

## COVID-19 and preterm birth

In their Comment (September, 2020), Vimla Kumari and colleagues<sup>1</sup> analyse the impact of the COVID-19 pandemic in four tertiary teaching hospitals in western India. The authors report that, compared with before the pandemic, the demographics of pregnant women delivering in their facilities has changed (ie, there are more educated and nulliparous women), and there is an increased number of in-hospital maternal deaths, and an increased number of late pregnancy fetal losses. During the lockdown period there was a 43.2% reduction in hospital admissions when compared with the control period (ie, 10 weeks before lockdown; 6209 vs 3527), and a 66.4% reduction in referred obstetric emergencies compared with the same calendar period in the previous year (905 vs 304).<sup>1</sup>

These results are interesting, as the increase in maternal deaths combined with the observed reduction in the number of emergency referrals during lockdown compared with before lockdown suggest that, not only are fewer women seeking care, the local maternity health system is also failing to seek care for these women. This observation continues to illustrate the indirect effects of COVID-19 on maternal and perinatal health, which we had previously warned about,<sup>2</sup> and that there is an urgent need to comprehensively report all important obstetric and neonatal outcomes to highlight both predictable and understandable outcomes (eg, an increase in the incidence of stillbirth<sup>3</sup>) and unexpected patterns of outcomes (eg, the contradictory global evidence about preterm birth rates<sup>3-5</sup>). Lower preterm birth rates during the COVID-19 pandemic compared with before the pandemic would not be explained by reduced care-seeking behaviour, but could reflect countervailing reductions in maternal activity (high amounts of

which could potentially be associated with an increased risk of preterm birth), changes in clinical decision making that might reduce iatrogenic prematurity, or both. Do Kumari and colleagues<sup>1</sup> have information about changes in the number of preterm births during lockdown to help present a more complete picture?

We declare no competing interests.

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