

## Ebola in Africa: beyond epidemics, reproductive health in crisis

According to WHO, more than 5000 people have died from Ebola, including 240 health workers.<sup>1,2</sup> We are deeply concerned about the devastating effect of Ebola on reproductive health in Guinea, Liberia, and Sierra Leone in the context of continuous deterioration of socioeconomic conditions and general health in affected countries.<sup>3</sup>

The indirect negative effect of Ebola on reproductive health stems mainly from the desertion of already understaffed health facilities by health-care workers who are fearful of contracting Ebola. This fear is further increased because most reproductive health life-saving interventions include handling blood or bodily fluids from patients whose Ebola status is often unknown and health staff often do not have access to appropriate protection.<sup>4</sup> Most referral maternity wards in the three most affected countries (Guinea, Liberia, and Sierra Leone) do not have equipment to do real-time screening for Ebola (eg, PCR), which could lead to the denial of care for women suspected to be pregnant. Additionally, the absence of providers offering relevant services, the inability to differentiate between Ebola and other febrile

diseases, and the fear of contracting Ebola at a health facility can prevent users seeking reproductive health services.

Statistics from Matam maternity hospital in Conakry, Guinea, show a substantial drop in attendance between March, 2014, and September, 2014, compared with 2013 (figure). A decrease in paediatric or maternal admissions because of fear of contracting Ebola has also been reported by Médecins Sans Frontières in Sierra Leone.<sup>5</sup>

We are concerned that women in need of reproductive health care because of pregnancy, childbirth, and post-partum related complications, including haemorrhage, eclampsia, obstructed labour, and abortion, will not have necessary and even life-saving care and attention. United Nations Population Fund estimates that 15% of the 800 000 women who will give birth in the next 12 months in Guinea, Liberia, and Sierra Leone could die of complications because of inadequate emergency obstetric care,<sup>4</sup> and thousands of others could develop devastating pathological conditions, such as obstetric fistula.

Increased support to fight Ebola is needed in Guinea, Liberia, and Sierra Leone coupled, with specific attention to reproductive health services. Adequate measures, including health system strengthening and community mobilisation coupled with an enabling environment for

provision of emergency obstetric care, need to be put in place urgently to avoid devastating short-term and long-term effects for thousands of women.

We declare no competing interests.

\**Alexandre Delamou, Rachel M Hammonds, Séverine Caluwaerts, Bettina Utz, Thérèse Delvaux*  
alexdelamou@yahoo.fr

Centre de Formation et Recherche en Santé Rurale, Maferinyah, Guinea (AD); Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium (AD, RMH, BU, TD); Department of Clinical Sciences, Institute of Tropical Medicine, Antwerp, Belgium (SC); Woman and Child Health Research Centre, Institute of Tropical Medicine, Antwerp, Belgium (AD, SC, BU, TD); and Médecins sans Frontières Operational Centre, Brussels, Belgium (SC)

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- 4 UNFPA. Ebola wiping out gains in safe motherhood. Oct 16, 2014. <http://www.unfpa.org/public/cache/offonce/home/news/pid/18486;jsessionid=879EAD9848152210299DB057BF867F13.jahia01> (accessed Nov 10, 2014).
- 5 Médecins Sans Frontières. Sierra Leone: MSF suspends emergency paediatric and maternal services in Gondama. Oct 16, 2014. <http://www.doctorswithoutborders.org/article/sierra-leone-msf-suspends-emergency-paediatric-and-maternal-services-gondama> (accessed Nov 12, 2014).

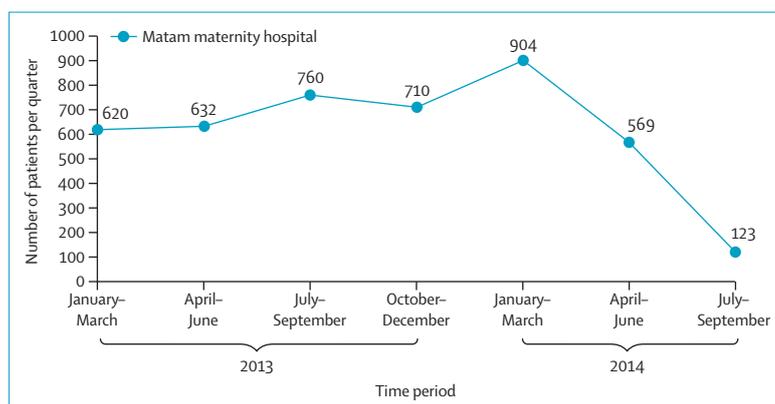


Figure: Numbers of patients at the Matam maternity Hospital, Conakry, Guinea, in 2013 and 2014

## Provision of care for Ebola

Hundreds of UK military and civilian staff will put themselves at some risk of infection when treating patients with Ebola in west Africa over the coming months, raising important questions about how they should best be cared for if they become infected.

The cornerstones of treatment for Ebola are volume repletion, including use of intravenous fluids



Published Online  
December 1, 2014  
[http://dx.doi.org/10.1016/S0140-6736\(14\)62250-9](http://dx.doi.org/10.1016/S0140-6736(14)62250-9)

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