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## Search Pack L69 Coronavirus (COVID-19) - labour, birth and intrapartum care

Updated 8 April 2022

Records on the impact of COVID-19 on labour, birth and intrapartum care. Includes material on mode of delivery, birth partners, support in labour, place of birth, choice and availability of maternal health services, and policies in labour wards and birthing facilities during the coronavirus pandemic. Does not include COVID-19 in pregnancy (P200), COVID-19 in the neonate or infant feeding during the pandemic (PN193); or the impact of coronavirus on midwives (M95).

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**2022-02305**

**Maternity Services: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 114319, 11 November 2020

Ms Nadine Dorries responds to a written question asked by Luke Pollard to the Secretary of State for Health and Social Care, regarding the resources he has made available to support fathers or birthing partners unable to support mothers through the maternity process as a result of the new national COVID-19 lockdown restrictions. (LDO)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2020-11-11/114319>

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**2022-02284**

**South East NHS trusts suspend births at home and in midwife-led units.** Anon (2021), BBC News 5 January 2021

Births at home and at midwife-led units have been suspended in some areas due to the 'significant pressure' the ambulance service is facing. (Author)

**Full URL:** <https://www.bbc.co.uk/news/uk-england-sussex-55545882>

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**2022-02124**

**Giving birth and becoming a parent during the COVID-19 pandemic: A qualitative analysis of 806 women's responses to three open-ended questions in an online survey.** Eri TS, Blix E, Downe S, et al (2022), Midwifery vol 109, June 2022, 103321

**Background**

When Europe was hit by the COVID-19 pandemic, changes were made in maternity care to reduce infections. In Norway, hospital maternity wards, postnatal wards, and neonatal units' companions and visitors were restricted. We aimed to explore the experiences of being pregnant, giving birth and becoming a parent in Norway during the COVID-19 pandemic.

**Methods**

The study is based on the responses from women who provided in-depth qualitative accounts to the ongoing Babies Born Better survey version 3 during the first year of the COVID-19 pandemic. The responses were analysed with inductive thematic analysis.

**Results**

In all, 806 women were included, regardless of parity and mode of birth. They gave birth in 42 of 45 available birthing units across Norway. The analysis resulted in four themes: 1) Pregnancy as a stressful waiting period; 2) Feeling lonely, isolated, and disempowered without their partner; 3) Sharing experiences and becoming a family; and 4) Busy postnatal care without compassion.

**Conclusion**

The COVID-19 pandemic seems to have affected women's experiences of giving birth and becoming a parent in Norway. The restrictions placed on companionship by the healthcare facilities varied between hospitals. However, the restrictions seem to have affected a range of aspects related to women's experiences of late pregnancy, early labour and birth and the early postpartum period. Postnatal care was already poor, and the pandemic has highlighted the shortcomings, especially where companionship was banned. (Author)

**Full URL:** <https://doi.org/10.1016/j.midw.2022.103321>

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**2022-02096**

**Quality of care at childbirth: Findings of IMAGiNE EURO in Italy during the first year of the COVID-19 pandemic.** Lazzarini M, Covi B, Mariani I, et al (2022), International Journal of Gynecology & Obstetrics 29 January 2022, online

**Objective**

Investigate the quality of maternal and newborn care (QMNC) during childbirth in the first year of COVID-19 pandemic in Italy, from the mothers' perspective, as key service users.

**Methods**

Women who gave birth in an Italian facility from March 1, 2020 to February 29, 2021 answered an online questionnaire including 40 WHO Standard-based Quality Measures. Descriptive and multivariate quantile regression analyses were performed.

**Results**

In total, 4824 women were included, reporting heterogeneity of practices across regions: among 3981 women who underwent labour 78.4% (63.0%–92.0%) were not allowed a companion of choice, 44.6% (28.9%–53.3%) had difficulties in attending routine antenatal visits, 36.3% (24.9%–61.1%) reported inadequate breastfeeding support, 39.2% (23.3%–62.2%) felt not involved in medical choices, 33.0% (23.9%–49.3%) experienced unclear communication from staff, 24.8% (15.9%–39.4%) were not always treated with dignity and 12.7% (10.1%–29.3%) reported abuses. Findings in the group of women who did not experience labour were substantially similar. Multivariate analyses confirmed a significant lower QMNC index for regions in southern Italy compared to North and Central regions.

**Conclusion**

Mothers reported substantial inequities in the QMNC across Italian regions. Future studies should monitor QMNC over time. Meanwhile, actions to ensure high QMNC for all mothers and newborns across Italy are urgently required. (Author)

**Full URL:** <https://doi.org/10.1002/ijgo.14119>

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**2022-02056**

**Childbirth anxieties in the shadow of COVID-19: Self-compassion and social support among Jewish and Arab pregnant women in Israel.** Taubman-Ben-Ari O, Chasson M, Abu-Sharkia S, et al (2021), Health and Social Care in the Community vol 29, no 5, September 2021, pp 1409-1419

The study examined two angles of childbirth anxieties of Jewish and Arab pregnant women in Israel during the COVID-19 pandemic (March-April, 2020). Specifically, we examined the contribution of personal resources: self-compassion and perceived social support, as well as a couple of COVID-19-related fears of being infected and concern for the foetus, to both the woman's global fear of childbirth (FOC) and her COVID-19-related childbirth anxiety. Participants were Jewish and Arab pregnant women (n = 403) aged 20–47, who completed a set of structured self-report questionnaires from 18 March to 9 April 2020. Findings indicated that Arab women reported higher level of COVID-19-related childbirth anxiety and COVID-19-related fears of being infected and concern for the foetus. In addition, poorer health, being an Arab woman, being in the third trimester, lower self-compassion, and higher COVID-19-related fears contributed significantly to greater COVID-19-related childbirth anxiety. Furthermore, poorer health, being primiparous, at-risk pregnancy, lower self-compassion and higher fear of being infected contributed significantly to greater FOC. Importantly, social support was found to moderate the association between self-compassion and FOC. The results highlight the need to be attentive to pregnant women in times of crisis, and in particular to especially vulnerable subgroups, such as cultural minorities. They also highlight the importance of personal resources that may be applied in targeted interventions to reduce distress in vulnerable populations. (Author)

**Full URL:** <https://doi.org/10.1111/hsc.13196>

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**2022-01825**

**Disruptions in maternal and child health service utilization during COVID-19: analysis from eight sub-Saharan African countries.** Shapira G, Ahmed T, Drouard SHP, et al (2021), Health Policy and Planning vol 36, no 7, August 2021, pp 1140-1151

The coronavirus-19 pandemic and its secondary effects threaten the continuity of essential health services delivery, which may lead to worsened population health and a protracted public health crisis. We quantify such disruptions, focusing on maternal and child health, in eight sub-Saharan countries. Service volumes are extracted from administrative systems for 63 954 facilities in eight countries: Cameroon, Democratic Republic of Congo, Liberia, Malawi, Mali, Nigeria, Sierra Leone and Somalia. Using an interrupted time series design and an ordinary least squares regression model with facility-level fixed effects, we analyze data from January 2018 to February 2020 to predict what service utilization levels would have been in March–July 2020 in the absence of the pandemic, accounting for both secular trends and seasonality. Estimates of disruption are derived by comparing the predicted and observed service utilization levels during the pandemic period. All countries experienced service disruptions for at least 1 month, but the magnitude and duration of the disruptions vary. Outpatient consultations and child vaccinations were the most commonly affected services and fell by the largest margins. We estimate a cumulative shortfall of 5 149 491 outpatient consultations and 328 961 third-dose pentavalent vaccinations during the 5 months in these eight countries. Decreases in maternal health service utilization are less generalized, although significant declines in institutional deliveries, antenatal care and postnatal care were detected in some countries. There is a need to better understand the factors determining the magnitude and duration of such disruptions in order to design interventions that would respond to the shortfall in care. Service delivery modifications need to be both highly contextualized and integrated as a core component of future epidemic response and planning. (Author)

**Full URL:** <https://doi.org/10.1093/heapol/czab064>

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**2022-01820**

**'COVID affected us all:' the birth and postnatal health experiences of resettled Syrian refugee women during COVID-19 in Canada.** Cameron ES, Ramos H, Aston M, et al (2021), Reproductive Health vol 18, no 256, 24 December 2021

#### Background

Prior to COVID-19, postnatal resettled refugee women in Canada reported barriers to healthcare and low levels of social support, contributing to maternal health morbidities. The COVID-19 pandemic appears to be further exacerbating health inequities for marginalized populations. The experiences of resettled refugee women are not fully known.

#### Aim

To understand Syrian refugee women's experiences accessing postnatal healthcare services and supports during the COVID-19 pandemic.

#### Methods

Semi-structured, virtual interviews were conducted with eight resettled Syrian refugee women living in Nova Scotia (Canada) who were postnatal between March and August 2020. Data analysis was informed by constructivist grounded theory.

#### Findings

Three themes emerged: "the impacts of COVID-19 on postnatal healthcare;" "loss of informal support;" and "grief and anxiety." Women experienced difficult healthcare interactions, including socially and physically isolated deliveries, challenges accessing in-person interpreters, and cancelled or unavailable in-home services (e.g., public health nurse and doula visits). Increased childcare responsibilities and limited informal supports due to pandemic restrictions left women feeling overwhelmed and exhausted. Stay-at-home orders resulted in some women reporting feelings of isolation and loss, as they were unable to share in person postnatal moments with friends and family, ultimately impacting their mental wellness.

#### Conclusions

COVID-19 and associated public health restrictions had significant impacts on postnatal Syrian refugee women. Data presented in this study demonstrated the ways in which the pandemic environment and related restrictions amplified pre-existing barriers to care and postnatal health inequalities for resettled refugee women—particularly a lack of postnatal informal supports and systemic barriers to care. (Author)

**Full URL:** <https://doi.org/10.1186/s12978-021-01309-2>

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## 2022-01709

### Comparative evaluation of the impact of the COVID-19 lockdown on perinatal experience: A prospective multicentre study.

Bertholdt C, Epstein J, Alleyrat C, et al (2021), BJOG: An International Journal of Obstetrics and Gynaecology 26 December 2021, online

#### Objectives

To compare in the early postpartum the perinatal experience during a COVID-19 related lockdown ('lockdown' group) and a pandemic control group subject to looser restrictions.

#### Design and setting

This national multicentre prospective cohort study took place in four French maternity units.

#### Population

Women were recruited during the postpartum stay for the lockdown and pandemic control groups, according to their enrolment period. Both faced the same labour and delivery restrictions but only the pandemic control group could have a postpartum visitor.

#### Main outcome measures

The primary outcome was the perinatal experience during childbirth, assessed by the Labour Agency Scale (LAS) self-administered questionnaire, completed before discharge.

#### Results

The study included 596 women and analysed 571 of them: 260 in the lockdown group and 311 in the pandemic control group. The mean LAS score was lower in the lockdown group ( $161.1 \pm 26.8$ , 95% confidence interval [CI] 157.8–164.3 versus  $163.3 \pm 24.0$ , 95% CI 160.6–166.0;  $P = 0.289$ ). In multivariable analysis, the LAS score was lower in the lockdown group ( $-6.2$  points,  $P = 0.009$ ), in women with caesarean ( $-21.6$  points,  $P < 0.001$ ) versus spontaneous deliveries, and among women financially impacted by the lockdown ( $-6.4$  points,  $P = 0.007$ ) or who experienced restrictions during childbirth ( $-8.1$  points,  $P < 0.001$ ). The LAS score rose with the prenatal care quality score ( $P < 0.001$ ).

#### Conclusions

The perinatal experience was more negatively affected by lockdown restrictions than by the looser pandemic restrictions for controls, but mode of delivery remained the main factor influencing this experience. (Author)

Full URL: <https://doi.org/10.1111/1471-0528.17082>

## 2022-01372

### My Drug-Free VBAC During Covid. Treyster L (2022), The Journal of Perinatal Education vol 31, no 1, Winter 2022, pp 6-7

In 2016, I had a complicated cesarean. My daughter was breech and I ended up with a crash cesarean resulting in internal organ damage; furthermore, she was born with a complete cleft lip and palate, so breastfeeding was not possible. In spring 2020, as the world was locking down for Covid, I found out I was having a baby boy, due in September. I wanted to try for a VBAC (vaginal birth after cesarean) to reduce my risk of complications and to heal emotionally from the complicated cesarean. My OB-GYN advised me to stay home as long as possible, as my designated hospital was not known for encouraging VBACs. I woke up on August 29 at 4:30am, 2 weeks before my due date, having mild contractions. I ate, read a book, and timed my contractions and tried to be quiet so as not to wake anyone up. By 6:30am, the contractions were strong so I woke up my husband and we dropped our two girls off with a family friend. We dropped them off at 7:20 and raced to the hospital. Luckily the hospital was only 2 miles away. I showed up fully dilated and ready to push. I would have had my son in the parking lot if a bystander hadn't brought a wheelchair. I had to sign a consent paper and do the rapid Covid test after delivering my son. It was an incredibly healing birth. (Author)

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**2022-01370**

**Measures against COVID-19 pandemic – a single tertiary center experience.** Ilgen O, Saatli B, Timur Tahan S, et al (2022), Journal of Obstetrics and Gynaecology 10 February 2022, online

This paper reports the measures taken to manage the impact of the COVID-19 pandemic on O&G services in a tertiary referral centre and their outcomes. All the patients included in this study received inpatient treatment and underwent surgery between March 10 2020 and end of June 2020, including obstetric or gynaecologic cases combined. Data including age, diagnosis, operation, duration of preoperative and postoperative hospital stay, COVID-19 status were recorded. COVID-19 status of the patients was diagnosed with a nasopharyngeal swab test. Thirty-seven (20%) of 177 operations were performed because of gynaecologic reasons. The rest of them were caesarean sections (C/S). In gynaecologic cases, 22 (59%) of 37 were emergent operations, nine (24%) cases were oncologic and six (16%) cases were elective gynaecological surgeries. On the other hand, 43 (30%) of 140 patients, who underwent caesarean sections, were urgent surgeries. The rest were elective and planned caesarean sections. Only five patients (2.8%) who had undergone caesarean sections were tested positive for COVID-19. No COVID-19 transmission to staff was recorded in this period. Measures against the COVID-19 pandemic must be multidisciplinary and is crucial to prevent the spread of the disease to staff in close contact.

#### Impact Statement

What is already known on this subject? COVID-19 pandemic has been a crucial health problem worldwide. Healthcare workers work intensely to protect people from the pandemic. It is especially important to protect healthcare professionals and hospitalized patients from virus transmission. Therefore, utilization of personal protective equipment such as masks, gloves and goggles is obligatory, and hygiene rules such as sanitization of hands are strictly followed.

What the results of this study add? This study adds the experience and success of a tertiary centre regarding the measure against COVID-19 to the literature. No viral transmission was detected to healthcare workers and other patients from COVID-19 patients. Hence, measures that mentioned in the present study should be an example to other centres for protection against pandemic.

What the implications are of these findings for clinical practice and/or further research? As mentioned above, measures that are explained in the present study should be an example to other centres for protection against the pandemic. Further larger size clinical studies are needed to prove the beneficial effect of the measures that still used against pandemic. (Author)

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**2022-01047**

**Birth during the Covid-19 pandemic: What childbearing people in the United States needed to achieve a positive birth experience.** Combellick JL, Ibrahim BB, Julien T, et al (2022), Birth 25 February 2022, online

**Background**

The COVID pandemic exposed many inadequacies in the maternity care system in the United States. Maternity care protocols put in place during this crisis often did not include input from childbearing people or follow prepandemic guidelines for high-quality care. Departure from standard maternity care practices led to unfavorable and traumatic experiences for childbearing people. This study aimed to identify what childbearing people needed to achieve a positive birth experience during the pandemic.

**Methods**

This mixed-methods, cross-sectional study was conducted among individuals who gave birth during the COVID pandemic from 3/1/2020 to 11/1/2020. Participants were sampled via a Web-based questionnaire that was distributed nationally. Descriptive and bivariate statistics were analyzed. Thematic and content analyses of qualitative data were based on narrative information provided by participants. Qualitative and convergent quantitative data were reported.

**Results**

Participants (n = 707) from 46 states and the District of Columbia completed the questionnaire with 394 contributing qualitative data about their experiences. Qualitative findings reflected women's priorities for (a) the option of community birth, (b) access to midwives, (c) the right to an advocate at birth, and (d) the need for transparent and affirming communication. Quantitative data reinforced these findings. Participants with a midwife provider felt significantly better informed. Those who gave birth in a community setting (at home or in a freestanding birth center) also reported significantly higher satisfaction and felt better informed. Participants of color (BIPOC) were significantly less satisfied and more stressed while pregnant and giving birth during the pandemic.

**Conclusions**

High-quality maternity care places childbearing people at the center of care. Prioritizing the needs of childbearing people, in COVID times or otherwise, is critical for improving their experiences and delivering efficacious and safe care. (Author)

**Full URL:** <https://doi.org/10.1111/birt.12616>

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**2022-01044**

**The effects of not having continuous companion support during labour on pregnancy and neonatal outcomes during the COVID-19 pandemic.** Mok YK, Cheung KW, Wang W, et al (2022), Midwifery vol 108, May 2022, 103293

#### Objective

With the surge of confirmed cases of coronavirus disease 2019 (COVID-19) and its associated morbidities and mortalities, continuous companion support during labour was halted in all public hospitals in Hong Kong to prevent the spread of the virus in hospitals. The purpose of this retrospective study was to evaluate the effect of not having continuous companion support during labour on pregnancy and neonatal outcomes during the COVID-19 pandemic period in a regional hospital.

#### Study design

We retrieved information on women without continuous companion support during the COVID-19 pandemic period from February 1, 2020 to May 15, 2020 and those with continuous companion support within the same period in 2019 in Queen Mary Hospital, Hong Kong. The pregnancy and neonatal outcomes were compared between the two groups.

#### Results

A total of 446 women with continuous companion support in 2019 and 340 women without continuous companion support in 2020 were included in the analysis. The rate of labour augmentation was significantly lower in women with continuous companion support than in those without continuous companion support (3.1% vs. 6.5%, respectively,  $p = 0.027$ ). Babies born to women with continuous companion support were less likely to have Apgar scores  $<7$  at 1 min than those born to women without continuous companion support (2.5% vs. 5.3%, respectively,  $p = 0.036$ ). More women with continuous companion support had breastfeeding at the first hour of delivery than those without (86.3% vs. 80.6%, respectively,  $p = 0.030$ ). There were no differences in other pregnancy and neonatal outcomes. The subgroup analysis with only Chinese women showed that the pregnancy and neonatal outcomes were not significantly different between the two groups.

#### Conclusion

Women without continuous companion support during labour had an increased chance of labour augmentation and babies with an Apgar score  $<7$  at 1 min, and a reduced immediate breastfeeding rate when compared with those with continuous companion support. (Author)

**Full URL:** <https://doi.org/10.1016/j.midw.2022.103293>

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**2022-00726**

**Impact of suspending labour companionship during the COVID-19 pandemic on intrapartum care and delivery outcomes.** Eu K-S, Chung CD (2022), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) 22 February 2022, online

#### Background

As part of infection control measures during the COVID-19 pandemic, labour companionship was suspended intermittently at public hospitals across Hong Kong.

#### Aims

The aim was to assess the impact of restricting labour companionship on intrapartum care and maternal and neonatal outcomes.

#### Materials and methods

This is a retrospective cohort study comparing patients admitted for vaginal delivery with and without a labour companion. Deliveries during 1 February to 20 May and 17 July to 11 September 2020 ('alone group') were compared to deliveries during the same periods one year earlier when companionship was unrestricted ('accompanied group'). Outcomes were controlled for age, parity, body mass index, birth weight, education level and induction of labour.

#### Results

There were 651 and 491 deliveries in the accompanied and alone groups, respectively. Overall, physiological maternal and neonatal outcomes were not significantly different. Neonates in the alone group were more likely to have skin-to-skin contact delayed beyond 60 min after delivery (odds ratio 1.48, 95% confidence interval 1.45–1.51). None of these infants were exclusively breastfed at the time of discharge.

#### Conclusions

The presence of a labour companion may encourage earlier initiation of skin-to-skin contact, which has been shown to improve bonding experience. However, families that have already been affected by previous restrictions can be provided some reassurance that physiological outcomes do not appear to be significantly different. In addition, interventions that encourage companion involvement, such as breathing exercises and massages, were not hindered, as midwives took on a greater role in supporting the parturient. (Author)

Full URL: <https://doi.org/10.1111/ajo.13490>

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**2022-00488**

**Impact of COVID-19 on maternity and neonatal services– Three year-on-year review data from the North East of England.**

Athiraman NK, Patience A, Onwuneme C, et al (2022), Acta Paediatrica 24 January 2022, online

The objective of this study was to assess whether the COVID-19 pandemic impacted on pregnancy outcomes including rates of caesarean sections, induction of labour (IOL), intra-uterine death (IUD), term and preterm admissions to the neonatal unit. (Author, edited)

Full URL: <https://doi.org/10.1111/apa.16264>

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**2022-00274**

**Close to me.** Gutteridge K (2022), Practising Midwife vol 25, no 1, January 2022, p 15

Over the past 18 months, maternity services have experienced a raft of issues never before encountered. The COVID-19 pandemic has not only triggered serious public health concerns but also has the potential to cause psychological harm to mothers and families in the longer term. Women and birthing people have faced life-changing experiences alone, even in some tragic cases, being told that their unborn baby has died. The impact of this is emerging. (Author)

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**2022-00117**

**The relationship between delivery and the PaO<sub>2</sub>/FiO<sub>2</sub> ratio in COVID-19: a cohort study.** Pineles BL, Stephens A, Narendran LM, et al (2022), BJOG: An International Journal of Obstetrics and Gynaecology vol 129, no 3, February 2022, pp 493-499

**Objective**

To study the effect of delivery on the pO<sub>2</sub>/FiO<sub>2</sub> ratio (P/F ratio) in patients with COVID-19-related acute respiratory distress syndrome (ARDS) and to compare characteristics between delivered and undelivered pregnant patients with COVID-19.

**Design**

Retrospective cohort.

**Setting**

Four hospitals in Houston, Texas.

**Population**

Pregnant patients admitted to the hospital for COVID-19.

**Methods**

Among patients with ARDS who were delivered during their hospitalisation for COVID-19, linear mixed models were used to investigate time trends before and after delivery of the P/F ratio. Patient characteristics were compared between patients delivered during their hospitalisation for COVID-19 and those discharged undelivered.

**Main outcome measures**

The P/F ratio, age, gestational age, length of stay and severity of illness,

**Results**

Between 4 May 2020 and 26 July 2020, a total of 61 pregnant patients were admitted for COVID-19. Baseline characteristics were similar between the study groups. Delivery occurred in 21 (34%) of patients during their hospitalisation for COVID-19. Delivered patients had more severe disease and were admitted at a later gestational age than patients not delivered. Ten of these 21 patients (48%) were delivered preterm; of these, six were delivered due to complications of COVID-19 and four were delivered for obstetric indications. In patients with ARDS who were delivered (n = 17), the P/F ratio had a negative slope that improved after delivery.

**Conclusions**

COVID-19-related ARDS in pregnancy requires multidisciplinary care and individualised decision-making, but delivery slows the deterioration of the P/F ratio in these patients. (Author)

**Full URL:** <https://doi.org/10.1111/1471-0528.16858>

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**2021-14489**

**Mothers' Experiences of Pregnancy, Labor and Birth, and Postpartum During COVID-19 in the United States: Preliminary Results of a Mixed-Methods Study.** Saleh L, Canclini S, Greer K, et al (2022), The Journal of Perinatal and Neonatal Nursing vol 36, no 1, January/March 2022, pp 55-67

The purpose of this study was to gain insight into the experiences of women who gave birth in the United States during coronavirus disease-2019 (COVID-19). A mixed-methods study was performed using online surveys and interviews. Data were analyzed using descriptive statistics and interview transcripts were analyzed by thematic analysis resulting in major themes. Participants (n = 32) were women who had given birth on or after March 13, 2020. Of the participants, 34% experienced depression, 46% experienced mild to moderate anxiety, and 28% experienced severe anxiety symptoms. Four major themes emerged: expectations versus reality, early versus late COVID-19 experience, mental distress versus mental health, and healthcare policy versus COVID-19 confusion. Experiences varied based upon geographical location, parity, and proximity to support. Short and long-term effects of COVID-19 on participants and their families were recognized. It is important to acknowledge the confusion experienced in many aspects of the birthing experience due to developing or conflicting pandemic or popular media information. Aligning expectations through providing clear, up-to-date information is helpful in decreasing mental distress. Finally, the impact of COVID-19 highlighted the critical need for professional and focused familial support and follow-up for women experiencing pregnancy-related mental health symptoms. (Author)

**Full URL:** <https://doi.org/10.1097/JPN.0000000000000624>

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**2021-14235**

**Response to SARS-Covid-19-related visitor restrictions on labor and delivery wards in New York City.** Hermann A, Deligiannidis KM, Bergink V, et al (2020), Archives of Women's Mental Health vol 23, no 6, December 2020, pp 793-794

Discusses visitor restriction policies introduced on labour and delivery wards in New York City due to the COVID-19 pandemic. The authors urge health care workers to start planning restrictions in their own areas. (LDO)

**Full URL:** <https://doi.org/10.1007/s00737-020-01030-2>

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**2021-13857**

**Companionship for women/birthing people using antenatal and intrapartum care in England during COVID-19: a mixed-methods analysis of national and organisational responses and perspectives.** Thomson G, Balaam M-C, Harris RN, et al (2022), *BMJ Open* vol 12, no 1, January 2022, e051965

Objectives To explore stakeholders' and national organisational perspectives on companionship for women/birthing people using antenatal and intrapartum care in England during COVID-19, as part of the Achieving Safe and Personalised maternity care In Response to Epidemics (ASPIRE) COVID-19 UK study.

Setting Maternity care provision in England.

Participants Interviews were held with 26 national governmental, professional and service-user organisation leads (July–December 2020). Other data included public-facing outputs logged from 25 maternity Trusts (September/October 2020) and data extracted from 78 documents from eight key governmental, professional and service-user organisations that informed national maternity care guidance and policy (February–December 2020).

Results Six themes emerged: 'Postcode lottery of care' highlights variations in companionship and visiting practices between trusts/locations, 'Confusion and stress around 'rules'' relates to a lack of and variable information concerning companionship/visiting, 'Unintended consequences' concerns the negative impacts of restricted companionship or visiting on women/birthing people and staff, 'Need for flexibility' highlights concerns about applying companionship and visiting policies irrespective of need, 'Acceptable' time for support' highlights variations in when and if companionship was 'allowed' antenatally and intrapartum and 'Loss of human rights for gain in infection control' emphasises how a predominant focus on infection control was at a cost to psychological safety and human rights.

Conclusions Policies concerning companionship and visiting have been inconsistently applied within English maternity services during the COVID-19 pandemic. In some cases, policies were not justified by the level of risk, and were applied indiscriminately regardless of need. There is an urgent need to determine how to sensitively and flexibly balance risks and benefits and optimise outcomes during the current and future crisis situations. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2021-051965>

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**2021-13809**

**Maternal-Newborn Health System Changes and Outcomes in Ontario Canada during Wave 1 of the COVID-19 Pandemic – A Retrospective Study.** Roberts NF, Sprague AE, Taljaard M, et al (2021), JOGC [Journal of Obstetrics and Gynaecology Canada] 29 December 2021, online

**Objective**

To determine the population-level impact of COVID-19 pandemic-related obstetric practice changes on maternal and newborn outcomes.

**Methods**

Segmented regression analysis examined changes that occurred 240 weeks pre-pandemic through the first 32 weeks of the pandemic using data from Ontario's Better Outcomes Registry & Network. Outcomes included birth location, length of stay, labour analgesia, mode of delivery, preterm birth, and stillbirth. Immediate and gradual effects were modelled with terms representing changes in intercepts and slopes, corresponding to the start of the pandemic.

**Results**

There were 799 893 eligible pregnant individuals included in the analysis; 705 767 delivered in the pre-pandemic period and 94,126 during the pandemic wave 1 period. Significant immediate decreases were observed for hospital births (relative risk [RR] 0.99; 95% CI 0.98–0.99), length of stay (median change –3.29 h; 95% CI –3.81 to –2.77), use of nitrous oxide (RR 0.11; 95% CI 0.09–0.13) and general anesthesia (RR 0.69; 95% CI 0.58–0.81), and trial of labour after cesarean (RR 0.89; 95% CI 0.83–0.96). Conversely, there were significant immediate increases in home births (RR 1.35; 95% CI 1.21–1.51), and use of epidural (RR 1.02; 95% CI 1.01–1.04) and regional anesthesia (RR 1.01; 95% CI 1.01–1.02). There were no significant immediate changes for any other outcomes, including preterm birth (RR 0.99; 95% CI 0.93–1.05) and stillbirth (RR 1.11; 95% CI 0.87–1.42).

**Conclusion**

Provincial health system changes implemented at the start of the pandemic resulted in immediate clinical practice changes but no significant increases in adverse outcomes. (Author)

**Full URL:** <https://doi.org/10.1016/j.jogc.2021.12.006>

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## 2021-13753

**Large gaps in the quality of healthcare experienced by Swedish mothers during the COVID-19 pandemic: a cross-sectional study based on WHO standards.** Zaigham M, Linden K, Sengpiel V, et al (2022), *Women and Birth: Journal of the Australian College of Midwives* 23 January 2022, online

### Background and Problem

Existing healthcare systems have been put under immense pressure during the COVID-19 pandemic. Disruptions in essential maternal and newborn services have come from even high-income countries within the World Health Organization (WHO) European Region.

### Aim

To describe the quality of care during pregnancy and childbirth, as reported by the women themselves, during the COVID-19 pandemic in Sweden, using the WHO 'Standards for improving quality of maternal and newborn care in health facilities'.

### Methods

Using an anonymous, online questionnaire, women  $\geq 18$  years were invited to participate if they had given birth in Sweden from March 1, 2020 to June 30, 2021. The quality of maternal and newborn care was measured using 40 questions across four domains: provision of care, experience of care, availability of human/physical resources, and organisational changes due to COVID-19.

### Findings

Of the 5003 women included,  $n = 4528$  experienced labour. Of these, 46.7% perceived a poorer quality of maternal and newborn care due to the COVID-19. Fundal pressure was applied in 22.2% of instrumental vaginal births, 36.8% received inadequate breastfeeding support and 6.9% reported some form of abuse. Findings were worse in women undergoing prelabour Caesarean section (CS) ( $n = 475$ ). Multivariate analysis showed significant associations of the quality of maternal and newborn care to year of birth ( $P < 0.001$ ), parity ( $P < 0.001$ ), no pharmacological pain relief ( $P < 0.001$ ), prelabour CS ( $P < 0.001$ ), emergency CS ( $P < 0.001$ ) and overall satisfaction ( $P < 0.001$ ).

### Conclusion

Considerable gaps over many key quality measures and deviations from women-centred care were noted. Findings were worse in women with prelabour CS. Actions to promote high-quality, evidence-based and respectful care during childbirth for all mothers are urgently needed. (Author)

**Full URL:** <https://doi.org/10.1016/j.wombi.2022.01.007>

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## 2021-13545

### **Vaginal birth after caesarean section before and during COVID-19 pandemic. Factors associated with successful vaginal birth.**

Hidalgo-Lopezosa P, Cubero-Luna AM, Huertas-Marin J, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 23 December 2021, online

#### Background

The ratio of caesarean has been increasing considerably in many countries. Planning a vaginal birth after a previous caesarean is considered an important option for women in a subsequent pregnancy.

#### Aims

To analyse obstetric and neonatal outcomes in women in labour after caesarean section before and during the COVID-19 pandemic, and to determine factors associated with successful vaginal birth after caesarean (VBAC).

#### Methods

Observational cohort study of women in labour with history of caesarean section who gave birth between March 2019 and December 2020 in a tertiary hospital in southern Spain. Consecutive sampling was performed using the maternal birth database and a descriptive and inferential analysis of the study variables was carried out. Socio-demographic, obstetric and neonatal variables were compared between the pre-pandemic and pandemic periods. Multiple logistic regression analysis was performed to determine variables associated with VBAC success.

#### Findings

The VBAC success rate was 67.4%. The caesarean section rate was significantly higher during the COVID-19 pandemic period. Factors associated with VBAC success were: birth before the pandemic (OR 0.32) and at night (OR 0.45), use of epidural analgesia (OR 2.14), and having had a previous vaginal birth (OR 1.98).

#### Conclusions

The success rate of VBAC was lower during the pandemic. Knowledge of the factors related to VBAC success is critical for practitioners when supporting women in decision-making about mode of birth after a previous caesarean section. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.12.008>

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## 2021-13501

### **Initial findings of universal screening for SARS-CoV-2 in women admitted for delivery in North Wales: a prospective multicentre cohort study.**

Maraj H, Bhattacharjee D, Jinsiwale N (2022), *Journal of Obstetrics and Gynaecology* 7 January 2022, online

We describe the prevalence of overall and asymptomatic SARS-CoV-2 infection in pregnant women admitted for delivery at three maternity units in North Wales. This was a prospective, multicentre cohort study of universal testing for SARS-CoV-2 infection offered to all pregnant women admitted for delivery. Four hundred and seventy-five women were tested by reverse transcription-polymerase chain reaction of nasopharyngeal swabs with concurrent universal screening for signs and symptoms of COVID-19 infection. The overall prevalence of SARS-CoV-2 infection in pregnant women in North Wales was 2.74% with an asymptomatic prevalence of 1.89%. Sixty-nine percent of infected women were asymptomatic. Pregnant women with SARS-CoV-2 infection are not reliably identified using symptom and temperature screening. The prevalence of maternal infection and asymptomatic carrier rates vary within small geographical regions. It is suggested that a trial period of universal testing may help determine whether such an approach is appropriate for an individual maternity unit. (Author)

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**2021-13445**

**Excess of cesarean births in pregnant women with COVID-19: A meta-analysis.** Omar M, Youssef MR, Trinh LN, et al (2022), Birth 7 January 2022, online

#### Background

Studies have suggested that cesarean birth in pregnant women with COVID-19 may decrease maternal adverse events and perinatal transmission. This systematic review aimed to evaluate variations in clinical presentation, laboratory findings, and maternal/neonatal outcomes in COVID-19 patients who delivered vaginally versus via cesarean.

#### Methods

A comprehensive search following PRISMA guidelines was performed for studies published up to May 23, 2020, using PubMed, Web of Science, Scopus, Embase, Cochrane, Science Direct, and clinicaltrials.gov. Original retrospective and prospective studies, case reports, or case series with sufficient data for estimating the association of COVID-19 with different pregnancy outcomes with no language restriction and published in peer-reviewed journals were included. Pooled mean and arcsine transformation proportions were applied. Next, a two-arm meta-analysis was performed comparing the perinatal outcomes between the study groups.

#### Results

Forty-two studies with a total of 602 pregnant women with COVID-19 were included. The mean age was 31.8 years. Subgroup analysis showed that Americans had the lowest gestational age (mean = 32.7, 95%CI = 27.0-38.4,  $P < 0.001$ ) and the highest incidence of maternal ICU admission (95%CI = 0.45%-2.20,  $P < 0.001$ ) of all nationalities in the study. There was no significant difference in perinatal complications, premature rupture of membrane, placenta previa/accreta, or gestational hypertension/pre-eclampsia between women who delivered vaginally versus by cesarean. Importantly, there were also no significant differences in maternal or neonatal outcomes.

#### Conclusion

Vaginal delivery was not associated with worse maternal or neonatal outcomes when compared with cesarean. The decision to pursue a cesarean birth should be based on standard indications, not COVID-19 status. (Author)

**Full URL:** <https://doi.org/10.1111/birt.12609>

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## 2021-13127

### Impact of the COVID-19 pandemic on perinatal care and outcomes in the United States: An interrupted time series analysis.

Riley T, Nethery E, Chung EK, et al (2021), Birth 26 December 2021, online

#### Background

Hospitals quickly adapted perinatal care to mitigate SARS-CoV-2 transmission at the onset of the COVID-19 pandemic. The objective of this study was to estimate the impact of pandemic-related hospital policy changes on perinatal care and outcomes in one region of the United States.

#### Methods

This interrupted time series analysis used retrospective data from consecutive singleton births at 15 hospitals in the Pacific Northwest from 2017 to 2020. The primary outcomes were those hypothesized to be affected by pandemic-related hospital policies and included labor induction, epidural use, oxytocin augmentation, mode of delivery, and early discharge (<48 hours after cesarean and <24 hours after vaginal births). Secondary outcomes included preterm birth, severe maternal morbidity, low 5-minute Apgar score, neonatal intensive care unit (NICU) admission, and 30-day readmission. Segmented Poisson regression models estimated the outcome level shift changes after the pandemic onset, controlling for underlying trends, seasonality, and stratifying by parity.

#### Results

No statistically significant changes were detected in intrapartum interventions or mode of delivery after onset of the pandemic. Early discharge increased for all births following cesarean and vaginal birth. Newborn readmission rates increased but only among nulliparas (aRR: 1.49, 95%CI: 1.17, 1.91). Among multiparas, decreases were observed in preterm birth (aRR: 0.90, 95%CI: 0.84, 0.96), low 5-minute Apgar score (aRR: 0.75, 95%CI: 0.68, 0.81), and term NICU admission rates (aRR: 0.85, 95%CI: 0.80, 0.91).

#### Conclusions

Increases in early discharge and newborn readmission rates among nulliparas suggest a need for more postpartum support during the pandemic. Decreases in preterm birth and term NICU admission among multiparas may have implications beyond the pandemic and deserve further study. (Author)

Full URL: <https://doi.org/10.1111/birt.12606>

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## 2021-13100

**Worsening risk profiles of out-of-hospital births during the COVID-19 pandemic.** Grünebaum A, Bornstein E, Katz A, et al (2022), American Journal of Obstetrics & Gynecology (AJOG) vol 226, no 1, January 2022, pp 137-138

Research letter aiming to evaluate changes in place of birth and risk profiles before and during the COVID-19 pandemic. Results show that community births increased by 20.2%, preterm births increased by 39.3% and Apgar scores of 0-3 increased by 35.9% during the pandemic. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2021.11.1346>

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**2021-12948**

**Utilization of Health Facility for Childbirth During Covid-19 in Wacha District South West Ethiopia: A Community-Based Mixed Qualitative and Quantitative Cross-Sectional Study.** Wassie ST, Tegegne AW, Alamneh KN, et al (2021), International Journal of Childbirth vol 11, no 4, December 2021, pp 201-212

#### BACKGROUND

Giving birth at the health facility is a solitary way of decreasing maternal and neonatal mortality and morbidity, especially in developing countries. Despite a prodigious public health effort, many women are still giving birth at home in Ethiopia either by traditional birth attendants or relatives. The Covid-19 pandemic exerted tragic consequences worldwide almost in all aspects of human life. As a result, the pandemic could affect the use of health facilities for childbirth. The effect of Covid-19 on childbirth is not spoken to the study area yet.

#### MATERIALS

Community-based mixed quantitative and qualitative cross-sectional study was conducted among mothers with the experience of childbirth during Covid-19. The data were collected using a structured pre-tested questionnaire with systematic random sampling through fac-eto-face interviews and focused group discussion from September 1–30, 2020. The edited and coded data were entered into EpiData version 3.1 and transformed into SPSS version 21 for further analysis. Descriptive analyses like frequency and percentages were used to describe the study result. Tables were used to present the data, and the qualitative study narration was applied to interpret the output.

#### RESULTS

From the total of 232 study participants who experienced childbirth during Covid-19, 69.4% of them gave birth at a health institution, 204 (87.9%) of them had a positive attitude, 210 (90.5%) had awareness, and 186 (80%) have good practice of giving birth at a health facility. Fear of Covid-19 (50.7%), cultural ceremonies, low level of the economy, distance to the health facility, challenging roads for transportation, and fear of episiotomy were factors stated for nonutilization of health facility for childbirth.

#### CONCLUSION

From mothers who gave birth at home, more than half of the mothers desist from using a health facility for childbirth care due to the frustration of Covid-19. As a result, awareness creation regarding Covid-19 shall be considered. Besides, the socio-cultural features shall be taken into contemplation, and mediations must be endorsed in health institution setups to make them feel at home. (Author)

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## 2021-12682

**Perinatal Experiences of Asian American Women During COVID-19.** Goyal D, Han M, Feldman-Schwartz T, et al (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 2, March/April 2022, pp 71-76

Purpose: To explore the wellbeing and pregnancy, childbirth, and postpartum experiences of Asian American women who gave birth during the COVID-19 pandemic.

Study Design: Qualitative exploratory design.

Methods: Using convenience and snowball sampling, we recruited Asian American women who gave birth during the COVID-19 pandemic via social media. Participants completed sociodemographic and depressive symptom questionnaires and took part in a virtual semistructured interview where they were asked to describe their pregnancy, birth, and postpartum experiences in the midst of the COVID-19 pandemic. Qualitative content analysis methods were used to identify themes from participant narratives.

Results: Thirty-eight Asian American women representing several racial ethnic subgroups (Asian Indian, Chinese, Filipino, Hmong, Laotian, Vietnamese) participated in our study. Participants were on average 34 (SD = 3.5) years of age; the majority were married and lived in California. At the time of data collection, participants were 3.7 (SD = 2.07) months postpartum and 5.3 to 10.5 months into the COVID-19 pandemic. Qualitative content analysis revealed two main themes: 1) unexpected perinatal journey, and 2) the emotional and psychological consequences of COVID-19.

Clinical Implications: Our findings are not unique to Asian American women, but they offer insight for nurses taking care of all childbearing women. Nurses can provide individually tailored anticipatory guidance to help women navigate perinatal changes to help them manage expectations during future public health crises. Nurses can also encourage and help perinatal women find ways to increase their own social support networks during the pregnancy and postpartum period. (Author)

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## 2021-12600

**You and your baby: a national survey of health and care during the 2020 Covid-19 pandemic.** Harrison S, Alderdice F, Mcleish J, et al (2021), Oxford: National Perinatal Epidemiology Unit, University of Oxford December 2021, 97 pages

You and Your Baby 2020 explored the health and experiences of maternity care for women who gave birth during the first wave of the Covid-19 pandemic. The study included a survey of 4,611 women recruited through the register of all births in England (the 2020 National Maternity Survey (NMS)). The women in the 2020 NMS gave birth in England during May 2020.

The study also included a parallel survey of 1,622 women recruited through social media. The women in the social media survey gave birth in the UK between March and August 2020.

The findings indicate that some aspects of women's health and maternity care remained consistent or even improved during Covid-19, compared with findings from before the pandemic. Overall levels of satisfaction with care during pregnancy and birth remained high. The findings also indicate, however, that other aspects of women's health and care were negatively impacted by Covid-19, particularly after giving birth. Overall levels of satisfaction with care during the postnatal period fell considerably compared with findings from before the pandemic.

Taken together the survey findings suggest that giving birth during the Covid-19 pandemic may have brought additional stresses for women and families at what can already be a challenging time. Covid-19 may have introduced new challenges to maternity services and also amplified some of the existing problems in parts of the system. (Author)

**Full URL:** [https://www.npeu.ox.ac.uk/assets/downloads/maternity-surveys/reports/You\\_and\\_Your\\_Baby\\_2020\\_Survey\\_Report.pdf](https://www.npeu.ox.ac.uk/assets/downloads/maternity-surveys/reports/You_and_Your_Baby_2020_Survey_Report.pdf)

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## 2021-12511

**Cesarean Birth Morbidity among Women with SARS-CoV-2.** McLaren Jr R, London V, Narayanamoorthy S, et al (2021), American Journal of Perinatology 14 November 2021, online

**Objective** The objective of this study was to compare maternal outcomes of women with and without severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections who underwent cesarean births.

**Study Design** This was a matched cohort study of pregnant women who had a cesarean birth between March 15, 2020, and May 20, 2020. Cases included women who tested positive for SARS-CoV-2. For every case, two patients who tested negative for SARS-CoV-2 were matched by maternal age, gestational age, body mass index, primary or repeat cesarean birth, and whether the procedure was scheduled or unscheduled. We compared rates of adverse postcesarean complications (intraoperative bladder or bowel injury, estimated blood loss more than or equal to 1,000 mL, hemoglobin drop more than 3 g/dL, hematocrit drop more than 10%, need for blood transfusion, need for hysterectomy, maternal intensive care unit admission, postoperative fever, and development of surgical site infection), with the primary outcome being a composite of those outcomes. We also assessed duration of postoperative stay. Fisher's exact tests were performed to compare the primary outcome between both groups.

**Results** Between March and May 2020, 202 women who subsequently underwent cesarean birth were tested for SARS-CoV-2. Of those 202, 43 (21.3%) patients were positive. They were matched to 86 patients who tested negative. There was no significant difference in the rate of composite adverse surgical outcomes between the groups (SARS-CoV-2 infected 27.9%, SARS-CoV-2 uninfected 25.6%;  $p = 0.833$ ). There was a higher rate of postoperative fevers (20.9 vs. 5.8%;  $p = 0.015$ ), but that did not result in a longer length of stay ( $p = 0.302$ ).

**Conclusion** Pregnant women with SARS-CoV-2 who underwent a cesarean birth did not have an increased risk of adverse surgical outcomes, other than fever, compared with pregnant women without SARS-CoV-2. (Author)

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## 2021-11895

**Coronavirus: Premature Birth [written answer].** Scottish Parliament (2021), Official Report Written question S6W-04227, 8 November 2021

Humza Yousaf responds to a written question from Sandesh Gulhane to the Scottish Government, regarding how many pregnant women who have been hospitalised as a result of having contracted COVID-19 have delivered their baby early. (JSM)

**Full URL:** <https://archive2021.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S6W-04227>

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**2021-11695**

**Indirect impact of SARS-CoV-2 pandemic on pregnancy and childbirth outcomes: A nine-month long experience from a university center in Lombardy.** Ornaghi S, Fumagalli S, Montalvo CKG, et al (2022), International Journal of Gynecology & Obstetrics vol 156, no 3, March 2022, pp 466-474

#### Objective

To determine the impact on perinatal health of changes in social policies and obstetric care implemented to curb SARS-CoV-2 transmission. However, robust data on the topic are lacking since most of the studies has examined only the first few months of the outbreak.

#### Methods

A retrospective analysis of prospectively collected data on uninfected and asymptotically infected women giving birth between March and November 2020 and in the same time frame of 2019 at our tertiary care center in Lombardy, northern Italy. Perinatal outcomes were compared according to the year (2019 versus 2020) and to the trimester (March–May, June–August, September–November) of childbirth, corresponding to the three phases of the pandemic (first wave, deceleration, second wave) and covering a 9-month period.

#### Results

We identified increased rates of gestational diabetes mellitus, spontaneous preterm birth, and neuraxial analgesia in 2020 versus 2019, with different temporal distributions: gestational diabetes mellitus and spontaneous preterm birth were more prevalent during the deceleration and the second wave phase, whereas epidural analgesia was more prevalent during the first wave.

#### Conclusion

By assessing a prolonged time frame of the pandemic, we show that pandemic-related control measures, as applied in Lombardy, impacted relevant perinatal outcomes of women giving birth at our center.

#### Synopsis

Assessing a 9-month long time frame, we identified substantial indirect effects of the control measures implemented to control SARS-CoV-2 spread on pregnancy and childbirth outcomes. (Author)

**Full URL:** <https://doi.org/10.1002/ijgo.13990>

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**2021-11641**

**Rapid Cycle Implementation and Retrospective Evaluation of a SARS-CoV-2 Checklist in Labor and Delivery.** Zucco L, Levy N, Li Y, et al (2021), BMC Health Services Research vol 21, no 775, 6 August 2021

#### Background

Preparedness efforts for a COVID-19 outbreak required redesign and implementation of a perioperative workflow for the management of obstetric patients. In this report we describe factors which influenced rapid cycle implementation of a novel comprehensive checklist for the perioperative care of the COVID-19 parturient.

#### Methods

Within our labour and delivery unit, implementation of a novel checklist for the COVID-19 parturient requiring perioperative care was accomplished through rapid cycling, debriefing and on-site walkthroughs. Post-implementation, consistent use of the checklist was reported for all obstetric COVID-19 perioperative cases (100% workflow checklist utilization). Retrospective analysis of the factors influencing implementation was performed using a group deliberation approach, mapped against the Consolidated Framework for Implementation Research (CFIR).

#### Results

Analysis of factors influencing implementation using CFIR revealed domains of process implementation and innovation characteristics as overwhelming facilitators for success. Constructs within the outer setting, inner setting, and characteristic of individuals (external pressures, baseline culture, and personal attributes) were perceived to act as early barriers. Constructs such as communication culture and learning climate, shifted in influence over time.

#### Conclusion

We describe the influential factors of implementing a novel comprehensive obstetric workflow for care of the COVID-19 perioperative parturient during the first surge of the pandemic using the CFIR framework. Early workflow adoption was facilitated primarily by two domains, namely thoughtful innovation design and careful implementation planning in the setting of a long-standing culture of improvement. Factors initially assessed as barriers such as communication, culture and learning climate, transitioned into facilitators once a perceived benefit was experienced by healthcare teams. These results provide important information for the implementation of rapid change during a time of crisis. (Author)

**Full URL:** <https://doi.org/10.1186/s12913-021-06787-5>

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**2021-11566**

**Unexpected changes in birth experiences during the COVID-19 pandemic: Implications for maternal mental health.** Liu CH, Koire A, Erdei C (2021), Archives of Gynecology and Obstetrics 1 November 2021, online

#### Purpose

This study examined the rates of unexpected birth experiences due to the COVID-19 pandemic and its association with women's postpartum mental health symptoms (depression, generalized anxiety, and PTSD).

#### Methods

Our cross-sectional analysis included postpartum women (N = 506) who reported on birth plan changes attributed to the COVID-19 pandemic through the PEACE (Perinatal Experiences and COVID-19 Effects) Study, an online survey that took place between May 2020 and May 2021. Covariates included sociodemographic variables, number of days since the pandemic, pre-pregnancy mental health history, and protective factors such as social support, distress tolerance, and resilience.

#### Results

Prevalent COVID-19 pandemic changes in the birth experience included not having support people (e.g., partners and friends) permitted to participate in the baby's delivery (33.5%), reduced access to preferred medications before or after delivery (9.7%), unavailable health care providers for the baby's birth as planned (9.6%), and other changes (13.8%). The reduced access to medications was associated with those reporting higher levels of depressive ( $\beta = .10$ ,  $p < .01$ ) and PTSD symptoms ( $\beta = .07$ ,  $p < .05$ ). Separation from their baby for a long period after delivery ( $\beta = .10$ ,  $p < .05$ ) and other changes ( $\beta = .10$ ,  $p < .01$ ) were associated with higher levels of PTSD symptoms.

#### Conclusion

Unexpected changes to the birth experience due to the COVID-19 pandemic may have small but persistent effects on depressive and PTSD symptoms. Given increased vigilance and its association with subsequent PTSD, acknowledging any fear of viral contagion within the hospital setting but informing women the plans for ensuring safety may be preventive for later mental health symptomatology. (Author)

**Full URL:** <https://doi.org/10.1007/s00404-021-06310-5>

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## 2021-11374

**COVID-19 and clinical outcomes of pregnancy: a comparative study.** Smith V, Panda S, O'Malley D, et al (2021), British Journal of Midwifery vol 29, no 11, November 2021, pp 642-647

### Background

A series of changes in maternity care provision were implemented internationally in response to the COVID-19 pandemic. This study aimed to assess the impact of COVID-19 on maternal clinical outcomes, resulting from these changes to care provision.

### Methods

A before and during comparative study of maternal pregnancy, childbirth, and postpartum clinical outcomes was conducted at a maternity hospital in Ireland. Inferential statistics were used to compare datasets with significance set at  $P < 0.05$ .

### Results

Overall, no difference in caesarean section rates between the two study periods was observed, although more caesarean sections were observed in multiparous women during the pandemic (30% vs 35%,  $P = 0.01$ ). The rate of elective compared to emergency caesarean section was also higher during the pandemic, from a proportionate difference of 3.6% pre-pandemic to 13.6% during the pandemic. Rates of induction of labour for post-dates (post-maturity induction) were also increased during the pandemic.

### Conclusions

The changes to maternity care because of the COVID-19 pandemic appear to have affected some maternal clinical outcomes, and thus, potentially, women's overall intrapartum and postnatal health and wellbeing. (Author)

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## 2021-11308

**Can pregnancy aggravate the criticality of COVID-19 infection in obese asthmatic peripartum woman? A peripartum COVID-19 mortality case report.** Selim MF, Mohamed SAA, Abdou MMA, et al (2021), Journal of Obstetrics and Gynaecology 25 October 2021, online

As coronavirus disease 2019 (COVID-19) sweeps all over the world, information about COVID-19 is evolving rapidly and interim guidance by multiple organisations is constantly being updated and expanded. Early with discovery of COVID 19, it was reported that pregnancy did affect the progress of the disease severity. Recently, Centres for Disease Control and Prevention (CDC) reported that pregnancy is a risk factor for COVID-19 severity. The current case report is presenting a peripartum COVID-19 positive mortality case. (Author)

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## 2021-11143

**Narrative Analysis of Childbearing Experiences During the COVID-19 Pandemic.** Ajayi KV, Harvey IS, Panjwani S, et al (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 5, September/October 2021, pp 284-292

### Purpose:

The COVID-19 pandemic has disrupted health care delivery and services around the world causing rapid changes to maternity care protocols and pregnant women to give birth with tight restrictions and significant uncertainties. There is a gap in evidence about expectant and new mothers' experiences with birthing during the pandemic. We sought to describe and understand pregnant and new mothers' lived experiences during the COVID-19 pandemic using authentic birth stories.

### Study Design and Methods:

Using a narrative analysis framework, we extracted relevant YouTube birth stories using predetermined search terms and inclusion criteria. Mothers' birth stories were narrated in their second or third trimester or those who had recently given birth during the pandemic. Birth stories were analyzed using an inductive and deductive approach to capture different and salient aspects of the birthing experience.

### Results:

N = 83 birth stories were analyzed. Within these birth stories, four broad themes and 13 subthemes were identified. Key themes included a sense of loss, hospital experiences, experiences with health care providers, and unique experiences during birth and postpartum. The birth stories revealed that the COVID-19 pandemic brought unexpected circumstances, both positive and negative, that had an impact on mothers' overall birthing experience.

### Clinical Implications:

Results provided a detailed description of women's lived experience with giving birth during the COVID-19 pandemic. Maternity nurses should try to provide clear communication and compassionate patient-centered care to relieve women's anxieties about uncertain and unpredictable policy changes on COVID-19 as the pandemic continues to evolve. (Author)

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## 2021-11121

**Birth Satisfaction During the Early Months of the COVID-19 Pandemic in the United States.** Mollard E, Kupzyk K (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 1, January/February 2022, pp 6-12

**Purpose:** The purpose of this study was to describe birth satisfaction in women who gave birth in U.S. hospitals during the earliest months of the COVID-19 pandemic (March–July 2020).

**Study Design and Methods:** A cross-sectional survey of 747 postpartum women who gave birth in the United States during the early COVID-19 pandemic was conducted. Participants in the United were recruited via social media. They completed a questionnaire that included demographic, health, and obstetric experience questions, and the Birth Satisfaction Scale-Revised. Descriptive statistics, t-tests, analysis of variance (ANOVA) models, and nonparametric correlations were performed.

**Results:** Higher birth satisfaction scores were associated with higher income, marriage, white race, vaginal birth, having a birth partner present, and sufficient support during birth. Factors negatively associated with birth satisfaction were separation from infant, unplanned cesarean birth, neonatal intensive care unit admission, hypertension, preeclampsia, hemorrhage, depression, and anxiety.

**Clinical Implications:** Presence of birth partners, sufficient birth support, and minimizing separation of mother and infant improve birth satisfaction. Obstetric complications, including unplanned cesarean birth, negatively affect birth satisfaction. There are racial disparities in birth satisfaction. It is critical to develop further interventions to end racism in maternal health care. (Author)

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## 2021-10809

**Labour and birth.** Ross-Davie M, Brodrick A, Randall W, et al (2021), Best Practice & Research: Clinical Obstetrics and Gynaecology vol 73, June 2021, pp 91-103

This chapter describes the national guidance for care during labour and childbirth in the United Kingdom during the COVID-19 pandemic. The content largely draws attention on the guidance developed by the Royal College of Obstetricians (RCOG) and the Royal College of Midwives (RCM), and specific guidance on infection prevention and control measures from Public Health England.

The key areas addressed are as follows:

- Testing of pregnant women before and on admission for labour and birth
- Overall approach to intrapartum care for women with and without symptoms of COVID-19
- Timing, place, and type of birth considerations
- Personal Protective Equipment (PPE) during labour and birth – for staff, women, and birth supporters
- Use of birthing pools and waterbirth
- Foetal monitoring
- Immediate care of the newborn and support for breastfeeding.

The chapter refers to some of the ways in which the guidance was translated in practice.

The guidance was developed using a rapid analysis approach to emerging research and evidence, along with evidence from previous experiences of coronavirus combined with consensus expert opinion from all key professionals providing maternity care in the UK.

### What is known

The UK RCOG/RCM COVID-19 guidance was widely accepted across the UK maternity services and also worldwide as a reliable and credible source of information to shape care during the pandemic.

### What is not known

The full impact of the pandemic on the experiences and outcomes for babies and women of pregnancy, childbirth, and early parenting in the UK.

The impact of the new approaches to intrapartum care on experiences and outcomes for women, babies, and families.

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The impact of the changes required to intrapartum care as a result of the pandemic on the professional care provided; in terms of pressure created by rapidly changing approaches to care and restrictions on the ability to provide normal levels of care. (Author)

Full URL: <https://doi.org/10.1016/j.bpobgyn.2021.03.011>

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### 2021-10011

**Birth satisfaction during the COVID-19 pandemic on birth in a prospective cohort of 2,341 U.S. women.** Preis H, Mahaffey B, Heiselman C, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 9 October 2021, online

#### Problem

Birth satisfaction is an important health outcome that is related to postpartum mood, infant caretaking, and future pregnancy intention.

#### Background

The COVID-19 pandemic profoundly affected antenatal care and intrapartum practices that may reduce birth satisfaction.

#### Aim

To investigate the extent to which pandemic-related factors predicted lower birth satisfaction.

#### Methods

2,341 women who were recruited prenatally in April-May 2020 and reported a live birth between April-October 2020 were included in the current analysis. Hierarchical linear regression to predict birth satisfaction from well-established predictors of birth satisfaction (step 1) and from pandemic-related factors (step 2) was conducted. Additionally, the indirect associations of pandemic-related stress with birth satisfaction were investigated.

#### Findings

The first step of the regression explained 35% of variance in birth satisfaction. In the second step, pandemic-related factors explained an additional 3% of variance in birth satisfaction. Maternal stress about feeling unprepared for birth due to the pandemic and restrictions on companions during birth independently predicted lower birth satisfaction beyond the non-pandemic variables. Pandemic-related unpreparedness stress was associated with more medicalized birth and greater incongruence with birth preference, thus also indirectly influencing birth satisfaction through a mediation process.

#### Discussion

Well-established contributors to birth satisfaction remained potent during the pandemic. In addition, maternal stress and restriction on accompaniment to birth were associated with a small but significant reduction in birth satisfaction.

#### Conclusion

Study findings suggest that helping women set flexible and reasonable expectations for birth and allowing at least one intrapartum support person can improve birth satisfaction. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.10.004>

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### 2021-09923

**Outcomes of cesarean delivery in obstetric patients with SARS-CoV-2 infection.** Lankford A, Berger J, Benjenk I, et al (2021), *International Journal of Gynecology & Obstetrics* vol 155, no 3, December 2021, pp 547-548

SARS-CoV-2 infection was not associated with increased mortality, but was associated with a modest increase in morbidity, including stillbirth, in cesarean delivery patients in Maryland, USA. (Author)

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**2021-09904**

**Concerns of Women Choosing Community Birth During the COVID-19 Pandemic: A Qualitative Study.** Bernecki DeJoy S, Mandel D, McFadden N, et al (2021), Journal of Midwifery & Women's Health vol 66, no 5, September/October 2021, pp 624-630

#### Introduction

During the coronavirus disease 2019 (COVID-19) pandemic, midwives have reported increased demand for community birth services. The purpose of this qualitative study was to understand childbearing persons' decision-making during the pandemic and to illuminate their experiences giving birth in community settings.

#### Methods

The study was framed by the interpretive phenomenological approach. Eligible participants were recruited from midwives providing out-of-hospital birth services. Of the 26 women who agreed to an interview, 17 were able to be reached and interviewed. Interviews followed a semistructured guide. Early paradigm cases were coded by all researchers, and then the first author coded the remaining transcripts. The final thematic structure was developed by the research team through an iterative process and validated through member checking.

#### Results

Four themes were identified: prior desire for a community birth, perceived susceptibility, barriers to choice, and isolation.

#### Discussion

Many participants had a preexisting desire for community birth and used the pandemic to justify their choice. However, birth options were often limited by finances and geography. Attitude toward COVID-19 varied by knowledge and experience. Many participants experienced stress and isolation. (Author)

**Full URL:** <https://doi.org/10.1111/jmwh.13290>

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**2021-09785**

**COVID-19 changes to the pregnancy and birth assistance: Catalan midwives' experience.** Coll PR, Martínez EG, Falip DR, et al (2021), European Journal of Midwifery vol 5, July 2021, p 27

Letter to the editor providing an overview of changes to maternal health services during the COVID-19 pandemic in Catalonia, Spain. Highlights the increase in workload in maternity hospitals, restrictions on partner support in labour, the reduction of face-to-face consultations and an increase in hospital breastfeeding rates. (LDO)

**Full URL:** <https://doi.org/10.18332/ejm/138705>

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**2021-09580**

**Nosocomial COVID-19 infection in women undergoing elective cesarean delivery: a prospective cohort study.** Nizam A, Nimaroff ML, Menzin AW, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 1, January 2022, 100490

#### Background

The Covid-19 pandemic placed Obstetricians in the difficult position of continuing to perform elective cesarean sections without knowledge of the risk of nosocomial spread of the Covid-19 virus.

#### Objectives

To determine the nosocomial infection rate in women undergoing elective cesarean section at two academic institutions.

#### Design

This non-randomized prospective cohort trial evaluated patients undergoing elective cesarean section during the reopening phase of the Covid-19 pandemic in New York State at two large volume Labor and Delivery Units. Eligible patients with negative pre-operative Covid-19 reverse transcriptase-polymerase chain reaction test and IgG antibody test were re-tested 6-9 days after discharge. The primary objective was the Covid-19 test conversion rate defined as a positive PCR test after discharge with a negative pre-operative test. This was used as a proxy for the nosocomial infection rate.

#### Results

136 patients were screened for participation. Two patients tested positive for Covid-19 on preoperative testing and 25 declined to participate. 111 patients consented to participate and 96 underwent both preoperative and postoperative testing. No patients with a negative PCR test pre-operatively had a positive PCR test for the Covid-19 virus postoperatively.

#### Conclusions

With a strict and methodical perioperative and postpartum protocol, we can limit nosocomial Covid-19 infections in women undergoing elective cesarean section. (Author)

**Full URL:** <https://doi.org/10.1016/j.ajogmf.2021.100490>

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**2021-09361**

**Lockdown babies: Birth and new parenting experiences during the 2020 Covid-19 lockdown in South Africa, a cross-sectional study.** Farley E, Edwards A, Numanoglu E, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 7 September 2021, online

Background

Perceived birth experiences of parents can have a lasting impact on children. We explored the birth and new parenting experiences of South African parents in 2020 during the Covid-19 lockdown.

Methods

We conducted a cross-sectional online survey with consenting parents of babies born in South Africa during 2020. Factors associated with negative birth emotions and probable depression were estimated using logistic regression.

Results

Most of the 520 respondents were females (n = 496, 95%) who gave birth at private hospitals (n = 426, 86%). Mothers reported having overall positive birth emotions (n = 399, 80%). Multivariable analysis showed that having a preterm baby (aOR 2.89; CI 1.51–5.53) and the mother self-reporting that Covid-19 affected her birth experience (aOR 4.25; CI 2.08–8.68) increased the odds of mothers reporting predominantly negative emotions about their birth. The mother having her preferred delivery method reduced the odds of having negative birth emotions (aOR 0.41; CI 0.25–0.66). Multivariable analysis showed that having predominantly negative emotions about the birth increased the odds of probable minor depression (aOR 3.60; CI 1.93–6.70). Being older reduced the odds of having probable minor depression (25–34 years aOR 0.36; CI 0.10–1.32; 35 years or older aOR 0.25; CI 0.06–0.91).

Conclusions

Lockdown exacerbated many birth and parenting challenges including mental health and health care access. However, overall experiences were positive and there was a strong sense of resilience amongst parents. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.09.001>

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**2021-09226**

**Evaluation of Respiratory Emissions During Labor and Delivery: Potential Implications for Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).** Mok T, Harris E, Vargas A, et al (2021), *Obstetrics & Gynecology* vol 138, no 4, October 2021, pp 616-621

OBJECTIVE:

To characterize respiratory emissions produced during labor and vaginal delivery vis-à-vis the potential for transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

METHODS:

Observational study of three women who tested negative for SARS-CoV-2 and had uncomplicated vaginal deliveries. Using background-oriented schlieren imaging, we evaluated the propagation of respiratory emissions produced during the labor course and delivery. The primary outcome was the speed and propagation of breath over time, calculated through processed images collected throughout labor and delivery.

RESULTS:

In early labor with regular breathing, the speed of the breath was 1.37 meters/s (range 1.20–1.55 meters/s). The breath appeared to propagate faster with a cough during early labor at a speed of 1.69 meters/s (range 1.22–2.27 meters/s). During the second stage of labor with Valsalva and forced expiration, the propagation speed was 1.79 meters/s (range 1.71–1.86 meters/s).

CONCLUSION:

Labor and vaginal delivery increase the propagation of respiratory emissions that may increase risk of respiratory transmission of SARS-CoV-2. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000004533>

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## 2021-09223

**Changes in preterm birth and caesarean deliveries in the United States during the SARS-CoV-2 pandemic.** Gemmill A, Casey JA, Catalano R, et al (2021), Paediatric and Perinatal Epidemiology 13 September 2021, online

### Background

Preliminary studies suggest that the SARS-CoV-2 pandemic and associated social, economic and clinical disruptions have affected pregnancy decision-making and outcomes. Whilst a few US-based studies have examined regional changes in birth outcomes during the pandemic's first months, much remains unknown of how the pandemic impacted perinatal health indicators at the national-level throughout 2020, including during the 'second wave' of infections that occurred later in the year.

### Objectives

To describe changes in monthly rates of perinatal health indicators during the 2020 pandemic for the entire US.

### Methods

For the years 2015 to 2020, we obtained national monthly rates (per 100 births) for four perinatal indicators: preterm (<37 weeks' gestation), early preterm (<34 weeks' gestation), late preterm (34–36 weeks' gestation) and caesarean delivery. We used an interrupted time-series approach to compare the outcomes observed after the pandemic began (March 2020) to those expected had the pandemic not occurred for March through December of 2020.

### Results

Observed rates of preterm birth fell below expectation across several months of the 2020 pandemic. These declines were largest in magnitude in early and late 2020, with a 5%–6% relative difference between observed and expected occurring in March and November. For example, in March 2020, the observed preterm birth rate of 9.8 per 100 live births fell below the 95% prediction interval (PI) of the rate predicted from history, which was 10.5 preterm births per 100 live births (95% PI 10.2, 10.7). We detected no changes from expectation in the rate of caesarean deliveries.

### Conclusions

Our findings provide nationwide evidence of unexpected reductions in preterm delivery during the 2020 SARS-CoV-2 pandemic in the US. Observed declines below expectation were differed by both timing of delivery and birth month, suggesting that several mechanisms, which require further study, may explain these patterns. (Author)

**Full URL:** <https://doi.org/10.1111/ppe.12811>

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## 2021-09004

**Maternity Services [written answer].** House of Commons (2021), Hansard Written question 41161, 18 August 2021

Ms Nadine Dorries responds to a written question asked by Bim Afolami to the Secretary of State for Health and Social Care, regarding if he will take steps to ensure that all hospitals allow expectant mothers to be accompanied when (a) attending antenatal appointments and (b) they are in labour. (LDO)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2021-08-18/41161>

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**2021-08961**

**Characteristics and Outcomes of Women With COVID-19 Giving Birth at US Academic Centers During the COVID-19**

**Pandemic.** Chinn JJ, Sedighim S, Kirby KA (2021), JAMA Network Open vol 4, no 8, August 2021, e2120456

**Importance** Prior studies on COVID-19 and pregnancy have reported higher rates of cesarean delivery and preterm birth and increased morbidity and mortality. Additional data encompassing a longer time period are needed.

**Objective** To examine characteristics and outcomes of a large US cohort of women who underwent childbirth with vs without COVID-19.

**Design, Setting, and Participants** This cohort study compared characteristics and outcomes of women (age  $\geq 18$  years) who underwent childbirth with vs without COVID-19 between March 1, 2020, and February 28, 2021, at 499 US academic medical centers or community affiliates. Follow-up was limited to in-hospital course and discharge destination. Childbirth was defined by clinical classification software procedural codes of 134-137. A diagnosis of COVID-19 was identified using International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10) diagnosis of U07.1. Data were analyzed from April 1 to April 30, 2021.

**Exposures** The presence of a COVID-19 diagnosis using ICD-10.

**Main Outcomes and Measures** Analyses compared demographic characteristics, gestational age, and comorbidities. The primary outcome was in-hospital mortality. Secondary outcomes included hospital length of stay, intensive care unit (ICU) admission, mechanical ventilation, and discharge status. Continuous variables were analyzed using t test, and categorical variables were analyzed using  $\chi^2$ .

**Results** Among 869 079 women, 18 715 (2.2%) had COVID-19, and 850 364 (97.8%) did not. Most women were aged 18 to 30 years (11 550 women with COVID-19 [61.7%]; 447 534 women without COVID-19 [52.6%]) and were White (8060 White women [43.1%] in the COVID-19 cohort; 499 501 White women (58.7%) in the non-COVID-19 cohort). There was no significant increase in cesarean delivery among women with COVID-19 (6088 women [32.5%] vs 273 810 women [32.3%];  $P = .57$ ). Women with COVID-19 were more likely to have preterm birth (3072 women [16.4%] vs 97 967 women [11.5%];  $P < .001$ ). Women giving birth with COVID-19, compared with women without COVID-19, had significantly higher rates of ICU admission (977 women [5.2%] vs 7943 women [0.9%]; odds ratio [OR], 5.84 [95% CI, 5.46-6.25];  $P < .001$ ), respiratory intubation and mechanical ventilation (275 women [1.5%] vs 884 women [0.1%]; OR, 14.33 [95% CI, 12.50-16.42];  $P < .001$ ), and in-hospital mortality (24 women [0.1%] vs 71 [ $<0.01\%$ ]; OR, 15.38 [95% CI, 9.68-24.43];  $P < .001$ ).

**Conclusions and Relevance** This retrospective cohort study found that women with COVID-19 giving birth had higher rates of mortality, intubation, ICU admission, and preterm birth than women without COVID-19. (Author)

**Full URL:** <https://doi.org/10.1001/jamanetworkopen.2021.20456>

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**2021-08947**

**Experiences of Quality Perinatal Care During the US COVID-19 Pandemic.** Ibrahim BB, Powell Kennedy H, Combellick J (2021), Journal of Midwifery & Women's Health vol 66, no 5, September/October 2021, pp 579-588

#### Introduction

Quality perinatal care is recognized as an important birth process and outcome. During the coronavirus disease 2019 (COVID-19) pandemic, quality of perinatal care was compromised as the health care system grappled with adapting to an ever-changing, uncertain, and unprecedented public health crisis.

#### Methods

The aim of this study was to explore the quality of perinatal care received during the COVID-19 pandemic in the United States. Data were collected via an online questionnaire completed by people who gave birth in the United States after March 15, 2020. The questionnaire included the Mothers on Respect Index and the Mothers Autonomy in Decision Making validated measures. Low-quality perinatal care was defined as decreased respect and/or autonomy in the perinatal care received. Responses were geocoded by zip code to determine COVID-19 case-load in the county on the date of birth. Multivariate regression analyses described associations between respect and autonomy in decision-making for perinatal care and levels of COVID-19 outbreak across the United States.

#### Results

Participants (N = 707) from 46 states and the District of Columbia completed the questionnaire. As COVID-19 cases increased, participants' experiences of autonomy in decision-making for perinatal care decreased significantly (P = .04). Participants who identified as Black, Indigenous, and people of color, those who had an obstetrician provider, and those who gave birth in a hospital were more likely to experience low-quality perinatal care. Those with a midwife provider or who had a home birth were more likely to experience high-quality perinatal care in adjusted models.

#### Discussion

Variability in experiences of high-quality perinatal care by sociodemographic characteristics, birth setting, and provider type may relate to implicit bias, structural racism, and inequities in maternal health and COVID-19 outcomes for birthing people from marginalized communities. (Author)

Full URL: <https://doi.org/10.1111/jmwh.13269>

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**2021-08891**

**Balancing restrictions and access to maternity care for women and birthing partners during the COVID-19 pandemic: the psychosocial impact of suboptimal care.** Lalor J, Ayers S, Celleja Agius J, et al (2021), BJOG: An International Journal of Obstetrics and Gynaecology vol 128, no 11, October 2021, pp 1720-1725

Commentary on access to maternity care for women and birthing partners across Europe during the COVID-19 pandemic. Highlights the inconsistency of restrictions, the inability to meet a human rights-based approach to care, and long-term iatrogenic effects on women and their babies. (LDO)

Full URL: <https://doi.org/10.1111/1471-0528.16844>

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**2021-08379**

**COVID-related "Lockdowns" and Birth Rates in New York.** McLaren Jr RA, Trejo FE, Blitz MJ, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 6, November 2021, 100476

No abstract available.

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**2021-08364**

**The effect of COVID-19 on intrapartum care: a case review from early in the pandemic.** Martin H, Hameed A (2021), British Journal of Midwifery vol 29, no 9, September 2021, pp 532-535

The COVID-19 pandemic has had a marked impact on maternity services in the UK. Those who are pregnant are identified as a higher risk population and there have been significant changes in the structure of antenatal, intrapartum and postnatal care. This case of interest explores a moderate case of SARS-CoV-2 during the intrapartum period in the early stages of the pandemic which was managed by a multidisciplinary approach. The family are well and are now fully recovered. Midwifery accounts recall uncertainties regarding personal protective equipment. Obstetricians recall minimalising patient contact where appropriate and anticipating for obstetric emergencies to reduce delays. Despite challenges, staff recall excellent multidisciplinary team work and the use of technology to facilitate communication between service user and birth partner. (Author)

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**2021-08236**

**Obstetrical outcomes and follow-up for patients with asymptomatic COVID-19 at delivery: a multicenter prospective cohort study.** Hill J, Patrick HS, Ananth CV, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 6, November 2021, 100454

#### BACKGROUND

Universal testing for COVID-19 on admission to the labor and delivery unit identifies asymptomatic patients. Whether or not these patients are at increased risk for adverse outcomes and go on to develop clinically significant disease is uncertain.

#### OBJECTIVE

This study aimed to assess the prevalence of asymptomatic COVID-19 presentation among pregnant patients admitted for delivery and to determine whether these patients become symptomatic or require hospital readmission after discharge.

#### STUDY DESIGN

We performed a multicenter, prospective cohort study of pregnant patients who delivered between 200/7 and 416/7 weeks' gestation and who were found to have COVID-19 based on universal screening on admission for delivery at 1 of 4 medical centers in New Jersey (exposed group). The unexposed group, comprising patients who tested negative for COVID-19, were identified at the primary study site. The primary outcomes were the rates of asymptomatic COVID-19 presentation, the development of symptoms among the asymptomatic positive patients, and hospital readmission rates in the 2 weeks following discharge. We compared the frequency of the distribution of risk factors and outcomes in relation to the COVID-19 status among patients with COVID-19 across all centers and among those without COVID-19 at the primary site. Associations between categorical risk factors and COVID-19 status were expressed as relative risks with 95% confidence intervals.

#### RESULTS

Between April 10, 2020, and June 15, 2020, there were 218 patients with COVID-19 at the 4 sites and 413 patients without COVID-19 at the primary site. The majority (188 [83.2%]) of patients with COVID-19 were asymptomatic. Compared with the negative controls, these asymptomatic patients were not at increased risk for obstetrical complications that may increase the risk associated with COVID-19, including gestational diabetes (8.2% vs 11.4%; risk ratio, 0.72; 95% confidence interval, 0.24–2.01) and gestational hypertension (6.1% vs 7.0%; risk ratio, 0.88; 95% confidence interval, 0.29–2.67). Postpartum follow-ups via telephone surveys revealed that these patients remained asymptomatic and had low rates of family contacts acquiring the disease, but their adherence to social distancing guidelines waned during the 2-week postpartum period. Review of inpatient and emergency department records revealed low rates of hospital readmission.

#### CONCLUSION

Most of the pregnant patients who screened positive for COVID-19 are asymptomatic and do not go on to develop clinically significant infection after delivery. Routine surveillance of these patients after hospital discharge appears to be sufficient. (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2021.100454>

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## 2021-07993

**Women from ethnic minorities and impact of COVID [Reviewed July 2021].** Royal College of Midwives (2021), London: RCM July 2021. 5 pages

Briefing paper from the Royal College of Midwives (RCM). It is known that COVID-19 is having a disproportionate effect on women from ethnic minority groups. This professional briefing offers guidance to those caring for pregnant women from those groups in pregnancy and labour, and their families, during the pandemic. (JSM)

**Full URL:** <https://www.rcm.org.uk/media/5408/cb-women-from-ethnic-minorities-and-impact-of-covid.pdf>

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## 2021-07948

**Investigating Decreased Rates of Nulliparous Cesarean Deliveries during the COVID-19 Pandemic.** Sinnott CM, Freret TS, Clapp MA, et al (2021), American Journal of Perinatology vol 38, no 12, October 2021, pp 1231-1235

**Objective** Preventing the first cesarean delivery (CD) is important as CD rates continue to rise. During the novel coronavirus disease 2019 (COVID-19) pandemic, quality improvement metrics at our hospital identified lower rates of CD. We sought to investigate this change and identify factors that may have contributed to the decrease.

**Study Design** We compared nulliparous singleton deliveries at a large academic hospital during the COVID-19 pandemic (April through July 2020 during a statewide “stay-at-home” order) to those in the same months 1 year prior to the pandemic (April through July 2019). The primary outcome, mode of delivery, was obtained from the electronic medical record system, along with indication for CD.

**Results** The cohort included 1,913 deliveries: 892 in 2019 and 1,021 in 2020. Patient characteristics (age, body mass index, race, ethnicity, and insurance type) did not differ between the groups. Median gestational age at delivery was the same in both groups. The CD rate decreased significantly during the COVID-19 pandemic compared with prior (28.9 vs. 33.6%;  $p = 0.03$ ). There was a significant increase in the rate of labor induction (45.7 vs. 40.6%;  $p = 0.02$ ), but no difference in the proportion of inductions that were elective (19.5 vs. 20.7%;  $p = 0.66$ ). The rate of CD in labor was unchanged (15.9 vs. 16.3%;  $p = 0.82$ ); however, more women attempted a trial of labor (87.0 vs. 82.6%;  $p = 0.01$ ). Thus, the proportion of CD without a trial of labor decreased (25.1 vs. 33.0%;  $p = 0.04$ ).

**Conclusion** There was a statistically significant decrease in CD during the COVID-19 pandemic at our hospital, driven by a decrease in CD without a trial of labor. The increased rate of attempted trial of labor suggests the presence of patient-level factors that warrant further investigation as potential targets for decreasing CD rates. Additionally, in a diverse and medically complex population, increased rates of labor induction were not associated with increased rates of CD. (Author)

**Full URL:** <https://doi.org/10.1055/s-0041-1732449>

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## 2021-07942

**Lived experiences of the partners of COVID-19 positive childbearing women: A qualitative study.** Nespoli A, Ornaghi S, Borrelli S, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 2 August 2021, online

### Problem

Several maternity units worldwide have rapidly put in place changes to maternity care pathways and restrictive preventive measures in the attempt to limit the spread of COVID-19, resulting in birth companions often not being allowed to be present at birth and throughout hospital admission.

### Background

The WHO strongly recommends that the emotional, practical, advocacy and health benefits of having a chosen birth companion are respected and accommodated, including women with suspected, likely or confirmed COVID-19.

### Aim

To explore the lived experiences of the partners of COVID-19 positive childbearing women who gave birth during the first pandemic wave (March and April 2020) in a Northern Italy maternity hospital.

### Methods

A qualitative study using an interpretive phenomenological approach was undertaken. Audio-recorded semi-structured interviews were conducted with 14 partners. Thematic data analysis was conducted using NVivo software. Ethical approval was obtained from the relevant Ethics Committee prior to commencing the study.

### Findings

The findings include five main themes: (1) emotional impact of the pandemic; (2) partner and parent: a dual role; (3) not being present at birth: a 'denied' experience; (4) returning to 'normality'; (5) feedback to 'pandemic' maternity services and policies.

### Discussion and conclusion

Key elements of good practice to promote positive childbirth experiences in the context of a pandemic were identified: presence of a birth companion; COVID-19 screening tests for support persons; timely, proactive and comprehensive communication of information to support persons; staggered hospital visiting times; follow-up of socio-psychological wellbeing; antenatal and postnatal home visiting; family-centred policies and services. (Author)

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## 2021-07884

**Donning the powered air-purifying respirator in an emergency obstetric setting amid the COVID-19 outbreak in Singapore: a balance between safety and urgency.** Koh KML, Mathur M (2021), *Singapore Medical Journal* vol 62, no 4, April 2021, p 207

Correspondence suggesting ways to address the dilemma of balancing the safety of health care professionals with the time-critical nature of emergency obstetric procedures. (MB)

Full URL: <https://doi.org/10.11622/smedj.2020099>

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## 2021-07758

**Feature Article—Continuing Education Module—International Water-Birth Practices With Recommendations During a Global Pandemic.** Harper B (2021), *The Journal of Perinatal Education* vol 30, no 3, Summer 2021, pp 128-134

The number of hospitals globally that offer water birth has increased exponentially during the past 10 years. This article examines some of the reasons for this increase as well as the objections to water birth by The American College of Obstetricians and Gynecologists, raised in their 2014 and 2016 opinion statements. The amount of research has also increased as more hospitals are keeping track of their data and publishing both prospective studies and retrospective analyses. The effects of water birth on the neonate are discussed through three meta-analyses from 2015, 2016, and 2018. The challenges and recommendations on continuing the use of water during labor and birth as a nonpharmacologic comfort measure even during a global pandemic are highlighted and supported by the best available evidence. (Author)

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**2021-07726**

**The impact of COVID-19 visitor policy restrictions on birthing communities of colour.** Altman MR, Eagen-Torkko MK, Mohammed SA, et al (2021), Journal of Advanced Nursing vol 77, no 12, December 2021, pp 4827-4835

#### Aims

To explore the experiences of care for pregnant and birthing people, and the nurses who cared for them, during the COVID-19 pandemic, with special emphasis on the impact of visitor restrictions policies.

#### Design

Qualitative study using critical thematic analysis.

#### Methods

We conducted semi-structured interviews with 15 community members who were pregnant and/or gave birth and 14 nurses who worked in the perinatal setting between April and August 2020. Participants were recruited via purposive and snowball sampling, and interviews were conducted virtually via the Zoom platform. The research team used critical thematic analysis methods informed by other interpretive methodologies to arrive at resultant themes.

#### Results

Participants described experiences pertaining to how visitor restriction policies are not equitable and disproportionately impact Black, Indigenous, and People of Color (BIPOC) families, and the direct impacts of not having support people, and also provided recommendations for how to adapt current policies to be more equitable.

#### Conclusions

Visitor restriction policies have had a disproportionately harmful effect on BIPOC patients and families, leading some patients to make decisions that increase their physical risks to alleviate their risk of labouring and birthing without desired support.

#### Impact

While this pandemic is nearing the end, these results can guide structuring of policy not only for the next pandemic, but also for universal policy development. Mitigating the effects of racism in policies, by including diverse stakeholders in decision-making, should be an inherent part of hospital administration procedures. (Author)

**Full URL:** <https://doi.org/10.1111/jan.14991>

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**2021-07537**

**Changes in obstetric interventions and preterm birth during COVID-19: A nationwide study from Iceland.** Einarsdóttir K, Swift EM, Zoega H (2021), *Acta Obstetrica et Gynecologica Scandinavica* vol 100, no 10, October 2021, pp 1924-1930

#### Introduction

Previous evidence has been conflicting regarding the effect of coronavirus disease 2019 (COVID-19) pandemic lockdowns on obstetric intervention and preterm birth rates. The literature to date suggests potentially differential underlying mechanisms based on country economic setting. We aimed to study these outcomes in an Icelandic population where uniform lockdown measures were implemented across the country.

#### Material and methods

The study included all singleton births ( $n = 20\,680$ ) during 2016–2020 identified from the population-based Icelandic Medical Birth Register. We defined two lockdown periods during March–May and October–December in 2020 according to government implemented nationwide lockdown. We compared monthly rates of cesarean section, induction of labor and preterm birth during lockdown with the same time periods in the 4 previous years (2016–2019) using logit binomial regression adjusted for confounders.

#### Results

Our results indicated a reduction in the overall cesarean section rate, which was mainly evident for elective cesarean section, both during the first (adjusted odd ratio [aOR] 0.71, 95% CI 0.51–0.99) and second (aOR 0.72, 95% CI 0.52–0.99) lockdown periods, and not for emergency cesarean section. No change during lockdown was observed in induction of labor. Our results also suggested a reduction in the overall preterm birth rate during the first lockdown (aOR 0.69, 95% CI 0.49–0.97) and in the months immediately following the lockdown (June–September) (aOR 0.67, 95% CI 0.49–0.89). The reduction during the first lockdown was mainly evident for medically indicated preterm birth (although not statistically significant) and the reduction during June–September was mainly evident for spontaneous preterm birth.

#### Conclusions

This study suggested a reduction in elective cesarean section during COVID-19 lockdown, possibly reflecting changes in prioritization of non-urgent health care during lockdown. We also found a reduction in overall preterm birth during the first lockdown and spontaneous preterm birth following the first lockdown, but further research is needed to shed light on the underlying mechanisms for these findings. (Author)

**Full URL:** <https://doi.org/10.1111/aogs.14231>

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## 2021-07225

### What may happen if you are pregnant during Covid-19 lockdown? A retrospective study about peripartum outcomes.

Amadori R, Aquino CI, Colagiorgio S, et al (2021), Minerva Obstetrics and Gynecology 17 June 2021, online

**Background:** One of the provisions implemented to contain the spread of Covid-19 infections in Italy was the lockdown. Effects of the lockdown on childbirth outcomes and on the well-being of both the mother and the child have not yet been defined. An inadequate diet during pregnancy and a reduced physical activity can predispose women to become overweight or obese and trigger the development of various complications and maternal-fetal adverse outcomes.

**Methods:** This is a retrospective study including all consecutive patients who delivered at University Hospital Maggiore della Carità in Novara, Italy, in April-May 2017 (group 1, n=294), a period prior to the pandemic, and during the same months in 2020 (group 2, n=256) during and immediately after lockdown. Clinical data were extracted from The Report "Childbirth Assistance Certificate (CedAP) - Birth Event Analysis".

**Results:** Demographic characteristics were similar between the two study groups, except for a decreased number of married couples in group 2 (p-value 0.018) and an increased percentage of patients with clinical checkups at Family Planning facilities in 2020 (p-value 0.04). The number of hospitalizations during pregnancy was 26 (8.9%) vs 10 (3.9%) with a significant reduction during 2020 (p-value 0.004). Regarding obstetric outcomes, we observed a significant increase in induction of labour in 2020 (23.9% vs 35.9%; p-value 0.002), a reduction of amniorrhexis (11.3% vs 5.5% p-value 0.015), a reduction of supine positions with an increase of vertical and all fours positions in 2020 (49.3% vs 61.9% and 9.5% vs 12.4% respectively, p 0.023), and a reduction of left occipito-anterior presented part (63.2% vs 55.4%) in favor of right occipito-anterior (34.7% vs 41.2%, p-value 0.019).

**Conclusions:** There were no significant differences either for antepartum or intrapartum complications. Long-term studies are needed to evaluate psychological, behavioral, and epigenetic effects of maternal physical inactivity on obstetric outcomes.  
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**2021-07133**

**Pregnancy and birth in the United States during the COVID-19 pandemic: The views of doulas.** Adams C (2022), Birth vol 49, no 1, March 2022, pp 116-122

#### Background

Much of the emerging research on the effects of SARS-CoV-2 disease (COVID-19) on pregnant people and their infants has been clinical, devoting little attention to how the pandemic has affected families navigating pregnancy and birth. This study examined the perspectives of doulas, or nonclinical labor support professionals, on how pregnancy and birth experiences and maternal health care delivery systems changed in the early weeks of the COVID-19 pandemic.

#### Methods

Semi-structured interviews using open-ended questions were conducted over the phone with 15 birth doulas. Doulas were invited to participate because of their close relationships with pregnant and birthing people and the comprehensive support they offer. The interview transcripts were analyzed inductively.

#### Results

Doulas' clients faced three predominant COVID-19-related pregnancy and birth challenges: (a) fear of exposure; (b) limited access to their expected support systems; and (c) uncertainties surrounding hospital restrictions on labor and birth. Doulas responded creatively to help their clients confront these challenges. Participants expressed various criticisms of how maternal health care systems handled the emerging crisis, argued that COVID-19 exposed preexisting weaknesses in US maternity care, and called for a coordinated care model involving doulas.

#### Discussion

Doulas' close relationships with pregnant people enabled them to be an important source of support during the COVID-19 pandemic. Added to the larger body of work on the impacts of doula care, this study supports widespread calls for universally integrating doulas into maternity care systems as a targeted strategy to better support pregnant and birthing people in both crisis and noncrisis situations. (Author)

**Full URL:** <https://doi.org/10.1111/birt.12580>

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**2021-06667**

**Differences in obstetric healthcare utilization and delivery complications before and after the COVID-19 pandemic – a retrospective study.** Herzberger EH, Efros O, Herzberger S, et al (2021), Journal of Maternal-Fetal and Neonatal Medicine 28 June 2021, online

Purpose

To investigate the effect of the COVID-19 pandemic on healthcare utilization related to labor and delivery and to assess the effect of the COVID-19 pandemic on intra-partum and delivery complications.

Methods

This retrospective study was performed at a university-affiliated, tertiary medical center. It included women admitted to the delivery room from 1 March 2020 to 23 July 2020 during the first wave of the COVID-19 pandemic. They were compared against women who were admitted to the delivery room during the same time period in 2019. The outcomes of 2701 deliveries during the pre-pandemic period were compared to those of 2668 deliveries during the pandemic period. Main outcomes were pregnancy and delivery outcomes.

Results

The mean number of emergency department visits before admission for delivery was higher in the pre-pandemic period than in the pandemic period ( $2.3 \pm 1.5$  and  $2.1 \pm 1.3$  visits, respectively;  $p < .01$ ). There were no significant differences in other intra- and postpartum complications. The incidence of a prolonged third stage of labor was higher in the pre-pandemic than in the pandemic period (225 (10%) and 182 (8.1%), respectively;  $p = .03$ ). The mean duration of post-partum maternal hospitalization was longer in the pre-pandemic than in the pandemic period ( $3.6 \pm 0.9$  and  $3.4 \pm 1.0$  days, respectively;  $p < .01$ ). Neonatal outcomes were comparable for Apgar scores, birth weight, and newborn intensive care unit admission for both periods; however, the mean duration of neonatal hospitalization was longer in the pre-pandemic than in the pandemic period ( $3.5 \pm 3.2$  and  $3.2 \pm 1.1$  days, respectively;  $p < .01$ ).

Conclusions

In our study population, in the presence of public and accessible obstetric medicine, the first wave of the COVID-19 pandemic did not affect pregnancy or early delivery outcomes. (Author)

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## 2021-06051

**Peripartum anesthetic management of women with SARS-CoV-2 infection in eight medical centers across three European countries: prospective cohort observation study.** Ioscovich A, Guasch E, Brogly N, et al (2021), Journal of Maternal-Fetal and Neonatal Medicine 9 June 2021, online

### Objective

Several reports of obstetric anesthesia management have been published since the onset of the COVID-19 pandemic. We aimed to collect high-quality broad and detailed data from different university medical centers in several European Society of Anesthesiologist countries.

### Methods

This prospective observational survey was performed in eight medical centers in Spain, Israel and Portugal from 1st April to 31st July 2020. Institutional review board approval was received at each participating center. Inclusion criteria: all women with a positive test for COVID-19. Retrieved data included maternal, delivery, anesthetic, postpartum details, and neonatal outcomes. Descriptive data are presented, and outcomes were compared for women with versus without respiratory signs and symptoms.

### Results

Women with respiratory symptoms (20/12.1%) had significantly higher mean (standard deviation) temperature (37.2 °C (0.8) versus 36.8 °C (0.6)), were older (34.1 (6.7) years versus 30.5 (6.6)) and had higher body mass index kg m<sup>-2</sup> – (29.5 (7.5) versus 28.2 (5.1)). Women with respiratory symptoms delivered at a significantly earlier gestational age (50% < 37 weeks) with a 65% cesarean delivery rate (versus 22.1% in the group without respiratory symptoms) and 5-fold increased rate of emergency cesarean delivery, 30% performed under general anesthesia. A higher rate of intrauterine fetal death (3%) was observed than expected from the literature (0.2–0.3%) in developed countries. There was no evidence of viral vertical transmission.

### Conclusion

Well-functioning neuraxial analgesia should be available to manage laboring women with respiratory symptoms, as there is a higher frequency of emergency cesarean delivery. We report a higher rate of undiagnosed parturient and intrauterine fetal death. (Author)

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## 2021-05735

**Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Immunoglobulin G Antibody Screening to Identify Infections Remote From Delivery Admission.** Moutos CP, Beavers RN, Younes L, et al (2021), Obstetrics & Gynecology vol 138, no 1, July 2021, pp 111-113

Universal antepartum serologic screening for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) antibodies can aid in properly applying isolation and visitation policies for patients presenting to labor and delivery. (Author)

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## 2021-05482

**Clinical and Demographic Risk Factors for COVID-19 during Delivery Hospitalizations in New York City.** Sutton D, Wen T, Staniczenko AP, et al (2021), American Journal of Perinatology vol 38, no 8, July 2021, pp 857-868

**Objective** This study was aimed to review 4 weeks of universal novel coronavirus disease 2019 (COVID-19) screening among delivery hospitalizations, at two hospitals in March and April 2020 in New York City, to compare outcomes between patients based on COVID-19 status and to determine whether demographic risk factors and symptoms predicted screening positive for COVID-19.

**Study Design** This retrospective cohort study evaluated all patients admitted for delivery from March 22 to April 18, 2020, at two New York City hospitals. Obstetrical and neonatal outcomes were collected. The relationship between COVID-19 and demographic, clinical, and maternal and neonatal outcome data was evaluated. Demographic data included the number of COVID-19 cases ascertained by ZIP code of residence. Adjusted logistic regression models were performed to determine predictability of demographic risk factors for COVID-19.

**Results** Of 454 women delivered, 79 (17%) had COVID-19. Of those, 27.9% (n = 22) had symptoms such as cough (13.9%), fever (10.1%), chest pain (5.1%), and myalgia (5.1%). While women with COVID-19 were more likely to live in the ZIP codes quartile with the most cases (47 vs. 41%) and less likely to live in the ZIP code quartile with the fewest cases (6 vs. 14%), these comparisons were not statistically significant (p = 0.18). Women with COVID-19 were less likely to have a vaginal delivery (55.2 vs. 51.9%, p = 0.04) and had a significantly longer postpartum length of stay with cesarean (2.00 vs. 2.67days, p < 0.01). COVID-19 was associated with higher risk for diagnoses of chorioamnionitis and pneumonia and fevers without a focal diagnosis. In adjusted analyses, including demographic factors, logistic regression demonstrated a c-statistic of 0.71 (95% confidence interval [CI]: 0.69, 0.80).

**Conclusion** COVID-19 symptoms were present in a minority of COVID-19-positive women admitted for delivery. Significant differences in obstetrical outcomes were found. While demographic risk factors demonstrated acceptable discrimination, risk prediction does not capture a significant portion of COVID-19-positive patients. (Author)

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**2021-05456**

**Giving birth during the COVID-19 pandemic, perspectives from a sample of the United States birthing persons during the first wave: March-June 2020.** Breman RB, Neerland C, Bradley D, et al (2021), Birth vol 48, no 4, December 2021, pp 524-533

Background

The COVID-19 pandemic forced hospitals in the United States to adjust policy and procedure in order to provide safe care and prevent the spread of disease. At the beginning of the pandemic, media and case reports described pressure for medical interventions, visitor restrictions, separation from newborns, and an increase in patient demand for community birth (home and birth center). The purpose of this study was to describe birth experiences during the COVID-19 pandemic centering the birthing person's perspective.

Methods

A survey was e-mailed to users of the Ovia Pregnancy app reaching a national convenience sample who gave birth between March 1, 2020, and June 11, 2020. Survey topics included birth location, the Mothers on Respect index, and open-ended questions capturing patient perspectives on the pandemic's effect on their birth experiences. Differences were assessed based on state-level COVID rate and by race. Content analysis was performed to analyze open-ended responses.

Results

Respondents from highly impacted COVID-19 states more frequently changed or considered changing their birth location. Racial differences were also found with Black respondents reporting significantly more preterm births and lower respect scores when compared to White respondents. Six themes emerged from the content analysis: Institutional Policies, Changes in Care, Hospital Staff Interactions, Sub-par Care, Issues of Support, and Mental Health.

Discussion

The health care community must continue to adapt policies and procedures to best support birthing patients during the COVID-19 pandemic. The community must also continue to address the reality that Black patients receive less respectful care compared with White patients. (Author)

Full URL: <https://doi.org/10.1111/birt.12559>

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**2021-05124**

**Maternity Services: Coronavirus [written answer].** House of Commons (2021), Hansard Written question 13133, 9 June 2021

Ms Nadine Dorries responds to a written question from Rachael Maskell to the Secretary of State for Health and Social Care, regarding whether, from 21 June 2021, partners will be able to attend, in person, all maternity appointments, including the birth of a child. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-06-09/13133>

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**2021-04968**

**Trends in Home Birth Information Seeking in the United States and United Kingdom During the COVID-19 Pandemic.** Schmidt CN, Cornejo LN, Rubashkin NA, et al (2021), JAMA Network Open vol 4, no 5, May 2021, e2110310

This cross-sectional study used online search data to assess changes in home birth information-seeking behaviors across the United States and United Kingdom during the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1001/jamanetworkopen.2021.10310>

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#### 2021-04860

**Timing of delivery with coronavirus disease 2019 pneumonia requiring intensive care unit admission.** Rose CH, Wyatt MA, Narang K, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 4, July 2021, 100373

Approximately 4% of pregnant patients with coronavirus disease 2019 require intensive care unit admission. Given the practical implications of advanced ventilatory and circulatory support techniques, urgent or emergent delivery for nonreassuring fetal status frequently presents a logistical impossibility. This article proposes a protocol for obstetrical management of patients in these situations, emphasizing coordinated preparation among obstetrical, anesthesiology, and intensivist teams for planned preterm delivery at gestational ages when neonatal outcomes are likely to be favorable. (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2021.100373>

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#### 2021-04530

**Use of facemask during labor does not affect cord blood gas values at birth.** Ornaghi S, Guinea Montalvo CK, Fumagalli S, et al (2021), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 261, June 2021, pp 242-243

No abstract available.

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#### 2021-04128

**Covid crisis forces suspension of maternity services.** Moore A (2021), Health Service Journal 7 January 2021

Some trusts in London and the South East are closing standalone birth centres and warning they cannot support home births because of high levels of demand for ambulance services from covid patients. (Author)

Full URL: <https://www.hsj.co.uk/>

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#### 2021-03942

**Autonomy in pregnancy: the legal and ethical implications of COVID-19 and the suspension of out-of-hospital birth options.**

Chambers E (2021), MIDIRS Midwifery Digest vol 31, no 2, June 2021, pp 212-216

Discusses the legal and ethical implications for personal autonomy and choice in maternity services during the COVID-19 pandemic. Concludes that the suspension of home birth services was lawful, necessary and proportionate. (LDO)

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#### 2021-03828

**Cesarean section rates in the COVID-19 era: False alarms and the safety of the mother and child.** Arab W, Atallah D (2021), European Journal of Midwifery vol 5, May 2021, p 14

Letter to the editor discussing rates of caesarean section and iatrogenic preterm deliveries in obstetric-led units during the COVID-19 pandemic. The authors suggest that vaginal birth should be favoured as it decreases the risk of clinical deterioration, COVID-19 related thromboembolism and neonatal morbidity. (LDO)

Full URL: <https://doi.org/10.18332/ejm/134998>

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#### 2021-03586

**Partner testing of severe acute respiratory syndrome coronavirus 2–positive women presenting for delivery.** Sakowicz A, Rosati J, Caldarelli LA, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 4, July 2021, 100361

Research letter presenting a study of SARS-CoV-2 testing among pregnant women and their partners at Northwestern Memorial Hospital in the United States. 153 women and 33 partners tested positive for SARS-CoV-2 within 10 days of delivery. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2021.100361>

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## 2021-03508

**COVID-19 is associated with traumatic childbirth and subsequent mother-infant bonding problems.** Mayopoulos GA, Ein-Dor T, Dishy GA, et al (2021), Journal of Affective Disorders vol 282, 1 March 2021, pp 122-125

### Background

Knowledge of women's experience of childbirth in the outbreak of the coronavirus (COVID-19) pandemic and associated maternal health outcomes is scarce.

### Methods

A sample of primarily American women who gave birth around the height of COVID-19 (n = 1,611) and matched controls, i.e., women who gave birth before COVID-19 (n = 640), completed an anonymous Internet survey about recent childbirth, birth-related traumatic stress (peritraumatic distress inventory; PTSD-checklist), maternal bonding (maternal attachment inventory; mother-to-infant bonding scale) and breastfeeding status. Groups (n = 637 in each) were matched on demographics, prior mental health/trauma and childbirth factors to determine the unique contribution of COVID-19 to the psychological experience of childbirth.

### Results

Mothers in COVID-19-exposed communities endorsed more clinically acute stress response to childbirth than matched controls (Z = 2.65, p = .008, OR= 1.38). A path mediation model revealed that acute stress mediated the relationship between study group and postpartum outcomes. Specifically, higher acute stress response in birth was associated with more childbirth-related posttraumatic stress disorder symptoms ( $\beta = .42$ , p < .001) and less bonding with the infant ( $\beta = .26$ , p < .001), including breastfeeding problems ( $\beta = .10$ , p < .01).

### Limitations

Use of a convenient internet sample introduces bias towards more educated women and reliance on retrospective self-report assessments may entail recall bias.

### Conclusions

COVID-19 is a major stressor for delivering women. It can heighten traumatic childbirth experiences and interfere with successful postpartum adjustment. Clinical attention to traumatic stress in childbirth and problems with caring for the young during this pandemic is important.

(Author)

Full URL: <https://doi.org/10.1016/j.jad.2020.12.101>

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## 2021-03442

**Face masks in labour: 'I feared I would vomit'.** Talwar D (2021), BBC News 14 May 2021

Wearing a face mask has become part of daily life during the pandemic. But there are some people who are exempt from the rules - and that includes women giving birth. (Author)

Full URL: <https://www.bbc.co.uk/news/health-57021736>

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## 2021-03238

**Covid: 'Miracle' baby born to Newport mum in coma.** Bird N (2021), BBC News 10 May 2021

A woman who was in a coma with Covid while pregnant has told how she woke up the day after her baby was born. (Author)

Full URL: <https://www.bbc.co.uk/news/av/health-57013743>

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## 2021-03194

**Induction of labour during the COVID-19 pandemic: a national survey of impact on practice in the UK.** Harkness M, Yuill C, Cheyne H, et al (2021), BMC Pregnancy and Childbirth vol 21, no 310, 19 April 2021

### Background

Induction of labour (IOL) is one of the most commonly performed interventions in maternity care, with outpatient cervical ripening increasingly offered as an option for women undergoing IOL. The COVID-19 pandemic has changed the context of practice and the option of returning home for cervical ripening may now assume greater significance. This work aimed to examine whether and how the COVID-19 pandemic has changed practice around IOL in the UK.

### Method

We used an online questionnaire to survey senior obstetricians and midwives at all 156 UK NHS Trusts and Boards that currently offer maternity services. Responses were analysed to produce descriptive statistics, with free text responses analysed using a conventional content analysis approach.

### Findings

Responses were received from 92 of 156 UK Trusts and Boards, a 59% response rate. Many Trusts and Boards reported no change to their IOL practice, however 23% reported change in methods used for cervical ripening; 28% a change in criteria for home cervical ripening; 28% stated that more women were returning home during cervical ripening; and 24% noted changes to women's response to recommendations for IOL. Much of the change was reported as happening in response to attempts to minimise hospital attendance and restrictions on birth partners accompanying women.

### Conclusions

The pandemic has changed practice around induction of labour, although this varied significantly between NHS Trusts and Boards. There is a lack of formal evidence to support decision-making around outpatient cervical ripening: the basis on which changes were implemented and what evidence was used to inform decisions is not clear. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-021-03781-x>

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## 2021-03004

**Birth and Breastfeeding in the Hospital Setting during the COVID-19 Pandemic.** Spatz DL (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 1, January/February 2021, pp 30-35

For new families giving birth in a hospital setting, the COVID-19 pandemic has presented numerous challenges to their birth, breastfeeding, and postpartum experiences. We present experiences of three first-time, healthy mothers and their babies, as they gave birth in the hospital and were breastfeeding during the start of the pandemic in Philadelphia, PA. Each case is framed in the mother's prenatal goals, infant feeding intentions, birth, breastfeeding, and postpartum experiences. Shared concerns and experiences among the three participants are described in five key areas: 1) Recommendations changing every day, 2) Guilt, concern, and stress, 3) In-person versus telehealth visits, 4) Missing time with family and friends, and 5) Silver linings. Through these mothers' experiences, nurses and other health care providers can learn from their perceptions and events and proactively work to ensure we provide sound anticipatory guidance, enhance our communication, and improve provision of evidence-based lactation care and support. (Author)

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## 2021-02755

**Traumatic birth: Definitions, treatments and the pandemic.** Greenfield M (2021), International Journal of Birth and Parent Education vol 8, no 3, April 2021, pp 38-41

This article will present an overview of the current understanding of traumatic births, and then examine the additional effect that the pandemic and lockdown have had. The first half of the article will define what a traumatic birth is and provide information about how people experience a traumatic birth. The factors that make a traumatic birth more likely will then be presented, before exploring what the long-term consequences are for parents and babies. Finally, an overview of the most common nonpharmacological treatments for the consequences of traumatic birth will be presented. In the second half of the article, data from a large mixed methods survey undertaken in the early days of lockdown will be used to explore how parents' birth experiences may have been impacted by the pandemic, and in turn, how this may have led to experiences of traumatic birth and wider perinatal mental health issues. (Author)

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## 2021-02655

**Preventing post-partum haemorrhage at home during COVID-19: what are we waiting for?.** Hobday K, Prata N, Hulme J, et al (2021), The Lancet Global Health vol 9, no 3, March 2021, pp E245-E246

Discusses the impact that disruptions in health service delivery due to the COVID-19 pandemic will have on the distribution of misoprostol for the prevention of post-partum haemorrhage. (MB)

Full URL: [https://doi.org/10.1016/S2214-109X\(21\)00003-6](https://doi.org/10.1016/S2214-109X(21)00003-6)

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## 2021-02648

**Why COVID-19 strengthens the case for a dedicated financing mechanism to scale up innovation in women's, children's, and adolescents' health.** Bustreo F, Meriardi M, Hinton R, et al (2021), The Lancet Global Health vol 9, no 3, March 2021, pp E239-E240

Argues that, due to the COVID-19 pandemic, the case for a dedicated financing mechanism for scaling up innovations in women's, children's, and adolescents' health is stronger than ever. (Author, edited)

Full URL: [https://doi.org/10.1016/S2214-109X\(20\)30507-6](https://doi.org/10.1016/S2214-109X(20)30507-6)

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## 2021-02602

**Counting stillbirths and COVID 19—there has never been a more urgent time.** Homer CSE, Leisher SH, Aggarwal N, et al (2021), The Lancet Global Health vol 9, no 1, January 2021, pp E10-E11

Comments that in order to reduce preventable stillbirths, all perinatal outcomes need to be counted, particularly in the light of the considerable impact of the COVID-19 pandemic on maternal and newborn health. (MB)

Full URL: [https://doi.org/10.1016/S2214-109X\(20\)30456-3](https://doi.org/10.1016/S2214-109X(20)30456-3)

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**2021-01726**

**The role of pandemic-related pregnancy stress in preference for community birth during the beginning of the COVID-19 pandemic in the United States.** Preis H, Mahaffey B, Lobel M (2021), Birth vol 48, no 2, June 2021, pp 242-250

#### Background

The COVID-19 pandemic introduced unparalleled uncertainty into the lives of pregnant women, including concerns about where it is the safest to give birth, while preserving their rights and wishes. Reports on the increased interest in community births (at home or in birth centers) are emerging. The purpose of this project was to quantitatively investigate psychological factors related to this birth preference.

#### Methods

This study included 3896 pregnant women from the COVID-19 Pregnancy Experiences (COPE) Study who were anticipating a vaginal birth. COPE Study participants were recruited online between April 24 and May 15, 2020, and completed a questionnaire that included preference with respect to place of birth and psychological constructs: fear of childbirth, basic beliefs about birth, pandemic-related preparedness stress, and pandemic-related perinatal infection stress.

#### Results

Women who preferred a community birth, on average, had less childbirth fear, had stronger beliefs that birth is a natural process, were less likely to see birth as a medical process, and were less stressed about being unprepared for birth and being infected with COVID-19. In multivariate models, higher stress about perinatal COVID-19 infection was associated with greater likelihood of preferring a community birth. The effect of perinatal infection stress on preference was stronger when preparedness stress was high.

#### Discussion

Women's birth preferences during the COVID-19 pandemic are associated with psychological processes related to risk perception. Community births are more appealing to women who view being in a hospital as hazardous because of the pandemic. Policies and prenatal care aimed to increase access to safe in-hospital and out-of-hospital birth services should be encouraged.

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## 2021-01513

**The experiences of childbearing women who tested positive to COVID-19 during the pandemic in northern Italy.** Fumagalli S, Omaghi S, Borrelli S, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 9 January 2021, online

### Problem

The COVID-19 pandemic has significantly challenged maternity provision internationally. COVID-19 positive women are one of the childbearing groups most impacted by the pandemic due to drastic changes to maternity care pathways put in place.

### Background

Some quantitative research was conducted on clinical characteristics of pregnant women with COVID-19 and pregnant women's concerns and birth expectations during the COVID-19 pandemic, but no qualitative findings on childbearing women's experiences during the pandemic were published prior to our study.

### Aim

To explore childbearing experiences of COVID-19 positive mothers who gave birth in the months of March and April 2020 in a Northern Italy maternity hospital.

### Methods

A qualitative interpretive phenomenological approach was undertaken. Audio-recorded semi-structured interviews were conducted with 22 women. Thematic analysis was completed using NVivo software. Ethical approval was obtained from the research site's Ethics Committee prior to commencing the study.

### Findings

The findings include four main themes: 1) coping with unmet expectations; 2) reacting and adapting to the 'new ordinary'; 3) 'pandemic relationships'; 4) sharing a traumatic experience with long-lasting emotional impact.

### Discussion

The most traumatic elements of women's experiences were the sudden family separation, self-isolation, transfer to a referral centre, the partner not allowed to be present at birth and limited physical contact with the newborn.

### Conclusion

Key elements of good practice including provision of compassionate care, presence of birth companions and transfer to referral centers only for the most severe COVID-19 cases should be considered when drafting maternity care pathways guidelines in view of future pandemic waves.

Full URL: <https://doi.org/10.1016/j.wombi.2021.01.001>

## 2021-01483

**Homebirth in the Time of Covid.** Wainer N (2020), *Midwifery Today* no 136, Winter 2020

Frequent contributor Nancy Wainer writes about how homebirth has changed and why it is still the best choice during the pandemic. (Author)

## 2021-01451

**Prematurity Rates During the Coronavirus Disease 2019 (COVID-19) Pandemic Lockdown in Melbourne, Australia.** Matheson A, McGannon CJ, Malhotra A, et al (2021), *Obstetrics & Gynecology* vol 137, no 3, March 2021, pp 405-407

Low rates of preterm birth were observed during the coronavirus disease 2019 (COVID-19) lockdown in Melbourne, Australia.

## 2021-01450

**Preterm Birth During the Coronavirus Disease 2019 (COVID-19) Pandemic in a Large Hospital System in the United States.**

Wood R, Sinnott C, Goldfarb I, et al (2021), *Obstetrics & Gynecology* vol 137, no 3, March 2021, pp 403-404

The preterm birth rate was unchanged in a metropolitan U.S. hospital system during the peak of the coronavirus disease 2019 (COVID-19) pandemic compared with the prior year.

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## 2021-01353

### **Patient characteristics associated with SARS-CoV-2 infection in parturients admitted for labour and delivery in**

**Massachusetts during the spring 2020 surge: A prospective cohort study.** Reale SC, Lumbreras-Marquez MI, King CH, et al (2021), Paediatric and Perinatal Epidemiology vol 35, no 1, January 2021, pp 24-33

#### Background

While studies from large cities affected by coronavirus disease 2019 (COVID-19) have reported on the prevalence of SARS-CoV-2 in the context of universal testing during admission for delivery, the patient demographic, social and clinical factors associated with SARS-CoV-2 infection in pregnant women are not fully understood.

#### Objective

To evaluate the epidemiological factors associated with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in women admitted for labour and delivery, in the context of universal screening at four Boston-area hospitals.

#### Methods

In this prospective cohort study, we reviewed the health records of all women admitted for labour and delivery at four hospitals from the largest health system in Massachusetts between 19 April 2020 and 27 June 2020. We calculated the risk of SARS-CoV-2 infection, including asymptomatic infection. We calculated associations between SARS-CoV-2 infection and demographic and clinical characteristics.

#### Results

A total of 93 patients (3.2%, 95% confidence interval 2.5, 3.8) tested positive for SARS-CoV-2 infection on admission for labour and delivery out of 2945 patients included in the analysis; 80 (86.0%) of the patients who tested positive were asymptomatic at the time of testing. Factors associated with SARS-CoV-2 infection included the following: younger age, obesity, African American or Hispanic race/ethnicity, residence in heavily affected communities (as measured in cases reported per capita), presence of a household member with known SARS-CoV-2 infection, non-health care essential worker occupation and MassHealth or Medicaid insurance compared to commercial insurance. 93.8% of patients testing positive for SARS-CoV-2 on admission had one or more identifiable factors associated with disease acquisition.

#### Conclusions

In this large sample of deliveries during the height of the surge in infections during the spring of 2020, SARS-CoV-2 infection was largely concentrated in patients with distinct demographic characteristics, those largely from disadvantaged communities. Racial disparities seen in pregnancy persist with respect to SARS-CoV-2 infection.

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## 20210122-37\*

**COVID-19 and Perinatal Care: Facing Challenges, Seizing Opportunities.** Tilden EL, Phillippi JC, Snowden JM (2021), Journal of Midwifery and Women's Health vol 66, no 1, January/February 2021, pp 10-13

We highlight current barriers and opportunities to advancing birth equity and perinatal care integration in light of the novel coronavirus pandemic (COVID-19). (Author, edited)

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## 20210107-2\*

**Maternity Services: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 114319, 11 November 2020

Ms Nadine Dorries responds to a written question asked by Luke Pollard to the Secretary of State for Health and Social Care, regarding the resources he has made available to support fathers or birthing partners unable to support mothers through the maternity process as a result of the new national COVID-19 lockdown restrictions. (LDO)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2020-11-11/114319>

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## 20210106-1\*

**South East NHS trusts suspend births at home and in midwife-led units.** Anon (2021), BBC News 5 January 2021

Births at home and at midwife-led units have been suspended in some areas due to the 'significant pressure' the ambulance service is facing. (Author)

**Full URL:** <https://www.bbc.co.uk/news/uk-england-sussex-55545882>

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## 2021-00815

**Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) universal screening in gravids during labor and delivery.**

Savirón-Cornudella R, Villalba A, Zapardiel J, et al (2021), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 256, January 2021, pp 400-404

### Objective

To screen pregnant women at risk of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection during delivery using reverse-transcription polymerase chain reaction (RT-PCR) test and serum immunoglobulin (Ig) testing.

### Method

Between March 31 st and August 31 st of 2020, consecutive pregnant women admitted for labor and delivery in a single hospital were screened for SARS-CoV-2 with nasopharyngeal RT-PCR swab tests and detection of serum IgG and IgM.

### Results

We studied 266 pregnant women admitted for labor and delivery. The prevalence of acute or past SARS-CoV-2 infection was 9.0 %, including (i) two cases with respiratory symptoms of SARS-CoV-2 infection and positive RT-PCR; (ii) four asymptomatic women with positive RT-PCR without clinical symptoms and negative serological tests between two and 15 weeks later; and (iii) two women with false positive RT-PCR due to technical problems. All newborns of the 6 pregnant women with RT-PCR positive had negative RT-PCR and did not require Neonatal Intensive Care Unit admission. There were eighteen asymptomatic women with positive serological IgG tests and negative RT-PCR.

### Conclusion

In our cohort of gravids, we found 2.2 % of women with positive RT-PCR tests and 6.7 % with positive serological tests during the first wave of the SARS-CoV-2 pandemic.

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.11.069>

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## 2021-00768

**Rapid antigen detection testing for universal screening for severe acute respiratory syndrome coronavirus 2 in women admitted for delivery.** Rottenstreich A, Zarbiv G, Kabiri D, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 5, May 2021, pp 539-540

Research letter evaluating the performance of an antigen-based rapid detection tests for universal screening for SARS-CoV-2 in women admitted for delivery. (LDO)

**Full URL:** <https://doi.org/10.1016/j.ajog.2021.01.002>

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## 2021-00745

**Campaign Update: Removing COVID-19-related maternity restrictions on partners.** AIMS Campaigns Team (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 4, December 2020

An update from the AIMS Campaigns team about their progress in the campaign for the needs of maternity service users to be considered in current national guidance. (Author)

**Full URL:** <https://www.aims.org.uk/journal/item/campaign-update-covid-restrictions-partners>

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#### 2021-00711

**Birth in a pandemic after a pregnancy loss.** Hardy C (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

After losing a baby to miscarriage, Clare Hardy describes how her subsequent pregnancy and birth were affected by Covid-19 as well as anxiety about a further loss. (Author)

Full URL: <https://www.aims.org.uk/journal/item/covid-19-clare-hardy>

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#### 2021-00710

**Preparing for freebirth during Covid-19.** Hyde H-B (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Hannah-Beth Hyde explains why she feels that a freebirth is her safest option during the Covid-19 pandemic. (Author)

Full URL: <https://www.aims.org.uk/journal/item/covid19-hannah-beth>

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#### 2021-00707

**Homebirth to Midwife Led Unit transfer.** Sumner L (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Leanne Sumner's positive birth, accidentally on the MLU!. (Author)

Full URL: <https://www.aims.org.uk/journal/item/covid-19-leanne-sumner>

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#### 2021-00705

**When partners are banned from birth.** Castelino L (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

As Lucy Castelino arrived at the hospital to birth her twins, she was told that her partner could not be there at all, nor for the next 5 days. (Author)

Full URL: <https://www.aims.org.uk/journal/item/covid-19-lucy-castelino>

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#### 2021-00704

**The impact of Covid-19 on Tabitha's birth.** Kemlo H (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Hannah Kemlo explains how Covid-19 affected her mental health. (Author)

Full URL: <https://www.aims.org.uk/journal/item/covid19-tabitha>

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#### 2021-00702

**Balancing the trade offs.** Wallace I (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Isla Wallace discusses how balancing the risks of spreading Covid-19 with the risks of being separated from her partner and newborn affected her. (Author)

Full URL: <https://www.aims.org.uk/journal/item/covid-19-isa-wallace>

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#### 2021-00701

**A time of worry and uncertainty.** Miller F (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Felicity Miller explains how the changes to maternity services in her area are causing huge stress and anxiety. (Author)

Full URL: <https://www.aims.org.uk/journal/item/covid-19-felicity-miller>

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**2021-00337**

**Coronavirus (COVID-19) infection in pregnancy: Information for healthcare professionals [Version 13] [Superseded by Version 14, 25 August 2021].** Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Paediatrics and Child Health, et al (2021), London: RCOG 19 February 2021. 97 pages

NB: This version has now been superseded by version 14, 25 August 2021.

This document aims to provide guidance to healthcare professionals who care for pregnant women during the COVID-19 pandemic. It is not intended to replace existing clinical guidelines, but to act as a supplement with additional advice on how to implement standard practice during this time. The advice in this document is provided as a resource for UK healthcare professionals based on a combination of available evidence, good practice and expert consensus opinion. The priorities are: (i) The reduction of transmission of SARS-CoV-2 to pregnant women, their family members and healthcare workers. (ii) The provision of safe, personalised and woman-centred care during pregnancy, birth and the early postnatal period, during the COVID-19 pandemic. (iii) The provision of safe, personalised and woman-centred care to pregnant and postnatal women with suspected or confirmed COVID-19. This is very much an evolving situation requiring this guidance to be a living document that is under regular review and updated as new information and evidence emerges. (Author, edited)

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**2021-00215**

**Childbirth: Coronavirus [written answer].** House of Commons (2021), Hansard Written question 146742, 1 February 2021

Ms Nadine Dorries responds to a written question asked by Ms Harriet Harman to the Secretary of State for Health and Social Care, regarding what estimate has been made of the number of women who have gone through labour without a support partner present due to the ongoing COVID-19 outbreak in (a) Camberwell and Peckham, (b) Southwark, (c) London and (d) England. (LDO)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2021-02-01/146742>

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**2021-00177**

**Outcomes of the novel Odon Device in indicated operative vaginal birth.** Holton EJ, Lenguerrand E, Alvarez M, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 6, June 2021, pp 607.e1-607.e17

#### Background

No new method of assisting vaginal birth has been introduced into clinical practice since the development of the vacuum extractor in the 1950s. The Odon Device is a new device that employs a circumferential air cuff over the fetal head to assist birth. In this study, the Odon Device has been used to assist vaginal birth for standard clinical indications.

#### Objective

This study aimed to investigate the clinical impact, safety, and acceptability of the Odon Device to women, their babies, and clinicians and to assess the feasibility of recruiting women to an interventional intrapartum research study.

#### Study Design

This is a nonrandomized, single-arm interventional feasibility study of the Odon Device for operative vaginal birth undertaken in a single maternity unit: Southmead Hospital, Bristol, United Kingdom. The Odon Device was used to assist birth in 40 women who required the birth to be assisted for suspected fetal compromise and/or prolonged second stage of labor. The primary clinical outcome was the proportion of births successfully assisted with the Odon Device, and the primary feasibility outcome was the proportion of eligible women who were approached and who agreed to participate. Neonatal outcome data were reviewed at day 28, and maternal outcomes were investigated up to day 90.

#### Results

Between October 2018 and January 2019, 298 of 384 approached, eligible women (77.6%) consented to participate. Of these women, 40 received the intervention—the use of the Odon Device. Birth was assisted in all cephalic (occiput anterior, occiput transverse, and occiput posterior) fetal positions, at all stations at or below the ischial spine and with or without regional analgesia. The Odon Device was effective in 19 of 40 cases (48%). Of the 40 births, 21 (52.5%) required additional assistance: 18 of 40 births (45%) were completed using nonrotational forceps, 1 of 40 births (3%) required rotational forceps, and 2 of 40 births (5%) required an emergency cesarean delivery. There was no serious maternal or neonatal adverse event related to the use of the device, and there was no serious adverse device effect. There were 4 devices (10%) that were ineffective because of a manufacturing fault. Furthermore, 39 of 40 women (98%) reported a high birth perception score. All practitioners were able to use the device as intended, although some steps in using the device were reported to be easier to perform (setup and deflation of air chamber) than others (application of the device and withdrawal of the applicator).

#### Conclusion

Recruitment to an interventional study of a new device for operative vaginal birth was feasible; 78% of eligible women were willing to participate, often expressing an aspiration for an alternative to forceps and vacuum. The success rate of the Odon Device was lower than reported success rates of vacuum and forceps; however, in this study, the device had been used to assist birth for standard clinical indications. There was no significant maternal or neonatal safety concern associated with the use of the device, although the number of births studied was small. Further feasibility study to establish iterative changes to the device, technique, and clinical indications is necessary.

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.12.017>

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## 2021-00174

**Modest reduction in adverse birth outcomes following the COVID-19 lockdown.** Caniglia EC, Magosi LE, Zash R, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 6, June 2021, pp 615.e1-615.e12

### Background

Widespread lockdowns imposed during the coronavirus disease 2019 crisis may impact birth outcomes.

### Objective

This study aimed to evaluate the association between the COVID-19 lockdown and the risk of adverse birth outcomes in Botswana.

### Study Design

In response to the coronavirus disease 2019 crisis, Botswana enforced a lockdown that restricted movement within the country. We used data from an ongoing nationwide birth outcomes surveillance study to evaluate adverse outcomes (stillbirth, preterm birth, small-for-gestational-age fetuses, and neonatal death) and severe adverse outcomes (stillbirth, very preterm birth, very-small-for-gestational-age fetuses, and neonatal death) recorded prelockdown (January 1, 2020–April 2, 2020), during lockdown (April 3, 2020–May 7, 2020), and postlockdown (May 8, 2020–July 20, 2020). Using difference-in-differences analyses, we compared the net change in each outcome from the prelockdown to lockdown periods in 2020 relative to the same 2 periods in 2017–2019 with the net change in each outcome from the prelockdown to postlockdown periods in 2020 relative to the same 2 periods in 2017–2019.

### Results

In this study, 68,448 women delivered a singleton infant in 2017–2020 between January 1 and July 20 and were included in our analysis (mean [interquartile range] age of mothers, 26 [22–32] years). Across the included calendar years and periods, the risk of any adverse outcome ranged from 27.92% to 31.70%, and the risk of any severe adverse outcome ranged from 8.40% to 11.38%. The lockdown period was associated with a 0.81 percentage point reduction (95% confidence interval, –2.95% to 1.30%) in the risk of any adverse outcome (3% relative reduction) and a 0.02 percentage point reduction (95% confidence interval, –0.79% to 0.75%) in the risk of any severe adverse outcome (0% relative reduction). The postlockdown period was associated with a 1.72 percentage point reduction (95% confidence interval, –3.42% to 0.02%) in the risk of any adverse outcome (5% relative reduction) and a 1.62 percentage point reduction (95% confidence interval, –2.69% to –0.55%) in the risk of any severe adverse outcome (14% relative reduction). Reductions in adverse outcomes were largest among women with human immunodeficiency virus and among women delivering at urban delivery sites, driven primarily by reductions in preterm birth and small-for-gestational-age fetuses.

### Conclusion

Adverse birth outcomes decreased from the prelockdown to postlockdown periods in 2020, relative to the change during the same periods in 2017–2019. Our findings may provide insights into associations between mobility and birth outcomes in Botswana and other low- and middle-income countries.

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.12.1198>

## 20201221-46

**A crisis and an opportunity.** Hogg S (2020), International Journal of Birth and Parent Education vol 7, no 4, July 2020, p 41

Column from Sally Hogg discussing the impact of COVID-19 on pregnancy, childbirth, infant development and parental mental health. (LDO)

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**20201221-45\***

**Birth experience during COVID-19 confinement (CONFINE): protocol for a multicentre prospective study.** Bertholdt C, Epstein J, Banasiak C, et al (2020), BMJ Open vol 10, no 12, December 2020

**Introduction** The absence of companionship during childbirth is known to be responsible for negative emotional birth experience, which can increase the risk of postpartum depression and post-traumatic stress disorder. The context of COVID-19 epidemic and the related confinement could increase the rate of negative experience and mental disorders. The main objective is to compare, in immediate post partum, the maternal sense of control during childbirth between a group of women who gave birth during confinement ('confinement' group) versus a group of women who gave birth after confinement but in the context of epidemic ('epidemic' group) versus a group of control women ('control' group; excluding confinement and epidemic context).  
**Methods and analysis** This is a national multicentre prospective cohort study conducted in four French maternity units. We expect to include 927 women in a period of 16 months. Women will be recruited immediately in post partum during three different periods constituting the three groups: 'confinement'; 'epidemic' and 'control' group. The maternal sense of control will be evaluated by the Labour Agency Scale questionnaire completed immediately in post partum. Postnatal depression (Edinburgh Postnatal Depression Scale), post-traumatic stress disorder (Impact of Event Scale-Revised) and breast feeding (evaluative statement) will be evaluated at 2 months post partum.

**Ethics and dissemination** The study was approved by the French Ethics Committee, the CPP (Comité de Protection des Personnes) SUD OUEST ET OUTRE-MER IV on 16th of April 2020 with reference number CPP2020-04-040. The results of this study will be published in a peer-reviewed journal and will be presented at relevant conferences.

Trial registration number NCT04348929. (Author)

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2020-043057>

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**20201221-20\***

**Clinical characteristics and outcomes of pregnant women with COVID-19 and the risk of vertical transmission: a systematic review.** Chi J, Gong W, Gao Q (2021), Archives of Gynecology and Obstetrics vol 303, no 2, February 2021, pp 337-345

**Purpose**

This systematic review summarizes the clinical features and maternal-infant outcomes of 230 pregnant women (154 patients gave birth) infected with COVID-19 and their 156 infants, including the possibility and evidence of vertical transmission.

**Methods**

An electronic search of PubMed, Embase, Medline, MedRxiv, CNKI, and the Chinese Medical Journal Full Text Database following PRISMA guidelines was performed through April 18, 2020. Search terms included COVID-19, SARS-CoV-2, pregnant women, infants, and vertical transmission.

**Results**

A total of 230 women with COVID-19 (154 deliveries, 66 ongoing pregnancies, and 10 abortions) and 156 newborns from 20 eligible studies were included in this systematic review. A total of 34.62% of the pregnant patients had obstetric complications, and 59.05% of patients displayed fever. Lymphopenia was observed in 40.71% of patients. A total of 5.19% of women received mechanical ventilation. Seven women were critically ill. One mother and two newborns died. A total of 24.74% of newborns were premature. Five newborns' throat swab tests of SARS-CoV-2 were positive, all of which were delivered by cesarean section. For eight newborns with negative throat swab tests, three had both elevated IgM and IgG against SARS-CoV-2. Nucleic acid tests of vaginal secretions, breast milk, amniotic fluid, placental blood, and placental tissues were negative.

**Conclusion**

Most pregnant patients were mildly ill. The mortality of pregnant women with COVID-19 was lower than that of overall COVID-19 patients. Cesarean section was more common than vaginal delivery for pregnant women with COVID-19. Premature delivery was the main adverse event for newborns. The vertical transmission rate calculated by SARS-CoV-2 nucleic acid tests was 3.91%. Serum antibodies against SARS-CoV-2 should be tested more frequently, and multiple samples should be included in pathogenic testing. (Author)

**Full URL:** <https://doi.org/10.1007/s00404-020-05889-5>

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## 20201218-7\*

**Questionnaire-based vs universal PCR testing for SARS-CoV-2 in women admitted for delivery.** Mei-Dan E, Satkunarathnam A, Cahan T, et al (2021), Birth vol 48, no 1, March 2021, pp 96-103

### Background

It has been suggested that women admitted for delivery should have universal PCR testing for SARS-CoV-2. Yet, the considerable difference in the incidence of COVID-19 between different geographic regions may affect screening strategies. Therefore, we aimed to compare questionnaire-based testing versus universal PCR testing for SARS-CoV-2 in women admitted for delivery.

### Methods

A prospective cohort study of women admitted for delivery at a single center during a four-week period (April 22-May 25, 2020). All women completed a questionnaire about COVID-19 signs, symptoms, or risk factors, and a nasopharyngeal swab for PCR for SARS-CoV-2. Women who were flagged as suspected COVID-19 by the questionnaire (questionnaire-positive) were compared with women who were not flagged by the questionnaire (questionnaire-negative).

### Results

Overall, 446 women were eligible for analysis, of which 54 (12.1%) were questionnaire-positive. PCR swab detected SARS-CoV-2 in four (0.9%) women: 3 of 392 (0.8%) in the questionnaire-negative group, and 1 of 54 (1.9%) in the questionnaire-positive group ( $P = .43$ ), yielding a number needed to screen of 92 (95% CI 62-177). In 96% of the cases, the PCR results were obtained only in the postpartum period. No positive PCR results were obtained from neonatal testing for SARS-CoV-2. The sensitivity of the questionnaire was 75.0%, and the negative predictive value was 99.7%.

### Conclusions

Although the rate of positive PCR results was not significantly different between the groups, the number needed to screen is considerably high. The use of questionnaire-based PCR testing in areas with low incidence of COVID-19 allows for a reasonable allocation of resources and is easy to implement. (Author)

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## 20201218-40\*

**COVID-19 and caesareans.** Winter GF (2020), British Journal of Midwifery vol 28, no 12, December 2020, pp 860-861

George F Winter offers insight into the risk associated with carrying out caesarean sections on women who test positive for SARS-CoV-2 compared with those who do not. (Author)

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## 20201218-23\*

**A Review on Mode of Delivery during COVID-19 between December 2019 and April 2020.** Debrabandere ML, Farabaugh DC, Giordano (2021), American Journal of Perinatology vol 38, no 4, March 2021, pp 332-341

**Objective** This study aims to review the published literature to determine mode of delivery in pregnant women with coronavirus disease 2019 (COVID-19) and the indications reported for cesarean section early in the pandemic to add information to the current narrative and raise awareness of trends discovered.

**Study Design** A systematic review was conducted by searching PubMed, Scopus, and ScienceDirect databases for articles published between December 2019 and April 29, 2020 using a combination of the keywords such as COVID-19, coronavirus 2019, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), pregnancy, vaginal delivery, cesarean section, vertical transmission, management, and guidelines. Peer-reviewed case studies with confirmed SARS-CoV-2 women who delivered were included to determine mode of delivery, indications for cesarean section, and maternal and neonatal characteristics.

**Results** A review of 36 total articles revealed deliveries in 203 SARS-CoV-2 positive pregnant women. A comparable severity of disease in pregnant versus nonpregnant women was noted, as previously determined. Overall, 68.9% of women delivered via cesarean section, with COVID-19 status alone being a common indication. Maternal COVID-19 may also be associated with increased risk of preterm labor, although neonatal outcomes were generally favorable. Despite eight of 206 newborns testing positive for SARS-CoV-2, there remains no definitive evidence of vertical transmission.

**Conclusion** COVID-19 status alone became a common indication for cesarean delivery early in the pandemic, despite lack of evidence for vertical transmission. The increase in cesarean rate in this data may reflect obstetricians attempting to serve their patients in the best way possible given the current climate of constantly evolving guidelines on safest mode of delivery for the mother, infant, and provider. Upholding current recommendations from trusted organizations as new data are published, while also providing individualized support to expecting mothers on most appropriate mode of delivery, will reduce the amount of unnecessary, unplanned cesarean sections and could lessen the psychological impact of delivering during the COVID-19 pandemic. (Author)

**Full URL:** <https://doi.org/10.1055/s-0040-1721658>

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## 20201216-5\*

**Pregnant women allowed support of one person 'at all times'.** Anon (2020), BBC News 16 December 2020

Pregnant women should be allowed to have one person alongside them during scans, appointments, labour and birth, under new NHS guidance sent to trusts in England. (Author)

**Full URL:** <https://www.bbc.co.uk/news/health-55330549>

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## 20201215-7\*

**Covid encouraged Bury St Edmunds woman to try home birth.** Anon (2020), BBC News 14 December 2020

Video report about a woman's decision to give birth to her third child at home to avoid having to go to hospital during the coronavirus pandemic. (MB)

**Full URL:** <https://www.bbc.co.uk/news/av/uk-england-suffolk-55308105>

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## 20201214-15\*

**Coronavirus: Support in Labour [written answer].** Scottish Parliament (2020), Official Report Written question S5W-33400, 20 November 2020

Jeane Freeman responds to a written question from Alex Cole-Hamilton to the Scottish Government, regarding for what reason there can be a variance between NHS boards on the visiting or attendance rights of the partners of women in labour when these areas are under the same COVID-19 restrictions level. (JSM)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-33400>

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## 20201130-27

**Pregnancy in the COVID-19 pandemic.** Barlow C (2020), MIDIRS Midwifery Digest vol 30, no 4, December 2020, pp 482-487

The current pandemic is presenting a great challenge for midwives to provide safe, holistic care for women with unclear complex needs and is changing many plans for pregnancy and childbirth. This article will look at those challenges while examining the current evidence in pregnancies and suggesting how health care professionals can support women to have positive birthing experiences. (Author)

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## 20201127-7\*

**Detection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in vaginal swabs of women with acute SARS-CoV-2 infection: a prospective study.** Schwartz A, Yogev Y, Zilberman A, et al (2021), BJOG: An International Journal of Obstetrics and Gynaecology vol 128, no 1, January 2021, pp 97-100

### Objective

To determine whether severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is present in the vaginal secretions of both reproductive-aged and postmenopausal women during acute SARS-CoV-2 infection.

### Design

Prospective study.

### Setting

A single tertiary, university-affiliated medical centre in Israel. Time period, 1 June 2020 through to 31 July 2020.

### Population

Women who were hospitalised in a single tertiary medical centre, who were diagnosed with acute SARS-CoV-2 infection by a nasopharyngeal RT-PCR test.

### Methods

Women were diagnosed with acute SARS-CoV-2 infection by a nasopharyngeal RT-PCR test. Vaginal RT-PCR swabs were obtained from all study participants after a proper cleansing of the perineum.

### Main outcome measures

Detection of SARS-CoV-2 in vaginal RT-PCR swabs.

### Results

Vaginal and nasopharyngeal swabs were obtained from 35 women, aged 21-93 years. Twenty-one women (60%) were in their reproductive years, of whom, five were in their third trimester of pregnancy. Most of the participants (57%) were healthy without any underlying medical conditions. Of the 35 patients sampled, 2 (5.7%) had a positive vaginal RT-PCR for SARS-CoV-2, one was premenopausal and the other was a postmenopausal woman. Both women had mild disease.

### Conclusion

Our findings contradict most previous reports, which did not detect the presence of viral colonisation in the vagina. Although passage through the birth canal exposes neonates to the vaginal polymicrobial flora, an acquisition of pathogens does not necessarily mandate neonatal infection or clinical disease. Nevertheless, when delivering the infant of a woman with acute SARS-CoV-2 infection, a clinician should consider the possibility of vaginal colonisation, even if it is uncommon.

### Tweetable abstract

When delivering the infant of a woman with acute SARS-CoV-2 infection, a clinician should consider the possibility of vaginal colonisation. (Author)

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## 20201126-46\*

**Vaginal delivery in SARS-CoV-2-infected pregnant women in Israel: a multicenter prospective analysis.** Rottenstreich A, Tsur A, Braverman N, et al (2021), Archives of Gynecology and Obstetrics vol 303, no 6, June 2021, pp 1401-1405

### Key Message

Among SARS-CoV-2-infected mothers, vaginal delivery rates were high and associated with favorable outcomes with no cases of neonatal COVID-19.

### Purpose

To investigate the mode of delivery and its impact on immediate neonatal outcome in SARS-CoV-2-infected women.

### Methods

A prospective study following pregnant women diagnosed with COVID-19 who delivered between March 15th and July 4th in seven university affiliated hospitals in Israel.

### Results

A total of 52 women with a confirmed diagnosis of COVID-19 delivered in the participating centers during the study period. The median gestational age at the time of delivery was 38 weeks, with 16 (30.8%) cases complicated by spontaneous preterm birth. Forty-three women (82.7%) underwent a trial of labor. The remaining 9 women underwent pre-labor cesarean delivery mostly due to obstetric indications, whereas one woman with a critical COVID-19 course underwent urgent cesarean delivery due to maternal deterioration. Among those who underwent a trial of labor (n = 43), 39 (90.7%) delivered vaginally, whereas 4 (9.3%) cases resulted in cesarean delivery. Neonatal RT-PCR nasopharyngeal swabs tested negative in all cases, and none of the infants developed pneumonia. No maternal and neonatal deaths were encountered.

### Conclusions

In this prospective study among SARS-CoV-2-infected mothers, vaginal delivery rates were high and associated with favorable outcomes with no cases of neonatal COVID-19. Our findings underscore that delivery management among SARS-CoV-2-infected mothers should be based on obstetric indications and may potentially reduce the high rates of cesarean delivery previously reported in this setting. (Author)

Full URL: <https://doi.org/10.1007/s00404-020-05854-2>

## 20201126-39\*

**Application of the Principles of Biomedical Ethics to the Labor and Delivery Unit During the COVID-19 Pandemic.** Boyle A, Dotson S, Ellison P, et al (2020), Journal of Women's Health vol 29, no 11, November 2020, pp 1361-1371

After its identification as a human pathogen in 2019, the novel coronavirus, SARS-CoV-2, has spread rapidly around the world. Health care workers worldwide have had the task of preparing and responding to the pandemic with little evolving data or guidelines. Regarding the protocols for our labor and delivery unit, we focused on applying the four pillars of biomedical ethics-beneficence, nonmaleficence, autonomy, and justice-while considering the women, their fetuses, their significant others and support persons, health care professionals and auxiliary staff, and society as a whole. We also considered the downstream effect of our decisions in labor and delivery on other disciplines of medicine, including pediatrics, anesthesiology, and critical care. This article focuses on how these prima facie principles helped guide our recommendations in this unprecedented time. (Author)

Full URL: <https://doi.org/10.1089/jwh.2020.8812>

## 20201125-11\*

**Support in Labour: Coronavirus [written answer].** Scottish Parliament (2020), Official Report Written question S5W-33166, 11 November 2020

Jeane Freeman responds to a written question from Alex Cole-Hamilton to the Scottish Government, regarding the reasons why the COVID-19 restrictions prevent the partners of mothers in active labour from being present at birth. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-33166>

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**20201124-1\***

**COVID-19: Stillbirths and perinatal deaths [written answer].** Scottish Parliament (2020), Official Report Written question S5W-32984, 3 November 2020

Joe FitzPatrick responds to a written question asked by Monica Lennon to the Scottish Government, regarding what action it has taken to review stillbirths and perinatal outcomes during the COVID-19 pandemic, and whether there was an increase in intrapartum stillbirths during the early months of the pandemic. (MB)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-32984>

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**20201123-55\***

**Obstetric Anesthesia During the COVID-19 Pandemic.** Bauer ME, Bernstein K, Dinges E, et al (2020), Anesthesia & Analgesia vol 131, no 1, July 2020, pp 7-15

With increasing numbers of coronavirus disease 2019 (COVID-19) cases due to efficient human-to-human transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the United States, preparation for the unpredictable setting of labor and delivery is paramount. The priorities are 2-fold in the management of obstetric patients with COVID-19 infection or persons under investigation (PUI): (1) caring for the range of asymptomatic to critically ill pregnant and postpartum women; (2) protecting health care workers and beyond from exposure during the delivery hospitalization (health care providers, personnel, family members). The goal of this review is to provide evidence-based recommendations or, when evidence is limited, expert opinion for anesthesiologists caring for pregnant women during the COVID-19 pandemic with a focus on preparedness and best clinical obstetric anesthesia practice. (Author)

Full URL: <http://dx.doi.org/10.1213/ANE.0000000000004856>

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**20201119-4\***

**Maternity Services: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 45270, 11 May 2020

Helen Whately responds to a written question asked by Julian Knight to the Secretary of State for Health and Social Care, regarding the steps his Department is taking with NHS Trusts to widen access to COVID-19 testing to birthing partners of expectant mothers to allow them more access to the birthing facility and more time with the mother and new baby. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-05-11/45270>

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**20201118-15\***

**Childbirth: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 110101, 2 November 2020

Ms Nadine Dorries responds to a written question from Daniel Kawczynski to the Secretary of State for Health and Social Care, regarding what the rules are on the presence of partners during the birthing process during the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-02/110101>

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**20201117-111\***

**Characteristics and Maternal and Birth Outcomes of Hospitalized Pregnant Women with Laboratory-Confirmed COVID-19 - COVID-NET, 13 States, March 1-August 22, 2020.** Delahoy MJ, Whitaker M, O'Halloran A, et al (2020), Morbidity and Mortality Weekly Report (MMWR) vol 69, no 38, 25 September 2020, pp 1347-1354

Presents data on maternal and birth outcomes of hospitalised pregnant women with COVID-19 in the United States. Results indicate that 45.5% of pregnant women were symptomatic at the time of hospital admission and 16.2% were admitted to an intensive care unit. Preterm delivery was reported for 23.1% of symptomatic women and 8% of asymptomatic women among those with live births. (LDO)

Full URL: <http://dx.doi.org/10.15585/mmwr.mm6938e1>

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#### 20201117-108\*

**Association of SARS-CoV-2 Test Status and Pregnancy Outcomes.** Ahlberg M, Neovius M, Saltvedt S, et al (2020), JAMA (Journal of the American Medical Association) vol 324, no 17, 3 November 2020, pp 1782-1785

Research letter exploring pregnancy outcomes for those with and without SARS-CoV-2 at Karolinska University Hospital in Sweden. Patients with SARS-CoV-2 were more likely to have pre-eclampsia and less likely to undergo induction of labour. Other outcomes such as postpartum haemorrhage and preterm birth did not significantly differ between the groups. (LDO)

Full URL: <https://doi.org/10.1001/jama.2020.19124>

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#### 20201116-94\*

**Clinical care of pregnant and postpartum women with COVID-19: Living recommendations from the National COVID-19 Clinical Evidence Taskforce.** Vogel JP, Tendal B, Giles M, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 6, December 2020, pp 840-851

To date, 18 living recommendations for the clinical care of pregnant and postpartum women with COVID-19 have been issued by the National COVID-19 Clinical Evidence Taskforce. This includes recommendations on mode of birth, delayed umbilical cord clamping, skin-to-skin contact, breastfeeding, rooming-in, antenatal corticosteroids, angiotensin-converting enzyme inhibitors, disease-modifying treatments (including dexamethasone, remdesivir and hydroxychloroquine), venous thromboembolism prophylaxis and advanced respiratory support interventions (prone positioning and extracorporeal membrane oxygenation). Through continuous evidence surveillance, these living recommendations are updated in near real-time to ensure clinicians in Australia have reliable, evidence-based guidelines for clinical decision-making. Please visit <https://covid19evidence.net.au/> for the latest recommendation updates. (Author)

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#### 20201116-82\*

**Increase of stillbirth and decrease of late preterm infants during the COVID-19 pandemic lockdown.** de Curtis M, Villani L, Polo A (2021), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 106, no 4, July 2021, p 456

Analyses perinatal data during lockdown in comparison to the same months in 2019 in the Lazio region of Italy. Results demonstrate a threefold increase in the number of stillbirths, an increase in full-term births and a decrease in the percentage of late preterm births. (LDO)

Full URL: <http://dx.doi.org/10.1136/archdischild-2020-320682>

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#### 20201116-24

**Not alone.** Scanlan C (2020), Midwives vol 23, November 2020, p 50

Charlotte Scanlan talks about giving birth during COVID-19, 'Staff were incredible at making me feel as supported as possible despite the circumstances'. (Author)

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20201112-42\*

**Coronavirus disease 2019 infection and placental histopathology in women delivering at term.** Patberg ET, Adams T, Rekawek P, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 4, April 2021, pp 382.e1-382.e18

#### Background

- There is a paucity of data describing the effects of COVID-19, especially in asymptomatic patients, on placental pathology. Although the pathophysiology of COVID-19 is not completely understood, there is emerging evidence that it causes a severe systemic inflammatory response and results in a hypercoagulable state with widespread microthrombi. We hypothesized that it is plausible that a similar disease process may occur in the fetal-maternal unit.

#### Objective

- The aim of this study was to determine whether COVID-19 in term patients admitted to Labor and Delivery, including women without COVID-19 symptomatology, is associated with increased placental injury compared to a cohort of COVID-19 negative controls.

#### Study Design

- This was a retrospective cohort study performed at NYU Winthrop Hospital between 3/31/2020 and 6/17/2020. During the study period all women admitted to Labor and Delivery were routinely tested for SARS-CoV-2 regardless of symptomatology. The placental histopathological findings of COVID-19 patients (n=77) who delivered a singleton gestation at term were compared to a control group of term patients without COVID-19 (n=56). Controls were excluded if they had obstetric or medical complications including fetal growth restriction, oligohydramnios, hypertension, diabetes, coagulopathy or thrombophilia. Multivariable logistic regression models were performed for variables that were significant in univariable analyses. A subgroup analysis was also performed comparing asymptomatic COVID-19 cases to negative controls.

#### Results

- In univariable analyses, COVID-19 cases were more likely to have evidence of fetal vascular malperfusion, i.e. presence of avascular villi and/or mural fibrin deposition (32.5% (25/77) vs. 3.6% (2/56),  $p < 0.0001$ ) and villitis of unknown etiology (20.8% (16/77) vs. 7.1% (4/56),  $p = 0.030$ ). These findings persisted in a subgroup analysis of asymptomatic COVID-19 cases compared to COVID-19 negative controls. In a multivariable model adjusting for maternal age, race/ethnicity, mode of delivery, preeclampsia, fetal growth restriction and oligohydramnios, the frequency of fetal vascular malperfusion abnormalities remained significantly higher in the COVID-19 group (OR= 12.63, 95% CI [2.40, 66.40]). While the frequency of villitis of unknown etiology was more than double in COVID-19 cases compared to controls, this did not reach statistical significance in a similar multivariable model (OR=2.11, 95% CI [0.50, 8.97]). All neonates of mothers with COVID-19 tested negative for SARS-CoV-2 by PCR.

#### Conclusions

- Despite the fact that all neonates born to mothers with COVID-19 were negative for SARS-CoV-2 by PCR, we found that COVID-19 in term patients admitted to Labor and Delivery is associated with increased rates of placental histopathologic abnormalities, particularly fetal vascular malperfusion and villitis of unknown etiology. These findings appear to occur even among asymptomatic term patients. (Author) [Erratum: American Journal of Obstetrics & Gynecology (AJOG), 10 June 2021, online].

Full URL: <https://doi.org/10.1016/j.ajog.2020.10.020>

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## 20201104-8\*

**Impact of COVID-19 mitigation measures on the incidence of preterm birth: a national quasi-experimental study.** Been JV, Ochoa LB, Bertens LCM, et al (2020), The Lancet Public Health vol 5, no 11, November 2020, pp e604-e611

### Background

Preterm birth is the leading cause of child mortality globally, with many survivors experiencing long-term adverse consequences. Preliminary evidence suggests that numbers of preterm births greatly reduced following implementation of policy measures aimed at mitigating the effects of the COVID-19 pandemic. We aimed to study the impact of the COVID-19 mitigation measures implemented in the Netherlands in a stepwise fashion on March 9, March 15, and March 23, 2020, on the incidence of preterm birth.

### Methods

We used a national quasi-experimental difference-in-regression-discontinuity approach. We used data from the neonatal dried blood spot screening programme (2010-20) cross-validated against national perinatal registry data. Stratified analyses were done according to gestational age subgroups, and sensitivity analyses were done to assess robustness of the findings. We explored potential effect modification by neighbourhood socioeconomic status, sex, and small-for-gestational-age status.

### Findings

Data on 1 599 547 singleton neonates were available, including 56 720 births that occurred after implementation of COVID-19 mitigation measures on March 9, 2020. Consistent reductions in the incidence of preterm birth were seen across various time windows surrounding March 9 ( $\pm 2$  months [ $n=531\ 823$ ] odds ratio [OR] 0.77, 95% CI 0.66-0.91,  $p=0.0026$ ;  $\pm 3$  months [ $n=796\ 531$ ] OR 0.85, 0.73-0.98,  $p=0.028$ ;  $\pm 4$  months [ $n=1\ 066\ 872$ ] OR 0.84, 0.73-0.97,  $p=0.023$ ). Decreases in incidence observed following the March 15 measures were of smaller magnitude, but not statistically significant. No changes were observed after March 23. Reductions in the incidence of preterm births after March 9 were consistent across gestational age strata and robust in sensitivity analyses. They appeared confined to neighbourhoods of high socioeconomic status, but effect modification was not statistically significant.

### Interpretation

In this national quasi-experimental study, initial implementation of COVID-19 mitigation measures was associated with a substantial reduction in the incidence of preterm births in the following months, in agreement with preliminary observations elsewhere. Integration of comparable data from across the globe is needed to further substantiate these findings and start exploring underlying mechanisms.

Funding: None. (Author)

Full URL: [https://doi.org/10.1016/S2468-2667\(20\)30223-1](https://doi.org/10.1016/S2468-2667(20)30223-1)

## 20201102-1\*

**Exclusive: Watchdog investigating national rise in stillbirths.** Discombe M (2020), Health Service Journal 2 November 2020, online

A national review has been launched by regulators because of an increased number of stillbirths during the first wave of covid, HSJ can reveal. (Author)

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## 20201030-16\*

### **Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Antibodies at Delivery in Women, Partners, and Newborns.**

Egerup P, Fich Olsen L, Christiansen A-MH, et al (2021), *Obstetrics & Gynecology* vol 137, no 1, January 2021, pp 49-55

#### OBJECTIVE:

To investigate the frequency of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) antibodies in parturient women, their partners, and their newborns and the association of such antibodies with obstetric and neonatal outcomes.

#### METHODS:

From April 4 to July 3, 2020, in a single university hospital in Denmark, all parturient women and their partners were invited to participate in the study, along with their newborns. Participating women and partners had a pharyngeal swab and a blood sample taken at admission; immediately after delivery, a blood sample was drawn from the umbilical cord. The swabs were analyzed for SARS-CoV-2 RNA by polymerase chain reaction, and the blood samples were analyzed for SARS-CoV-2 antibodies. Full medical history and obstetric and neonatal information were available.

#### RESULTS:

A total of 1,313 parturient women (72.5% of all women admitted for delivery at the hospital in the study period), 1,188 partners, and 1,206 newborns participated in the study. The adjusted serologic prevalence was 2.6% in women and 3.5% in partners. Seventeen newborns had SARS-CoV-2 immunoglobulin G (IgG) antibodies, and none had immunoglobulin M antibodies. No associations between SARS-CoV-2 antibodies and obstetric or neonatal complications were found (eg, preterm birth, preeclampsia, cesarean delivery, Apgar score, low birth weight, umbilical arterial pH, need for continuous positive airway pressure, or neonatal admission), but statistical power to detect such differences was low. Full serologic data from 1,051 families showed an absolute risk of maternal infection of 39% if the partner had antibodies.

#### CONCLUSION:

We found no association between SARS-CoV-2 infection and obstetric or neonatal complications. Sixty-seven percent of newborns delivered by mothers with antibodies had SARS-CoV-2 IgG antibodies. A limitation of our study is that we lacked statistical power to detect small but potentially meaningful differences between those with and without evidence of infection. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000004199>

## 20201028-29\*

### **Coronavirus (COVID-19) infection in pregnancy: Information for healthcare professionals [Version 12] [Superseded by Version 13, 19 February 2021].**

Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Paediatrics and Child Health, et al (2020), London: RCOG 14 October 2020. 77 pages

NB: This version has been superseded by version 13, 19 February 2021.

This document aims to provide guidance to healthcare professionals who care for pregnant women during the COVID-19 pandemic. It is not intended to replace existing clinical guidelines, but to act as a supplement with additional advice on how to implement standard practice during this time. The advice in this document is provided as a resource for UK healthcare professionals based on a combination of available evidence, good practice and expert consensus opinion. The priorities are: (i) The reduction of transmission of SARS-CoV-2 to pregnant women. (ii) The provision of safe, personalised and woman-centred care during pregnancy, birth and the early postnatal period, during the COVID-19 pandemic. (iii) The provision of safe, personalised and woman-centred care to pregnant and postnatal women with suspected/confirmed COVID-19. This is very much an evolving situation requiring this guidance to be a living document that is under regular review and updated as new information and evidence emerges. (Author, edited)

Full URL: <https://www.rcm.org.uk/media/4383/2020-10-14-coronavirus-covid-19-infection-in-pregnancy-v12.pdf>

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#### 20201027-4\*

**A marked decrease in preterm deliveries during the coronavirus disease 2019 pandemic.** Meyer R, Friedrich L, Maixner N, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 2, February 2021, pp 234-237

Research letter exploring preterm birth rates and neonatal outcomes at the Sheba Medical Center in Israel during the COVID-19 pandemic. Results indicate that preterm birth rates in pregnancies of less than 34 weeks of gestation decreased by over 50%. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.10.017>

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#### 20201027-36\*

**Infection prevention and control for labor and delivery, well baby nurseries, and neonatal intensive care units.** Saiman L, Acker KP, Dumitru D, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151320

During the early months of the COVID-19 pandemic, infection prevention and control (IP&C) for women in labor and mothers and newborns during delivery and receiving post-partum care was quite challenging for staff, patients, and support persons due to a relative lack of evidence-based practices, high rates of community transmission, and shortages of personal protective equipment (PPE). We present our IP&C policies and procedures for the obstetrical population developed from mid-March to mid-May 2020 when New York City served as the epicenter of the pandemic in the U.S. For patients, we describe screening for COVID-19, testing for SARS-CoV-2, and clearing patients from COVID-19 precautions. For staff, we address self-monitoring for symptoms, PPE in different clinical scenarios, and reducing staff exposures to SARS-CoV-2. For visitors/support persons, we address limiting them in labor and delivery, the postpartum units, and the NICU to promote staff and patient safety. We describe management of SARS-CoV-2-positive mothers and their newborns in both the well-baby nursery and in the neonatal ICU. Notably, in the well-baby nursery we do not separate SARS-CoV-2-positive mothers from their newborns, but emphasize maternal mask use and social distancing by placing newborns in isolates and asking mothers to remain 6 feet away unless feeding or changing their newborn. We also encourage direct breastfeeding and do not advocate early bathing. Newborns of SARS-CoV-2-positive mothers are considered persons under investigation (PUIs) until 14 days of life, the duration of the incubation period for SARS-CoV-2. We share two models of community-based care for PUI neonates. Finally, we provide our strategies for enhancing communication and education during the early months of the pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151320>

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#### 20201027-2\*

**Singleton preterm birth rates for racial and ethnic groups during the coronavirus disease 2019 pandemic in California.** Main EK, Chang S-C, Carpenter AM, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 2, February 2021, pp 239-241

Research letter exploring the impact of the COVID-19 pandemic on preterm birth rates in California between April and July 2020. Results indicate that there were no changes in overall preterm birth rates among any of the ethnic group categories. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.10.033>

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#### 20201026-80\*

**Labour: Social support [written answer].** Scottish Parliament (2020), Official Report Written question S5W- 32204, 30 September 2020

Jeane Freeman responds to a written question from Mark Griffin to the Scottish Government, regarding what the current guidance is for fathers and partners wishing to stay with the mother and their child in maternity wards after birth, and when it will next update the Coronavirus (COVID-19): hospital visiting guidance. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-32204>

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**20201026-20\***

**The Impact of Perinatal SARS-CoV2 Infection During the Peripartum Period.** Janssen O, Thompson M, Milburn S, et al (2020), American Journal of Obstetrics & Gynecology MFM 20 October 2020, online

Research letter examining perinatal SARS-CoV-2 infection outcomes and inpatient volume between 25 March and 15 May 2020 in the New York City area. The premature birth rate among SARS-CoV-2 positive patients was 8.2% in comparison to 7.5% among SARS-CoV-2 negative mothers in the comparative period between January and June 2020. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100267>

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**20201026-19\***

**Decreased incidence of preterm birth during coronavirus disease 2019 pandemic.** Berghella V, Boelig R, Roman A, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 4, suppl, November 2020, 100258

Research letter exploring rates of premature birth at Thomas Jefferson University Hospital in the United States during the COVID-19 pandemic. Results indicate a 25% decrease in the overall incidence of premature birth in 2020 compared with 2019. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100258>

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**20201023-15\***

**Maternity Services: Coronavirus [written question].** House of Commons (2020), Hansard Written question 101004, 8 October 2020

Ms Nadine Dorries responds to a written question from Catherine McKinnell to the Secretary of State for Health and Social Care, pursuant to the Answers of 23 September 2020 to Questions 90184 and 89844, what assessment his Department has made of the number of NHS trusts that still have restrictions in place on birth partners attending hospital during scans and from admittance during labour. (Author, edited)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-08/101004>

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**20201022-53\***

**The rate of SARS-CoV-2 positivity in asymptomatic pregnant women admitted to hospital for delivery: Experience of a pandemic center in Turkey.** Tanacan A, Erol SA, Turgay B, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 31-34

Objective

To investigate the rate of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) positivity in asymptomatic pregnant women admitted to hospital for delivery in a Turkish pandemic center.

Study Design

This prospective cohort study was conducted in Ankara City Hospital between April, 15, 2020 and June, 5, 2020. A total of 206 asymptomatic pregnant women (103 low-risk pregnant women without any defined risk factor and 103 high-risk pregnant women) were screened for SARS-CoV-2 positivity upon admission to hospital for delivery. Detection of SARS-CoV2 in nasopharyngeal and oropharyngeal samples was performed by Real Time Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) method targeting RdRp (RNA dependent RNA polymerase) gene. Two groups were compared in terms of demographic features, clinical characteristics and SARS-CoV-2 positivity.

Results

Three of the 206 pregnant women participating in the study had positive RT-PCR tests (1.4 %) and all positive cases were in the high-risk pregnancy group. Although, one case in the high-risk pregnancy group had developed symptoms highly suspicious for COVID-19, two repeated RT-PCR tests were negative. SARS-CoV-2 RT-PCR positivity rate was significantly higher in the high-risk pregnancy group (2.9 % vs 0%,  $p = 0.04$ ).

Conclusion

Healthcare professionals should be cautious in the labor and delivery of high-risk pregnant women during the pandemic period and universal testing for COVID-19 may be considered in selected populations. (Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.051>

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20201022-16\*

**Obstetric Hemorrhage Risk Associated with Novel COVID-19 Diagnosis from a Single-Institution Cohort in the United States.**

Wang MJ, Schapero M, Iverson R, et al (2020), American Journal of Perinatology vol 37, no 14, December 2020, pp 1411-1416

**Objective** The study aimed to compare the quantitative blood loss (QBL) and hemorrhage-related outcomes of pregnant women with and without a coronavirus disease 2019 (COVID-19) diagnosis.

**Study Design** This retrospective cohort study of all live deliveries at Boston Medical Center between April 1, 2020 and July 22, 2020 compares the outcomes of pregnant women with a laboratory-confirmed COVID-19 positive diagnosis and pregnant women without COVID-19. The primary outcomes are QBL and obstetric hemorrhage. The secondary outcomes analyzed were a maternal composite outcome that consisted of obstetric hemorrhage, telemetry-level (intermediate care unit) or intensive care unit, transfusion, length of stay greater than 5 days, or intraamniotic infection, and individual components of the maternal composite outcome. Groups were compared using Student's t-test, Chi-squared tests, or Fisher's exact. Logistic regression was used to adjust for confounding variables.

**Results** Of 813 women who delivered a live infant between April 1 and July 22, 2020, 53 women were diagnosed with COVID-19 on admission to the hospital. Women with a COVID-19 diagnosis at their time of delivery were significantly more likely to identify as a race other than white ( $p = 0.01$ ), to deliver preterm ( $p = 0.05$ ), to be diagnosed with preeclampsia with severe features ( $p < 0.01$ ), and to require general anesthesia ( $p < 0.01$ ). Women diagnosed with COVID-19 did not have a significantly higher QBL ( $p = 0.64$ ). COVID-19 positive pregnant patients had no increased adjusted odds of obstetric hemorrhage (adjusted odds ratio [aOR]: 0.41, 95% confidence interval [CI]: 0.17-1.04) and no increased adjusted odds of the maternal morbidity composite (aOR: 0.98, 95% CI: 0.50-1.93) when compared with those without a diagnosis of COVID-19.

**Conclusion** Pregnant women with COVID-19 diagnosis do not have increased risk for obstetric hemorrhage, increased QBL or risk of maternal morbidity compared with pregnant women without a COVID-19 diagnosis. Further research is needed to describe the impact of a COVID-19 diagnosis on maternal hematologic physiology and pregnancy outcomes. (Author)

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20201021-98\*

**Impact of labor and delivery unit policy modifications on maternal and neonatal outcomes during the coronavirus disease 2019 pandemic.** Greene NH, Kilpatrick SJ, Wong MS, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 4, suppl, November 2020, 100234

#### Background

In response to the coronavirus disease 2019 pandemic, hospitals nationwide have implemented modifications to labor and delivery unit practices designed to protect delivering patients and healthcare providers from infection with severe acute respiratory syndrome coronavirus 2. Beginning in March 2020, our hospital instituted labor, and delivery unit modifications targeting visitor policy, use of personal protective equipment, designation of rooms for triage and delivery of persons suspected or infected with coronavirus disease 2019, delivery management, and newborn care. Little is known about the ramifications of these modifications in terms of maternal and neonatal outcomes.

#### Objective

The objective of this study was to determine whether labor and delivery unit policy modifications we made during the coronavirus disease 2019 pandemic were associated with differences in outcomes for mothers and newborns.

#### Study Design

We conducted a retrospective cohort study of all deliveries occurring in our hospital between January 1, 2020, and April 30, 2020. Patients who delivered in January and February 2020 before labor and delivery unit modifications were instituted were designated as the preimplementation group, and those who delivered in March and April 2020 were designated as the postimplementation group. Maternal and neonatal outcomes between the pre- and postimplementation groups were compared. Differences between the 2 groups were then compared with the same time period in 2019 and 2018 to assess whether any apparent differences were unique to the pandemic year. We hypothesized that maternal and newborn lengths of stay would be shorter in the postimplementation group. Statistical analysis methods included Student's t-tests and Wilcoxon tests for continuous variables and chi-square or Fisher exact tests for categorical variables.

#### Results

Postpartum length of stay was significantly shorter after implementation of labor unit changes related to coronavirus disease 2019. A postpartum stay of 1 night after vaginal delivery occurred in 48.5% of patients in the postimplementation group compared with 24.9% of the preimplementation group ( $P<.0001$ ). Postoperative length of stay after cesarean delivery of  $\leq 2$  nights occurred in 40.9% of patients in the postimplementation group compared with 11.8% in the preimplementation group ( $P<.0001$ ). Similarly, after vaginal delivery, 49.0% of newborns were discharged home after 1 night in the postimplementation group compared with 24.9% in the preimplementation group ( $P<.0001$ ). After cesarean delivery, 42.5% of newborns were discharged after  $\leq 2$  nights in the postimplementation group compared with 12.5% in the preimplementation group ( $P<.0001$ ). Slight differences in the proportions of earlier discharge between mothers and newborns were due to multiple gestations. There were no differences in cesarean delivery rate, induction of labor, or adverse maternal or neonatal outcomes between the 2 groups.

#### Conclusion

Labor and delivery unit policy modifications to protect pregnant patients and healthcare providers from coronavirus disease 2019 indicate that maternal and newborn length of stay in the hospital were significantly shorter after delivery without increases in the rate of adverse maternal or neonatal outcomes. In the absence of long-term adverse outcomes occurring after discharge that are tied to earlier release, our study results may support a review of our discharge protocols once the pandemic subsides to move toward safely shortening maternal and newborn lengths of stay. (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100234>

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## 20201013-15\*

**Universal Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2) Testing Uptake in the Labor and Delivery Unit: Implications for Health Equity.** Kernberg A, Kelly J, Nazeer S, et al (2020), *Obstetrics & Gynecology* vol 136, no 6, December 2020, pp 1103-1108

### OBJECTIVE:

To understand severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing uptake in the labor and delivery unit and rationales for declining testing, and to institute a process to increase equitable testing uptake.

### METHODS:

We conducted a quality-improvement initiative from May 28-June 25, 2020, during the first 4 weeks of universal SARS-CoV-2 testing in the Barnes-Jewish Hospital labor and delivery unit. All consecutive patients presenting for delivery without coronavirus disease 2019 (COVID-19) symptoms were offered testing over four 1-week phases. Phase I documented the rate of testing uptake. Phase II recorded patients' reasons for declining testing. Phase III used phase II findings to create and implement shared decision-making tools. Phase IV offered each patient who declined nasopharyngeal testing an oropharyngeal alternative. The primary outcome was rate of SARS-CoV-2 testing uptake by phase.

### RESULTS:

Of 270 patients, 223 (83%) accepted testing and 47 (17%) declined. Maternal age and mode of delivery were similar between groups, whereas testing uptake was higher among nulliparous, White, Hispanic, or privately insured patients. There was a significant increase in the primary outcome of SARS-CoV-2 testing across phases I-IV, from 68% to 76% to 94% to 95%, respectively (Somers' D 0.45; 95% CI of association 0.30-0.59). The most commonly cited reason for declining testing was concern regarding testing discomfort. In subgroup analyses by race and insurance type, there was a significant increase in testing uptake across phases I-IV for Black patients (56%, 54%, 91%, 92%; Somers' D 0.36; 95% CI of association 0.28-0.64), White patients (76%, 93%, 96%, 100%; Somers' D 0.59; 95% CI of association 0.38-0.8), those with Medicaid insurance (60%, 64%, 88%, 92%; 95%; Somers' D 0.39; CI of association 0.22 to 0.56), and those with private insurance (77%, 96%, 97%, 100%; Somers' D 0.63; 95% CI of association 0.40-0.86).

### CONCLUSION:

Universal SARS-CoV-2 testing uptake significantly increased through a rapid-cycle improvement initiative. Aligning hospital policy with patient-centered approaches led to nearly universally acceptable testing. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000004127>

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## 20201013-14\*

**Severe acute respiratory syndrome coronavirus 2 antibodies in pregnant women admitted to labor and delivery units.**

Haizler-Cohen L, Davidov A, Blitz MJ, et al (2021), *American Journal of Obstetrics & Gynecology (AJOG)* vol 224, no 1, January 2021, pp 112-114

Research letter exploring the seroprevalence rate of SARS-CoV-2 antibodies in pregnant women admitted to labour and delivery units. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.09.022>

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## 20201013-11\*

**Preprocedural asymptomatic coronavirus disease 2019 cases in obstetrical and surgical units.** Kelly JC, Raghuraman N, Carter EB, et al (2021), *American Journal of Obstetrics & Gynecology (AJOG)* vol 224, no 1, January 2021, pp 114-116

Research letter exploring SARS-CoV-2 preprocedural asymptomatic infection rates in obstetrical and surgical units in one urban tertiary centre. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.09.023>

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**20201007-72\***

**Vaginal delivery in women with COVID-19: report of two cases.** Cao D, Chen M, Peng M, et al (2020), BMC Pregnancy and Childbirth vol 20, no 580, 2 October 2020

**Background**

During the ongoing global outbreak of COVID-19, pregnant women who are susceptible to COVID-19 should be highly concerned. The issue of vertical transmission and the possibility of neonatal infection is a major concern.

**Case presentation**

**Case 1:** A 35-year-old pregnant woman with a gestational age of 37 weeks and 6 days was admitted to our hospital at the point of giving birth. Except for the abnormalities in her chest CT image, she was asymptomatic. She had an uncomplicated spontaneous vaginal delivery, and her infant was discharged home for isolation. Because of the positive result of the maternal swabs for SARS-CoV-2 obtained on the 2nd day after sampling, we transferred the mother to the designated hospital and followed up with her by telephone interviews. Luckily, it was confirmed on February 23 that the newborn did not develop any COVID-19 symptoms after observation for 14 days after birth.

**Case 2:** Another pregnant woman, with a gestational age of 38 weeks and 2 days, was also admitted to our hospital because of spontaneous labor with cervical dilation of 5 cm. Since she had the typical manifestations of COVID-19, including cough, lymphopenia, and abnormal chest CT images, she was highly suspected of having COVID-19. Based on the experience from case 1, we helped the mother deliver a healthy baby by vaginal delivery. On the 2nd day after delivery, the maternal nasopharyngeal swab result was positive, while the infant's result was negative.

**Conclusion**

There is still insufficient evidence supporting maternal-fetal vertical transmission for COVID-19-infected mothers in late pregnancy, and vaginal delivery may not increase the possibility of neonatal infection. (Author)

**Full URL:** <https://doi.org/10.1186/s12884-020-03281-4>

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**20201007-24\***

**Childbirth [written answer].** House of Commons (2020), Hansard Written question 96004, 28 September 2020

Ms Nadine Dorries responds to a written question from Kevan Jones to the Secretary of State for Health and Social Care, regarding what guidance he is providing to NHS trusts on ensuring that partners are able to be with expectant mothers for the entirety of the birth during the covid-19 outbreak. (JSM)

**Full URL:** <https://questions-statements.parliament.uk/written-questions/detail/2020-09-28/96004>

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20201006-25\*

**Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study.** Ashish KC, Gurung R, Kinney MV, et al (2020), The Lancet Global Health vol 8, no 10, October 2020, pp E1273-E1281

#### Background

The COVID-19 pandemic response is affecting maternal and neonatal health services all over the world. We aimed to assess the number of institutional births, their outcomes (institutional stillbirth and neonatal mortality rate), and quality of intrapartum care before and during the national COVID-19 lockdown in Nepal.

#### Methods

In this prospective observational study, we collected participant-level data for pregnant women enrolled in the SUSTAIN and REFINE studies between Jan 1 and May 30, 2020, from nine hospitals in Nepal. This period included 12.5 weeks before the national lockdown and 9.5 weeks during the lockdown. Women were eligible for inclusion if they had a gestational age of 22 weeks or more, a fetal heart sound at time of admission, and consented to inclusion. Women who had multiple births and their babies were excluded. We collected information on demographic and obstetric characteristics via extraction from case notes and health worker performance via direct observation by independent clinical researchers. We used regression analyses to assess changes in the number of institutional births, quality of care, and mortality before lockdown versus during lockdown.

#### Findings

Of 22 907 eligible women, 21 763 women were enrolled and 20 354 gave birth, and health worker performance was recorded for 10 543 births. From the beginning to the end of the study period, the mean weekly number of births decreased from 1261.1 births (SE 66.1) before lockdown to 651.4 births (49.9) during lockdown—a reduction of 52.4%. The institutional stillbirth rate increased from 14 per 1000 total births before lockdown to 21 per 1000 total births during lockdown ( $p=0.0002$ ), and institutional neonatal mortality increased from 13 per 1000 livebirths to 40 per 1000 livebirths ( $p=0.0022$ ). In terms of quality of care, intrapartum fetal heart rate monitoring decreased by 13.4% ( $-15.4$  to  $-11.3$ ;  $p<0.0001$ ), and breastfeeding within 1 h of birth decreased by 3.5% ( $-4.6$  to  $-2.6$ ;  $p=0.0032$ ). The immediate newborn care practice of placing the baby skin-to-skin with their mother increased by 13.2% ( $12.1$  to  $14.5$ ;  $p<0.0001$ ), and health workers' hand hygiene practices during childbirth increased by 12.9% ( $11.8$  to  $13.9$ ) during lockdown ( $p<0.0001$ ).

#### Interpretation

Institutional childbirth reduced by more than half during lockdown, with increases in institutional stillbirth rate and neonatal mortality, and decreases in quality of care. Some behaviours improved, notably hand hygiene and keeping the baby skin-to-skin with their mother. An urgent need exists to protect access to high quality intrapartum care and prevent excess deaths for the most vulnerable health system users during this pandemic period.

#### Funding

Grand Challenges Canada. (Author)

Full URL: [https://doi.org/10.1016/S2214-109X\(20\)30345-4](https://doi.org/10.1016/S2214-109X(20)30345-4)

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**20200928-22\***

**Promotion of Maternal-Infant Mental Health and Trauma-Informed Care During the COVID-19 Pandemic.** Choi KR, Records K, Low LK, et al (2020), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 49, no 5, September 2020, pp 409-415

The COVID-19 pandemic has led to disruptions in health care in the perinatal period and women's childbirth experiences. Organizations that represent health care professionals have responded with general practice guidelines for pregnant women, but limited attention has been devoted to mental health in the perinatal period during a pandemic. Evidence suggests that in this context, significant psychological distress may have the potential for long-term psychological harm for mothers and infants. For infants, this risk may extend into early childhood. In this commentary, we present recommendations for practice, research, and policy related to mental health in the perinatal period. These recommendations include the use of a trauma-informed framework to promote social support and infant attachment, use of technology and telehealth, and assessment for mental health needs and experiences of violence. (Author)

Full URL: <https://doi.org/10.1016/j.jogn.2020.07.004>

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**20200925-48\***

**My birth, my way.** Joanna (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Describes how the coronavirus pandemic meant that the hospital Joanna was attending for antenatal care was unable to provide her with a midwife to be present at her home birth, so she opted to give birth to her baby daughter unassisted. (JSM)

Full URL: <https://www.aims.org.uk/journal/item/covid-19-joanna>

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**20200925-29\***

**Effect of delayed obstetric labor care during the COVID-19 pandemic on perinatal outcomes.** Sun SV, Guazzelli CAF, de Morais LR, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 287-289

During the COVID-19 quarantine period, there was an increased number of patients admitted in advanced stages of labor, resulting in higher rates of vaginal deliveries compared to the same period in 2019. (Author)

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**20200924-70\***

**Covid-19: Dad lost weight to attend daughter's birth.** Anon (2020), BBC News 24 September 2020

Reports that in March, Gavin Jackson weighed 21 stone and was diagnosed with hypertension; he was told that he was at high risk of contracting COVID-19 and would not be able to attend the birth of his daughter. Describes how he changed his lifestyle, lost weight and was able to attend the birth of his baby daughter, Ava, and support his wife Claire in labour. Includes audio-visual footage. (JSM)

Full URL: <https://www.bbc.co.uk/news/av/health-54273387>

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**20200911-27\***

**Management strategy of pregnant women during COVID-19 pandemic.** Suzumori N, Goto S, Sugiura-Ogasawara M (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 4, August 2020, pp E9-E10

Letter to the editor presenting a strategy in flowchart format for the management of pregnant women during the COVID-19 pandemic. The authors suggest that mode of delivery should be caesarean section in all cases of COVID-19, and neonates should be rapidly separated from mothers to prevent transmission. (LDO)

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## 20200910-69\*

### **Intraoperative coagulopathy during cesarean section as an unsuspected initial presentation of COVID-19: a case report.**

Kinsey KE, Ganz E, Khalil S, et al (2020), BMC Pregnancy and Childbirth vol 20, no 481, 24 August 2020

#### Background

The world's understanding of COVID-19 continues to evolve as the scientific community discovers unique presentations of this disease. This case report depicts an unexpected intraoperative coagulopathy during a cesarean section in an otherwise asymptomatic patient who was later found to have COVID-19. This case suggests that there may be a higher risk for intrapartum bleeding in the pregnant, largely asymptomatic COVID-positive patient with more abnormal COVID laboratory values.

#### Case

The case patient displayed D-Dimer elevations beyond what is typically observed among this hospital's COVID-positive peripartum population and displayed significantly more oozing than expected intraoperatively, despite normal prothrombin time, international normalized ratio, fibrinogen, and platelets.

#### Conclusion

There is little published evidence on the association between D-Dimer and coagulopathy among the pregnant population infected with SARS-CoV-2. This case report contributes to the growing body of evidence on the effects of COVID-19 in pregnancy. A clinical picture concerning for intraoperative coagulopathy may be associated with SARS-CoV-2 infection during cesarean sections, and abnormal COVID laboratory tests, particularly D-Dimer, may help identify the patients in which this presentation occurs. (Author)

Full URL: <https://doi.org/10.1186/s12884-020-03140-2>

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## 20200909-1\*

### **Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services.**

Royal College of Obstetricians & Gynaecologists, Royal College of Midwives, Society & College of Radiographers, et al (2020), London: NHS England 8 September 2020, 7 pages

This framework has been designed to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services. It applies to inpatient and outpatient settings. (Author)

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## 20200903-5

### **COVID-19: a discussion on pregnancy, birth and psychological well-being.**

Anderson M (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 344-347

Discusses the impact of COVID-19 on the physical and mental health of pregnant women. Highlights rates of hospitalisation, mechanical ventilation and adverse pregnancy outcomes such as miscarriage, pre-eclampsia and perinatal death. Explores the impact of social distancing measures on domestic abuse, levels of anxiety and choices around place of birth. (LDO)

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## 20200902-65\*

**Characteristics and Outcomes of 241 Births to Women With Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection at Five New York City Medical Centers.** Khoury R, Bernstein PS, Debolt C, et al (2020), *Obstetrics & Gynecology* vol 136, no 2, August 2020, pp 273-282

### OBJECTIVE:

To describe the characteristics and birth outcomes of women with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection as community spread in New York City was detected in March 2020.

### METHODS:

We performed a prospective cohort study of pregnant women with laboratory-confirmed SARS-CoV-2 infection who gave birth from March 13 to April 12, 2020, identified at five New York City medical centers. Demographic and clinical data from delivery hospitalization records were collected, and follow-up was completed on April 20, 2020.

### RESULTS:

Among this cohort (241 women), using evolving criteria for testing, 61.4% of women were asymptomatic for coronavirus disease 2019 (COVID-19) at the time of admission. Throughout the delivery hospitalization, 26.5% of women met World Health Organization criteria for mild COVID-19, 26.1% for severe, and 5% for critical. Cesarean birth was the mode of delivery for 52.4% of women with severe and 91.7% with critical COVID-19. The singleton preterm birth rate was 14.6%. Admission to the intensive care unit was reported for 17 women (7.1%), and nine (3.7%) were intubated during their delivery hospitalization. There were no maternal deaths. Body mass index (BMI) 30 or higher was associated with COVID-19 severity ( $P=.001$ ). Nearly all newborns tested negative for SARS-CoV-2 infection immediately after birth (97.5%).

### CONCLUSION:

During the first month of the SARS-CoV-2 outbreak in New York City and with evolving testing criteria, most women with laboratory-confirmed infection admitted for delivery did not have symptoms of COVID-19. Almost one third of women who were asymptomatic on admission became symptomatic during their delivery hospitalization. Obesity was associated with COVID-19 severity. Disease severity was associated with higher rates of cesarean and preterm birth. (Author)

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## 20200902-37

**Induction of Labor in an Intubated Patient With Coronavirus Disease 2019 (COVID-19).** Slayton-Milam S, Sheffels S, Chan D, et al (2020), *Obstetrics & Gynecology* vol 136, no 5, November 2020, pp 962-964

### BACKGROUND:

In the global coronavirus disease 2019 (COVID-19) pandemic, to date, delivery of critically ill pregnant patients has predominantly been by cesarean.

### CASE:

A 27-year-old pregnant woman was admitted to a 166-bed community hospital at 33 weeks of gestation with acute hypoxemic respiratory failure secondary to COVID-19. She underwent mechanical ventilation for 9 days. While ventilated, she underwent induction of labor, resulting in a successful forceps assisted-vaginal birth. She was extubated on postpartum day 5 and discharged on postpartum day 10. The neonate was intubated for 24 hours but was otherwise healthy and discharged home at 36 2/7 weeks postmenstrual age.

### CONCLUSION:

Critically ill patients requiring mechanical ventilation, in this case due to COVID-19, may undergo induction of labor and vaginal delivery when carefully selected. (Author)

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**20200901-59\***

**Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Universal Testing Experience on a Los Angeles Labor and Delivery Unit.** Naqvi M, Burwick RM, Ozimek JA, et al (2020), *Obstetrics & Gynecology* vol 136, no 2, August 2020, pp 235-236  
Research letter discussing universal screening for SARS-CoV-2 at Cedars-Sinai Medical Center in the United States. Findings revealed that only one asymptomatic woman tested positive for SARS-CoV-2 among a cohort of 80 women. (LDO)

Full URL: <https://doi.org/10.1097/AOG.0000000000003987>

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**20200901-37\***

**Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Environmental Contamination and Childbirth.** Hermes AC, Horve PF, Edelman A, et al (2020), *Obstetrics & Gynecology* vol 136, no 4, October 2020, pp 827-829  
Research letter presenting the results of a study on childbirth and the risk of environmental exposure to SARS-CoV-2. (LDO)

Full URL: <https://doi.org/10.1097/AOG.0000000000004112>

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**20200901-22\***

**Inpatient obstetric management of COVID-19.** Aubey J, Zork N, Sheen J-J (2020), *Seminars in Perinatology* vol 44, no 7, November 2020, 151280

Objective

To describe inpatient management strategies and considerations for pregnant patients with severe acute respiratory syndrome coronavirus 2 infection.

Findings

The novel coronavirus has posed challenges to both obstetric patients and the staff caring for them, due to its variable presentation and current limited knowledge about the disease. Inpatient antepartum, intrapartum and postpartum management can be informed by risk stratification, severity of disease, and gestational age. Careful planning and anticipation of emergent situations can prevent unnecessary exposures to patients and clinical staff.

Conclusion

As new data arises, management recommendations will evolve, thus practitioners must maintain a low threshold for adaptation of their clinical practice during obstetric care for patients with severe acute respiratory syndrome coronavirus 2 infection. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151280>

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**20200824-47\***

**COVID-19 outbreak and decreased hospitalisation of pregnant women in labour.** Kumari V, Mehta K, Choudhary R (2020), *The Lancet Global Health* vol 8, no 9, September 2020, pp E1116-E1117

Presents the findings of a retrospective analysis of pregnant women across four hospitals in western India during the 10 weeks following lockdown. (MB)

Full URL: [https://doi.org/10.1016/S2214-109X\(20\)30319-3](https://doi.org/10.1016/S2214-109X(20)30319-3)

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**20200820-6\***

**COVID-19 and pregnancy: A review of clinical characteristics, obstetric outcomes and vertical transmission.** Pettiroso E, Giles M, Cole S, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 5, October 2020, pp 640-659

#### Background

Since its emergence in December 2019, COVID-19 has spread to over 210 countries, with an estimated mortality rate of 3-4%. Little is understood about its effects during pregnancy.

#### Aims

To describe the current understanding of COVID-19 illness in pregnant women, to describe obstetric outcomes and to identify gaps in the existing knowledge.

#### Methods

Medline Ovid, EMBASE, World Health Organization COVID-19 research database and Cochrane COVID-19 in pregnancy spreadsheet were accessed on 18/4, 18/5 and 23/5 2020. Articles were screened via Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. The following were excluded: reviews, opinion pieces, guidelines, articles pertaining solely to other viruses, single case reports.

#### Results

Sixty articles were included in this review. Some pregnant participants may have been included in multiple publications, as admission dates overlap for reports from the same hospital. However, a total of 1287 confirmed SARS-CoV-2 positive pregnant cases are reported. Where universal testing was undertaken, asymptomatic infection occurred in 43.5-92% of cases. In the cohort studies, severe and critical COVID-19 illness rates approximated those of the non-pregnant population. Eight maternal deaths, six neonatal deaths, seven stillbirths and five miscarriages were reported. Thirteen neonates were SARS-CoV-2 positive, confirmed by reverse transcription polymerase chain reaction of nasopharyngeal swabs.

#### Conclusions

Where universal screening was conducted, SARS-CoV-2 infection in pregnancy was often asymptomatic. Severe and critical disease rates approximate those in the general population. Vertical transmission is possible; however, it is unclear whether SARS-CoV-2 positive neonates were infected in utero, intrapartum or postpartum. Future work should assess risks of congenital syndromes and adverse perinatal outcomes where infection occurs in early and mid-pregnancy. (Author)

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**20200812-11\***

**Perceptions of patients and providers regarding restriction of labor and delivery support people in the early stages of the coronavirus disease 2019 pandemic.** Cronin S, Piacquadio M, Brendel K, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 4, suppl, November 2020, 100196

Research report presenting a study on patient and provider perspectives of restricting labour and delivery support during the COVID-19 outbreak. On average, patients thought that 1.4 visitors should be allowed and providers thought that 0.9 visitors should be allowed. 20% of patients and 29% of providers were in favour of a hospital policy to disallow visitors. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100196>

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**20200811-25\***

**COVID-19 and Treg/Th17 imbalance: Potential relationship to pregnancy outcomes.** Muyayalo KP, Huang DH, Zhao SJ, et al (2020), American Journal of Reproductive Immunology 14 July 2020, online

Caused by a novel type of virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), coronavirus disease 2019 (COVID-19) constitutes a global public health emergency. Pregnant women are considered to have a higher risk of severe morbidity and even mortality due to their susceptibility to respiratory pathogens and their particular immunologic state. Several studies assessing SARS-CoV-2 infection during pregnancy reported adverse pregnancy outcomes in patients with severe conditions, including spontaneous abortion, preterm labor, fetal distress, cesarean section, preterm birth, neonatal asphyxia, neonatal pneumonia, stillbirth, and neonatal death. However, whether these complications are causally related to SARS-CoV-2 infection is not clear. Here, we reviewed the scientific evidence supporting the contributing role of Treg/Th17 cell imbalance in the uncontrolled systemic inflammation characterizing severe cases of COVID-19. Based on the recognized harmful effects of these CD4+ T-cell subset imbalances in pregnancy, we speculated that SARS-CoV-2 infection might lead to adverse pregnancy outcomes through the deregulation of otherwise tightly regulated Treg/Th17 ratios, and to subsequent uncontrolled systemic inflammation. Moreover, we discuss the possibility of vertical transmission of COVID-19 from infected mothers to their infants, which could also explain adverse perinatal outcomes. Rigorous monitoring of pregnancies and appropriate measures should be taken to prevent and treat early eventual maternal and perinatal complications. (Author)

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**20200804-34\***

**Good clinical practice advice for the management of pregnant women with suspected or confirmed COVID-19 in Nigeria.**

Okunade KS, Makwe CC, Akinajo OR, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 3, September 2020, pp 278-284

The impact on healthcare services in settings with under-resourced health systems, such as Nigeria, is likely to be substantial in the coming months due to the COVID-19 pandemic, and maternity services still need to be prioritized as an essential core health service. The healthcare system should ensure the provision of safe and quality care to women during pregnancy, labor, and childbirth, and at the same time, maternity care providers including obstetricians and midwives must be protected and prioritized to continue providing care to childbearing women and their babies during the pandemic. This practical guideline was developed for the management of pregnant women with suspected or confirmed COVID-19 in Nigeria and other low-resource countries. (Author)

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**20200804-25\***

**Pregnancy, Birth and the COVID-19 Pandemic in the United States.** Davis-Floyd R, Gutschow K, Schwartz DA (2020), Medical Anthropology vol 39, no 5, July 2020, pp 413-427

How quickly and in what ways are US maternity care practices changing due to the COVID-19 pandemic? Our data indicate that partners and doulas are being excluded from birthing rooms leaving mothers unsupported, while providers face lack of protective equipment and unclear guidelines. We investigate rapidly shifting protocols for in- and out-of-hospital births and the decision making behind them. We ask, will COVID-19 cause women, families, and providers to look at birthing in a different light? And will this pandemic offer a testing ground for future policy changes to generate effective maternity care amidst pandemics and other types of disasters? (Author)

**Full URL:** <https://doi.org/10.1080/01459740.2020.1761804>

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#### 20200803-4\*

**Association Between Mode of Delivery Among Pregnant Women With COVID-19 and Maternal and Neonatal Outcomes in Spain.** Martínez-Perez O, Vouga M, Melguizo SC, et al (2020), JAMA (Journal of the American Medical Association) vol 324, no 3, 21 July 2020, pp 296-299

Research report on mode of delivery among pregnant women with COVID-19 and subsequent maternal and neonatal outcomes. Findings show that severe adverse maternal outcomes occurred in 11% of women overall and in 13.5% of those undergoing caesarean delivery. (LDO) [Erratum: JAMA (Journal of the American Medical Association), vol 324, no 3, 21 July 2020, p 305. <https://doi.org/10.1001/jama.2020.12271>]

Full URL: <https://doi.org/10.1001/jama.2020.10125>

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#### 20200731-5\*

**Guidance for intrapartum care for women with COVID-19 [Version 7].** Royal College of Midwives (2020), London: RCM 10 June 2020. 5 pages

This briefing is provided as a resource for midwives based on a combination of available evidence, good practice, and expert advice for the intrapartum care of women diagnosed with COVID-19. This is very much an evolving situation and this guidance will be updated as new information becomes available. (Author, edited)

Full URL: [https://www.rcm.org.uk/media/4109/guidance-for-intrapartum-care-for-women-with-covid-19\\_030620.pdf](https://www.rcm.org.uk/media/4109/guidance-for-intrapartum-care-for-women-with-covid-19_030620.pdf)

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#### 20200731-2\*

**Clinical briefing: Waterbirth during the COVID-19 Pandemic [Reviewed June 2021].** Royal College of Midwives (2020), London: RCM 29 July 2020. 7 pages

Briefing paper from the Royal College of Midwives exploring the current evidence about the safety of waterbirth during the current COVID19 pandemic. New evidence continues to evolve and this briefing will continue to be revised in line with emerging evidence. (Author)

Full URL: <https://www.rcm.org.uk/media/5421/cb-waterbirth-during-covid.pdf>

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#### 20200729-8\*

**Ecuador's New Life Birthing Centers at the Time of Covid-19.** New Life Team Members (2020), Midwifery Today no 134, Summer 2020

Provides an overview of New Life Birthing Centers which is a non-profit organisation and operates holistic birth centres in low resource countries. Discusses the birth centre in Ecuador which is now offering more home visits due to the COVID-19 outbreak. (LDO)

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#### 20200729-5\*

**Pregnancy, Birth, and Breastfeeding with Covid-19.** Smith CK (2020), Midwifery Today no 134, Summer 2020

Provides an overview of existing guidelines on pregnancy, labour, the postpartum period and breastfeeding during the COVID-19 pandemic. Includes guidelines from the Center for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). (LDO)

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#### 20200729-3\*

**Letter to My Soon-to-be Parents-As We Negotiate These Unusual Times.** Wainer N (2020), Midwifery Today no 134, Summer 2020

Nancy Wainer writes a letter to expectant parents explaining how homebirth midwives are conducting care during the COVID-19 outbreak. Includes a list of questions around social distancing and hygiene that expectant parents may be asked when visited by midwives. (LDO)

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**20200728-24\***

**Rapid Analytic Review: Labour and Birth Companionship in a pandemic [Version 5].** Lavender T, Downe S, Renfrew M, et al (2020), London: RCM 27 April 2020. 24 pages

This very rapid review looking at companionship of choice for asymptomatic childbearing women in hospital throughout labour and birth, was conducted by the RCM Professional Advisory Group, led by Professor Tina Lavender, as part of a series of COVID-19 related reviews. Key findings and considerations for practice are provided from page 3 onwards. Appendix one provides more details on the search strategy and findings. (Author, edited)

**Full URL:** <https://www.rcm.org.uk/media/3951/birth-companionship-in-a-pandemic-master-27-04-2020-002.pdf>

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**20200728-22\***

**RCM Professional Briefing on waterbirths for women without symptoms during the COVID-19 pandemic [Version 3].** Royal College of Midwives (2020), London: RCM 7 May 2020. 5 pages

This briefing explores the current evidence about the safety of waterbirth for women without symptoms of COVID-19 during the current pandemic. (Author)

**Full URL:** <https://www.rcm.org.uk/media/4034/rcm-professional-briefing-on-waterbirth-in-the-time-of-covid-v-3-7-may-2020.pdf>

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**20200728-16\***

**Country Contacts.** Various (2020), Midwifery Today no 134, Summer 2020

Midwives from 12 countries share the practical changes they have made when providing maternity care during the COVID-19 pandemic. Changes include online antenatal consultations, the refusal of partners or doulas in the delivery room, delayed cord clamping, frequent hand washing and the use of personal protective equipment. Midwives also discuss the increase in rates of home birth and unattended birth. (LDO)

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**20200728-15\***

**The Impacts of Covid-19 on Birth Practices in the United States.** Davis-Floyd R, Gutschow K, Schwartz DA (2020), Midwifery Today no 134, Summer 2020

Discusses the impact of COVID-19 on antenatal appointments, hospital protocols, birthing partners and the number of home births and unattended births in the United States. (LDO)

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**20200727-42\***

**Maternal and neonatal characteristics and outcomes among COVID-19 infected women: An updated systematic review and meta-analysis.** Dubey P, Reddy S, Manuel S, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 252, September 2020, pp 490-501

Objective

Coronavirus disease 2019 (COVID-19) has become a global pandemic and may adversely affect pregnancy outcomes. We estimated the adverse maternal and neonatal characteristics and outcomes among COVID-19 infected women and determined heterogeneity in the estimates and associated factors.

Study Designs

PubMed search was performed of confirmed COVID-19 pregnant cases and related outcomes were ascertained prior to July 8, 2020, in this systematic review and meta-analysis. Studies reporting premature birth, low birth weight, COVID-19 infection in neonates, or mode of delivery status were included in the study. Two investigators independently performed searches, assessed quality of eligible studies as per the Cochrane handbook recommendations, extracted and reported data according to PRISMA guidelines. Pooled proportions of maternal and neonatal outcomes were estimated using meta-analyses for studies with varying sample sizes while a systematic review with descriptive data analysis was performed for case report studies. Maternal and neonatal outcomes included C-section, premature birth, low birth weight, adverse pregnancy events and COVID transmission in neonates.

Results

A total of 790 COVID-19 positive females and 548 neonates from 61 studies were analyzed. The rates of C-section, premature birth, low birth weight, and adverse pregnancy events were estimated as 72 %, 23 %, 7 %, and 27 % respectively. In the heterogeneity analysis, the rate of C-section was substantially higher in Chinese studies (91 %) compared to the US (40 %) or European (38 %) studies. The rates of preterm birth and adverse pregnancy events were also lowest in the US studies (12 %, 15 %) compared to Chinese (17 %, 21 %), and European studies (19 %, 19 %). In case reports, the rates of C-section, preterm birth, and low birth weight were estimated as 69 %, 56 %, and 35 %, respectively. Adverse pregnancy outcomes were associated with infection acquired at early gestational ages, more symptomatic presentation, myalgia symptom at presentation, and use of oxygen support therapy.

Conclusions

Adverse pregnancy outcomes were prevalent in COVID-19 infected females and varied by location, type, and size of the studies. Regular screening and early detection of COVID-19 in pregnant women may provide more favorable outcomes. (Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.034>

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**20200723-8\***

**Hospitals: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 69537, 6 July 2020

Ms Nadine Dorries responds to a written question asked by Stella Creasy to the Secretary of State for Health and Social Care, regarding the number of NHS trusts that are now enabling partners to attend (a) scans, (b) hospital appointments and (c) the birth of a child as COVID-19 lockdown restrictions are eased. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-06/69537/>

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### 20200723-71\*

**Change in the Incidence of Stillbirth and Preterm Delivery During the COVID-19 Pandemic.** Khalil A, von Dadelszen P, Draycott T, et al (2020), JAMA (Journal of the American Medical Association) vol 324, no 7, 10 July 2020, pp 705-706

Correspondence summarising the results of a study which aimed to detect any changes in stillbirth and rates of premature delivery during the current COVID-19 pandemic. The authors compared pregnancy outcomes at St. Georges University Hospital during two time periods: 1st October 2019 - 31st January 2020 (prior to the first reported cases of COVID-19 in the UK), and from 1st February 2020 - 14th June 2020. The study found an increase in the number of stillbirths during the pandemic, but no significant changes in the rate of premature births. (JSM)

Full URL: <https://jamanetwork.com/journals/jama/fullarticle/2768389>

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### 20200723-6\*

**Hospital visiting during the coronavirus outbreak: guidance [Last updated 15 July 2020].** Welsh Government (2020), Cardiff: Welsh Government 22 April 2020

Gives guidance on how the NHS can support hospital visiting in a safe and planned way during the coronavirus pandemic. Annex 2 sets out the principles for pregnant women attending pre-planned antenatal appointments in Wales, and updates guidance on the presence of partners at antenatal appointments and scans, and in labour and delivery. (JSM)

Full URL: <https://gov.wales/hospital-visiting-during-coronavirus-outbreak-guidance#section-46536>

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### 20200722-89\*

**Maintaining certainty in the most uncertain of times.** Dethier D, Abernathy A (2020), Birth vol 47, no 3, September 2020, pp 257-258

Personal experience of a physician caring for a mother in the early postnatal period during the COVID-19 pandemic. Discusses the disproportionate effect of the virus on marginalised women, universal testing at admission to the labour and delivery ward, and the separation of the mother and newborn after birth. (LDO)

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### 20200722-81\*

**Danish premature birth rates during the COVID-19 lockdown.** Hedermann G, Hedley PL, Baekvad-Hansen M, et al (2021), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 106, no 1, January 2021, pp 93-95

To explore the impact of COVID-19 lockdown on premature birth rates in Denmark, a nationwide register-based prevalence proportion study was conducted on all 31 180 live singleton infants born in Denmark between 12 March and 14 April during 2015-2020.

The distribution of gestational ages (GAs) was significantly different ( $p=0.004$ ) during the lockdown period compared with the previous 5 years and was driven by a significantly lower rate of extremely premature children during the lockdown compared with the corresponding mean rate for the same dates in the previous years (OR 0.09, 95% CI 0.01 to 0.40,  $p<0.001$ ). No significant difference between the lockdown and previous years was found for other GA categories.

The reasons for this decrease are unclear. However, the lockdown has provided a unique opportunity to examine possible factors related to prematurity. Identification of possible causal mechanisms might stimulate changes in clinical practice. (Author)

Full URL: <http://dx.doi.org/10.1136/archdischild-2020-319990>

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**20200722-80\***

**Reduction in preterm births during the COVID-19 lockdown in Ireland: a natural experiment allowing analysis of data from the prior two decades.** Philip RK, Purtill H, Reidy E, et al (2020), MedRxiv 5 June 2020, online

[This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice]

Background: Aetiology of preterm birth (PTB) is heterogeneous and preventive strategies remain elusive. Socio-environmental measures implemented as Ireland's prudent response to the SARS-CoV-2 virus (COVID-19) pandemic represented, in effect, a national lockdown and have possibly influenced the health and wellbeing of pregnant women and unborn infants. Cumulative impact of such socio-environmental factors operating contemporaneously on PTB has never been assessed before. Methods: Regional PTB trends of very low birth weight (VLBW) infants in one designated health area of Ireland over two decades were analysed. Poisson regression and rate ratio analyses with 95% CI were conducted. Observed regional data from January to April 2020 were compared to historical regional and national data and forecasted national figures for 2020. Results: Poisson regression analysis found that the regional historical VLBW rate per 1000 live births for January to April, 2001 to 2019 was 8.18 (95% CI: 7.21, 9.29). During January to April 2020, an unusually low VLBW rate of just 2.17 per 1000 live births was observed. The rate ratio of 3.77 (95% CI: 1.21, 11.75),  $p = 0.022$ , estimates that for the last two decades there was, on average, 3.77 times the rate of VLBW, compared to the period January to April 2020 during which there is a 73% reduction. National Irish VLBW rate for 2020 is forecasted to be reduced to 400 per 60,000 births compared to historical 500 to 600 range. Conclusion: An unprecedented reduction in PTB of VLBW infants was observed in one health region of Ireland during the COVID-19 lockdown. Potential determinants of this unique temporal trend reside in the summative socio-environmental impact of the COVID-19 dictated lockdown. Our findings, if mirrored in other regions that have adopted similar measures to combat the pandemic, demonstrate the potential to evaluate these implicated interdependent behavioural and socio-environmental modifiers to positively influence PTB rates globally. (Author)

Full URL: <https://doi.org/10.1101/2020.06.03.20121442>

**20200722-41\***

**Simulations of Deliveries of SARS-CoV-2 Positive Pregnant Women and Their Newborn Babies: Plan to Implement a Complex and Ever-Changing Protocol.** Rastogi S (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 1061-1065

Management of severe acute respiratory Syndrome corona virus-2 (SARS-CoV-2) infected pregnant women at time of delivery presents a unique challenge. The variability in the timing and the method of delivery, ranging from normal vaginal delivery to an emergent cesarean section, adds complexity to the role of the health care providers in the medical care of the patient and in the interactions, they have with other providers. These variations are further influenced by the availability of isolation rooms in the facility and adequacy of personal protective equipment. The protocols already set in place can be further challenged when the facility reaches its capacity to manage the patients.

To fulfill the goal of providing adequate management to the SARS-CoV-2 infected pregnant women and their infants, avoid variation from suggested guidelines, and decrease risk of exposure of the health care workers, the health care provider team needs to review the variations regularly. While familiarity can be achieved by reviewing the guidelines, clinical case simulations provide a more hands-on approach.

Using case-based simulations and current guidance from the Center for Disease Control, American Academy of Pediatrics, and recent reviews, we discuss a management guideline developed at our institution to facilitate provision of care to SARS-CoV-2 infected pregnant women during delivery and to their infants, while protecting health care providers from exposure, and in keeping with the local facility logistics. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1713602>

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#### 20200721-47\*

**A positive induction during Covid-19.** Colquhoun F (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

The author describes her experience of giving birth to her daughter, following an induced labour during the Covid-19 pandemic. (JSM)

Full URL: <https://www.aims.org.uk/journal/item/covid-19-frances-colquhoun>

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#### 20200717-1\*

**Hospitals: Coronavirus (written answer).** House of Commons (2020), Hansard Written question 69536, 6 July 2020

Ms Nadine Dorries responds to a written question from Stella Creasy to the Secretary of State for Health and Social Care, regarding what guidance he has issued to NHS trusts on enabling partners to attend (a) scans, (b) hospital appointments and (b) the birth of a child during the covid-19 outbreak. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-06/69536/>

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#### 20200714-4\*

**Maternal mental health in the time of the COVID-19 pandemic.** Thapa SB, Mainali A, Schwank SE, et al (2020), Acta Obstetrica et Gynecologica Scandinavica vol 99, no 7, July 2020, pp 817-818

Editorial on the increased risks of developing mental health problems among pregnant women during the COVID-19 pandemic. Public health measures such as physical distancing and isolation during pregnancy and the intrapartum period may cause additional anxiety and distress. Recommends the use of online psychological support, screening tools and counselling. (LDO)

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#### 20200710-2\*

**The 2020 COVID-19 pandemic.** Altimier L, Seiver A (2020), Journal of Neonatal Nursing vol 26, no 4, August 2020, pp 183-191

Provides an overview of the pathophysiology, diagnosis, transmission and treatment of COVID-19. The authors specifically discuss the clinical characteristics and outcomes of SARS-CoV-2 infections in newborn infants, children and pregnant women. (LDO)

Full URL: <https://doi.org/10.1016/j.jnn.2020.06.002>

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#### 20200709-23\*

**Midwives [written answer].** House of Commons (2020), Hansard Written question 63195, 23 June 2020

Ms Nadine Dorries responds to a written question asked by Sir David Amess to the Secretary of State for Health and Social Care, regarding the number of (a) home birth services and (b) midwifery units that temporarily closed after 1 March 2020; and on what date each of those units reopened. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-23/63195/>

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#### 20200709-12\*

**NHS Trusts: Maternity Services [written answer].** House of Commons (2020), Hansard Written question 63194, 23 June 2020

Ms Nadine Dorries responds to a written question asked by Sir David Amess to the Secretary of State for Health and Social Care, regarding the number of NHS Trusts that have provided standard-of-care access to all four birthing options during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-23/63194/>

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#### 20200707-14\*

**Induction of labour in a pandemic. A rapid analytic scoping review [Version 2].** Cheyne H, Downe S, Hunter B, et al on behalf of the Royal College of Midwives (2020), London: RCM 7 April 2020. 14 pages

Rapid review addressing several issues relating to induction of labour during a pandemic, focusing on intrapartum care for women with suspected COVID-19: expectant management versus induction of labour for prolonged pregnancy; the impact of current policy on reduced fetal movements; and the risks and benefits of outpatient cervical ripening. (JSM)

**Full URL:** <https://www.rcm.org.uk/media/3924/professional-clinical-briefing-no-7-intrapartum-care-with-symptomsmrd010520.pdf>

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#### 20200707-12\*

**Clinical briefing: Face-coverings and care in labour for all women [Reviewed June 2021].** Royal College of Midwives (2020), London: RCM 1 July 2020. 4 pages

Briefing paper from the Royal College of Midwives (RCM) on whether it should be recommended that women wear face-coverings or facemasks during labour and birth. (Author, edited)

**Full URL:** <https://www.rcm.org.uk/media/5400/cb-face-coverings-and-care-in-labour-for-all-women.pdf>

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#### 20200703-27\*

**COVID-19 and maternal and infant health: are we getting the balance right? A rapid scoping review.** Topalidou A, Thomson G, Downe S (2020), The Practising Midwife vol 23, no 7, July/August 2020, pp 36-45

**Aim:** The purpose of this study was to summarise the evidence of the clinical and psychological impacts of COVID-19 on perinatal women and their infants.

**Methods:** A rapid scoping review was conducted based on methods proposed by Arksey and O'Malley, and the World Health Organization's (WHO) practical guide for rapid reviews. We searched EMBASE, MEDLINE(R) and MIDIRS.

**Results:** From 1,319 hits, 26 met the inclusion criteria and were included. Most of the studies (n=22) were from China. The majority of the publications are single case studies or case reports. The findings were analysed narratively, and six broad themes emerged. These were: Vertical transmission and transmission during birth, mother-baby separation, breastmilk, likelihood of infection and clinical picture, analgesia or anaesthesia, and infants and young children. The literature search revealed that there is very little formal evidence on the impact of COVID-19 on pregnant, labouring and postnatal women, or their babies. The clinical evidence to date suggests that pregnant and childbearing women, and their babies, are not at increased risk of either getting infected, or of having severe symptoms or consequences, when compared to the population as a whole, which contrasts with outcomes for this group in other viral pandemics. There is no evidence on the short- and longer-term psychological impacts on childbearing women during COVID-19.

**Conclusion:** Despite this lack of evidence, many maternity services have been imposing severe restrictions on aspects of maternity care previously acknowledged as vital to optimum health (including birth companionship, breastfeeding, and contact between mother and baby). There is a critical research gap relating to the clinical and psychological consequences of both COVID-19 and of maternity service responses to the pandemic. (Author)

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#### 20200703-14\*

**Midwives: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 66055, 29 June 2020

Ms Nadine Dorries responds to a written question asked by Stella Creasy to the Secretary of State for Health and Social Care, regarding the number of (a) home birth services and (b) midwifery units temporarily closed between 1 March 2020 to date due to the COVID-19 outbreak; for how long each such service was closed; and how many of those services have since reopened. (LDO)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-29/66055/>

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**20200630-6\***

**Midwives [written answer].** House of Commons (2020), Hansard Written question 63457, 23 June 2020

Ms Nadine Dorries responds to a written question asked by Rosie Duffield to the Secretary of State for Health and Social Care, regarding the number of (a) home birth services and (b) midwifery units in England that have been temporarily closed since 1 March 2020; for what period of time those services were closed; and how many have now reopened. (LDO)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-23/63457/>

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**20200630-4\***

**NHS Trusts: Maternity Services [written answer].** House of Commons (2020), Hansard Written question 63456, 23 June 2020

Ms Nadine Dorries responds to a written question asked by Rosie Duffield to the Secretary of State for Health and Social Care, regarding the number of NHS Trusts in England which have provided full standard-of-care access to all four birthing options as set out by NICE in each week since 1 March 2020. (LDO)

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-23/63456/>

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**20200629-31\***

**Testing of Patients and Support Persons for Coronavirus Disease 2019 (COVID-19) Infection Before Scheduled Deliveries.**

Bianco A, Buckley AB, Overbey J, et al (2020), *Obstetrics & Gynecology* vol 136, no 2, August 2020, pp 283-287

**OBJECTIVE:**

To evaluate the rate of coronavirus disease 2019 (COVID-19) infection with the use of universal testing in our obstetric population presenting for scheduled deliveries, as well as the concordance or discordance rate among their support persons during the initial 2-week period of testing. Additionally, we assessed the utility of a screening tool in predicting severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing results in our cohort.

**METHODS:**

This was an observational study in which all women who were scheduled for a planned delivery within the Mount Sinai Health system from April 4 to April 15, 2020, were contacted and provided with an appointment for themselves as well as their support persons to undergo COVID-19 testing 1 day before their scheduled delivery. Both the patients and the support persons were administered a standardized screen specific for COVID-19 infection by telephone interview. Those support persons who screened positive were not permitted to attend the birth. All patients and screen-negative support persons underwent SARS-CoV-2 testing.

**RESULTS:**

During the study period, 155 patients and 146 support persons underwent SARS-CoV-2 testing. The prevalence of asymptomatic COVID-19 infection was 15.5% (CI 9.8-21.2%) and 9.6% (CI 4.8-14.4%) among patients and support persons, respectively. The rate of discordance among tested pairs was 7.5%. Among patients with COVID-19 infection, 58% of their support persons also had infection; in patients without infection, fewer than 3.0% of their support persons had infection.

**CONCLUSION:**

We found that more than 15% of asymptomatic maternity patients tested positive for SARS-CoV-2 infection despite having screened negative with the use of a telephone screening tool. Additionally, 58% of their asymptomatic, screen-negative support persons also tested positive for SARS-CoV-2 infection. Alternatively, testing of the support persons of women who had tested negative for COVID-19 infection had a low yield for positive results. This has important implications for obstetric and newborn care practices as well as for health care professionals. (Author)

**Full URL:** <https://doi.org/10.1097/AOG.0000000000003985>

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## 20200629-19\*

**Rates of Maternal and Perinatal Mortality and Vertical Transmission in Pregnancies Complicated by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection: A Systematic Review.** Huntley BJ, Huntley ES, Di Mascio D, et al (2020), *Obstetrics & Gynecology* vol 136, no 2, August 2020, pp 303-312

### OBJECTIVE:

To ascertain the frequency of maternal and neonatal complications, as well as maternal disease severity, in pregnancies affected by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection.

### DATA SOURCES:

MEDLINE, Ovid, ClinicalTrials.gov, MedRxiv, and Scopus were searched from their inception until April 29, 2020. The analysis was limited to reports with at least 10 pregnant patients with SARS-CoV-2 infection that reported on maternal and neonatal outcomes.

### METHODS OF STUDY SELECTION:

Inclusion criteria were pregnant women with a confirmed diagnosis of SARS-CoV-2 infection. A systematic search of the selected databases was performed by implementing a strategy that included the MeSH terms, key words, and word variants for 'coronavirus,' 'SARS-CoV-2,' 'COVID-19,' and 'pregnancy.' The primary outcomes were maternal admission to the intensive care unit (ICU), critical disease, and death. Secondary outcomes included rate of preterm birth, cesarean delivery, vertical transmission, and neonatal death. Categorical variables were expressed as percentages with number of cases and 95% CIs.

### TABULATION, INTEGRATION, AND RESULTS:

Of the 99 articles identified, 13 included 538 pregnancies complicated by SARS-CoV-2 infection, with reported outcomes on 435 (80.9%) deliveries. Maternal ICU admission occurred in 3.0% of cases (8/263, 95% CI 1.6-5.9) and maternal critical disease in 1.4% (3/209, 95% CI 0.5-4.1). No maternal deaths were reported (0/348, 95% CI 0.0-1.1). The preterm birth rate was 20.1% (57/284, 95% CI 15.8-25.1), the cesarean delivery rate was 84.7% (332/392, 95% CI 80.8-87.9), the vertical transmission rate was 0.0% (0/310, 95% CI 0.0-1.2), and the neonatal death rate was 0.3% (1/313, 95% CI 0.1-1.8).

### CONCLUSION:

With data from early in the pandemic, it is reassuring that there are low rates of maternal and neonatal mortality and vertical transmission with SARS-CoV-2. The preterm birth rate of 20% and the cesarean delivery rate exceeding 80% seems related to geographic practice patterns.

### SYSTEMATIC REVIEW REGISTRATION:

PROSPERO, CRD42020181497. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000004010>

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## 20200629-12\*

**Coronavirus Disease 2019 (COVID-19) and Pregnancy: Combating Isolation to Improve Outcomes.** Jago CA, Singh SS, Moretti F (2020), *Obstetrics & Gynecology* vol 136, no 1, July 2020, pp 33-36

With the current global coronavirus disease 2019 (COVID-19) pandemic, new challenges arise as social distancing and isolation have become the standard for safety. Evidence supports the protective benefits of social connections and support during pregnancy and labor; there are increased maternal, fetal, and pregnancy risks when pregnant and laboring women lack support. As health care professionals take appropriate precautions to protect patients and themselves from infection, there must be a balance to ensure that we do not neglect the importance of social and emotional support during important milestones such as pregnancy and childbirth. Resources are available to help pregnant women, and technology represents an opportunity for innovation in providing care. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000003946>

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**20200626-67\***

**Management of a delivery suite during the COVID-19 epidemic.** Qi H, Chen M, Luo X, et al (2020), *European Journal of Obstetrics & Gynecology and Reproductive Biology* vol 250, July 2020, pp 250-252

Background

Since the first report of the new coronavirus (COVID-19) infection in December of 2019, it has become rapidly prevalent and been declared as a Public Health Emergency of International Concern by the World Health Organization. There are quite a few cases reported involving delivery with COVID-19 infection, but little valuable suggestion was provided about what healthcare providers of obstetrics and neonatology should do in their clinic practice for unknown status or presumed negative women. Here, we summarized the current practice of delivery management in China that successfully prevented rapid increase in adverse pregnancy outcomes and nosocomial infection in departments of obstetrics and neonatology during the pandemic of COVID-19. (Author)

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.05.031>

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**20200626-43\***

**Coronavirus disease 2019 among pregnant Chinese women: case series data on the safety of vaginal birth and breastfeeding.**

Wu Y, Liu C, Dong L, et al (2020), *BJOG: An International Journal of Obstetrics and Gynaecology* vol 127, no 9, August 2020, pp 1109-1115

Objective

To assess whether vaginal secretions and breast milk of women with coronavirus disease 2019 (COVID-19) contain severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Design

Single centre cohort study.

Setting

Renmin Hospital of Wuhan University, Wuhan, Hubei province, China.

Population

We studied 13 SARS-CoV-2-infected pregnant women diagnosed between 31 January and 9 March 2020.

Methods

We collected clinical data, vaginal secretions, stool specimens and breast milk from SARS-CoV-2-infected women during different stages of pregnancy and collected neonatal throat and anal swabs.

Main outcomes and measures

We assessed viral presence in different biosamples.

Results

Of the 13 women with COVID-19, five were in their first trimester, three in their second trimester and five in their third trimester. Of the five women in their third trimester who gave birth, all delivered live newborns. Among these five deliveries, the primary adverse perinatal outcomes included premature delivery (n = 2) and neonatal pneumonia (n = 2). One of nine stool samples was positive; all 13 vaginal secretion samples, and five throat swabs and four anal swabs collected from neonates, were negative for the novel coronavirus. However, one of three samples of breast milk was positive by viral nucleic acid testing.

Conclusions

In this case series of 13 pregnant women with COVID-19, we observed negative viral test results in vaginal secretion specimens, suggesting that a vaginal delivery may be a safe delivery option. However, additional research is urgently needed to examine breast milk and the potential risk for viral contamination.

Tweetable abstract

New evidence for the safety of vaginal delivery and breastfeeding in pregnant women infected with SARS-CoV-2, positive viral result in a breast-milk sample. (Author)

**Full URL:** <https://doi.org/10.1111/1471-0528.16276>

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## 20200626-33\*

**Vaginal delivery in SARS-CoV-2-infected pregnant women in Northern Italy: a retrospective analysis.** Ferrazzi E, Frigerio L, Savasi V, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology vol 127, no 9, August 2020, pp 1116-1121

### Objective

To report mode of delivery and immediate neonatal outcome in women infected with COVID-19.

### Design

Retrospective study.

### Setting

Twelve hospitals in northern Italy.

### Participants

Pregnant women with COVID-19-confirmed infection who delivered.

### Exposure

COVID 19 infection in pregnancy.

### Methods

SARS-CoV-2-infected women who were admitted and delivered from 1 to 20 March 2020 were eligible. Data were collected from the clinical records using a standardised questionnaire on maternal general characteristics, any medical or obstetric co-morbidity, course of pregnancy, clinical signs and symptoms, treatment of COVID 19 infection, mode of delivery, neonatal data and breastfeeding.

### Main outcome and measures

Data on mode of delivery and neonatal outcome.

### Results

In all, 42 women with COVID-19 delivered at the participating centres; 24 (57.1%, 95% CI 41.0-72.3) delivered vaginally. An elective caesarean section was performed in 18/42 (42.9%, 95% CI 27.7-59.0) cases: in eight cases the indication was unrelated to COVID-19 infection. Pneumonia was diagnosed in 19/42 (45.2%, 95% CI 29.8-61.3) cases: of these, 7/19 (36.8%, 95% CI 16.3-61.6) required oxygen support and 4/19 (21.1%, 95% CI 6.1-45.6) were admitted to a critical care unit. Two women with COVID-19 breastfed without a mask because infection was diagnosed in the postpartum period: their newborns tested positive for SARS-Cov-2 infection. In one case, a newborn had a positive test after a vaginal operative delivery.

### Conclusions

Although postpartum infection cannot be excluded with 100% certainty, these findings suggest that vaginal delivery is associated with a low risk of intrapartum SARS-Cov-2 transmission to the newborn.

### Tweetable abstract

This study suggests that vaginal delivery may be associated with a low risk of intrapartum SARS-Cov-2 transmission to the newborn. (Author)

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## 20200624-69\*

**Labor and Delivery Visitor Policies During the COVID-19 Pandemic: Balancing Risks and Benefits.** Arora KS, Mauch JT, Gibson KS, et al (2020), JAMA (Journal of the American Medical Association) vol 323, no 24, 23/30 June 2020, pp 2468-2469

Discusses variations in labour ward visitor policies during the Covid-19 pandemic. (MB)

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**20200624-44\***

**Analysis of vaginal delivery outcomes among pregnant women in Wuhan, China during the COVID-19 pandemic.** Liao J, He X, Gong Q, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 1, July 2020, pp 53-57

**Objective**

To study vaginal delivery outcomes and neonatal prognosis and summarize the management of vaginal delivery during the COVID-19 pandemic.

**Methods**

A retrospective analysis of medical records and comparison of vaginal delivery outcomes between 10 pregnant women with clinical diagnosis of COVID-19 and 53 pregnant women without COVID-19 admitted to Zhongnan Hospital of Wuhan University between January 20 and March 2, 2020. Results of laboratory tests, imaging tests, and SARS-CoV-2 nucleic acid tests were also analyzed in neonates delivered by pregnant women with clinical diagnosis of COVID-19.

**Results**

There were no significant differences in gestational age, postpartum hemorrhage, and perineal resection rates between the two groups. There were no significant differences in birth weight of neonates and neonatal asphyxia rates between the two groups. Neonates delivered by pregnant women with clinical diagnosis of COVID-19 tested negative for SARS-CoV-2 infection.

**Conclusions**

Under the premise of full evaluation of vaginal delivery conditions and strict protection measures, pregnant women with ordinary type COVID-19 can try vaginal delivery without exacerbation of COVID-19 and without increasing the risk of SARS-CoV-2 infection in neonates. (Author)

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**20200623-55\***

**No Change in Cesarean Section Rate During COVID-19 Pandemic in New York City.** Malhotra Y, Miller R, Bajaj K, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 328-329

Discusses the caesarean section rate in New York City during the COVID-19 pandemic. Reports that SARS-CoV-2 infection did not affect mode of delivery between 8 March 2020 and 20 April 2020. (LDO)

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.06.010>

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**20200622-25\***

**Practical considerations for the emergency delivery of babies from mothers with confirmed or suspected COVID-19.** Wells P, Taylor A, Battersby C, et al (2020), Infant vol 16, no 3, May 2020, pp 94-98

Maternity and neonatal departments must be prepared for the delivery of babies from COVID-19 positive women. We describe a guideline developed at the North Middlesex University Hospital maternity unit, for multidisciplinary team members attending an emergency caesarean section of mothers with confirmed or suspected COVID-19. Anticipated staff actions and personal protective equipment were considered to optimise staff safety and reduce transmission of SARS-CoV-2. We recommend units generate individualised guidance suitable to their settings. (Author)

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**20200619-35\***

**COVID-19 as a risk factor for obstetric violence.** Sadler M, Leiva G, Olza I (2020), Sexual and Reproductive Health Matters 19 June 2020, online

Argues that some restrictions and interventions being imposed on childbearing women during the current COVID-19 pandemic amount to obstetric violence as they are unnecessary, are not based on scientific evidence and are an abuse of human dignity. (JSM)

**Full URL:** <https://doi.org/10.1080/26410397.2020.1785379>

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**20200616-78\***

**The Relationship between Status at Presentation and Outcomes among Pregnant Women with COVID-19.** London V, McLaren Jr R, Atallah F, et al (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 991-994

**Objective** This study was aimed to compare maternal and pregnancy outcomes of symptomatic and asymptomatic pregnant women with novel coronavirus disease 2019 (COVID-19).

**Study Design** This is a retrospective cohort study of pregnant women with COVID-19. Pregnant women were divided into two groups based on status at admission, symptomatic or asymptomatic. All testing was done by nasopharyngeal swab using polymerase chain reaction (PCR) for severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2). Initially, nasopharyngeal testing was performed only on women with a positive screen (symptoms or exposure) but subsequently, testing was universally performed on all women admitted to labor and delivery. Chi-square and Wilcoxon's rank-sum tests were used to compare outcomes between groups.

**Results** Eighty-one patients were tested because of a positive screen (symptoms [n = 60] or exposure only [n = 21]) and 75 patients were universally tested (all asymptomatic). In total, there were 46 symptomatic women and 22 asymptomatic women (tested based on exposure only [n = 12] or as part of universal screening [n = 10]) with confirmed COVID-19. Of symptomatic women (n = 46), 27.3% had preterm delivery and 26.1% needed respiratory support while none of the asymptomatic women (n = 22) had preterm delivery or need of respiratory support (p = 0.007 and 0.01, respectively).

**Conclusion** Pregnant women who presented with COVID-19-related symptoms and subsequently tested positive for COVID-19 have a higher rate of preterm delivery and need for respiratory support than asymptomatic pregnant women. It is important to be particularly rigorous in caring for COVID-19 infected pregnant women who present with symptoms. (Author)

**Full URL:** <https://doi.org/10.1055/s-0040-1712164>

**20200616-43\***

**A Survey of Labor and Delivery Practices in New York City during the COVID-19 Pandemic.** Peña JA, Bianco AT, Simpson LL, et al (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 975-981

Recently, a novel coronavirus, precisely severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2), that causes the disease novel coronavirus disease 2019 (COVID-19) has been declared a worldwide pandemic. Over a million cases have been confirmed in the United States. As of May 5, 2020, New York State has had over 300,000 cases and 24,000 deaths with more than half of the cases and deaths occurring in New York City (NYC). Little is known, however, of how this virus impacts pregnancy. Given this lack of data and the risk for severe disease in this relatively immunocompromised population, further understanding of the obstetrical management of COVID-19, as well as hospital level preparation for its control, is crucial. Guidance has come from expert opinion, professional societies and public health agencies, but to date, there is no report on how obstetrical practices have adapted these recommendations to their local situations. We therefore developed an internet-based survey to elucidate the practices put into place to guide the care of obstetrical patients during the COVID-19 pandemic. We surveyed obstetrical leaders in four academic medical centers in NYC who were implementing and testing protocols at the height of the pandemic. We found that all sites made changes to their practices, and that there appeared to be agreement with screening and testing for COVID-19, as well as labor and delivery protocols, for SARS-CoV-2-positive patients. We found less consensus with respect to inpatient antepartum fetal surveillance. We hope that this experience is useful to other centers as they formulate their plans to face this pandemic. (Author)

**Full URL:** <https://doi.org/10.1055/s-0040-1713120>

**20200615-78\***

**Homebirth: COVID-19 [written answer].** Scottish Parliament (2020), Official Report Written question SW5-29152, 19 May 2020

Joe FitzPatrick responds to a written question from Jeremy Balfour to the Scottish Government, regarding what it is doing to support homebirths during the COVID-19 outbreak. (JSM)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29152>

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**20200615-3\***

**Delivery for respiratory compromise among pregnant women with coronavirus disease 2019.** McLaren Jr RA, London V, Atallah F, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 3, September 2020, pp 451-453

Retrospective observational study of delivery and its impact on respiratory distress among women with COVID-19. Results show that delivery did not worsen the respiratory status of women with persistent oxygen desaturation. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.05.035>

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**20200611-27\***

**Birth Partners: Coronavirus [written answer].** Scottish Parliament (2020), Official Report Written question S5W-29155, 19 May 2020

Jeane Freeman responds to a written question asked by Jeremy Balfour to the Scottish Government, regarding the advice it has given to NHS boards on the attendance of birthing partners in (a) labour, (b) antenatal and (c) postnatal wards during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29155>

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**20200611-26\***

**Birth Choices: Coronavirus [written answer].** Scottish Parliament (2020), Official Report Written question S5W-29151, 19 May 2020

Jeane Freeman responds to a written question asked by Jeremy Balfour to the Scottish Government, regarding how it is working with (a) birth practitioners and (b) medical staff to ensure that people's rights regarding how and where they give birth are upheld. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29151>

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**20200610-5\***

**Universal testing of patients and their support persons for severe acute respiratory syndrome coronavirus 2 when presenting for admission to labor and delivery at Mount Sinai Health System.** Buckley A, Bianco A, Stone J (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100147

Discusses the policy to implement universal SARS-CoV-2 testing prior to admission to labour and delivery wards in the Mount Sinai Health System. Results revealed 50 SARS-CoV-2 infections among the 307 women tested. This policy may help to protect health care workers and direct the use of personal protective equipment (PPE). (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100147>

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**20200610-10\***

**Laboring alone? Brief thoughts on ethics and practical answers during the coronavirus disease 2019 pandemic.** Ecker JL, Minkoff HL (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100141

Commentary on allowing partners in delivery rooms during the COVID-19 pandemic. The emotional and physical support provided by partners must be balanced with the safety of health care workers. The authors conclude that partners should be permitted where there is appropriate personal protective equipment and screening measures. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100141>

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**20200525-5\***

**Are Covid-19-positive Mothers Dangerous for Their Term and Well Newborn Babies? Is There an Answer?.** Stanojević M (2020), Journal of Perinatal Medicine 13 May 2020, online

Background: The pandemic caused by the new coronavirus SARS-CoV-2 (Covid-19) is quite a challenging experience for the world. At the moment of birth, the fetus is prepared to face the challenge of labor and the exposure to the outside world, meaning that labor and birth represent the first extrauterine major exposure to a complex microbiota. The vagina, which is a canal for reproduction, is by evolution separated (but not far) from the anus and urethra. Passing through the birthing canal is a mechanism for intergenerational transmission of vaginal and gut microorganisms for the vertical transmission of microbiota not only from our mothers and grandmothers but also from earlier ancestors. Methods: Many national and international instructions have been developed since the beginning of the Covid-19 outbreak in January 2020 in Wuhan in China. All of them pointed out hygiene measures, social distancing and avoidance of social contacts as the most important epidemiological preventive measures. Pregnancy and neonatal periods are considered as high risk for Covid-19 infection. Results: The instructions defined the care for pregnant women in the delivery room, during a hospital stay and after discharge. The controversial procedures in the care of Covid-19-suspected or -positive asymptomatic women in labor were: mode of delivery, companion during birth and labor, skin-to-skin contact, breastfeeding, and visits during a hospital stay. Conclusion: There is a hope that instruction on coping with the coronavirus (Covid-19) infection in pregnancy with all proposed interventions affecting mothers, babies and families, besides saving lives, are beneficial and efficient by exerting no harm. (Author)

Full URL: <https://doi.org/10.1515/jpm-2020-0186>

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**20200525-26\***

**Safety and Efficacy of Different Anesthetic Regimens for Parturients With COVID-19 Undergoing Cesarean Delivery: A Case Series of 17 Patients.** Chen R, Zhang Y, Huang L, et al (2020), Canadian Journal of Anaesthesia vol 67, no 6, June 2020, pp 655-633

Purpose: To assess the management and safety of epidural or general anesthesia for Cesarean delivery in parturients with coronavirus disease (COVID-19) and their newborns, and to evaluate the standardized procedures for protecting medical staff. Methods: We retrospectively reviewed the cases of parturients diagnosed with severe acute respiratory syndrome coronavirus (SARS-CoV-2) infection disease (COVID-19). Their epidemiologic history, chest computed tomography scans, laboratory measurements, and SARS-CoV-2 nucleic acid positivity were evaluated. We also recorded the patients' demographic and clinical characteristics, anesthesia and surgery-related data, maternal and neonatal complications, as well as the health status of the involved medical staff.

Results: The clinical characteristics of 17 pregnant women infected with SARS-CoV-2 were similar to those previously reported in non-pregnant adult patients. All of the 17 patients underwent Cesarean delivery with anesthesia performed according to standardized anesthesia/surgery procedures. Fourteen of the patients underwent continuous epidural anesthesia with 12 experiencing significant intraoperative hypotension. Three patients received general anesthesia with tracheal intubation because emergency surgery was needed. Three of the parturients are still recovering from their Cesarean delivery and are receiving in-hospital treatment for COVID-19. Three neonates were born prematurely. There were no deaths or serious neonatal asphyxia events. All neonatal SARS-CoV-2 nucleic acid tests were negative. No medical staff were infected throughout the patient care period.

Conclusions: Both epidural and general anesthesia were safely used for Cesarean delivery in the parturients with COVID-19. Nevertheless, the incidence of hypotension during epidural anesthesia appeared excessive. Proper patient transfer, medical staff access procedures, and effective biosafety precautions are important to protect medical staff from COVID-19. (Author)

Full URL: <https://doi.org/10.1007/s12630-020-01630-7>

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#### 20200525-11\*

**Vaginal delivery in SARS-CoV-2 infected pregnant women in Northern Italy: a retrospective analysis.** Ferrazzi E, Frigerio L, Savasi V, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology 27 April 2020, online

Objective: To report mode of delivery and immediate neonatal outcome in COVID-19 infected women.

Design: This is a retrospective study.

Setting: Twelve hospitals in northern Italy.

Participants: Pregnant women with COVID-19 confirmed infection who delivered.

Exposure: COVID 19 infection in pregnancy.

Methods: SARS-CoV-2 infected women who were admitted and delivered during the period 1-20 march 2020 were eligible.

Data were collected from the clinical records using a standardized questionnaire on maternal general characteristics, any medical or obstetric co-morbidity, course of pregnancy, clinical signs and symptoms, treatment of COVID 19 infection, mode of delivery, neonatal data and breastfeeding MAIN OUTCOME AND MEASURE: Data on mode of delivery and neonatal outcome

RESULTS: 42 women with COVID-19 delivered at the participating centres: 24(57,1%, 95% CI= 41,0-72,3) delivered vaginally. An elective cesarean section was performed in 18/42 (42,9%, 95%CI 27,7-59,0) cases: in 8 cases the indication was unrelated to COVID-19 infection. Pneumonia was diagnosed in 19/42(45,2%, 95%CI 29,8-61,3) cases: of these 7/19(36,8%,95CI 16,3-61,6) required oxygen support and 4/19(21,1%,95%CI=6,1-45,6) were admitted to a critical care unit. Two women with COVID-19 breastfed without a mask because infection was diagnosed in the post-partum period: their new-borns tested positive for SARS-Cov-2 infection. In one case a new-born had a positive test after a vaginal operative delivery.

Conclusions: Although post-partum infection cannot be excluded with 100% certainty, these findings suggest that vaginal delivery is associated with a low risk of intrapartum SARS-Cov-2 transmission to the new-born. (Author)

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#### 20200521-40\*

**Successful Treatment of Preterm Labor in Association with Acute COVID-19 Infection.** Browne PC, Linfert JB, Perez-Jorge E (2020), American Journal of Perinatology vol 37, no 8, June 2020, pp 866-868

Novel coronavirus disease 2019 (COVID-19) infection occurring during pregnancy is associated with an increased risk of preterm delivery. This case report describes successful treatment of preterm labor during acute COVID-19 infection. Standard treatment for preterm labor may allow patients with acute COVID-19 infection to recover without the need for preterm delivery. (Author)

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#### 20200518-27\*

**Emergency Caesarean delivery in a patient with confirmed COVID-19 under spinal anaesthesia.** Xia H, Zhao S, Wu Z, et al (2020), British Journal of Anaesthesia vol 124, no 5, May 2020, pp E216-E218

Reports the case of a 27-year old woman who was admitted to hospital at 36 weeks and 5 days' gestation due to fever. The woman, who was delivered by emergency caesarean section due to below normal oxygen saturation levels and reduced fetal movements, later tested positive for COVID-19. (MB)

Full URL: <https://doi.org/10.1016/j.bja.2020.02.016>

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#### 20200515-2\*

**Delivery Room Preparedness and Early Neonatal Outcomes During COVID19 Pandemic in New York City.** Perlman J, Oxford C, Chang C, et al (2020), Pediatrics vol 146, no 2, August 2020, e20201567

Since the initial report of a novel Coronavirus SARS-CoV-2 in Wuhan in December 2019 there has been widespread dissemination of disease worldwide. The impact on the neonatal population has been reported almost exclusively from China. The study goal is to characterize for the first time in the United States, the delivery room (DR) management and early course of infants born to COVID19 positive mothers, during three weeks at the peak of the pandemic in NYC, and to describe the challenges and approaches developed to meet these excessive needs. (Author)

Full URL: <https://doi.org/10.1542/peds.2020-1567>

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**20200514-73\***

**Coronavirus: Planning your birth.** NHS England (2020), London: NHS England May 2020. 2 pages

Consumer information emphasising that maternity services are still open during the current coronavirus pandemic, and encouraging women to contact their midwife or maternity services if they are at all concerned about their own health or the health of their baby. Advises women to document their birth plans and choices, as this will help guide the maternity professionals in providing women with the best birth experience possible. (JSM)

**Full URL:** <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0441-maternity-leaflets-cv19-planning-your-birth.pdf>

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**20200514-67\***

**Coronavirus disease 2019 during pregnancy: a systematic review of reported cases.** Gatta AND, Rizzo R, Pilu G, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 1, July 2020, pp 36-41

**Objective**

This study aimed to conduct a systematic review of the clinical outcomes reported for pregnant patients with coronavirus disease 2019.

**Data Sources**

The PubMed, CINAHL, and Scopus databases were searched using a combination of key words such as 'Coronavirus and/or pregnancy,' 'COVID and/or pregnancy,' 'COVID disease and/or pregnancy,' and 'COVID pneumonia and/or pregnancy.' There was no restriction of language to allow collection of as many cases as possible.

**Study Eligibility Criteria**

All studies of pregnant women who received a coronavirus disease 2019 diagnosis using acid nucleic test, with reported data about pregnancy, and, in case of delivery, reported outcomes, were included.

**Study Appraisal and Synthesis Methods**

All the studies included have been evaluated according to the tool for evaluating the methodological quality of case reports and case series described by Murad et al.

**Results**

Six studies that involved 51 pregnant women were eligible for the systematic review. At the time of the report, 3 pregnancies were ongoing; of the remaining 48 pregnant women, 46 gave birth by cesarean delivery, and 2 gave birth vaginally; in this study, 1 stillbirth and 1 neonatal death were reported.

**Conclusion**

Although vertical transmission of severe acute respiratory syndrome coronavirus 2 infection has been excluded thus far and the outcome for mothers and neonates has been generally good, the high rate of preterm delivery by cesarean delivery is a reason for concern. Cesarean delivery was typically an elective surgical intervention, and it is reasonable to question whether cesarean delivery for pregnant patients with coronavirus disease 2019 was warranted. Coronavirus disease 2019 associated with respiratory insufficiency in late pregnancies certainly creates a complex clinical scenario. (Author)

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.04.013>

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**20200514-6\***

**Re: Novel Coronavirus COVID-19 in late pregnancy: Outcomes of first nine cases in an inner city London hospital.** Govind A, Essien S, Kartikeyan A, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 251, August 2020, pp 272-274

Discusses the cases of nine mothers with COVID-19 who delivered at an inner-city London hospital. Three women delivered by emergency caesarean section, six women underwent elective caesarean section and one woman delivered vaginally. Only one of the nine infants tested positive for the virus. (LDO)

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.05.004>

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#### 20200514-4\*

**Vaginal delivery in a woman infected with SARS-CoV-2 - the first case reported in Portugal.** Polónia-Valente R, Moucho M, Tavares M, et al (2020), *European Journal of Obstetrics & Gynecology and Reproductive Biology* vol 250, July 2020, pp 253-254

Discusses the case of a 31-year-old woman at 38 weeks' gestation who was admitted at the obstetrical emergency department and tested positive for SARS-CoV-2. The patient was in the latent phase of labour and complained of mild uterine contractions. An operative vaginal delivery and fetal vacuum extraction were subsequently performed in order to shorten the second stage of labour. (LDO)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.05.007>

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#### 20200513-97\*

**Reflections on COVID-19.** Lowe NK (2020), *JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing* vol 49, no 3, May 2020, pp 223-224

Editorial reflecting on the changes we have undergone to our personal and professional lives since the COVID-19 pandemic began. Raises concerns that some New York hospitals were not allowing women in labour to have one support person with them, despite research stressing the importance of support in labour to patient care, even during the coronavirus crisis. Explains how hospital policies such as these have been overturned by an executive order issued by New York's Governor, Andrew Cuomo, on March 27 2020, which stipulates that all public and private hospitals in New York must comply with the latest guidance from the New York State Department of Health, that all women must be allowed to have a partner with them in the labour and delivery room. (JSM)

Full URL: <https://doi.org/10.1016/j.jogn.2020.04.002>

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#### 20200513-16\*

**Safe delivery for pregnancies affected by COVID-19.** Qi H, Luo X, Zheng Y, et al (2020), *BJOG: An International Journal of Obstetrics and Gynaecology* vol 127, no 8, July 2020, pp 927-929

Discusses existing guidelines on the safe delivery of infants in pregnancies affected by COVID-19. Includes the timing of delivery, requirements for caesarean section, prevention of infection in the delivery room, anaesthesia and monitoring the neonate. (LDO)

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#### 20200512-8\*

**Screening all pregnant women admitted to labor and delivery for the virus responsible for coronavirus disease 2019.**

Vintzileos WS, Muscat J, Hoffmann E, et al (2020), *American Journal of Obstetrics & Gynecology (AJOG)* vol 223, no 2, August 2020, pp 284-286

This research letter discusses a study to determine the accuracy of maternal symptomatology in predicting COVID-19 infections. The results showed that 66% of women who tested positive for COVID-19 were asymptomatic. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.04.024>

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#### 20200511-62\*

**Severe acute respiratory syndrome coronavirus 2 detection in the female lower genital tract.** Cui P, Chen Z, Wang T, et al (2020), *American Journal of Obstetrics & Gynecology (AJOG)* vol 223, no 1, July 2020, pp 131-134

This research letter discusses the existence of SARS-CoV-2 in the female lower genital tract. Among the 35 participants in this study SARS-CoV-2 was not found in vaginal fluid and cervical exfoliated cells. This suggests that the female lower genital tract may not be a transmission route for the virus, and has implications for mode of delivery in SARS-CoV-2 infected pregnant women. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.04.038>

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**20200507-10\***

**Coronavirus: Am I at risk during pregnancy?.** Roxby P (2020), BBC News 7 May 2020

As a precaution, pregnant women have been told to be particularly strict about avoiding social contact, so they reduce their risk of catching coronavirus. But what do we know about its impact on pregnancy? (Author)

Full URL: <https://www.bbc.co.uk/news/health-52474213>

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**20200505-13\***

**Guidance for provision of midwife-led settings and home birth in the evolving coronavirus (COVID-19) pandemic.** Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2020), Royal College of Obstetricians and Gynaecologists (RCOG) 17 April 2020

Guidance on the safety of midwife-led birth settings and home birth during the COVID-19 pandemic. Suggests that birthplace options may become more limited if services are centralised as a result of the pandemic. (LDO)

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**20200505-11\***

**Coronavirus COVID-19: Supporting healthy pregnant women to safely give birth.** Burns E, Feeley C, Venderlaan J, et al (2020), Oxford: Oxford Brookes University 29 April 2020, 4 pages

Guidance on the safety of water birth during the COVID-19 pandemic. Suggests that birthing pools are low risk for the transmission of the virus and should be encouraged as an effective method of analgesia. (LDO)

Full URL: <https://www.brookes.ac.uk/WorkArea/DownloadAsset.aspx?id=2147622699>

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**20200429-35\***

**General Guidelines in the Management of an Obstetrical Patient on the Labor and Delivery Unit during the COVID-19 Pandemic.** Stephens AJ, Barton JR, Bentum NA, et al (2020), American Journal of Perinatology vol 37, no 8, June 2020, pp 829-836

Novel coronavirus disease 2019 (COVID-19) is a respiratory tract infection that was first identified in China. Since its emergence in December 2019, the virus has rapidly spread, transcending geographic barriers. The World Health Organization and the Centers for Disease Control and Prevention have declared COVID-19 as a public health crisis. Data regarding COVID-19 in pregnancy is limited, consisting of case reports and small cohort studies. However, obstetric patients are not immune from the current COVID-19 pandemic, and obstetric care will inevitably be impacted by the current epidemic. As such, clinical protocols and practice on labor and delivery units must adapt to optimize the safety of patients and health care workers and to better conserve health care resources. In this commentary, we provide suggestions to meet these goals without impacting maternal or neonatal outcomes. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1710308>

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**20200427-28\***

**Labor and Delivery Guidance for COVID-19.** Boelig RC, Manuck T, Oliver EA, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 2, suppl, May 2020, 100110

Guidance on labour and delivery during the COVID-19 pandemic. Includes screening before admission, the use of personal protective equipment (PPE) and intrapartum and postpartum care. The authors also present specific guidance on caring for confirmed COVID-19 patients and critically ill COVID-19 patients. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100110>

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**20200427-11\***

**Forecasting the Impact of Coronavirus Disease During Delivery Hospitalization: An Aid for Resources Utilization.** Putra M, Kesavan M, Brackney K, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100127

#### Background

The ongoing Coronavirus disease (COVID-19) pandemic has severely impacted the United States. In cases of infectious disease outbreak, forecasting models are often developed for resources utilization. Pregnancy and delivery pose unique challenges, given the altered maternal immune system and the fact that the majority of American women choose to deliver in the hospital setting.

#### Objectives

The aim of our study is to forecast the incidence of COVID-19 in general population and to forecast the overall incidence, severe cases, critical cases and fatal COVID-19 cases during delivery hospitalization in the United States.

#### Study design

We use a phenomenological model with generalized logistic growth models to forecast the incidence of COVID-19 in the United States from 4/15/2020 - 12/31/2020. Incidence data from 3/1/2020 - 4/14/2020 were used to provide best-fit model solution. Subsequently, Monte-Carlo simulation was performed for each week from 3/1/2020 - 12/31/2020 to estimate the incidence of COVID-19 in delivery hospitalizations using the available data estimate.

#### Results

From 3/1/2020 - 12/31/2020, our model forecasted a total of 860,475 cases of COVID-19 in general population across the United States. The cumulative incidence for COVID-19 during delivery hospitalization is anticipated to be 16,601 (95% CI, 9,711 - 23,491) cases. Among those, 3,308 (95% CI, 1,755 - 4,861) cases are expected to be severe, 681 (95% CI, 1324 - 1,038) critical and 52 (95% CI, 23 - 81) maternal mortality. Assuming similar baseline maternal mortality rate as the year of 2018, we projected an increase in maternal mortality rate in the US to at least 18.7 (95% CI, 18.0 - 19.5) deaths per 100,000 live birth as a direct result of COVID-19.

#### Conclusions

COVID-19 infection in pregnant women is expected to severely impact obstetrical care. From 3/1/2020 - 12/31/2020, we project 3,308 severe and 681 critical cases, with about 52 COVID-19 related maternal mortalities during delivery hospitalization in the United States. These data might be helpful for counseling and resource allocation. (Author)

**Full URL:** <https://doi.org/10.1016/j.ajogmf.2020.100127>

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20200424-6\*

**Coronavirus in pregnancy and delivery: rapid review.** Mullins E, Evans D, Viner RM, et al (2020), Ultrasound in Obstetrics and Gynecology vol 55, no 5, May 2020, pp 586-592

**OBJECTIVES:**

Person-to-person spread of COVID-19 in the UK has now been confirmed. There are limited case series reporting the impact on women affected by coronavirus during pregnancy. In women affected by severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), the case fatality rate appeared higher in those affected in pregnancy compared with non-pregnant women. We conducted a rapid review to guide health policy and management of women affected by COVID-19 during pregnancy, which was used to develop the Royal College of Obstetricians and Gynaecologists' (RCOG) guidelines on COVID-19 infection in pregnancy.

**METHODS:**

Searches were conducted in PubMed and MedRxiv to identify primary case reports, case series, observational studies and randomized controlled trials describing women affected by coronavirus in pregnancy. Data were extracted from relevant papers. This review has been used to develop guidelines with representatives of the Royal College of Paediatrics and Child Health (RCPCH) and RCOG who provided expert consensus on areas in which data were lacking.

**RESULTS:**

From 9965 search results in PubMed and 600 in MedRxiv, 23 relevant studies, all of which were case reports or case series, were identified. From reports of 32 women to date affected by COVID-19 in pregnancy, delivering 30 babies (one set of twins, three ongoing pregnancies), seven (22%) were asymptomatic and two (6%) were admitted to the intensive care unit (ICU), one of whom remained on extracorporeal membrane oxygenation. No maternal deaths have been reported to date. Delivery was by Cesarean section in 27 cases and by vaginal delivery in two, and 15 (47%) delivered preterm. There was one stillbirth and one neonatal death. In 25 babies, no cases of vertical transmission were reported; 15 were reported as being tested with reverse transcription polymerase chain reaction after delivery. Case fatality rates for SARS and MERS were 15% and 27%, respectively. SARS was associated with miscarriage or intrauterine death in five cases, and fetal growth restriction was noted in two ongoing pregnancies affected by SARS in the third trimester.

**CONCLUSIONS:**

Serious morbidity occurred in 2/32 women with COVID-19, both of whom required ICU care. Compared with SARS and MERS, COVID-19 appears less lethal, acknowledging the limited number of cases reported to date and that one woman remains in a critical condition. Preterm delivery affected 47% of women hospitalized with COVID-19, which may put considerable pressure on neonatal services if the UK's reasonable worst-case scenario of 80% of the population being affected is realized. Based on this review, RCOG, in consultation with RCPCH, developed guidance for delivery and neonatal care in pregnancies affected by COVID-19, which recommends that delivery mode be determined primarily by obstetric indication and recommends against routine separation of affected mothers and their babies. We hope that this review will be helpful for maternity and neonatal services planning their response to COVID-19. (Author)

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Full URL: <https://doi.org/10.1002/uog.22014>

20200424-28\*

**Coronavirus: Uncertainty over maternity care causing distress.** Collinson A (2020), BBC News 24 April 2020

Reports that the uncertainty caused by a reduction in maternity services owing to the coronavirus pandemic is causing anxiety and stress among pregnant women, who are not sure if they will be allowed to have a home birth, or if their partner will be allowed to stay with them while they are in labour. States that there is variation between Trusts, and the Royal College of Midwives (RCM) states that staff shortages owing to sickness and self-isolation are impacting resources. Includes comments from pregnant women, new mothers, and RCM Chief Executive Officer Gill Walton. (JSM)

Full URL: <https://www.bbc.co.uk/news/health-52356067>

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**20200422-43\***

**SOGC Committee Opinion - COVID-19 in Pregnancy.** Elwood C, Boucoiran I, VanSchalkwyk J, et al (2020), JOGC [Journal of Obstetrics and Gynaecology Canada] 31 March 2020, online

Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines on COVID-19 in pregnancy. Includes recommendations on the antepartum, intrapartum and postpartum periods. Discusses appointments, protective equipment, fetal monitoring, caesarean delivery, skin-to-skin contact and breastfeeding. (LDO)

Full URL: <https://doi.org/10.1016/j.jogc.2020.03.012>

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**20200422-35\***

**Operating Room Guide for Confirmed or Suspected COVID-19 Pregnant Patients Requiring Cesarean Delivery.** Gonzalez-Brown VM, Reno J, Lortz H, et al (2020), American Journal of Perinatology vol 37, no 8, June 2020, pp 825-828

We sought to provide a clinical practice protocol for our labor and delivery (L&D) unit, to care for confirmed or suspected COVID-19 patients requiring cesarean delivery. A multidisciplinary team approach guidance was designed to simplify and streamline the flow and care of patient with confirmed or suspected COVID-19 requiring cesarean delivery. A protocol was designed to improve staff readiness, minimize risks, and streamline care processes. This is a suggested protocol which may not be applicable to all health care settings but can be adapted to local resources and limitations of individual L&D units. Guidance and information are changing rapidly; therefore, we recommend continuing to update the protocol as needed. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1709683>

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**20200421-18\***

**Specialty guides for patient management during the coronavirus pandemic: Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic.** NHS England (2020), London: NHS England 9 April 2020

Explains that The COVID-19 pandemic has presented a significant challenge for the NHS: the provision of high quality care for those experiencing serious symptoms of the virus needs to be balanced with the safe delivery of core non-elective services, such as maternity, a service strongly focused on safety and with very limited opportunities to reduce demand. This challenge will inevitably mean that some clinical staff are deployed to areas of hospitals they do not usually work in. At the same time, many midwives, obstetricians, anaesthetists and support staff are in self-isolation, temporarily reducing the available maternity workforce, with varying and sometimes significant impacts felt locally. This document sets out how safe services in the provision of intrapartum maternity care should be maintained and how decisions about reorganisation of services should be taken. The appendix provides a template for communicating changes in the services to local women and their families. It has been produced in consultation with the Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Anaesthetists, the Obstetric Anaesthetists Association and maternity service user representatives. (Author, edited)

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#### 20200420-31\*

**Expert consensus for managing pregnant women and neonates born to mothers with suspected or confirmed novel coronavirus (COVID-19) infection.** Chen D, Yang H, Cao Y, et al (2020), International Journal of Gynecology & Obstetrics vol 149, no 2, May 2020, pp 130-136

#### Objective

To provide clinical management guidelines for novel coronavirus (COVID-19) in pregnancy.

#### Methods

On February 5, 2020, a multidisciplinary teleconference comprising Chinese physicians and researchers was held and medical management strategies of COVID-19 infection in pregnancy were discussed.

#### Results

Ten key recommendations were provided for the management of COVID-19 infections in pregnancy.

#### Conclusion

Currently, there is no clear evidence regarding optimal delivery timing, the safety of vaginal delivery, or whether cesarean delivery prevents vertical transmission at the time of delivery; therefore, route of delivery and delivery timing should be individualized based on obstetrical indications and maternal-fetal status. (Author) [Erratum: International Journal of Gynecology & Obstetrics, 12 May 2020, online: <https://doi.org/10.1002/ijgo.13181>]

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#### 20200417-9\*

**Novel corona virus disease (COVID-19) in pregnancy: What clinical recommendations to follow?** Liang H, Acharya G (2020), Acta Obstetrica et Gynecologica Scandinavica vol 99, no 4, April 2020, pp 439-442

This editorial discusses the prevention, diagnosis and management of COVID-19 in pregnancy. The authors also highlight the importance of mode of delivery and care of the newborn. (LDO)

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#### 20200416-17\*

**Intrapartum care of women with COVID-19: a practical approach.** Sichitiu J, Desseauve D (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 249, June 2020, pp 94-95

The authors present a comprehensive bulletin for caregivers to access the latest information on COVID-19. The bulletin is based on recommendations from four international bodies, including the Royal College of Obstetricians and Gynaecologists. (LDO)

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.04.018>

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#### 20200415-31\*

**Freebirth, Unassisted Childbirth and Unassisted Pregnancy.** Association for Improvements in the Maternity Services (2020), London: AIMS 30 March 2020

Consumer information from AIMS on freebirth, also known as unassisted or unattended childbirth. Includes sections on legal issues, freebirth in the COVID-19 pandemic, and information and support resources. (JSM)

**Full URL:** <https://www.aims.org.uk/information/item/freebirth>

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**20200415-26\***

**Care of the Pregnant Woman with COVID-19 in Labor and Delivery: Anesthesia, Emergency cesarean delivery, Differential diagnosis in the acutely ill parturient, Care of the newborn, and Protection of the healthcare personnel.** Ashokka B, Loh M-H, Tan CH, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 1, July 2020, pp 66-74.e3

Coronavirus disease 2019, caused by the severe acute respiratory syndrome coronavirus 2, has been declared a pandemic by the World Health Organization. As the pandemic evolves rapidly, there are data emerging to suggest that pregnant women diagnosed as having coronavirus disease 2019 can have severe morbidities (up to 9%). This is in contrast to earlier data that showed good maternal and neonatal outcomes. Clinical manifestations of coronavirus disease 2019 include features of acute respiratory illnesses. Typical radiologic findings consists of patchy infiltrates on chest radiograph and ground glass opacities on computed tomography scan of the chest. Patients who are pregnant may present with atypical features such as the absence of fever as well as leukocytosis. Confirmation of coronavirus disease 2019 is by reverse transcriptase-polymerized chain reaction from upper airway swabs. When the reverse transcriptase-polymerized chain reaction test result is negative in suspect cases, chest imaging should be considered. A pregnant woman with coronavirus disease 2019 is at the greatest risk when she is in labor, especially if she is acutely ill. We present an algorithm of care for the acutely ill parturient and guidelines for the protection of the healthcare team who is caring for the patient. Key decisions are made based on the presence of maternal and/or fetal compromise, adequacy of maternal oxygenation (SpO2 >93%) and stability of maternal blood pressure. Although vertical transmission is unlikely, there must be measures in place to prevent neonatal infections. Routine birth processes such as delayed cord clamping and skin-to-skin bonding between mother and newborn need to be revised. Considerations can be made to allow the use of screened donated breast milk from mothers who are free of coronavirus disease 2019. We present management strategies derived from best available evidence to provide guidance in caring for the high-risk and acutely ill parturient. These include protection of the healthcare workers caring for the coronavirus disease 2019 gravida, establishing a diagnosis in symptomatic cases, deciding between reverse transcriptase-polymerized chain reaction and chest imaging, and management of the unwell parturient. (Author)

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.04.005>

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**20200414-6\***

**Coronavirus and your maternity care.** AIMS (2020), Association for Improvements in Maternity Services (AIMS) 11 April 2020  
Information from the Association for Improvements in the Maternity Services (AIMS) for pregnant women concerned about their maternity care in the current coronavirus (COVID-19) pandemic. (JSM)

**Full URL:** <https://www.aims.org.uk/information/item/coronavirus>

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**20200413-1\***

**Coronavirus while pregnant or giving birth: here's what you need to know.** Dahlen H, Ellwood D (2020), The Conversation 16 March 2020, online

Summarises the key messages for pregnant women in the current coronavirus (COVID-19) pandemic, from trusted health sources such as the World Health Organization, the Royal College of Obstetricians and Gynaecologists etc. (JSM)

**Full URL:** <https://theconversation.com/coronavirus-while-pregnant-or-giving-birth-heres-what-you-need-to-know-133619>

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20200408-13\*

**Maternal and neonatal outcomes of pregnant women with COVID-19 pneumonia: a case-control study.** Li N, Han L, Peng M, et al (2020), *Clinical Infectious Diseases* vol 71, no 16, 15 October 2020, pp 2035–2041

#### Background

The ongoing pandemic of coronavirus disease 2019 (COVID-19) has caused serious concerns about its potential adverse effects on pregnancy. There are limited data on maternal and neonatal outcomes of pregnant women with COVID-19 pneumonia.

#### Methods

We conducted a case-control study to compare clinical characteristics and maternal and neonatal outcomes of pregnant women with and without COVID-19 pneumonia.

#### Results

During the period 24 January–29 February 2020, there were 16 pregnant women with confirmed COVID-19 pneumonia and 18 suspected cases who were admitted to labor in the third trimester. Two had vaginal delivery and the rest were cesarean delivery. Few patients presented respiratory symptoms (fever and cough) on admission, but most had typical chest computed tomographic images of COVID-19 pneumonia. Compared to the controls, patients with COVID-19 pneumonia had lower counts of white blood cells (WBCs), neutrophils, C-reactive protein (CRP), and alanine aminotransferase on admission. Increased levels of WBCs, neutrophils, eosinophils, and CRP were found in postpartum blood tests of pneumonia patients. Three (18.8%) of the mothers with confirmed COVID-19 pneumonia and 3 (16.7%) with suspected COVID-19 pneumonia had preterm delivery due to maternal complications, which were significantly higher than in the control group. None experienced respiratory failure during their hospital stay. COVID-19 infection was not found in the newborns, and none developed severe neonatal complications.

#### Conclusions

Severe maternal and neonatal complications were not observed in pregnant women with COVID-19 pneumonia who had vaginal or cesarean delivery. Mild respiratory symptoms of pregnant women with COVID-19 pneumonia highlight the need of effective screening on admission. (Author)

**Full URL:** <https://doi.org/10.1093/cid/ciaa352>

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**20200407-14\***

**Coronavirus Disease 2019 (COVID-19) Pandemic and Pregnancy.** Dashraath P, Wong JLI, Lim MXK, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 222, no 6, June 2020, pp 521-531

The current coronavirus disease 2019 (COVID-19) pneumonia pandemic, caused by the severe acute respiratory syndrome 2 (SARS-CoV-2) virus, is spreading globally at an accelerated rate, with a basic reproduction number (RO) of 2 - 2.5, indicating that 2 - 3 persons will be infected from an index patient. A serious public health emergency, it is particularly deadly in vulnerable populations and communities in which healthcare providers are insufficiently prepared to manage the infection. As of March 16, 2020, there are more than 180,000 confirmed cases of COVID-19 worldwide, with over 7,000 related deaths. The SARS-CoV-2 virus has been isolated from asymptomatic individuals, and affected patients continue to be infectious two weeks after cessation of symptoms. The substantial morbidity and socioeconomic impact have necessitated drastic measures across all continents, including nationwide lockdowns and border closures.

Pregnant women and their fetuses represent a high-risk population during infectious disease outbreaks. To date, the outcomes of 55 pregnant women infected with COVID-19 and 46 neonates have been reported in the literature, with no definite evidence of vertical transmission. Physiological and mechanical changes in pregnancy increase susceptibility to infections in general, particularly when the cardiorespiratory system is affected, and encourage rapid progression to respiratory failure in the gravida. Furthermore, the pregnancy bias towards T-helper 2 (Th2) system dominance which protects the fetus, leaves the mother vulnerable to viral infections, which are more effectively contained by the Th1 system. These unique challenges mandate an integrated approach to pregnancies affected by SARS-CoV-2.

Here we present a review of COVID-19 in pregnancy, bringing together the various factors integral to the understanding of pathophysiology and susceptibility, diagnostic challenges with real-time reverse transcriptase polymerase chain reaction (RT-PCR) assays, therapeutic controversies, intrauterine transmission and maternal-fetal complications. We discuss the latest options in antiviral therapy and vaccine development, including the novel use of chloroquine in the management of COVID-19. Fetal surveillance, in view of the predisposition to growth restriction and special considerations during labor and delivery are addressed. Additionally, we focus on keeping frontline obstetric care providers safe while continuing to provide essential services. Our clinical service model is built around the principles of workplace segregation, responsible social distancing, containment of cross-infection to healthcare providers, judicious use of personal protective equipment and telemedicine. Our aim is to share a framework which can be adopted by tertiary maternity units managing pregnant women in the flux of a pandemic while maintaining the safety of the patient and healthcare provider at its core. (Author)

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.03.021>

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**20200403-11\***

**Birth in a pandemic: 'You are stronger than you think'.** Brewer K (2020), BBC News 1 April 2020

Reports that the coronavirus crisis is affecting many pregnant women's birth plans and leading some health trusts to increase home births. Includes personal experiences of women who have given birth under the current health guidance and restrictions imposed due to the COVID-19 pandemic. (JSM)

**Full URL:** <https://www.bbc.co.uk/news/stories-52098036>

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**20200402-47\***

**Maternity services: Coronavirus (COVID-19) [written answer].** Scottish Parliament (2020), Official Report Written question S5W-27969, 16 March 2020

Jeane Freeman responds to a written question from Jackie Baillie to the Scottish Government, regarding plans for maternity services and home births during the COVID-19 outbreak. (LDO)

**Full URL:** <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-27969>

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**20200402-32\***

**Pregnancy and coronavirus: information for pregnant women and new mums.** Anon (2020), Tommy's Pregnancy Hub 1 April 2020

Consumer information from Tommy's presented in a question and answer format, aimed at pregnant women and new mothers, based on the latest guidance on coronavirus (COVID-19), from the Royal College of Obstetricians and Gynaecologists (RCOG). (JSM)

**Full URL:** <https://www.tommys.org/pregnancy-information/im-pregnant/pregnancy-and-coronavirus-information-pregnant-women-and-new-mums>

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**20200330-2\***

**Anxiety, anger and hope as women face childbirth during coronavirus pandemic.** Kahn M, Cristoferi C (2020), Reuters 27 March 2020, online

Pregnant women share their fears about giving birth and caring for their newborn during the coronavirus pandemic. (MB)

**Full URL:** [https://www.reuters.com/article/us-health-coronavirus-europe-childbirth/anxiety-anger-and-hope-as-women-face-childbirth-during-coronavirus-pandemic-idUSKBN21E1O2?feedType=RSS&feedName=healthNews&utm\\_source=feedburner&utm\\_medium=feed&utm\\_campaign=Feed%3A+reuters%2FhealthNews+%28Reuters+Health+News%29](https://www.reuters.com/article/us-health-coronavirus-europe-childbirth/anxiety-anger-and-hope-as-women-face-childbirth-during-coronavirus-pandemic-idUSKBN21E1O2?feedType=RSS&feedName=healthNews&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+reuters%2FhealthNews+%28Reuters+Health+News%29)

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**20200323-111\***

**Pregnancy and Perinatal Outcomes of Women With Coronavirus Disease.** Liu D, Li L, Wu X, et al (2020), American Journal of Roentgenology 18 March 2020, online

**OBJECTIVE.** The purpose of this study was to describe the clinical manifestations and CT features of coronavirus disease (COVID-19) pneumonia in 15 pregnant women and to provide some initial evidence that can be used for guiding treatment of pregnant women with COVID-19 pneumonia.

**MATERIALS AND METHODS.** We reviewed the clinical data and CT examinations of 15 consecutive pregnant women with COVID-19 pneumonia in our hospital from January 20, 2020, to February 10, 2020. A semiquantitative CT scoring system was used to estimate pulmonary involvement and the time course of changes on chest CT. Symptoms and laboratory results were analyzed, treatment experiences were summarized, and clinical outcomes were tracked.

**RESULTS.** Eleven patients had successful delivery (10 cesarean deliveries and one vaginal delivery) during the study period, and four patients were still pregnant (three in the second trimester and one in the third trimester) at the end of the study period. No cases of neonatal asphyxia, neonatal death, stillbirth, or abortion were reported. The most common early finding on chest CT was ground-glass opacity (GGO). With disease progression, crazy paving pattern and consolidations were seen on CT. The abnormalities showed absorptive changes at the end of the study period for all patients. The most common onset symptoms of COVID-19 pneumonia in pregnant women were fever (13/15 patients) and cough (9/15 patients). The most common abnormal laboratory finding was lymphocytopenia (12/15 patients). CT images obtained before and after delivery showed no signs of pneumonia aggravation after delivery. The four patients who were still pregnant at the end of the study period were not treated with antiviral drugs but had achieved good recovery.

**CONCLUSION.** Pregnancy and childbirth did not aggravate the course of symptoms or CT features of COVID-19 pneumonia. All the cases of COVID-19 pneumonia in the pregnant women in our study were the mild type. All the women in this study-some of whom did not receive antiviral drugs-achieved good recovery from COVID-19 pneumonia. (Author)

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