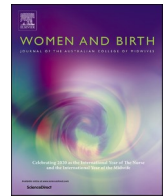




Contents lists available at ScienceDirect

# Women and Birth

journal homepage: [www.sciencedirect.com/journal/women-and-birth](http://www.sciencedirect.com/journal/women-and-birth)

## Looking back — Looking forward — A new year

It is hard to believe that another year has come about. Many of us thought (or hoped) that 2021 would be different, but for most of the world, it was another tough year with public health restrictions, local, regional, and national lockdowns, busy health facilities and sick people with COVID-19 infections. Pregnant women have been significantly impacted by the pandemic – both directly and indirectly. While early on it was thought that pregnant women would be spared from severe COVID-19 disease, as 2020 and 2021 went on, it was evident that that was not the case. It is now clear that pregnant women with COVID-19 are more likely to be admitted to an intensive care unit or needing invasive ventilation than non-pregnant women of similar age, and experience higher rates of preterm birth, preeclampsia, stillbirth, and low birth weight [1,2]. The indirect impacts of being pregnant in a pandemic era include increases in maternal deaths, stillbirth, ruptured ectopic pregnancies and maternal depression mostly due to disrupted services [3]. Of course, there are huge variations across the world. COVID-19 has highlighted significant disparities between high, medium, and low-income countries, and within countries, and has exacerbated the disadvantage experienced by many communities. I acknowledge the experiences and losses that so many have suffered.

COVID-19 has also had direct and indirect impacts on midwives, obstetricians, nurses, and others delivering maternity services. Health workers in many countries have died as a result of COVID-19 and we pay tribute to, and acknowledge, these significant losses. Every health worker is precious and the world cannot afford to lose even one health worker. Midwives, doctors, nurses, and others have also experienced significant changes to the way they provide care – behind personal protective equipment (PPE), at a distance from women and families, on the phone or through video calls, without partners and companions being allowed in to support women. None of this has been easy, or what we became health workers to do, and the rates of burnout and attrition have been high in many countries.

The bright event of 2021 has been the COVID-19 vaccines that have been rolled out across the world over the year. However, there has been huge inequality in vaccine access and uptake across the world despite having enough doses globally. It is a tragedy that the vaccine has not been shared equally. The World Health Organization (WHO) has said that “the global failure to share vaccines equitably is taking its toll on some of the world’s poorest and most vulnerable people” and fueling the development of new variants of concern as we are seeing with the Omicron variant [4]. Vaccine equity is so important – as has been said many times, ‘no-one is safe until everyone is safe’.

So what will 2022 look like for all of us? The COVID-19 pandemic will not go away quickly. It is critical that COVID-19 vaccines are available to everyone, everywhere, and as soon as possible [4]. This is

especially important for pregnant women as they are a particular high risk group. It is important that essential maternal and newborn health services continue – women are still getting pregnant and they still need quality care, still need support and information. We also need to work out which of the innovations implemented during COVID-19 (e.g., telehealth services) should continue and which should be wound back or standardised. Nurturing and supporting the health workforce is urgently needed especially those who are tired and contemplating leaving their profession. There are two years of new health care graduates who have commenced working (and finished their education programs) in the COVID-19 era – some may have never really practised without all the COVID-19 restrictions in place.

What will the research world look like and how will the world of our journal be in 2022? The last 2 years saw increased numbers of submissions to the journal – 972 in 2020, and 2021 will be similar. We can only accept about 160 papers a year, so it is a big challenge in working out which ones to accept. We receive many good papers and we cannot review or accept all of them. I recognise this is hard for researchers, especially those in their early or mid-career. We also want to balance the spread of papers across the world. We are owned by the Australian College of Midwives and so committed to supporting local researchers, but also committed to being an international journal. I am pleased that in the last 2 years we have been able to publish more papers from outside Australia than previously.

A huge thank you to authors who submit work to the journal and all those who peer review for us. We do try and ensure a quick and efficient process for authors submitting papers and I thank all members of the Editorial Board, our Publisher, and Journal Manager for their assistance in this important process. I think our timeframes are very good with an average of under 10 weeks from submission to first decision. I do ask that if you have a paper reviewed or accepted that you commit to peer review for us as well – hopefully a ‘one for two’ deal – one paper accepted, two papers reviewed. As you can imagine, it takes a lot of peer reviewers to ensure that papers submitted get every opportunity to be reviewed. Sometimes however, we have to invite many people to get two reviewers for a paper – my record is asking 20 people to receive two reviews. This invitation process takes time – we give invited reviewers a week to let us know if they can review or not before asking the next person. The time adds up quite quickly and pushes time to decision out.

I end this Editorial with all the hope in the world for a brighter 2022. I thank all our readers, authors, reviewers, and editorial team for a stellar 2021 and I look forward to working with you all in 2022.

<https://doi.org/10.1016/j.wombi.2021.12.010>

Received 17 December 2021

Available online 3 January 2022

1871-5192/© 2021 Published by Elsevier Ltd on behalf of Australian College of Midwives.

## References

- [1] J. Allotey, E. Stallings, M. Bonet, M. Yap, S. Chatterjee, T. Kew, et al., Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis, *BMJ* 370 (2020), m3320.
- [2] S.Q. Wei, M. Bilodeau-Bertrand, S. Liu, N. Auger, The impact of COVID-19 on pregnancy outcomes: a systematic review and meta-analysis, *CMAJ* 193 (16) (2021) E540–E548.
- [3] B. Chmielewska, I. Barratt, R. Townsend, E. Kalafat, J. van der Meulen, I. Gurol-Urganci, et al., Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis, *Lancet Glob. Health* (2021).
- [4] WHO, Vaccine Equity, Available from: World Health Organization, Geneva, 2021 <https://www.who.int/campaigns/vaccine-equity>.

Caroline Homer

*Editor-in-Chief*

*E-mail address:* [caroline.homer@burnet.edu.au](mailto:caroline.homer@burnet.edu.au).