, and only at the expulsive phase. Not including doulas as part of the health care team is a divergence from best practices in birthing; there are indicators that the existing caesarean rate in Puerto Rico, which at 49% is already well above the national average of 33%, will rise. Additionally, there are indications that the current condition will also have an adverse impact on \_\_\_\_\_, an area where Puerto Rico has made significant gains.

### IN ADDITION TO THESE ROADBLOCKS, BIRTHING FAMILIES ARE REPORTING EXPERIENCING:

- Food insecurity, housing insecurity, job loss and having problems accessing formula and diapers
- A lack of, or limited access to pre and postnatal care

*Alondra relates her story, "I was 37 weeks pregnant when the quarantine started. I took it very seriously – I didn't go anywhere except my final prenatal appointments. There were rules and I always used a mask and gloves and made sure to wash my hands and disinfect everything when I got home. When I arrived at the hospital to give birth, they told me I had a slight fever, but as my labor progressed my fever left. After 22 hours of labor I had to have a caesarean. I heard my daughter cry and I thanked God. But even though I heard her cry I wasn't able to see her. I was taken to an isolation room because of COVID-19 protocols. I didn't see my daughter until three days later, through a cell phone screen for 20 minutes. I was expressing milk to feed her, but they wouldn't give it to her. My baby was also isolated. I had to recover alone without my husband and without my child. I waited three days for results that never came. I was in tears and living in sadness when it was supposed to be the best time of my life."*

## RECOMMENDATIONS

**ANY PUBLIC HEALTH RESPONSE PLAN TO COVID-19 MUST KEEP IN MIND THE BIRTHING FAMILIES WHO ARE FACING GREAT HARDSHIP IN THESE UNCERTAIN TIMES. WE SUPPORT LEGISLATION, ADMINISTRATIVE OR EXECUTIVE ORDERS THAT WILL:**

- Expand Medicaid/CHIP coverage for 12 months following birth - which will not only eliminate barriers that contribute to preventable maternal morbidity and mortality - but will also ensure that any complications from COVID-19 can be tracked and treated during that period.
- Fund, support and expand access to community-based doulas, peer childbirth educators and lactation peer counselors to provide essential emotional and informational support to families during this time of crisis.
- Ensure that birthing parents are allowed to have two companions as spelled out by law in Puerto Rico, and further ensure this applies from the moment parents enter the medical facility.
- Invest in infrastructure to make safe, virtual care available to families for prenatal and postpartum health care, including mental health.
- Promote the \_\_\_\_\_ from the World Health Organization concerning mothers and infants, ensuring that mothers and infants remain together and practice skin-to-skin contact, kangaroo mother care and practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable or confirmed COVID-19.