

EDITORIAL**Pregnancy in times of COVID-19: how to ensure safety and preserve the advances made?**

In recent decades, women's health care policies have undergone great advances and transformations in terms of improvements in the quality of care, especially in the puerperal pregnancy cycle.

Highlight: creation of specific agencies responsible for the development of government policies; right of presence of a companion of free choice of the pregnant woman; use of non-pharmacological methods for pain relief in labor; stimulation to normal and physiological delivery; in addition to the development and establishment of care guidelines looking to ensure the improvements instituted, based on scientific evidence and good practices in obstetrics^{1,2}.

Thus, the reduction of unnecessary interventions, admittedly harmful, and cesarean surgeries without clinical indications are strategies to improve the care of women in the process of delivery and birth. Such advances were being incorporated into public health care policies, and gaining ethical, political and legal character in the three spheres of government, being established as advances and achievements guaranteed by laws and guidelines.

However, with the pandemic of the new Coronavirus - SARS-Cov2, which caused COVID-19, a great concern and challenge arises for all those involved in this scenario of women's health care in preserving all achievements and advances, without endangering the life of the pregnant woman and her conceptus.

Certainly the COVID-19 pandemic brought many difficulties in health care for the general population and, especially, women during pregnancy. The scientific community continues a global task force at an accelerated in search of findings that result in benefits for the control and cure of the disease caused by SARS-Cov2².

Researchers in the field of obstetrics have as a greater challenge to reduce the morbidity and mortality of pregnant and postpartum women affected by COVID-19. Studies have indicated an increase in the number of deaths among pregnant women. In the first week of August, Brazil surpassed 200 deaths of pregnant women and puerperal women caused by COVID-19, thus making the country the most dangerous place for pregnant women in the context of the pandemic³.

Maternal deaths, in addition to causing great distress and sadness for family members and society, are also indicators of the quality of public health services offered in a country. Brazil already has a maternal mortality rate considered high, about 60 deaths of pregnant or postpartum women per 100,000 live births, even before the pandemic⁴.

Given these alarming data, the Ministry of Health of Brazil has been establishing technical standards aimed at protecting pregnant women and their babies, but the measures instituted end up interfering in the rights conquered over time, which should be considered in the elaboration of such norms^{3,4}.

Also in postpartum, many women may be afraid to breastfeed their babies for fear of infecting them with the new coronavirus. However, the Pan American Health Organization (PAHO) and the World Health Organization (WHO) recommend that mother and baby remain together in joint accommodation throughout hospitalization and practice skin-to-skin contact, including the kangaroo method, especially shortly after birth and while establishing breastfeeding, even if mother or child have suspicion or confirmation of COVID-19, strictly observing hygiene measures and use of the mask, both for the mother and for the companion, and the non-permission of visits⁵.

Therefore, the pandemic of the new coronavirus is revealing weaknesses and inequalities, still persistent, in health services, especially regarding the care of pregnant women, despite the advances and achievements. Thus, new challenges are visible in the continuous search for the rescue of women's empowerment and autonomy to experience

pregnancy and birth of their babies in a humanized, dignified, respectful and safe way, considering the reduction of indicators of maternal morbidity and mortality.

REFERÊNCIAS

1. Ministério da Saúde (Br). Secretaria de Ciência, Tecnologia e Insumos Estratégicos. Departamento de Gestão e Incorporação de Tecnologias em Saúde. Diretrizes Nacionais de Assistência ao Parto Normal. Ministério da Saúde, Secretaria de Ciência, Tecnologia e Insumos Estratégicos, Departamento de Gestão e Incorporação de Tecnologias em Saúde. Brasília: Ministério da Saúde; 2017.
2. World Health Organization. Recommendations on intrapartum care for a positive childbirth experience. Geneva: WHO; 2018.
3. Brasil. Portaria nº 2.222/GM/MS, de 25 de Agosto de 2020. Institui, em caráter excepcional e temporário, Ações Estratégicas de Apoio à Gestação, Pré-Natal e Puerpério e o incentivo financeiro federal de custeio para o enfrentamento da Emergência em Saúde Pública de Importância Nacional (ESPIN) decorrente da pandemia do coronavírus.
4. Ministério da Saúde (Br). Secretaria de Atenção Primária à Saúde. Departamento de Ações Programáticas e Estratégicas. Manual de Recomendações para a Assistência à Gestante e Puérpera frente à Pandemia de Covid-19 [recurso eletrônico] / Ministério da Saúde, Secretaria de Atenção Primária à Saúde. Brasília: Ministério da Saúde; 2020.
5. Benefícios da amamentação superam riscos de infecção por COVID-19, afirmam OPAS e OMS [Internet]. [Citado in 06 sept. 2020]. Available in Disponível em: https://www.paho.org/bra/index.php?option=com_content&view=article&id=6267:beneficio-s-da-amamentacao-superam-riscos-de-infeccao-por-covid-19-afirmam-opas-e-oms&Itemid=820

Good Reading!

Efigenia Aparecida Maciel de Freitas

Nurse. Specialist in Obstetric Nursing. Specialist in Public Health. Master in Health Sciences. PhD in Psychiatric Nursing. Coordinator of the Specialization Course in Obstetric Nursing and Professor at the Faculty of Medicine of Universidade Federal de Uberlândia (UFU). Uberlândia, MG, Brazil.

Silvana Regina Rossi Kissula Souza

Nurse. Specialist in Obstetric Nursing. Master in Production Engineering. PhD in Science. Coordinator of the Specialization Course in Obstetric Nursing Rede Cegonha of Universidade Federal de Minas Gerais and Universidade Federal do Paraná (UFPR). Professor for the Graduate Program in Nursing of UFPR, Curitiba, PR, Brazil.