

Main Points

- When disasters strike resource-poor nations, women are often the most affected. They represent the majority of the poor, the most malnourished, and the least educated, and they account for more than 75% of displaced persons.
- During displacement, women and girls are at an increased risk for domestic violence and sexual assault. The psychologic effect of sexual violence, manipulation, or both can further prevent women from reintegrating into the society long after the disaster is over.
- Women who use contraception may not have access to contraceptive drugs or devices or may forget to take or use them. In addition, stress and despair create, at best, comfort-seeking behaviors when people crave closeness and intimacy, and, at worst, violent sexual behaviors.
- In resource-poor nations, prenatal care and delivery can be challenging given the poor facilities and the lack of necessary equipment for emergencies. During a natural disaster, health care facilities and providers are stretched even further. Pregnancy complications and childbirth in unsafe conditions increase maternal and infant morbidity and mortality.
- Given their experience in obstetric emergencies, including postpartum hemorrhage, placenta accreta, and cesarean hysterectomies, and their ability to watch a nonreassuring fetal heart tracing and determine whether it indicates a danger to the fetus, more obstetricians and gynecologists should get involved in disaster-relief work. While surgeons are addressing crush injuries and infectious-disease control, obstetricians and gynecologists can address sexually transmitted infections and the care of victims of sexual assault. Overall, care for disaster victims must be comprehensive.

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3100103/>