

Article type : Brief Communication

BRIEF COMMUNICATION

COVID-19 is increasing Ghanaian pregnant women's anxiety and reducing healthcare seeking

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Synopsis

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as [doi: 10.1002/IJGO.13487](https://doi.org/10.1002/IJGO.13487)

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Pregnant women in Ghana report skipping antenatal care and reconsidering facility delivery due to concerns about COVID-19.

Keywords

Coronavirus; COVID-19; Perinatal mental health; Sub-Saharan Africa

The emergence of COVID-19 has presented challenges for pregnant women around the world, including disruptions in antenatal care (ANC), heightened anxiety during pregnancy, and concerns regarding safe delivery [1–4]. The present study sought to determine how pregnant women in Ghana were affected by COVID-19.

An anonymous, online, Qualtrics survey for pregnant women was distributed via Facebook, WhatsApp groups, and health listservs related to pregnancy in Ghana between July 8 and August 7, 2020. Respondents were asked 37 demographic and health-related questions. All methods were reviewed and approved by the Ghana Health Service Institutional Review Board. Data were uploaded into Stata 16.0 (StataCorp., College Station, TX, USA) for analysis.

A total of 71 respondents completed the survey, representing 14 of Ghana's 16 administrative regions. Only 1 respondent reported themselves or someone in their household to be infected with COVID-19. Respondents reported a mean gestational age of 5.7 months, and most (91.4%) were married, well educated (88.5% tertiary education or beyond), and living in urban areas (68.1%). Over one-third of the participants (36.2%) reported that they had missed an in-person ANC visit as a result of COVID-19, although 6 (8.7%) had replaced the visit with a remote visit via phone or video. Sixty-four percent (16 of the 25 who missed an ANC appointment) reported not attending for fear of COVID-19 infection. When asked whether women were anxious ('thinking too much') about being pregnant or giving birth during COVID-19, 45 (66.2%) and 49 (71.0%) participants said yes, respectively. The number who planned to deliver in a hospital or health center dropped from 65 (94.2%, plans before COVID-19) to 58 (86.6%, plans since COVID-19), predominantly due to fears of themselves or their baby being infected at healthcare facilities. When asked about specific COVID-19-related anxieties, the following concerns were reported: 60 (87.0%) feared getting sick, 45 (65.2%) women feared the stigma associated with getting sick, 44 (63.8%) reported fear of

discrimination if infected with COVID-19, 40 (58.0%) were concerned about food running out, 25 (36.2%) feared job/income loss, and 19 (27.5%) feared increased conflict in the home.

In conclusion, COVID-19 is having a significant impact on pregnant women's anxiety and reported care-seeking in Ghana, with women skipping ANC visits and reconsidering facility births in order to reduce the risk of being infected by COVID-19. Preparing healthcare providers to offer additional support to women, and focusing facility leadership on communicating the strategies being implemented to help pregnant women feel confident in their birth plans, may alleviate some of the anxieties reported by pregnant women during the COVID-19 pandemic. Further efforts are needed in screening for anxiety among pregnant women, including those without previous risk factors, and in combatting stigma and discrimination.

Author Contributions

CAM and KS were responsible for conceptualization, study design, data collection, data analysis, interpretation, drafting the manuscript, reviewing and approving the final version of the manuscript. SDC, JRL, ES, and JW contributed to conceptualization, study design, interpretation, revising the manuscript, reviewing and approving of the final version of the manuscript.

Conflicts of Interest

The authors have no conflicts of interest.

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TABLE 1 Ghanaian pregnant women’s responses to the anonymous online survey regarding COVID-19 in July 2020 (N=71)

Variable	Mean (Range)
Gestational age (months)	5.7 (2–9)
Number of previous pregnancies	1.6 (0–5)
Number of ANC visits during current pregnancy	4.7 (1–15)
	Frequency (%)
Residence	
Urban	47 (68.1)
Peri-urban	13 (18.8)
Rural	9 (13.0)
Age	
20 or younger	1 (1.4)
21–30 years old	30 (42.3)
31–40 years old	40 (56.3)
Education	
Secondary	8 (11.6)
Tertiary	37 (53.6)
Postgraduate or beyond	24 (34.8)
Marital status	
Single	6 (8.6)
Married/living with partner	64 (91.4)
Missed ANC because of COVID-19	
Yes	19 (27.5)
Yes but had phone/video visit instead	6 (8.7)
No	44 (63.8)
Before COVID-19, planned to give birth at a health center	65 (94.2)
Since COVID-19, planned to give birth at a health center	58 (86.6)

Very worried/"thinking too much" about being pregnant during COVID-19	45 (66.2)
Very worried/"thinking too much" about giving birth during COVID-19	49 (71.0)
COVID-19-specific concerns (since COVID-19)	
I am more worried about food running out/not being available	40 (58.0)
I am more worried about job loss/loss of income	25 (36.2)
I am more worried about increasing conflict within the household	19 (27.5)
I am worried about myself or someone in my family getting sick	60 (87.0)
I am worried about accessing healthcare	43 (62.3)
I am worried about stigma if someone in my family were to get infected	45 (65.2)
I am worried about discrimination if someone in my family were to get infected	44 (63.8)

Abbreviations: ANC, antenatal care.