

# CHINA

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## PRE COVID ANTENATAL CARE

China has made huge movements to address maternal health since the early 1990's. It was one of few countries to reach the Millennium Development Goals and Sustainable Development Goals to reduce maternal mortality ratio ahead of schedule. China's Maternal Mortality Ratio (MMR) has continued to decrease since then, dropping from 80 per 100,000 live births in 1991 to 19.6 per 100,00 live births in 2017 (1). However, due to the significant socio-economic imbalance between regions, substantial disparities in maternal mortality rates exist. For instance, although China met the target for reducing maternal deaths in the Sustainable Development Goal 3, 191 counties in China actually had maternal mortality ratios greater than the target in SDG 3, the majority of these were in poor rural areas of western China (2). Exploring such disparities in prenatal care in rural China, in-depth studies analysing maternal socio-economic indices identified a positive association between higher occupational status and short exclusive breastfeeding at the county level health facility, but an inverse association with no postnatal care. Higher educational status was also found to be positively associated with no postnatal care.(5)

Furthermore, focus on hospital delivery is favoured as a successful strategy to reduce maternal mortality since most obstetric complications occur during delivery. As a result, to address the urban-rural disparity in maternal mortality ratios, China's latest healthcare reform in 2009 initiated a Rural Hospital Delivery Subsidy (RHDS) policy for rural women (3). The policy sought to reimburse hospital delivery fees for rural women, aspiring to accomplish a 95% hospital delivery rate ; however, while the disparity in hospital delivery rates were reduced they still favoured the rich in both rural and urban women (3).

Another initiative which sought to improve antenatal care in rural areas was the New Co-operative Medical System (NCMS), a rural health insurance system. Evaluative studies revealed that women in rural areas receive more inadequate prenatal healthcare. In the three counties compared in the study, a small proportion of women received the number prenatal tests recommended by national guidelines, 90% of women received more ultrasound tests than advised and the out-of-pocket expenditure for prenatal care consumed a high proportion of low-income women's annual income. It was concluded that the reimbursement schemes were under-used and not well understood (4). In rural areas, prenatal care use was high with over 70% of women starting prenatal visits early, suggesting that rural women are disposed to utilising maternal care but the care they are receiving is inadequate and not following government guidelines.(4)

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## POST COVID ANTENATAL CARE

Improvements in Chinese healthcare and the progress in meeting the Sustainable Development Goals are now challenged by the COVID-19 pandemic. Disparities between rural and urban areas of China are deepening, and pregnant women and their mental health are at risk. Studies show that pregnant women seek antenatal care and communication with healthcare professionals (1). They are afraid to travel and visit hospitals. Therefore, the majority of up-to-date information comes from various media sources, including television. Thus, it is essential to ensure that even in rural areas of China, pregnant women have access to reliable information during the antenatal period and that rural areas are not neglected in COVID-19 related data access.

The mental health of pregnant women has been highly impacted by the COVID-19 pandemic. According to a paper published in a Bulletin of the World Health Organization, stress, anxiety, and depression of pregnant women are often negatively impacted by the current global situation. Results of the survey showed that 89.1% of subjects experienced higher levels of stress, 18.1% anxiety, and 45.9% suffered from depression (2). Women searched for antenatal care and information online on WeChat and Weibo platforms. They were able to find professional and reliable information from Hospital Officials' accounts. Fortunately, communication with authority was associated with a lower risk of mental health problems (2). This highlights how the Chinese promotion of technology and providing access to it can have a positive impact on public health. Furthermore, data shows that 94.6% of Chinese women are worried about being infected during pregnancy (2). Therefore, they are likely to reduce the frequency of antenatal care in the second trimester, and thus the government should focus on providing services online and adjust to the new situation. The new provision of online services has had a seemingly positive impact on women's independence from men, personal time, and household economy (4). However, China suffers from a digital divide. Thus, the reliable, online antenatal care might not be accessible for women from rural areas. This relates back to the problem of social inequality and disparities between the urban and rural population of China.

Furthermore, pregnant women are more vulnerable to economic and social changes caused by the consequences of the COVID 19 pandemic. Chinese healthcare is overburdened, and pregnant women might not only be at higher risks of health consequences and contracting the virus but also access to antenatal care has been limited (5). Due to workforce shortage, small rural hospitals are closing, leaving many pregnant women with little support. Therefore, rural areas of China are disadvantaged. However, the Chinese government took into consideration local infection risks, and special measures are being taken. For example, the Health Commission in Henan released prevention tips. They were meant to inform women and were enforced during healthcare practices.

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