Pandemics have historically had a disproportionate impact on women,[[1]](#footnote-1) including on their sexual and reproductive health and access to health services.[1](#_References) For example, in Brazil during Zika, many women, particularly women on low incomes and those in rural and remote areas, were unable to access vital sexual and reproductive health services including contraception,[2](#_References) limiting their ability to exercise their sexual and reproductive rights, as a result of public health measures compounding restrictive gender norms and inequities.[3](#_References)

In 2020, COVID-19 has impacted women’s sexual and reproductive health and wellbeing both directly through infection risk and indirectly through pandemic-response planning and measures. There is an opportunity to learn from past pandemics to reduce the impact of the COVID-19 emergency and recovery on women’s sexual and reproductive health.

**Pregnancy impacts**

Past pandemics have been shown to cause adverse pregnancy outcomes including pregnancy loss, prematurity, foetal growth restriction and maternal death.[4](#_References)The Royal Australian College of Obstetricians and Gynaecologists (RANZCOG) acknowledges that although pregnant women do not appear to be more severely unwell if they develop COVID-19, understanding of the impact of the infection on women and their babies is limited by the recency of the disease’s emergence.[5](#_References)

When outbreaks emerge, particularly for novel diseases, information about their impacts on pregnant woman is slow to emerge, a phenomenon typified by the Zika outbreak in Columbia, Brazil and El Salvador 2016.[3](#_References) Though data on pregnancy and COVID-19 are incomplete, emerging research has found that pregnancy can increase susceptibility to severe COVID-19.[6](#_References)

Health care facilities are often avoided during pandemics due to fear of exposure to the disease. A survey conducted by the Australian College of Midwives (ACM) found that around 30% of respondents reconsidered their birthing venue due to COVID-19, with a major trend towards homebirth options.[7](#_References) ACM reported that inconsistent information and rapid changes were causing additional anxiety and stress for women, many of whom expressed significant concern about giving birth alone.[7](#_References) Consistent, timely advice and messaging that applies a precautionary approach to pregnancy care and the impact of a novel virus helps women and their families seek early advice and make timely decisions.[8](#_References)

**Impacts on access to sexual and reproductive health services**

Evidence from past epidemics, including Ebola and Zika, indicates that efforts to contain outbreaks often divert resources from routine health services including pre- and post-natal health care, and exacerbate often already limited access to sexual and reproductive health services.[9](#_References) Worldwide, reduced access to health care during epidemics and this pandemic magnifies the risk of maternal mortality due to unsafe abortion, postpartum hemorrhage and heart disease.[10](#_References) Travel restrictions and advice to stay indoors can reduce access to contraception and abortion services, and have led to staffing shortages in health services.[11](#_References) Pandemics can also interrupt the supply chain of medical goods, including medications, leading to a shortage of contraceptive methods. This lack of access to contraception and abortion is

particularly felt by women in rural areas and those who have limited financial means.[10](#_References) Experts fear a rise in unplanned pregnancy during COVID-19 as a result of domestic violence, including reproductive coercion.[12](#_References) It is also feared thatmore women seeking abortions will be presenting at later gestations compared to pre-COVID, which can present more cost and complexities for patients and health services.[13](#_References)

The economic impact of pandemic responses also impacts family planning decisions. Job loss and financial disadvantage brought on by pandemic response measures can influence women to terminate otherwise wanted pregnancies. Recently, callers have told Women’s Health Victoria’s sexual and reproductive health referral service *1800 My Options* that they are unable to pay for sexual and reproductive health services due to job loss and financial difficulties. Temporary visa holders in Australia do not have access to Medicare and the government has deemed them ineligible for COVID-19 income support, making healthcare, including for sexual and reproductive health, often unaffordable.[14](#_References)

**Lessons from previous pandemics**

While each situation is different, previous pandemics and public health emergencies can provide useful lessons in terms of the risks and unintended consequences of response and recovery measures, including:

* The need for a human rights-based, gendered and intersectional approach to sexual and reproductive health planning for pandemics. Approaches must not assume that women and girls are a homogeneous group and must address other forms of systemic discrimination that overlap with gender inequality, such as racism, ableism and homophobia, in order to reduce barriers to sexual and reproductive health.[15](#_References)
* Consideration of the impact of an epidemic on reproductive health services from the outset to avoid disruption or loss of confidence in those services.[10](#_References) As there will be a lag between the onset of a novel virus and what is known about its impacts on pregnancy and birth outcomes, a precautionary approach should be taken to health advice for pregnant people until more is known. This should be accompanied by a commitment to continually updating guidelines and communications about the impact of the virus on pregnancy as evidence emerges.
* Prioritisation of timely and affordable access to abortion and contraception. During COVID-19, abortion has been classified as an essential health service by Australian governments and medical abortion is able to be accessed via telehealth. However, since 20 July 2020, the COVID rebate has been limited to a patient’s regular GP, who is often not the person who will provide a medical termination.[13](#_References),[1](#_References)6
* Investing in research to understand the impact of the pandemic on sexual and reproductive health, especially pregnancy, so that women are informed and can make decisions accordingly, and social supports can be put in place if required.
* Collecting data that is disaggregated by gender and other population characteristics (such as migration status) and using this data to monitor the health and other impacts of the pandemic and response measures on women and men and address any disparities.[1](#_References)7 In the case of Zika, the virus and its long-term impacts are still poorly understood, and the experiences of women have been ignored by governments and health authorities.[3](#_References)

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1. WHV acknowledges that trans men, and people who are gender diverse, non-binary and live with intersex variations may also experience pregnancy and are disproportionally impacted by pandemics [↑](#footnote-ref-1)