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Pregnancy and COVID-19

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Pregnancy and COVID-19

Healthcare guidelines established through the COVID-19 virus to protect the public's wellbeing had the possibility of disadvantaging females in three major ways. First, procedures for rescheduling of non-compulsory surgical procedures might allocate lower precedence to essential procreative consequences. Secondly, policies concerning the deterrence and management of the disease may not have captured the complications of the deliberations associated with gestation. Lastly, strategies developed to decrease transmissible exposure involuntarily might escalate inconsistencies in parental health results and rates of ferocity towards ladies (Farrell et al., 2020).

The ethical issue addressed in this article concerns the responsibility of care that accurately shifts from a single patient to protecting the wellbeing of a society in times of a pandemic. The current COVID-19 epidemic has endangered the pressure on the healthcare systems and forced these organizations and the government to implement difficult policies and decisions concerning scarce resource provision. Within greater sociopolitical forces, women's wellbeing, particularly expectant women, have the possibility of being put aside in such considerations. COVID-19 pandemic has underlined the distinctive encounters of females' healthcare and featured the probable depreciation of ladies' wellbeing, with subsequent enduring consequences. Similarly, the segregation of expectant mothers from clinical study and trials of prospective treatments for Coronavirus disease demonstrates another ethical concern (Farrell et al., 2020). Fearing fetal injury, expecting women and other females of reproduction phase were essentially sidelined from every medical trial. Nonetheless, whether the pregnancy would lead to the prioritization for management modalities similarly remain uncertain. Finally, this source is

credible because it is relevant to the current topic. Thus, it will be useful in addressing pregnancy and COVID-19 by providing relevant insights that highlight the main issue in this topic.

COVID-19 pandemic has caused a rise in teenage pregnancies, especially in the African continent, due to lockdowns imposed by the government, thus forming the basis of the cultural concern addressed in this article. The closure of schools cut off teenage girls from their teachers who could sound the alarm in supposed cases of home mistreatment, leaving the girls vulnerable, idle, and often unattended to by their ever-busy guardians and parents. Additionally, movement restrictions have also made it difficult for girls to access family planning facilities and contraceptives. In contrast, mandatory curfews leave these girls trapped in households with neighbors and predacious family members. Other factors that make girls more susceptible to COVID-19 related pregnancy risks are the shutting down of institutions that provided services like sex education. Thus, these girls lack the chances of accessing the information on propagative health (Bewa, 2021). Therefore, I find this source credible because it highlights a different dimension of pregnancy and COVID-19 that would have rather been ignored; hence, it would be useful in addressing my issue by providing insight into the major concern, reducing the rate of teenage pregnancies.

Finally, the legal issue related to my topic is the pregnant women's rights in workplaces and the new considerations that should be made during this pandemic addressed in this article. With the unemployment rates getting to heights that have never been witnessed before and increasing statistics of liquidation filings, both employers and employees are more likely to turn to justice systems for relief. Notably, it is expected that various protected groups are likely to assert lawful claims of illegal discrimination, retribution, or termination due to the influence of the COVID-19 epidemic on employers' occupational choices made earlier last year. Expectant

women are part of such groups and are at larger threats of developing severe complications from the disease than the public in general. Similarly, expectant mothers who might have retained their jobs because they are considered critical workers face a different task of choosing between their livelihood and the wellbeing of their unborn babies. Unfortunately, the same women are also exceptionally susceptible to pregnancy discrimination in their places of work. Expectant women have been the target of cost-cutting measures exercised by employers (Deardorff, 2013). I believe that this source is credible because of its coverage and accuracy in highlighting the current situation. Therefore, it will be useful in addressing my problem by pointing out the specifics addressed in this case.

In conclusion, the consequences of the COVID-19 disease rests an uncharted domain, and complainants will face a bigger burden than they did previously to precisely validate that they have been unlawfully dismissed on childbirth or pregnancy grounds. Although there are substantial central, government, and even city regulations that safeguard pregnant women in the workstations, the practicality of those prerogatives and the fairness of the establishments for supposed pregnancy discrimination through the pandemic remain at the Law court's decision.

References

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