Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Impact of COVID-19 on maternal and child health

Timothy Roberton and colleagues[1] estimate the indirect effects of COVID-19 on maternal and child mortality in low-income and middle-income countries (LMICs) with use of the Lives Saved Tool (LiST), suggesting that reduced provision and use of reproductive, maternal, newborn, and child health-care services might substantially increase maternal and child deaths. Although we commend their efforts, we are concerned that omission of stillbirths from their analyses has resulted in a considerable underestimate of this impact.

Each year, more than 2·6 million stillbirths occur worldwide, similar to the annual burden of 2·5 million neonatal deaths and 2·8 million post-neonatal deaths of children younger than 5 years.[2] Stillbirths, 98% of which occur in LMICs, remain a substantial, undercounted adverse pregnancy outcome.[2] While maternal and childhood mortality rates have decreased in most regions, stillbirth rates remain high, and reduction is too slow to meet the global target of 12 per 1000 births by 2030. Moreover, most stillbirths are preventable with access to quality health care, particularly when including the 1·3 million intrapartum stillbirths.[2,3]

Counting stillbirths is essential when assessing adverse maternal and child outcomes. The causes of maternal and early newborn death are almost inseparable from causes of stillbirth.[3] A woman's risk of having a stillbirth is closely associated with her ability to access adequate antenatal and obstetric care. The most vulnerable pregnant women—in rural, low-resource, and fragile conflict-affected settings—are at greatest risk because they already have inadequate access to quality care that will decrease even further as the pandemic continues.[2,3]

Despite their heavy mortality burden and substantial long-term psychosocial and financial effects, stillbirths remain largely invisible, as evidenced by their omission from Roberton and colleagues' study.[2] *The Lancet*'s stillbirth Series (2011 and 2016) called on governments and other actors to integrate stillbirth prevention within women's and children's health initiatives.[2-4] In these Series, LiST was used to show the triple return on investment that such integrated action can produce.

In the pre-pandemic world, an estimated 823 000 stillbirths, 1 145 000 neonatal deaths, and 166 000 maternal deaths could be prevented with universal access to antenatal and intrapartum interventions in 75 high-burden countries.[4] If Roberton and colleagues had included stillbirths in their analysis, as LiST is designed to do, their findings would have reflected the potential additional loss of life due to COVID-19 more accurately.[5] Their exclusion of stillbirths has missed a substantial proportion of deaths that can result because of reduced health-care access during this pandemic.

We declare no competing interests.

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