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Search Pack M95 Coronavirus (COVID-19) and the midwife

Updated 8 April 2022

Records on the impact of coronavirus (COVID-19) on midwives, student midwives, maternity support workers and other health care professionals. Includes mental health and well-being, occupational health and safety specifically related to the current pandemic, personal protective equipment (PPE), changes in working hours and practice, retention, recruitment and redeployment of midwives, impact on midwifery education etc. Does not include coronavirus in women during pregnancy (P200); coronavirus in the infant (PN193); coronavirus in labour and birth and the impact on intrapartum care (L69); or the impact of coronavirus on postnatal health and care (PN194).

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2022-02404

NHS: Staff [written answer]. House of Commons (2020), Hansard Written question 113132, 9 November 2020

Helen Whately responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care, regarding how many previously retired NHS staff have worked in the NHS in each month since March 2020. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-09/113132>

2022-02401

Health Professions: Pay [written answer]. House of Commons (2020), Hansard Written question 113498, 10 November 2020

Helen Whately responds to a written question asked by Sir Mark Hendrick to the Secretary of State for Health and Social Care, regarding if he will provide funding from the public purse for (a) a one-off bonus and (b) an annual pay increase to health care workers in recognition of their efforts in responding to the COVID-19 outbreak. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-10/113498>

2022-02343

Enquiring minds. Anon (2021), Midwives vol 24, January 2021, pp 33-35

Hand washing has played a vital role in preventing disease long before COVID-19. Though the path to its discovery wasn't straightforward. (Author)

2022-02342

Virtual mandatory training. Sole De La Llera A (2021), Midwives vol 24, January 2021, p 31

Ariadna Sole De La Llera, practice development midwife at King's College Hospital Trust, has just completed virtual training for midwives and has some advice to impart. (Author)

2022-02337

Tax returns. Anon (2021), Midwives vol 24, January 2021, p 29

Everyone dreads doing them, but are we guilty of making a mountain out of a molehill when it comes to completing our tax returns? (Author)

2022-02333

Stronger together. Anon (2021), Midwives vol 24, January 2021, pp 14-20

By harnessing the power of a vast, multidisciplinary support network, maternity teams are literally saving lives. (Author)

2022-02321

Supporting nursing and midwifery professionals during the Covid-19 pandemic. May R, McArdle C, McQueen F, et al (2021), London: NMC 8 January 2021

Joint letter from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors discuss strengthening workforce capacity, supporting the roll-out of vaccines and supporting the health and wellbeing of nurses and midwives. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/supporting-nursing-and-midwifery-professionals-during-pandemic/>

2022-02319

Coronavirus: Protective clothing. House of Commons (2021), Hansard Written question 169065, 15 March 2021

Paul Scully responds to a written question from Fleur Anderson to the Secretary of State for Business, Energy and Industrial Strategy, regarding whether he has plans to classify scrubs as personal protective equipment. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-15/169065>

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2022-02304

NHS: Incentives [written answer]. House of Commons (2021), Hansard Written question 164510, 8 March 2021

Helen Whately responds to a written question from Julian Knight to the Secretary of State for Health and Social Care, regarding what assessment he has made of the potential merits of a one-off bonus for NHS frontline staff who have worked during the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-08/164510>

2022-02278

Academics' experiences of online interprofessional education in response to COVID-19. Power A, Park V, Owens M, et al (2022), British Journal of Midwifery vol 30, no 4, April 2022, pp 215-221

This is the fourth article in a series exploring experiences of engaging with interprofessional education during the COVID-19 pandemic. Alongside students and practitioners, academics have had significant learning opportunities during the pandemic through reflecting on experiences of developing and delivering interprofessional education using emergency remote teaching. This article presents reflective accounts from academics across the UK, revealing their authentic experiences of maintaining interprofessional education within health and social care programmes during the pandemic. Personal reflective accounts provide case studies that lead to shared learning and suggestions for future interprofessional education provision. (Author)

2022-02223

NHS: Coronavirus [written answer]. House of Commons (2022), Hansard Written question 148281, 28 March 2022

Edward Argar responds to a written question from Rachael Maskell to the Secretary of State for Health and Social Care, regarding whether he will make it his policy to continue to screen all NHS staff and patients for covid-19 beyond 1 April 2022. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-03-28/148281>

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2022-02213

The impact of covid-19 on psychosocial well-being and learning for australian nursing and midwifery undergraduate students: a cross-sectional survey. Rasmussen B, Hutchinson A, Lowe G, et al (2022), Nurse Education in Practice vol 58, January 2022, 103275

Aim

To explore the impact of COVID-19 on psychosocial well-being and learning for nursing and midwifery undergraduate students in an Australian university.

Background

The World Health Organization has reported a substantial psychological impact of COVID-19 on healthcare professionals to date. Evidence is lacking, however, regarding university nursing and midwifery students of the pandemic and its impact on their educational preparation and/or clinical placement during the COVID-19 pandemic.

Design

Cross-sectional survey of nursing and midwifery undergraduate students enrolled in the Bachelor of Nursing suite of courses from the study institution in August- September 2020.

Methods

A cross-sectional self-administered anonymous online survey was distributed to current nursing and midwifery undergraduate students. The survey included three open-ended questions; responses were thematically analysed.

Results

Of 2907 students invited, 637 (22%) responded with 288 of the respondents (45%) providing a response to at least one of the three open-ended questions. Three major themes associated with the impact of the pandemic on psychosocial well-being and learning were identified: psychosocial impact of the pandemic, adjustment to new modes of teaching and learning, and concerns about course progression and career. These themes were underpinned by lack of motivation to study, feeling isolated, and experiencing stress and anxiety that impacted on students' well-being and their ability to learn and study.

Conclusions

Students were appreciative of different and flexible teaching modes that allowed them to balance their study, family, and employment responsibilities. Support from academic staff and clinical facilitators/mentors combined with clear and timely communication of risk management related to personal protective equipment (PPE) in a healthcare facility, were reported to reduce students' stress and anxiety. Ways to support and maintain motivation among undergraduate nursing and midwifery students are needed. (Author)

Full URL: <https://doi.org/10.1016/j.nepr.2021.103275>

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2022-02192

A cross sectional study of midwifery students' experiences of COVID-19: Uncertainty and expendability. Kuliukas L, Hauck Y, Sweet L, et al (2021), Nurse Education in Practice vol 51, February 2021, 102988

The impact of COVID-19 on midwifery students is anticipated to be multi-faceted. Our aim was to explore Australian midwifery students' experiences of providing maternity care during the COVID-19 pandemic. In a cross-sectional study 147 students were recruited through social media. Data were collected through an online survey and semi-structured interviews. Surveys were analysed using descriptive statistics; interviews and open text responses were interpreted through qualitative analysis. Findings revealed students found communication from hospitals and universities to be confusing, inconsistent and they relied on mass media and each other to remain updated. Moving to online learning and being isolated from peers made learning difficult. During clinical placements, students felt expendable in terms of their value and contribution, reflected in essential equipment such as personal protective equipment not always being available to them. Witnessing perceived compromised midwifery care increased students' emotional burden, while personal household responsibilities and financial concerns were problematic. One silver lining witnessed was women's appreciation of an improved 'babymoon', with fewer visitors, allowing uninterrupted time to establish breastfeeding and connection with their baby. Findings may guide management of midwifery education during future pandemics or health crises for universities and hospitals. (Author)

Full URL: <https://doi.org/10.1016/j.nepr.2021.102988>

2022-01959

Coronavirus: Vaccination [written answer]. House of Commons (2022), Hansard Written question 146533, tabled on 23 March 2022

Maggie Throup responds to a written question from Layla Moran to the Secretary of State for Health and Social Care, regarding what discussions he has had with relevant stakeholders on the potential merits of extending the covid-19 booster vaccination programme in Spring 2022 to (a) NHS staff and (b) people over the age of 50. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-03-23/146533>

2022-01843

NMC given six months to convince nurses on temporary register to stay. Clews G (2022), Nursing Times 24 March 2022

Nurses working on the temporary Nursing and Midwifery Council (NMC) register are set to be able to continue practising until the end of September 2022, the NMC has said. (Author)

2022-01347

Preparing an obstetric unit in the heart of the epidemic strike of COVID-19: quick reorganization tips. Capanna F, Haydar A, McCarey C, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 7, 2022, pp 1412-1418

COVID-19 is placing considerable strain on healthcare systems. Disaster and military medicine specialists were involved in the outbreak in Italy, after many units were overwhelmed. Health providers were caught off guard and personnel was unprepared to face this unprecedented threat. Local decisions accelerated the rate of the spread. Many countries declared a state of emergency and lockdown to contain the exponential transmission of the disease. The purpose of this review is to suggest quick key points of strategies to implement in obstetric units without delay to respond to the oncoming wave, based on experience and feedback from the field. It is essential in an emergency situation to understand what is at stake and prepare maternity wards in the best possible way. (Author)

Full URL: <https://doi.org/10.1080/14767058.2020.1749258>

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2022-01110

Home use of both pills for early medical abortion (EMA) up to 10 weeks gestation: summary of consultation responses.

Department of Health and Social Care (2022), 10 March 2022

Presents the outcome of a consultation to ascertain opinion on whether to make permanent a temporary approval put in place by the Government during the coronavirus pandemic, to return to the pre-pandemic arrangements, or to extend the temporary approval by 12 months. The temporary approval allowed women in England to take both pills for an early medical abortion (EMA) in their own homes, up to 10 weeks' gestation, following a consultation with a clinician via the telephone or online, without the need to first attend a hospital or clinic. 70% of respondents indicated that they wish the temporary approval to end immediately, however some Health professional organisations, abortion providers and some other organisations supported the temporary measure becoming permanent. (JSM)

Full URL: <https://www.gov.uk/government/consultations/home-use-of-both-pills-for-early-medical-abortion/outcome/home-use-of-both-pills-for-early-medical-abortion-ema-up-to-10-weeks-gestation-summary-of-consultation-responses>

2022-01014

Health Services: Resignations [written answer]. House of Commons (2022), Hansard Written question 120776, 8 February 2022

Edward Argar responds to a written question from Mrs Emma Lewell-Buck to the Secretary of State for Health and Social Care, regarding whether he will publish all Departmental documents, evidence and research in relation to NHS staff who have already left their positions as a result of the Government's mandatory covid-19 vaccination policy, prior to recent changes to that policy. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-08/120776>

2022-00966

NHS and Social Services: Coronavirus [written answer]. House of Commons (2022), Hansard Written question 113172, 27 January 2022

Edward Argar responds to a written question from Rachael Maskell to the Secretary of State for Health and Social Care, regarding what his latest estimate is of the number of people in the (a) NHS and (b) social care sector who risk being dismissed as a result of being unvaccinated against covid-19. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-27/113172>

2022-00844

Innovations in Prospective Perinatal Research as a Result Of the COVID-19 Pandemic. Kissler K, Breman RB, Carlson N, et al (2022), Journal of Midwifery & Women's Health 15 February 2022, online

In 2020, in-person research activities were stopped because of the spread of the novel coronavirus, severe acute respiratory syndrome coronavirus 2, and the resulting disease, coronavirus disease 2019. Our collaborative team of nurse and midwife scientists at universities across the United States adapted research activities to continue prospective perinatal research during the pandemic. These adaptations included development of new research techniques and the implementation of previously developed, but underused, strategies to conduct research from a distance. These strategies included online recruitment, virtual enrollment and consent, qualitative data collection via video conferencing, new applications of smart phone technology, wearable biological measurement, and participant self-collection of biological samples. In addition to allowing research to continue during the pandemic, these innovative strategies may increase access to research for low-income, rural, and racially diverse pregnant and postpartum populations. Decreased travel requirements, flexible scheduling, wearable devices, and the capacity to self-collect biologic samples may improve recruitment and the experience of research participation. The rapid implementation of these research strategies has advanced innovation toward wider, more inclusive and increasingly diverse perinatal research access, and many of these strategies will continue to be used and refined. (Author)

Full URL: <https://doi.org/10.1111/jmwh.13329>

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2022-00740

Health Services: Coronavirus [written answer]. House of Commons (2022), Hansard Written question 129737, 25 February 2022

Edward Argar responds to a written question from Sir Mark Hendrick to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to tackle the impact of staff absences due to the Omicron covid-19 variant on delivering care. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-25/129737>

2022-00736

Coronavirus: Vaccination [written answer]. House of Commons (2022), Hansard Written question 108565, 20 January 2022

Edward Argar responds to a written question from Rachael Maskell to the Secretary of State for Health and Social Care, regarding whether he plans to review the mandatory covid-19 vaccination programme in the context of NHS and social care staff shortages. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-20/108565>

2022-00734

NHS: Coronavirus [written answer]. House of Commons (2022), Hansard Written question 102689, 12 January 2022

Edward Argar responds to a written question from Rachael Maskell to the Secretary of State for Health and Social Care, regarding whether he will make an estimate on 3 February 2022 of how many and what proportion of NHS staff have not received their first covid-19 vaccine by that date; and if will place details of that estimate in the Library of the House. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-12/102689>

2022-00733

NHS: Long Covid [written answer]. House of Commons (2022), Hansard Written question 129738, 25 February 2022

Edward Argar responds to a written question from Sir Mark Hendrick to the Secretary of State for Health and Social Care, regarding whether he has made an assessment of the potential merits of creating a compensation scheme for NHS frontline workers who have been unable to return to work due to the impact of long covid. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-25/129738>

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2022-00683

Experiences and well-being of healthcare professionals working in the field of ultrasound in obstetrics and gynaecology as the SARS-CoV-2 pandemic were evolving: a cross-sectional survey study. Bourne T, Kyriacou C, Shah H, et al (2022), *BMJ Open* vol 12, no 2, February 2022, e051700

Objective Assess experience of healthcare professionals (HCPs) working with ultrasound in obstetrics and gynaecology during the evolving SARS-CoV-2 pandemic, given the new and unprecedented challenges involving viral exposure, personal protective equipment (PPE) and well-being.

Design Prospective cross-sectional survey study.

Setting Online international survey. Single-best, open box and Hospital Anxiety and Depression Scale (HADS) questions.

Participants The survey was sent to 35 509 HCPs in 124 countries and was open from 7 to 21 May 2020. 2237/3237 (69.1%) HCPs from 115 countries who consented to participate completed the survey. 1058 (47.3%) completed the HADS.

Primary outcome measures Overall prevalence of SARS-CoV-2, depression and anxiety among HCPs in relation to country and PPE availability.

Analyses Univariate analyses were used to investigate associations without generating erroneous causal conclusions.

Results Confirmed/suspected SARS-CoV-2 prevalence was 13.0%. PPE provision concerns were raised by 74.1% of participants; highest among trainees/resident physicians (83.9%) and among HCPs in Spain (89.7%). Most participants worked in self-perceived high-risk areas with SARS-CoV-2 (67.5%–87.0%), with proportionately more trainees interacting with suspected/confirmed infected patients (57.1% vs 24.2%–40.6%) and sonographers seeing more patients who did not wear a mask (33.3% vs 13.9%–7.9%). The most frequent PPE combination used was gloves and a surgical mask (22.3%). UK and US respondents reported spending less time self-isolating (8.8 days) and lower satisfaction with their national pandemic response (37.0%–43.0%). 19.8% and 8.8% of respondents met the criteria for moderate to severe anxiety and depression, respectively.

Conclusions Reported prevalence of SARS-CoV-2 in HCPs is consistent with literature findings. Most respondents used gloves and a surgical mask, with a greater SARS-CoV-2 prevalence compared with those using 'full' PPE. HCPs with the least agency (trainees and sonographers) were not only more likely to see high-risk patients but also less likely to be protected. A fifth of respondents reported moderate to severe anxiety. (Author)

Full URL: <http://dx.doi.org/10.1136/bmjopen-2021-051700>

2022-00438

NMC outlines steps for closing Covid-19 emergency register. Ford M (2022), *Nursing Times* 23 February 2022

The Nursing and Midwifery Council has released fresh details on the closure of its Covid-19 emergency register, in line with the government's plans for 'living with' the virus. (Author)

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2022-00217

Emergency remote teaching for interprofessional education during COVID-19: student experiences. Sy MP, Park V, Nagraj S, et al (2022), British Journal of Midwifery vol 30, no 1, January 2022, pp 47-55

This is the third in a series of articles exploring experiences of engaging with interprofessional education during the COVID-19 pandemic. This article focuses on experiences of emergency remote teaching from the student perspective, considering the enablers and barriers to effective learning and taking into account the logistical, technological and theoretical considerations for facilitating an authentic learning experience in line with professional standards. A global perspective of interprofessional education during lockdown is provided through case studies, providing an opportunity to benchmark against examples of best practice to ensure online interprofessional education is successful in preparing students to work within a multiprofessional, multi-agency team to provide high-quality care through effective team working. (Author)

2022-00175

'Never waste a crisis': a commentary on the COVID-19 pandemic as a driver for innovation in maternity care. van den Berg LMM, Thomson G, de Jonge A, et al (2022), BJOG: An International Journal of Obstetrics and Gynaecology vol 129, no 1, January 2022, pp 3-8

The authors present a documentary analysis of national policy and service-user organisation responses to the COVID-19 pandemic in the Netherlands and United Kingdom. The documents highlight innovations in maternity care related to telemedicine, digital communication and staff wellbeing. (LDO)

Full URL: <https://doi.org/10.1111/1471-0528.16996>

2022-00088

Allies against inequality. Day A (2021), Community Practitioner vol 94, no 2, March/April 2021, pp 24-27

Asha Day asks what lessons have been learned about health inequalities during the pandemic, and what changes in risk assessments, vaccinations and structural racism are still needed. (Author)

2022-00069

Inequalities, safety culture and personalisation. Pembroke Hajjaj J (2021), British Journal of Midwifery vol 29, no 1, January 2021, pp 45-47

COVID-19 has unmasked the prevalence of racial inequality still experienced in healthcare systems around the globe. June Pembroke Hajjaj shares her personal perspective. (Author)

2022-00066

Staff discrimination named 'biggest workforce issue of pandemic'. Ford M (2020), Nursing Times 24 September 2020

Discrimination faced by health and care staff from a Black and minority ethnic (BME) background has been described as the 'biggest workforce issue of the pandemic' in a hard-hitting new report. (Author)

2022-00054

Our plans to end Covid-19 temporary registration. Nursing and Midwifery Council (2022), 22 February 2022

The Government has confirmed that the emergency registration of nurses and midwives will end in March 2022. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/our-plans-to-end-covid-19-temporary-registration/>

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2022-00048

Effects of the Covid-19 pandemic on maternity staff in 2020 – a scoping review. Schmitt N, Mattern E, Cignacco E, et al (2021), BMC Health Services Research vol 21, no 1364, 27 December 2021

In the spring of 2020, the SARS-CoV-2 virus caused the Covid-19 pandemic, bringing with it drastic changes and challenges for health systems and medical staff. Among the affected were obstetricians and midwives, whose close physical contact with pregnant women, women who recently gave birth, and their children was indispensable. In the obstetric setting, births cannot be postponed, and maternity staff had to adapt to assure obstetric safety while balancing evidence-based standards with the new challenges posed by the pandemic. This scoping review gives a comprehensive overview of the effects the Covid-19 pandemic had on maternity staff. We followed the evidence-based approach described by Arksey & O'Malley: we searched several databases for English and German articles published between January 2020 and January 2021 that discussed or touched upon the effects the pandemic had on maternity staff in OECD countries and China. We found that structural challenges caused by the crisis and its subjective effects on maternity staff fell into two main topic areas. Structural challenges (the first main topic) were divided into five subtopics: staff shortages and restructuring; personal protective equipment and tests; switching to virtual communication; handling women with a positive SARS-CoV-2 infection; and excluding accompanying persons. The pandemic also strongly affected the staff's mental health (the second main topic.) Attempting to meet challenges posed by the pandemic while afraid of contamination, suffering overwork and exhaustion, and struggling to resolve ethical-moral dilemmas had severe negative subjective effects. Several studies indicated increased depression, anxiety, stress levels, and risk of post-traumatic stress symptoms, although the crisis also generated strong occupational solidarity. Care for pregnant, birthing, and breast-feeding women cannot be interrupted, even during a pandemic crisis that requires social distancing. Maternity staff sometimes had to abandon normal standards of obstetric care and were confronted with enormous challenges and structural adjustments that did not leave them unscathed: their mental health suffered considerably. Researchers should study maternity staff's experiences during the pandemic to prepare recommendations that will protect staff during future epidemics. (Author)

Full URL: <https://doi.org/10.1186/s12913-021-07377-1>

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2021-14502

The effect of the measures taken during the coronavirus pandemic on specialty trainees in obstetrics and gynaecology in the United Kingdom: an online questionnaire survey in one region. Elghobashy M, Stout A, Bhatti A, et al (2022), Journal of Obstetrics and Gynaecology 12 January 2022, online

The coronavirus pandemic (COVID-19) has had unprecedented effects on healthcare delivery. A 34-question online survey was sent to obstetrics and gynaecology trainees within the West Midlands to assess the impact of the pandemic on training, working practices and well-being. 101 responses were received from obstetrics and gynaecology trainees. Trainees reported a significant reduction in both elective and emergency surgeries as well as outpatient clinics. Over one third of respondents felt additional training time may be required following reduction of clinical opportunities. 44% of trainees felt their workload increased significantly. 55% of trainees felt the pandemic had a significant negative impact on their physical and mental well-being. Obstetrics and gynaecology trainees in the West Midlands have adapted to the challenges of the COVID-19 pandemic despite significant impact on their training, working practices and wellbeing. It is important to tailor training to improve trainees' education and combat lost training time during the pandemic. This should be considered for long-term shaping of the obstetrics and gynaecology training pathway.

IMPACT STATEMENT

What is already known on this subject? Little research is available about the impact of the COVID-19 pandemic on obstetrics and gynaecology trainees. This is the first study of its kind to assess the effect of the pandemic on obstetrics and gynaecology trainees in the United Kingdom.

What do the results of this study add? The results of this study have shown that obstetrics and gynaecology training has been heavily affected during the COVID-19 pandemic. There have been significant impacts on their training, working patterns and physical and mental wellbeing.

What are the implications of these findings for clinical practice and/or further research? These findings can be used to mould the obstetrics and gynaecology training pathway based on the feedback given by the trainees during the pandemic. The survey questions can also be utilised as a framework for similar research projects across the United Kingdom Deaneries, among other specialties and around the world. (Author)

2021-14490

What Neonatal Intensive Care Nurses Have Experienced in COVID-19 Pandemic in Turkey. Karakul A, Erdoğan P, Gümüş İ, et al (2022), The Journal of Perinatal and Neonatal Nursing vol 36, no 1, January/March 2022, pp 77-85

Neonatal intensive care nurses have faced additional difficulties in adapting to a new work environment with a stressful situation brought about by the pandemic. The aim of this study is to evaluate the experiences of nurses working in neonatal intensive care units during the coronavirus disease-2019 (COVID-19) pandemic. Experiences were determined using phenomenology, a form of qualitative research. The study involved 14 neonatal intensive care nurses. The data were analyzed on the MAXQDA qualitative data analysis software in accordance with Colaizzi's 7-step method. Four themes were identified after the interviews: the experiences related to working conditions, neonatal care, psychosocial effect, and social life. In addition, 17 subthemes were created. The study revealed that neonatal intensive care nurses experienced physical, psychological, and social difficulties during the COVID-19 pandemic. It is thought that these results have become even more important to reduce the workload of nurses and to increase the quality of nursing care, especially in times of crisis such as pandemics. (Author)

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2021-14488

A Qualitative Study Focused on Maternity Care Professionals' Perspectives on the Challenges of Providing Care During the COVID-19 Pandemic. Brown J, Moore K, Keer E, et al (2022), The Journal of Perinatal and Neonatal Nursing vol 36, no 1, January/March 2022, pp 46-54

Maternity care services were significantly altered with the start of the global pandemic in 2020, challenging the ways care was provided for families during childbirth. This qualitative analysis focuses on maternity care professionals' perceptions of the impact of COVID-19 on maternity care in Michigan early in the pandemic. The question "How has COVID-19 impacted your work?" was embedded into a survey focused on maternity unit culture in process across Michigan. Directed content analysis was applied to the open text responses to identify themes. From April-June 2020, 1071 surveys were completed by nurses, physicians, and midwives; 647 (60%) included responses to the COVID-19 question. Five themes emerged: (1) provider health; (2) patient care impact; (3) burdens of personal protective equipment; (4) decreased support during labor due to visitor restrictions; and (5) ethical challenges and moral distress between concerns for self and carrying out professional roles. Maternity care providers in Michigan experienced a range of complex challenges due to the pandemic, with many experiencing conflicts and questioning their role as a provider amid concerns of the effects of COVID-19 on themselves and their families. Resources are necessary to support providers who experience distress to promote well-being and retention of this essential workforce. (Author)

Full URL: <https://doi.org/10.1097/JPN.0000000000000623>

2021-14487

Early Perinatal Workforce Adaptations to the COVID-19 Pandemic. Vanderlaan J, Woeber K (2022), The Journal of Perinatal and Neonatal Nursing vol 36, no 1, January/March 2022, pp 37-45

The objective of this study was to describe the system's initial pandemic response from the perspectives of perinatal health workers and to identify opportunities for improved future preparedness. An exploratory survey was designed to identify perinatal practice changes and workforce challenges during the initial weeks of the COVID-19 pandemic. The survey included baseline data collection and weekly surveys. A total of 181 nurses, midwives, and physicians completed the baseline survey; 84% completed at least 1 weekly survey. Multiple practice changes were reported. About half of respondents (50.8%) felt the changes protected patients, but fewer (33.7%) felt the changes protected themselves. Most respondents providing out-of-hospital birth services (91.4%) reported increased requests for transfer to out-of-hospital birth. Reports of shortages of personnel and supplies occurred as early as the week ending March 23 and were reported by at least 10% of respondents through April 27. Shortages were reported by as many as 38.7% (personal protective equipment), 36.8% (supplies), and 18.5% (personnel) of respondents. This study identified several opportunities to improve the pandemic response. Evaluation of practice changes and timing of supply shortages reported during this emergency can be used to prepare evidence-based recommendations for the next pandemic. (Author)

2021-14272

ISUOG Safety Committee Position Statement on use of personal protective equipment and hazard mitigation in relation to SARS-CoV-2 for practitioners undertaking obstetric and gynecological ultrasound. Abramowicz JS, Basseal M, Brezinka C, et al (2020), Ultrasound in Obstetrics and Gynecology vol 55, no 6, June 2020, pp 886-891

Describes steps that may be taken to minimize the risk of SARS-CoV-2 transmission between the patient and the practitioner during ultrasound examinations. (MB)

Full URL: <https://doi.org/10.1002/uog.22035>

2021-14213

Consultation on revoking staff Covid-19 vaccination mandate launches. Ford M (2022), Nursing Times 9 February 2022

The government has today launched its consultation on revoking the Covid-19 vaccination mandate for health and care staff in England. (Author)

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2021-14174

Midwives: Finance [written answer]. House of Commons (2022), Hansard Written question 116826, 2 February 2022

Edward Argar responds to a written question asked by Geraint Davies to the Secretary of State for Health and Social Care, regarding if he will make an estimate of the number of NHS midwives that could be paid for using the funding from the covid surge deal, announced on 10 January 2022. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-02/116826>

2021-14103

The ASPIRE study: 5. Reflections on midwifery-led research. Worthington C (2022), The Practising Midwife vol 25, no 2, February 2022, pp 32-34

This reflection on the ASPIRE (Achieving Safe and Personalised maternity care In Response to Epidemics) COVID-19 study, the final article in this series, focuses on our experiences of undertaking research as a smaller maternity unit without a dedicated maternity research team. This experience highlighted the importance of having research resources, including informatics support. This process also highlighted the importance of listening to the voice of all stakeholders in maternity, including staff, pregnant and postnatal people, and their families. (Author)

2021-14096

NHS: Pensions [written answer]. House of Commons (2022), Hansard Written question 115920, 1 February 2022

Edward Argar responds to a written question from Anne Marie Argar to the Secretary of State for Health and Social Care, regarding what assessment his Department has made of the implications on workforce of the expiration of the temporary covid-19 measures allowing retired NHS staff to return to work without pension penalties. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-02-01/115920>

2021-14076

The importance of community midwives in Pakistan: Looking at existing evidence and their need during the COVID-19 pandemic. Siddiqui D, Ali TS (2022), Midwifery vol 106, March 2022, 103242

Concerns over the soaring number of COVID-19 cases has taken precedence within the healthcare community and overshadows the jarringly high rates of maternal mortality in developing countries. Pakistan is suffering from high maternal mortality, surges of COVID-19 cases, lack of integrated healthcare system, and rural poverty. Amidst fear and uncertainty, Community Midwives are stepping up as maternal healthcare leaders who are reaching out to neglected pregnant women in rural communities of Pakistan. They are responsible for rebuilding trust, delivering comprehensive and respectful maternal care and providing family planning counseling. To accomplish Sustainable Development Goal #3.1, Pakistan must support community midwives and diminish the barriers they face. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2021.103242>

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2021-14015

Hesitancy towards a COVID-19 vaccine among midwives in Turkey during the COVID-19 pandemic: A cross-sectional web-based survey. Kaya L, Aydın-Kartal Y (2022), European Journal of Midwifery vol 6, January 2022, p 3

Introduction:

One of the most significant barriers to social immunization, which is critical in combating the COVID-19 pandemic, is vaccine hesitancy or rejection. The purpose of this study was to determine the acceptance, hesitancy and barriers to COVID-19 vaccines among midwives in Turkey.

Methods:

A total of 806 midwives participated in the cross-sectional study, which was conducted online from November 2020 to January 2021. The data were collected by using an Introductory Information Form, Anti-Vaccination Scale - Short Form, and Attitudes to the COVID-19 Vaccine Scale.

Results:

In all, 17.2% of the midwives in the study had a history of COVID-19 infection, which was confirmed by a PCR test; 69% were exposed to COVID-19 patients; 36.8% had a person diagnosed with COVID-19 with PCR in their family; and 18.1% had a relative die due to COVID-19. In the study, 16.8% of midwives considered getting the COVID-19 vaccine, while the majority (48.8%) stated they would get the vaccine once vaccine safety was established, while 10.5% stated that they did not wish to receive the vaccine. Insufficient phase studies of COVID-19 vaccine studies (75.6%) and insufficient control due to imported COVID-19 vaccines developed (48.1%) were among the most important determinants of COVID-19 vaccine reluctance.

Conclusions:

The potential acceptance rate of COVID-19 vaccines by the study midwives was found to be low. The knowledge, confidence and attitude of midwives toward vaccines are important determinants of patients' vaccine acceptance and recommendation. (Author)

Full URL: <https://doi.org/10.18332/ejm/143874>

2021-13974

Coronavirus: Screening [written answer]. House of Commons (2022), Hansard Written question 98207, 5 January 2022

Maggie Throup responds to a written question from Steve McCabe to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure that the supply of covid-19 lateral flow tests is not disrupted for healthcare workers, school teachers and pupils and other key recipients. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-05/98207>

2021-13973

NHS: Coronavirus [written answer]. House of Commons (2022), Hansard Written question 113170, 27 January 2022

Edward Argar responds to a written question from Rachael Maskell to the Secretary of State for Health and Social Care, regarding what recent estimate he has made of the number of NHS staff who are unvaccinated against covid-19. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-27/113170>

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2021-13924

The impact of covid-19 on psychosocial well-being and learning for australian nursing and midwifery undergraduate

students: a cross-sectional survey. Rasmussen B, Hutchinson A, Lowe G, et al (2022), Nurse Education in Practice vol 58, January 2022, 103275

Aim

To explore the impact of COVID-19 on psychosocial well-being and learning for nursing and midwifery undergraduate students in an Australian university.

Background

The World Health Organization has reported a substantial psychological impact of COVID-19 on healthcare professionals to date. Evidence is lacking, however, regarding university nursing and midwifery students of the pandemic and its impact on their educational preparation and/or clinical placement during the COVID-19 pandemic.

Design

Cross-sectional survey of nursing and midwifery undergraduate students enrolled in the Bachelor of Nursing suite of courses from the study institution in August- September 2020.

Methods

A cross-sectional self-administered anonymous online survey was distributed to current nursing and midwifery undergraduate students. The survey included three open-ended questions; responses were thematically analysed.

Results

Of 2907 students invited, 637 (22%) responded with 288 of the respondents (45%) providing a response to at least one of the three open-ended questions. Three major themes associated with the impact of the pandemic on psychosocial well-being and learning were identified: psychosocial impact of the pandemic, adjustment to new modes of teaching and learning, and concerns about course progression and career. These themes were underpinned by lack of motivation to study, feeling isolated, and experiencing stress and anxiety that impacted on students' well-being and their ability to learn and study.

Conclusions

Students were appreciative of different and flexible teaching modes that allowed them to balance their study, family, and employment responsibilities. Support from academic staff and clinical facilitators/mentors combined with clear and timely communication of risk management related to personal protective equipment (PPE) in a healthcare facility, were reported to reduce students' stress and anxiety. Ways to support and maintain motivation among undergraduate nursing and midwifery students are needed. (Author)

Full URL: <https://doi.org/10.1016/j.nepr.2021.103275>

2021-13728

Health Professions: Pensions [written answer]. House of Lords (2022), Hansard Written question HL5503, 18 January 2022

Lord Kamall responds to a written question asked by Lord Naseby to the Secretary of State for Health and Social Care, regarding whether they will review their pension "abatement" rules for (1) nurses, (2) midwives, (3) physiotherapists, and (4) mental health officers, who wish to keep working due to the COVID-19 pandemic. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-18/hl5503>

2021-13714

Nurses facing the sack protest over mandatory Covid-19 vaccine rules. Ford M (2022), Nursing Times 25 January 2022

Nurses and midwives were among thousands who protested over the weekend against mandatory Covid-19 vaccination for NHS and care staff, as they face potential dismissal in the coming weeks. (Author)

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2021-13703

Environmental hygiene, knowledge and cleaning practice: a phenomenological study of nurses and midwives during

COVID-19. Curryer C, Russo PL, Kiernan M, et al (2021), American Journal of Infection Control vol 49, no 9, September 2021, pp 1123-1128

Background

Environmental cleanliness is a fundamental tenet in nursing and midwifery but often overshadowed in practice. This study explored nurses' and midwives' knowledge and experiences of infection prevention and control (IPC) processes and cleaning, and perceptions about workplace risk-management during COVID-19.

Methods

Six registered and enrolled nurses (one with dual midwife qualifications) were recruited. In-depth telephone interviews were analyzed using Colaizzi's phenomenological method.

Results

Four major themes were identified: Striving towards environmental cleanliness; Knowledge and learning feeds good practice; There's always doubt in the back of your mind; and COVID has cracked it wide open. These articulate the nurses' and midwives' experiences and knowledge of IPC, particularly during COVID-19.

Discussion

The findings emphasize the dynamic, interdependent nature of clinical (time, staff knowledge and compliance, work processes, hospital design) and organizational contexts and environmental cleanliness, which must be constantly maintained. COVID-19 opened up critical insights regarding poor past practices and lack of IPC compliance.

Conclusions

COVID-19 has highlighted the criticality of environmental cleanliness within clinical and community settings. Evidence-based, experiential learning is important for nurses and midwives at all career stages, but provides only one solution. Clinician-led hospital design may also reduce the spread of infection; thus, promoting better patient care. (Author)

Full URL: <https://doi.org/10.1016/j.ajic.2021.04.080>

2021-13670

NHS: Coronavirus [written answer]. House of Commons (2022), Hansard Written question 103516, 13 January 2022

Maggie Throup responds to a written question from Gareth Thomas to the Secretary of State for Health and Social Care, regarding what steps he has taken to ensure that NHS staff have access to covid-19 lateral flow tests; and if he will make a statement. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-13/103516>

2021-13667

Face Coverings: Northern Ireland [written answer]. Northern Ireland Assembly (2021), Hansard Written question AQW 27390/17-22, 14 December 2021

The Minister of Health responds to a written question from Paula Bradshaw to the Northern Ireland Assembly, regarding what the protocols are for the wearing of face coverings by everyone in primary care settings, including enforcement. (JSM)

Full URL: <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=361674>

2021-13644

Ireland announces Covid-19 bank holiday and bonus for nurses. Howarth G (2022), Nursing Times 20 January 2022, online

The Republic of Ireland is marking the work its health staff have done during the pandemic by giving them a bonus, while the country will also get a bank holiday to honour all Covid-19 victims and workers. (Author)

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2021-13643

Former CNO backs calls to delay mandatory Covid-19 vaccines. Ford M (2022), Nursing Times 21 January 2022, online
A former chief nursing officer (CNO) for England and now Bishop of London has joined calls to delay the implementation of mandatory Covid-19 vaccinations for NHS staff, citing concerns around the “harm” the move will have on the workforce. (Author)

2021-13642

‘Babies at risk’ as NHS faces losing nearly one in 10 midwives over mandatory jabs. Collins A (2022), Health Service Journal 21 January 2022
The NHS could be forced to dismiss almost 2,000 midwives by the government’s mandatory vaccination policy, amid warnings from a former chief nurse of England that mothers and babies will be put at risk. (Author)

2021-13436

Maternity service safety threatened by staff vacancies and mandatory vaccination, warns trust. Kituno N (2022), Health Service Journal 12 January 2022
A trust has warned it could be forced to restrict maternity services due to a high midwife vacancy rate, and large numbers unvaccinated among the current staff. (Author)

2021-13435

Free PPE for frontline extended for another year. Department of Health and Social Care (2022), London: DHSC 13 January 2022
Announces that the offer of free personal protective equipment (PPE) has been extended for another year to 31 March 2023 for all frontline health and social care staff in England. (JSM)
Full URL: <https://www.gov.uk/government/news/free-ppe-for-frontline-extended-for-another-year>

2021-13433

Midwives: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 74864, 15 November 2021
Edward Argar responds to a written question asked by Sir Desmond Swayne to the Secretary of State for Health and Social Care, regarding whether a medical history involving an episode or episodes of myocarditis in a midwife will be sufficient condition for exemption from COVID-19 vaccination under plans to require COVID-19 vaccinations for healthcare workers. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-11-15/74864>

2021-13407

NHS: Pensions [written answer]. House of Commons (2022), Hansard Written question 98258, 5 January 2022
Edward Argar responds to a written question from Jonathan Edwards to the Secretary of State for Health and Social Care, regarding what recent representations he has received from the Welsh Government on extending the temporary suspension under the Coronavirus Act 2020 of the regulations governing the administration of NHS pensions, including the 16 hour rule. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2022-01-05/98258>

2021-13406

Weaving the Sacred into Clinical Practice in the Wake of a Global Pandemic. Russell S (2021), Midwifery Today no 139, Autumn 2021
Serena Russell makes a case for including spiritual as well as clinical aspects in midwifery care. (Author)

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2021-13343

Accelerating the digital transformation of community midwifery during the COVID-19 pandemic. Vivilaki VG, Chronaki C, Barbounaki S, et al (2021), European Journal of Midwifery vol 5, October 2021, p 44

Editorial on the digital transformation of community midwifery during the COVID-19 pandemic. Highlights the increase in online consultations during the pandemic and suggests that these new tools and services may improve women's experiences in future. Discusses the challenges of accelerating the digital transformation including digital literacy and staff burnout. (LDO)

Full URL: <https://doi.org/10.18332/ejm/142571>

2021-13327

The ASPIRE study: 4. Reflections on midwifery-led research by research midwives: a unique insight. O'Brien C, Murphy S, Balaam M-C (2022), Practising Midwife vol 25, no 1, January 2022, pp 31-34

The research team at South Warwickshire NHS Foundation Trust (SWFT) worked with the University of Central Lancashire (UCLan) on the ASPIRE (Achieving Safe and Personalised maternity care In Response to Epidemics) COVID-19 study. We conducted 55 stakeholder interviews to gain insight into the hospital's response to the pandemic. Working on the project presented many opportunities and challenges for us, including qualitative interviewing, using digital technology and engaging representative populations. This article, the fourth in the series, explains how the ASPIRE study gave us a unique opportunity to be part of a rare qualitative, midwifery-led research project which we fully embraced. We hope that this is the start of a new era of research that encourages midwife-led projects and qualitative studies. (Author)

2021-13093

Coronavirus: Pregnant Medical Staff [written answer]. Scottish Parliament (2021), Official Report Written question S6O-00590, 15 December 2021

Humza Yousaf responds to a written question from Paul O'Kane to the Scottish Government, regarding whether NHS boards require pregnant medical staff to work in settings where there are patients with COVID-19. (MB)

Full URL: <https://archive2021.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S6O-00590&ResultsPerPage=10>

2021-12912

NHS: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 92029, 13 December 2021

Edward Argar responds to a written question asked by Rachael Maskell to the Secretary of State for Health and Social Care, regarding what impact assessment he has undertaken of the potential effect of mandatory COVID-19 vaccines on the retention of black and minority ethnic staff in the NHS. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-12-13/92029>

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2021-12882

Building better together: Roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region. World Health Organization Regional Office for Europe (2021), Copenhagen: World Health Organization Regional Office for Europe December 2021. 36 pages

Nurses and midwives comprise half of the professional health workforce globally, interact with people from birth to death across all types of settings and account for about 90% of contacts between patients and health professionals. They can deliver safe, high-quality, effective and efficient health services, particularly for vulnerable, disadvantaged and hard-to-reach groups. Enabling and supporting nurses and midwives to work to their full potential is essential to achieving the Sustainable Development Goals and supporting universal health coverage, and to meeting current and future population health needs. This Roadmap reflects the priorities of the WHO European Programme of Work to set out activities organized according to the four areas of focus of the WHO Global strategic directions for nursing and midwifery 2021–2025 report (education, jobs, leadership and service delivery) across 12 policy priorities. It proposes activities for Member States of the WHO European Region and outlines specific areas of technical support the WHO Regional Office for Europe can provide. (Author)

Full URL: <https://apps.who.int/iris/bitstream/handle/10665/350207/WHO-EURO-2021-4464-44227-62471-eng.pdf>

2021-12871

WHO Europe launches new nursing and midwifery ‘roadmap’. Mitchell G (2021), Nursing Times 16 December 2021

A new “roadmap” (1) for strengthening nursing and midwifery across Europe has been launched by the regional branch of the World Health Organization for the continent.

1. World Health Organization (WHO) (2021). Building better together: roadmap to guide implementation of the Global Strategic Directions for Nursing and Midwifery in the WHO European Region. Copenhagen: World Health Organization Regional Office for Europe. <https://apps.who.int/iris/bitstream/handle/10665/350207/WHO-EURO-2021-4464-44227-62471-eng.pdf>. (Author, edited)

Full URL: <https://www.nursingtimes.net/news/global-nursing/who-europe-launches-new-nursing-and-midwifery-roadmap-16-12-2021/>

2021-12706

The psychological effects of working in the NHS during a pandemic on final-year students: part 1. Kane C, Rintakorpi E, Wareing M, et al (2021), British Journal of Nursing vol 30, no 22, December 2021, pp 1303-1307

Resilience in nursing and midwifery involves being able to manage ethically adverse situations without suffering moral distress and is key to mental wellbeing, staff retention and patient safety. The aim of this research was to ask what the psychological effects were for nursing and midwifery students who had been deployed to work in the NHS during the COVID-19 pandemic. This study looked at the incidence of burnout in a small cohort of nursing and midwifery students who were employed as band 4 aspirant nurses and midwives in acute NHS trusts in the south of England. The findings suggested that student midwives reported higher levels of emotional exhaustion and depersonalisation than student nurses but overall, both cohorts of students reported moderate levels of burnout. Part 2 will present the lived experience of deployment as described by students. (Author)

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2021-12685

Exploring the lived experiences of pregnant women and community health care providers during the pandemic of COVID-19 in Bangladesh through a phenomenological analysis. Akhter S, Kumkum FA, Bashar F, et al (2021), BMC Pregnancy and Childbirth vol 21, no 810, 5 December 2021

Background

Like many countries, the government of Bangladesh also imposed stay-at-home orders to restrict the spread of severe acute respiratory syndrome coronavirus-2 (COVID-19) in March, 2020. Epidemiological studies were undertaken to estimate the early possible unforeseen effects on maternal mortality due to the disruption of services during the lockdown. Little is known about the constraints faced by the pregnant women and community health workers in accessing and providing basic obstetric services during the pandemic in the country. This study was conducted to explore the lived experience of pregnant women and community health care providers from two southern districts of Bangladesh during the pandemic of COVID-19.

Methods

The study participants were recruited through purposive sampling and non-structured in-depth interviews were conducted. Data was collected over the telephone from April to June, 2020. The data collected was analyzed through a phenomenological approach.

Results

Our analysis shows that community health care providers are working under tremendous strains of work load, fear of getting infected and physical and mental fatigue in a widely disrupted health system. Despite the fear of getting infected, the health workers are reluctant to wear personal protective suits because of gender norms. Similarly, the lived experience of pregnant women shows that they are feeling helpless; the joyful event of pregnancy has suddenly turned into a constant fear and stress. They are living in a limbo of hope and despair with a belief that only God could save their lives.

Conclusion

The results of the study present the vulnerability of pregnant women and health workers during the pandemic. It recognizes the challenges and constraints, emphasizing the crucial need for government and non-government organizations to improve maternal and newborn health services to protect the pregnant women and health workers as they face predicted waves of the pandemic in the future. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-04284-5>

2021-12667

NMC Covid-19 temporary register: Snapshot analysis. Nursing and Midwifery Council (2021), London: NMC December 2021. 16 pages

Report providing a snapshot of the Nursing and Midwifery Council (NMC) temporary register in August 2021. Findings show that the majority of respondents joined the register due to COVID-19, and one in seven reported that they were likely to join the permanent register in future. (LDO)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/covid-19-temporary-register/covid-19-temporary-register-survey-2021.pdf>

2021-12615

Case for mandatory Covid-19 jabs for NHS staff 'not strong enough'. Ford M (2021), Nursing Times 30 November 2021

The government's case for implementing mandatory Covid-19 vaccinations for NHS staff in England has failed to address how the health service will cope when thousands of staff leave their jobs as a result, a report has warned. (Author)

Full URL: <https://www.nursingtimes.net/news/coronavirus/case-for-mandatory-covid-19-jabs-for-nhs-staff-not-strong-enough-30-11-2021/>

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2021-12611

Temporary register playing 'vital' role but many nurses still awaiting job offer. Baines E (2021), Nursing Times 9 December 2021

More than a quarter of trained nursing and midwifery professionals who joined a temporary register to practise during the pandemic were never given an offer of employment, a snapshot survey shows (1).

1. Nursing and Midwifery Council (NMC) (2021). NMC Covid-19 temporary register: snapshot analysis. London: NMC.

<https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/covid-19-temporary-register/covid-19-temporary-register-survey-2021.pdf>.

(Author, edited)

Full URL: <https://www.nursingtimes.net/news/professional-regulation/temporary-register-playing-vital-role-but-many-nurses-still-awaiting-job-offer-09-12-2021/>

2021-12609

Staff who refuse covid vaccination may see 'impact upon their pay and pension'. Kituno N (2021), Health Service Journal 8 December 2021

NHS staff who have to be redeployed because they refuse to be vaccinated against covid may be forced to 'compete' for a new role and could find their pay and pensions affected if their transfer becomes permanent, according to new NHS England guidance. (Author)

2021-12491

Obstetric Inpatient and Ultrasound Clinical Personnel Absences during the COVID-19 Pandemic in New York City. Spiegelman J, Bertozzi-Villa C, D'Alton ME, et al (2021), American Journal of Perinatology 22 November 2021, online

Objective To review obstetric personnel absences at a hospital during the initial peak of coronavirus disease 2019 (COVID-19) infection risk in New York City from March 25 to April 21, 2020.

Study Design This retrospective study evaluated absences at Morgan Stanley Children's Hospital. Clinical absences for (1) Columbia University ultrasonographers, (2) inpatient nurses, (3) labor and delivery operating room (OR) technicians, (4) inpatient obstetric nurse assistants, and (5) attending physicians providing inpatient obstetric services were analyzed. Causes of absences were analyzed and classified as illness, vacation and holidays, leave, and other causes. Categorical variables were compared with the chi-square test or Fisher's exact test.

Results For nurses, absences accounted for 1,052 nursing workdays in 2020 (17.2% of all workdays) compared with 670 (11.1%) workdays in 2019 ($p < 0.01$). Significant differentials in days absent in 2020 compared with 2019 were present for (1) postpartum nurses (21.9% compared with 12.9%, $p < 0.01$), (2) labor and delivery nurses (14.8% compared with 10.6%, $p < 0.01$), and (3) antepartum nurses (10.2% compared with 7.4%, $p = 0.03$). Evaluating nursing assistants, 24.3% of workdays were missed in 2020 compared with 17.4% in 2019 ($p < 0.01$). For ultrasonographers, there were 146 absences (25.2% of workdays) in 2020 compared with 96 absences (16.0% of workdays) in 2019 ($p < 0.01$). The proportion of workdays missed by OR technicians was 22.6% in 2020 and 18.3% in 2019 ($p = 0.25$). Evaluating attending physician absences, a total of 78 workdays were missed due to documented COVID-19 infection. Evaluating the causes of absences, illness increased significantly between 2019 and 2020 for nursing assistants (42.6 vs. 57.4%, $p = 0.02$), OR technicians (17.1 vs. 55.9%, $p < 0.01$), and nurses (15.5 vs. 33.7%, $p < 0.01$).

Conclusion COVID-19 outbreak surge planning represents a major operational issue for medical specialties such as critical care due to increased clinical volume. Findings from this analysis suggest it is prudent to devise backup staffing plans. (Author)

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2021-12374

The impact of COVID-19 on the delivery of interprofessional education: it's not all bad news. Wetzlmair L-C, Kitema GF, O'Carroll V, et al (2021), British Journal of Midwifery vol 29, no 12, December 2021, pp 699-705

During the COVID-19 outbreak, most face-to-face teaching and practice-based learning placements were suspended. Universities provided ongoing health and social care education, including interprofessional education, using online technology. Focusing on changes in the delivery of interprofessional education, this second article in a series on interprofessional education provides an international perspective through facilitators' case reports. It considers the key factors that enabled a rapid shift from face-to-face to online interprofessional education, and the key aspects that had to change. The significant changes reported from literature and case reports reflect on remote and online learning, the duration of education sessions, individual and team learning aspects and facilitation skills. (Author)

2021-12286

COVID-19: Guidance for the NHS workforce community on managing COVID-19. NHS Employers (2021), London: NHS Employers 2021

Source of information to help workforce leaders and their teams in the health system to continue to respond to the COVID-19 pandemic. This website brings together, in one place, any nationally agreed temporary workforce guidance and relevant resources. It also provides signposts to relevant government guidance. (Author, edited)

Full URL: <https://www.nhsemployers.org/covid19>

2021-12251

Clinical briefing: Identifying, caring for and supporting women at risk of/victims of domestic abuse during COVID-19. Royal College of Midwives (2021), London: RCM September 2021

Briefing paper from the Royal College of Midwives (RCM) providing an overview of the different types of domestic abuse and summarises current key guidance regarding the potential impact of COVID-19 on women and children who are vulnerable to domestic abuse. (MB)

Full URL: <https://www.rcm.org.uk/media/5399/cb-domestic-abuse-during-covid.pdf>

2021-12182

The NMC register mid-year update 1 April - 30 September 2021. The Nursing and Midwifery Council (2021), London: NMC November 2021. 8 pages

Presents the latest data from the Nursing and Midwifery Council (NMC) register for the period 1 April - 30 September 2021. Figures show that the number of nurses, midwives and nursing associates on the NMC register has increased by 13,011 to 744,929.

A big driver of growth is more than 10,600 professionals from outside Europe joining the register between April and September.

There's been an overall increase in people leaving the register, now at the highest level for the period since 2017. (Author, edited)

Full URL: https://www.nmc.org.uk/news/news-and-updates/nmc-register-data-september-2021/?utm_source=Nursing%20and%20Midwifery%20Council&utm_medium=email&utm_campaign=12812524_Employers%27%20newsletter%20November%202021&dm_i=129A,7MM7G,GFGQI7,V2GNR,1

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2021-12137

Council approves continued use of recovery standards to increase flexible use of simulation. Anon (2021), Nursing and Midwifery Council 24 November 2021

News item reporting that the Nursing and Midwifery Council (NMC) has approved the continued use of COVID-19 recovery standards. The standards allow all Approved Education Institutions (AEIs) to facilitate 300 hours of practice learning using simulation methods. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/council-approves-continued-use-of-recovery-standards-to-increase-flexible-use-of-simulation/>

2021-12110

Rebirth of the Belfast branch. Anon (2021), Midwives vol 24, November 2021, pp 22-25

RCM's Belfast branch went from being a 'wet lettuce' to an active, growing community making a difference to the day-to-day lives of its members - and all of it done during a pandemic. (Author)

2021-12088

Mind the gap: an investigation into maternity training for frontline professionals across the UK (2020/21). Ledger S, Hindle G, McKee A, et al (2021), Coventry: Baby Lifeline November 2021

Mind the Gap 2021 explores what training looked like for the maternity services workforce during the COVID-19 pandemic. It is an ongoing piece of research by Baby Lifeline. The report directly surveys training recommendations from reports investigating the avoidable harm and deaths of mothers, birthing people, and babies. Training is a central recommendation for improving safety in maternity services. Gaps which already existed in training due to chronic underfunding and staff shortages have become worse, and this report will give recommendations to improve training nationally and locally at a critical time for maternity. (Author)

Full URL: <https://www.babylifeline.org.uk/wp-content/uploads/2021/11/Mind-the-Gap-2021-Baby-Lifeline-Full-Report-v1.3.pdf>

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2021-12075

Exploring the COVID-19 pandemic experience of maternity clinicians in a high migrant population and low COVID-19 prevalence country: A qualitative study. Melov SJ, Galas N, Swain J, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 4 November 2021, online

Background

Australia experienced a low prevalence of COVID-19 in 2020 compared to many other countries. However, maternity care has been impacted with hospital policy driven changes in practice. Little qualitative research has investigated maternity clinicians' perception of the impact of COVID-19 in a high-migrant population.

Aim

To investigate maternity clinicians' perceptions of patient experience, service delivery and personal experience in a high-migrant population.

Methods

We conducted semi-structured in-depth interviews with 14 maternity care clinicians in Sydney, New South Wales, Australia. Interviews were conducted from November to December 2020. A reflexive thematic approach was used for data analysis.

Findings

A key theme in the data was 'COVID-19 related travel restrictions result in loss of valued family support for migrant families'. However, partners were often 'stepping-up' into the role of missing overseas relatives. The main theme in clinical care was a shift in healthcare delivery away from optimising patient care to a focus on preservation and safety of health staff.

Discussion

Clinicians were of the view migrant women were deeply affected by the loss of traditional support. However, the benefit may be the potential for greater gender equity and bonding opportunities for partners.

Conflict with professional beneficence principles and values may result in bending rules when a disconnect exists between relaxed community health orders and restrictive hospital protocols during different phases of a pandemic.

Conclusion

This research adds to the literature that migrant women require individualised culturally safe care because of the ongoing impact of loss of support during the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.10.011>

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2021-11795

User-centered evaluation of Discord in midwifery education during the COVID-19 pandemic: Analysis of the adaptation of the tool to student needs. Di Marco L (2021), *European Journal of Midwifery* vol 5, November 2021, p 51

Introduction:

In the context of the COVID-19 pandemic in 2020, and in order to overcome the lack of face-to-face contact between students and teachers, the midwifery department of Grenoble (France) decided to use the Discord tool in the training of midwifery students. In order to evaluate the relevance of using instant messaging software for the education of future midwives, the tool was evaluated by the students.

Methods:

We conducted, in January 2021, a user-centered online study with all midwifery students in training for the classes of 2020–2021, using the French translation of Anstey and Watson’s Rubric for the Evaluation of eLearning Tools. This evaluation analyzed the different dimensions of Discord in the context of training: functionality, accessibility, technology, design, privacy and data protection, social presence, pedagogical presence, and cognitive presence.

Results:

Discord had a good functionality for 75% of the students surveyed. They found Discord to be suitable for maintaining social links and creating serious games. But they did not find it useful for following courses or practical work. More than 80% of the midwifery students interviewed agreed that Discord can be adapted to different learning contexts.

Conclusions:

The department can continue to use Discord without reservation for the creation of serious games, as well as for maintaining links between students and teaching staff in the department. Discord has the characteristics of a social network, allowing students to connect with each other. (Author)

Full URL: <https://doi.org/10.18332/ejm/142638>

2021-11658

Going viral - capacity strengthening in the context of pandemic(s). Mills TA, Wakasiaka S, Ayebare E, et al (2021), *Best Practice & Research: Clinical Obstetrics and Gynaecology* 14 November 2021, online

Strengthening the capacity of midwives and nurses in low- and middle-income countries to lead research is an urgent priority in embedding and sustaining evidence-based practice and better outcomes for women and newborns during childbearing.

International and local travel restrictions and physical distancing resulting from the COVID-19 pandemic has compromised the delivery of many existing programmes and challenged international partnerships working in maternal and newborn health to adapt rapidly. In this paper, we share the experiences of a midwife-led research partnership between Kenya, Malawi, Tanzania, Uganda, UK, Zambia and Zimbabwe in sustaining and enhancing capacity strengthening activities remotely in this period. Whilst considerable challenges arose, and not all were overcome, collectively we gained new insights and important learning which have shifted perspectives and will impact future design and delivery of learning programmes. (Author)

Full URL: <https://doi.org/10.1016/j.bpobgyn.2021.10.006>

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2021-11500

Midwives' perception of advantages of health care at a distance during the COVID-19 pandemic in Switzerland. Gemperle M, Grylka-Baeschlin S, Klamroth-Marganska V, et al (2022), *Midwifery* vol 105, February 2022, 103201

Objective

To explore midwives' perceptions of the advantages of telemedicine during the COVID-19 pandemic in Switzerland.

Design

Cross-sectional study based on an online survey using quantitative methods.

Setting

Midwives working in Switzerland.

Participants

Self-selected convenience sample of 630 members of the Swiss

Federation of Midwives Measurement

Open questions on advantages of health care at a distance and workrelated characteristics were used in the online questionnaire. The information was coded and integrative content analysis was applied.

Findings

A good half of the respondents associated telemedicine with either an advantage beyond the pandemic ("Reduced workload", "Improved health care provision", "Greater self-care of clients"), while the others saw a pandemic-related advantage ("Protection from COVID-19", "Maintaining care/counselling in an exceptional situation"), or no advantage at all. Older, more experienced midwives were less likely to see an advantage beyond the pandemic. The motive "Reduced workload" was positively associated with professionals aged younger than 40 years and midwives with up to 14 years of professional experience, and "Protection from COVID-19" was more likely cited by midwives aged 50 and more and by midwives working solely in hospitals. Midwives who stated "Maintaining care" and "Improved health care provision" as motives to embrace telemedicine were more likely to experience health care at a distance as a positive treatment alternative.

Key conclusion

Midwives' perceptions of the advantages of health care at a distance vary substantially with age and years of professional experience, as well as workrelated characteristics. Further research is necessary to acquire a sound understanding of underlying reasons, including the sources of the general attitudes involved. Implication for practice: Understanding the differences in perceptions of health care at a distance is important in order to improve the work situation of midwives and the health care they provide to women and families. Different sensitivities represent an important source in the ongoing discussion about the future use of telemedicine in health care. (Author)

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2021-11380

Learning in lockdown: exploring the impact of COVID-19 on interprofessional education. Power A, Sy MP, Hutchings M, et al (2021), British Journal of Midwifery vol 29, no 11, November 2021, pp 648-652

The COVID-19 pandemic has had a significant impact on the learning experiences of students undertaking health and social care programmes across the globe. In the UK, the Nursing and Midwifery Council introduced emergency standards for undergraduate programmes in 2020, making significant short-term changes to programme delivery. However, the mandate for all students to undertake interprofessional education remained. Interprofessional education is key to preparing students on health and social care programmes, as it enables students to work as effective members of multi-agency/multi-professional teams on qualification. It is an important element of training, as it has a direct impact on quality of care and service user experience.

This series of articles will explore the experiences of 'lockdown learning' from the perspective of academics, students and service users from a global perspective in relation to the delivery of interprofessional education during the pandemic, which necessitated a wholesale move from face-to-face, blended and online learning to include emergency remote teaching. The series was written by members of the Centre for the Advancement of Interprofessional Education Research Subgroup (Interprofessional Education Experiences) and aims to identify barriers and facilitators to successful shared learning and provide suggestions for how lessons learned can be taken forward to further enhance this important element of pre-registration education. The perceptions and attitudes of academics and students on such comprehensive changes are a unique and rich data source to explore and inform future provision. (Author)

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2021-11356

Does therapy always need touch? A cross-sectional study among Switzerland-based occupational therapists and midwives regarding their experience with health care at a distance during the COVID-19 pandemic in spring 2020. Klamroth-Marganska V, Gemperle M, Ballmer T, et al (2021), BMC Health Services Research vol 21, no 578, 15 June 2021

Background

The COVID-19 pandemic impedes therapy and care activities. Tele-health, i.e., the provision of health care at a distance (HCD), is a promising way to fill the supply gap. However, facilitators and barriers influence the use and experience of HCD for occupational therapists (OTs) and midwives.

We identified use of services and appraisal of experiences of Switzerland-based OTs and midwives regarding the provision of HCD during the lockdown as it pertains to the COVID-19 pandemic in spring 2020. 1. Hypothesis: Profession, age in years, and area of work have a significant and meaningful influence over whether HCD is provided. 2. Hypothesis: Profession, age in years, area of work, possibility of reimbursement by health insurance, and application used have a significant and meaningful influence on the experience of HCD.

Methods

In a cross-sectional survey, 5755 OTs and midwives were contacted to fill out an online questionnaire with 13 questions regarding demographic information, use of HCD, and experiences while providing the service. Eleven potential facilitators and barriers and areas where there was desire for support were identified.

Results

The questionnaire was completed by 1269 health professionals (response rate 22.5%). 73.4% of responding OTs (n = 431) and midwives (n = 501) provided HCD during the COVID-19 pandemic lockdown. Profession and area of work had a significant influence on whether HCD was provided. Age only had a significant influence on the use of videotelephony, SMS, and chat services.

OTs experienced HCD significantly more positively than midwives (log odds = 1.3; $p \leq .01$). Video-telephony (log odds = 1.1; $p \leq .01$) and use of phone (log odds = 0.8; $p = .01$) were positive predictors for positive experience, while use of SMS (log odds = -0.33; $p = .02$) was a negative predictor.

Among OTs, 67.5% experienced HCD as positive or mostly positive, while 27.0% experienced it as negative or mostly negative. Among midwives, 39.5% experienced it as positive or mostly positive, while 57.5% experienced it as negative or mostly negative. Most respondents desired support concerning reimbursement by health insurance (70.8%), followed by law and data protection (60.4%).

Conclusions

HCD during the early COVID-19 pandemic was generally perceived as positive by OTs and midwives. There is need for training opportunities in connection with HCD during the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1186/s12913-021-06527-9>

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2021-11230

Effect of Coronavirus Disease-2019 on the Workload of Neonatologists. Machut KZ, Kushnir A, Oji-Mmuo CN, et al (2022), The Journal of Pediatrics vol 242, March 2022, pp 145-151.e1

Objectives

To describe the impact of COVID-19 on the neonatology workforce, focusing on professional and domestic workloads.

Study design

We surveyed US neonatologists in December 2020 regarding the impact on professional and domestic work during the pandemic. We estimated associations between changes in time spent on types of professional and domestic work and demographic variables with multivariable logistic regression analyses.

Results

Of 758 participants, 67.6% were women. A higher proportion of women than men were in the younger age group (63.3%, 29.3%), held no leadership position (61.4%, 46.3%), had dependents at home (68.8%, 56.3%), did not have a partner or other adult at home (10.6%, 3.2%), and had an employed partner (88.1%, 64.6%; $P<.01$ for all). A higher proportion of women than men reported a decrease in time spent on scholarly work (35.0%, 29.0%, $P=.02$) and career development (44.2%, 34.9%, $P<.01$). A higher proportion of women than men reported spending more time caring for children (74.2%, 55.8%, $P<0.01$). Reduced time spent on career development was associated with younger age (aOR=2.21; 95% CI, 1.20, 4.08) and number of dependents (aOR=1.21; 95% CI, 1.01, 1.45). Women were more likely to report an increase in time spent time doing domestic work (aOR=1.53; 95% CI, 1.07, 2.19) and a reduction in time on self-care (aOR=0.49; 95% CI, 0.29, 0.81).

Conclusions

COVID-19 impacts the neonatology workforce significantly, disproportionately affecting younger, parent, and women physicians. Targeted interventions are needed to support post-pandemic career recovery and advance physician contributions to the field. (Author)

Full URL: <https://doi.org/10.1016/j.jpeds.2021.11.002>

2021-11135

OB Simulation During the COVID-19 Pandemic. DiCioccio HC (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 5, September/October 2021, p 299

Conducting simulations in the hospital setting has been challenging during the COVID-19 pandemic due to safety restrictions to minimize risk of viral transmission and due to perinatal health care workers, such as nurses, midwives, and obstetricians needed in direct care, with little to no time for educational activities. Our guest columnist, Dr. DiCioccio, a perinatal nursing professional development specialist, covers alternatives to in-person OB simulation that are designed to meet The Joint Commission standards for maternal safety. (Author)

Full URL: <https://doi.org/10.1097/NMC.0000000000000744>

2021-11122

Study to explore impact of Covid-19 on senior charge nurses and midwives. Howarth G (2021), Nursing Times 29 October 2021

Experts from the University of Stirling's faculty of health sciences and sport will lead a project which is seeking to understand the experiences of senior charge nurses and midwives during Covid-19 and the challenges that they faced. (Author)

Full URL: <https://www.nursingtimes.net/news/research-and-innovation/study-to-explore-impact-of-covid-19-on-senior-charge-nurses-and-midwives-29-10-2021/>

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2021-11110

Impact of COVID-19 on Pregnant Women and Maternity Nurses. Simpson KR (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 4, July/August 2021, p 189

There have been many changes in maternity care due to the COVID-19 pandemic that have affected pregnant women and nurses, some of which will continue long after the pandemic is under control. These practice changes warrant study and we welcome manuscripts about these important topics. (Author)

2021-10973

A letter regarding maternity medical student experiences during the COVID-19 pandemic. Alberman S, Sagoe P, Fairhurst J, et al (2020), The Obstetrician and Gynaecologist vol 22, no 4, October 2020, pp 322-323

Correspondence piece from a group of medical students who volunteered at a London hospital during the COVID-19 pandemic. The students acted as 'runners' on a busy labour ward and felt like valued members of an interprofessional team. (LDO)

Full URL: <https://doi.org/10.1111/tog.12694>

2021-10727

Coronavirus: Protective Clothing [written answer]. House of Commons (2021), Hansard Written question 56663, 15 October 2021

Edward Argar responds to a written question from Fleur Anderson to the Secretary of State for Health and Social Care, regarding what reason his Department supplies ordinary face masks to front line NHS and care staff as opposed to FFP3 and FFP2/N95 masks. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-10-15/56663>

2021-10361

Midwives Providing Woman-Centred Care during the COVID-19 pandemic: A national qualitative study. Stulz VM, Bradfield Z, Cummins A, et al (2021), Women and Birth: Journal of the Australian College of Midwives 14 October 2021, online

Background

The COVID-19 pandemic has caused isolation, fear, and impacted on maternal healthcare provision.

Aim

To explore midwives' experiences about how COVID-19 impacted their ability to provide woman-centred care, and what lessons they have learnt as a result of the mandated government and hospital restrictions (such as social distancing) during the care of the woman and her family.

Methods

A qualitative interpretive descriptive study was conducted. Twenty-six midwives working in all models of care in all states and territories of Australia were recruited through social media, and selected using a maximum variation sampling approach. Data were collected through in-depth interviews between May to August, 2020. The interviews were recorded, transcribed verbatim, and thematically analysed.

Findings

Two overarching themes were identified: 'COVID-19 causing chaos' and 'keeping the woman at the centre of care'. The 'COVID-19 causing chaos' theme included three sub-themes: 'quickly evolving situation', 'challenging to provide care', and 'affecting women and families'. The 'Keeping the woman at the centre of care' theme included three sub-themes: 'trying to keep it normal', 'bending the rules and pushing the boundaries', and 'quality time for the woman, baby, and family unit'.

Conclusion

Findings of this study offer important evidence regarding the impact of the pandemic on the provision of woman-centred care which is key to midwifery philosophy. Recommendations are made for ways to preserve and further enhance woman-centred care during periods of uncertainty such as during a pandemic or other health crises. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.10.006>

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2021-10324

NHS: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 53837, 23 September 2021

Edward Argar responds to a written question asked by Mr Andrew Mitchell to the Secretary of State for Health and Social Care, regarding what plans he has to make an assessment of the effect on NHS frontline staffing levels of the advice that from 28 weeks all NHS staff who are pregnant should work from home and if that is not possible take sick leave or be suspended on full pay; and if he will remove that provision in response to the ending of shielding guidance. This question is asked in pursuant to the answer of 22 September 2021 to question 49038 on NHS: Coronavirus. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-09-23/53837>

2021-10265

Northern Ireland issues urgent workforce appeal and nurse retention scheme. Ford M (2021), Nursing Times 23 September 2021

Northern Ireland's health minister has escalated his response to ongoing service pressures by launching a new workforce appeal and calling on the country's chief nursing officer to lead a nursing and midwifery retention project. (Author)

Full URL: <https://www.nursingtimes.net/news/workforce/northern-ireland-issues-urgent-workforce-appeal-and-nurse-retention-scheme-23-09-2021/>

2021-10257

Pandemic drives almost doubling in whistleblowing disclosures to NMC. Mitchell G (2021), Nursing Times 28 September 2021

Problems related to personal protective equipment (PPE) and short staffing contributed to a spike in whistleblowing complaints to the nursing regulator during the Covid-19 pandemic, new data reveals (1). (Author)

1. Healthcare professional regulators (2021). Whistleblowing disclosures report 2021. London: GMC.

<https://www.nmc.org.uk/globalassets/sitedocuments/regulators/whistleblowing-report-2021.pdf>.

Full URL: <https://www.nursingtimes.net/news/professional-regulation/pandemic-drives-almost-doubling-in-whistleblowing-disclosures-to-nmc-28-09-2021/>

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2021-10030

Experiences of health care providers on pregnancy and childbirth care during the COVID-19 pandemic in Iran: a phenomenological study. Hantoushzadeh S, Bagheri M, Amjadi MA, et al (2021), BMC Pregnancy and Childbirth vol 21, no 670, 3 October 2021

Background

Coronavirus currently cause a lot of pressure on the health system. Accordingly, many changes occurred in the way of providing health care, including pregnancy and childbirth care. To our knowledge, no studies on experiences of maternity care Providers during the COVID-19 Pandemic have been published in Iran. We aimed to discover their experiences on pregnancy and childbirth care during the current COVID-19 pandemic.

Methods

This study was a qualitative research performed with a descriptive phenomenological approach. The used sampling method was purposive sampling by taking the maximum variation possible into account, which continued until data saturation. Accordingly, in-depth and semi-structured interviews were conducted by including 12 participants, as 4 gynecologists, 6 midwives working in the hospitals and private offices, and 2 midwives working in the health centers.

Data were analyzed using Colaizzi's seven stage method with MAXQDA10 software.

Results

Data analysis led to the extraction of 3 themes, 9 categories, and 25 subcategories. The themes were as follows: "Fear of Disease", "Burnout", and "Lessons Learned from the COVID-19 Pandemic", respectively.

Conclusions

Maternal health care providers experience emotional and psychological stress and work challenges during the current COVID-19 pandemic. Therefore, comprehensive support should be provided for the protection of their physical and mental health statuses. By working as a team, utilizing the capacity of telemedicine to care and follow up mothers, and providing maternity care at home, some emerged challenges to maternal care services can be overcome. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-04148-y>

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2021-10013

'We are going into battle without appropriate armour': a qualitative study of Indonesian midwives' experiences in providing maternity care during the COVID-19 pandemic. Hazfiarini A, Akter S, Homer CSE, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 10 October 2021, online

Background

The COVID-19 pandemic has impacted the provision of maternity care worldwide. The continuation of maternity services during the pandemic is vital, but midwives have reported feeling overwhelmed in providing these services at this time. However, there are limited studies in Indonesia that have explored the experiences of midwives in providing care during the pandemic.

Aim

Our study aims to explore Indonesian midwives' experiences in providing maternity care during the COVID-19 pandemic.

Methods

We used a descriptive qualitative approach using in-depth interviews to explore the experiences of 15 midwives working in different level of maternity care facilities in two regions in Indonesia, Surabaya and Mataram. All interviews were conducted via WhatsApp call and were audio-recorded with permission. Data were analysed using inductive thematic analysis.

Findings

Four themes were identified: 1) fear for the wellbeing of the family and herself, 2) increased workload, 3) motivation and support for midwives, and 4) challenges in providing maternity care for women.

Discussion

Sense of duty and loyalty to other midwives motivated midwives to continue working despite their fears and increased workload. Inadequate protection and support and practical challenges faced by midwives should be addressed to ensure midwives' wellbeing and the continuity of maternity care.

Conclusion

Our study provides insight into Indonesian midwives' experiences in providing maternity care during the COVID-19 pandemic. Adequate protection through PPE availability, effective training and support for midwives' wellbeing is needed to support midwives in providing maternity care during the pandemic. Community's adherence to COVID-19 protocols and good collaboration between primary health centres and hospitals would also benefit midwives. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.10.003>

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2021-10010

No one asked us: Understanding the lived experiences of midwives providing care in the north west suburbs of Melbourne during the COVID-19 pandemic: An interpretive phenomenology. Hearn F, Biggs L, Wallace H, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 4 October 2021, online

Problem

Within the Victorian healthcare system, a rapid response to the COVID-19 pandemic has necessitated frequent and ongoing changes to midwifery practice.

Background

Midwives are a vital workforce at risk of burnout, attrition, and trauma. Emotional consequences of the pandemic for midwives remain largely unknown.

Aim

To understand the lived experiences of midwives providing care in the north west suburbs of Melbourne, Victoria during the pandemic.

Methods

Purposive and snowball sampling facilitated the recruitment of eight midwives in the north west suburbs of Melbourne, Victoria. Semi-structured interviews were audio recorded and transcribed, occurring via telephone or video between September and October 2020. Interpretive phenomenology was the methodology used, informed by the writings of Heidegger and Gadamer.

Findings

Insights gleaned from the data embody a range of understandings. The unknown cost of change and adaptation; waves of the virus; balancing risk; telehealth; personal protective equipment; stripping away support; the privilege of abiding by the restrictions; separation, distress, uncertainty; and, professional strength.

Discussion

Experiences of midwives during the pandemic are characterised by sensations of voicelessness and professional invisibility. Distinctive differences in personal wellbeing and professional satisfaction exist between midwives working with and without continuity of care.

Conclusion

This paper voices the lived experiences of Victorian midwives, in the midst of an extended lockdown, during the COVID-19 pandemic. Knowledge obtained from this research provides important understandings for leaders, policymakers, and healthcare systems, in planning a long-term response to the pandemic that supports the wellbeing and longevity of a vital workforce. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.09.008>

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2021-09857

Providing Breastfeeding Support During COVID-19: A Survey of Staff Experiences. Hoying R, Badreldin N, Shah MD, et al (2022), Journal of Human Lactation vol 38, no 1, February 2022, pp 43-52

Background:

The COVID-19 pandemic presents unique challenges to maternity settings. Its effect on providing in-hospital lactation support has not been well described.

Research Aim:

To describe the experiences of healthcare workers as they provided in-hospital lactation support during the pandemic.

Methods:

A prospective, cross-sectional, online survey evaluated healthcare providers working with postpartum women and newborns affected by COVID-19 at an academic center during March–June 2020. Providers were queried regarding the influence of COVID-19 and COVID-19-specific policies on providing lactation support. Questions assessed guidance received, perceived stress, difficulty providing care, and solicited qualitative responses. The constant comparative method was used to analyze qualitative data.

Results:

Of 108 providers, 70 (65%) completed the survey. Of 57 providing direct lactation support to women affected by COVID-19, most (n = 39, 67%) reported increased stress. Participants reported lower stress scores when receiving guidance through shift meetings or email compared to those not receiving this guidance [stress score with shift meeting guidance (M [SD]): 3.10 (0.88); score without guidance: 3.83 (0.66); n = 39, p = .009; score with email guidance: 3.79 (0.58); score without guidance: 4.50 (0.58); n = 18, p = .045]. Qualitative responses (n = 67; 96%) identified three themes: visitor restrictions allowed less distraction during lactation support; physical separation disrupted maternal/infant bonding; workflow challenges resulted from policy changes and supply access.

Conclusions:

Most participating staff providing lactation support to women affected by COVID-19 reported increased stress. Ensuring written or verbal guidance may reduce staff's experiences of stress. Efforts to optimize lactation support during COVID-19 should consider reducing distractions, physical separation, and logistic challenges. (Author)

Full URL: <https://doi.org/10.1177/08903344211047843>

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2021-09805

A Swot Analysis of The Opinions of Midwifery Students About Distance Education During The Covid-19 Pandemic a Qualitative Study. Topuz Ş, Yilmaz Sezer N, Aker MN, et al (2021), Midwifery vol 103, December 2021, 103161

Background

The COVID-19 pandemic led to the suspension of face-to-face education and its replacement with distance education. This has caused important changes in midwifery education.

Objective

To determine midwifery students' opinions about distance education.

Design

This qualitative study employed an exploratory case study design.

Setting

This study was carried out at a national university in Ankara, Turkey between December 2020 and January 2021.

Participants

The sample of the study comprised 50 students in the midwifery department.

Measurements and findings

Data were collected using a SWOT analysis interview form developed by the researchers. The research findings were grouped into four themes: Satisfaction with distance education, barriers of distance education, facilitating aspects of distance education, and concerns about professional career.

Key conclusions and implications for practice

Distance education in midwifery education in Turkey was found to have aspects involving obstacles and concerns in addition to many pleasing and facilitating features. Our findings suggest distance education can be used together with face-to-face education provided that its pleasing and facilitating aspects are supported and the obstacles and factors causing concerns are removed. Inclusion of distance methods in midwifery programs requires curricula to be updated and support from instructors and students for the development of the necessary infrastructure. There is a role for employing bodies to facilitate practice-based learning for new graduates to address their concerns with a lack of practical experience because of COVID-19 restrictions on placement. (Author)

2021-09787

Distance education of midwifery students during the COVID-19 pandemic: Challenges and recommendations. Akyıldız D (2021), European Journal of Midwifery vol 5, July 2021, p 25

Letter to the editor discussing the transition from face-to-face to distance education for midwifery students during the COVID-19 pandemic. Highlights challenges related to lack of internet access, lack of clinical practice and a reduction in active participation due to distance classes not being compulsory. The authors argue that new strategies should be developed to continue the education of midwifery students in future. (LDO)

Full URL: <https://doi.org/10.18332/ejm/138594>

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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>

2021-09717

The ASPIRE study: 1. A midwifery-led research response to COVID-19 and beyond. Kingdon C, Crossland N, Feeley C, et al (2021), The Practising Midwife vol 24, no 9, October 2021, pp 23-29

This is the first article in a series reflecting on the role of research midwives in the ASPIRE (Achieving Safe and Personalised maternity care In Response to Epidemics) study. In this article we introduce ASPIRE and provide an overview of the study. We also reflect on what makes ASPIRE uniquely midwifery-led within the National Institute for Health Research (NIHR) Portfolio and the role of research midwives within recruitment sites. We hope this article, and those that follow in the series, written by ASPIRE research midwives, will serve as a roadmap to inspire the next chapter of midwifery research in England. (Author)

2021-09685

Free personal protective equipment scheme. Department of Health and Social Care (2021), London: DHSC 30 September 2021

Covers the provision of free PPE for all health, social care and public sector workers for COVID-19 infection control, between 1 April 2021 and 31 March 2022. (Author, edited)

Full URL: <https://www.gov.uk/government/publications/free-personal-protective-equipment-ppe-scheme/free-personal-protective-equipment-scheme>

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2021-09644

Impact of personal protective equipment on neonatal resuscitation procedures: a randomised, cross-over, simulation study.

Cavallin F, Lupi F, Bua B, et al (2022), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 107, no 2, March 2022, pp 211-215

Background and objective Healthcare providers should use personal protective equipment (PPE) when performing aerosol-generating medical procedures during highly infectious respiratory pandemics. We aimed to compare the timing of neonatal resuscitation procedures in a manikin model with or without PPE for prevention of SARS-COVID-19 transmission.

Methods A randomised controlled cross-over (AB/BA) trial of resuscitation with or without PPE in a neonatal resuscitation scenario. Forty-eight participants were divided in 12 consultant–nurse teams and 12 resident–nurse teams. The primary outcome measure was the time of positive pressure ventilation (PPV) initiation. The secondary outcome measures were duration of tracheal intubation procedure, time of initiation of chest compressions, correct use of PPE and discomfort/limitations using PPE.

Results There were significant differences in timing of PPV initiation (consultant–nurse teams: mean difference (MD) 6.0 s, 95% CI 1.1 to 10.9 s; resident–nurse teams: MD 11.0 s, 95% CI 1.9 to 20.0 s), duration of tracheal intubation (consultant–nurse teams: MD 22.0 s, 95% CI 7.0 to 36.9 s; resident–nurse teams: MD 9.1 s, 95% CI 0.1 to 18.1 s) and chest compressions (consultant–nurse teams: MD 32.3 s, 95% CI 14.4 to 50.1 s; resident–nurse teams: MD 9.1 s, 95% CI 0.1 to 18.1 s). Twelve participants completed the dressing after entering the delivery room. PPE was associated with visual limitations (43/48 participants), discomfort in movements (42/48), limitations in communication (32/48) and thermal discomfort (29/48).

Conclusions In a manikin model, using PPE delayed neonatal resuscitation procedures with potential clinical impact. Healthcare workers reported limitations and discomfort when wearing PPE.

Trial registration number NCT04666233. (Author)

Full URL: <https://doi.org/10.1136/archdischild-2021-322216>

2021-09460

Online interprofessional simulation for undergraduate health professional students during the COVID-19 pandemic. Prasad N, Fernando S, Willey S, et al (2020), Journal of Interprofessional Care vol 34, no 5, September-October 2020, pp 706-710

This report describes the Obstetric and Neonatal Simulation (ONE-Sim) workshop run in a remote learning format for medical and midwifery students in an interprofessional setting during the COVID-19 pandemic. It explores the observation of students as participants in the online learning of using Personal Protective Equipment and simulation-based learning of perinatal emergency management. This was followed by their mutual interaction and reflections. This paper aims to understand the role of synchronous remote learning through simulation and its impact on interprofessional interactions. We describe the experience of medical and midwifery students with the ONE-Sim workshop, facilitated by medical (obstetric and neonatal) and midwifery educators. Formal thematic analysis will be performed as part of the ongoing study; however, initial direct observation demonstrated that students reacted positively to the online ONE-Sim workshop and engaged well with facilitators and peers. Students mutually interacted amongst themselves, shared their previous experiences, knowledge of roles as medical and midwifery practitioners and how they see themselves in those roles in a perinatal emergency setting. The initial observations demonstrate that interprofessional education delivered in an e-learning format can be useful and meaningful, and may be utilized across a number of specialties. (Author)

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2021-09362

The impact of COVID-19 on the provision of respectful maternity care: Findings from a global survey of health workers. Asefa A, Semaan A, Delvaux T, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 9 September 2021, online

Background

Significant adjustments to maternity care in response to the COVID-19 pandemic and the direct impacts of COVID-19 can compromise the quality of maternal and newborn care.

Aim

To explore how the COVID-19 pandemic negatively affected frontline health workers' ability to provide respectful maternity care globally.

Methods

We conducted a global online survey of health workers to assess the provision of maternal and newborn healthcare during the COVID-19 pandemic. We collected qualitative data between July and December 2020 among a subset of respondents and conducted a qualitative content analysis to explore open-ended responses.

Findings

Health workers (n = 1127) from 71 countries participated; and 120 participants from 33 countries provided qualitative data. The COVID-19 pandemic negatively affected the provision of respectful maternity care in multiple ways. Six central themes were identified: less family involvement, reduced emotional and physical support for women, compromised standards of care, increased exposure to medically unjustified caesarean section, and staff overwhelmed by rapidly changing guidelines and enhanced infection prevention measures. Further, respectful care provided to women and newborns with suspected or confirmed COVID-19 infection was severely affected due to health workers' fear of getting infected and measures taken to minimise COVID-19 transmission.

Discussion

Multidimensional and contextually-adapted actions are urgently needed to mitigate the impacts of the COVID-19 pandemic on the provision and continued promotion of respectful maternity care globally in the long-term.

Conclusions

The measures taken during the COVID-19 pandemic had the capacity to disrupt the provision of respectful maternity care and therefore the quality of maternity care. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.09.003>

2021-09346

Heal with yoga. Shukla A (2021), *World of Irish Nursing & Midwifery* vol 29, no 5, June 2021, p 51

As INMO Professional launches a mindfulness course to help nurses and midwives through the stress of practising during a pandemic, Aparna Shukla makes the case for yoga as a tool for healing. (Author)

Full URL: <https://online.flippingbook.com/view/159724681/50/>

2021-09341

ADC calls for return to work pathway for those with long Covid. Moore A (2021), *World of Irish Nursing & Midwifery* vol 29, no 5, June 2021, p 29

Long Covid needs to be understood and addressed by health service employers – annual delegate conference (ADC) hears. Alison Moore reports. (Author, edited)

Full URL: <https://online.flippingbook.com/view/159724681/28/>

2021-09340

Look after yourself first. Ryan M (2021), *World of Irish Nursing & Midwifery* vol 29, no 5, June 2021, p 27

Calodagh McCumiskey told the annual delegate conference (ADC) that in order to maintain high levels of patient care, nurses and midwives must remember not to neglect their own wellbeing. Max Ryan reports. (Author, edited)

Full URL: <https://online.flippingbook.com/view/159724681/26/>

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2021-09335

Minister offers thanks. Moore A (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, pp 24-25

Health Minister Stephen Donnelly offers gratitude and praise to Irish Nurses & Midwives Organisation (INMO) members– but union seeks tangible rewards. Alison Moore reports. (Author, edited)

Full URL: <https://online.flippingbook.com/view/159724681/24/>

2021-09330

Taoiseach: government will recognise nurses and midwives. Moore A (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, p 23

Alison Moore reports on first ever annual delegate conference (ADC) address by a sitting Taoiseach. (Author, edited)

Full URL: <https://online.flippingbook.com/view/159724681/22/>

2021-09326

ADC demands compensation for pandemic healthcare workers. Moore A (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, p 22

Frontline nurses and midwives deserve compensation for their work and sacrifices during the Covid-19 pandemic, the Irish Nurses & Midwives Organisation's (INMO) annual delegate conference (ADC) has said. (Author, edited)

Full URL: <https://online.flippingbook.com/view/159724681/22/>

2021-09318

Government must keep its promises. Moore A (2021), World of Irish Nursing & Midwifery vol 29, no 5, June 2021, pp 20-21

Our professions were not found wanting when Covid hit and now the government must act, says Karen McGowan. Alison Moore reports. (Author)

Full URL: <https://online.flippingbook.com/view/159724681/20/>

2021-09212

Neonatal healthcare workers' perceptions of the impact of the COVID-19 pandemic. MacSween K, Fraser C, Clinton T, et al (2021), Acta Paediatrica vol 110, no 10, October 2021, pp 2814-2816

Brief report presenting a prospective survey of health care workers in two tertiary neonatal intensive care units in July 2020. Results indicate that personal protective equipment and social distancing had a negative impact on communication and practical delivery of care, and restrictions on parental presence resulted in fewer collaborative partnerships with the clinical team. However, fewer visitors resulted in quieter and calmer units with improved infection control. (LDO)

Full URL: <https://doi.org/10.1111/apa.15994>

2021-09126

Check in&Chat. Hughes J (2021), Midwives vol 24, September 2021, pp 22-23

Jemma Hughes, third-year student midwife at Cardiff University, understands the importance of creating compassionate communities. (Author)

2021-09090

Government urged to 'invest quickly' in burnt out NHS workforce. Ford M (2021), Nursing Times 13 September 2021

Urgent action must be taken to "safeguard" the NHS and its workforce, a leading union has called, as fresh concerns are raised around the impact of the pandemic on staff shortages and wellbeing. (Author)

Full URL: <https://www.nursingtimes.net/news/workforce/government-urged-to-invest-quickly-in-burnt-out-nhs-workforce-13-09-2021/>

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2021-08986

Roles and Experiences of Registered Nurses on Labor and Delivery Units in the United States During the COVID-19 Pandemic.

George EK, Weiseth A, Edmonds JK (2021), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 50, no 6, November 2021, pp 742-752

Objective

To examine the roles and experiences of labor and delivery (LD) nurses during the COVID-19 pandemic.

Design

Cross-sectional survey.

Setting

Online distribution between the beginning of July and end of August 2020.

Participants

LD nurses (N = 757) responded to an open-ended question about changes to their roles during the COVID-19 pandemic as part of a larger national survey.

Methods

We calculated descriptive statistics on respondents' characteristics and their hospitals' characteristics. We applied conventional content analysis to free-text comments.

Results

We derived four major categories from the responses: Changes in Roles and Responsibilities, Adaptations to Changes, Psychological Changes, and Perceived Effects on Labor Support. Nearly half (n = 328) of respondents reported changes in their roles and responsibilities during the COVID-19 pandemic. They described adaptations and responses to these changes and perceived effects on patient care. Infection control policies and practices as well as the stress of a rapidly changing work environment affected the provision of labor support and personal well-being.

Conclusion

The experiences described by respondents conveyed considerable changes in their roles and subsequent direct and indirect effects on quality of patient care and personal well-being. Policies and practices that can facilitate the ability of LD nurses to safely and securely remain at the bedside and provide high-touch, hands-on labor support are needed. The findings of our study can help facilitate the provision of labor support during times of disruption and foster the resiliency of the nursing workforce. (Author)

Full URL: <https://doi.org/10.1016/j.jogn.2021.08.096>

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2021-08876

Ethnic differences in SARS-CoV-2 vaccine hesitancy in United Kingdom healthcare workers. Woolf K, McManus IC, Martin CA, et al (2021), The Lancet Regional Health - Europe 19 July 2021, online

Background

In most countries, healthcare workers (HCWs) represent a priority group for vaccination against severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) due to their elevated risk of COVID-19 and potential contribution to nosocomial SARS-CoV-2 transmission. Concerns have been raised that HCWs from ethnic minority groups are more likely to be vaccine hesitant (defined by the World Health Organisation as refusing or delaying a vaccination) than those of White ethnicity, but there are limited data on SARS-CoV-2 vaccine hesitancy and its predictors in UK HCWs.

Methods

Nationwide prospective cohort study and qualitative study in a multi-ethnic cohort of clinical and non-clinical UK HCWs. We analysed ethnic differences in SARS-CoV-2 vaccine hesitancy adjusting for demographics, vaccine trust, and perceived risk of COVID-19. We explored reasons for hesitancy in qualitative data using a framework analysis.

Findings

11,584 HCWs were included in the cohort analysis. 23% (2704) reported vaccine hesitancy. Compared to White British HCWs (21.3% hesitant), HCWs from Black Caribbean (54.2%), Mixed White and Black Caribbean (38.1%), Black African (34.4%), Chinese (33.1%), Pakistani (30.4%), and White Other (28.7%) ethnic groups were significantly more likely to be hesitant. In adjusted analysis, Black Caribbean (aOR 3.37, 95% CI 2.11 - 5.37), Black African (aOR 2.05, 95% CI 1.49 - 2.82), White Other ethnic groups (aOR 1.48, 95% CI 1.19 - 1.84) were significantly more likely to be hesitant. Other independent predictors of hesitancy were younger age, female sex, higher score on a COVID-19 conspiracy beliefs scale, lower trust in employer, lack of influenza vaccine uptake in the previous season, previous COVID-19, and pregnancy. Qualitative data from 99 participants identified the following contributors to hesitancy: lack of trust in government and employers, safety concerns due to the speed of vaccine development, lack of ethnic diversity in vaccine studies, and confusing and conflicting information. Participants felt uptake in ethnic minority communities might be improved through inclusive communication, involving HCWs in the vaccine rollout, and promoting vaccination through trusted networks.

Interpretation

Despite increased risk of COVID-19, HCWs from some ethnic minority groups are more likely to be vaccine hesitant than their White British colleagues. Strategies to build trust and dispel myths surrounding the COVID-19 vaccine in these communities are urgently required. Emphasis should be placed on the safety and benefit of SARS-CoV-2 vaccination in pregnancy and in those with previous COVID-19. Public health communications should be inclusive, non-stigmatising and utilise trusted networks.

Funding

UKRI-MRC and NIHR. (Author)

Full URL: <https://www.sciencedirect.com/science/article/pii/S2666776221001575>

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2021-08686

COVID-19 Vaccine Hesitancy: A Midwifery Survey Into Attitudes Towards the COVID-19 Vaccine. Odejinmi F, Mallick R, Neophytou C, et al (2021), BMC Public Health 3 September 2021, online

Background: Ethnic minority populations have been disproportionately affected by the COVID-19 pandemic. Emerging evidence suggests a lower uptake of the vaccine in ethnic minority populations, particularly Black females of reproductive age. Midwives are the principal healthcare professionals responsible for counselling the pregnant population on decisions relating to vaccine uptake. The aim of this study was to explore midwifery uptake of and attitudes towards the COVID-19 vaccine in two ethnically diverse areas.

Methods: A 45-point questionnaire was circulated over a six-week period to midwives employed in two teaching hospitals in England; London (Barts Health NHS Trust) and Sussex (Brighton and Sussex University Hospitals NHS Trust (BSUH)). A total of 278 out of 868 midwives responded. Results were analysed to determine vaccine uptake as well as factors influencing vaccine hesitancy and decision-making between the two trusts and ethnic groups. Thematic analysis was also undertaken.

Results: Midwives of black ethnicity were over 4-times less likely to have received a COVID-19 vaccine compared to white ethnicity midwives (52% vs 85%, OR=0.22, $p<0.001$). Overall, there were no significant differences between trusts in receipt of the COVID-19 vaccine ($p=0.13$). Midwives at Barts Health were significantly more likely to have tested positive for COVID-19 compared to midwives at BSUH (OR=2.47, $p=0.01$). There was no statistical difference between ethnicities in testing positive for COVID-19 ($p=0.86$). Midwives at Barts Health had a higher occurrence of concerns relating to the vaccine being developed too fast (OR=2.06, $p=0.01$), allowing the government to track individuals (OR=9.13, $p=0.001$), interfering with fertility (OR=2.02, $p=0.03$), or transmitting the virus (OR=7.22, $p=0.006$), compared to BSUH. Black midwives had a higher occurrence of all concerns examined compared to white midwives; the most pronounced difference was in concerns relating to the long-term effects of the vaccine (adjusted OR=4.97, $p<0.001$), concerns relating to the speed in which the vaccine was developed (adjusted OR=5.59, $p<0.001$) and concerns regarding the vaccine containing meat products (adjusted OR=6.31, $p<0.001$).

Conclusion: This study highlights the significantly higher level of vaccine hesitancy amongst black ethnicity midwives and offer insights into midwives' views and concerns to facilitate future targeted public health interventions for the COVID-19 pandemic. (Author)

Full URL: <https://www.researchsquare.com/article/rs-646142/v1>

2021-08633

Embracing the rapid acceleration of digital transformation in research during the COVID-19 pandemic: conducting midwifery research in the NHS as a Clinical Academic Doctoral student. Clayton C (2021), The Practising Midwife vol 24, no 8, September 2021, pp 8-9

The COVID-19 pandemic has transformed every aspect of our lives, including how non-COVID-related research was conducted in the NHS during the third national lockdown in 2020. Charlotte Clayton, midwife and Clinical Academic Doctoral student at Bournemouth University, reflects on the dilemmas caused by the pandemic as she prepared to recruit members of the public and midwives to her PhD study in the NHS, and the opportunities it provided both her and the people who took part. (Author)

2021-08551

Reflections on COVID-19: parallel reality, ocularcentrism and blurred boundaries. Sinclair M (2021), Evidence Based Midwifery vol 19, no 3, September 2021, pp 3-4

Commentary from Marlene Sinclair on the ways in which midwifery research has changed during the COVID-19 pandemic. Discusses the adoption of online research methods and the new dominant culture of ocularcentrism. (LDO)

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2021-08292

Experiences and attitudes of midwives during the birth of a pregnant woman with COVID-19 infection: A qualitative study.

González-Timoneda A, Hernández Hernández V, Moya SP, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 5, September 2021, pp 465-472

Background

The COVID-19 pandemic has become one of the most important threats to global health. Midwives are at the core of the response to the pandemic. Women still need midwifery support and care. The work of midwives is acknowledged as emotionally demanding, and their welfare may be compromised by a range of workplace and personal stress factors.

Aim

To investigate the experiences and attitudes of midwives who have provided pregnancy and childbirth care to women with a confirmed or suspected COVID-19 infection.

Methods

A qualitative phenomenological study was carried out in two Spanish tertiary hospitals. Fourteen midwives were recruited by purposive sampling technique. Data were collected through individual in-depth interviews and analysed using Giorgi's descriptive method.

Findings

Three themes emerged: "challenges and differences when working in a pandemic", "emotional and mental health and wellbeing" and "women's emotional impact perceived by midwives". Midwives pointed to several factors tied to a safe, supportive and empowering work place: support from staff and managers, access to adequate personal protective equipment, and reliable guidelines. They also dealt with professional and personal challenges during the pandemic, showing feelings of fear, anxiety, uncertainty, discomfort, lack of support, and knowledge. Finally, midwives expressed their concerns about the feelings of pregnant women with COVID-19, such as fear, anxiety, and loneliness.

Conclusion

The results of this study show some of the challenges for midwives during the course of the COVID-19 pandemic, emphasizing the value of a good communication, emotional support, and stress management, to provide woman-centred care. (Author)

2021-08155

Experiences of being a midwifery student during these challenging times. Hamza H (2021), MIDIRS Midwifery Digest vol 31, no 3, September 2021, pp 297-299

March 2021 marks one year since we went into lockdown in the United Kingdom (UK). Coincidentally, it is also the anniversary of my enrolment on the BSc (Honours) Midwifery Programme at the University of Northampton. I became a student midwife in the middle of a global pandemic, just as the UK went into its first lockdown. (Author)

2021-08127

What support do nurses and midwives qualifying in the age of Covid-19 need? Insights from UNISON members 2021. Unison Health (2021), London: UNISON 25 August 2021

Presents the key findings of a UNISON survey of students and newly qualified nurses and midwives. It reveals that many of those who completed their studies during the Covid-19 pandemic feel unprepared and unsupported in their first roles, having often missed out on important learning experiences. Calls for constructive and meaningful support in the workplace to allow those newly qualifying to fulfil their potential. (CI)

Full URL: <https://www.unison.org.uk/content/uploads/2021/08/UNISON-Health-NQN-NQM-support-during-Covid-19-1.pdf>

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2021-08031

Modelling the health impacts of disruptions to essential health services during COVID-19 - Module 1: Understanding modelling approaches for sexual, reproductive, maternal, newborn, child and adolescent health, and nutrition. UNFPA, UNICEF, World Health Organization (2021), ReliefWeb 2 August 2021

This guide presents models that have been used to assess the potential impact of disruptions to essential health services, caused by the COVID-19 pandemic.

This guide is intended for people who need to understand what the models say, their construction and their underlying assumptions, or need to use models and their outcomes for planning and programme development and to support policy decisions for a country or region. (Author, edited)

Full URL: <https://bit.ly/3AWrFaR>

2021-07893

New global nursing challenge seeks to boost vaccine equity and uptake. Mitchell G (2021), Nursing Times 10 August 2021

Elevating the voices of nurses and midwives in order to improve vaccination coverage around the world is the ambition of a new initiative being launched today. (Author)

Full URL: <https://www.nursingtimes.net/news/public-health/new-global-nursing-challenge-seeks-to-boost-vaccine-equity-and-uptake-10-08-2021/>

2021-07888

'Enough is enough': Open letter calls for end to Covid-related abuse against health workers. Ford M (2021), Nursing Times 4 August 2021

Leading health organisations have come together to take a stand against a rising tide of abuse and violence against nurses and other NHS staff amid the latest phase of the coronavirus pandemic. (Author)

Full URL: <https://www.nursingtimes.net/news/coronavirus/enough-is-enough-open-letter-calls-for-end-to-covid-related-abuse-against-health-workers-04-08-2021/>

2021-07845

Adapting to a new reality: COVID-19 coronavirus and online education in the health professions. Seymour-Walsh AE, Bell A, Weber A, et al (2020), Rural and Remote Health vol 20, no 2, 26 May 2020, 6000

The current novel coronavirus, COVID-19, has effected a significant change in the way industry-based and tertiary health professions education (HPE) can occur. Advice for strict, widespread social distancing has catalysed the transformation of course delivery into fully online design across nations. This is problematic for HPE, which has traditionally relied on face-to-face learner interaction, in the form of skills laboratories, simulation training and industry-based clinical placements.

The transition to online-only course delivery has brought with it a need to address particular issues regarding the construction and delivery of quality curricula and education activities. It is in this context that regional, rural and remote health professionals and academics can provide invaluable insights into the use of technology to overcome the tyranny of distance, promote high-quality online HPE and enable the ongoing development of communities of practice.

This article is the first in a series addressing the risks and opportunities in the current transition to online HPE, providing practical solutions for educators who are now unable to embrace more traditional face-to-face HPE delivery methods and activities. (Author)

Full URL: <https://doi.org/10.22605/RRH6000>

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2021-07636

Maternity ward management and COVID-19 pandemic: Experience of a single center in Northern Italy during lockdown.

Cesano N, D'Ambrosi F, Cetera GE, et al (2021), European Journal of Midwifery vol 5, July 2021, p 29

Introduction:

The aim of our study is to describe the management of a maternity ward in a referral center during the COVID-19 pandemic and 2020 lockdown.

Methods:

This is a retrospective single-center study. We analyzed the records of all women consecutively admitted to our delivery ward during lockdown and compared them with those of women admitted in the same period in 2019.

Results:

The number of patients (1260) admitted to our department in 2020 was similar (1215) to that in 2019. Among patients admitted during lockdown, 50 presented with a Sars-CoV-2 infection (3.9%). In 2020, the number of antenatal check-ups was lower than in 2019 [7.9 (1.5) vs 8.2 (1.3), $p < 0.001$] and the rate of labor inductions was higher [436 (34.6) vs 378 (31.1), $p = 0.008$] although no difference in delivery mode was found. Moreover, women admitted during lockdown were more likely to give birth alone [140 (11.1) vs 50 (4.1), $p < 0.001$]. However, during 2020, the rate of mother and newborn skin-to-skin contact [1036 (82.2) vs 897 (73.8), $p < 0.001$] and that of breastfeeding within 2 hours from birth [1003 (79.6) vs 830 (68.3), $p < 0.001$] was higher. We found no significant differences in maternal or neonatal outcomes.

Conclusions:

Despite the COVID-19 pandemic, we were able to guarantee a safe birth assistance to all pregnant women, both for those infected and those not infected by Sars-CoV-2.

(Author)

Full URL: <https://doi.org/10.18332/ejm/137605>

2021-07527

Learning throughout the storm. Nash K, Dalcin Zanchin C, Legge T (2021), British Journal of Midwifery vol 29, no 8, August 2021, pp 426-428

Newly qualified midwives highlight the lessons they learnt during their final year of training during the global pandemic.

(Author)

2021-07465

Mary Agyapong: Pregnant nurse who died with Covid 'felt pressured' to work. Anon (2021), BBC News 23 March 2021

A pregnant nurse who died with Covid-19 felt "pressurised" to return to work despite being "very worried" for her health, an inquest heard. (Author)

Full URL: <https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-56498978>

2021-07373

Impact of the COVID-19 pandemic on labor and delivery research operations. Raghuraman N, Hardy C, Frolova A, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 6, November 2021, 100443

Research letter evaluating the impact of COVID-19 on research operations and recruitment at a labour and delivery unit in the United States. Findings suggest that the pandemic poses a threat to research recruitment due to testing protocols and staff apprehension. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2021.100443>

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2021-07039

Remote, rural and virtual. Warman J (2021), *Midwives* vol 24, July 2021, pp 46-49

What's the future for maternity care following COVID-19, asks Janice Warman, in-person care for all the core midwifery appointments, with virtual as a useful adjunct for enhanced care and parent education? (Author)

2021-06886

COVID-19: The New Corona Virus Upsetting Our World. Jan R, van Teijlingen E, Gregson S, et al (2020), *Journal of Asian Midwives* vol 7, no 2, 2020, pp 1-3

No abstract available.

2021-06691

Medical abortion is an essential service during the pandemic. Cohen M (2021), *Canadian Family Physician* vol 67, no 4, April 2021, pp 281-283

A family doctor discusses changes to abortion demand owing to the COVID-19 pandemic and how the mifepristone and misoprostol regimen or 'abortion pill' can help. (MB)

Full URL: <https://www.cfp.ca/content/67/4/281>

2021-06649

The digital midwife. Sinclair M (2021), *Evidence Based Midwifery* vol 19, no 2, June 2021, pp 3-4

Editorial from Marlene Sinclair on the development of the term digital midwife. Discusses the evolution of this role from being a 'virtual midwife' to the lead midwife for information technology and maternity data. (LDO)

2021-06643

Masked identity in COVID-19: seeing the face of midwives and mothers. Sinclair M (2020), *Evidence Based Midwifery* vol 18, no 4, December 2020, pp 3-5

Editorial from Marlene Sinclair on midwives wearing masks and protective clothing when caring for women during the COVID-19 pandemic. Shares a selection of responses from mothers, health professionals and researchers on the impact of masks in maternity care. (LDO)

2021-06585

Lockdown 1.0: a different opportunity. Stanhope J, Hepburn A, Lipski D, et al (2021), *The Student Midwife* vol 4, no 3, July 2021, pp 29-32

In March 2021, the UK went into lockdown due to COVID-19. Hospitals began prioritising emergency work, which had a knock-on effect for student midwives. Ultimately, the decision was made to temporarily suspend placements and offer a paid alternative to provide an additional workforce to the National Health Service (NHS). However, there were many students who were unable to commit to an extended paid placement. This article explores the journey made by three midwifery students from Robert Gordon University (RGU), as they achieved their placement module through a practice-based project. (Author)

2021-06584

Maintaining a sense of community with student midwives throughout the COVID-19 pandemic: developing Gas & Air.

Handley-Stone R (2021), *The Student Midwife* vol 4, no 3, July 2021, pp 24-27

Birmingham City University's (BCU) midwifery department is proud to be developing monthly issues of Gas & Air, a visual and exciting communication aid helping to nurture a strong sense of community during a period of immense difficulty and isolation for student midwives. What began as a simple newsletter in the first wave of the Coronavirus outbreak has developed into an online resource with multiple pages, co-produced by both midwives and students. (Author)

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2021-06514

Helen Whately responds to a written question from Harriet Harman to the Secretary of State for Health and Social Care, regarding whether the Government has plans to back-pay student (a) nurses and (b) midwives who were not entitled to student bursaries or grants and who provided frontline services during the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-07-06/28047>

2021-06378

Should vaccines be compulsory for midwives?. Uytenbogaardt A (2021), British Journal of Midwifery vol 29, no 7, July 2021, p 365

Editorial discussing the legal and ethical issues related to compulsory COVID-19 vaccination for midwives. (LDO)

2021-06330

Coronavirus: Protective Clothing [written answer]. House of Commons (2021), Hansard Written question 28196, 6 July 2021

Jo Churchill responds to a written question from Jonathan Ashworth to the Secretary of State for Health and Social Care regarding what guidance he plans to issue to staff of his Department on the use of face masks to protect against covid-19 infection after 19 July 2021. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-07-06/28196>

2021-06258

World Health Organization Chief Nursing Officer Elizabeth Iro in interview: the COVID-19 pandemic, and nursing and midwifery challenges and qualities. Parish C (2021), International Nursing Review vol 68, no 2, June 2021, pp 141-143

In an interview, World Health Organization Chief Nursing Officer Elizabeth Iro reflected on nursing during the COVID-19 pandemic and how nurses have risen to the challenges they have faced. Despite the cancellation of virtually all the activities planned to mark 2020 as the International Year of the Nurse and Midwife, she believes that nurses' leadership, courage, compassion, commitment and expertise have been revealed to the world like never before. However, it is critical to nurture and support the next generation of nurses so that they can help to bring about the necessary reforms for health systems around the world. (Author)

Full URL: <https://doi.org/10.1111/inr.12688>

2021-05796

Midwifery lecturers' reflections of midwifery education during COVID-19 in Ireland. Carroll L, Curtin M, Greene E, et al (2021), The Practising Midwife vol 24, no 7, July/August 2021, pp 8-9

The COVID-19 pandemic has caused major disruption to midwifery education. Traditional approaches to teaching and assessment have been transformed. Creative thinking is required to enquire a positive and caring virtual learning environment is maintained. Collegiality and human kindness have never been so important. The long-term effects of COVID-19 for undergraduate midwifery education remains to be seen. The pandemic may represent a catalyst for the transformation of midwifery education in the future. (Author)

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2021-05541

Which ethical values underpin England's National Health Service reset of paediatric and maternity services following COVID-19: a rapid review. Chiumento A, Baines P, Redhead C, et al (2021), BMJ Open Vol 11, no 6, June 2021, e049214

Objective To identify ethical values guiding decision making in resetting non-COVID-19 paediatric surgery and maternity services in the National Health Service (NHS).

Design A rapid review of academic and grey literature sources from 29 April to 31 December 2020, covering non-urgent, non-COVID-19 healthcare. Sources were thematically synthesised against an adapted version of the UK Government's Pandemic Flu Ethical Framework to identify underpinning ethical principles. The strength of normative engagement and the quality of the sources were also assessed.

Setting NHS maternity and paediatric surgery services in England.

Results Searches conducted 8 September–12 October 2020, and updated in March 2021, identified 48 sources meeting the inclusion criteria. Themes that arose include: staff safety; collaborative working – including mutual dependencies across the healthcare system; reciprocity; and inclusivity in service recovery, for example, by addressing inequalities in service access. Embedded in the theme of staff and patient safety is embracing new ways of working, such as the rapid roll out of telemedicine. On assessment, many sources did not explicitly consider how ethical principles might be applied or balanced against one another. Weaknesses in the policy sources included a lack of public and user involvement and the absence of monitoring and evaluation criteria.

Conclusions Our findings suggest that relationality is a prominent ethical principle informing resetting NHS non-COVID-19 paediatric surgery and maternity services. Sources explicitly highlight the ethical importance of seeking to minimise disruption to caring and dependent relationships, while simultaneously attending to public safety. Engagement with ethical principles was ethics-lite, with sources mentioning principles in passing rather than explicitly applying them. This leaves decision makers and healthcare professionals without an operationalisable ethical framework to apply to difficult reset decisions and risks inconsistencies in decision making. We recommend further research to confirm or refine the usefulness of the reset phase ethical framework developed through our analysis. (Author)

Full URL: <http://dx.doi.org/10.1136/bmjopen-2021-049214>

2021-05181

Blog: Reintroducing our emergency standards. Sutcliffe A (2021), London: NMC 15 January 2021

Andrea Sutcliffe, Chief Executive and Registrar at the NMC, talks about our announcement to reintroduce our emergency standards and what this means for students. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/blog-reintroducing-our-emergency-standards/>

2021-05179

Neonatal Nurses Book Club: A Novel Approach to Promote Nursing Resilience. Perino J, Cavanah K, Havron E (2021), Neonatal Network: the Journal of Neonatal Nursing vol 40, no 3, May/June 2021, pp 155-160

The Neonatal Critical Care Unit Book Club began with a common passion for reading and a need for socialization. There was also the hope that the club would foster a positive work culture and increase staff morale and resilience. In addition, the book club provided a mechanism for obtaining continuing education.

The purpose of this article is to describe how a group of nurses participating in a book club were able to find support and encouragement during a pandemic. (Author)

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2021-05175

NMC updates approach to supporting nursing and midwifery education amid the Covid-19 pandemic. Nursing & Midwifery Council (2021), London: NMC 14 January 2021

News item describing changes to the NMC's emergency education standards for nursing and midwifery students, whose studies have been affected by the COVID-19 pandemic. This package of measures will mean education organisations across all four countries of the UK are being provided with as much flexibility as possible in how they deliver their courses, while also allowing those final year students who want to support the response to the pandemic to be able to do so. (Author, edited)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/nmc-updates-approach-to-supporting-nursing-and-midwifery-education-amid-the-covid-19-pandemic/>

2021-05171

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 88317, 10 September 2020

Helen Whately responds to a written question asked by Jeremy Hunt to the Secretary of State for Health and Social Care, regarding the number of (a) NHS and (b) social care workers that have died from COVID-19. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-10/88317>

2021-05170

Effects of COVID-19 on Health Care Workers. Whalen M, Smith PC (2021), Neonatal Network: the Journal of Neonatal Nursing vol 40, no 3, May/June 2021, pp 134-139

COVID-19 continues to spread across the United States with a continued increase in reported infections and deaths. How this virus affects pregnancy, particularly mothers and their infants around and after delivery, is of particular concern for health care workers. Moreover, concerns for compassion fatigue in the health care worker, as they attempt to provide comprehensive care to this population, is a documented concern that could have long-term effects on workers' ability to provide care. This article will describe the current concerns for the transmission of COVID-19 from the mother to the infant and how that has affected recommendations from several national and international organizations around maternal/infant testing, isolation, breastfeeding, and the infant requiring neonatal intensive care. Effects that changing recommendations may have on health care workers and care delivery, and how these may contribute to compassion fatigue, will also be discussed. (Author)

2021-05169

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 88276, 10 September 2020

Helen Whately responds to a written question asked by Jeremy Hunt to the Secretary of State for Health and Social Care, regarding the number of health care workers that have died from COVID-19 to date. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-10/88276>

2021-05167

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 110055, 2 November 2020

Helen Whately responds to a written question asked by Jon Trickett to the Secretary of State for Health and Social Care, regarding the number of NHS workers that have died from COVID-19 (a) in total and (b) since 1 August 2020. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-02/110055>

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2021-05145

High frequency of posttraumatic stress symptoms among US obstetrical and gynecologic providers during the coronavirus disease 2019 pandemic. Kiefer MK, Mehl RR, Venkatesh KK, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 4, April 2021, pp 410-413

Research letter discussing the frequency of post-traumatic stress symptoms among obstetric and gynaecologic providers during the COVID-19 pandemic. The authors also identify demographic and exposure characteristics associated with post-traumatic stress in this setting. Findings show that 81.8% of respondents had high post-traumatic stress symptoms and 9.5% reported a personal diagnosis of COVID-19. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.12.1211>

2021-05037

NHS employers urged to do more for staff wellbeing beyond Covid-19. Mitchell G (2021), Nursing Times 10 June 2021

The health and wellbeing of NHS staff must be treated with the same level of importance as that of patients going forward, a coalition of unions and professional bodies has urged. (Author)

Full URL: <https://www.nursingtimes.net/news/workforce/nhs-employers-urged-to-do-more-for-staff-wellbeing-beyond-covid-19-10-06-2021/>

2021-05033

National learning report. Maternal death: learning from maternal death investigations during the first wave of the COVID-19 pandemic. Healthcare Safety Investigation Branch (2021), Healthcare Safety Investigation Branch February 2021

Through our maternity investigation programme, we've investigated 20 maternal deaths that happened between 1 March and 31 May 2020. These deaths all happened during the COVID-19 pandemic. The women had contact with many areas of the healthcare system, including primary and secondary care, ambulance services and NHS 111. The purpose of this national learning report is to review the findings of our maternal death investigation reports and identify any potential themes and areas of learning. This learning could potentially improve maternal care if a future surge of COVID-19 cases occurs. (Author)

Full URL: https://www.hsib.org.uk/documents/285/HSIB_Maternal_Death_Report_V13.pdf

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2021-04967

Exploring the STEP-uP to practice: A survey of UK Lead Midwives for Education views of the Student midwife Extended Practice Placement during the first wave of the COVID-19 pandemic. Cooke A, Hancock A, White H, et al (2021), *Midwifery* vol 101, October 2021, 103048

Objective

to assess the effect of implementation of the extended placement option available to midwifery students during the first wave of the COVID-19 pandemic.

Design

Online survey open from 2nd June 2020 to 15th July 2020.

Setting

United Kingdom.

Participants

Lead Midwives for Education (LMEs).

Findings

A total of 38 of 55 LMEs responded (response rate 69%). The majority of Approved Education Institutions (AEIs) offered an extended placement to students, but with some variation in the choices offered, unrelated to geographical location or size of student cohort. AEIs appeared to provide the majority of decisional support for students. Many practice learning environments became unavailable, particularly community, gynaecology/medical wards and neonatal units. LMEs experienced both internal and external pressures to instigate rapid change.

Key conclusions

The impact of COVID-19 on midwifery education is significant and will need continual scrutiny to minimise future detriment. The pressures of providing midwifery education throughout the early phase of COVID-19 were substantial, but it is important that we learn from the immediate changes made, value and pursue the changes that have been beneficial, and learn from those that were not.

Implications for Practice/Research

Student learning experiences have undergone significant change during the pandemic. It is essential to assess what effect the extended placement has had on student readiness for practice, their confidence, resilience, mental health, and attrition and retention. Educators transitioned to remote working, and rapidly assimilated new skills for online education; exploration of the impact of this is recommended. (Author)

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2021-04788

COVID-19 preparedness—a survey among neonatal care providers in low- and middle-income countries. Klingenberg C, Tembulkar SK, Lavizzari A, et al (2021), *Journal of Perinatology* vol 41, no 5, May 2021, pp 988-997

Objective

To evaluate COVID-19 pandemic preparedness, available resources, and guidelines for neonatal care delivery among neonatal health care providers in low- and middle-income countries (LMICs) across all continents.

Study design

Cross-sectional, web-based survey administered between May and June, 2020.

Results

Of 189 invited participants in 69 LMICs, we received 145 (77%) responses from 58 (84%) countries. The pandemic provides significant challenges to neonatal care, particularly in low-income countries. Respondents noted exacerbations of preexisting shortages in staffing, equipment, and isolation capabilities. In Sub-Saharan Africa, 9/35 (26%) respondents noted increased mortality in non-COVID-19-infected infants. Clinical practices on cord clamping, isolation, and breastfeeding varied widely, often not in line with World Health Organization guidelines. Most respondents noted family access restrictions, and limited shared decision-making.

Conclusions

Many LMICs face an exacerbation of preexisting resource challenges for neonatal care during the pandemic. Variable approaches to care delivery and deviations from guidelines provide opportunities for international collaborative improvement. (Author)

Full URL: <https://doi.org/10.1038/s41372-021-01019-4>

2021-04705

Rapid Curricular Innovations During COVID-19 Clinical Suspension: Maintaining Student Engagement with Simulation Experiences. Bradford HM, Farley CL, Escobar M, et al (2021), *Journal of Midwifery & Women's Health* vol 66, no 3, May/June 2021, pp 366-371

Health care education programs were faced with the need to quickly adapt to a new reality during the coronavirus disease 2019 pandemic. Students were temporarily suspended from campus and clinical sites, requiring prompt changes in structure to their didactic and clinical learning. This article describes the rapid adjustments that one midwifery and women's health nurse practitioner education program created using both synchronous and asynchronous simulation experiences to promote student learning and ongoing engagement. Flexibility and reflexivity were needed by faculty and students alike in the face of the multiple changes wrought by the pandemic. Curricular changes were made simultaneously in many courses. Objective structured clinical examinations simulate telehealth experiences that assess knowledge, clinical reasoning, and professional behaviors via a scripted scenario and an actor patient. On-call simulations mimic telephone triage and provide students the opportunity to build listening, assessment, and management skills for prenatal and intrapartum scenarios. Students are provided equipment and virtual instruction in an intrauterine device insertion session, which promotes skill acquisition and self-confidence. Trigger films are used to visualize real-life or scripted clinical encounters, leading to discussion and decision-making, particularly in the affective domain. Bilateral learning tools, similar to case studies, provide students an opportunity to demonstrate their knowledge and critical thinking with a mechanism for faculty feedback. Web-based virtual clinical encounter learning tools using patient avatars prompt additional student learning. Suturing skills introduced in live remote group sessions are augmented with video-guided individual practice. This article describes each of these adapted and innovative simulation methods and shares lessons learned during their development and implementation. (Author)

Full URL: <https://doi.org/10.1111/jmwh.13246>

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2021-04602

Coronavirus Disease 2019 (COVID-19) and the Incidence of Obstetric and Gynecologic Emergency Department Visits in an Integrated Health Care System. Abel MK, Alavi MX, Tierney C, et al (2021), *Obstetrics & Gynecology* vol 137, no 4, April 2021, pp 581-583

During the coronavirus disease 2019 (COVID-19) pandemic, obstetric and gynecologic emergency department visits in Northern California decreased by 42% then returned to near-2019 levels despite increasing COVID-19 hospitalizations. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000004331>

2021-04516

Knowledge and practices: Risk perceptions of COVID-19 and satisfaction with preventive measures at workplace among maternity care providers in Pakistan. Izhar R, Husain S, Tahir MA, et al (2021), *European Journal of Midwifery* vol 5, January 2021, p 3

Introduction:

While all healthcare services across the globe deferred non-urgent surgeries, labor wards provided maternity care during the COVID-19 pandemic continuously. This study assesses the knowledge and practices of obstetricians and midwives about personal protective equipment (PPE); their risk perception of COVID-19 and satisfaction with the preventive measures adopted at their workplace.

Methods:

A questionnaire designed according to the World Health Organization's advice on rational use of personal protective equipment for COVID-19 was administered to 452 Pakistani maternity care providers between 1 July and 30 July 2020.

Results:

Most (85%) had adequate knowledge and 78.8% had good practices regarding PPE use. The perceived risk of contracting COVID-19 was lower than for influenza and tuberculosis. Perceived risk of contracting COVID-19 was highest for outpatient clinics. Fewer midwives compared to obstetricians (23.3% vs 32.9 %, $p=0.001$) were satisfied with the job security provided. Only 19.5% were satisfied with the social distancing measures at their setups. Less than one-third (31%) were satisfied with the PPE available to them.

Conclusions:

The participants had good knowledge and practices regarding PPE. The perceived risk of contracting COVID-19 was lower than for contracting influenza; however, they were concerned about contracting COVID-19 in outpatient clinics and emergency rooms. They had poor satisfaction with the measures adopted by hospital managements regarding job security and social distancing. (Author)

Full URL: <https://doi.org/10.18332/ejm/131864>

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2021-04479

New Zealand maternity and midwifery services and the COVID-19 response: a systematic scoping review. Crowther S, Maude R, Zhao IY, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 5 June 2021, online

Problem

COVID-19 guidance from professional and health organisations created uncertainty leading to professional and personal stress impacting on midwives providing continuity of care in New Zealand (NZ). The COVID-19 pandemic resulted in massive amounts of international and national information and guidance. This guidance was often conflicting and not suited to New Zealand midwifery.

Aim

To examine and map the national and international guidance and information provided to midwifery regarding COVID-19 and foreground learnt lessons for future similar crises.

Methods

A systematic scoping review informed by Arksey and O'Malley's five-stage framework. A range of sources from grey and empirical literature was identified and 257 sources included.

Findings

Four categories were identified and discussed: 1) guidance for provision of maternity care in the community; 2) guidance for provision of primary labour and birth care; 3) Guidance for midwifery care to women/wāhine with confirmed/suspected COVID-19 infection, including screening processes and management of neonates of infected women/wāhine 4) Guidance for midwives on protecting self and own families and whānau (extended family) from COVID-19 exposure.

Conclusion

Guidance was mainly targeted and tailored for hospital-based services. This was at odds with the NZ context, where primary continuity of care underpins practice. It is evident that those providing continuity of care constantly needed to navigate an evolving situation to mitigate interruptions and restrictions to midwifery care, often without fully knowing the personal risk to themselves and their own families. A key message is the need for a single source of evidence-based guidance, regularly updated and timestamped to show where advice changes over time. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.05.008>

2021-04445

Health Services and Social Services: Labour Turnover [written answer]. House of Commons (2021), Hansard Written question 900853, 8 June 2021

Helen Whately responds to a written question from Anne McLaughlin to the Secretary of Health and Social Care, regarding what steps he is taking to support the retention of health and care staff beyond the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-06-08/900853>

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2021-03983

Impact of COVID-19 on UK midwifery-led service provision during the first wave of the pandemic. Morelli A, Rowe R (2021), MIDIRS Midwifery Digest vol 31, no 2, suppl, June 2021, p 175

Background

The COVID-19 outbreak required health care systems to quickly adapt in response to the new disease. Emerging research evidence suggested broadly positive outcomes for mothers and newborns affected by COVID-19. National guidance during the pandemic has continued to promote midwifery-led care and continuity of carer where possible. Little is known about the impact of COVID-19 on midwifery-led service provision across the UK.

Aim

To describe the impact of the COVID-19 pandemic on UK midwifery-led service provision.

Methods

We carried out a national survey using the UK Midwifery Study System (UKMidSS), a national network of midwife 'reporters' in all UK midwifery units. Reporters in all 202 freestanding (FMU) and alongside (AMU) midwifery units contributing to UKMidSS were invited to take part in a short survey sent out by email on 1 April 2020. We conducted a descriptive analysis of responses, tabulating frequencies and percentages, comparing responses from different regions and types of unit using the Chi-square test.

Results

Responses were received from 170 units (84 per cent), comprising 105 AMUs (62 per cent) and 65 FMUs (38 per cent). Overall, 107 units (63 per cent) reported being open as usual during the pandemic, with 18 FMUs (28 per cent) and four AMUs (4 per cent) closed to admissions, and a further 38 AMUs (36 per cent) merged with the labour ward. Almost half (44 per cent) of units reported scaling back of home birth services (54 per cent of AMUs and 28 per cent of FMUs). Almost one in five units (17 per cent) reported some redeployment of community midwifery staff to hospitals. There was significant regional variation in impact.

Conclusion

Regional differences in the impact of the COVID-19 pandemic on midwifery-led services in part reflected regional differences in prevalence of the disease, but may also reflect differing underlying local or regional approaches to service provision. In some areas, midwifery units were closed and care was centralised in hospital settings despite national guidance.

(Author)

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2021-03962

A sudden shift. Lacey N, Thomas G (2021), MIDIRS Midwifery Digest vol 31, no 2, suppl, June 2021, p 155

The COVID-19 pandemic caused UK lockdown in March 2020 which impacted both maternity services and the education of student midwives. Almost overnight this warranted an unforeseen and abrupt change to the way midwifery education was delivered that necessitated a swift transition to a programme of online study. This presented a unique and unprecedented set of challenges to midwifery educators, as it required a sudden shift from primarily traditional, face-to-face, teaching methods to a completely virtual online delivery.

Aims

The aim was to evaluate the attitudes and feelings of student midwives regarding the sudden shift to digital learning and teaching. It was important to capture the thoughts of students in 'real time', giving them an opportunity to voice concerns and challenges, as well as positive points that could influence and inform the future of midwifery education.

Method

An online survey was created and students from all three year groups of the undergraduate midwifery programme were invited to participate. Completion of the survey implied consent, it was anonymous, and the university ethics committee deemed this as evaluation so ethical approval was not required.

Results

Fifty-one per cent of students completed the survey (n=56). Results were analysed using descriptive statistics. Initial feelings reported ranged from pleased and excited to cheated, apprehensive and anxious, with 57 per cent rating apprehension as their predominant feeling.

Digital literacy, access to appropriate technology and internet and juggling home life were noted as concerns, whereas developing confidence and ability to work at their own pace were reported as benefits. After six months of online delivery, 55 per cent of students felt more positive, with the majority preferring synchronous virtual sessions with lecturers as opposed to asynchronous self-directed content.

Conclusions

The overarching themes were positivity from students, who were glad to be able to continue their midwifery programme, although they valued face-to-face learning and did not want total online, virtual delivery. (Author)

2021-03960

'Leave no-one behind' — supporting students to qualify during COVID-19. Coiffait S (2021), MIDIRS Midwifery Digest vol 31, no 2, suppl, June 2021, p 154

During the first national lockdown, as a result of the COVID-19 pandemic, third-year student midwives at my trust were redeployed as paid members of staff, but still retained their student status. I was responsible for 15 third-years, their induction, their contracts, their rotas and I continued to support them throughout.

After an initial full day induction, the students were allocated four-week blocks in each of our four main areas within maternity: labour ward, our mixed antenatal/postnatal ward, community and the birth centre. I initiated weekly Zoom meetings for this cohort, to offer both PMA and peer-led support. A WhatsApp group was also established with ground rules to share practice information and updates but to continue the feeling of cohesion.

The establishment of this cohort as a team was the greatest success and the result of having students being paid for their work meant that they were treated with more respect by the qualified midwives. Not only did their status improve, they had a direct effect on maintaining our maternity service throughout the pandemic.

The motto for our WhatsApp group was 'Leave no-one behind' and we didn't. Of the 15 third-years, everyone qualified, with 11 of the cohort taking up posts at my trust. Of the remaining four, they all secured Band 5 midwifery posts elsewhere however, two have decided to return to Northampton meaning we will have recruited 13 out of 15 from this group. I believe this is as a direct result of the team approach taken and the bonds formed within this group during the pandemic. (Author)

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2021-03953

New research explores midwives' problematic substance use one year on from the first COVID-19 lockdown. Pezaro S, Maher K (2021), MIDIRS Midwifery Digest vol 31, no 2, June 2021, pp 142-144

This issue's Hot Topic focuses on problematic substance use among midwives in response to work-related stress and burnout. The authors ask midwives registered in the United Kingdom to participate in upcoming research by completing an online survey. (LDO)

2021-03929

Factors associated with work-related burnout in NHS staff during COVID-19: a cross-sectional mixed methods study. Gemine R, Davies GR, Tarrant S, et al (2021), BMJ Open Vol 11, no 1, January 2021, e042591

Objectives To measure work-related burnout in all groups of health service staff during the COVID-19 pandemic and to identify factors associated with work-related burnout.

Design Cross-sectional staff survey.

Setting All staff grades and types across primary and secondary care in a single National Health Service organisation.

Participants 257 staff members completed the survey, 251 had a work-related burnout score and 239 records were used in the regression analysis.

Primary and secondary outcome measures (1) Work-related burnout as measured by the Copenhagen Burnout Inventory; (2) factors associated with work-related burnout identified through a multiple linear regression model; and (3) factors associated with work-related burnout identified through thematic analysis of free text responses.

Results After adjusting for other covariates (including age, sex, job, being able to take breaks and COVID-19 knowledge), we observed meaningful changes in work-related burnout associated with having different COVID-19 roles ($p=0.03$), differences in the ability to rest and recover during breaks ($p<0.01$) and having personal protective equipment concerns ($p=0.04$). Thematic analysis of the free text comments also linked burnout to changes in workload and responsibility and to a lack of control through redeployment and working patterns. Reduction in non-COVID-19 services has resulted in some members of staff feeling underutilised, with feelings of inequality in workload.

Conclusions Our analyses support anecdotal reports of staff struggling with the additional pressures brought on by COVID-19. All three of the factors we found to be associated with work-related burnout are modifiable and hence their effects can be mitigated. When we next find ourselves in extraordinary times the ordinary considerations of rest and protection and monitoring of the impact of new roles will be more important than ever. (Author)

Full URL: <http://dx.doi.org/10.1136/bmjopen-2020-042591>

2021-03847

Health and Social Care Staff [written answer]. Northern Ireland Assembly (2021), Hansard Written question AQW 19141/17-22, 19 May 2021

The Minister of Health responds to a written question from Miss Rachel Woods to the Northern Ireland Assembly, in relation to the £500 special recognition payment for Health and Social Care staff on the Business Service Organisation payroll, whether there are any staff that would be exempt from the payment if they were on sick leave, or other forms of leave, during 2020. (Author, edited)

Full URL: <http://aims.niassembly.gov.uk/questions/searchresults.aspx?qf=0&asb=90&tbn=0&anb=0&abp=0&sp=1&qfv=1&asbv=6170&tbmv=1&anbv=0&abpv=0&spv=23&ss=U+8Tcepqi9/Y1+vDJ6opcyphvVsaqCnoJedEmR8jyVc=&per=1&fd=&td=&pm=0&asbt=Woods,%20Rachel&anbt=All%20Ministers&abpt=All%20Parties&spt=2020-2021>

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2021-03826

The Virtual International Day of the Midwife: A model for digital knowledge translation. Jevitt CM, Houston JF, Anderson A, et al (2021), European Journal of Midwifery vol 5, May 2021, p 12

Editorial discussing Virtual International Day of the Midwife (VIDM) which began in 2009 as an online open-access conference. The conference has grown annually and drew in over 250 participants in each of the World Health Organization sessions in 2020 during the COVID-19 pandemic. (LDO)

Full URL: <https://doi.org/10.18332/ejm/136048>

2021-03804

The year 2020: Loss of Women and Midwives' Voices. Jan R, van Teijlingen E (2020), Journal of Asian Midwives vol 7, no 2, December 2020, pp 1-2

Reflection on gains and losses in midwifery and maternity services over the course of 2020 and the COVID-19 pandemic. (MB)

Full URL: <https://paperity.org/p/260521990/the-year-2020-loss-of-women-and-midwives-voices>

2021-03607

The NMC Register 1 April 2020 - 31 March 2021. Nursing and Midwifery Council (2021), London: NMC May 2021. 34 pages

The latest registration data report from the Nursing and Midwifery Council (NMC) shows there were 731,918 nurses, midwives and nursing associates on the permanent register on 31st March 2021. This is an increase of 15,311 compared to the same time last year. (LDO)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/annual-2021/0005b-nmc-register-2021-web.pdf>

2021-03591

Rapid synthesis of a changing evidence base during the COVID-19 pandemic: the NeoCLEAR Project. Kirkley MJ, Wright CJ (2021), Journal of Perinatology vol 41, no 4, April 2021, pp 898-900

The authors discuss how they responded to a growing body of literature related to COVID-19, and how they created a centralised repository as part of the Neonatal Coronavirus Literature Evaluated and Adapted in Real-time (NeoCLEAR) project. (LDO)

Full URL: <https://doi.org/10.1038/s41372-021-01020-x>

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2021-03575

Maternal and neonatal health care worker well-being and patient safety climate amid the COVID-19 pandemic. Haidari ES, Main EK, Cui X, et al (2021), Journal of Perinatology vol 41, no 5, May 2021, pp 961-966

Objective

To assess maternal and neonatal healthcare workers (HCWs) perspectives on well-being and patient safety amid the COVID-19 pandemic.

Study design

Anonymous survey of HCW well-being, burnout, and patient safety over the prior conducted in June 2020. Results were analyzed by job position and burnout status.

Result

We analyzed 288 fully completed surveys. In total, 66% of respondents reported symptoms of burnout and 73% felt burnout among their co-workers had significantly increased. Workplace strategies to address HCW well-being were judged by 34% as sufficient. HCWs who were “burned out” reported significantly worse well-being and patient safety attributes. Compared to physicians, nurses reported higher rates of unprofessional behavior (37% vs. 14%, $p = 0.027$) and difficulty focusing on work (59% vs. 36%, $p = 0.013$).

Conclusion

Three months into the COVID-19 pandemic, HCW well-being was substantially compromised, with negative ramifications for patient safety. (Author)

Full URL: <https://doi.org/10.1038/s41372-021-01014-9>

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2021-03527

Suicidality among healthcare professionals during the first COVID19 wave. Bruffaerts R, Voorspoels W, Jansen L, et al (2021), Journal of Affective Disorders vol 283, 15 March 2021, pp 66-70

Background

Prevalence estimates of suicidal thoughts and behaviours (STB) among clinically active healthcare professionals during the first wave of COVID19 pandemic are non-existing. The main aim of this study was to investigate the 30-day prevalence of STB and associated risk factors.

Methods

As part of the Recovering Emotionally from COVID study (RECOVID), 30-day STB among healthcare professionals (N = 6,409) was assessed in an e-survey in healthcare settings in Belgium. The prevalence of STB and associated risk factors were estimated in multivariable models with individual-level and society-level measures of association. We used post-stratification weights to make the data representative for the entire clinical workforce in Belgium.

Results

Prevalence was 3.6% death wish, 1.5% suicide ideation, 1.0% suicide plan, and 0.0% suicide attempt. Thirty-day STB was (a) increased among respondents with lifetime and current mental disorders (mostly depression) and those hospitalized for COVID19 infection, (b) decreased among respondents with social support, and (c) unrelated to work environment.

Limitations

This is an explorative cross-sectional study using multivariate models that generates specific hypotheses on the prevalence of and risk factors for STB during the COVID19 pandemic rather than testing specific pathways that lead to STB onset.

Conclusions

Across age, gender, professional discipline, and exposure to COVID, lifetime and current mental disorders were highly associated with STB. These factors could guide governments and healthcare organizations in taking up responsibilities in preventing emotional problems and developing resilience among healthcare professionals during, but probably beyond, the current COVID19 pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.jad.2021.01.013>

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2021-03466

The psychological status of 8817 hospital workers during COVID-19 Epidemic: A cross-sectional study in Chongqing. Xu X, Ai M, Hong S, et al (2020), Journal of Affective Disorders vol 276, 1 November 2020, pp 555-561

Background

There was an outbreak of COVID-19 towards the end of 2019 in China, which spread all over the world rapidly. The Chinese healthcare system is facing a big challenge where hospital workers are experiencing enormous psychological pressure. This study aimed to (1) investigate the psychological status of hospital workers and (2) provide references for psychological crisis intervention in the future.

Method

An online survey was conducted to collect sociodemographic features, epidemic-related factors, results of PHQ-9, GAD-7, PHQ-15, suicidal and self-harm ideation (SSI), and the score of stress and support scales. Chi-square test, t-test, non-parametric, and logistic regression analysis were used to detect the risk factors to psychological effect and SSI.

Results

8817 hospital workers participated in this online survey. The prevalence of depression, anxiety, somatic symptoms, and SSI were 30.2%, 20.7%, 46.2%, and 6.5%, respectively. Logistic regression analysis showed that female, single, Tujia minority, educational background of junior or below, designated or county hospital, need for psychological assistance before or during the epidemic, unconfident about defeating COVID-19, ignorance about the epidemic, willingness of attending parties, and poor self-rated health condition were independent factors associated with high-level depression, somatic symptom, and SSI among hospital workers ($P < 0.05$).

Limitations

This cross-sectional study cannot reveal the causality, and voluntary participation could be prone to selection bias. A modified epidemic-related stress and support scale without standardization was used. The number of hospital workers in each hospital was unavailable.

Conclusion

There were a high level of psychological impact and SSI among hospital workers, which needed to be addressed. County hospital workers were more severe and easier to be neglected. More studies on cognitive and behavioral subsequence after a public health disaster among hospital workers are needed. (Author)

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2021-03465

Impact of coronavirus syndromes on physical and mental health of health care workers: Systematic review and meta-analysis.

Salazar de Pablo G, Vaquerizo-Serrano J, Catalan A, et al (2020), Journal of Affective Disorders vol 275, 1 October 2020, pp 48-57

Background

Health care workers (HCW) are at high risk of developing physical/mental health outcomes related to coronavirus syndromes. Nature and frequency of these outcomes are undetermined.

Methods

PRISMA/MOOSE-compliant (PROSPERO-CRD42020180205) systematic review of Web of Science/grey literature until 15th April 2020, to identify studies reporting physical/mental health outcomes in HCW infected/exposed to Severe Acute Respiratory Syndrome -SARS-, Middle East Respiratory Syndrome -MERS-, Novel coronavirus -COVID-19-. Proportion random effect meta-analyses, I2 statistic, quality assessment and sensitivity analysis.

Results

115 articles were included (n=60,458 HCW, age 36.1±7.1, 77.1% female). Physical health outcomes: 75.9% HCW infected by SARS/MERS/COVID-19 reported fever (95%CI=65.9–83.7%, k=12, n=949), 47.9% cough (95%CI=39.2–56.8%, k=14, n=970), 43.6% myalgias (95%CI=31.9–56.0%, k=13, n=898), 42.3% chills (95%CI=20.2–67.9%, k=7, n=716), 41.2% fatigue (95%CI=18.2–68.8%, k=6, n=386), 34.6% headaches (95%CI=23.1–48.2%, k=11, n=893), 31.2% dyspnoea (95%CI=23.2–40.5%, k=12, n=1003), 25.3% sore throat (95%CI=18.8–33.2%, k=8, n=747), 22.2% nausea/vomiting (95%CI=14.9–31.8%, k=6, n=662), 18.8% diarrhoea (95%CI=11.9–28.4%, k=9, n=824). Mental health outcomes: 62.5% HCW exposed to SARS/MERS/COVID-19 reported general health concerns (95%CI=57.0–67.8%, k=2, n=2254), 43.7% fear (95%CI=33.9–54.0%, k=4, n=584), 37.9% insomnia (95%CI=30.9–45.5%, k=6, n=5067), 37.8% psychological distress (95%CI=28.4–48.2%, k=15, n=24,346), 34.4% burnout (95%CI=19.3–53.5%, k=3, n=1337), 29.0% anxiety features (95%CI=14.2–50.3%, k=6, n=9191), 26.3% depressive symptoms (95%CI=12.5–47.1%, k=8, n=9893), 20.7% post-traumatic stress disorder features (95%CI=13.2–31%, k=11, n=3826), 16.1% somatisation (95%CI=0.2–96.0%, k=2, n=2184), 14.0% stigmatisation feelings (95%CI=6.4–28.1%, k=2, n=411).

Limitations

Limited amount of evidence for some outcomes and suboptimal design in several studies included.

Conclusions

SARS/MERS/COVID-19 have a substantial impact on the physical and mental health of HCW, which should become a priority for public health strategies. (Author)

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2021-03464

Unravelling potential severe psychiatric repercussions on healthcare professionals during the COVID-19 crisis. Anmella G, Fico G, Roca A, et al (2020), Journal of Affective Disorders vol 273, 1 August 2020, pp 422-424

The coronavirus disease 2019 (COVID-19) outbreak is putting healthcare professionals, especially those in the frontline, under extreme pressures, with a high risk of experiencing physical exhaustion, psychological disturbances, stigmatization, insomnia, depression and anxiety. We report the case of a general practitioner, without relevant somatic or psychiatric history that experienced a “brief reactive psychosis (298.8)” under stressful circumstances derived from COVID-19. She presented with delusional ideas of catastrophe regarding the current pandemic situation, delusions of self-reference, surveillance and persecution, with high affective and behavioural involvement. Physical examination and all further additional investigations did not reveal any secondary causes. She was administered olanzapine 10 mg with significant psychopathological improvement being later discharged with indications to maintain the treatment. To our knowledge this is the first reported case of severe mental illness in a healthcare professional without previous psychiatric history due to COVID-19 outbreak. Around 85% of patients presenting a brief psychotic disorder will develop a potentially disabling serious psychotic illness in the long-term. This case represents the potentially serious mental health consequences on healthcare professionals throughout the COVID-19 crisis and emphasizes the need to implement urgent measures to maintain staff mental health during the current pandemic. (Author)

2021-03323

Delivering better maternity care: The case for a new maternity strategy for Northern Ireland. Royal College of Midwives (2021), Belfast: RCM Northern Ireland 2021. 14 pages

Presents the case for a new maternity strategy for Northern Ireland (NI), which has an average of 20, 000 births a year. Draws on the Strategy for Maternity Care in Northern Ireland 2012–2018, which led to improvements in maternity care, but ended three years ago. Since then, the coronavirus pandemic has meant that health services across the world have needed to change the way they deliver care, including maternal health services in NI. Examines some new developments and suggests new areas of focus for consideration. (JSM)

Full URL: <https://www.rcm.org.uk/media/4945/delivering-better-maternity-care.pdf>

2021-03275

In safe hands. Anon (2021), Midwives vol 24, May 2021, pp 32-33

Heather, a volunteer on the COVID-19 vaccination programme in Scotland, explores how kindness can be shown through body language. (Author)

2021-03274

Emotional rollercoaster. Anon (2021), Midwives vol 24, May 2021, pp 29-31

An NHS-wide approach to wellbeing has been accelerated by the pandemic. The good news is that there's greater awareness of mental health and no longer a stigma attached to seeking help. In fact, it's encouraged. (Author)

2021-03273

A midwife. Webster L (2021), Midwives vol 24, May 2021, p 27

Starting a new job is stressful, but in a pandemic it's worse, says Louise Webster. (Author)

2021-03269

Making connections. Anon (2021), Midwives vol 24, May 2021, pp 14-18

The Bangladesh Midwifery Society, twinned with the RCM, has shown strong leadership during the pandemic rolling out a PPE programme and increasing renewal rates. (Author)

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2021-03267

Person centredness during Covid-19. Flynn M (2021), World of Irish Nursing & Midwifery vol 29, no 3, April 2021, p 40

This month we reflect on person centredness as a topic central to nursing and midwifery practice. (Author, edited)

Full URL: <https://online.flippingbook.com/view/399311712/40/>

2021-03254

Adapting to change at the All-Ireland conferences. Stewart N (2021), World of Irish Nursing & Midwifery vol 29, no 2, March 2021, p 48

Covid-19 has forced us to rethink how we do almost everything, in response to this the All-Ireland nursing and midwifery conferences were held via a live stream for the first time. Neil Stewart reports. (Author)

Full URL: <https://online.flippingbook.com/view/764180634/48/>

2021-03240

Legal guidance on scope of practice and code of ethics. Mathews E (2021), World of Irish Nursing & Midwifery vol 29, no 1, February 2021, pp 44-45

In an emergency such as Covid-19, nurses and midwives may be asked to work in unfamiliar contexts, but professional principles are relevant as ever, writes Edward Mathews. (Author)

Full URL: <https://online.flippingbook.com/view/665150/44/>

2021-03237

Facing into your new career with confidence. Cunningham B, Mooney B (2021), World of Irish Nursing & Midwifery vol 29, no 1, February 2021, pp 28-29

A Self-SWOT analysis can help in transitioning from student to staff nurse/midwife during challenging times for the health service due to Covid-19, write Brian Cunningham and Bróna Mooney. (Author)

Full URL: <https://online.flippingbook.com/view/665150/28/>

2021-03236

Health and safety first for 2021. Hughes D (2021), World of Irish Nursing & Midwifery vol 29, no 1, February 2021, p 17

The Irish Nurses and Midwives Organisation (INMO) is working to ensure the safety, health and welfare of every nurse and midwife in their workplace, writes deputy general secretary Dave Hughes. (Author, edited)

Full URL: <https://online.flippingbook.com/view/665150/16/>

2021-03231

Leadership in action. Hughes F (2020), World of Irish Nursing & Midwifery vol 28, no 10, December 2020/January 2021, pp 42-45

Directors of nursing and midwifery across Ireland spoke to Freda Hughes about how they have been leading their teams during the pandemic. (Author)

Full URL: <https://online.flippingbook.com/view/669323/42/>

2021-03226

Covid-19: a snapshot of the BAME experience. Atoyebi T (2020), World of Irish Nursing & Midwifery vol 28, no 9, November 2020, p 32

Many nurses from non-white backgrounds feel at greater risk of contracting Covid-19, according to a survey. Toyosi Atoyebi reports. (Author)

Full URL: <https://online.flippingbook.com/view/967791/32/>

2021-03225

The psychological impact of Covid-19. Pitman S (2020), World of Irish Nursing & Midwifery vol 28, no 9, November 2020, pp 30-31

An Irish Nurses and Midwives Organisation (INMO) survey has laid bare the effects of the pandemic on the mental and physical health of nurses and midwives, writes Steve Pitman. (Author, edited)

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2021-03223

A year like no other. Moore A (2020), World of Irish Nursing & Midwifery vol 28, no 9, November 2020, pp 22-23

While Covid-19 has changed almost everything, some things remain the same as a health minister promises reform and funding in an address to the Irish Nurses and Midwives Organisation (INMO) special annual delegate conference (SADC). Alison Moore reports. (Author, edited)

Full URL: <https://online.flippingbook.com/view/967791/22/>

2021-03222

Taking stock of progress. Moore A (2020), World of Irish Nursing & Midwifery vol 28, no 9, November 2020, pp 20-21

From centenary celebrations to Covid-19, Martina Harkin-Kelly reflects on events since the last Irish Nurses and Midwives Organisation (INMO) annual delegate conference. Alison Moore reports. (Author, edited)

Full URL: <https://online.flippingbook.com/view/967791/20/>

2021-03145

COVID-19 and the female health and care workforce survey update. Survey of health and care staff for the Health and Care Women Leaders Network (February - March 2021). Strauss C, Patel-Campbell C (2021), London: NHS Confederation May 2021. 11 pages

Presents the findings of a survey commissioned by the Health and Care Women Leaders Network, which looked at how women working in health and care were affected by the COVID-19 pandemic, and the resulting changes as the crisis progressed. This is the second survey commissioned by the network, who make recommendations for addressing key issues in this area.

Acknowledges that since the summer of 2020, the impact of the pandemic on the female workforce has got worse, with many women reporting deterioration in their physical and emotional health. However, the findings illustrate improvement in the areas of teamworking and camaraderie. (JSM)

Full URL: <https://www.nhsconfed.org/-/media/Confederation/Files/Networks/Health-and-Care-Women-Leaders-Network/COVID19-and-the-female-health-and-care-workforce-survey-update-report.pdf>

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2021-03071

Midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia. Bradfield Z, Hauck Y, Homer CSE, et al (2021), Women and Birth: Journal of the Australian College of Midwives 15 March 2021, online

Problem

The COVID-19 pandemic has required rapid and radical changes to the way maternity care is provided in many nations across the world.

Background

Midwives provide care to childbearing women across the continuum and are key members of the maternity workforce in Australia.

Aim

To explore and describe midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia.

Methods

A two-phased cross-sectional descriptive study was conducted. Data were collected through an online survey and semi-structured interviews between May-June 2020.

Findings

Six hundred and twenty midwives responded to the online survey. Many reported a move to telehealth appointments. For labour care, 70% of midwives reported women had limited support; 77% indicated postnatal visiting was impacted. Five main themes were derived from the qualitative data including: coping with rapid and radical changes, challenges to woman-centred care, managing professional resilience, addressing personal and professional challenges, and looking ahead.

Discussion

Restrictions applied to women's choices, impacted midwives' ability to provide woman-centred care, which resulted in stress and anxiety for midwives. Professional resilience was supported through collaborative relationships and working in continuity models. Midwives revealed 'silver linings' experienced in providing care during the pandemic.

Conclusion

Findings provide valuable evidence to understand the impact on midwives who have provided care during the COVID-19 pandemic. Knowledge will be useful for health leaders and policy makers as they consider ways to continue care during the pandemic and support the essential midwifery workforce. Recommendations are presented to improve preparedness for future pandemics. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.02.007>

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2021-02476

Anxiety Levels and Solution-Focused Thinking Skills of Nurses and Midwives Working in Primary Care during the COVID-19 Pandemic: A Descriptive Correlational Study. Selçuk Tosun A, Akgül Gündoğdu N, Taş F (2021), Journal of Nursing Management 10 April 2021, online

Aims: This study aimed to determine the state-trait anxiety levels and solution-focused thinking skills of primary care nurses/midwives during the COVID-19 pandemic, and to evaluate the factors affecting these variables and the determinants of state-trait anxiety levels.

Background: The COVID-19 outbreak has created intense anxiety in nurses/midwives that may affect the care they provide. Nurses and midwives may manage anxiety using solution-focused thinking skills.

Methods: This descriptive correlational study included 170 nurses/midwives at 61 family health centers evaluated from August 1, to September 14, 2020.

Results: The participants' state and trait anxiety scores were above average, indicating a moderate level of anxiety and the mean total solution-focused inventory scores were at a moderate level. It was determined that 47.9% of the variance in state anxiety scores could be explained by trait anxiety, age, years of professional experience, chronic illness, type of work shift during the pandemic, follow-up of patients diagnosed with COVID-19 using computed tomography or a COVID-19 test, and whether the institution was taking necessary measures against COVID-19. There was a negative relationship between state anxiety and solution-focused inventory total score.

Conclusion: Nurses/midwives displayed a moderate level of anxiety, solution-focused thinking skills during the COVID-19 pandemic.

Implications for nursing management: Steps should be taken to improve nurses' solution-focused thinking skills to enable them to organize quickly and manage care processes successfully in extraordinary circumstances like pandemics. Moreover, personal empowerment programs should be recommended for nurses and midwives to help them cope with anxiety. (Author)

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2021-02296

Non-consultant Hospital Doctors Views' of Covid-19 Measures in Irish Maternity Units. Elsayed S, Magandran J, Hassan S, et al (2021), Irish Medical Journal vol 114, no 3, March 2021, P296

Aims

To access the views of non-consultant hospital doctors (NCHDs) on measures taken in Irish maternity units in response to the COVID-19 pandemic.

Methods

The survey, conducted between 1/4/2020 and 15/5/2020, was designed using Survey Monkey TM and distributed via mailing lists and social media to Obstetric and Gynaecology NCHDs in 19 Irish maternity units.

Results

Eighty NCHDs accessed the survey. Forty respondents participate in a training scheme, comprising 26% of the total. Most doctors reported major changes to work rostering (92%, 68/74); gynaecological services (76%, 56/74) and antenatal care (68%, 50/74). Up to April 22nd, 32% (11/34) reported PPE/masks use was recommended in antenatal clinics compared to 33% (11/33) throughout labour or in the second stage. From April 23rd, when HSE guidance on PPE changed, these figures increased to 74% (28/38, $p < 0.001$) and 46% (17/37) respectively. Nearly all (96%, 68/71) felt their personal and family life was affected. The majority (89%, 63/71) felt their anxiety level was somewhat (44/71) or much higher (19/71) than that before the pandemic.

Conclusion

Many NCHDs felt their units were slow to implement protective measures including PPE use, and they had high levels of anxiety. These findings should inform decision-makers to mitigate the impact of psychological distress on healthcare workers in further crises. (Author)

Full URL: <http://imj.ie/non-consultant-hospital-doctors-views-of-covid-19-measures-in-irish-maternity-units/>

2021-02271

Urgent call for governments to provide personal protective equipment to midwives. International Confederation of Midwives (2020), The Hague, The Netherlands: International Confederation of Midwives March 2020

Official statement from the International Confederation of Midwives (ICM) calling for increased provision of personal protective equipment for midwives. (LDO)

Full URL: <https://internationalmidwives.org/assets/files/news-files/2020/03/ppe-statement.pdf>

2021-02199

Midwives' substance use. Pezaro S, Maher K (2021), British Journal of Midwifery vol 29, no 4, April 2021, pp 190-191

One year on from the first COVID-19 lockdown, is substance use amongst midwives more or less problematic? (Author)

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2021-01881

The influence of the COVID-19 outbreak on European trainees in Obstetrics and Gynaecology: a survey of the impact on training and trainee. Boekhorst F, Khattak H, Topcu EG, et al (2021), *European Journal of Obstetrics & Gynecology and Reproductive Biology* vol 261, June 2021, pp 52-58

Objective

The purpose of this study is to evaluate how the obstetrics and gynaecology residency program and trainees have been affected by the Corona Virus Disease-19 (COVID-19) pandemic in Europe.

Study Design

This study is a cross-sectional explorative survey using an online questionnaire. The questionnaire comprised of 40 questions that were subdivided into 4 subjects; workload, specialist training aspects in obstetrics and gynaecology, health and safety of the trainee and women's health and maternal health issues. Inclusion criteria consisted of being a trainee in Obstetrics and Gynaecology (ObGyn) at the time of the COVID-19 pandemic in Europe or trainees who had recently finished their training during the time of the outbreak. Taking part in the survey was voluntary. The questionnaire was shared on the website of the European Network for Trainees in Obstetrics and Gynaecology (ENTOG), ENTOG social media, in the ENTOG-newsletter and through the national representatives of ENTOG.

Results

110 ObGyn trainees from 25 different countries responded to the questionnaire. Almost all trainees (95%, N = 105) reported an effect on their training due to COVID-19 pandemic. Training was interrupted in 21% of cases (n = 23). Trainees observed a decrease in educational activities or lectures and a decrease in number of patients. The possibility of training surgical skills decreased, because 67% (N = 74) trainees reported that surgeries were cancelled. Trainees expressed concerns about reaching the goals of their ObGyn specialist training in 60% (n = 66) of cases. A decrease in workload was experienced during the first COVID-19 wave in Europe by 60% (n = 66) of trainees. On average these trainees worked 33% less hours compared to a normal workweek. Although 22% (n = 24) were expected to be available continuously for 24 hours a day and 7 days a week for unscheduled duties, 15% (n = 16) were deployed to work on special COVID-units. Concerning preparation, 45% of the trainees (n = 50) had not received any training for treating COVID-positive patients. Trainees claimed to have enough personal protective equipment (PPE), although problems were reported. Any form of psychosocial support was arranged for 65% of trainees (n = 71) by the hospital or department. The results of the survey suggest that obstetric care was not affected much (92% (n = 102) of the respondents said at least necessary care continued) while patients in need for reproductive medicine were affected the most; out of the 110 departments 58% (n = 60) were closed and 35% (n = 36) reduced their activities. Access to family planning and benign gynaecology were also significantly reduced; 77% and 87% respectively of the departments were less accessible or only open to emergency cases.

Conclusion

COVID-19 pandemic has had a tremendous effect on the ObGyn training in Europe. Exposure to learning opportunities, surgeries and teaching has been decreased during the outbreak and may result in a decrease in quality of care provided to women in the future if impairment of training is not recovered. (Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2021.04.005>

2021-01848

The COVID-19 pandemic: A first-year review through the lens of IJGO. Maprayil S, Goggins A, Harris F, et al (2021), *International Journal of Gynecology & Obstetrics* vol 153, no 2, May 2021, pp 183-185

Editorial on the role of the International Federation for Gynecology and Obstetrics (FIGO) and the International Journal of Gynecology and Obstetrics (IJGO) during the COVID-19 pandemic. (LDO)

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2021-01738

Maternal-fetal medicine program director experience of exclusive virtual interviewing during the coronavirus disease 2019 pandemic. Rhoades JS, Ramsey PS, Metz TD, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 4, July 2021, 100344

Background

The Coronavirus disease 2019 (COVID-19) pandemic necessitated an abrupt transition to exclusive virtual interviewing for maternal-fetal medicine fellowship programs.

Objective

To assess maternal-fetal medicine fellowship program directors' approaches to exclusive virtual interviews and to obtain program director feedback on the virtual interview experience to guide future interview cycles.

Study Design

A novel cross-sectional online survey was distributed through the Society for Maternal-Fetal Medicine to program directors following the completion of the interview season, but prior to the results of the National Resident Matching Program on October 14, 2020. Survey data were collected anonymously and managed using secure REDCap electronic data capture tools.

Results

Overall 71/89 (80%) program directors responded. All respondents completed their 2020 interviews 100% virtually. Nearly half (33/68 (49%)) of program directors interviewed more candidates in 2020 than in 2019. Of those who interviewed more candidates in 2020, the mean number (\pm standard deviation) of additional candidates per fellowship position was 5.8 (\pm 3.8). Almost all program directors reported no (35/71, 49%) or minimal (34/71, 48%) negative impact of technical difficulties on their virtual interview processes. The majority of programs structured their interview to a half-day (4 hours) or less for the candidates. Many programs were able to adapt their supplemental interview materials and events for the candidates into a virtual format, including a virtual social event hosted by 31/71 (44%) programs. The virtual social event was most commonly casual and led by current fellows. Ultimately, all program directors reported the virtual interview experience was as expected or better than expected. However, most program directors felt less able to provide candidates with a comprehensive and accurate representation of their program on a virtual platform compared to their prior in-person experiences; (46/71 (65%) reported minimally, moderately, or significantly less than in-person). Additionally, most program directors felt their ability to get to know candidates and assess their "fit" with the program was less than prior in-person years; (44/71 (62%) reported minimally, moderately, or significantly less than in-person). In a hypothetical future year without any public health concerns, there were 23/71 (32%) respondents who prefer exclusive in-person interviews, 24/71 (34%) who prefer exclusive virtual interviews, and 24/71 (34%) who prefer a hybrid of virtual and in-person interviews.

Conclusions

The virtual interview experience was better than expected for most program directors. However, most program directors felt less able to present their programs and assess the candidates on a virtual platform compared to prior in-person experiences. Despite this, most program directors are interested in at least a component of virtual interviewing in future years. Future efforts are needed to refine the virtual interview process to optimize the experience for program directors and candidates.

2021-01608

NMC pitches indefinite use of virtual fitness-to-practise hearings. Ford M (2021), Nursing Times 18 March 2021

The Nursing and Midwifery Council is proposing to extend its use of virtual fitness-to-practise (FtP) hearings beyond the coronavirus pandemic in cases "where it is fair and practical to do so". (Author)

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2021-01550

The impact of planning for COVID-19 on private practising midwives in Australia. Homer CSE, Davies-Tuck M, Dahlen HG, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 1, February 2021, pp E22-E27

Problem

The COVID-19 pandemic response has required planning for the safe provision of care. In Australia, privately practising midwives are an important group to consider as they often struggle for acceptance by the health system.

Background

There are around 200 Endorsed Midwives eligible to practice privately in Australia (privately practising midwives) who provide the full continuum of midwifery care.

Aim

To explore the experience of PPMs in relation to the response to planning for the COVID-19 pandemic.

Methods

An online survey was distributed through social media and personal networks to privately practising midwives in Australia in April 2020.

Results

One hundred and three privately practising midwives responded to the survey. The majority (82%) felt very, or well informed, though nearly half indicated they would value specifically tailored information especially from professional bodies. One third (35%) felt prepared regarding PPE but many lacked masks, gowns and gloves, hand sanitiser and disinfectant. Sixty four percent acquired PPE through social media community sharing sites, online orders, hardware stores or made masks. Sixty-eight percent of those with collaborative arrangements with local hospitals reported a lack of support and were unable to support women who needed transfer to hospital. The majority (93%) reported an increase in the number of enquiries relating to homebirth.

Conclusion

Privately practising midwives were resourceful, sought out information and were prepared. Support from the hospital sector was not always present. Lessons need to be learned especially in terms of integration, support, education and being included as part of the broader health system.

Full URL: <https://doi.org/10.1016/j.wombi.2020.09.013>

2021-01499

NHS: Staff [written answer]. House of Commons (2021), Hansard Written question 166514, 10 March 2021

Helen Whately responds to a written question asked by Liz Twist to the Secretary of State for Health and Social Care, regarding the information his Department holds on the (a) amount of overtime worked by NHS staff during the COVID-19 outbreak to date and (b) expenditure on overtime worked by NHS staff during that timescale. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-10/166514>

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2021-01418

Neonatal nursing during the COVID-19 global pandemic: A thematic analysis of personal reflections. Shaw C, Gallagher K, Petty J, et al (2021), Journal of Neonatal Nursing vol 27, no 3, June 2021, pp 165-171

Background

The COVID-19 pandemic has resulted in significant changes and restrictions to neonatal care. The aim of this study was to explore the impact of these changes on Neonatal Nurses globally.

Methods

We conducted a thematic analysis on written reflections by neonatal nurses worldwide, exploring their experiences of COVID-19. Twenty-two reflections were analysed from eleven countries.

Results

Thematic analysis revealed 4 main themes relating to the nurses' role: 1) protector 2) challenges to human quality of care 3) vulnerability and 4) resilience. The measures taken as protector were described as compromising the human qualities of care fundamental to their role. This tension, together with other new challenges, heightened feelings of vulnerability. Concurrently, nurses identified role resilience, including resourcefulness and peer support, which allowed them to navigate the global pandemic.

Conclusion

By identifying global challenges and strategies to overcome these, neonatal nurses may be better equipped as the pandemic continues. The reflections underscore the importance of family integrated care and the tension created when it is compromised.

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

2021-01379

Conducting research during the COVID-19 pandemic. Mourad M, Bousleiman S, Wapner R, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151287

The highly contagious severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has affected every aspect of medical practice and has all but ceased clinical, translational and basic science research. Pregnant women appear to be similarly affected by the virus as non-pregnant adults. As obstetricians, not only do we have a duty to care for pregnant women and their fetuses, but to continue to conduct research, inclusive of that which would guide us in delivering care during a pandemic. Conducting such research has its challenges. The objective of this chapter is to review the impact of SARS-CoV-2 on ongoing and new pregnancy research during the pandemic, describe the challenges encountered and summarize the key strategies necessary for a successful research environment.

2021-01377

Addressing mental health in patients and providers during the COVID-19 pandemic. Werner EA, Aloisio CE, Butler AD, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151279

The pandemic, and the associated changes to pregnancy and postpartum experiences, can lead to profound psychological reactions including panic, hyperarousal, sleep disturbance, anxiety, depression, and traumatic stress disorders. Providers face compassion fatigue and shared trauma. In this article, we describe the mental health outcomes known to date in regard to the novel coronavirus disease 2019 pandemic for obstetric patients and their providers as well as therapeutic approaches, including our novel embedded mental health service, to address these mental health needs. (Author)

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2021-01376

Mobilization of health professions students during the COVID-19 pandemic. Rupley DM, Grilo SA, Kondragunta S, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151276

The COVID-19 pandemic has posed challenges for medical education and patient care, which were felt acutely in obstetrics due to the essential nature of pregnancy care. The mobilization of health professions students to participate in obstetric service-learning projects has allowed for continued learning and professional identify formation while also providing a motivated, available, and skilled volunteer cohort to staff important projects for obstetric patients.

2021-01267

Vaccine Update. Public Health England (2021), London: PHE no 316, January 2021

This special edition of Vaccine Update includes information on the safety of COVID-19 vaccination for pregnant and breastfeeding women. Also includes guidance on COVID-19 vaccination for health and social care workers. (LDO)

Full URL: <https://www.gov.uk/government/publications/vaccine-update-issue-316-january-2021-covid-19-special-edition/vaccine-update-iss-ue-316-january-2021-covid-19-special-edition>

20210126-6*

Nursing and Midwifery Students [written answer]. Northern Ireland Assembly (2020), Hansard Written question AQW 12934/17-22, 30 December 2020

The Minister of Health responds to a written question asked by Mr Pat Sheehan regarding whether he will offer final year nursing and midwifery students the opportunity to complete their clinical placements as paid members of staff, as set out in the emergency standards reintroduced by the Nursing and Midwifery Council, in response to the ongoing COVID-19 crisis in our hospitals. (MB)

Full URL: <http://aims.niassembly.gov.uk/questions/search.aspx>

2021-01254

NMC reflects on extraordinary time one year on from the first Covid-19 national lockdown. Various (2021), Nursing and Midwifery Council 23 March 2021

Hear from those at the heart of the pandemic response. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/reflections-on-one-year-of-covid19/>

20210125-16*

RE: Redeployment of maternity staff during pandemic. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2021), London: RCOG January 2021.1 page

Joint letter from the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) urging hospitals to avoid redeploying staff away from maternity units during the current coronavirus pandemic, except as a last resort, to ensure the safety of mothers and babies. This letter has been produced in response to reports that maternity staff are being temporarily transferred to other parts of the NHS to support pandemic work. (JSM)

Full URL: <https://www.rcm.org.uk/media/4660/email-to-ceos-merge.pdf>

20210125-15*

Coronavirus: Employment [written answer]. House of Commons (2021), Hansard Written question 138491, 15 January 2021

Ms. Nadine Dorries responds to a written question from Emma Hardy to the Secretary of State for Health and Social Care, regarding what his Department categorises as essential work during the January 2021 covid-19 lockdown period; and if he will publish guidance on that matter. (Author)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-01-15/138491>

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2021-01235

Covid-19 changes to maternity care: Experiences of Australian doctors. Szabo RA, Wilson AN, Homer C, et al (2021), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 61, no 3, June 2021, pp 408-415

Background

The COVID-19 pandemic meant rapid changes to Australian maternity services. All maternity services have undertaken significant changes in relation to policies, service delivery and practices and increased use of personal protective equipment.

Aims

The aim of this study was to explore and describe doctors' experiences of providing maternity care during the COVID-19 pandemic in Australia.

Methods

A national online survey followed by semi-structured interviews with a cohort of participants was conducted during the first wave of the COVID-19 pandemic in Australia (May–June 2020). Participants were recruited through social media networks. Eighty-six doctors completed the survey, and eight were interviewed.

Results

Almost all doctors reported rapid development of new guidelines and major changes to health service delivery. Professional colleges were the main source of new information about COVID-19. Most (89%) doctors felt sufficiently informed to care for women with COVID-19. Less than half of doctors felt changes would be temporary. Doctors described workforce disruptions with associated personal and professional impacts. The ability to access and process up-to-date, evidence-based information was perceived as important. Doctors acknowledged that altered models of care had increased pregnant women's anxiety and uncertainty. All doctors described silver linings from sector changes.

Conclusions

This study provides unique insights into doctors' experiences of providing maternity care during the COVID-19 pandemic in Australia. Findings have immediate relevance to the maternity sector now and into the future. Lessons learnt provide an opportunity to reshape the maternity sector to better prepare for future public health crises.

20210121-3*

NHS: Staff [written answer]. House of Commons (2020), Hansard Written question 113132, 9 November 2020

Helen Whately responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care, regarding how many previously retired NHS staff have worked in the NHS in each month since March 2020. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-09/113132>

20210121-2*

Health Professions: Pay [written answer]. House of Commons (2020), Hansard Written question 113498, 10 November 2020

Helen Whately responds to a written question asked by Sir Mark Hendrick to the Secretary of State for Health and Social Care, regarding if he will provide funding from the public purse for (a) a one-off bonus and (b) an annual pay increase to health care workers in recognition of their efforts in responding to the COVID-19 outbreak. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-10/113498>

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20210120-30*

Socially distanced nursing and midwifery simulation during the COVID-19 pandemic. McDonall J, McTier L, Phillips N (2020), Australian Nursing and Midwifery Journal vol 26, no 12, October-December 2020, p 52

Describes the ways in which simulation training for undergraduate students at Deakin University's School of Nursing and Midwifery has continued during the COVID-19 pandemic. (MB)

Full URL: <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

20210120-28*

Mask-related skin injury during a respiratory pandemic: A wound CNC perspective. Sage S (2020), Australian Nursing and Midwifery Journal vol 26, no 12, October-December 2020, pp 24-25

Healthcare workers (HCW) are using personal protective equipment (PPE) more often and for longer wear times to reduce the risk of contracting or transmitting COVID-19. (Author)

Full URL: <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

20210120-26*

The impact of a global pandemic on the International Year of the Nurse and Midwife. Fedele R (2020), Australian Nursing and Midwifery Journal vol 26, no 12, October-December 2020, pp 18-20

In 2020, the International Year of the Nurse and Midwife and planned culmination of the global Nursing Now campaign, the role of nurses, midwives and carers has been thrust into the spotlight in the face of the COVID-19 pandemic. Robert Fedele writes. (Author)

Full URL: <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

20210120-24*

Nurses abused over COVID-19 fears. Wischer K (2020), Australian Nursing and Midwifery Journal vol 26, no 11, July-September 2020, p 5

While not the norm, some nurses, midwives and other healthcare workers on the frontline of Australia's fight against COVID-19 were subject to abuse from members of the public as cases of coronavirus grew nationally. (Author)

Full URL: https://anmj.org.au/wp-content/uploads/2020/07/UPDATED_ANMJ-JUL-SEP-2020.pdf

20210114-26*

NMC statement: enabling student education and supporting the workforce. Nursing & Midwifery Council (2021), London: NMC 14 January 2021

Statement from the Nursing and Midwifery Council describing the measures put in place during the current COVID-19 pandemic to allow nursing and midwifery students to complete their studies and to support the workforce. (JSM)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/statement-enabling-student-education-and-supporting-the-workforce/>

20210112-22*

New midwives and the new normal. Scicluna B (2021), The Student Midwife vol 4, no 1, January 2021, pp 24-27

Ever since I was a young girl, I knew I wanted to work in a caring profession. When I went to university for the first time, I undertook a Bachelor of Science in Physiotherapy; at the time, ballet was a big part of my life, and I felt that physiotherapy perfectly aligned with my passion for dance and caring for others. However, a few months into the course, I started to realise that something was not quite right - something was missing. That something turned out to be midwifery! Becoming a midwife during the global COVID-19 pandemic was uniquely challenging, but allowed me to view the world differently. Here are the lessons I have learnt that will make me a better midwife. (Author)

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20210112-20*

Leading the way: student innovation in Malawi. Chigwede M (2021), The Student Midwife vol 4, no 1, January 2021, p 17
Malawian student nurse-midwife Martin Chigwede reflects upon the innovative intervention he developed to prepare his community for the arrival of COVID-19, and ends his reflection by challenging students to embrace leadership roles and innovation during these unprecedented times. (Author)

20210112-10*

Centering in times of the COVID-19 pandemic. Rijnders M, Jans S, Groesen K (2021), The Practising Midwife vol 24, no 1, January 2021, pp 9-13
Reduced antenatal care services and an acute halt to Centering-based antenatal group care were one of the results of the COVID-19 lockdown in the Netherlands. The pandemic and the subsequent reduction in antenatal services gave rise to anxiety and stress in pregnant women, increasing the need for group antenatal care more than ever. Throughout the country both women and midwives initiated online alternatives for existing group care meetings. The Centering Foundation Netherlands and TNO, the Dutch institute for applied research, took the lead and developed a standardised Centering-based antenatal group care method online and live with physical distancing. (Author)

20210111-6

Enquiring minds. Anon (2021), Midwives vol 24, January 2021, pp 33-35
Hand washing has played a vital role in preventing disease long before COVID-19. Though the path to its discovery wasn't straightforward. (Author)

20210111-5

Virtual mandatory training. Sole De La Llera A (2021), Midwives vol 24, January 2021, p 31
Ariadna Sole De La Llera, practice development midwife at King's College Hospital Trust, has just completed virtual training for midwives and has some advice to impart. (Author)

20210111-4

Tax returns. Anon (2021), Midwives vol 24, January 2021, p 29
Everyone dreads doing them, but are we guilty of making a mountain out of a molehill when it comes to completing our tax returns? (Author)

20210111-24

Development of the Emotional Wellbeing at Work Virtual Programme to support UK health visiting teams. Baldwin S, Stephen R, Bishop P, et al (2020), Journal of Health Visiting vol 8, no 12, December 2020, pp 516-522
The Covid-19 pandemic has changed the way in which health visiting services are delivered in the UK. Health visitors are now having to work more remotely, with virtual methods for service delivery as well as using personal protective equipment where face-to-face contacts are necessary. This rapid change has resulted in many health visiting staff working under greater levels of pressure, feeling isolated, anxious and unsettled. This article discusses a virtual programme that has been funded by the RCN Foundation and developed by the Institute of Health Visiting to support the emotional wellbeing of health visiting teams in the UK. It outlines the background to the project, the theoretical underpinnings to inform the programme model and the evaluation process that will be used to further refine the programme before wider implementation. (Author)

20210111-1

Stronger together. Anon (2021), Midwives vol 24, January 2021, pp 14-20
By harnessing the power of a vast, multidisciplinary support network, maternity teams are literally saving lives. (Author)

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20210108-3*

Supporting nursing and midwifery professionals during the Covid-19 pandemic. May R, McArdle C, McQueen F, et al (2021), London: NMC 8 January 2021

Joint letter from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors discuss strengthening workforce capacity, supporting the roll-out of vaccines and supporting the health and wellbeing of nurses and midwives. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/supporting-nursing-and-midwifery-professionals-during-pandemic/>

2021-01081

Coronavirus: Protective clothing. House of Commons (2021), Hansard Written question 169065, 15 March 2021

Paul Scully responds to a written question from Fleur Anderson to the Secretary of State for Business, Energy and Industrial Strategy, regarding whether he has plans to classify scrubs as personal protective equipment. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-15/169065>

2021-01072

NHS: Incentives [written answer]. House of Commons (2021), Hansard Written question 164510, 8 March 2021

Helen Whately responds to a written question from Julian Knight to the Secretary of State for Health and Social Care, regarding what assessment he has made of the potential merits of a one-off bonus for NHS frontline staff who have worked during the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-08/164510>

2021-01020

Student experiences of COVID. Wilson C, Lloyd C (2021), Midwives vol 24, March 2021, pp 38-42

The RCM made safeguarding education a priority during the pandemic - RCM policy advisor Charlotte Wilson and head of education and learning Carmel Lloyd explain why. (Author)

2021-01019

Covid-19 checklist. Sorby A (2021), Midwives vol 24, March 2021, pp 34-35

RCM employment relations advisor Alice Sorby shares the current guidance for Covid-19 safety. (Author)

2021-01018

Caring is sharing. Adgie G (2021), Midwives vol 24, March 2021, pp 32-33

Gill Adgie says RCM branches were doing amazing work caring for members before Covid, but now it's been taken to another level. (Author)

2021-01016

Bags of kindness. Anon (2021), Midwives vol 24, March 2021, p 31

Feeling sympathy for women on the wards during the pandemic without their partners, the Cardiff University Midwifery Society organised gift bag donations to spread a little love. (Author)

2021-00936

Should the COVID-19 pandemic encourage us to re-evaluate the role of the maternity support worker (MSW) in homebirths?. Grainger C (2021), The Practising Midwife vol 24, no 3, March 2021, pp 32-34

This article will explore whether the pandemic calls for the re-evaluation and extension of the maternity support worker (MSW) role with regards to homebirths, and what training is required to ensure we have competent, capable and highly skills MSWs in homebirth settings. (Author, edited)

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2021-00918

A research midwife in a pandemic. Perry AG (2021), British Journal of Midwifery vol 29, no 2, February 2021, p 115

As we go into further lockdown in England, research midwife Alison Perry reflects on the place of research at the frontline of the pandemic. (Author)

2021-00831

Coronavirus: Screening [written answer]. House of Commons (2021), Hansard Written question 138031, 14 January 2021

Helen Whately responds to a written question from Matt Rodda to the Secretary of State for Health and Social Care, regarding what the planned timescale is for providing regular covid-19 testing for asymptomatic NHS staff working in community hospitals in (a) Berkshire and (b) England. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-01-14/138031>

2021-00827

Who Is Caring for Health Care Workers' Families Amid COVID-19? Robinson LJ, Engelson BJ, Hayes SN (2021), Academic medicine 23 February 2021, online

Amid the COVID-19 pandemic, women in medicine, including faculty, residents, medical students, and other health care workers (HCWs), are facing unparalleled challenges. The burdens of pandemic-associated increases in domestic and caregiving responsibilities, professional demands, health risks associated with contracting COVID-19, and the resulting psychosocial distress have exacerbated existing gender disparities at home, at work, and in academia. School and daycare closures have created additional childcare needs, primarily for women, yet little support exists for parents and families. These increased childcare and domestic responsibilities have forced women HCWs, who make up the overwhelming majority of the workforce, to adapt their schedules and, in some cases, leave their jobs entirely.

In this article, the authors detail how COVID-19 has exacerbated existing childcare accessibility and affordability issues as well as gender disparities. They argue that, unless government and health care organization support for childcare increases, families, specifically women and children, will continue to suffer. Lack of access to affordable childcare can prevent HCWs from doing their jobs, including conducting and publishing academic scholarship. This poses incalculable risks to families, science, and society. COVID-19 should serve as a call to action to all sectors, including the government and health care organizations, to prioritize childcare provision and increase support for women HCWs, both now during the pandemic and going forward. (Author)

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2021-00727

Running maternity services during the coronavirus pandemic: keep calm and don't forget the woman! Carter N (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 3, September 2020

Natalie Carter, talks about how her local Trust has managed their midwifery service since March 2020 to meet the needs of the service user. (Author)

Full URL: <https://www.aims.org.uk/journal/item/chelsea-and-westminster>

2021-00715

Managing a doula team in the Covid-19 crisis. Bromley-Hesketh M (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Michelle Bromley-Hesketh talks about the challenges of balancing life, work and a doula team during coronavirus. (Author)

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

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2021-00712

Doula-ing from a distance: better than nothing. Pengelly H (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Hilary Pengelly shares what being a doula during the Covid-19 pandemic means. (Author)

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

2021-00703

Staff who refuse covid vaccine face 'one-to-one' with managers. Kituno N (2021), Health Service Journal 5 March 2021

NHS England has called for line managers to have one-to-one conversations with staff who have refused the covid vaccine by next week, to discuss its 'powerful protective effects'. (Author)

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

2021-00645

Public Sector: Pay [written answer]. House of Commons (2021), Hansard Written question 159033, 25 February 2021

Steve Barclay responds to a written question asked by Bell Ribeiro-Addy to the Chancellor of the Exchequer, regarding if he will announce a pay rise for NHS staff and other public sector workers in Budget 2021. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-02-25/159033>

2021-00508

Coronavirus: Disease Control [Written answer]. House of Commons (2021), Hansard Written question 153104, 11 February 2021

Helen Whately responds to a written question asked by Geraint Davies to the Secretary of State for Health and Social Care, with reference to NHS staffing data published on 11 February 2021 stating that there are 41,175 COVID-19 related absences of staff, what assessment he has made of the reasons why NHS staff are being infected with COVID-19; and what plans he has to mitigate against the infection of staff. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-02-11/153104>

2021-00507

Health Services and Social Services: Coronavirus [Written answer]. House of Commons (2021), Hansard Written question 155433, 19 February 2021

Helen Whately responds to a written question asked by Darren Henry to the Secretary of State for Health and Social Care, regarding what further support he plans to make available to the health and social care workforce during the COVID-19 outbreak. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-02-19/155433>

2021-00459

Establishing information needs and research priorities in response to the Covid-19 pandemic in the local maternity setting.

Evans K, Janiszewski H, Evans C, et al (2021), Midwifery vol 95, April 2021, 102922

The purpose of this project was to identify gaps in the current evidence base and to identify research priorities in the local context during the Covid-19 pandemic. This paper reports on the application and adaptation of the CHNRI methodology which follows a series of criteria setting, filtering and scoring exercises. The views of maternity care professionals, midwifery managers and leaders, women and families were continually sought throughout the project stages. We found the CHNRI methodology to be a useful framework to highlight topics with greater or smaller consensus within a relatively short time frame and with minimal burden to participants. The criteria were defined to focus on research topics where no existing or on-going studies were identified and topics likely to lead to improvements in care with relevance beyond the Covid-19 pandemic.

Full URL: <https://doi.org/10.1016/j.midw.2021.102922>

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2021-00446

Adaptation of independent midwives to the COVID-19 pandemic: A national descriptive survey. Baumann S, Gaucher L, Bourgueil Y, et al (2021), *Midwifery* vol 94, March 2021, 102918

Objective

: The main objective of this survey was to identify how independent midwives, mainly working in primary care, adapted their practices at the beginning of the COVID-19 pandemic in France. Our assumption was that this practice adaptation would vary according to both geographical area (timing of pandemic effect) and whether they practiced alone or in a group.

Design

We conducted an online national survey of independent midwives in France from March 16–23, 2020.

Setting

All districts in mainland France and the overseas territories.

Participants

Respondents from the population of all independent midwives working in France.

Measurements and findings

The primary outcome measure was the proportion of midwives reporting that they had adapted their practices to the context of the COVID-19 pandemic, and the rank, in order of frequency, of the postponed or cancelled activities.

Results

: Of the 1517 midwives who responded, i.e., 20.3% of the independent midwives in France, 90.6% reported adapting one or more of their practices. The main adjustment was the postponement or cancellation of consultations deemed non-essential, listed in descending order: postpartum pelvic floor rehabilitation (n = 1270, 83.7%), birth preparation (n = 1188, 78.3%), non-emergency preventive gynaecology consultation (n = 976, 64.3%), early prenatal interview (n = 170, 11.2%), and postnatal follow-up (n = 158, 10.4%).

Key conclusions

Without guidelines, each midwife had to decide individually if and how to adapt her practice. Postpartum pelvic floor rehabilitation and birth preparation have been strongly affected. The results of this national survey indicate that a large majority of midwives have adapted their practices, independently of the local course of the pandemic, and that this reduction of contacts with women raises questions in this period of anxiety about intermediate-term adaptations to guarantee the continuity and safety of care.

Implications for practice

This study's results can be used to develop tools to handle cancelled consultations. Video, also called virtual, visits and coordination between independent practitioners and hospitals are probably the major challenges in the current context.

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2021-00400

Together: Navy Reserve's Response to COVID-19 Pandemic. Dutta EH, Barker M, Gherman R (2021), American Journal of Perinatology vol 38, no 3, February 2021, pp 307-309

Under the direction of U.S. Northern Command for COVID-19 pandemic response efforts, approximately 500 Navy Reserve medical professionals were deployed to the New York City area from April to June 2020. Some of these providers were asked to serve in 11 overburdened local hospitals to augment clinic staffs that were exhausted from the battle against coronavirus. Two maternal/fetal medicine physicians were granted emergency clinical providers to assist in these efforts. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1721710>

2021-00286

Midwives and Nurses: Students [written answer]. House of Commons (2021), Hansard Written question 148012, 2 February 2021

Helen Whately responds to a written question from Bell Ribeiro-Addy to the Secretary of State for Health and Social Care, with reference to the emergency standards of the Nursing and Midwifery Council to reintroduce emergency education standards to enable final year nursing students to opt-in to support the response to the covid-19 pandemic through extended clinical placement, if he will ensure the same health and safety provisions under those standards are applied to (a) student midwives and (b) student nurses. (Author, edited)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-02-02/148012>

2021-00221

Coronavirus: Protective Clothing [written answer]. House of Commons (2021), Hansard Written question 150874, 8 February 2021

Jo Churchill responds to a written question from Peter Kyle to the Secretary of State for Health and Social Care, with reference to February 2021 research into the risks of aerosolisation of SARS-CoV-2 from oxygen delivery systems and coughing, regarding whether he will review the NHS infection prevention and control guidance and expand the situations in which an FFP3 mask should be used by workers. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-02-08/150874>

2021-00139

A guide to the NMC emergency standards for nurse education during the current deployment of student nurses. Leigh J, Bullpit S, Dunn J, et al (2020), British Journal of Nursing vol 29, no 11, 2020, pp 632-638

The Nursing and Midwifery Council (NMC) recognises the important contribution that nursing students are making to the national response to the COVID-19 pandemic. This article reports on the Greater Manchester Supervision and Delegation Framework, providing practical guidance for students and practice staff (practice supervisor/practice assessor and registered nurse) on how to support student nurses who have opted into a paid (deployed) healthcare role. The framework operationalises NMC emergency standards for Nursing and Midwifery education, enabling students to complete their pre-registration undergraduate or postgraduate nursing programme while also supporting the healthcare workforce (NMC, 2020). (Author)

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2021-00136

The relationship between COVID-19 knowledge levels and anxiety states of midwifery students during the outbreak: A cross-sectional web-based survey. Sogut E, Dolu I, Cangöl E (2021), Perspectives in Psychiatric Care vol 57, no 1, January 2021

Purpose: To determine the relationship between the anxiety states and knowledge levels of female midwifery students about COVID-19 during the outbreak.

Design and methods: This cross-sectional study carried out with online participation of 972 female midwifery students.

Findings: The anxiety levels of the female midwifery students were high among those visiting the hospital during the pandemic and having parents or relatives who had chronic diseases. Female midwifery students had a high level of knowledge regarding COVID-19.

Practice implications: Female midwives of the future will take part in primary health care services in the protection and promotion of health as an important occupational group in the public health system. To determine mental health and psychological needs of them during the outbreak will greatly contribute to the pandemic management process.

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2021-00104

Financial support for students [written answer]. Northern Ireland Assembly (2021), Hansard Written question AQW 13072/17-22, 20 January 2021

The Minister of Health responds to a written question asked by Ms Liz Kimmins regarding whether there are plans to increase financial support for students who are currently on placement within the health service and subsequently working on the frontline during the COVID-19 pandemic. (MB)

Full URL: <http://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=323271>

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2021-00032

Open and Distance Learning Programs for Nursing and Midwifery Education in East Africa: Protocol for a Scoping Review.

Isangula K, Edwards G, Mwansisya T, et al (2021), JMIR Research Protocols vol 10, no 1, 11 January 2021, e17765

Background: In the face of growing modernity and the coronavirus disease 2019 (COVID-19) pandemic, open and distance learning (ODL) is considered to play an important role in increasing access to education worldwide. There is a robust evidence base demonstrating its cost effectiveness in comparison with conventional class-based teaching; however, the transition to this new paradigm of learning for nursing and midwifery courses has been difficult in low-income countries. While there are notable efforts to increase internet and education access to health care professionals, not much is known about ODL for nurses and midwives in East African countries.

Objective: The objective of this scoping review is to understand whether ODL programs for nursing and midwifery education exist, the drivers of their adoption, their implementation, the topics/courses covered, their acceptability, and their impacts in East African countries.

Methods: The scoping review methodology employs the framework developed by Arksey and O'Malley. Using an exploratory approach, a two-stage screening process consisting of a title and abstract scan and a full-text review will be used to determine the eligibility of articles. To be included, articles must report on an existing ODL initiative for nurses and midwives in Uganda, Tanzania, and Kenya. All articles will be independently assessed for eligibility by pairs of reviewers, and all eligible articles will be abstracted and charted in duplicate using a standardized form.

Results: Details of ODL for nursing and midwifery education initiatives and study outcomes will be summarized in a table. The extracted data will undergo exploratory descriptive analysis, and the results will be classified into learner and clinical outcomes.

Conclusions: Evidence on ODL for nursing and midwifery education will inform the ongoing development and restructuring of health care professional education in East Africa amidst the COVID-19 pandemic. (Author)

Full URL: <https://www.researchprotocols.org/2021/1/e17765/>

2021-00031

Sustaining quality education and practice learning in a pandemic and beyond: 'I have never learnt as much in my life, as quickly, ever'.

Renfrew MJ, Bradshaw G, Burnett A, et al (2021), Midwifery vol 94, March 2021,102915

The context of healthcare and of healthcare education has radically changed as a result of the Covid-19 pandemic. To identify positive strategies for midwifery education in this context, five case studies from the UK and beyond were conducted using an appreciative enquiry approach, from the perspectives of students, the maternity services, cross-university collaboration, and digital learning. A health system analysis was used to identify strategies to cope, adapt, and transform for the future, at the levels of individuals, teams, and the whole system.

Findings showed that the implementation of effective responses was possible. Responding effectively and rapidly to a shock as profound as this pandemic requires courageous, respectful, evidence-based, innovative, collaborative, cross-sectoral working and leadership across education institutions, practice settings, the regulator, government, and with students themselves. Pre-existing trusting relationships and collaborative systems supported rapid responses. Effective digital learning requires a pro-active, student-centred approach, and addressing the problems of inequitable access to equipment and space. Joint problem-solving and focussing on the key outcomes that matter contribute to developing successful strategies and robust processes. The pandemic provides an opportunity for student midwives to be re-imagined as essential members of midwifery teams and not 'just students'. Transformative actions identified include whole-system working, tackling longstanding problems including racism, poverty, prejudice, and systemic discrimination, and keeping students at the heart of the education system. (Author)

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2021-00010

Health Professions: Training [written answer]. House of Commons (2021), Hansard Written question 133876, 6 January 2021
Helen Whately responds to a written question from Sarah Champion to the Secretary of State for Health and Social Care, regarding what steps he is taking to support healthcare students who assisted throughout the covid-19 outbreak; and what plans he has to forgive current debt for all current nursing, midwifery and allied healthcare students. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-01-06/133876>

20201221-7*

Challenges currently faced in midwifery careers. Kerolo S (2020), British Journal of Midwifery vol 28, no 12, December 2020, pp 840-841

Highlights various challenges faced by midwives including the COVID-19 pandemic and supporting mothers with perinatal mental health problems. (LDO)

20201216-22*

EBCOG position statement – Simulation-based training for obstetrics and gynaecology during the COVID-19 pandemic.

Zimmerman E, Martins NN, Verheijen RHM, et al (2021), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 258, March 2021, pp 457-458

The speciality of Obstetrics and Gynaecology has been on the forefront of introducing simulation in post graduated education for the past two decades. Simulation training is known to enhance psychomotor skills and is considered an important step in the transition from classroom learning to clinical practice. Training on simulators allows trainees to acquire basic skills before getting involved in day to day care in real life situation. Clinical circumstances around COVID 19 pandemic has highlighted the key importance of simulation training in delivering post graduate curriculum. (Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.12.002>

20201214-8*

NHS Staff: Coronavirus Testing [written answer]. Scottish Parliament (2020), Official Report Written question S5W-33385, 19 November 2020

Jeane Freeman responds to a written question from Miles Briggs to the Scottish Government, regarding whether it will provide an update on routine COVID-19 testing for NHS staff. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-33385>

20201208-99*

Turning the tide. The experiences of Black, Asian and Minority Ethnic NHS staff working in maternity services in England during and beyond the Covid-19 pandemic. BAME Maternity Workforce (2020), London: East London Local Maternity Services & East London Health and Care Partnership October 2020

This report explores the experiences of Black, Asian and Minority Ethnic (BAME) people working in the NHS, during the ongoing Covid-19 pandemic. (Publisher, edited)

Full URL: <https://www.eastlondonhcp.nhs.uk/ourplans/bame-maternity.htm>

20201203-9*

NHS: Staff [written answer]. House of Commons (2020), Hansard Written question 113107, 9 November 2020

Helen Whately responds to a written question asked by Anne Marie Morris to the Secretary of State for Health and Social Care, regarding the number of NHS staff who are (a) absent through illness and (b) self-isolating as a result of COVID-19 as of 9 November 2020. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-09/113107>

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20201203-11*

Health Services and Social Services: Staff [written answer]. House of Commons (2020), Hansard Written question 111542, 4 November 2020

Helen Whately responds to a written question asked by Colleen Fletcher to the Secretary of State for Health and Social Care, regarding the assessment he has made of trends in the levels of morale among staff in the (a) NHS and (b) social care system during the COVID-19 outbreak; and what steps his Department is taking to improve the (a) morale and (b) wellbeing of healthcare workers. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-04/111542>

20201203-10*

Health Professions: Training [written answer]. House of Commons (2020), Hansard Written question 120159, 24 November 2020

Helen Whately responds to a written question asked by Kim Johnson to the Secretary of State for Health and Social Care, regarding what assessment he has made of the potential merits of reinstating paid placements for trainee doctors, nurses and midwives during the second wave of the COVID-19 outbreak. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-24/120159>

20201202-55*

Intradepartmental redeployment of faculty and staff. Divito M, Advincola A, Burgansky A, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151299

Discusses the re-deployment of staff and faculty fellows after a significant strain on obstetric services at the Department of Obstetrics and Gynecology at Columbia University during the COVID-19 pandemic. (LDO)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151299>

20201202-54*

COVID-19 in a community hospital. Burgansky A, Coletta-Lucas J, Garcia MS (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151292

The rapid spread of COVID-19 across the globe quickly and drastically changed the way we practice medicine. In order to respond to its effects, careful planning and implementation of new guidelines and protocols was crucial to ensure the safety of both patients and staff. Given the limitations of space, staff, and resources in the community hospitals, a centralized command center, robust lines of communication within the department and between departments, and contingency and surge planning in this setting were critical. This chapter focuses on the unique challenges of practicing within a Level II hospital during a global pandemic.

(Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151292>

20201202-12*

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 105564, 19 October 2020

Helen Whately responds to a written question from Zarah Sultana to the Secretary of State for Health and Social Care, regarding whether he plans to review the cessation of the exclusion of healthcare workers from the list of jobs that qualify for travel exemptions to Coronavirus travel restrictions. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-19/105564>

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20201201-3

The midwife's role in managing confirmed moderate-to-severe COVID-19 in pregnancy. Mayo H (2020), MIDIRS Midwifery Digest vol 30, no 4, December 2020, pp 487-493

Discusses the aetiology and classification of COVID-19 and how it affects pregnant women. Highlights the role of the midwife in managing moderate-to-severe cases and reducing potential risks to the fetus. Concludes that midwives are best suited as lead co-ordinators as part of a wider multi-disciplinary team. (LDO)

20201130-4

Human factors review of a safety-critical system in a pandemic. Elliott-Mainwaring H (2020), MIDIRS Midwifery Digest vol 30, no 4, December 2020, pp 462-468

Discusses the failure of safety-critical systems within the context of the UK health care system during the COVID-19 pandemic. Draws upon several conceptual frameworks including the Swiss Cheese Model (SCM), the System Engineering Initiative for Patient Safety (SEIPS) and the Human Factors Conceptual Framework to Map-Assess-Recognize-Conclude (HF-MARC). Concludes that human vulnerabilities should be recognised and systems should be built around these. (LDO)

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20201127-10*

Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care. Jardine J, Relph S, Magee LA, et al (2021), BJOG: An International Journal of Obstetrics and Gynaecology vol 128, no 5, April 2021, pp 880-889

Objective

To explore the modifications to maternity services across the UK, in response to the coronavirus disease 2019 (COVID-19) pandemic, in the context of the pandemic guidance issued by the Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Midwives (RCM) and NHS England.

Design

National survey.

Setting

UK maternity services during the COVID-19 pandemic.

Population or sample

Healthcare professionals working within maternity services.

Methods

A national electronic survey was developed to investigate local modifications to general and specialist maternity care during the COVID-19 pandemic, in the context of the contemporaneous national pandemic guidance. After a pilot phase, the survey was distributed through professional networks by the RCOG and co-authors. The survey results were presented descriptively in tabular and graphic formats, with proportions compared using chi-square tests.

Main outcome measures

Service modifications made during the pandemic.

Results

A total of 81 respondent sites, 42% of the 194 obstetric units in the UK, were included. They reported substantial and heterogeneous maternity service modifications. Seventy percent of units reported a reduction in antenatal appointments and 56% reported a reduction in postnatal appointments; 89% reported using remote consultation methods. A change to screening pathways for gestational diabetes mellitus was reported by 70%, and 59% had temporarily removed the offer of births at home or in a midwife-led unit. A reduction in emergency antenatal presentations was experienced by 86% of units.

Conclusions

This national survey documents the extensive impact of the COVID-19 pandemic on maternity services in the UK. More research is needed to understand the impact on maternity outcomes and experience.

Tweetable abstract

A national survey showed that UK maternity services were modified extensively and heterogeneously in response to COVID-19. (Author)

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20201126-66*

eHealth for neonatal nurse education despite Covid-19. Cunningham C, Moore Z, O Connor T, et al (2021), Journal of Neonatal Nursing vol 27, no 3, June 2021, pp 188-190

Aim

The aim of this contemporary issue paper is to challenge the premise that the term 'eHealth' is relatable to patient or service users only. It will be critically explored if the term can be broadened to include neonatal nurse education interventions.

Design

A review of current literature will form the basis for the critical discussion of the term eHealth, and why it can be associated with neonatal nurse education.

Methods

The critical discussion will identify and review past and current literature relating to eHealth and its origins. It will portray the viability of the term eHealth as more than just a patient associated intervention, and why it should also be encompassed as a neonatal nurse education option.

Conclusion

eHealth is traditionally identifiable as a service user intervention or source of information. The term should be broadened to encompass neonatal nurse education and used as a resource that is easily accessible and user friendly. This will in turn encourage the personal and professional development of neonatal nurses and should ultimately contribute to evidence based best practices in the clinical environment, despite the current global pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.jnn.2020.11.002>

20201126-5*

Health Professions: West Midlands [written answer]. House of Commons (2020), Hansard Written question 90057, 15 September 2020

Helen Whately responds to a written question asked by Mr Andrew Mitchell to the Secretary of State for Health and Social Care, regarding what steps he is taking to increase the availability of COVID-19 testing for health professionals in the West Midlands. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-15/90057>

20201126-3*

Health Professions: Mental Health [written answer]. House of Commons (2020), Hansard Written question 116534, 17 November 2020

Helen Whately responds to a written question asked by Dr Lisa Cameron to the Secretary of State for Health and Social Care, regarding if he will take steps to prioritise the mental health needs of primary care staff and GPs in a future mental health strategy for frontline workers. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-17/116534>

20201125-8*

Statement: Principles for nursing and midwifery students during the next phase of the COVID-19 pandemic. May R, McArdle C, McQueen F, et al (2020), London: NMC 23 November 2020

Joint statement from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors outline the plan to continue the supernumerary status of students and the cancellation of paid clinical placements. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/principles-for-students-during-next-phase-of-covid/>

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20201124-31*

Coronavirus: Hospitals [written answer]. House of Lords (2020), Hansard Written question HL9736, 28 October 2020

Lord Bethell responds to a written question asked by Lord Newby to Her Majesty's Government regarding whether Nightingale Hospital beds in (1) Manchester, (2) Sunderland, and (3) Harrogate are used to maximum capacity, how many (a) nurses would be required, (b) at what grade would these nurses have to be qualified, and (c) how many nurses are currently employed by the NHS. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-28/HL9736>

20201124-13*

Coronavirus: Hospitals [written answer]. House of Lords (2020), Hansard Written question HL9774, 29 October 2020

Lord Bethell responds to a written question asked by Lord Greaves to Her Majesty's Government regarding the required full capacity staffing levels for each of the NHS Nightingale hospitals for (1) doctors, (2) nursing staff, (3) other health staff, (4) administrative staff, and (5) other ancillary staff; and, in each case, how many staff are currently available to start work at those hospitals. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-29/HL9774>

20201120-1*

Joint letter on supporting professionals during the second wave of Covid-19. May R, McArdle C, McQueen F, et al (2020), London: NMC 20 November 2020

Joint letter from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors thank nurses and midwives for their work throughout the pandemic, ask employers and professional bodies to be flexible in their expectations, and reaffirm their commitment to supporting students to complete their programmes on time. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/joint-letter-second-wave-covid/>

20201119-9*

Ethics of Midwifery Care During the COVID-19 Pandemic. Kantrowitz-Gordon I (2020), Journal of Midwifery and Women's Health vol 65, no 6, November/December 2020, pp 731-732

Editorial discussing ethics and policy development in the context of racial disparities during the COVID-19 pandemic. (LDO)

20201119-6*

NHS Trusts: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 60757, 17 June 2020

Helen Whately responds to a written question asked by Jonathan Ashworth to the Secretary of State for Health and Social Care, regarding the number of NHS Trusts in England that are piloting routine PCR COVID testing for staff. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-06-17/60757>

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20201117-52*

The impact of a segregated team roster on obstetric and gynecology services in response to the COVID-19 pandemic in a tertiary care center in India. Mahey R, Sharma A, Kumari A, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 3, December 2020, pp 341-346

Objective

To determine the impact of roster reorganization on ensuring uninterrupted services while providing necessary relief to healthcare workers (HCW) in the obstetrics department of a tertiary care center amid the COVID-19 outbreak.

Methods

The COVID-19 rostering response began in April 2020 and evolved in two phases: (1) development of new areas for screening and managing suspected/positive cases of COVID-19; and (2) team segregation according to area of work. The impact of these changes on HCWs and patients was assessed 3 months later.

Results

Developing separate areas helped to minimize the risk of exposure of patients and HCWs to those with COVID-19. Residents and consultants worked intensively in clinical areas for 1 week followed by 1-2 weeks of non-clinical or standby assignments, providing adequate opportunity for isolation. Frequent re-evaluation of the roster was nevertheless required as the pandemic progressed. Segregating teams vertically significantly reduced the number of contacts identified on contact tracing and quarantine leaves, while maintaining patient satisfaction with no increase in adverse events. Residents found the roster to be 'smart' and 'pandemic-appropriate.'

Conclusion

The 'COVID emergency roster' helped ensure quality care with minimum risk of exposure and sufficient breaks for physical and psychological recovery of HCWs.

Synopsis

A team-based roster in response to COVID-19 outbreak ensured continuity of optimum patient care with minimum exposure and physical and psychological well-being of healthcare workers. (Author)

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20201117-39*

Airborne transmission of severe acute respiratory syndrome coronavirus-2 to healthcare workers: a narrative review. Wilson NM, Norton A, Young FP, et al (2020), *Anaesthesia* vol 75, no 8, August 2020, pp 1086-1095

Healthcare workers are at risk of infection during the severe acute respiratory syndrome coronavirus-2 pandemic. International guidance suggests direct droplet transmission is likely and airborne transmission occurs only with aerosol-generating procedures. Recommendations determining infection control measures to ensure healthcare worker safety follow these presumptions. Three mechanisms have been described for the production of smaller sized respiratory particles ('aerosols') that, if inhaled, can deposit in the distal airways. These include: laryngeal activity such as talking and coughing; high velocity gas flow; and cyclical opening and closure of terminal airways. Sneezing and coughing are effective aerosol generators, but all forms of expiration produce particles across a range of sizes. The 5- μ m diameter threshold used to differentiate droplet from airborne is an over-simplification of multiple complex, poorly understood biological and physical variables. The evidence defining aerosol-generating procedures comes largely from low-quality case and cohort studies where the exact mode of transmission is unknown as aerosol production was never quantified. We propose that transmission is associated with time in proximity to severe acute respiratory syndrome coronavirus-1 patients with respiratory symptoms, rather than the procedures per se. There is no proven relation between any aerosol-generating procedure with airborne viral content with the exception of bronchoscopy and suctioning. The mechanism for severe acute respiratory syndrome coronavirus-2 transmission is unknown but the evidence suggestive of airborne spread is growing. We speculate that infected patients who cough, have high work of breathing, increased closing capacity and altered respiratory tract lining fluid will be significant producers of pathogenic aerosols. We suggest several aerosol-generating procedures may in fact result in less pathogen aerosolisation than a dyspnoeic and coughing patient. Healthcare workers should appraise the current evidence regarding transmission and apply this to the local infection prevalence. Measures to mitigate airborne transmission should be employed at times of risk. However, the mechanisms and risk factors for transmission are largely unconfirmed. Whilst awaiting robust evidence, a precautionary approach should be considered to assure healthcare worker safety. (Author)

20201117-31*

COVID-19: women with diabetes and hypertension during pregnancy. Hu J, Danielli M, Thomas RC, et al (2020), *British Journal of Midwifery* vol 28, no 11, November 2020, pp 800-801

Midwives should be prepared to create individualised care plans, share data and liaise with other departments, to improve maternal and fetal outcomes for pregnant women with these conditions. (Author)

20201117-29*

Midwives in low-resource settings. Shahid S (2020), *British Journal of Midwifery* vol 28, no 11, November 2020, pp 796-798

Pakistan is a low-resource country where midwives are often not supported in their role as skilled birth attendants. Changes are needed to support midwives in providing safe and effective care. (Author)

20201116-83

Interview with Midwife Jennie Joseph. Allen J (2020), *Journal of Prenatal and Perinatal Psychology and Health (JPPPH)* vol 34, no 5, September 2020, pp 339-356

In this interview, JOPPPAH Associate Editor, Dr. Jazman Allen, spoke with Orlando midwife, Jennie Joseph regarding Jennie's experience working with underserved populations during the concurrent COVID-19 pandemic and heightened racial tensions in the United States. This interview was edited for clarity only. (Author)

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20201116-79

How Birth Providers in the United States are Responding to the COVID-19 Pandemic. Davis-Floyd R, Gutschow K, Schwartz DA, et al (2020), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 34, no 4, June 2020, pp 272-285

How quickly and in what ways are United States maternity care practices changing due to the COVID-19 pandemic? Our survey data indicate that partners and doulas are being excluded from birthing rooms while many mothers are isolated, unsupported, and laboring alone. Providers face changing hospital protocols, lack of personal protective equipment (PPE), and unclear guidelines for practice. In this rapid-response article, we investigate the quickly shifting protocols for in-hospital and out-of-hospital births, and examine the decision making behind these changes. We ask whether COVID-19 will cause women, families, and providers to look at birthing in a different light, and whether this offers a testing ground for future policy changes to generate effective maternity care in the face of pandemics and other types of disasters. (Author)

20201112-6*

Nursing and midwifery workforce numbers continue to grow as concern around the long term impact of Covid-19 remains.

Nursing and Midwifery Council (2020), London: NMC 12 November 2020

Reports that the latest mid-year figures from the Nursing and Midwifery Council (NMC) show that between 1 April and 30 September 2020, 5, 949 nurses joined the permanent register, an increase of 0.9%, and the number of midwives rose by 937 (2.5%). States that the mid-year registration report includes statistics from the NMC's COVID-19 temporary register, showing that at the end of September this year 12,756 former nurses, midwives and overseas professionals were registered. Includes comments from NMC Chief Executive and Registrar, Andrea Sutcliffe on the impact of COVID-19 and the overwhelming response from nurses, midwives and nursing associates. (JSM)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/nmc-register-data-september-2020/>

20201112-2*

Mental Health Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 103460, 14 October 2020

Helen Whately responds to a written question asked by Dame Diana Johnson to the Secretary of State for Health and Social Care, regarding what additional well-being and mental health support his Department will be providing to NHS staff as the UK enters a second wave of COVID-19 in the winter period. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-14/103460>

20201112-10*

Mid-year update: 1 April - 30 September 2020. Nursing & Midwifery Council (2020), London: NMC 12 November 2020, 5 pages

Provides an update on the number of midwives, nurses and nursing associates on the permanent and temporary registers of the Nursing & Midwifery Council. The permanent register increased from 716,607 at the beginning of April to 724,516 at the end of September. (LDO)

Full URL: <http://www.nmc.org.uk/>

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20201109-8*

Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. Vindrola-Padros C, Andrews L, Dowrick A, et al (2020), BMJ Open vol 10, no 11, November 2020, e040503

Objective The COVID-19 pandemic has set unprecedented demand on the healthcare workforce around the world. The UK has been one of the most affected countries in Europe. The aim of this study was to explore the perceptions and experiences of healthcare workers (HCWs) in relation to COVID-19 and care delivery models implemented to deal with the pandemic in the UK. **Methods** The study was designed as a rapid appraisal combining: (1) a review of UK healthcare policies (n=35 policies), (2) mass media and social media analysis of front-line staff experiences and perceptions (n=101 newspaper articles, n=1 46 000 posts) and (3) in-depth (telephone) interviews with front-line staff (n=30 interviews). The findings from all streams were analysed using framework analysis.

Results Limited personal protective equipment (PPE) and lack of routine testing created anxiety and distress and had a tangible impact on the workforce. When PPE was available, incorrect size and overheating complicated routine work. Lack of training for redeployed staff and the failure to consider the skills of redeployed staff for new areas were identified as problems. Positive aspects of daily work reported by HCWs included solidarity between colleagues, the establishment of well-being support structures and feeling valued by society.

Conclusion Our study highlighted the importance of taking into consideration the experiences and concerns of front-line staff during a pandemic. Staff working in the UK during the COVID-19 pandemic advocated clear and consistent guidelines, streamlined testing of HCWs, administration of PPE and acknowledgement of the effects of PPE on routine practice.

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Full URL: <http://dx.doi.org/10.1136/bmjopen-2020-040503>

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20201106-3*

Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review (Cochrane Review). Pollock A, Campbell P, Cheyne J, et al (2020), The Cochrane Database of Systematic Reviews issue 11, 5 November 2020, Art. No: CD013779

Background

Evidence from disease epidemics shows that healthcare workers are at risk of developing short- and long-term mental health problems. The World Health Organization (WHO) has warned about the potential negative impact of the COVID-19 crisis on the mental well-being of health and social care professionals. Symptoms of mental health problems commonly include depression, anxiety, stress, and additional cognitive and social problems; these can impact on function in the workplace. The mental health and resilience (ability to cope with the negative effects of stress) of frontline health and social care professionals ('frontline workers' in this review) could be supported during disease epidemics by workplace interventions, interventions to support basic daily needs, psychological support interventions, pharmacological interventions, or a combination of any or all of these.

Objectives

Objective 1: to assess the effects of interventions aimed at supporting the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic.

Objective 2: to identify barriers and facilitators that may impact on the implementation of interventions aimed at supporting the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic.

Search methods

On 28 May 2020 we searched the Cochrane Database of Systematic Reviews, CENTRAL, MEDLINE, Embase, Web of Science, PsycINFO, CINAHL, Global Index Medicus databases and WHO Institutional Repository for Information Sharing. We also searched ongoing trials registers and Google Scholar. We ran all searches from the year 2002 onwards, with no language restrictions.

Selection criteria

We included studies in which participants were health and social care professionals working at the front line during infectious disease outbreaks, categorised as epidemics or pandemics by WHO, from 2002 onwards. For objective 1 we included quantitative evidence from randomised trials, non-randomised trials, controlled before-after studies and interrupted time series studies, which investigated the effect of any intervention to support mental health or resilience, compared to no intervention, standard care, placebo or attention control intervention, or other active interventions. For objective 2 we included qualitative evidence from studies that described barriers and facilitators to the implementation of interventions. Outcomes critical to this review were general mental health and resilience. Additional outcomes included psychological symptoms of anxiety, depression or stress; burnout; other mental health disorders; workplace staffing; and adverse events arising from interventions.

Data collection and analysis

Pairs of review authors independently applied selection criteria to abstracts and full papers, with disagreements resolved through discussion. One review author systematically extracted data, cross-checked by a second review author. For objective 1, we assessed risk of bias of studies of effectiveness using the Cochrane 'Risk of bias' tool. For objective 2, we assessed methodological limitations using either the CASP (Critical Appraisal Skills Programme) qualitative study tool, for qualitative studies, or WEIRD (Ways of Evaluating Important and Relevant Data) tool, for descriptive studies. We planned meta-analyses of pairwise comparisons for outcomes if direct evidence were available. Two review authors extracted evidence relating to barriers and facilitators to implementation, organised these around the domains of the Consolidated Framework of Implementation Research, and used the GRADE-CERQual approach to assess confidence in each finding. We planned to produce an overarching synthesis, bringing quantitative and qualitative findings together.

Main results

We included 16 studies that reported implementation of an intervention aimed at supporting the resilience or mental health of frontline workers during disease outbreaks (severe acute respiratory syndrome (SARS): 2; Ebola: 9; Middle

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East respiratory syndrome (MERS): 1; COVID-19: 4). Interventions studied included workplace interventions, such as training, structure and communication (6 studies); psychological support interventions, such as counselling and psychology services (8 studies); and multifaceted interventions (2 studies).

Objective 1: a mixed-methods study that incorporated a cluster-randomised trial, investigating the effect of a work-based intervention, provided very low-certainty evidence about the effect of training frontline healthcare workers to deliver psychological first aid on a measure of burnout.

Objective 2: we included all 16 studies in our qualitative evidence synthesis; we classified seven as qualitative and nine as descriptive studies. We identified 17 key findings from multiple barriers and facilitators reported in studies. We did not have high confidence in any of the findings; we had moderate confidence in six findings and low to very low confidence in 11 findings. We are moderately confident that the following two factors were barriers to intervention implementation: frontline workers, or the organisations in which they worked, not being fully aware of what they needed to support their mental well-being; and a lack of equipment, staff time or skills needed for an intervention. We are moderately confident that the following three factors were facilitators of intervention implementation: interventions that could be adapted for local needs; having effective communication, both formally and socially; and having positive, safe and supportive learning environments for frontline workers. We are moderately confident that the knowledge or beliefs, or both, that people have about an intervention can act as either barriers or facilitators to implementation of the intervention.

Authors' conclusions

There is a lack of both quantitative and qualitative evidence from studies carried out during or after disease epidemics and pandemics that can inform the selection of interventions that are beneficial to the resilience and mental health of frontline workers. Alternative sources of evidence (e.g. from other healthcare crises, and general evidence about interventions that support mental well-being) could therefore be used to inform decision making. When selecting interventions aimed at supporting frontline workers' mental health, organisational, social, personal, and psychological factors may all be important. Research to determine the effectiveness of interventions is a high priority. The COVID-19 pandemic provides unique opportunities for robust evaluation of interventions. Future studies must be developed with appropriately rigorous planning, including development, peer review and transparent reporting of research protocols, following guidance and standards for best practice, and with appropriate length of follow-up. Factors that may act as barriers and facilitators to implementation of interventions should be considered during the planning of future research and when selecting interventions to deliver within local settings. (Author)

20201103-8*

A Midwife's Covid-19 Gift. Ribner J (2020), Midwifery Today no 135, Autumn 2020

A short vignette about how a midwife's homebirth practice was launched in the midst of a pandemic. (Author)

20201103-7*

Building Strong Foundations for Midwifery Education: The World Needs Midwives, Now More Than Ever!. Penwell V (2020), Midwifery Today no 135, Autumn 2020

As we face a pandemic, and other crises around the globe, midwife and teacher Vicki Penwell shares important principles for ensuring that midwives are educated to meet the future and present needs of birthing mothers. (Author)

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20201103-25*

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written answer 107653, 22 October 2020

Helen Whately responds to a written question asked by Catherine McKinnell to the Secretary of State for Health and Social Care regarding whether he will publish the guidance to track and trace assessors on whether (a) physiotherapists and (b) other medical staff wearing PPE should be required to self-isolate after coming into contact with patients with covid-19. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-22/107653>

20201102-51*

Some Blessings for the Homebirth Community during Covid-19 Times. Vinaver N (2020), Midwifery Today no 135, Autumn 2020

Covid-19 has made us rethink how we provide services and how we can best serve women. In this thoughtful article Naolí discusses ways we have had to adapt and shares some of her teachings related to homebirth. (Author)

20201102-25*

Video consultations in primary and specialist care during the covid-19 pandemic and beyond. Car J, Koh GC, Foong PS, et al (2020), BMJ vol 371, no 8266, 20 October 2020, m3945

What you need to know: Video consultations in healthcare present an approximation of face-to-face interaction and are a 'visual upgrade' of widely used telephone consultations. Evidence for the effectiveness of video consultations is scarce, but points towards effectiveness, safety, and high satisfaction in patients and healthcare providers. Be prepared to switch from a video to a telephone or in-person consultation, depending on technical, patient, or clinical factors. (Author)

Full URL: <https://doi.org/10.1136/bmj.m3945>

20201027-33*

An Observational Study of Mask Guideline Compliance In An Outpatient OB/GYN Clinic Population. Newman MG (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 255, December 2020, pp 268-269

Correspondence piece exploring the rate and quality of mask compliance among patients and visitors to a general obstetrician/gynaecologist clinic. Findings show that 96.8% of subjects were masked and 80.1% were using masks correctly at perimeter. (LDO)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.10.048>

20201026-79*

Protective Clothing: Standards [written answer]. House of Commons (2020), Hansard Written question 99529, 6 October 2020

Jo Churchill responds to a written question from Derek Twigg to the Secretary of State for Health and Social Care, regarding what recent assessment he has made of the sufficiency of supply of personal protective equipment for the winter 2020-21 period for (a) NHS hospitals and other NHS settings, (b) pharmacies, (c) care homes and (d) dental surgeries. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-06/99529>

20201026-78*

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 88923, 11 September 2020

Helen Whately responds to a written question from Tracy Brabin to the Secretary of State for Health and Social Care, regarding what guidance his Department has issued to NHS Trusts on (a) supporting front line NHS staff who have been shielding back to work and (b) providing those staff with appropriate personal protective equipment. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-11/88923>

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20201026-21*

Midwives and paramedics can deliver flu and covid vaccines after new laws come into force. Mahase E (2020), BMJ vol 371, no 8265, 16 October 2020, m4044

Reports on new laws introduced by the UK government that will allow a wider range of health care workers to give flu and, potentially, covid-19 vaccines. (MB)

Full URL: <https://doi.org/10.1136/bmj.m4044>

20201026-1*

Exclusive: Public satisfaction with NHS maternity and A&E soars during pandemic. McLellan A (2020), Health Service Journal 21 October 2020, online

Public satisfaction with NHS hospital services has soared during the coronavirus pandemic despite the widespread cancellation of operations, the rapid switch to digital delivery and restrictions on visits, according to an exclusive analysis shared with HSJ. (Author)

20201022-54*

Being an obstetrics and gynaecology resident during the COVID-19: Impact of the pandemic on the residency training program. Bitonti G, Palumbo AR, Gallo C, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 48-51

Objective

to evaluate the impact of the COVID-19 pandemic on the obstetrics and gynecology residency training program in Italy.

Study design

This was a cross-sectional survey study aimed to assess the impact of the COVID-19 pandemic on the obstetrics and gynecology residency training program in Italy. An online survey with 45 questions was sent and completed anonymously by residents after accepting an informed consent. The invitation to the online survey was sent to all the Italian residents in obstetrics and gynecology. Those on maternity leave at the time of the study were excluded. Residents were asked about their routinely activity before the COVID-19 pandemic, and to report the reduction in their clinical practice. They were also asked about psychological impact of COVID-19 on their clinical practice.

Results

933 Italian residents in obstetrics and gynecology, were invited for this survey study. Four-hundred and seventy-six (51 %) completed the survey and were included in the study. Three-hundred and eighty-seven (81.3 %) were female, and 89 (18.7 %) were male. Residents age ranged from 25 to 42. In 71,8 % (342/476) of the cases residents work in a COVID-19 reference Hospitals. One-hundred and eighty-four out of 76 residents (38.6 %) were tested on RT-PCR assay of nasal and pharyngeal swab specimens, and of them 12/184 (6.5 %) were positive to SARS-COV-2. Regarding the use of personal protective equipment (PPE), 267 (56.1 %) reported to receive adequate device, and 379 (79.6 %) felt to be well informed about prevention and management protocols. Three-hundred and thirty-one residents (69.5 %) reported to have managed COVID-19 positive patients. For 54,7 % of respondent residents, training activity in general decreased significantly during the COVID-19 epidemic. A one-third reduction was reported in 31,4 % of the cases, whereas a total suspension of the training in 9,9 % of the cases. In 89,3 % of cases the reduction was caused by the reorganization of work. Anxiety about the professional future was reported in 84 % of the residents, and 59 % of them had the perception that their training was irreversibly compromised.

Conclusions

Among Italian residents in obstetrics and gynecology, COVID-19 pandemic was associated with a significant training impairment. (Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.057>

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20201021-27*

Hand sanitizers: A review of ingredients, mechanisms of action, modes of delivery, and efficacy against coronaviruses. Golin AP, Choi D, Ghahary A (2020), American Journal of Infection Control vol 48, no 9, September 2020, pp 1062-1067

Background

The emergence of the novel virus, SARS-CoV-2, has posed unprecedented challenges to public health around the world. Currently, strategies to deal with COVID-19 are purely supportive and preventative, aimed at reducing transmission. An effective and simple method for reducing transmission of infections in public or healthcare settings is hand hygiene. Unfortunately, little is known regarding the efficacy of hand sanitizers against SARS-CoV-2.

Methods

In this review, an extensive literature search was performed to succinctly summarize the primary active ingredients and mechanisms of action of hand sanitizers, compare the effectiveness and compliance of gel and foam sanitizers, and predict whether alcohol and non-alcohol hand sanitizers would be effective against SARS-CoV-2.

Results

Most alcohol-based hand sanitizers are effective at inactivating enveloped viruses, including coronaviruses. With what is currently known in the literature, one may not confidently suggest one mode of hand sanitizing delivery over the other. When hand washing with soap and water is unavailable, a sufficient volume of sanitizer is necessary to ensure complete hand coverage, and compliance is critical for appropriate hand hygiene.

Conclusions

By extrapolating effectiveness of hand sanitizers on viruses of similar structure to SARS-CoV-2, this virus should be effectively inactivated with current hand hygiene products, though future research should attempt to determine this directly. (Author)

Full URL: <https://doi.org/10.1016/j.ajic.2020.06.182>

20201021-22*

A qualitative study on the psychological experience of caregivers of COVID-19 patients. Sun N, Wei L, Shi S, et al (2020), American Journal of Infection Control vol 48, no 6, June 2020, pp 592-598

Background

The coronavirus disease 2019 (COVID-19) is spreading rapidly, bringing pressure and challenges to nursing staff.

Objective

To explore the psychology of nurses caring for COVID-19 patients.

Methods

Using a phenomenological approach, we enrolled 20 nurses who provided care for COVID-19 patients in the First Affiliated Hospital of Henan University of Science and Technology from January 20, to February 10, 2020. The interviews were conducted face-to-face or by telephone and were analysed by Colaizzi's 7-step method.

Results

The psychological experience of nurses caring for COVID-19 patients can be summarized into 4 themes. First, negative emotions present in early stage consisting of fatigue, discomfort, and helplessness was caused by high-intensity work, fear and anxiety, and concern for patients and family members. Second, self-coping styles included psychological and life adjustment, altruistic acts, team support, and rational cognition. Third, we found growth under pressure, which included increased affection and gratefulness, development of professional responsibility, and self-reflection. Finally, we showed that positive emotions occurred simultaneously with negative emotions.

Conclusions

During an epidemic outbreak, positive and negative emotions of the front-line nurses interweaved and coexisted. In the early stage, negative emotions were dominant and positive emotions appeared gradually. Self-coping styles and psychological growth played an important role in maintaining mental health of nurses. (Author)

Full URL: <https://doi.org/10.1016/j.ajic.2020.03.018>

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20201019-19*

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 89617, 14 September 2020

Helen Whately responds to a written question asked by Mr Andrew Mitchell to the Secretary of State for Health and Social Care, regarding the discussions he has had with the Secretary of State for Education on the effect of local COVID-19 restrictions on healthcare workers that rely on childcare provided by extended family members. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-14/89617>

20201016-6

Why is it all taking so long?. Wynton L (2020), Community Practitioner vol 93, no 5, September/October 2020, pp 36-41

The pandemic has impacted BAME groups more severely and exposed yet more disparities. Inequality in healthcare (still) and structural racism in society are some of the reasons. Journalist Linsey Wynton asks why we are still waiting for action. (Author)

20201015-34*

How far does duty of care extend?. Winter GF (2020), British Journal of Midwifery vol 28, no 10, October 2020, p 740

George Winter discusses if healthcare workers should honour their duty of care to their patients during the pandemic, when doing so puts themselves and their families at risk. (Author)

20201015-22

Well-being, obstetrics and gynaecology and COVID-19: Leaving no trainee behind. Chan GMF, Kanneganti A, Yasin N, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 6, December 2020, pp 983-986

The COVID-19 pandemic has significantly disrupted training in obstetrics and gynaecology. Past pandemics have been shown to result in significant psychological morbidity. As specialty trainees continue frontline work, they will face unprecedented work environments and may face delays in progression due to postponed examinations, case log shortfalls and inadequate clinical rotations. This contributes to burnout, anxiety and depression. We share technology-based suggestions as well as institutional, departmental and self-care tips on how to maintain trainees' mental well-being during the fight against COVID-19. (Author)

20201014-6*

COVID-19 Testing, Personal Protective Equipment, and Staffing Strategies Vary at Obstetrics Centers across the Country.

Johnson J, Melvin E, Srinivas SK, et al (2020), American Journal of Perinatology vol 37, no 14, December 2020, pp 1482-1484

Letter to the editor discussing staffing, universal testing and personal protective equipment at obstetric centres across the United States during the COVID-19 pandemic. (LDO)

Full URL: <https://doi.org/10.1055/s-0040-1718401>

20201013-7*

Patient and provider perspectives of a new prenatal care model introduced in response to the coronavirus disease 2019 pandemic. Peahl AF, Powell A, Berlin H, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 4, April 2021, pp 384.e1-384.e11

Research letter exploring institution-level adoption and patient experiences of a COVID-19 prenatal care delivery model. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.10.008>

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20201012-13*

Nursing and Midwifery Council: Fees and Charges [written answer]. House of Commons (2020), Hansard Written question 90224, 15 September 2020

Helen Whately responds to a written question from Alex Sobel to the Secretary of State for Health and Social Care, regarding whether he will make it his policy to pay the Nursing and Midwifery Council's annual registration fees for nurses working during the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-15/90224>

20201009-9*

Level of staff burnout 'real concern' for NHS trust leaders. Ford M (2020), Nursing Times 6 October 2020

Senior leaders in NHS trusts have flagged serious concerns about the wellbeing of staff following the first wave of Covid-19, with 99% worried about the current levels of burnout across the workforce, a new survey has found. (Author)

20201009-8*

How research nurses and midwives are supporting Covid-19 clinical trials. Iles-Smith H, Jones H, Petersen C, et al (2020), Nursing Times vol 116, no 11, November 2020, pp 20-22

In response to the coronavirus pandemic, many clinical trials have tested existing drugs that may help treat Covid-19. NHS trusts have been encouraged to prioritise studies approved by the four chief medical officers, and clinical research nurses and midwives have been crucial to the delivery of these studies. Adaptations to standard research practices have been required - the consent process has been changed to reflect patients' loss of capacity and the absence of family members, while the collection of biological samples and other patient data has required research nurses and midwives to find solutions to being in an isolation environment. Results of early studies have identified some initial treatment options for patients; many other studies are ongoing. (Author)

Full URL: <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2020/10/201007-How-research-nurses-and-midwives-are-supporting-Covid-19-clinical-trials.pdf>

20201009-11*

Half of returnees on NMC temporary register 'might stay'. Mitchell G (2020), Nursing Times 10 September 2020

Almost half of the nursing professionals who returned to practice to support the UK coronavirus response would consider staying on permanently, a survey reveals. (Author)

20201008-8*

Coronavirus: Ethnic Groups [written answer]. House of Lords (2020), Hansard Written question HL8018, 10 September 2020

Lord Bethell responds to a written question asked by Lord Boateng to Her Majesty's Government, regarding the assessment they have made of the incidence of stress-related illness and suicide amongst Black, Asian and minority ethnic staff working for the NHS (1) before, and (2) after, the onset of the COVID-19 pandemic; and what action has (a) Public Health England, and (b) the NHS, taken to address this. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-10/HL8018>

20201007-6*

Two in three members recovered from Covid-19 hit by post-viral fatigue. Anon (2020), World of Irish Nursing & Midwifery vol 28, no 7, September 2020, pp 16-17

A recent Irish Nurses and Midwives Organization (INMO) survey reveals that 65% of nurses and midwives who have recovered from COVID-19 are still experiencing post-viral fatigue. (LDO)

Full URL: <https://online.flippingbook.com/view/166730/16/>

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20201007-51*

So what now? Supporting students through a global pandemic and beyond. Royal College of Midwives (2020), London: RCM October 2020, 11 pages

Report from the Royal College of Midwives presenting the results of surveys in 2019 and 2020 on the issues faced by student midwives. Calls on all four governments in the United Kingdom to (1) ensure newly qualified midwives move seamlessly from training to employment; (2) conduct a review of financial support and provide maintenance grants which reflect need; and (3) provide comprehensive mental health support to students. (LDO)

Full URL: <https://www.rcm.org.uk/media/4368/so-now-what-student-survey-2020-final.pdf>

20201007-2*

What would Florence think of midwives and nurses in 2020? Homer C, Bucknall T, Farrell T (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 5, September 2020, pp 409-410

Discusses the International Year of the Nurse and Midwife and considers what Florence Nightingale would think of nurses and midwives in the midst of a global pandemic in 2020. (LDO)

Full URL: <https://doi.org/10.1016/j.wombi.2020.07.009>

20201007-1*

UNFPA supporting midwives at the heart of the COVID-19 response. Bar-Zeev S, Breen-Kamkong C, ten Hoop-Bender P, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 1, February 2021, pp 4-6

Discusses the impact of COVID-19 on maternity services and reproductive health services in developing countries. Highlights the work of the United Nations Population Fund (UNFPA) in providing personal protective equipment, supporting telephone consultations and promoting virtual midwifery learning. (LDO)

Full URL: <https://doi.org/10.1016/j.wombi.2020.08.005>

20201006-23*

Guided relaxation delivered by professional midwifery advocate for maternity staff during the COVID-19 pandemic 2020.

Ireland J (2020), The Practising Midwife vol 23, no 9, October 2020, pp 32-34

As soon as it became apparent that COVID-19 was present in the UK, the Head of Midwifery gave full support to the Professional Midwifery Advocate (PMA) Team to set up a support and information hub in a room previously used for training/meetings. An existing form of support for staff - guided relaxation - has seen a marked increase in uptake and is reported in this article. More than 180 episodes of staff support using guided relaxation have been shared since February 2020. Since starting to ask staff to score their level of tension, results from 121 colleagues have been recorded. This has been a positive initiative that supports the need for PMA activity in maternity care settings. (Author)

20200928-35*

Handover of patients: the challenges of COVID-19. Wasserteil N, Bin Nun A, Mimouni FB, et al (2020), Journal of Perinatology vol 40, no 10, October 2020, pp 1453-1454

Discusses Center for Disease Control (CDC) guidelines on social distancing in the context of bedside patient handover in neonatal intensive care units. The authors share their experience of implementing the recommendations using technology such as videoconferencing. (LDO)

Full URL: <https://doi.org/10.1038/s41372-020-00792-y>

20200925-45*

Providing women's health care during COVID-19: Personal and professional challenges faced by health workers. Green L, Fateen D, Gupta D, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 3-6

Health providers for women have experienced challenges during the COVID-19 pandemic but there are ways to address these challenges. (Author)

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20200925-38*

Anxiety and depression scores in maternity healthcare workers during the Covid-19 pandemic. Corbett GA, Milne SJ, Mohan S, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 297-298

Healthcare workers are at significant risk of psychological morbidity during the COVID-19 pandemic. Anxiety and depression is highest in young, female, and supportive workers. (Author)

20200925-32*

Adapting antenatal care in a rural LMIC during COVID-19: A low literacy checklist to mitigate risk for community health workers. Hernandez S, Oliveira JB, Sosof CM, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 289-291

Community health workers trained in mitigating infection risk via a low literacy checklist can provide essential healthcare, such as prenatal care, during the COVID-19 pandemic in LMICs. (Author)

20200925-28*

Preparedness, administrative challenges for establishing obstetric services, and experience of delivering over 400 women at a tertiary care COVID-19 hospital in India. Mahajan NN, Pednekar R, Patil SR, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 188-196

Objective

To provide a descriptive account of the challenges and administrative preparedness for establishing and sustaining safe obstetric services during the COVID-19 pandemic at Topiwala National Medical College & BYL Nair Charitable Hospital (NH), Mumbai, India.

Methods

The management of pregnant women with COVID-19 was implemented as per international (WHO, RCOG, ACOG) and national (Indian Council of Medical Research) recommendations and guidelines at an academic, tertiary care, COVID-19 hospital in India.

Results

Using a multidisciplinary approach and active engagement of a multispecialty team, obstetric services were provided to over 400 women with laboratory-confirmed COVID-19. A sustainable model is established for providing services to pregnant women with COVID-19 in Mumbai Metropolitan Region, India.

Conclusion

With limited resources, it is possible to set up dedicated maternity services, aligned to international guidelines, for safe pregnancy outcomes in COVID-19 settings. This COVID-19 hospital addressed the challenges and implemented several known and novel methods to establish and sustain obstetric services for women with COVID-19. The model established in the present study can be replicated in other low- and middle-income countries. (Author)

20200924-58*

COVID-19 and the health and care workforce: supporting our greatest asset. NHS Confederation (2020), London: NHS Confederation 24 September 2020, 30 pages

Report from NHS Confederation on how to support the health care workforce beyond the COVID-19 pandemic. Makes key recommendations including the growth of the clinical workforce, investments in staff mental health services, national recruitment campaigns for employment and university training places, and a sustainable pay offer which recognises the skills and talents of staff members. (LDO)

Full URL: <https://www.nhsconfed.org/publications/covid-19-and-health-and-care-workforce>

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20200923-4*

The courage of compassion: Supporting nurses and midwives to deliver high-quality care. West M, Bailey S, Williams E (2020), London: The King's Fund September 2020. 156 pages

The coronavirus pandemic has placed unprecedented pressure on an already over-burdened nursing and midwifery workforce. The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. This review investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer. (Author, edited)

Full URL: https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf

20200923-3*

Hospitals: Parking [written answer]. House of Commons (2020), Hansard Written question 91129, 16 September 2020

Edward Argar responds to a written question from Lloyd Russell-Moyle to the Secretary of State for Health and Social Care, regarding what the planned timescale is for ending free parking for NHS workers. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-16/91129>

20200922-56*

Impact of COVID-19 pandemic on neonatologists in resource-limited country. Elhadi M, Msherghi A, Elkhafeefi F, et al (2020), The Journal of Maternal-Fetal and Neonatal Medicine 17 August 2020, online

Letter to the editor discussing neonatologists' knowledge and preparedness of the COVID-19 outbreak in Libya. (LDO)

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20200917-52*

Use of antimicrobial mouthwashes (gargling) and nasal sprays by healthcare workers to protect them when treating patients with suspected or confirmed COVID-19 infection (Cochrane Review). Burton MJ, Clarkson JE, Goulao B, et al (2020), The Cochrane Database of Systematic Reviews issue 9, 16 September 2020, Art. No: CD013626

Background

COVID-19 infection poses a serious risk to patients and - due to its contagious nature - to those healthcare workers (HCWs) treating them. If the mouth and nose of HCWs are irrigated with antimicrobial solutions, this may help reduce the risk of active infection being passed from infected patients to HCWs through droplet transmission or direct contact. However, the use of such antimicrobial solutions may be associated with harms related to the toxicity of the solutions themselves, or alterations in the natural microbial flora of the mouth or nose. Understanding these possible side effects is particularly important when the HCWs are otherwise fit and well.

Objectives

To assess the benefits and harms of antimicrobial mouthwashes and nasal sprays used by healthcare workers (HCWs) to protect themselves when treating patients with suspected or confirmed COVID-19 infection.

Search methods

Information Specialists from Cochrane ENT and Cochrane Oral Health searched the Central Register of Controlled Trials (CENTRAL 2020, Issue 6); Ovid MEDLINE; Ovid Embase and additional sources for published and unpublished trials. The date of the search was 1 June 2020.

Selection criteria

This is a question that urgently requires evidence, however at the present time we did not anticipate finding many completed randomised controlled trials (RCTs). We therefore planned to include the following types of studies: RCTs; quasi-RCTs; non-randomised controlled trials; prospective cohort studies; retrospective cohort studies; cross-sectional studies; controlled before-and-after studies. We set no minimum duration for the studies.

We sought studies comparing any antimicrobial mouthwash and/or nasal spray (alone or in combination) at any concentration, delivered to HCWs, with or without the same intervention being given to the patients with COVID-19.

Data collection and analysis

We used standard Cochrane methodological procedures. Our primary outcomes were: 1) incidence of symptomatic or test-positive COVID-19 infection in HCWs; 2) significant adverse event: anosmia (or disturbance in sense of smell). Our secondary outcomes were: 3) viral content of aerosol, when present (if intervention administered to patients); 4) other adverse events: changes in microbiome in oral cavity, nasal cavity, oro- or nasopharynx; 5) other adverse events: allergy, irritation/burning of nasal, oral or oropharyngeal mucosa (e.g. erosions, ulcers, bleeding), long-term staining of mucous membranes or teeth, accidental ingestion. We planned to use GRADE to assess the certainty of the evidence for each outcome.

Main results

We found no completed studies to include in this review. We identified three ongoing studies (including two RCTs), which aim to enrol nearly 700 participants. The interventions included in these trials are povidone iodine, nitric oxide and GLS-1200 oral spray (the constituent of this spray is unclear and may not be antimicrobial in nature).

Authors' conclusions

We identified no studies for inclusion in this review. This is not surprising given the relatively recent emergence of COVID-19 infection. It is promising that the question posed in this review is being addressed by two RCTs and a non-randomised study. We are concerned that only one of the ongoing studies specifically states that it will evaluate adverse events and it is not clear if this will include changes in the sense of smell or to the oral and nasal microbiota, and any consequences thereof.

Very few interventions have large and dramatic effect sizes. If a positive treatment effect is demonstrated when studies are available for inclusion in this review, it may not be large. In these circumstances in particular, where those receiving the intervention are otherwise fit and well, it may be a challenge to weigh up the benefits against the harms if the latter are of uncertain frequency and severity. (Author)

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20200916-10*

Virtual antenatal clinics. Quinn L, Olajide O, Breslin E, et al (2020), British Journal of Midwifery vol 28, no 9, September 2020, pp 680-682

In the current COVID-19 pandemic, a move towards virtual appointments has been vital. This article discusses the implementation of virtual antenatal clinics and the associated challenges. (Author)

20200915-78

Returning to work. Sorby A, Sullivan W (2020), Midwives vol 23, September 2020, p 47

RCM employment relations advisor Alice Sorby and TUC Race Equality Officer Wilf Sullivan say it's right to raise concerns during COVID-19. (Author)

20200915-55*

Obstetrical Unit Response to the COVID-19 Pandemic: OUR Study. Pluym ID, Rao R, Ballas J, et al (2020), American Journal of Perinatology vol 37, no 13, November 2020, pp 1301-1309

Objective This study aimed to describe the response of labor and delivery (L&D) units in the United States to the novel coronavirus disease 2019 (COVID-19) pandemic and determine how institutional characteristics and regional disease prevalence affect viral testing and personal protective equipment (PPE).

Study Design A cross-sectional survey was distributed electronically through the Society for Maternal-Fetal Medicine e-mail database (n = 584 distinct practices) and social media between April 14 and 23, 2020. Participants were recruited through 'snowballing.' A single representative was asked to respond on behalf of each L&D unit. Data were analyzed using Chi-square and Fisher's exact tests. Multivariable regression was performed to explore characteristics associated with universal testing and PPE usage.

Results A total of 301 surveys (estimated 51.5% response rate) was analyzed representing 48 states and two territories. Obstetrical units included academic (31%), community teaching (45%) and nonteaching hospitals (24%). Sixteen percent of respondents were from states with high prevalence, defined as higher 'deaths per million' rates compared with the national average. Universal laboratory testing for admissions was reported for 40% (119/297) of units. After adjusting for covariates, universal testing was more common in academic institutions (adjusted odds ratio [aOR] = 1.73, 95% confidence interval [CI]: 1.23-2.42) and high prevalence states (aOR = 2.68, 95% CI: 1.37-5.28). When delivering asymptomatic patients, full PPE (including N95 mask) was recommended for vaginal deliveries in 33% and for cesarean delivery in 38% of responding institutions. N95 mask use during asymptomatic vaginal deliveries remained more likely in high prevalence states (aOR = 2.56, 95% CI: 1.29-5.09) and less likely in hospitals with universal testing (aOR = 0.42, 95% CI: 0.24-0.73).

Conclusion Universal laboratory testing for COVID-19 is more common at academic institutions and in states with high disease prevalence. Centers with universal testing were less likely to recommend N95 masks for asymptomatic vaginal deliveries, suggesting that viral testing can play a role in guiding efficient PPE use. (Author)

20200915-49

Turning the tide. Rowland G (2020), Midwives vol 23, September 2020, pp 32-33

Dr Gloria Rowland, director of midwifery at Barts Health, discusses the study of the BAME workforce during the pandemic. (Author)

20200911-41*

Coronavirus: NHS Workers [written answer]. Scottish Parliament (2020), Official Report Written question S5W-31348, 21 August 2020

Jeane Freeman responds to a written question from Alex Cole-Hamilton to the Scottish Government, regarding whether NHS workers are being routinely tested for COVID-19 in the same way that professional footballers are. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-31348>

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20200911-40*

Health Professions: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 86180, 7 September 2020

Helen Whately responds to a written question from Fleur Anderson to the Secretary of State for Health and Social Care, regarding how many NHS staff members have died from covid-19 since the start of the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-07/86180>

20200911-28*

Flattening the anxiety curve: Obstetricians' response to the COVID-19 pandemic in Victoria. Khot N, Kumar A (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 4, August 2020, p E10

Short correspondence piece discussing the concerns of clinicians providing maternity care in Australia during the COVID-19 pandemic. Findings demonstrated that clinicians had anxieties around contracting the virus, but expressed a strong desire to maintain connections with their patients using videoconferencing technologies. (LDO)

20200910-6*

Analysis of the NMC COVID-19 temporary register on 2 July 2020. Nursing and Midwifery Council (2020), London: NMC 10 September 2020, 47 pages

This report provides a snapshot of the Nursing and Midwifery Council (NMC) temporary register on 2 July 2020. Outlines the characteristics of those on the register and provides an analysis of geographical location, employment status, ethnicity, age group and gender. (LDO)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/data-reports/covid-19-temporary-register/covid-19-temporary-register-analysis-2-july-2020-full-report.pdf>

20200902-53*

A cross-sectional study of immune seroconversion to SARS-CoV-2 in frontline maternity health professionals. Bampoe S, Lucas DN, Neall G, et al (2020), Anaesthesia 10 August 2020, online

COVID-19, the respiratory disease caused by SARS-CoV-2, is thought to cause a milder illness in pregnancy with a greater proportion of asymptomatic carriers. This has important implications for the risk of patient-to-staff, staff-to-staff and staff-to-patient transmission among health professionals in maternity units. The aim of this study was to investigate the prevalence of previously undiagnosed SARS-CoV-2 infection in health professionals from two tertiary-level maternity units in London, UK, and to determine associations between healthcare workers' characteristics, reported symptoms and serological evidence of prior SARS-CoV-2 infection. In total, 200 anaesthetists, midwives and obstetricians, with no previously confirmed diagnosis of COVID-19, were tested for immune seroconversion using laboratory IgG assays. Comprehensive symptom and medical histories were also collected. Five out of 40 (12.5%; 95%CI 4.2-26.8%) anaesthetists, 7/52 (13.5%; 95%CI 5.6-25.8%) obstetricians and 17/108 (15.7%; 95%CI 9.5-24.0%) midwives were seropositive, with an overall total of 29/200 (14.5%; 95%CI 9.9-20.1%) of maternity healthcare workers testing positive for IgG antibodies against SARS-CoV-2. Of those who had seroconverted, 10/29 (35.5%) were completely asymptomatic. Fever or cough were only present in 6/29 (21%) and 10/29 (35%) respectively. Anosmia was the most common symptom occurring in 15/29 (52%) seropositive participants and was the only symptom that was predictive of positive seroconversion (OR 18; 95%CI 6-55). Of those who were seropositive, 59% had not self-isolated at any point and continued to provide patient care in the hospital setting. This is the largest study of baseline immune seroconversion in maternity healthcare workers conducted to date and reveals that one out of six were seropositive, of whom one out of three were asymptomatic. This has significant implications for the risk of occupational transmission of SARS-CoV-2 for both staff and patients in maternity units. Regular testing of staff, including asymptomatic staff should be considered to reduce transmission risk. (Author)

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20200902-26*

Third of midwives who had Covid-19 'were asymptomatic'. Ford S (2020), Nursing Times 12 August 2020

A third of maternity care workers who contracted coronavirus may have experienced no discernible symptoms, a study by UK researchers suggests (1).

1. Bampoe S et al. A cross-sectional study of immune seroconversion to SARS-CoV-2 in frontline maternity health professionals, Anaesthesia, 10 August 2020, online. (Author, edited)

20200902-23*

Warning of Covid-19 burnout risk among female health staff. Mitchell G (2020), Nursing Times 25 August 2020

The coronavirus pandemic is taking a 'significant toll' on women working in health and social care in the UK, a new survey has revealed. (Author)

20200902-22*

'The NMC is making plans to prepare for the months ahead'. Sutcliffe A (2020), Nursing Times 1 September 2020

I'd like to start my first column by thanking Nursing Times for the opportunity to bring regular updates from the NMC on everything we're doing to support you, our amazing nursing and midwifery professionals, to provide safe, effective and kind care for people. (Author)

20200901-34*

What Obstetricians should know about Obstetric Anesthesia during the COVID-19 pandemic. Ring LE, Martinez R, Bernstein K, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151277

The COVID-19 pandemic has prompted obstetric anesthesiologists to reconsider the ways in which basic anesthesia care is provided on the Labor and Delivery Unit. Suggested modifications include an added emphasis on avoiding general anesthesia, a strong encouragement to infected individuals to opt for early neuraxial analgesia, and the prevention of emergent cesarean delivery, whenever possible. Through team efforts, adopting these measures can have real effects on reducing the transmission of the viral illness and maintaining patient and caregiver safety in the labor room.

'There are no emergencies in a pandemic.' -Colloquialism

'There were only emergencies in a pandemic, it turned out.' -Lili Loofbourow. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151277>

20200901-33*

Obstetric protocols in the setting of a pandemic. Boelig RC, Lambert C, Pena JA, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151295

The purpose of this article is to review key areas that should be considered and modified in our obstetric protocols, specifically: 1) Patient triage, 2) Labor and delivery unit policies, 3) Special considerations for personal protective equipment (PPE) needs in obstetrics, 4) Intrapartum management, and 5) Postpartum care. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151295>

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20200901-32*

Building an obstetric intensive care unit during the COVID-19 pandemic at a tertiary hospital and selected maternal-fetal and delivery considerations. Aziz A, Ona S, Martinez RH, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151298

During the novel Coronavirus Disease 2019 pandemic, New York City became an international epicenter for this highly infectious respiratory virus. In anticipation of the unfortunate reality of community spread and high disease burden, the Anesthesia and Obstetrics and Gynecology departments at NewYork-Presbyterian / Columbia University Irving Medical Center, an academic hospital system in Manhattan, created an Obstetric Intensive Care Unit on Labor and Delivery to defray volume from the hospital's preexisting intensive care units. Its purpose was threefold: (1) to accommodate the anticipated influx of critically ill pregnant and postpartum patients due to novel coronavirus, (2) to care for critically ill obstetric patients who would previously have been transferred to a non-obstetric intensive care unit, and (3) to continue caring for our usual census of pregnant and postpartum patients, who are novel Coronavirus negative and require a higher level of care. In this chapter, we share key operational details for the conversion of a non-intensive care space into an obstetric intensive care unit, with an emphasis on the infrastructure, personnel and workflow, as well as the goals for maternal and fetal monitoring. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151298>

20200901-31*

Conversion and Optimization of Telehealth in Obstetric Care During the COVID-19 Pandemic. Zork NM, Aubey J, Yates H (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151300

When New York City became the international epicenter of the COVID-19 pandemic, telehealth at Columbia University Irving Medical Center was expanded in the inpatient and outpatient settings. The goals of telehealth during the pandemic were to maintain patient access to care while reducing the risk for COVID-19 exposure for patients and staff. Recommendations are made on how telehealth can be implemented and utilized to accomplish these goals. In the outpatient setting, virtual prenatal care visits and consultations can replace most in-person visits. When visitor restrictions are in effect telehealth can be used to engage support persons in the delivery room. Telehealth innovations can be leveraged to greatly improve care for COVID-19 mothers and their infants during the COVID-19 pandemic and beyond. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151300>

20200901-30*

The response to a pandemic at Columbia university Irving medical center's department of obstetrics and gynecology. Yates HS, Goffman D, D'Alton ME (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151291

The rapid evolution of the COVID-19 pandemic in New York City during the spring of 2020 challenged the Department of Obstetrics and Gynecology at Columbia University Irving Medical Center to rely on its core values to respond effectively. In particular, five core values, '5 C's,' were engaged: Communication; Collaboration; Continuity; Community; and Culture. Beginning on March 11, 2020, the Department of Ob/Gyn used these values to navigate an unprecedented public health crisis, continuing to deliver care to the women and families of New York City, to protecting and supporting its team, and to sharing its lessons learned with the national and international women's health community. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151291>

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20200901-28*

PPE during a pandemic: The experience of obtaining PPE and lessons learned from a department of obstetrics and gynecology in New York city. Lauer JK, Acker KP, Saiman L, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151293

The COVID-19 Pandemic is an ongoing crisis that has strained hospitals and health systems around the globe. The provision of personal protective equipment (PPE) for frontline healthcare workers is of utmost importance in sustaining an effective response to this crisis. New York City has experienced one of the most devastating outbreaks of the SARS-CoV-2 virus. In this article we report the experience of the Department of Obstetrics and Gynecology at Columbia University in New York City in managing the supply of PPE for providers and staff during the height of the outbreak. We describe the types of equipment used and aspects of PPE regulation and certification. We also describe our practices in extended use and reuse of PPE in light of the current understanding of the virus characteristics and modes of transmission. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151293>

20200901-26*

Obstetric simulation for a pandemic. Eubanks A, Thomson B, Marko E, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151294

Objective

In the middle of the COVID-19 pandemic, guidelines and recommendations are rapidly evolving. Providers strive to provide safe high-quality care for their patients in the already high-risk specialty of Obstetrics while also considering the risk that this virus adds to their patients and themselves. From other pandemics, evidence exists that simulation is the most effective way to prepare teams, build understanding and confidence, and increase patient and provider safety.

Finding

Practicing in-situ multidisciplinary simulations in the hospital setting has illustrated key opportunities for improvement that should be considered when caring for a patient with possible COVID-19.

Conclusion

In the current COVID-19 pandemic, simulating obstetrical patient care from presentation to the hospital triage through postpartum care can prepare teams for even the most complicated patients while increasing their ability to protect themselves and their patients. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151294>

20200901-25*

Consolidation of obstetric services in a public health emergency. Campbell KH, Pettker CM, Goffman D (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151281

Though much of routine healthcare pauses in a public health emergency, childbirth continues uninterrupted. Crises like COVID-19 put incredible strains on healthcare systems and require strategic planning, flexible adaptability, clear communication, and judicious resource allocation. Experiences from obstetric units affected by COVID-19 highlight the importance of developing new teams and workflows to ensure patient and healthcare worker safety. Additionally, adapting a strategy that combines units and staff from different areas and hospitals can allow for synergistic opportunities to provision care appropriately to manage a structure and workforce at maximum capacity. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151281>

20200901-19*

Midwives, paramedics, and physiotherapists could deliver covid and flu vaccines under government plan. Mahase E (2020), BMJ 28 August 2020

A wider range of healthcare professionals, including midwives, paramedics, physiotherapists, and pharmacists, will be asked to administer covid-19 and flu vaccines under changes proposed by the government. (Author)

Full URL: <https://doi.org/10.1136/bmj.m3375>

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20200828-2*

Health Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 43967, 6 May 2020

Ms. Nadine Dorries responds to a question from Justin Madders to the Secretary of State for Health and Social Care, regarding whether he will publish the (a) findings of the pilot studies on covid-19 testing for asymptomatic healthcare staff and (b) location of the 16 pilot sites. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/43967/>

20200826-3*

Lessons from past epidemics and pandemics and a way forward for pregnant women, midwives and nurses during COVID-19 and beyond: A meta-synthesis. Shorey S, Chan V (2020), Midwifery vol 90, November 2020, 102821

Objective

To consolidate qualitative research studies that examined the experiences and needs of pregnant women, midwives, and nurses of maternity units to provide a way forward for future research and practices during the current pandemic and future epidemics and pandemics.

Design

Qualitative systematic review and meta-synthesis.

Data source

Four electronic databases-PubMed, Scopus, PsycINFO, and Cumulative Index to Nursing and Allied Health (CINAHL).

Review methods

Qualitative studies with samples of pregnant women, midwives, and/or nurses of maternity units who experienced epidemics and/or pandemics were searched from 1 January 2000 to 4 April 2020. The included studies were critically appraised using the ten-item Critical Appraisal Skills Programme (CASP) tool.

Findings

Eight studies were included in this review. Four themes emerged from the synthesis: (1) psychological responses, (2) challenges faced, (3) coping strategies, and (4) sources of support and support needs.

Key conclusions

Pregnant women, midwives, and nurses experienced negative psychological responses during epidemics and pandemics. Challenges, such as limited available information and public stigma, were faced. Various coping strategies, such as actively looking for more information and seeking solace in religions, were practiced by pregnant women, midwives, and nurses. Families were both sources of support and stress and they expressed needs for more informational, emotional, and financial support during pandemics.

Implications for practice

More culturally diverse research in the future that includes the development of technology-based programs, trained community volunteer-led programs, psychosocial interventions, and anti-stigma and awareness initiatives are needed to combat the current pandemic and future public health crises. (Author)

Full URL: <https://doi.org/10.1016/j.midw.2020.102821>

20200824-7*

'Shining a light on the gaps for learning'. Banerjee A, Mansfield A (2020), Midwifery vol 89, October 2020, 102790

Commentary from a consultant midwife and obstetric physician on maternity services during the COVID-19 pandemic.

Discusses the 'GoodSam' mobile application to assess early pregnancy bleeding and labour, escalation pathways using a traffic light system, ambulance services responding to maternal emergencies, and ethnic inequalities in maternal mortality. The authors conclude that there are still many unanswered questions around risks to ethnic groups and the availability of the SARS-CoV-2 vaccine for pregnant women. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102790>

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20200824-22*

Navigating maternity service redesign in a global pandemic: A report from the field. Bailey E, Nightingale S (2020), *Midwifery* vol 89, October 2020, 102780

Provides an overview of maternity service redesign within the National Health Service (NHS) during the COVID-19 pandemic. Discusses staff shortages due to self-isolation, unfamiliar environments due to relocation, availability of personal protective equipment (PPE), and changes in care delivery and the use of telephone appointments. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102780>

20200824-21*

Neonatal nursing in the COVID-19 pandemic: can we improve the future?. Montes MT, Herranz-Rubia N (2020), *Journal of Neonatal Nursing* vol 26, no 5, October 2020, pp 247-251

The current 2019 coronavirus disease (COVID-19) is the world's largest and most pervasive public health emergency in more than one hundred years. Although neonatal units have not been at the epicentre of the current health crisis, they have also been forced to adopt contingency plans with the aim of protecting hospitalised neonates, their families, and professionals. Neonatal units have been forced to alter the neonatal care framework based on promoting neurodevelopment and family-centred care.

The peak of the pandemic is falling in most countries, but COVID-19 infection is not eradicated and there is uncertainty about new outbreaks. It is time to reflect about better strategies to preserve the rights and excellence of care for newborns and their families. This column will highlight the changes that have occurred in neonatal units, and their impact on neonatal care and families. It is a time for critical reflection on nursing practice. (Author)

Full URL: <https://doi.org/10.1016/j.jnn.2020.07.005>

20200821-50*

Sustaining quality midwifery care in a pandemic and beyond. Renfrew MJ, Cheyne H, Craig J, et al (2020), *Midwifery* vol 88, September 2020, 102759

Discusses the immediate response of the maternity services in the UK to the COVID-19 pandemic. Presents a set of 11 core principles for the development of safe and sustainable maternity and neonatal services. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102759>

20200821-25*

COVID-19 and obstetric practice: A critical review of the Nigerian situation. Ijarotimi OA, Ubom AE, Olofinbiyi BA, et al (2020), *International Journal of Gynecology & Obstetrics* vol 151, no 1, October 2020, pp 17-22

Objective

To review what is known about COVID-19 and highlight gaps in the context of Nigerian obstetric practice. Research data on COVID-19 are understandably sparse in Africa. Nigeria, like most African countries, is battling a disease she is poorly equipped to fight.

Methods

The current available literature on COVID-19 was reviewed in relation to obstetric practice in the Nigerian context, gaps were identified, and recommendations were made to improve the handling of the COVID-19 pandemic in Nigerian obstetric practice.

Results

In and out of hospital, both the obstetrician and the obstetric patient are constantly being put at risk of exposure to the coronavirus because testing and preventive measures are either ineffective or non-existent.

Conclusion

The pandemic has exposed the gross inadequacies in Nigeria's healthcare system and is therefore a wake-up call to the need for a complete overhaul of infrastructure and services. The government will do well to increase the budget allocation for health from the current paltry 4.14% to the recommended 15% of the total budget.

The Nigerian obstetrician stands a high risk of exposure due to inadequate preventive measures, and testing and diagnostic challenges. (Author)

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20200821-20*

Evaluating the effects of the COVID-19 pandemic on the physical and mental well-being of obstetricians and gynecologists in Turkey. Bahat PY, Talmaç MA, Bestel A, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 67-73

Objective

To apply online surveying to assess the general physical and mental well-being of obstetricians/gynecologists (OB/GYNs) working in COVID-19 designated hospitals in Turkey.

Methods

A prospective survey-based study using an online survey platform. Three hundred participants working at COVID-19 designated hospitals in Turkey identified from a hospital database were sent a link to the survey by email between April 29 and May 20, 2020.

Results

A total of 253 OB/GYNs (31 consultants and 222 residents) completed the survey, for a response rate of 84.3%. Of respondents, 191 (76.4%) were anxious about coming into contact with pregnant women infected with COVID-19. 74.4% stated that they were afraid of getting sick. 64.8% reported that they had fallen into despair at times because of the pandemic. 66.5% stated that their family lives were affected. 72.4% started living separately from their families because of the pandemic.

Conclusion

Despite the difficulties in patient care during the pandemic, OB/GYNs continued providing for their patients, which reflected positively on their perceptions of the profession. The importance of trust in the national healthcare system, presence of adequate PPE, finding a suitable coping mechanism, and family support were essential for Turkish OB/GYNs during the COVID-19 pandemic.

ClinicalTrials.gov identifier: NCT04327531.

Turkish obstetricians/gynecologists reported anxiety and stress caused by the current situation and future implications of the COVID-19 pandemic. (Author)

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20200821-11*

Mental health amongst obstetrics and gynaecology doctors during the COVID-19 pandemic: Results of a UK-wide study. Shah N, Raheem A, Sideris M, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 90-94

Objective

To explore the impact of the COVID-19 pandemic on the mental health of Obstetricians and Gynaecologists.

Study design

A cross-section survey-based study amongst doctors working within Obstetrics and Gynaecology in the United Kingdom.

Results

A total of 207 doctors completed the survey. Obstetricians and Gynaecologists reported significantly higher rates of both Major Depressive Disorder (versus, $p = 0.023$) and Generalised Anxiety Disorder (versus, $p = 0.044$) as compared to the UK-wide estimates. Sub-group analysis showed that anxiety was more common amongst female doctors as compared to males (versus, $p = 0.047$). Although the prevalence of GAD was higher amongst registrars compared to their Consultant and/or Senior House Officer counterparts, this was not statistically significant.

Respondents felt that the most significant factor for work-related changes to mental health was keeping up to date with frequently changing guidelines and protocols related to COVID-19. Only of respondents felt able to talk to colleagues about their mental health.

Conclusions

Key findings include the high prevalence of mental health conditions amongst doctors, demonstration of the persistent taboo that mental health carries within the speciality and the key contributory factors to poor mental health.

Further work should be done to assess if changes to the way new and updating guidelines, protocols and pathways are disseminated reduces the impact on the mental health of doctors. With the threat of a second COVID-19 peak looming, now more than ever, it is vital that steps are taken to break the stigmatisation of mental health amongst doctors, encouraging doctors to seek help when required. (Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.060>

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20200819-45*

The Psychological Experience of Obstetric Patients and Health Care Workers after Implementation of Universal SARS-CoV-2 Testing. Bender WR, Srinivas S, Coutifaris P, et al (2020), American Journal of Perinatology vol 37, no 12, October 2020, pp 1271-1279

Objective This study was aimed to describe the hospitalization and early postpartum psychological experience for asymptomatic obstetric patients tested for severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) as part of a universal testing program and report the impact of this program on labor and delivery health care workers' job satisfaction and workplace anxiety.

Study Design This is a cohort study of asymptomatic pregnant women who underwent SARS-CoV-2 testing between April 13, 2020 and April 26, 2020. Semistructured interviews were conducted via telephone at 1 and 2 weeks posthospitalization to assess maternal mental health. Depression screening was conducted using the patient health questionnaire-2 (PHQ-2). An online survey of labor and delivery health care workers assessed job satisfaction and job-related anxiety before and during the novel coronavirus disease 2019 (COVID-19) pandemic, as well as employees' subjective experience with universal testing. Patient and employee responses were analyzed for recurring themes.

Results A total of 318 asymptomatic women underwent SARS-CoV-2 testing during this 2-week period. Six of the eight women (75%) who tested positive reported negative in-hospital experiences secondary to perceived lack of provider and partner support and neonatal separation after birth. Among the 310 women who tested negative, 34.4% of multiparous women reported increased postpartum anxiety compared with their prior deliveries due to concerns about infectious exposure in the hospital and lack of social support. Only 27.6% of women, tested negative, found their test result to be reassuring. Job satisfaction and job-related anxiety among health care workers were negatively affected. Universal testing was viewed favorably by the majority of health care workers despite concerns about delays or alterations in patient care and maternal and neonatal separation.

Conclusion Universal testing for SARS-CoV-2 in obstetric units has mixed effects on maternal mental health but is viewed favorably by labor and delivery employees. Ongoing evaluation of new testing protocols is paramount to balance staff and patient safety with quality and equality of care. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1715505>

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20200819-137*

Personal Protective Equipment during the COVID-19 pandemic and operative time in cesarean section: retrospective cohort study. Cuerva MJ, Carbonell M, Palumbo GM, et al (2020), The Journal of Maternal-Fetal and Neonatal Medicine 14 July 2020, online

Introduction

The covid-19 pandemic has meant a change in working protocols, as well as in Personal Protective Equipment (PPE). Obstetricians have had to adapt quickly to these changes without knowing how they affected their clinical practice. The aim of the present study was to evaluate how COVID-19 pandemic and PPE can affect operative time, operating room time, transfer into the operating room to delivery time and skin incision to delivery time in cesarean section.

Methods

This is a single-center retrospective cohort study. Women with confirmed or suspected SARS-CoV-2 infection having a cesarean section after March 7th, 2020 during the COVID-19 pandemic were included in the study. For each woman with confirmed or suspected SARS-CoV-2 infection, a woman who had a cesarean section for the same indication during the COVID-19 pandemic and with similar clinical history but not affected by SARS-CoV-2 was included.

Results

42 cesarean sections were studied. The operating room time was longer in the COVID-19 confirmed or suspected women: 90 (73.0 to 110.0) versus 61 (48.0 to 70.5) minutes; $p < .001$. The transfer into the operating room to delivery time was longer, but not statistically significant, in urgent cesarean sections in COVID-19 confirmed or suspected women: 25.5 (17.5 to 31.75) versus 18.0 (10.0 to 26.25) minutes; $p = .113$.

Conclusions

There were no significant differences in the operative time, transfer into the operating room to delivery time and skin incision to delivery time when wearing PPE in cesarean section. The COVID-19 pandemic and the use of PPE resulted in a significant increase in operating room time. (Author)

20200819-11*

Delivering next generations. de Frutos MG (2020), British Journal of Midwifery vol 28, no 8, August 2020, pp 504-508

The psycho-social, economic and political impact of COVID-19 on women and the future midwifery workforce. (Author)

20200819-10*

Virtual training for midwives during a pandemic. Abramson P (2020), British Journal of Midwifery vol 28, no 8, August 2020, pp 502-503

More midwives need access to online specialist bereavement training, says Paula Abramson. (Author)

20200819-1*

Implications for the future of Obstetrics and Gynaecology following the COVID-19 pandemic: a commentary. Kasaven LS, Saso S, Barcroft J, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology vol 127, no 11, October 2020, pp 1318-1323

Commentary on the restructuring of services and clinical practice in obstetrics and gynaecology during the COVID-19 pandemic. Discusses the implementation of telemedicine and virtual consultations to reduce the risk of viral transmission. The authors suggest that these new methods can be built upon to enhance patient care and improve quality of life for health professionals. (LDO)

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20200818-18

COVID-19 birth memories: 'It was like going into a war zone where there was an unknown, invisible and deadly enemy waiting for you'. Sinclair M (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 283-284

As a midwife, I have been greatly privileged to be with many women who have given birth in many different circumstances, the majority of which were beautifully normal with healthy babies, happy parents and fulfilled midwives. However, some were very complex and even tragic. Reflecting on these birth memories can bring a mixture of joy, sadness and, in some situations, pain. (Author) [This article is also published in Evidence Based Midwifery, vol 18, no 3, September 2020]

20200817-4*

Coronavirus: Disease Control [written answer]. House of Commons (2020), Hansard Written question 75323, 16 July 2020

Ms Nadine Dorries responds to a written question from Ian Lavery to the Secretary of State for Health and Social Care, regarding what steps he is taking to ensure that frontline workers are tested regularly for covid-19. (Author, edited)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-16/75323/>

20200814-4*

Community Obstetrical Units Less Likely than Academic Units to Have Universal COVID-19 Testing. Werner EF, Louis JM, Hughes B, et al (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 1074-1076

Discusses COVID-19 testing strategies at community obstetrical units and academic units across the United States. Findings show that 29% of academic unit respondents reported universal testing compared with 5% of community hospital respondents. However, universal use of N95 masks at delivery did not differ significantly between academic and community hospitals. (LDO)

Full URL: <https://doi.org/10.1055/s-0040-1712454>

20200812-1*

COVID-19: review of disparities in risks and outcomes [Last updated 11 August 2020]. Public Health England (2020), London: PHE June 2020, 89 pages

Reviews population disparities in the risks and outcomes of COVID-19. Includes data on the occupational risks for midwives, nurses and nursing associates. (LDO)

Full URL: <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

20200807-9

Newly qualified health visitor: Adapting practice in difficult times. Bodd B (2020), Journal of Health Visiting vol 8, no 7, July 2020, pp 282-283

Bethany Boddy reflects on the changes and challenges faced by health visitors during the coronavirus pandemic. (Author)

20200807-25

The impact of the SARS-CoV-2 pandemic on neonatal care. McKechnie L, MacSween K, Fraser C, et al (2020), Infant vol 16, no 4, July 2020, pp 134-136

Editorial on the impact of COVID-19 on neonatal staff members and parents. Discusses challenges related to personal protective equipment (PPE), staff absence and redeployment, restricted access for parents and the suspension of rooming in. The authors also touch upon the positive aspects of the pandemic including the use of videoconferencing technology and quieter and calmer neonatal wards. (LDO)

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20200806-19*

Clinical nursing and midwifery education in the pandemic age. Lazenby M, Chambers S, Chyun D, et al (2020), International Nursing Review vol 67, no 3, September 2020, pp 323-325

The COVID-19 pandemic has disrupted clinical nursing and midwifery education. This disruption has long-term implications for the nursing and midwifery workforce and for future healthcare responses to pandemics. Solutions may include enhanced partnerships between schools of nursing and midwifery and health service providers and including schools of nursing and midwifery in preparedness planning. These suggestions notwithstanding, we call upon national and international nursing and midwifery bodies to study how to further the clinical education of nurses and midwives during pandemics and other times of crisis. (Author)

20200805-61*

Babies in Lockdown: listening to parents to build back better. Executive summary. Best Beginnings, Home-Start UK, Parent-Infant Foundation (2020), London: Best Beginnings, Home-Start UK, Parent-Infant Foundation August 2020. 20 pages

Summarises the findings of a joint research report from charities Best Beginnings, Home Start UK and the Parent-Infant Foundation, drawing on the experiences of expectant and new parents, looking at the effect lockdown during the COVID-19 pandemic has had on the first months and years of their babies' development. (JSM)

Full URL: https://babiesinlockdown.files.wordpress.com/2020/08/babies_in_lockdown_executive_summary.pdf

20200805-46*

Babies in Lockdown: listening to parents to build back better. Best Beginnings, Home-Start UK, Parent-Infant Foundation (2020), London: Best Beginnings, Home-Start UK, and the Parent-Infant Foundation August 2020. 92 pages

Joint research report from charities Best Beginnings, Home Start UK and the Parent-Infant Foundation, drawing on the experiences of expectant and new parents, looking at the effect lockdown during the COVID-19 pandemic has had on the first months and years of their babies' development. Reveals a great deal of variation in parents experiences, with some welcoming the extra time to spend with their families, while others, already at greater risk of poorer outcomes, such as those on lower incomes or from Black, Asian and Minority Ethnic backgrounds (BAME) have been hardest hit during the crisis. Includes the experiences of those working on the frontline while pregnant. (JSM)

Full URL: <https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf>

20200805-22*

Coronavirus: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 73083, 13 July 2020

Jo Churchill responds to a written question from Janet Daby to the Secretary of State for Health and Social Care, regarding what steps he has taken to provide personal protective equipment for NHS staff with (a) turbans and (b) other religious head coverings. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-13/73083/>

20200805-12*

Coronavirus: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 73082, 13 July 2020

Jo Churchill responds to a written question from Janet Daby to the Secretary of State for Health and Social Care, regarding what steps have been taken to provide appropriate personal protective equipment to NHS staff with religious beards. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-13/73082/>

20200804-48*

'We have stood up in a global health crisis and put women and children first'. Buddingwood L (2020), Nursing Times 9 June 2020

When I last wrote a blog, I mentioned how uncertain it was to be a third year in the final six months of a midwifery programme (or indeed; anyone, anywhere on a midwifery programme). (Author)

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20200804-42*

'Maternity services like all areas of the NHS have adapted to the crisis'. Walton G (2020), Nursing Times 29 April 2020

I am asking myself many questions as we live and work through this pandemic. Not least of these is what have we learned about ourselves, and what can we learn for the future? (Author)

20200804-40*

Midwives praised on International Midwife Day for 'rising to Covid-19 challenge'. Stephenson J (2020), Nursing Times 5 May 2020

England's top midwife has praised the resourcefulness and adaptability of midwives in the face of the coronavirus pandemic as the profession marks the International Day of the Midwife. (Author)

20200804-37*

Assessment of the preparedness of obstetrics and gynecology healthcare systems during the COVID-19 pandemic in Libya.

Elhadi M, Msherghi A, Elgzairi M, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 3, September 2020, pp 406-408

An adequate strategy is urgently required during the COVID-19 pandemic for screening pregnant women and newborns, increasing infection control measures, and supplying personal protective equipment and hospital equipment. (Author)

20200804-36*

Surgical prioritization of obstetrics and gynecology procedures in the UK during the COVID-19 pandemic. Memon SF, Khattab N, Abbas A, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 3, September 2020, pp 409-410

Guidelines to aid restoration of surgical procedures whilst balancing COVID-19 risk must be accompanied by medico-legal guidance for doctors and individual holistic assessment for patients. (Author)

20200804-32*

Impact of COVID-19 on Brazilian medical residencies in obstetrics and gynecology. Brito LGO, Romão GS, Fernandes CE, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 3, September 2020, pp 411-412

According to program directors, the COVID-19 pandemic in Brazil has resulted in a lack of protection and salary payment for one third of OBGYN postgraduate residents, as well as a lack of adequate training. (Author)

20200804-31*

UK study to investigate impact of Covid-19 on BAME nurses. Ford M (2020), Nursing Times 29 July 2020

A major £2.1m research study has been launched to investigate why UK health workers from black, Asian and minority ethnic (BAME) groups have been disproportionately affected by Covid-19. (Author)

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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20200803-7*

Communication while wearing PPE. Sands (2020), London: Sands July 2020. 1 page

Clear, concise guidance from Sands (Stillbirth and Neonatal Death Charity) to help promote compassionate communication with parents and other family members, when the health care professional is wearing PPE. (JSM)

20200803-17*

Student nurses and midwives commended for contribution during pandemic. Northern Ireland Assembly (2020), Belfast: Department of Health, Social Services and Public Safety 3 August 2020

Reports that the Northern Ireland Health Minister, Robin Swann, has thanked nursing and midwifery students for their response to the COVID-19 pandemic. Almost 1400 second or final year nursing and midwifery students from universities across Northern Ireland have taken up a paid role since April, to support existing health services which were under pressure during the current pandemic. (JSM)

Full URL: <https://www.health-ni.gov.uk/news/student-nurses-and-midwives-commended-contribution-during-pandemic>

20200731-9*

Supporting the emotional wellbeing of midwives in a pandemic. Guidance for RCM. Hunter B, Renfrew MJ, Downe S (2020), London: RCM 19 May 2020. 13 pages

Guidance on the importance of taking care of the mental health and wellbeing of midwives, not only during the current COVID-19 pandemic, but also in the future in non-crisis situations. This is vital for the health of the workforce and for the benefit of the women in their care. This document aims to summarise: 1. Midwives' views, experiences and feelings during the Covid-19 pandemic. 2. Immediate strategies to optimise wellbeing 3. How to ensure sustained wellbeing for midwives following a pandemic

The guidance is relevant to all midwives, but also highlights the particular issues which may be experienced by student midwives and midwives returning to practice. It includes positive as well as negative factors. (Author, edited)

Full URL: https://www.rcm.org.uk/media/4095/rcm-supporting-the-emotional-wellbeing-of-midwives-during-a-pandemic-v1-submitted-to-rm_mrd.pdf

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>

20200730-21*

Supporting staff to return to the workplace. NHS Employers (2020), London: NHS Employers 22 July 2020

This guidance outlines the organisational considerations when planning for staff to return to work after a period of sickness, self-isolation, working from home, or shielding during the current COVID-19 pandemic. Includes tips for managers, and signposts to useful resources. (JSM)

Full URL: <https://www.nhsemployers.org/articles/supporting-staff-return-work>

20200730-20*

Annual leave guidance during the COVID-19 pandemic. The NHS Staff Council (2020), London: NHS Staff Council Executive July 2020, 3 pages

The NHS Staff Council recognises the importance of taking annual leave and has published guidance to help health care workers review local policies with employers in response to COVID-19. (JSM)

Full URL: <https://www.nhsemployers.org>

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20200729-7*

Covid-19 in Iran. Kootenaei NS (2020), Midwifery Today no 134, Summer 2020

Discusses the online support that midwives have provided to pregnant women in Iran via WhatsApp and Telegram during the COVID-19 pandemic. More than 1500 free online consultations have been held with patients so far. (LDO)

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)

20200729-2*

Midwives and Covid-19. Smith M (2020), Midwifery Today no 134, Summer 2020

Who would have thought that a pandemic from a new virus would boldly arrive while we were going about our everyday service as midwives? For many of us, it raises questions about how to maintain our own health while protecting the health of our clients and their newborns. Fortunately, the little that we know about the virus and pregnancy is mostly reassuring. This information will help you to better understand Covid-19 and give you some ideas about changes in your routine that may help minimize your exposure to the virus. These changes may include some adaptations in how your ongoing midwifery care is conducted, to help you stay safe and also protect the families in your care. (Author)

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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20200728-21*

Optimising maternity services and maternal and newborn outcomes in a pandemic. A rapid analytic scoping review. Conducted for the Royal College of Midwives by the RCM Professional Advisory Group [Version 4]. Renfrew MJ, Cheyne H, Hunter B, et al (2020), London: RCM 8 April 2020. 21 pages

Childbearing women and newborn infants continue to require care during the current COVID-19 pandemic. When staff and services are under extreme stress there is a real risk of increasing avoidable harm, including an increased risk of infection and reductions in the overall quality of care. Safety, quality, and avoiding harm must be key priorities in decision-making.

Review questions

Three related review questions were addressed. All considered safety, quality and minimising avoidable harm in the provision of midwifery services:

1. What is the evidence on the impact of community care vs centralisation of care during pandemics, for childbearing women, newborn infants, families, staff, and resources?
2. How to optimise availability of midwifery expertise when staffing becomes heavily affected by the midwifery workforce being off sick, self-isolating, fear of pandemic or other major unavoidable events?
3. What is the evidence on viral load of SARS-COV-2 in domestic settings and hospitals, relevant to informing the safety of community and hospital settings for health professionals? (Author)

Full URL: <https://www.rcm.org.uk/media/3869/rapid-review-optimising-maternity-services-for-rcm-v4-8-april.pdf>

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)

20200728-14*

Maternity Care Amid Covid-19 Outbreak Story of midwives from a remote rural area in Bangladesh. Chowdhury M, Amin S, Ara B, et al (2020), Midwifery Today no 134, Summer 2020

Discusses changes to maternity care in the Midwife Led Care Centre at the Charikata Union Health and Family Welfare Center in Sylhet, Bangladesh during the COVID-19 outbreak. Includes the experiences of midwives Lakshmi Rani and Sabia Akter Ria who managed cases of postpartum haemorrhage and birth asphyxia during the pandemic. (LDO)

20200728-11*

Tricks of the Trade. Various (2020), Midwifery Today no 134, Summer 2020

Midwives share their advice on monitoring the third stage of labour, noise levels before the baby is born and the use of towels, face masks and photos for births during the COVID-19 pandemic. (LDO)

Full URL: <https://midwiferytoday.com/mt-articles/tricks-of-the-trade-issue-134/>

20200727-32

The mother of invention. Anon (2020), Midwives vol 23, July 2020, pp 24-28

Use of virtual appointments has been pioneered by those in remote and rural locations, little did anyone know how useful it would prove during COVID-19. (Author)

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20200727-29

The digital revolution. Anon (2020), Midwives vol 23, July 2020, pp 14-18

Digital technology touches every aspect of our lives, but healthcare has been slow to embrace its potential. Until COVID-19 that is... (Author)

20200727-28

Adapting to change. Various (2020), Midwives vol 23, July 2020, pp 12-13

International Day of the Midwife didn't happen quite as expected this year, but members took it in their stride. So what else has changed during COVID-19? (Author)

20200724-4*

COVID-19: minimising contaminated aerosol spreading during CPAP treatment. Donaldsson S, Naver L, Jonsson B, et al (2020), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 105, no 6, November 2020, pp 669-671

Background The COVID-19 pandemic has raised concern for healthcare workers getting infected via aerosol from non-invasive respiratory support of infants. Attaching filters that remove viral particles in air from the expiratory limb of continuous positive airway pressure (CPAP) devices should theoretically decrease the risk. However, adding filters to the expiratory limb could add to expiratory resistance and thereby increase the imposed work of breathing (WOB).

Objective To evaluate the effects on imposed WOB when attaching filters to the expiratory limb of CPAP devices.

Methods Two filters were tested on three CPAP systems at two levels of CPAP in a mechanical lung model. Main outcome was imposed WOB.

Results There was a minor increase in imposed WOB when attaching the filters. The differences between the two filters were small.

Conclusion To minimise contaminated aerosol generation during CPAP treatment, filters can be attached to expiratory tubing with only a minimal increase in imposed WOB in a non-humidified environment. Care has to be taken to avoid filter obstruction and replace filters as recommended.

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Full URL: <http://dx.doi.org/10.1136/archdischild-2020-319431>

20200724-28*

Students: Fees and Charges [written answer]. House of Commons (2020), Hansard Written question 74755, 15 July 2020

Michelle Donelan responds to a written question from Zarah Sultana to the Secretary of State for Education, asking whether he will reimburse the tuition fees paid by (a) nursing, (b) midwifery and (c) healthcare students to recognise their contribution during the covid-19 outbreak. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-15/74755/>

20200723-7*

NHS: Students [written answer]. House of Commons (2020), Hansard Written question 66015, 29 June 2020

Helen Whately responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care, regarding if he will take steps to ensure that every (a) nursing, (b) midwifery and (c) healthcare student who signed up to undertake a paid placement in the NHS to help with the COVID-19 outbreak response has their initial paid placement length agreement honoured. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-29/66015/>

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20200723-63*

Supporting midwives on the frontline. Uytenbogaardt A (2020), British Journal of Midwifery vol 28, no 7, July 2020, p 402
Advocating for midwives in the UK has been number one on the Royal College of Midwives' agenda. During COVID-19, this has been no different. (Author)

20200723-59*

EQIA for the NMC response to Covid-19. Nursing and Midwifery Council (2020), London: NMC June 2020. 6 pages
The Nursing and Midwifery Council (NMC) has published its equality impact assessment (EQIA) to demonstrate the ways in which their work complies with equalities legislation, during the current COVID-19 pandemic. (JSM)

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)

20200722-44*

Preparing maternity for COVID-19: A translational simulation approach. Lowe B, De Araujo V, Haughton H, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 4, August 2020, pp 628-632
COVID-19 has posed major challenges for health care. Hospitals around the world have needed to rapidly prepare for the emerging pandemic. Translational simulation - simulation that is integrated and focused on emerging clinical priorities - offers numerous opportunities to aid in pandemic preparation. We describe our approach to preparing our institution's maternity services for the COVID-19 pandemic using translational simulation. We suggest lessons for providers of maternity services, and for those who support them through simulation activities. (Author)

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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20200722-21*

Preventing COVID-19 Transmission on Labor and Delivery: A Decision Analysis. Savitsky LM, Albright CM (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 1031-1037

Objective The health care system has been struggling to find the optimal way to protect patients and staff from coronavirus disease 2019 (COVID-19). Our objective was to evaluate the impact of two strategies on transmission of COVID-19 to health care workers (HCW) on labor and delivery (L&D).

Study Design We developed a decision analytic model comparing universal COVID-19 screening and universal PPE on L&D. Probabilities and costs were derived from the literature. We used individual models to evaluate different scenarios including spontaneous labor, induced labor, and planned cesarean delivery (CD). The primary outcome was the cost to prevent COVID-19 infection in one HCW. A cost-effectiveness threshold was set at \$25,000 to prevent a single infection in an HCW.

Results In the base case using a COVID-19 prevalence of 0.36% (the rate in the United States at the time), universal screening is the preferred strategy because while universal PPE is more effective at preventing COVID-19 transmission, it is also more costly, costing \$4,175,229 and \$3,413,251 to prevent one infection in the setting of spontaneous and induced labor, respectively. For planned CD, universal PPE is cost saving. The model is sensitive to variations in the prevalence of COVID-19 and the cost of PPE. Universal PPE becomes cost-effective at a COVID-19 prevalence of 34.3 and 29.5% and at a PPE cost of \$512.62 and \$463.20 for spontaneous and induced labor, respectively. At a higher cost-effectiveness threshold, the prevalence of COVID-19 can be lower for universal PPE to become cost-effective.

Conclusion Universal COVID-19 screening is generally the preferred option. However, in locations with high COVID-19 prevalence or where the local societal cost of one HCW being unavailable is the highest such as in rural areas, universal PPE may be cost-effective and preferred. This model may help to provide guidance regarding allocation of resources on L&D during these current and future pandemics. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1713647>

20200721-42*

Covid-19 and the UK's maternity services. Ashworth E (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020,

Emma Ashworth introduces this issue of AIMS, her last as editor, which focuses on the real-life stories of women who are pregnant and giving birth during the coronavirus pandemic. Reflects on how COVID-19 has deprived women of several maternity service options, such as home birth, for reasons of maternal safety, and argues that the disease is more likely to be spread through attendance at hospital than from one or two midwives attending a mother who has chosen to have her baby at home, and hospital midwives are at greater risk of contracting the illness than those working in the community. (JSM)

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

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20200721-19*

Reengineering academic departments of obstetrics and gynecology to operate in a pandemic world and beyond: a joint American Gynecological and Obstetrical Society and Council of University Chairs of Obstetrics and Gynecology statement.

Alvarez RD, Goff BA, Chelmow D, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 3, September 2020, pp 383.e1-383.e7

The coronavirus disease 2019 pandemic has significantly disrupted operations in academic departments of obstetrics and gynecology throughout the United States and will continue to affect them in the foreseeable future. It has also created an environment conducive to innovation and the accelerated implementation of new ideas. These departments will need to adapt their operations to accommodate coronavirus disease 2019 and to continue to meet their tripartite mission of clinical excellence, medical education, and women's health research. This 'Call to Action' paper from the leaders of American Gynecological and Obstetrical Society and Council of University Chairs of Obstetrics and Gynecology provides a framework to help the leaders of departments of obstetrics and gynecology reimagine and reengineer their operations in light of the current coronavirus disease 2019 crisis and future pandemics. (Author)

20200720-8*

Protective equipment to use in the vaginal delivery of the pregnant woman with suspected or diagnosed coronavirus disease 2019: delivery table shield. Sahin D, Erol SA, Tanacan A, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 4, October 2020, pp 599-601

Research letter discussing the use of a novel delivery table shield in the second stage of labour. The shield allows for adequate respiration and provides eye contact between the patient and physician. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.06.021>

20200720-7*

Exposure and seroconversion to severe acute respiratory syndrome coronavirus 2 among obstetrical healthcare providers following a contained outbreak. Kiefer MK, McKiever ME, Russo JR, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 4, October 2020, pp 601-603.e2

Research letter discussing SARS-CoV-2 antibody levels among obstetrical healthcare workers in a tertiary hospital. Results demonstrated that 2.7% of participants had positive antibodies at baseline and 20% had positive antibodies in the follow-up period. The authors call for personal protective equipment and universal screening in delivery units to prevent further outbreaks. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.06.029>

20200716-3*

Universal Credit: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 72202, 10 July 2020

Will Quince responds to a written question from Jonathan Reynolds to the Secretary of State for Work and Pensions, regarding whether her Department has any plans to exclude one-time bonus payments for key workers in calculations for universal credit in recognition of their contribution to the response to the covid-19 outbreak. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-10/72202/>

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20200716-27*

Why 'good enough' isn't good enough: scientific data, not supply chain deficiencies should be driving CDC

recommendations.. Morgan EA, Rodriguez D (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100165

Obstetricians and clinicians previously requested clarification from the Centers for Disease Control and Prevention (CDC) on the need for full personal protective equipment including N95 respirators during the second stage of labor. The CDC responded with new guidance excluding the second stage of labor from its list of aerosol generating procedures (AGPs), based on research from which experience on labor and delivery units was notably absent. Additional literature that explores other modes of aerosol generation, such as coughing, vomiting, passing flatus and loud vocalization, all of which are prevalent during the labor course, was notably omitted.

It is clear that the CDC based their guidance not from the application of scientific principles but pragmatism due to the lack of equipment, and our colleagues were urged to follow suit. If we replace recommendations based on scientific principles with recommendations based on supply chain deficiencies, we become complacent with that which is 'good enough under the circumstances.' This is a dangerous precedent on which to base our Professional Society guidelines. We should continue to address these inadequate responses even as CDC guidelines evolve and the pandemic winds down. We will certainly face similar conflict again, whether during a fall resurgence of the current pandemic or future infectious disease outbreak. (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100165>

20200713-7*

The impact of the coronavirus (COVID-19) pandemic on maternity care in Europe. Coxon K, Turienzo CF, Kweekel L, et al (2020), Midwifery vol 88, September 2020, 102779

Editorial on the impact of COVID-19 on maternity care in Europe and the different responses among European countries.

Discusses the use of personal protective equipment (PPE) and changes to the provision of maternity services in the antenatal, perinatal and postnatal periods. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102779>

20200710-8*

Nursing and midwife numbers jump by record amount. Anon (2020), BBC News 9 July 2020

Reports that the latest figures show a large rise in the numbers of nurses, midwives and nursing associates registered in the UK; the Nursing and Midwifery Council (NMC) state that there were 716, 000 on their register at the end of March 2020. However, there are still concerns that the coronavirus pandemic will have an adverse effect on the NMC's ability to recruit and retain health professionals from overseas. (JSM)

Full URL: <https://www.bbc.co.uk/news/health-53342562>

20200709-6*

Combating exhaustion. Pitman S (2020), World of Irish Nursing & Midwifery vol 28, no 4, May 2020, pp 44-45

Fatigue in the workplace must be avoided as it puts patients, colleagues and individual nurses and midwives at risk, writes Steve Pitman. (Author)

Full URL: <https://online.flippingbook.com/view/1028755/44/>

20200709-2*

Guidance for Student Nurses/Midwives During Temporary Employment Arrangements - COVID-19. Anon (2020), World of Irish Nursing & Midwifery vol 28, no 4, May 2020, p 24

Brief guidance on employment arrangements for student midwives and nurses in Ireland during the COVID-19 pandemic.

Includes information on personal protective equipment, clinical competence and supervision. (LDO)

Full URL: <https://online.flippingbook.com/view/1028755/24/>

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20200709-1*

Ethics of practising in a pandemic. Mathews E (2020), World of Irish Nursing & Midwifery vol 28, no 4, May 2020, pp 22-23
Nurses and midwives must keep to the NMBI Code of Conduct in these unprecedented times, writes Edwards Mathews.
(Author, edited)

Full URL: <https://online.flippingbook.com/view/1028755/22/>

20200708-1*

Advice for pregnant healthcare workers. Royal College of Midwives (2020), London: RCM 2020
Offers advice to pregnant healthcare workers during the current coronavirus pandemic. (JSM)

Full URL: <https://www.rcm.org.uk/advice-for-pregnant-healthcare-workers/>

20200707-19*

Clinical briefing: Maternity staff mental health care during COVID [Reviewed June 2021]. Royal College of Midwives (2020), London: RCM 16 June 2020. 7 pages

Briefing paper from the Royal College of Midwives (RCM) providing guidance and a resources list on the potential impact of COVID-19 on the mental health and well-being of maternity staff. (JSM)

Full URL: <https://www.rcm.org.uk/media/5404/cb-maternity-mental-health.pdf>

20200706-7*

RCM position in relation to Midwifery Continuity of Carer ongoing implementation Summer 2020. Royal College of Midwives (2020), London: RCM June 2020. 2 pages

Sets out the Royal College of Midwives' position on providing midwifery continuity of carer as the UK enters the next phase of returning to pre-COVID maternity services at national, regional and local level. (JSM)

Full URL: https://www.rcm.org.uk/media/4125/rcm-position-on-mcoc-june-2020.pdf?dm_i=4YCH,CQNC,3PNLW0,1FQ3X,1

20200706-51*

NHS: Parking [written answer]. House of Commons (2020), Hansard Written question 64364, 24 June 2020

Edward Argar responds to a written question from Zarah Sultana to the Secretary of State for Health and Social Care, regarding what plans his Department has to continue the hospital parking charge exemption for NHS workers beyond the covid-19 outbreak. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-24/64364/>

20200706-35*

Health care team training and simulation-based education in obstetrics during the COVID-19 pandemic. Kiely DJ, Posner GD, Sansregret A (2020), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 42, no 8, August 2020, pp 1017-1020

Health care team training and simulation-based education are important for preparing obstetrical services to meet the challenges of the COVID-19 pandemic. Priorities for training are identified in two key areas. First, the impact of infection prevention and control protocols on processes of care (e.g., appropriate and correct use of personal protective equipment, patient transport, preparation for emergency cesarean delivery with the potential for emergency intubation, management of simultaneous obstetric emergencies, delivery in alternate locations in the hospital, potential for increased decision-to-delivery intervals, and communication with patients). And second, the effects of COVID-19 pathophysiology on obstetrical patients (e.g., testing and diagnosis, best use of modified obstetric early warning systems, approach to maternal respiratory compromise, collaboration with critical care teams, and potential need for cardiopulmonary resuscitation). However, such training is more challenging during the COVID-19 pandemic because of the requirements for social distancing. This article outlines strategies (spatial, temporal, video-recording, video-conferencing, and virtual) to effectively engage in health care team training and simulation-based education while maintaining social distancing during the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.jogc.2020.05.007>

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20200706-24*

Whole-Process Emergency Training of Personal Protective Equipment Helps Healthcare Workers Against COVID-19. Tan W, Ye Y, Yang Y, et al (2020), Journal of Occupational and Environmental Medicine vol 62, no 6, June 2020, pp 420-423

Objective:

To develop an emergency training program of personal protective equipment (PPE) for general healthcare workers (HCWs) who may be under the threat of Corona Virus Disease 2019 (COVID-19) and evaluate the effect of the program.

Methods:

A three-stage training program was designed. The complete clinical workflow together with infectious disease ward was simulated. To verify the effect of the program, an experimental training with pre- and post-test was conducted before large-scale training.

Results:

Post-test scores were significantly improved when compared with the pre-test scores. Among all PPE, N95 respirator and protective coverall needed training most. Meanwhile, 'proficiency level' and 'mutual check & help' also needed to be strengthened as independent scoring points.

Conclusion:

This training program significantly improved the performances of participants. It may therefore be applied for general HCWs on a larger scale. (Author)

Full URL: https://journals.lww.com/joem/Fulltext/2020/06000/Whole_Process_Emergency_Training_of_Personal.5.aspx

20200706-1*

Getting ready for a visit from your midwife. Royal College of Midwives (2020), London: RCM 2020. 1 page

Safety information for women expecting a home visit from their midwife during the coronavirus pandemic.(JSM)

Full URL: <https://www.rcm.org.uk/media/3915/guidance-for-women-on-home-visits-4.jpg>

20200703-31*

Managing fear, anxiety and uncertainty: why does it matter?. Moore R (2020), The Student Midwife vol 3, no 3, July 2020, pp 18-21

In this piece, Rebecca asks us to think together about how fear and anxiety feels, and then consider what we can do with these powerful feelings. She suggests practical easy tips and techniques students and midwives can use at home and work for both now and in the long term. (Author)

20200703-30*

COVID 2020: What are the fears for the third-year midwifery student cohort?. Hoggarth T (2020), The Student Midwife vol 3, no 3, July 2020, pp 16-17

Lives were turned upside down and a harsh, new reality kicked in as the world entered the Covid-19 pandemic. Students filled with anxiety are worried about how this will affect their midwifery programmes. In this article, Tracy provides a working example of how Leeds Teaching Hospital NHS Trust (LTHT) has supported its students. (Author)

20200703-29*

Covid-19 Special Report: What about the future? Holding on to our philosophy of care. Lai-Boyd B (2020), The Student Midwife vol 3, no 3, July 2020, pp 12-15

In this article, Bunty explores why it is important to continue to advocate for our midwifery philosophy of evidence-based care through and beyond the Covid-19 pandemic. Students can be advocates for change by remembering the importance of evidence-based practice, remaining true to their ethos and being the future of midwifery. (Author)

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20200703-28*

Student reflections of COVID-19 from around the world. Various (2020), The Student Midwife vol 3, no 3, July 2020, pp 6-9

We can learn so much from each other by taking stock of the challenges this pandemic creates for students and newly qualified midwives around the world. We unite and celebrate our collective voice, realising our universal calling, our passion to care for birthing people and families worldwide despite the challenges coronavirus creates. These reflections provide worldview insight and are testaments to the strength and bravery of you all. (Author)

20200702-2*

The impact of Covid-19 on midwifery training throughout the UK. Finnerty S-L (2020), The Student Midwife vol 3, no 3, July 2020, pp 22-25

Here, Sophie-Louise discusses the impact of the Covid-19 pandemic on student midwives' training in the UK, and highlights academic, emotional and pastoral support from the Approved Education Institutions (AEIs) and practice areas that students should access to minimise its impact on their education. This article is a must-read for student midwives and midwifery educators alike. (Author)

20200629-2*

Statement: Principles for nursing and midwifery students during the next phase of the Covid-19 pandemic. Nursing and Midwifery Council (2020), Nursing and Midwifery Council 25 June 2020

Outlines the NMC's plans to support current nursing and midwifery students and those who are due to start courses. (MB)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/statement-principles-for-students-during-next-phase-of-covid-19-pandemic/>

20200629-14*

Home Surgical Skill Training Resources for Obstetrics and Gynecology Trainees During a Pandemic. Hoopes S, Pham T, Lindo FM, et al (2020), Obstetrics & Gynecology vol 136, no 1, July 2020, pp 56-64

The coronavirus disease 2019 (COVID-19) pandemic has created a unique educational circumstance in which medical students, residents, and fellows find themselves with a gap in their surgical training. We reviewed the literature, and nine categories of resources were identified that may benefit trainees in preventing skill decay: laparoscopic box trainers, virtual reality trainers, homemade simulation models, video games, online surgical simulations, webinars, surgical videos, smartphone applications, and hobbies including mental imagery. We report data regarding effectiveness, limitations, skills incorporated, cost, accessibility, and feasibility. Although the cost and accessibility of these resources vary, they all may be considered in the design of remote surgical training curricula during this unprecedented time of the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000003931>

20200626-44*

Health Visitors: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 58040, 10 June 2020

Jo Churchill responds to a written question from Catherine West to the Secretary of State for Health and Social Care, regarding whether he plans to make an assessment of the effect of the redeployment of health visitors on the wellbeing of babies and families during the covid-19 outbreak. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-10/58040/>

20200624-64*

Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic. Shanafelt T, Ripp J, Trockel M (2020), JAMA (Journal of the American Medical Association) vol 323, no 21, 2 June 2020, pp 2133-2134

Summarizes key considerations for supporting the health care workforce so health care professionals are equipped to provide care for their patients and communities. (Author, edited)

Full URL: <https://doi.org/10.1001/jama.2020.5893>

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20200623-8*

Temporary Employment: NHS [written answer]. House of Commons (2020), Hansard Written question 53367, 1 June 2020

Helen Whately responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care, regarding financial support available to NHS bank staff who are not eligible for universal credit and have had (a) no working hours and (b) their hours reduced since the start of the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-01/53367/>

20200623-31*

NHS: Mental Health [written answer]. House of Commons (2020), Hansard Written question 57909, 10 June 2020

Helen Whately responds to a written question asked by Sir Mark Hendrick to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to assess the effect of the COVID-19 outbreak on the mental health of NHS staff. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-10/57909/>

20200623-27*

Mental Health Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 59894, 16 June 2020

Helen Whately responds to a written question asked by Zarah Sultana to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the need for the provision of increased mental health support to (a) nurses, (b) doctors and (c) other NHS staff (i) during and (ii) after the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-16/59894/>

20200622-8*

COVID-19: what are the physical and mental challenges?. Winter GF (2020), British Journal of Midwifery vol 28, no 6, June 2020, pp 342-343

George F Winter gives an overview of the impact of the coronavirus on healthcare workers and pregnant women. (Author)

Full URL: <https://doi.org/10.12968/bjom.2020.28.6.342>

20200622-26*

The role of simulation in preparing a response to the COVID-19 pandemic. Peterson J, Gottstein R, Ranganna R (2020), Infant vol 16, no 3, May 2020, pp 108-112

In response to COVID-19, simulation has been used to embed practical skills such as donning and doffing of personal protective equipment and scenario-based logistics of proposed COVID-19 patient flows. We have developed small staff group training sessions, alongside larger scale multidisciplinary team sessions and used simulation to guide the development of our standard operating procedure. We have also created online training resources to reach a larger number of staff within the neonatal unit (NNU). In this article we share our experiences to help others develop their own ideas on the plethora of ways that simulation can aid a response to the COVID-19 outbreak and any other future advances within the NNU. (Author)

20200619-29*

Midwives in the midst of COVID-19. Kerelo S (2020), British Journal of Midwifery vol 28, no 5, May 2020, p 288

Midwives and healthcare professionals all over the globe are facing the pandemic head-on, utilising hand hygiene and sanitisation to prevent the virus from spreading. (Author)

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20200619-26*

Making masks for maternity staff. Denicke-Polcher S, Lawin-O'Brien A (2020), British Journal of Midwifery vol 28, no 5, May 2020, pp 284-285

Despite self-isolation, social distancing and NHS work during the COVID-19 pandemic, Sandra Denicke-Polcher and Anna Lawin-O'Brien found a way to make a joyous difference, connecting the community with healthcare providers on the shop floor. (Author)

20200619-25*

In a time of uncertainty. Casey-Hardman C (2020), British Journal of Midwifery vol 28, no 5, May 2020, p 280

Corin Casey-Hardman, our consultant editor, expresses her immense gratitude to those on the frontline as we navigate COVID-19. (Author)

20200612-9*

Health Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written answer 43965, 6 May 2020

Ms Nadine Dorries responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care with reference to Imperial College's publication of 23 April 2020 entitled Report 16: Role of testing in COVID-19, regarding whether he will make an assessment of the potential implications for his Department's policies of the finding that weekly covid-19 screening for healthcare workers, irrespective of their symptoms, is estimated to reduce their contribution to covid-19 transmission by 25 to 33 per cent. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/43965/>

20200612-13*

Health and Social Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written answer 56021, 2 June 2020

Ms Nadine Dorries responds to a written question asked by Dr Philippa Whitford to the Secretary of State for Health and Social Care regarding how many staff working in health and social care in England have died from covid-19. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-08/56021/>

20200612-12*

NHS Bank: Coronavirus [written answer]. House of Commons (2020), Hansard Written answer 53368, 2 June 2020

Helen Whately responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care regarding whether his Department is collecting information on the number of (a) NHS Trusts that have (i) partially reduced and (ii) reduced to none NHS Bank staff hours and (b) NHS Bank staff who are (A) not eligible for the Coronavirus Job Retention Scheme and (B) have had their hours (1) partially and (2) completely reduced since the start of the covid-19 outbreak. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-02/53368/>

20200612-10*

Health Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written answer 43966, 6 May 2020

Ms Nadine Dorries responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care pursuant to his oral contribution of 5 May 2020, Official Report, column 493 on Covid-19 Update, regarding when he plans to roll out regular covid-19 testing of asymptomatic healthcare staff to all healthcare staff. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/43966/>

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20200611-28*

Training: Coronavirus [written answer]. Scottish Parliament (2020), Official Report Written question S5W-29154, 19 May 2020
Jeane Freeman responds to a written question asked by Jeremy Balfour to the Scottish Government, regarding its position on contracting and training independent midwives, maternity assistants and doulas or volunteers to help alleviate pressures on maternity units during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29154>

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>

20200610-3*

NOW! protection for obstetrical providers and patients. Berghella V (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 2, suppl, May 2020, 100109

Editorial on the impact of COVID-19 on healthcare workers and pregnant women in the United States. Recommends the implementation of strict lockdown measures using the police and military. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100109>

20200609-34*

Pedagogy in a pandemic - COVID-19 and virtual continuing medical education (vCME) in obstetrics and gynecology. Kanneganti A, Lim KMX, Chan GMF, et al (2020), Acta Obstetrica et Gynecologica Scandinavica vol 99, no 6, June 2020, pp 692-695

The authors share their experiences of coordinating virtual medical education programmes during the COVID-19 pandemic. The editorial discusses videoconferencing, course content, examinations and trainee mental health. (LDO)

20200609-17*

NHS: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 41049, 28 April 2020

Jo Churchill responds to a written question asked by Dan Jarvis to the Secretary of State for Health and Social Care, regarding what recent steps he has taken to ensure that female NHS staff have properly fitting personal protective equipment during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-28/41049/>

20200609-16*

Health Professions: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 39608, 24 April 2020

Jo Churchill responds to a written question asked by Neil Coyle to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to ensure professionals in primary and secondary care have access to adequate training on how to fit personal protective equipment. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-24/39608/>

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20200609-14*

Coronavirus: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 41421, 29 April 2020
Jo Churchill responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care, regarding his assessment of whether there is adequate personal protective equipment (PPE) designed to fit the range of (a) female and (b) male sizes; what steps he is taking to ensure that all workers who require PPE have equipment that fits them properly; and if he will make a statement. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-29/41421/>

20200608-3*

COVID-19. The new normal for midwives, women and families. Walton G (2020), Midwifery vol 87, August 2020, 102736
Gill Walton highlights the innovation and resilience of maternity services in the United Kingdom during the COVID-19 pandemic. Discusses new ways of midwives engaging with pregnant women including advice phone lines and the introduction of a safe distancing queuing system using text messaging. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102736>

20200608-2*

2020 International Year of Midwifery-In the midst of a pandemic. Furuta M (2020), Midwifery vol 87, August 2020, 102739
Editorial on clinical and educational challenges in Japan during the COVID-19 pandemic. Discusses antenatal services, the traditional custom of satogaeri and the suspension of midwifery training. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102739>

20200608-1*

The maternity response to COVID-19: an example from one maternity unit in Taiwan. Liao S-C, Chang Y-S, Chien L-Y, et al (2020), Midwifery vol 88, September 2020, 102756
Discusses the preventative measures introduced in Taiwan at the government and hospital level to minimise the spread of COVID-19. The authors focus on a maternity unit in Taipei city which introduced designated walkways, fever screening, visitor restrictions, negative-pressure birth rooms and personal protective equipment. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102756>

20200605-25*

Midwifery education in COVID-19- time: Challenges and opportunities. Luyben A, Fleming V, Vermeulen J (2020), Midwifery vol 89, October 2020, 102776
Commentary on the impact of COVID-19 on undergraduate midwifery degree programmes across Europe. Discusses the closure of universities, the postponement of clinical placements and the recruitment of final year students as health care assistants. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102776>

20200605-22*

The impact of covid-19 on midwives' practice in Kenya, Uganda and Tanzania: A reflective account. Pallangyo E, Nakate MG, Maina R, et al (2020), Midwifery vol 89, October 2020, 102775
Explores the COVID-19 pandemic and its impact on midwifery practice in Kenya, Uganda and Tanzania. The authors suggest that the pandemic has exacerbated the already high maternal and neonatal mortality rates in the three countries. The article discusses travel restrictions, personal protective equipment, access to contraception and antenatal care in rural areas. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102775>

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20200605-17*

COVID-19: 2020 is the International Year of the Midwife. Bick D (2020), *Midwifery* vol 85, June 2020, 102719

Editorial on celebrating the International Year of the Midwife in the midst of the COVID-19 pandemic. The author suggests that midwives everywhere should be proud of the life-saving roles they are playing during this global crisis. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102719>

20200605-13

Voice of a Student Special: A student plea - another call to action. Wood H (2020), *Community Practitioner* vol 93, no 3, May-June 2020, p 25

The author, a qualified midwife and student health visitor, expresses her concern that the number of health visitors in England has dropped by 31% since 2015, and this situation has been exacerbated by the current coronavirus pandemic. Suggests that this is an opportunity to explore new ways of providing care and support to the community, at a time when it is needed more than ever. (JSM)

20200605-12

Voice of a Student Special: Training during a pandemic. Grant C (2020), *Community Practitioner* vol 93, no 3, May-June 2020, p 24

The author, a qualified midwife and student health visitor, writes of the frustrations and challenges she has experienced while training during the current coronavirus crisis, and shares her hopes that this unique experience will assist her in her future practice. (JSM)

20200605-11

What am I entitled to?. Jarrett-Thrope C (2020), *Community Practitioner* vol 93, no 3, May-June 2020, p 19

Offers an update on staying safe during essential home visits, and what to expect if you're redeployed during the current COVID-19 pandemic. (Author, edited)

20200605-10

Pushing the limits. Beach J (2020), *Community Practitioner* vol 93, no 3, May-June 2020, p 18

Reports that during this current coronavirus pandemic, health professionals working in the community may have to work outside their scope of practice. Acknowledges that within The Code (1), there is an expectation that registrants will provide support during emergency situations, but stresses that they should not risk their own health or that of the families they work with, and should only work within their knowledge and experience. 1. Nursing and Midwifery Council. The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates. 2015, London: NMC. (JSM)

20200604-76*

Nursing and Midwifery Council: Fees and Charges [written answer]. House of Commons (2020), Hansard Written question 43703, 5 May 2020

Helen Whately responds to a written question asked by Martyn Day to the Secretary of State for Health and Social Care, regarding if his policy will be to waive Nursing and Midwifery Council registration fees for (a) nurses and (b) midwives who are working in response to the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-05/43703/>

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20200603-58*

Coronavirus: Ethnic Groups [written answer]. House of Commons (2020), Hansard Written question 49819, 20 May 2020

Helen Whately responds to a written question asked by Afzal Khan to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to (a) support and (b) protect BAME (i) NHS staff and (ii) other key workers during the covid-19 outbreak. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-20/49819/>

20200603-51*

NHS and Social Services: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 48640, 18 May 2020

Jo Churchill responds to a written question asked by Daisy Cooper to the Secretary of State for Health and Social Care, regarding how many and what proportion of pieces of personal protective equipment delivered to NHS and care workers via NHS supply chains since 1 January 2020 were (a) masks, (b) goggles, (c) aprons, (d) pairs of gloves, (e) gowns, (f) visors and (g) other categories by (i) surgical level or (ii) grade. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-18/48640/>

20200603-1*

Health and Social Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 49122, 19 May 2020

Ms Nadine Dorries responds to a written question asked by Jane Stevenson to the Secretary of State for Health and Social Care, regarding what plans his Department has to roll out covid-19 antibody tests for (a) health and social care staff (b) hospital patients, and (c) care home residents. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-19/49122/>

20200602-12*

Infection Prevention and Control (IPC) Protocol for Obstetrical Procedures During COVID-19 [Last updated 25 May 2021]. BC Centre for Disease Control, BC Ministry of Health (2020), Victoria, Canada: BC Centre for Disease Control 24 May 2020, 8 pages

This guidance supports B.C. health authorities with ongoing obstetrical operative procedures in the context of the COVID-19 pandemic. (Publisher)

Full URL: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCProtocolSurgicalProceduresObstetrical.pdf

20200601-19*

Midwives, women and Covid-19: lessons from 1953. Harkness M (2020), The Practising Midwife vol 23, no 6, June 2020, pp 32-34

Critical analysis of our past can enable deeper understanding of our present, particularly in times of crisis. This article uses the Myles A Textbook for Midwives (1) as a framework for professional reflection on the significant challenges imposed by the Covid-19 global pandemic. 1. Myles M (1953). A Textbook for Midwives. Edinburgh: E&S Livingstone Ltd. (Author, edited)

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20200528-8*

Abortion [written answer]. House of Lords (2020), Hansard Written question HL3441, 23 April 2020

Lord Bethell responds to a written question asked by Baroness Stroud to Her Majesty's Government, regarding the assessment they have made of the ability of a medical professional to establish the gestation period of a child accurately via a telephone consultation before prescribing the home administration of mifepristone and misoprostol for an abortion. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-23/HL3441/>

20200528-4*

Health Professions: Registration [written answer]. House of Commons (2020), Hansard Written question 43860, 6 May 2020

Helen Whately responds to a written question asked by Barbara Keeley to the Secretary of State for Health and Social Care, regarding what discussions he has had with the (a) Health and Care Professions Council and (b) Nursing and Midwifery Council on reducing the fees paid by medical professionals for registration and replacing those fees with Government funding. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/43860/>

20200528-2*

Looking after your mental health and wellbeing during COVID-19. The Royal College of Midwives (2020), London: RCM May 2020

We know that the current pandemic is taking its toll on mental health and wellbeing. This also applies to those working in maternity services - in a recent survey more than half of you said that your mental health is worse. To help you remember you are not alone, we've pulled together some of the common stresses you may be experiencing - and some strategies to help you cope. (Author)

Full URL: https://www.rcm.org.uk/media/4094/looking-after-your-mental-health-wraparound-a3.pdf?dm_i=4YCH,CCW4,3PNLW0,1DUZ2,1

20200522-26*

COVID-19 screening of health-care workers in a London maternity hospital. Khalil A, Hill R, Ladhani S, et al (2020), The Lancet Infectious Diseases 18 May 2020, online

Discusses the benefits of universal testing of health care workers for COVID-19. (MB)

Full URL: [https://doi.org/10.1016/S1473-3099\(20\)30403-5](https://doi.org/10.1016/S1473-3099(20)30403-5)

20200522-21*

Coronavirus: NHS Staff Overtime [written answer]. Scottish Parliament (2020), Official Report Written question S5W-28631, 21 April 2020

Clare Haughey responds to a written question asked by Monica Lennon to the Scottish Government, regarding whether NHS staff who undertake overtime during the COVID-19 outbreak will be paid for the additional hours or be expected to take the time back in lieu. (MB)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28631>

20200521-68*

Midwifery in the Time of COVID-19. Aikins Murphy P (2020), Journal of Midwifery and Women's Health vol 65, no 3, May/June 2020, pp 299-300

Discusses the COVID-19 outbreak and its impact on midwives' ability to intimately care for women. Draws comparisons to the 1980s HIV-AIDS crisis where protective equipment was required to prevent exposure to bodily fluids. The author encourages midwives to find ways to provide continuous and compassionate care. (LDO)

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20200521-34***Hospitals: Protective Clothing [written answer].** House of Lords (2020), Hansard Written question HL3638, 28 April 2020

Lord Bethell responds to a written question asked by Lord Taylor of Warwick to Her Majesty's Government, regarding the assessment they have made of the number of NHS hospitals that are not giving personal protection equipment fit tests to staff. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-28/HL3638/>

20200521-33***NHS: Protective Clothing [written answer].** House of Lords (2020), Hansard Written question HL3602, 28 April 2020

Lord Bethell responds to a written question asked by Lord Hoyle to Her Majesty's Government, on whether the NHS participated in the initiative co-ordinated by the Lancashire Resilience Forum to purchase PPE supplies. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-28/HL3602/>

20200521-32***NHS and Social Services: Protective Clothing [written answer].** House of Commons (2020), Hansard Written question 40983, 28 April 2020

Jo Churchill responds to a written question asked by Sir John Hayes to the Secretary of State for Health and Social Care, regarding the steps his Department are taking to ensure an adequate supply of personal protective equipment to (a) the NHS and (b) social care facilities. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-28/40983/>

20200521-2***Hospitals: Coronavirus [written answer].** House of Lords (2020), Hansard Written question HL3833, 5 May 2020

Lord Bethell responds to a written question asked by Baroness Manzoor to Her Majesty's Government, regarding how many BAME NHS staff are working directly on the COVID-19 frontline; whether such staff are provided with any specific safety information or guidance in addition to any guidance provided to all NHS staff working on the frontline; and if so, (1) what is that guidance, and (2) where such guidance is published. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3833/>

20200519-23***NHS: Coronavirus [written answer].** House of Lords (2020), Hansard Written question HL3958, 5 May 2020

Lord Bethell responds to a written question asked by Lord Bourne of Aberystwyth to Her Majesty's Government, regarding how they plan to reward those working in the National Health Service during the COVID-19 pandemic. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3958/>

20200519-10***Coronavirus: Protective Clothing [written answer].** House of Commons (2020), Hansard Written question 42862, 4 May 2020

Jo Churchill responds to a written question asked by Dr Julian Lewis to the Secretary of State for Health and Social Care, regarding the assessment he has made of the performance of (a) reusable respirator hoods designed at Southampton University, (b) reusable surgical gowns manufactured in Derbyshire and (c) other recent developments of reusable personal protective equipment (PPE) for NHS staff; for what reason reusable items of PPE have so far only been ordered by individual NHS trusts; and if he will make it his policy to allocate resources to the acquisition of adequate supplies of reusable PPE. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-04/42862/>

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20200518-29*

Midwives' mental health hit by pandemic. Royal College of Midwives (2020), London: RCM 18 May 2020

Reports that a survey conducted by the Royal College of Midwives (RCM), has revealed that 57 per cent of midwives, maternity support workers (MSWs) and student midwives feel that the current coronavirus pandemic has adversely affected their mental health and well-being. States that more than a third of respondents (34%) felt they were not being adequately supported by their employers. Includes comments from RCM Chief Executive Officer, Gill Walton. (JSM)

Full URL: <https://www.rcm.org.uk/media-releases/2020/may/midwives-mental-health-hit-by-pandemic/>

20200518-28*

Health Professions: Training [written answer]. House of Lords (2020), Hansard Written question HL3894, 5 May 2020

Lord Bethell responds to a written question asked by Baroness Bennett of Manor Castle to Her Majesty's Government, regarding what financial and practical provision they will make for the final-year cohort of nursing, midwifery and associated health professional students who have not opted to cut short their courses to work in the NHS during the COVID-19 pandemic, but who may see those courses extend past the planned date for qualifying. (Author, edited)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3894/>

20200514-71*

NHS: Conditions of Employment [written answer]. House of Commons (2020), Hansard Written question 42176, 1 May 2020

Helen Whately responds to a written question asked by Mike Amesbury to the Secretary of State for Health and Social Care, regarding whether the £60,000 guarantee on death in service benefits for frontline health and care staff during the COVID-19 outbreak will be paid in addition to the death in service benefit for members of the NHS pension scheme. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/42176/>

20200514-69*

Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 39008, 22 April 2020

Jo Churchill responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care, regarding what recent discussions he has had with (a) Public Health England and (b) professional bodies on ensuring that guidance on personal protective equipment is in the best interests of (i) staff and (ii) patient safety. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-22/39008/>

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20200514-53*

Lung Ultrasound in the Covid-19 Pandemic: A Practical Guide for Obstetricians and Gynecologists. Dashraath P, Wong JJJ, Lim MXK, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) 10 May 2020, online

The current COVID-19 pandemic is a challenge to every health system over the globe. Unfortunately, it is likely that this emergency will not disappear soon. No health system, with its present resources and work flow is ready to deal with a full-blown wave of this pandemic. Rapid acquisition of specific new skills may be fundamental in delivering appropriate health care for our patients. COVID-19 infection is classically diagnosed by real time reverse transcription polymerase chain reaction and radiological investigations (X-ray or high-resolution computerized tomography). These techniques are not without limitations. Ultrasound has been suggested as a reliable and accurate tool for assessing the lungs in patients with suspected pneumonia. Obstetricians and gynecologists are usually familiar with the use of ultrasound. Lung ultrasound can show specific signs of interstitial pneumonia, which is characteristic of COVID-19 pulmonary infection. We believe that extensive and rapid training of healthcare providers on the application of ultrasound in the detection of characteristic pulmonary signs of COVID-19 infection, in addition to proper care and handling of their ultrasound machines, is feasible and may be critical in order to provide appropriate management especially of the obstetric patient in the coming period. We present a systematic approach to lung examination, simplified to encourage its adoption by obstetricians and gynecologists, together with an example of a recent pregnant woman with COVID-19 infection, in which lung ultrasound was useful in the management. (Author)

Full URL: <https://doi.org/10.1016/j.ajog.2020.05.014>

20200514-51*

NHS and Social Services: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 39789, 24 April 2020

Jo Churchill responds to a written question asked by Alex Sobel to the Secretary of State for Health and Social Care, regarding whether his Department will issue guidance to front line NHS and care workers on the reuse of personal protective equipment. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-24/39789/>

20200513-90*

NHS: Protective Clothing [written answer]. House of Lords (2020), Hansard Written question HL3348, 21 April 2020

Lord Bethell responds to a written question asked by Lord Taylor of Warwick to Her Majesty's Government regarding what steps they are taking to ensure that NHS staff and key workers have personal protective equipment and suitable reserves of equipment; and when they estimate new equipment will be delivered to such workers. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3348/>

20200512-12*

Coronavirus: NMC Registration Fees [written answer]. Scottish Parliament (2020), Official Report Written question S5W-28657, 22 April 2020

Jeane Freeman responds to a written question asked by Alison Johnstone to the Scottish Government, regarding its position on covering the cost of the 2020 Nursing and Midwifery Council (NMC) annual registration fees as a token of appreciation during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28657>

20200512-10*

Coronavirus: Mum 'grateful' for maternity hospital measures. Anon (2020), BBC News 12 May 2020

Reports on the story of Alina Ghergheleuca who recently gave birth and has praised the work of the Rosie Hospital in Cambridge during the COVID-19 pandemic. (LDO)

Full URL: <https://www.bbc.co.uk/news/av/uk-england-cambridgeshire-52625672/coronavirus-mum-grateful-for-maternity-hospital-measures>

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20200511-78*

Health Professionals: Protective Clothing [written answer]. House of Lords (2020), Hansard Written question HL3375, 23 April 2020

Lord Bethell responds to a written question asked by Baroness Doocey to Her Majesty's Government, regarding whether their guidelines on personal protective equipment for frontline medical staff are (1) based on expert medical advice and evidence or (2) also based on economic or other factors. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-23/HL3375/>

20200511-75*

NHS: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 37384, 20 April 2020

Ms. Nadine Dorries responds to a written question asked by Geraint Davies to the Secretary of State for Health and Social Care, regarding what assessment his Department has made of the level of infection transmitted by NHS workers who have not been tested for covid-19. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-20/37384/>

20200511-7*

Covid-19: NHS bosses told to assess risk to ethnic minority staff who may be at greater risk. Iacobucci G (2020), BMJ 4 May 2020

Reports that NHS bosses in England have received a letter from NHS England's chief executive, Simon Stevens, and chief operating officer, Amanda Pritchard, instructing them that they should take steps to protect staff from minority ethnic backgrounds who may be at increased risk of contracting COVID-19 by carrying out risk assessments and making appropriate arrangements for their safety. States that the advice was issued as a precaution, while Public Health England carry out an investigation into why the disease seems to be disproportionately effecting Black, Asian and Minority Ethnic (BAME) groups. (JSM)

Full URL: <https://doi.org/10.1136/bmj.m1820>

20200507-28*

Health Professions: Protective Clothing [written answer]. House of Commons (2020), Hansard Written question 42089, 1 May 2020

Jo Churchill responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care, regarding the design of face masks used as personal protective equipment and its effect on female clinicians. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/42089/>

20200507-27*

NHS and Social Services: Conditions of Employment [written answer]. House of Commons (2020), Hansard Written question 41975, 1 May 2020

Helen Whately responds to a written question asked by Ian Murray to the Secretary of State for Health and Social Care, regarding the publication of the full eligibility criteria for the death in service benefit for NHS and social care staff who have died from COVID-19. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/41975/>

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20200507-25*

NHS: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 41979, 1 May 2020

Helen Whately responds to a written question asked by Grahame Morris to Secretary of State for Health and Social Care, regarding the number of NHS staff deaths from COVID-19 exposure in the workplace that have been reported to the Health and Safety Executive under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/41979/>

20200507-21*

Update from the Chief Executive and Registrar of the NMC about nursing students and the temporary register. Sutcliffe A (2020), London: Nursing and Midwifery Council 7 May 2020

Andrea Sutcliffe announces that the Nursing and Midwifery Council (NMC) will not establish a specific student part of the temporary register during the COVID-19 outbreak. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/nursing-students-temporary-register/>

20200507-20*

Research highlights concerns of UK nurses and midwives over Covid-19. Anon (2020), Cardiff: Cardiff University 28 April 2020

Summarises the results of a survey conducted by the Royal College of Nursing (RCN) to ascertain the impact of coronavirus among nurses and midwives. Reports that the survey, conducted between 2-14 April 2020, found a third of the 2,600 respondents had experienced severe or extremely severe depression, anxiety or stress. Other findings included:

*4% feel their personal health is at risk during the pandemic due to their clinical role

*92% are worried about risks to family members due to their clinical role

*A third (33%) respondents reported severe or extremely severe depression, anxiety or stress

*Of those being redeployed within the NHS, 62% either reported that their training was either non-existent, or inadequate

*52% respondents had worked over their contracted hours on their last shift- two-thirds of these respondents will not be paid for their additional work

*25% disagreed that correct PPE was always available (with only 44% agreeing that it was available)

*52% were either lacking in confidence regarding COVID-19 infection control and prevention training that they had received or had received no training

*26% respondents had needed to self-isolate, of which 37% did not have personal symptoms and 64% missed four or more shifts due to self-isolation. (Author, edited)

Full URL: <https://www.cardiff.ac.uk/news/view/2326580-research-highlights-concerns-of-uk-nurses-and-midwives-over-covid-19>

20200506-89*

Guidance for midwives, student midwives and maternity support workers providing community-based care during the Covid-19 pandemic. Royal College of Midwives (2020), London: RCM April 2020. 4 pages

Health and safety advice for midwives, student midwives and maternity support workers whose roles take them into the community, during this current coronavirus pandemic. (JSM)

Full URL: https://www.rcm.org.uk/media/3900/home-visit-guidance-for-midwives.pdf?dm_i=4YCH,C146,3PNLW0,1CA74,1

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20200506-88*

NHS: Coronavirus [written answer]. House of Lords (2020), Hansard Written question HL3185, 21 April 2020

Lord True responds to a written question asked by Lord Farmer to Her Majesty's Government, regarding what plans they have to recognise National Health Service workers who served on the medical front-line during the COVID-19 pandemic; and whether any such plans include minting a medal for such workers. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3185/>

20200506-86*

Health Services: Mental Health [written answer]. House of Commons (2020), Hansard Written question 40613, 27 April 2020

Helen Whately to a written question asked by Ian Paisley to the Secretary of State for Health and Social Care regarding what steps his Department is taking to support the mental health of NHS workers during the covid-19 outbreak. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-27/40613/>

20200506-85*

Uniforms: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 40738, 27 April 2020

Jesse Norman responds to a written question from Paul Girvan to the Chancellor of the Exchequer regarding what plans his Department has to increase the Uniform Tax Rebate rate for NHS staff and other workers who have had to wash their uniforms at higher temperatures than usually expected as a result of the covid-19 outbreak. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-27/40738/>

20200506-81*

NHS: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 37385, 20 April 2020

Helen Whately responds to a written question asked by Geraint Davies to the Secretary of State for Health and Social Care, regarding what assessment he has made of the level of absence among NHS workers who are self-isolated and have not been tested for covid-19. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-20/37385/>

20200506-79*

NHS: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 902196, 5 May 2020

Ms Nadine Dorries responds to a written question asked by Saqib Bhatti to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to support the mental health of NHS staff during the covid-19 outbreak. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-05/902196/>

20200506-78*

NHS: Protective Clothing [written answer]. House of Lords (2020), Hansard Written question HL2758, 18 March 2020

Lord Bethell responds to a written question asked by Baroness Masham of Ilton to Her Majesty's Government regarding what assessment they have made of whether there is a sufficient amount of protective clothing and equipment for front line staff at (1) GP surgeries, and (2) hospitals. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-03-18/HL2758/>

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20200506-75*

NHS: Food [written answer]. House of Lords (2020), Hansard Written question HL3350, 21 April 2020

Lord Bethell responds to a written question asked by Lord Taylor of Warwick to Her Majesty's Government regarding what plans they have, if any, to provide NHS staff with free food after they finish their shifts. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3350/>

20200506-7*

Are some ethnic groups more vulnerable to COVID-19 than others?. Platt L, Warwick R (2020), London: The Institute for Fiscal Studies May 2020, 26 pages

Report on the disproportionate effects of COVID-19 on ethnic minorities in the United Kingdom. Highlights the complex economic, social and health-related factors which may be causing higher rates of mortality among ethnic groups. The authors discuss occupational risks, financial vulnerability, demographics, household structures and underlying health conditions. (LDO)

Full URL: <https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

20200506-5*

Health Professions: Coronavirus [written answer]. House of Lords (2020), Hansard Written question HL3295, 21 April 2020

Lord Bethell responds to a written question asked by Baroness Bettett of Manor Castle to Her Majesty's Government, regarding how many final year nurses, midwives and associated health professionals who finished their courses early to take up roles in response to the COVID-19 pandemic are now working in the (1) NHS, and (2) social care sector; and what special provision is being made to support those workers. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3295/>

20200506-4*

NHS: Pay and Protective Clothing [written answer]. House of Lords (2020), Hansard Written question HL3208, 21 April 2020

Lord Bethell responds to a written question asked by Lord Pendry to Her Majesty's Government, regarding what progress they have made in providing all NHS staff with adequate personal protection equipment; and what plans they have to raise the salaries of NHS workers in order to provide financial support to families of such staff. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3208/>

20200505-8*

Protecting Midwives to Sustain Care for Women, Newborns and their Families in the COVID-19 Pandemic. International Confederation of Midwives, United Nations Population Fund (2020), The Hague, The Netherlands: International Confederation of Midwives 5 May 2020, 6 pages

Joint statement on the protection of midwives during the COVID-19 pandemic. Calls for the availability of personal protective equipment (PPE), the inclusion of midwives in policy making, the suspension of re-deployment of midwives and the proper funding of maternal health services. The authors also call for governments and organisations to uphold women's sexual and reproductive rights, and to uphold the right to a positive birthing experience. (LDO)

Full URL: <https://www.internationalmidwives.org/assets/files/news-files/2020/05/call-to-action-5eb0b4ee47deb.pdf>

20200505-55*

'Video-call the midwife': NHS carries on delivering as Wilfred joins over 150,000 babies born during pandemic. Anon (2020), London: NHS England 5 May 2020

England's top midwife has today praised NHS maternity teams for providing high quality care in the face of the most significant challenge to ever face the health services, and urged new and expectant families to continue to come forward for routine checks and urgent advice. (Author)

Full URL: <https://www.england.nhs.uk/2020/05/video-call-the-midwife/>

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20200505-54*

Unmasking discrimination against Asian healthcare workers during covid-19. Acosta LM (2020), BMJ Opinion 4 May 2020, online

Let us not put up barriers to treating each other with respect, calls Lealani Mae Acosta. (Author)

Full URL: <https://blogs.bmj.com/bmj/2020/05/04/lealani-mae-acosta-unmasking-asian-discrimination-against-healthcare-workers-during-covid-19/>

20200505-52*

Covid fatigue is taking an enormous toll on healthcare workers. Gerada C, Walker C (2020), BMJ Opinion 4 May 2020, online

Describes the effects on health care professionals of exhausting shifts and changes to working practices and offers tips for surviving the fatigue and keeping well for the long-haul. (MB)

Full URL: <https://blogs.bmj.com/bmj/2020/05/04/covid-fatigue-is-taking-an-enormous-toll-on-healthcare-workers/>

20200505-51*

Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. Kisely S, Warren N, McMahon L, et al (2020), BMJ 5 May 2020, online

Objective To examine the psychological effects on clinicians of working to manage novel viral outbreaks, and successful measures to manage stress and psychological distress.

Design Rapid review and meta-analysis.

Data sources Cochrane Central Register of Controlled Trials, PubMed/Medline, PsycInfo, Scopus, Web of Science, Embase, and Google Scholar, searched up to late March 2020.

Eligibility criteria for study selection Any study that described the psychological reactions of healthcare staff working with patients in an outbreak of any emerging virus in any clinical setting, irrespective of any comparison with other clinicians or the general population.

Results 59 papers met the inclusion criteria: 37 were of severe acute respiratory syndrome (SARS), eight of coronavirus disease 2019 (covid-19), seven of Middle East respiratory syndrome (MERS), three each of Ebola virus disease and influenza A virus subtype H1N1, and one of influenza A virus subtype H7N9. Of the 38 studies that compared psychological outcomes of healthcare workers in direct contact with affected patients, 25 contained data that could be combined in a pairwise meta-analysis comparing healthcare workers at high and low risk of exposure. Compared with lower risk controls, staff in contact with affected patients had greater levels of both acute or post-traumatic stress (odds ratio 1.71, 95% confidence interval 1.28 to 2.29) and psychological distress (1.74, 1.50 to 2.03), with similar results for continuous outcomes. These findings were the same as in the other studies not included in the meta-analysis. Risk factors for psychological distress included being younger, being more junior, being the parents of dependent children, or having an infected family member. Longer quarantine, lack of practical support, and stigma also contributed. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity.

Conclusions Effective interventions are available to help mitigate the psychological distress experienced by staff caring for patients in an emerging disease outbreak. These interventions were similar despite the wide range of settings and types of outbreaks covered in this review, and thus could be applicable to the current covid-19 outbreak. (Author)

Full URL: <https://doi.org/10.1136/bmj.m1642>

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20200505-34*

Caring for the carers: Ensuring the provision of quality maternity care during a global pandemic. Wilson AN, Ravaldi C, Scoullar MJL, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* vol 34, no 3, May 2021, pp 206-209

The COVID-19 pandemic is impacting health systems worldwide. Maternity care providers must continue their core business in caring and supporting women, newborns and their families whilst also adapting to a rapidly changing health system environment. This article provides an overview of important considerations for supporting the emotional, mental and physical health needs of maternity care providers in the context of the unprecedented crisis that COVID-19 presents. Cooperation, planning ahead and adequate availability of PPE is critical. Thinking about the needs of maternity providers to prevent stress and burnout is essential. Emotional and psychological support needs to be available throughout the response. Prioritising food, rest and exercise are important. Healthcare workers are every country's most valuable resource and maternity providers need to be supported to provide the best quality care they can to women and newborns in exceptionally trying circumstances. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2020.03.011>

20200505-20

Call of duty. Jackson H (2020), *Midwives* vol 23, April 2020, p 18

Why I'm leaving the RCM and going back to clinical practice. (Author)

20200505-19

Top tips for returning to practice. McAree T (2020), *Midwives* vol 23, April 2020, pp 16-17

Trixie McAree, former HoM Birmingham Women and Children's NHS Foundation Trust and current Professor of Midwifery and Maternal Health at Birmingham City University, shows how to go back with confidence. (Author)

20200505-17

How can I help?. Rogers H (2020), *Midwives* vol 23, April 2020, p 12

Helen Rogers discusses the options facing students who want to offer their support. (Author)

20200505-16

COVID-19. Sorby A, Tyler S (2020), *Midwives* vol 23, April 2020, pp 8-9

Employment relations advisor Alice Sorby and director for services to members Suzanne Tyler answer your questions. (Author)

20200505-15

Ask the experts. Ross-Davie R (2020), *Midwives* vol 23, April 2020, pp 6-7

Everything you want to know about continuing clinical care in the COVID pandemic. Mary Ross-Davie answers your frequently asked questions. (Author)

20200504-8*

Midwives in a pandemic: A call for solidarity and compassion. O'Connell M, Crowther S, Ravaldi C, et al (2020), *Women and Birth: Journal of the Australian College of Midwives* vol 33, no 3, May 2020, pp 205-206

This editorial discusses challenges for midwives during COVID-19 and the lessons that can be learned from the SARS, Ebola and H1N1 outbreaks. The authors encourage midwives to maintain their well-being and reduce the risk of developing post-traumatic stress disorder. (LDO)

Full URL: <https://doi.org/10.1016/j.wombi.2020.03.008>

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20200501-3*

The impact of COVID-19 on BME communities and health and care staff. NHS Confederation (2020), London: NHS Confederation 23 April 2020

This briefing considers the evidence on the impact of COVID-19 on black and minority ethnic (BME) communities and health and care staff. It explores potential underlying factors, recommends areas for improvement and offers practical advice on how to mitigate risks. Intended for senior health and care leaders, it aims to inform decision making and influence change. (Author)

Full URL: <https://www.nhsconfed.org/publications/impact-covid-19-bme-communities-and-health-and-care-staff>

20200501-2*

RCM Position Statement: Deployment of midwifery staff. Royal College of Midwives (2020), London: RCM April 2020

Position statement from the Royal College of Midwives explaining why it is strongly opposed to any deployment of midwives or MSWs to covid-positive areas outside of maternity. (JSM)

Full URL: https://www.rcm.org.uk/media/3891/rcm-statement-on-redeployment.pdf?dm_i=4YCH,BX34,3PNLW0,1BOI2,1

20200501-1*

Vaccine Update. Public Health England (2020), London: PHE no 307, April 2020, pp 1-14

A special edition of Vaccine Update to mark World Immunization Week (WIW), which this year runs from 26th-30th April, and is the World Health Organization's annual celebration of immunisation, best practice, new advances and the work of immunisers, held with the aim of promoting the use of vaccines to protect people of all ages from disease, reflected in the name of this year's theme #VaccinesWork for All. In this, The International Year of the Nurse and Midwife, WHO and Public Health England acknowledge the crucial role played by nurses and midwives as advocates of vaccination throughout the life course. Includes sections on the delivery of immunisation services during the coronavirus pandemic, and vaccinations offered during the antenatal and postnatal periods. (JSM)

Full URL: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882560/PHE_11652_VU_307_April_2020.pdf

20200429-6*

Covid-19: The time to shield all pregnant frontline workers is now. Brickley EB, Paixão ES (2020), BMJ 28 April 2020, online

Recent outbreaks of influenza, Ebola, and Zika viruses have taught us that pregnant women are uniquely vulnerable to emerging infectious threats. Let's not fail pregnant frontline workers during the covid-19 pandemic, say Elizabeth B Brickley and Enny S Paixão. (Author)

Full URL: <https://doi.org/10.1136/bmj.m1792>

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20200429-39

Obstetricians on the Coronavirus Disease 2019 (COVID-19) Front Lines and the Confusing World of Personal Protective Equipment. Jamieson DJ, Steinberg JP, Martinello RA, et al (2020), Obstetrics & Gynecology vol 135, no 6, June 2020, pp 1257-1263

As health care systems struggle to maintain adequate supplies of personal protective equipment, there is confusion and anxiety among obstetricians and others about how to best protect themselves, their coworkers, and their patients. Although use of personal protective equipment is a critical strategy to protect health care personnel from coronavirus disease 2019 (COVID-19), other strategies also need to be implemented on labor and delivery units to reduce the risk of health care-associated transmission, including screening of all pregnant women who present for care (case identification), placing a mask on and rapidly isolating ill pregnant women, and minimizing the number of personnel who enter the room of an ill patient (physical distancing). Although the mechanism of transmission of COVID-19 is not known with certainty, current evidence suggests that COVID-19 is transmitted primarily through respiratory droplets. Therefore, strict adherence to hand hygiene and consistent use of recommended personal protective equipment are cornerstones for reducing transmission. In addition, it is critical that health care professionals receive training on and practice correct donning (putting on) and doffing (removing) of personal protective equipment and avoid touching their faces as well as their facial protection to minimize self-contamination. (Author)

20200428-13*

Coronavirus (Covid-19): Information and advice. Nursing and Midwifery Council (2020), London: Nursing and Midwifery Council 27 April 2020

We've put together this guide to address some common questions about our role as a regulator when it comes to novel coronavirus (Covid-19). (Author)

Full URL: <https://www.nmc.org.uk/news/coronavirus/>

20200428-12*

Joint statement on expanding the nursing and midwifery workforce in the Covid-19 pandemic. Nursing and Midwifery Council (2020), London: Nursing and Midwifery Council 2 April 2020

Update in relation to expanding the nursing and midwifery workforce in the Covid-19 pandemic. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-nursing-and-midwifery-workforce-in-the-covid-19-pandemic/>

20200428-11*

Blog: Employers and the Covid-19 response - the NMC is here to help. Sutcliffe A (2020), London: Nursing and Midwifery Council 9 April 2020

An update from Andrea on our Covid-19 information hub and guidance for employers. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/employers-guidance/>

20200428-10*

Blog: Helping nurses, midwives and nursing associates through the Coronavirus pandemic. Sutcliffe A (2020), London: Nursing and Midwifery Council 27 April 2020

An update from Andrea on what we're doing to support the professionals on our register. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/blog-helping-nurses-midwives-and-nursing-associates-through-the-coronavirus-pandemic/>

20200427-6*

Joint statement on expanding the nursing and midwifery workforce in the Covid-19 outbreak. Nursing & Midwifery Council (2020), Nursing and Midwifery Council 25 March 2020

Update in relation to midwifery and nursing students in all fields, who are not in the final six months of their programme. (Author)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/joint-statement-update-for-students-not-in-final-six-months-covid/>

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20200427-5*

NMC statement on personal protective equipment during the Covid-19 pandemic. Nursing & Midwifery Council (2020), Nursing and Midwifery Council 14 April 2020

Key points to help nurses and midwives put the Code into practice and exercise their professional judgment during the Covid-19 pandemic. (MB)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/nmc-statement-on-personal-protective-equipment-during-the-covid-19-pandemic/>

20200427-32*

Mitigating the psychological effects of COVID-19 on health care workers. Wu PE, Styra R, Gold WL (2020), Canadian Medical Association Journal (CMAJ) vol 192, no 17, 27 April 2020, pp E459-E460

KEY POINTS

Health care workers may experience considerable psychologic distress as a result of the COVID-19 pandemic due to providing direct patient care, vicarious trauma, quarantine or selfisolation.

Strong leadership with clear, honest and open communication is needed to offset fears and uncertainties.

Provision of adequate resources (e.g., medical supplies) and mental health supports will bolster individual self-efficacy and confidence.

Leveraging online technology will allow delivery of psychosocial supports while preserving physical distancing.

Emphasizing the altruism of working in health care and serving of the greater good will help health care workers to be reminded of their purpose in a time of crisis. (Author)

Full URL: <https://doi.org/10.1503/cmaj.200519>

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>

20200423-55

A Local Crash Course in Global Pandemics. Delaney S (2020), Obstetrics & Gynecology vol 135, no 6, June 2020, pp 1264-1266

The author describes a day working in the obstetrics and gynecology department of a Washington hospital during the COVID-19 pandemic. (MB)

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20200422-34*

Protecting Labor and Delivery Personnel from COVID-19 during the Second Stage of Labor. Palatnik A, McIntosh JJ (2020), American Journal of Perinatology vol 37, no 8, June 2020, pp 854-856

The novel coronavirus disease 2019 (COVID-19) is spreading fast and is affecting the clinical workers at much higher risk than the general population. Little is known about COVID-19 effect on pregnant women; however, the emerging evidence suggests they may be at high risk of asymptomatic disease. In light of projected shortage of personal protective equipment (PPE), there is an aggressive attempt at conservation. In obstetrics, the guidelines on PPE use are controversial and differ among hospitals, globally, as well as nationally. The centers for disease control and prevention (CDC) recommend using N95 respirators, which are respirators that offer a higher level of protection instead of a facemask for when performing or present for an aerosol-generating procedures (AGP). However, the second stage of labor is not considered an AGP. The second stage of labor can last up to 4 hours. During that time, labor and delivery personnel is in close contact to patients, who are exerting extreme effort during and frequently blow out their breath, cough, shout, and vomit, all of which put the health care team at risk, considering that COVID-19 transmission occurs through aerosol generated by coughing and sneezing. The CDC and the American College of Obstetricians and Gynecologists (ACOG) do not provide clarification on the use of N95 during the second stage. We recommend that labor and delivery personnel have the utmost caution and be granted the protection they need to protect themselves and other patients. This includes providing labor and delivery personnel full PPE including N95 for the second stage of labor. This is critical to ensure the adequate protection for health care workers and to prevent spread to other health care workers and patients. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1709689>

20200421-35*

How can we avoid research waste during the covid-19 pandemic and plan for the future?. Clarke M (2020), BMJ Opinion 21 April 2020, online

Around the world and across disciplines, researchers have turned their attention to covid-19, but we need to ensure this effort is a help rather than a hindrance, says Mike Clarke. (Author)

Full URL: <https://blogs.bmj.com/bmj/2020/04/21/mike-clarke-avoid-research-waste-covid-19-pandemic-plan-future/>

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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20200420-24*

Coronavirus disease 2019 pandemic: staged management of surgical services for gynecology and obstetrics. Lebrun EEW, Moawad NS, Rosenberg EI, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 1, July 2020, pp 85.e1-85.e19

The coronavirus disease 2019 pandemic warrants an unprecedented global healthcare response requiring maintenance of existing hospital-based services while simultaneously preparing for high-acuity care for infected and sick individuals. Hospitals must protect patients and the diverse healthcare workforce by conserving personal protective equipment and redeployment of facility resources. While each hospital or health system must evaluate their own capabilities and surge capacity, we present principles of management of surgical services during a health emergency and provide specific guidance to help with decision making. We review the limited evidence from past hospital and community responses to various health emergencies and focus on systematic methods for adjusting surgical services to create capacity, addressing the specific risks of coronavirus disease 2019. Successful strategies for tiered reduction of surgical cases involve multidisciplinary engagement of the entire healthcare system and use of a structured risk-assessment categorization scheme that can be applied across the institution. Our institution developed and operationalized this approach over 3 working days, indicating that immediate implementation is feasible in response to an unforeseen healthcare emergency. (Author)

20200417-8

That pesky nucleic acid molecule in a protein coat. Hanley J (2020), Journal of Health Visiting vol 8, no 4, April 2020

In March it seemed not only surreal but impossible to comprehend that the coronavirus would ever venture near our shores - and yet here it is. Jane Hanley looks at the effects of the pandemic on the emotional wellbeing of parents and professionals alike. (Author)

20200417-6

A new normal for health visiting. Forbes L (2020), Journal of Health Visiting vol 8, no 4, April 2020

In this time of focus on public health, what role will community based workers play? How will we carry on our professional duties in a time of social distancing? (Author)

20200417-5

Newly qualified health visitor: COVID-19 - a public health crisis. Boddy B (2020), Journal of Health Visiting vol 8, no 4, April 2020

Bethany Boddy explores the fast-changing public health emergency of COVID-19 and the health visitor response. (Author)

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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>

20200414-4*

NHS Uniforms: Coronavirus (COVID-19) [written answer]. Scottish Parliament (2020), Official Report Written question S5W-28269, 7 April 2020

Jeane Freeman responds to a written question from Bob Doris to the Scottish Government, regarding the safety of laundering NHS uniforms at home during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28269>

20200409-51*

Online training courses to prevent the spread of covid-19. Anon (2020), Health Service Journal 7 April 2020, online Courses and resources targeted at anyone seeking to prevent the spread of infection. (Author)

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

20200408-12*

Supporting Nurses and Midwives across the UK and Nursing Associates (England only) in the event of a COVID-19 epidemic in the UK. Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, Council of Deans of Health, Nursing and Midwifery Council, et al (2020), London: NHS England and NHS Improvement 12 March 2020

A joint statement from the Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, The Nursing and Midwifery Council, Royal College of Midwives and partners across the health and social care sector, describing the steps being taken to support nurses and midwives during the coronavirus (COVID-19) pandemic. (JSM)

Full URL: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/joint-nm-letter-12-march-2020.pdf>

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20200408-11*

Information for students and educators: Coronavirus (Covid-19): Information and advice [Last updated 14 January 2021].

Nursing & Midwifery Council (2020), London: NMC 3 April 2020

While the Covid-19 emergency is ongoing, the Nursing and Midwifery Council (NMC) wants to make sure students near the end of their programme are able to support the workforce, while ensuring all their learning outcomes are met.

NMC has developed emergency standards for nursing and midwifery programmes, to address the pressures on health and social care during this extraordinary period.

These standards aim to provide approved education institutions and practice learning partners with the flexibility to enable students within the final six months of their pre-registration nursing and midwifery programmes to complete their training within clinical placements.

This will enable these students to help support the workforce, and make use of the knowledge and skills that they have developed, while still meeting all their learning outcomes.

The emergency standards also allow flexibility in the way students are supervised, ensuring that they have the appropriate support, supervision, teaching and assessment during this period to enable them to provide safe and effective care. And they ensure other student nursing and midwifery groups can continue with their nursing and midwifery programme of study and support the workforce where possible. (Author, edited)

Full URL: <https://www.nmc.org.uk/news/coronavirus/information-for-students-and-educators/>

20200406-1*

Coronavirus: Tributes paid to 'caring' midwife Lynsay Coventry. BBC News (2020), BBC News 6 April 2020

The family of a midwife who died after contracting coronavirus have paid tribute to the 'wonderful and caring mum, sister, daughter and grandmother'. (Author)

Full URL: <https://www.bbc.co.uk/news/uk-england-essex-52177526>

20200403-3*

Protecting yourself appropriately during the coronavirus pandemic. Royal College of Midwives (2020), London: RCM April 2020

Presents health and safety advice from the Royal College of Midwives for all those caring for pregnant and labouring women during the current COVID-19 outbreak. (JSM)

Full URL: https://www.rcm.org.uk/media/3839/rcm-ppe-wraparound-guidance_.pdf

20200402-63*

Abortion: Coronavirus (COVID-19) [written answer]. Scottish Parliament (2020), Official Report Written question S5W-28065, 24 March 2020

Joe FitzPatrick responds to a written question from Monica Lennon to the Scottish Government, regarding the possibility of nurses and midwives being allowed to sign-off abortion procedures during the COVID-19 crisis. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28065>

20200402-43*

Abortion: Coronavirus (COVID-19) [written answer]. Scottish Parliament (2020), Official Report Written question S5W-28061, 24 March 2020

Joe FitzPatrick responds to a written question from Monica Lennon to the Scottish Government, regarding the possibility of allowing one doctor, nurse or midwife to certify abortion procedures directly during the COVID-19 crisis. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28061>

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20200326-42*

COVID-19 virus infection and pregnancy: Occupational health advice for employers and pregnant women during the COVID-19 pandemic [Last updated 27 April 2020]. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2020), Royal College of Obstetricians and Gynaecologists (RCOG) 26 March 2020
Guidance on COVID-19 in pregnancy and recommendations for pregnant healthcare workers. (LDO)

20200324-61*

Letter from the Minister of State for Care to recruitment agencies. Whately H (2020), London: Department of Health and Social Care 23 March 2020, 2 pages

This letter discusses agency workers within the NHS and wider health and social care sector in the context of Covid-19. (LDO)

Full URL: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874672/Letter_from_Helen_Whately.pdf

20200324-1*

Covid-19: doctors in final trimester of pregnancy should avoid direct patient contact. Rimmer A (2020), BMJ vol 368, no 8239, 23 March 2020, m1173

Reports that women who are more than 28 weeks pregnant should avoid direct contact with patients, advice comes from updated guidance from the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives, and the Royal College of Paediatrics and Child Health. (MB)

Full URL: <https://doi.org/10.1136/bmj.m1173>

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