

Pregnant women with COVID-19 face 7 times higher risk of dying, new study finds

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More than 400 million babies were born worldwide during the first three years of the pandemic. Although there are no reliable figures on how many women have been infected during pregnancy with the virus that causes COVID-19, a new study finds that those who do face a seven times increased risk of dying.

The analysis indicates that SARS-CoV-2 infection increases the risk of “maternal death, severe maternal morbidities and neonatal morbidity.”

Research published this week in *BMJ Global Health* finds that pregnant women who contract COVID-19 are also at three times greater risk of being admitted to an intensive care unit (ICU). The study also suggests that COVID-19 during pregnancy increases the risk that the baby will need intensive care. People who need intensive care are also more likely to die.

Emily R. Smith, assistant professor of global health at the George Washington University Milken Institute School of Public Health and lead author of the study, said in a statement, “This study provides the most comprehensive evidence to date suggesting that COVID-19 is a threat during pregnancy.” She added, “Our findings underscore the importance of COVID-19 vaccination for all women of childbearing age.”

Hundreds of millions of women of childbearing age remain unvaccinated. In the industrialized world, pregnant women are not being vaccinated due to a combination of government “let it rip” policies and the promotion of anti-scientific theories that vaccines will harm the mother or unborn fetus. In poorer countries, vaccines are not available largely due to logistics and the unprofitability of providing them.

Smith and her colleagues brought together individual patient data from 12 studies involving more than 13,000 pregnant women (1,942 COVID-19 positive, 11,194 COVID-19 negative). The studies involved data

from China-Hong Kong, Italy, Spain, Sweden, Turkey, United States, Kenya, Uganda, South Africa, Republic of Congo, Ghana and Nigeria. Prior analyses based on published data have included limited data from low-income countries.

Researchers’ key findings of meta-analysis of this patient data shows that, in addition to an elevated risk of death and being admitted to an ICU, compared to uninfected pregnant women, pregnant women with COVID-19 infection were at:

- About 15 times higher risk of needing ventilator treatment, due to COVID-19’s effect on the ability to breathe
- About 23 times higher risk of developing pneumonia, a potentially life-threatening complication of COVID-19
- More than 5 times higher risk of thromboembolic disease, or blood clots, which can cause pain, swelling and other life-threatening complications.

Additional heightened risks to pregnant women infected with SARS-CoV-2 include hemorrhage, placental abruption, hypertensive disorders of pregnancy, pre-term labor and caesarean section.

Babies born to women with COVID-19 also face significant health risks when compared to the newborns of women not infected with the coronavirus, including:

- Almost twice the risk of being admitted to a neonatal intensive care unit (NICU) after birth
- Higher risk of being born prematurely. Babies born pre-term are at high risk of suffering from lifelong health problems, including delayed cognitive development.

The coronavirus pandemic has exacerbated the already scandalous state of maternal health in the United States. Data from the Organization for Economic Co-operation and Development (OECD) and

the US Centers for Disease Control and Prevention (CDC), analyzed by the Commonwealth Fund in 2022, exposed the widening gap in maternal mortality between the US and other leading industrialized nations.

The US stands at 55th in maternal mortality rates, just behind Russia and ahead of Ukraine, according to the World Health Organization. In 2020, the latest year complete data are available from the CDC, the US maternal mortality rate (MMR) was 23.8 deaths per 100,000 live births, compared to the Netherlands, where it stood at 1.2 deaths.

The CDC concluded that 84 percent of pregnancy-related deaths, or 17 in 20, are preventable. Provisional CDC data from 2021 show that of 1,178 maternal deaths reported, 401, or more than a third, were COVID-19-related. Also contributing to these deaths is the fact that nearly 7 million women of childbearing age and 500,000 babies in the US live in counties that are “maternity care deserts,” meaning they have no obstetric hospitals or providers.

Parallel to the US increase in maternal mortality has been an overall decrease in life expectancy. According to mortality data released by the CDC, life expectancy in the US decreased for the second year in a row in 2021. The death rate increased by 5.3 percent over 2020 figures, leading to a decline in life expectancy from 77 years to 76.4 years, the lowest level since 1996. Globally, life expectancy has declined for the first time since World War II.

CDC statistics show that COVID-19 accounted for nearly 60 percent of the life expectancy decline in the US in 2021. The alarming maternal mortality rate in the US, aggravated by the deaths of mothers and newborns from COVID-19, is undoubtedly a contributing factor to this decline.

As the WSWS has written in the statement “2023: The global capitalist crisis and the growing offensive of the international working class”:

In the US alone, there were 270,000 confirmed COVID-19 deaths and over 350,000 excess deaths in 2022. These deaths have skewed sharply toward older individuals. Three-quarters of 2022 COVID-19 deaths, or 186,000 people, were over the age of 65, with the

percentage rising throughout the year. A new Malthusianism has gripped the ruling class, which views with staggering indifference the death of the elderly.

It can be added that, in addition to the elderly, this new Malthusianism of the ruling class is targeting pregnant women and babies as well. Ten million children worldwide have lost a parent or primary caregiver as schools and factories have been forced open and kept open in the face of the unhindered spread of the SARS-CoV-2 virus under “let it rip” policies now pursued by every government with the abandonment of Zero Covid by the Chinese Communist Party late last year.

Mitigation measures have long been all but abandoned in the United States along with reporting of COVID-19 infections and deaths. A nationally organized, publicized and financed COVID-19 vaccination program, which would limit severe disease among pregnant woman, does not exist, contributing to entirely preventable deaths of woman and babies.

The dangers facing pregnant women and their babies from COVID-19, expressed most horrifically in the *BMJ Global Health* analysis which finds that women contracting COVID-19 during pregnancy face a seven times higher risk of dying, is another indictment of the health care system in the US, in which the delivery of medicine is subordinated to the profits of the insurance companies, private health care chains and pharmaceuticals.

The fight for genuine socialized medicine, under the democratic control of the working class as part of a socialist program, is a vital necessity in the defense of lives, young and old.



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