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Search Pack PN194 Coronavirus (COVID-19) - postnatal health and care

Updated 8 April 2022

Records on the impact of COVID-19 on the health and care of women and their families in the postnatal period. Includes the transition to parenthood and experiences of new parents during the pandemic. Does not include COVID-19 in pregnancy (P200), COVID-19 in the neonate or infant feeding during the pandemic (PN193); the impact of coronavirus on midwives (M95); or COVID-19 in labour, birth and the impact on intrapartum care (L69).

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2022-02132

Evaluating depression and anxiety throughout pregnancy and after birth: impact of the COVID-19 pandemic. Zhang CXW, Okeke JC, Levitan RD, et al (2022), American Journal of Obstetrics & Gynecology MFM 4 March 2022, online

BACKGROUND

The COVID-19 pandemic presents unique social, economic, and psychological challenges for individuals globally. Thus, women who are pregnant face unprecedented mental health challenges.

OBJECTIVE

We sought to determine the impact of the pandemic on perinatal depression and anxiety in a longitudinal pregnancy cohort. We hypothesized increased depression and anxiety scores in women during pregnancy and after birth in the pandemic at all time points.

STUDY DESIGN

Participants were enrolled in the Ontario Birth Study, a pregnancy cohort embedded in clinical care at Mount Sinai Hospital, Toronto, Canada. Perinatal depression and anxiety were assessed using the 2-Item Patient Health Questionnaire and 2-Item Generalized Anxiety Disorder Questionnaire in early pregnancy, whereas the Edinburgh Postnatal Depression Scale and 2-Item Generalized Anxiety Disorder Questionnaire were used in late pregnancy and after birth. Logistic regression models were created to examine the association of the pandemic with clinically elevated mental health scores in the prepandemic group vs pandemic group while adjusting for covariates.

RESULTS

A total of 1159 survey responses from 649 participants between March 1, 2019, and February 28, 2021, were used to conduct this study. Participants were assessed in early pregnancy (n=416), in late pregnancy (n=373), and after birth (n=370). Responses received on or before February 29, 2020, were considered the “prepandemic” responses, whereas responses after the aforementioned date were considered the “pandemic” responses. Mean rank scores of depression and anxiety were significantly higher in the pandemic group (P=.02 and P=.003, respectively) in the postpartum period. There was no significant association between pandemic time and antenatal scores. However, postnatally, mothers were 2.6 times more likely to score ≥ 13 on the Edinburgh Postnatal Depression Scale during the pandemic than before the pandemic (95% confidence interval, 1.2–5.7; P=.02). Adjustment for ethnicity and income strengthened this association as the odds ratio increased to 3.3 (95% confidence interval, 1.4–8.0; P=.007).

CONCLUSION

Pandemic-associated increases in depression and anxiety scores were confined to the postpartum period, highlighting a need for increased screening and interventions for perinatal mood and anxiety disorders postnatally as this pandemic continues. (Author)

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2022-02124

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

Background

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

Methods

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

Results

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

Conclusion

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

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2022-02118

'It's always hard being a mom, but the pandemic has made everything harder': A qualitative exploration of the experiences of perinatal women during the COVID-19 pandemic. Kinser P, Jallo N, Moyer S, et al (2022), Midwifery vol 109, June 2022, 103313

Background

Understanding the psychosocial impacts of the COVID-19 pandemic in vulnerable groups, such as pregnant and parenting women, is a critical research and clinical imperative. Although many survey-based perinatal health studies have contributed important information about mental health, few have given full voice about the experiences of pregnant and postpartum women during the prolonged worldwide pandemic using a qualitative approach.

Objective

The purpose of this study is to explore the lived experience of pregnant and postpartum women in the United States during the ongoing COVID-19 pandemic.

Design

Qualitative phenomenological study.

Setting

This study was conducted in the community, by recruiting women throughout the U.S.

Participants

Fifty-four pregnant and postpartum women participated in qualitative interviews.

Methods

Data from one-on-one semi-structured interviews were analyzed using a team-based phenomenological qualitative approach.

Results

Two key themes were apparent: the pandemic has shined a light on the many typical struggles of motherhood; and, there is a lack of consistent, community-based or healthcare system resources available to address the complex needs of pregnant and postpartum women, both in general and during the pandemic.

Conclusions

Going forward, as the world continues to deal with the current pandemic and possible future global health crises, health care systems and providers are encouraged to consider the suggestions provided by these participants: talk early and often to women about mental health; help pregnant and postpartum women create and institute a personal plan for early support of their mental health needs and create an easily accessible mental health network; conceptualize practice methods that enhance coping and resilience; practice in community-based and interdisciplinary teams (e.g., midwives, doulas, perinatal social workers/ psychotherapists) to ensure continuity of care and to foster relationships between providers and pregnant/postpartum women; and consider learning from other countries' successful perinatal healthcare practices.

Registration

Number (& date of first recruitment): not applicable.

Tweetable abstract

Pregnant and postpartum women insist that mental health care must be overhauled, stating the pandemic has highlighted inherent cracks in the system. (Author)

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2022-02093

The economic toll of COVID-19: A cohort study of prevalence and economic factors associated with postpartum depression in Kenya. Sudhinaraset M, Landrian A, Mboya J, et al (2022), International Journal of Gynecology & Obstetrics 12 February 2022, online

Objective

The aim of the study is to examine the risk of postpartum depression (PPD) among women who delivered during the COVID-19 pandemic compared to women who delivered before the COVID-19 pandemic and how economic challenges are associated with PPD.

Methods

Data were collected from 2332 women. This includes 1197 women from healthcare facilities in 2019 who were followed up at 2–4 and 10 weeks postpartum. Additionally, we recruited 1135 women who delivered from March 16, 2020 onward when COVID-19 restrictions were mandated in Kenya in the same catchment areas as the original sample to compare PPD rates.

Results

Adjusting for covariates, women who delivered during COVID-19 had 2.5 times higher odds of screening positive for PPD than women who delivered before COVID-19 (95% confidence interval [CI] 1.92–3.15). Women who reported household food insecurity, required to pay a fee to cover the cost of PPE during labor and delivery and/or postnatal visit(s), and those who reported COVID-19 employment-related impacts had a higher likelihood of screening for PPD compared to those who did not report these experiences.


Conclusion

The COVID-19 pandemic has greatly increased the economic vulnerability of women, resulting in increases in PPD.


Synopsis

The COVID-19 pandemic has greatly increased the economic vulnerability of women and has increased PPD. (Author)

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2022-02085

Prevalence of postpartum depression in women amid the COVID-19 pandemic: A systematic review and meta-analysis.

Safi-Keykaleh M, Aliakbari F, Safarpour H, et al (2022), International Journal of Gynecology & Obstetrics 5 February 2022, online

COVID-19 outbreaks appear to be related to exacerbation of psychological problems such as depression and anxiety in high-risk population such as pregnant women and the postpartum period due to stress and life-threatening illnesses. The aim of this study was to evaluate the prevalence of postpartum depression (PPD) during COVID-19. This study protocol is registered in PROSPERO with CRD42021278425 code. Data sources including Google Scholar, ISC, Magiran, Scopus, PubMed, Embase, and Web of Science and reference list of included articles were used to identify related studies. Observational studies that reported the prevalence of PPD in both Persian and English during COVID-19 between January 20, 2020 and August 31, 2021 were included. Data were collected and analyzed with a random effects model for meta-analysis. In this study, 671 initial articles were identified and after removing duplicates, 454 studies were screened and finally 24 studies entered the meta-analysis stage. According to this study results PPD based on Edinburgh Postnatal Depression Scale (EPDS) ≥ 9 , EPDS ≥ 10 , EPDS ≥ 11 , EPDS ≥ 12 , EPDS ≥ 13 , Postpartum Depression Screening Scale-Short Form (PDSS-SF) ≥ 17 and total prevalence was reported 12% (95% confidence interval [CI] = 0.07–17, I² = 97%), 27% (95% CI = 15–39, I² = 99%), 44% (95% CI = 40–49, I² = 0.0%), 27% (95% CI = 0.06–49, I² = 97.4%), 28% (95% CI = 18–39, I² = 98.5%), 37% (95% CI = 32–42), 28% (95% CI = 23–33, I² = 98.5%). The findings of this study showed that the prevalence of PPD in women is relatively high during COVID-19. Therefore, considering the psychological consequences of the COVID-19 pandemic and the importance of pregnancy and the postpartum period in terms of the emergence of mental disorders, especially depression, it seems necessary to perform interventions and physical and psychological support. (Author)

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2022-01976

Expedited postpartum discharge during the COVID-19 pandemic and acute postpartum care utilization. Panzer A, Reed-Weston A, Friedman A, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine 13 March 2022, online

Background

Early postpartum discharges increased organically during the COVID-19 pandemic. It is not known if this 'natural experiment' of shorter postpartum hospital stays resulted in increased risk for postpartum readmissions and other acute postpartum care utilization such as emergency room encounters.

Objective

The objectives of this study were to determine which clinical factors were associated with expedited postpartum discharge and whether the expedited postpartum discharge was associated with increased risk for acute postpartum care utilization.

Methods

This retrospective cohort study evaluated birth hospitalizations at affiliated hospitals during two periods: (i) the apex of the 'first wave' of the COVID-19 pandemic in New York City (3/22/20 to 4/30/20) and (ii) a historical control period of one year earlier (3/22/19 to 4/30/19). Routine postpartum discharge was defined as ≥ 2 d after vaginal birth and ≥ 3 d after cesarean birth. Expedited discharge was defined as < 2 d after vaginal birth and < 3 d after cesarean birth. Acute postpartum care utilization was defined as any emergency room visit, obstetric triage visit, or postpartum readmission ≤ 6 weeks after birth hospitalization discharge. Demographic and clinical variables were compared based on routine versus expedited postpartum discharge. Unadjusted and adjusted logistic regression models were performed to analyze factors associated with (i) expedited discharge and (ii) acute postpartum care utilization. Unadjusted (ORs) and adjusted odds ratios (aORs) with 95% CIs were used as measures of association. Stratified analysis was performed restricted to patients with chronic hypertension, preeclampsia, and gestational hypertension.

Results

A total of 1,358 birth hospitalizations were included in the analysis, 715 (52.7%) from 2019 and 643 (47.3%) from 2020. Expedited discharge was more common in 2020 than in 2019 (60.3% versus 5.0% of deliveries, $p < .01$). For 2020, clinical factors significantly associated with a decreased likelihood of expedited discharge included hypertensive disorders of pregnancy (OR 0.40, 95% CI 0.27–0.60), chronic hypertension (OR 0.14, 95% CI 0.06–0.29), and COVID-19 infection (OR 0.51, 95% CI 0.34–0.77). Cesarean (OR 3.00, 95% CI 2.14–4.19) and term birth (OR 3.34, 95% CI 2.03, 5.49) were associated with an increased likelihood of expedited discharge. Most of the associations retained significance in adjusted models. Expedited compared to routine discharge was not associated with significantly different odds of acute postpartum care utilization for 2020 deliveries (5.4% versus 5.9%; OR 0.92, 95% CI 0.47–1.82). Medicaid insurance (OR 2.30, 95% CI 1.06–4.98) and HDP (OR 5.16, 95% CI: 2.60–10.26) were associated with a higher risk of acute postpartum care utilization and retained significance in adjusted analyses. In the stratified analysis restricted to women with hypertensive diagnoses, expedited discharge was associated with significantly increased risk for postpartum readmission (OR 6.09, 95% CI 2.14, 17.33) but not overall acute postpartum care utilization (OR 2.17, 95% CI 1.00, 4.74).

Conclusion

Expedited postpartum discharge was not associated with increased risk for acute postpartum care utilization. Among women with hypertensive diagnoses, expedited discharge was associated with a higher risk for readmission despite expedited discharge occurring less frequently. (Author)

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2022-01825

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

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

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2022-01820

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

Background

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

Aim

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

Methods

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

Findings

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

Conclusions

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

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2022-01564

COVID-19 Restrictions and Maternal Experience and Infant Feeding. Mohd S, Nurul H, Gan WY, et al (2022), Nursing Research vol 71, no 2, February 2022, pp E10-E20

Background

The Movement Control Order (MCO), also known as the partial lockdown, was introduced in Malaysia in March 2020 to combat the COVID-19 pandemic, changing many public sector protocols and regulations. This may have implications for neonatal and maternity care and services, especially among new mothers.

Objective

The aim of this study was to compare the postnatal experiences and feeding practices between mothers who gave birth before MCO (B-MCO) and during MCO (D-MCO).

Method

One thousand fifty-one mothers with an infant under 18 months in Malaysia completed an online survey between July 2020 and October 2020. The survey advertisement was disseminated online via various social media platforms.

Results

More D-MCO mothers faced a significant effect on the ability to pay rent/mortgage, with their spouses facing a higher impact on employment. D-MCO mothers were more likely to have changed their birth plans, perceived insufficient breastfeeding support, and experienced changes in postnatal services since MCO. In contrast, more B-MCO mothers had stopped breastfeeding during the MCO and started complementary feeding earlier than planned. Many mothers reported feeling down and lonely and having trouble sleeping and a poor appetite. D-MCO mothers had more time to focus on their health, whereas B-MCO mothers spent more time outdoors.

Discussion

MCO affected mothers' livelihood and postnatal experiences, potentially causing emotional distress. Hence, improved breastfeeding support, particularly at birth, is recommended, as is routine mental health screening during the postnatal checkup. Furthermore, because online contact was readily accessible during the pandemic, the efficacy of online breastfeeding support should be evaluated. (Author)

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2022-01106

The validity of self-reported SARS-CoV-2 results among postpartum respondents. McCarthy K, Maru S, Nowlin S, et al (2022), Paediatric and Perinatal Epidemiology 7 March 2022, online

Background

Rapid and reliable health data on SARS-CoV-2 infection among pregnant individuals are needed to understand the influence of the virus on maternal health and child development, yet the validity of self-reported COVID-19 testing and diagnosis remains unknown.

Objectives

We assessed the validity of self-reported COVID-19 polymerase chain reaction (PCR) testing and diagnosis during delivery among postpartum respondents as well as how diagnostic accuracy varied by respondent characteristics.

Methods

We validated receipt of a COVID-19 PCR test and test results by comparing self-reported results obtained through an electronic survey to electronic medical record data (gold standard) among a cross-sectional sample of postpartum respondents who delivered at four New York City hospitals between March 2020 and January 2021. To assess validity, we calculated each indicator's sensitivity, specificity and the area under the receiver-operating curve (AUC). We examined respondent characteristics (age, race/ethnicity, education level, health insurance, nativity, pre-pregnancy obesity and birth characteristics) as predictors of reporting accuracy using modified Poisson regression.

Results

A total of 276 respondents had matched electronic record and survey data. The majority, 83.7% of respondents received a SARS-CoV-2 PCR test during their delivery stay. Of these, 12.1% had detected SARS-CoV-2. Among those tested, sensitivity (90.5%) and specificity (96.5%) were high for SARS-CoV-2 detection. The adjusted risk ratio (aRR) of accurate result reporting was somewhat lower among Hispanic women relative to white non-Hispanic women (aRR 0.90 (95% CI 0.80, 1.00)) and among those who had public or no insurance vs. private (aRR 0.91 (95% CI 0.82, 1.01)), controlling for recall time.

Conclusion(s)

High recall accuracy result reporting for COVID-19 PCR tests administered during labour and delivery suggest the potential for population-based surveys as a rapid mechanism to obtain accurate data on COVID-19 diagnostic history. Additional psychometric research is warranted to ensure accurate recall across respondent subgroups. (Author)

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2022-01045

COVID-19-related stress in postpartum women from Argentina during the second wave in 2021: Identification of impairing and protective factors. Miranda AR, Cortez MV, Scotta AV, et al (2022), *Midwifery* vol 108, May 2022, 103290

Objective

Postpartum women are a vulnerable population to pandemic stressors that challenge their psychological well-being. Thus, reliable and valid instruments are necessary to measure pandemic-related stress and to identify risk and protective factors. This work aimed to assess psychometric properties of the COVID-19 Pandemic-Related Stress Scale (PSS-10-C) and associations of maternal pandemic stress with demographic, reproductive and pandemic factors of Argentinian postpartum women during the second COVID-19 wave.

Design

An online cross-sectional survey was conducted from April to June 2021.

Setting

Online recruitment of postpartum women was carried out during the second wave of COVID-19 in Argentina. This study was conducted in accordance with the Declaration of Helsinki and had the corresponding ethical approval.

Participants

This study was performed on 300 women, aged 18–49 years, up to 12 months postpartum in Argentina.

Measurements and findings

Stress was assessed with PSS-10-C, with a sociodemographic questionnaire being used to collect demographic, reproductive and pandemic variables. Statistical analysis included psychometric procedures, structural equation modeling, and multiple regressions. PSS-10-C was a reliable and structurally valid instrument with two subscales, with entire scale, Stress and Coping subscales scoring 17.31 (6.52), 9.70 (4.61) and 7.61 (2.77), respectively. History of mood disorders, pregnancy loss, and unhealthy child during the pandemic predisposed to increased stress ($\beta > 0.10$, $p < 0.05$), whereas having work and practicing breastfeeding promoted coping to face it ($\beta < -0.13$, $p < 0.05$). This situation was impaired by mood changes, loss of happiness, economic changes, fear of contracting COVID-19 -own or by a loved one- ($\beta > 0.11$, $p < 0.05$).

Key conclusions

The study highlighted the vulnerability of postpartum women's mental health in the pandemic context, with PSS-10-C being a useful instrument for clinicians and researchers to assess perceived stress. Targeting interventions toward women at higher risk can be highly beneficial for maternal and child health. (Author)

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2022-00849

Rural Residents' Perinatal Experiences During the Initial Months of the COVID-19 Pandemic: A Qualitative Study in British Columbia. Sullivan E, Cameron A, Kornelsen J (2022), Journal of Midwifery & Women's Health 4 March 2022, online

Introduction

Many studies have explored the impact of the coronavirus disease 2019 (COVID-19) pandemic on perinatal health, but few have examined the effects of the pandemic on birthing families through a rural lens. Given that the COVID-19 pandemic has reinforced long-standing disparities between urban and rural communities, it is important that the significance of place on the health and wellness of rural populations is made visible.

Methods

In-depth interviews and focus groups with 16 participants from rural communities in British Columbia, Canada, were performed. Participants included those who had been pregnant or given birth after March 11, 2020. Data from the interviews and focus groups were analyzed using the principles of thematic analysis to understand the perinatal experiences of rural families during the initial months of the COVID-19 pandemic.

Results

Analysis of the data revealed 4 major themes: perceived risk of infection, navigating uncertainty, experience of care received, and resilience and silver linings. In general, participants conceptualized rural communities as safer bubbles. Exceptions included specific vectors of risk such as tourism travel and border communities. Challenges experienced by rural families including anxiety around changing health guidelines, reduced social support, and potential loss of their partners' support at births. Additional concerns specific to rural experiences added to this burden, including fear of traveling to referral centers for care and increased difficulties accessing resources.

Discussion

Participants reported positive, compassionate care experiences that helped to mitigate some of the added stressors of the pandemic. These findings highlight the importance of perinatal care provision that integrates physiologic and mental health supports. This study provides a foundation for a comprehensive inquiry into the experiences of rural perinatal services during COVID-19. (Author)

Full URL: <https://doi.org/10.1111/jmwh.13338>

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2022-00208

Women's postpartum experiences in Canada during the COVID-19 pandemic: a qualitative study. Rice K, Williams S (2021), CMAJ Open vol 9, no 2, May 2021, pp E556-E562

Background: The mental health of postpartum women has worsened during the COVID-19 pandemic; however, the experiences that underlie this remain unexplored. The purpose of this study was to examine how people in Canada who gave birth during the pandemic were affected by policies aimed at limiting interpersonal contact to reduce SARS-CoV-2 transmission in hospital and during the early weeks postpartum.

Methods: We took a social constructionist approach and used a qualitative descriptive methodology. Sampling methods were purposive and involved a mix of convenience and snowball sampling via social media and email. Study inclusion was extended to anyone aged 18 years or more who was located in Canada and was pregnant or had given birth during the COVID-19 pandemic. Data were obtained via semistructured qualitative telephone interviews conducted between June 2020 and January 2021, and were analyzed through thematic analysis.

Results: Sixty-five interviews were conducted; data from 57 women who had already delivered were included in our analysis. We identified the following 4 themes: negative postpartum experience in hospital owing to the absence of a support person(s); poor postpartum mental health, especially in women with preexisting mental health conditions and those who had had medically complicated deliveries; asking for help despite public health regulations that prohibited doing so; and problems with breastfeeding owing to limited in-person follow-up care and lack of in-person breastfeeding support.

Interpretation: Policies that restrict the presence of support persons in hospital and at home during the postpartum period appear to be causing harm. Measures to mitigate the consequences of these policies could include encouraging pregnant people to plan for additional postpartum support, allowing a support person to remain for the entire hospital stay and offering additional breastfeeding support. (Author)

Full URL: <https://doi.org/10.9778/cmajo.20210008>

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2022-00202

“Mourning the Experience of What Should Have Been”: Experiences of Peripartum Women During the COVID-19 Pandemic.

Shuman CJ, Morgan ME, Chiangong J, et al (2022), Maternal and Child Health Journal vol 26, no 1, January 2022, pp 102-109

Objectives

The ongoing COVID-19 pandemic may significantly affect the peripartum experience; however, little is known about the perceptions of women who gave birth during the COVID-19 pandemic. Thus, the purpose of our study was to describe the peripartum experiences of women who gave birth during the COVID-19 pandemic in the United States.

Methods

Using a cross-sectional design, we collected survey data from a convenience sample of postpartum women recruited through social media. Participants were 18 years of age or older, lived in the United States, gave birth after February 1, 2020, and could read English. This study was part of the COVID-19 Maternal Attachment, Mood, Ability, and Support study, which was a larger study that collected survey data describing maternal mental health and breastfeeding during the COVID-19 pandemic. This paper presents findings from the two free-text items describing peripartum experiences. Using the constant comparative method, responses were thematically analyzed to identify and collate major and minor themes.

Results

371 participants responded to at least one free-text item. Five major themes emerged: (1) Heightened emotional distress; (2) Adverse breastfeeding experiences; (3) Unanticipated hospital policy changes shifted birthing plans; (4) Expectation vs. reality: “mourning what the experience should have been;” and (5) Surprising benefits of the COVID-19 pandemic to the delivery and postpartum experience.

Conclusions for Practice

Peripartum women are vulnerable to heightened stress induced by COVID-19 pandemic sequelae. During public health crises, peripartum women may need additional resources and support to improve their mental health, wellbeing, and breastfeeding experiences. (Author)

Full URL: <https://doi.org/10.1007/s10995-021-03344-8>

2021-14507

Examining the impact of the COVID-19 pandemic on maternal mental health during pregnancy and the postnatal period.

McIntosh GC (2022), MIDIRS Midwifery Digest vol 32, no 1, March 2022, pp 67-73

By exploring physiological aspects of COVID-19 and its adaptations to pregnancy, this paper will examine its prevalence and physical effects, discussing the ramifications for mental health during pregnancy and the postpartum period. (Author, edited)

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2021-14489

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

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

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

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2021-14127

Postpartum Length of Stay and Hospital Readmission Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic.

Handley SC, Gallagher K, Lindgren E-C, et al (2022), *Obstetrics & Gynecology* vol 139, no 3, March 2022, pp 381-390

OBJECTIVE:

To compare postpartum hospitalization length of stay (LOS) and hospital readmission among obstetric patients before (March 2017–February 2020; prepandemic) and during the coronavirus disease 2019 (COVID-19) pandemic (March 2020–February 2021).

METHODS:

We conducted a retrospective cohort study, using Epic Systems' Cosmos research platform, of obstetric patients who delivered between March 1, 2017, and February 28, 2021, at 20–44 weeks of gestation and were discharged within 7 days of delivery. The primary outcome was short postpartum hospitalization LOS (less than two midnights for vaginal births and less than three midnights for cesarean births) and secondary outcome was hospital readmission within 6 weeks of postpartum hospitalization discharge. Analyses compared outcomes before and during the pandemic using standardized differences and Bayesian logistic mixed-effects models, among all births and stratified by mode of delivery.

RESULTS:

Of the 994,268 obstetric patients in the study cohort, 742,113 (74.6%) delivered prepandemic and 252,155 (25.4%) delivered during the COVID-19 pandemic. During the COVID-19 pandemic, the percentage of short postpartum hospitalizations increased among all births (28.7–44.5%), vaginal births (25.4–39.5%), and cesarean births (35.3–55.1%), which was consistent with the adjusted analysis (all births: adjusted odds ratio [aOR] 2.35, 99% credible interval 2.32–2.39; vaginal births: aOR 2.14, 99% credible interval 2.11–2.18; cesarean births aOR 2.90, 99% credible interval 2.83–2.98). Although short postpartum hospitalizations were more common during the COVID-19 pandemic, there was no change in readmission in the unadjusted (1.4% vs 1.6%, standardized difference=0.009) or adjusted (aOR 1.02, 99% credible interval 0.97–1.08) analyses for all births or when stratified by mode of delivery.

CONCLUSION:

Short postpartum hospitalization LOS was significantly more common during the COVID-19 pandemic for obstetric patients with no change in hospital readmissions within 6 weeks of postpartum hospitalization discharge. The COVID-19 pandemic created a natural experiment, suggesting shorter postpartum hospitalization may be reasonable for patients who are self-identified or health care professional-identified as appropriate for discharge. (Author)

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2021-13995

Mental well-being during stages of COVID-19 lockdown among pregnant women and new mothers. Overbeck G, Rasmussen IS, Siersma V, et al (2022), BMC Pregnancy and Childbirth vol 22, no 92, 1 February 2022

Background

Pregnancy and early motherhood are sensitive times where epidemic disease outbreaks can affect mental health negatively. Countries and health care systems handled the pandemic and lockdowns differently and knowledge about how the COVID-19 pandemic affected the mental well-being of pregnant women and new mothers is limited and points in different directions.

Aim

To investigate symptoms of anxiety and depression in a population of pregnant women and new mothers in various stages of infection pressure and lockdown during the first 15 months of the COVID-19 pandemic in Denmark.

Methods

The study population was nested an inception cohort of women recruited in their first trimester of pregnancy. Data about mental health of the woman were obtained in relation to pregnancy and child development (first trimester, 8 weeks postpartum and 5 months postpartum), and data were analysed cross-sectionally according to calendar time (periods defined by infection rate and lock-down during the COVID-19 pandemic).

Results

No differences in reported levels of depressive symptoms between the six examined time periods of the pandemic were observed. Specifically, symptoms remained unchanged after the first lock-down. No major changes in anxiety symptoms were observed in relation to increased infection pressure or lockdowns, but a small increase was observed during the second lockdown in women 8 weeks postpartum.

Conclusion

No clear change in mood among pregnant women was seen between during the stages of COVID-19 pandemic in Denmark.
(Author)

Full URL: <https://doi.org/10.1186/s12884-021-04374-4>

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2021-13931

Experiences of New Mothers During the Coronavirus Disease 2019 (COVID-19) Pandemic. Critchlow E, Birkenstock L, Hotz M, et al (2022), *Obstetrics & Gynecology* vol 139, no 2, February 2022, pp 244-253

OBJECTIVE:

To describe postpartum experiences of women who gave birth during the coronavirus disease 2019 (COVID-19) pandemic, to identify short-term and long-term opportunities to address maternal–child health during this pandemic.

METHODS:

This qualitative photo-elicitation study asked 30 women between 3 and 10 weeks postpartum to take photographs that encompassed their experience as a new mother during the pandemic. Two trained interviewers elicited elements of this experience using the photos as an anchor during virtual, hour-long interviews. Interview transcripts were analyzed using directed content analysis, including open coding to identify key ideas, codebook development, and codebook refinement. Half of transcripts were team coded to ensure coding accuracy. After coding, the study team organized codes to inform the development of an explanatory model.

RESULTS:

Interviews identified important stressors new mothers experienced that were worsened during the pandemic, namely fear, child care, older children, loss, isolation, and employment. Interviews also highlighted key support structures (self-care, interpersonal, and structural supports) that were at times helpful in alleviating stressors and at others were inadequate to counter stress and even enhanced stress.

CONCLUSION:

For postpartum individuals overall, the pandemic resulted in increased strain during an already stressful time. These findings demonstrate inadequacy of support systems for postpartum women and may highlight action items for stakeholders to improve postpartum care during the pandemic and in the future. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000004660>

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2021-13790

The Risk of Readmission after Early Postpartum Discharge during the COVID-19 Pandemic. Gulersen M, Husk G, Lenchner E, et al (2022), American Journal of Perinatology vol 39, no 4, March 2022, pp 354-360

Objective To determine whether early postpartum discharge during the coronavirus disease 2019 (COVID-19) pandemic was associated with a change in the odds of maternal postpartum readmissions.

Study Design This is a retrospective analysis of uncomplicated postpartum low-risk women in seven obstetrical units within a large New York health system. We compared the rate of postpartum readmissions within 6 weeks of delivery between two groups: low-risk women who had early postpartum discharge as part of our protocol during the COVID-19 pandemic (April 1–June 15, 2020) and similar low-risk patients with routine postpartum discharge from the same study centers 1 year prior. Statistical analysis included the use of Wilcoxon's rank-sum and chi-squared tests, Nelson–Aalen cumulative hazard curves, and multivariate logistic regression.

Results Of the 8,206 patients included, 4,038 (49.2%) were patients who had early postpartum discharge during the COVID-19 pandemic and 4,168 (50.8%) were patients with routine postpartum discharge prior to the COVID-19 pandemic. The rates of postpartum readmissions after vaginal delivery (1.0 vs. 0.9%; adjusted odds ratio [OR]: 0.75, 95% confidence interval [CI]: 0.39–1.45) and cesarean delivery (1.5 vs. 1.9%; adjusted OR: 0.65, 95% CI: 0.29–1.45) were similar between the two groups. Demographic risk factors for postpartum readmission included Medicaid insurance and obesity.

Conclusion Early postpartum discharge during the COVID-19 pandemic was associated with no change in the odds of maternal postpartum readmissions after low-risk vaginal or cesarean deliveries. Early postpartum discharge for low-risk patients to shorten hospital length of stay should be considered in the face of public health crises.

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2021-13753

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

Background and Problem

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

Aim

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

Methods

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

Findings

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

Conclusion

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

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2021-13510

The COVID-19 pandemic and maternal mental health in a fragile and conflict-affected setting in Tumaco, Colombia: a cohort study. Moya A, Serneels P, Desrosiers A, et al (2021), *The Lancet Global Health* vol 9, no 8, August 2021, pp e1068-e1076

Background

The effects of the COVID-19 pandemic on mental health have been understudied among vulnerable populations, particularly in fragile and conflict-affected settings. We aimed to analyse how the pandemic is related to early changes in mental health and parenting stress among caregivers, many of whom are internally displaced persons (IDP), in a conflict-affected setting in Colombia.

Methods

For this cohort study, we used longitudinal data from a psychosocial support programme in which 1376 caregivers were randomly assigned across four sequential cohorts. Recruitment of participants took place in March, 2018, for cohort 1; July, 2018, for cohort 2; March, 2019, for cohort 3; and July, 2019, for cohort 4. Participants completed assessments at baseline, 1-month, and 8-month follow-ups. The 8-month assessment occurred before the COVID-19 pandemic for participants in cohorts 1 and 2 (n=573), whereas those in cohorts 3 and 4 (n=803) were assessed during the early stages of the pandemic, 2–5 weeks after the national lockdown began on March 25, 2020. Primary caregiver anxiety and depression were measured with a scale adapted from the Symptoms Checklist-90-Revised and parenting stress was measured with the short form of the Parenting Stress Index. We estimated how mental health changed by comparing prepandemic and postpandemic 8-month outcomes using lagged-dependent variable models.

Findings

Results showed that the likelihood of reporting symptoms above the risk threshold increased by 14 percentage points for anxiety (95% CI 10–17), 5 percentage points for depression (0.5–9), and 10 percentage points for parental stress (5–15). The deterioration in mental health was stronger for IDP, participants with lower education or pre-existing mental health conditions, and for those reporting a higher number of stressors, including food insecurity and job loss.

Interpretation

Maternal mental health significantly worsened during the early stages of the pandemic. Considering the vulnerability and pre-existing mental health conditions of this population, the estimated effects are substantial. Policies in fragile and conflict-affected settings targeting IDP and other vulnerable people will be important to mitigate further mental health and socioeconomic problems.

Funding

Saving Brains–Grand Challenges Canada, Fundación Éxito, Fundación FEMSA, United Way Colombia, Universidad de los Andes.

Translation

For the Spanish translation of the abstract see Supplementary Materials section. (Author)

Full URL: [https://doi.org/10.1016/S2214-109X\(21\)00217-5](https://doi.org/10.1016/S2214-109X(21)00217-5)

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2021-13240

Experience of early motherhood during the first wave of the COVID-19 pandemic in Northern Germany: a single-centre before and after comparison. Perez A, Schepanski S, Göbel A, et al (2021), Journal of Reproductive and Infant Psychology 17 December 2021, online

Purpose

To assess maternal mental health during the first weeks after birth including birth experience, postpartum adjustment to early motherhood and the perception of newborn behaviour, and how this may be influenced by the first wave of the COVID-19 pandemic.

Methods

Ninety women who gave birth after the first enforcement of nation-wide disease control restrictions in Germany between 16 March and 10 May 2020 were surveyed and compared with 101 women who had given birth before the pandemic. Information on maternal mental health and maternal perception of early motherhood and neonatal behaviour were assessed at 3–8 weeks postpartum.

Results

Mothers who gave birth under the COVID-19-associated disease control restrictions did not show significant differences in depression, anxiety and social support scales compared to mothers before the pandemic. Birth experience was similar, while support during birth was perceived to be higher under the COVID-19 restrictions. Confidence in caretaking of the newborn and perception of neonatal behaviour were comparable between the two groups. Mothers expressed significantly higher dissatisfaction with the maternal role during the pandemic.

Conclusions

Overall, maternal mental health and the perception of the newborn and early caretaking during the first COVID-19 wave did not substantially differ from the perceptions of mothers before the pandemic. A potential influence of the pandemic on higher dissatisfaction with the maternal role may be associated with the pandemic conditions affecting everyday life and should be addressed in postpartum care and in future qualitative and longitudinal studies. (Author)

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2021-13230

Maternal Self-Efficacy Buffers the Effects of COVID-19–Related Experiences on Postpartum Parenting Stress. Lin H-C, Zeanah PL, Koire A, et al (2022), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 51, no 2, March 2022, pp 177-194

Objective

To examine the associations of maternal self-efficacy (MSE) and perceived social support with parenting stress during the postpartum period during the COVID-19 pandemic and whether these two psychosocial factors account for variance in parenting stress in addition to the effects of COVID-19-related experiences and sociodemographic factors.

Design

Cross-sectional survey.

Setting

Online survey, the Perinatal Experiences and COVID-19 Effects (PEACE) Study, launched in May 2020.

Participants

Participants included 310 women who gave birth in the past 24 weeks.

Methods

The survey included self-report quantitative measures of MSE, social support, COVID-19-related experiences, parenting stress, symptoms of depression and anxiety, and a range of sociodemographic factors.

Results

Hierarchical multiple regression analysis indicated that MSE and social support were negatively associated with postpartum parenting stress in addition to the effects of COVID-19-related experiences, maternal symptoms of depression and anxiety, and a range of demographic factors. Furthermore, MSE interacted with the COVID-19-related experiences such that higher levels of MSE mitigated the effects of the COVID-19-related experiences on parenting stress.

Conclusion

Our findings underscore the importance of protective factors at the individual and interpersonal levels and provide insights for prevention and intervention programs aimed at mitigating postpartum parenting stress during a wide scale disaster such as the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.jogn.2021.12.004>

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2021-13131

Preliminary findings on the experiences of care for parents who suffered perinatal bereavement during the COVID-19 pandemic. Silverio SA, Easter A, Storey C, et al (2021), BMC Pregnancy and Childbirth vol 21, no 840, 22 December 2021

Background

The COVID-19 pandemic poses an unprecedented risk to the global population. Maternity care in the UK was subject to many iterations of guidance on how best to reconfigure services to keep women, their families and babies, and healthcare professionals safe. Parents who experience a pregnancy loss or perinatal death require particular care and support. PUDDLES is an international collaboration investigating the experiences of recently bereaved parents who suffered a late miscarriage, stillbirth, or neonatal death during the global COVID-19 pandemic, in seven countries. In this study, we aim to present early findings from qualitative work undertaken with recently bereaved parents in the United Kingdom about how access to healthcare and support services was negotiated during the pandemic.

Methods

In-depth semi-structured interviews were undertaken with parents (N = 24) who had suffered a late miscarriage (n = 5; all mothers), stillbirth (n = 16; 13 mothers, 1 father, 1 joint interview involving both parents), or neonatal death (n = 3; all mothers). Data were analysed using a template analysis with the aim of investigating bereaved parents' access to services, care, and networks of support, during the pandemic after their bereavement.

Results

All parents had experience of utilising reconfigured maternity and/or neonatal, and bereavement care services during the pandemic. The themes utilised in the template analysis were: 1) The Shock & Confusion Associated with Necessary Restrictions to Daily Life; 2) Fragmented Care and Far Away Families; 3) Keeping Safe by Staying Away; and 4) Impersonal Care and Support Through a Screen. Results suggest access to maternity, neonatal, and bereavement care services were all significantly reduced, and parents' experiences were notably affected by service reconfigurations.

Conclusions

Our findings, whilst preliminary, are important to document now, to help inform care and service provision as the pandemic continues and to provide learning for ongoing and future health system shocks. We draw conclusions on how to enable development of safe and appropriate services during this pandemic and any future health crises, to best support parents who experience a pregnancy loss or whose babies die.(Author)

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2021-13127

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

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

Background

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

Methods

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

Results

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

Conclusions

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

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

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2021-13125

Psychological impacts of the COVID-19 pandemic on one-month postpartum mothers in a metropolitan area of Japan. Takubo Y, Tsujino N, Akawa Y, et al (2021), BMC Pregnancy and Childbirth vol 21, no 845, 28 December 2021

Background

The coronavirus disease 2019 (COVID-19) pandemic has recently become the most important issue in the world. Very few reports in Japan have examined the impact of the COVID-19 pandemic on peripartum mental health. We examined the status of postpartum mental health before and during COVID-19 pandemic from a consecutive database in a metropolitan area of Japan.

Methods

The subjects were women who had completed a maternity health check-up at a core regional hospital in Yokohama during the period from April 1, 2017, to December 31, 2020. We collected the subjects' scores for the Edinburgh Postnatal Depression Scale (EPDS) and the Mother-to-Infant Bonding Scale (MIBS) at 1 month postpartum. The subjects were divided into four groups (three Before COVID-19 groups and a During COVID-19 group). MANOVA and post-hoc tests were used to determine mental health changes in the postpartum period among the four groups.

Results

The Before and During COVID-19 groups contained 2844 and 1095 mothers, respectively. There were no significant difference in the total scores of the EPDS and MIBS among the four groups. However, the EPDS items related to anxiety factors were significantly higher and the EPDS items related to anhedonia and depression factors (excluding thoughts of self-harm) were significantly lower in the During COVID-19 group.

Conclusion

The EPDS scores changed in connection with the COVID-19 pandemic. Anxiety, which represent hypervigilance, was significantly higher and anhedonia and depression were significantly lower in the During COVID-19 group. Our results may reflect COVID-19-related health concerns and a lack of social support caused by the COVID-19 pandemic.(Author)

Full URL: <https://doi.org/10.1186/s12884-021-04331-1>

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2021-12979

Associations between postpartum depression and assistance with household tasks and childcare during the COVID-19 pandemic: evidence from American mothers. Gildner TE, Uwizeye G, Milner RL, et al (2021), BMC Pregnancy and Childbirth vol 21, no 828, 13 December 2021

Background

The early postpartum period is recognized cross-culturally as being important for recovery, with new parents receiving increased levels of community support. However, COVID-19-related lockdown measures may have disrupted these support systems, with possible implications for mental health. Here, we use a cross-sectional analysis among individuals who gave birth at different stages of the pandemic to test (i) if instrumental support access in the form of help with household tasks, newborn care, and care for older children has varied temporally across the pandemic, and (ii) whether access to these forms of instrumental support is associated with lower postpartum depression scores.

Methods

This study used data from the COVID-19 And Reproductive Effects (CARE) study, an online survey of pregnant persons in the United States. Participants completed postnatal surveys between April 30 – November 18, 2020 (n = 971). Logistic regression analysis tested whether birth timing during the pandemic was associated with odds of reported sustained instrumental support. Linear regression analyses assessed whether instrumental support was associated with lower depression scores as measured via the Edinburgh Postnatal Depression survey.

Results

Participants who gave birth later in the pandemic were more likely to report that the pandemic had not affected the help they received with household work and newborn care ($p < 0.001$), while access to childcare for older children appeared to vary non-linearly throughout the pandemic. Additionally, respondents who reported that the pandemic had not impacted their childcare access or help received around the house displayed significantly lower depression scores compared to participants who reported pandemic-related disruptions to these support types ($p < 0.05$).

Conclusions

The maintenance of postpartum instrumental support during the pandemic appears to be associated with better maternal mental health. Healthcare providers should therefore consider disrupted support systems as a risk factor for postpartum depression and ask patients how the pandemic has affected support access. Policymakers seeking to improve parental wellbeing should design strategies that reduce disease transmission, while facilitating safe interactions within immediate social networks (e.g., through investment in COVID-19 testing and contact tracing). Cumulatively, postpartum instrumental support represents a potential tool to protect against depression, both during and after the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-04300-8>

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2021-12811

Implementing Essential Coaching for Every Mother during the COVID-19 pandemic: A pre-post intervention study. Dol J, Aston M, Grant A, et al (2021), Birth 3 December 2021, online

Objectives

The primary objective of this project was to evaluate the preliminary impact of Essential Coaching for Every Mother on maternal self-efficacy, social support, postpartum anxiety, and postpartum depression. The secondary objective was to explore the acceptability of the Essential Coaching for Every Mother program provided during the COVID-19 pandemic.

Methods

A prospective pre-post study was conducted with first-time mothers in Nova Scotia, Canada, between July 15 and September 19, 2020. Participants completed a self-report survey at enrollment (after birth) and 6 weeks postpartum. Various standardized measures were used, and qualitative feedback on the program was also collected. Paired t tests were carried out to determine changes from baseline to follow-up on psychosocial outcomes, and qualitative feedback was analyzed through thematic analysis.

Results

A total of 88 women enrolled. Maternal self-efficacy increased between baseline (B) and follow-up (F) (B: 33.33; F: 37.11, $P = 0.000$), whereas anxiety (STAI) declined (B: 38.49; F: 34.79, $P = 0.004$). In terms of acceptability, 89% of participants felt that the number of messages was just right, 84.5% felt the messages contained all the information they needed relative to caring for a newborn, and 98.8% indicated they would recommend this program to other new mothers.

Conclusions

Essential Coaching for Every Mother may play a role in increasing maternal self-efficacy and decreasing anxiety, although future work with a control group is needed to delineate the true effects of the program. Overall, mothers were satisfied with the Essential Coaching for Every Mother program and would recommend it for other mothers, during the COVID-19 pandemic and beyond. (Author)

Full URL: <https://doi.org/10.1111/birt.12603>

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2021-12808

The impact of the COVID-19 pandemic on the mental health of women seeking treatment for postpartum depression. Chang O, Layton H, Amani B, et al (2021), Journal of Maternal-Fetal and Neonatal Medicine 9 December 2021, online

Background

While research has examined the mental health of general population samples of postpartum women during the COVID-19 pandemic, the pandemic's impact on women seeking treatment for postpartum depression (PPD) is not well known. This study compared levels of depression and anxiety, the quality of social relationships, and the temperament of infants of treatment-seeking mothers in Ontario, Canada prior to and during the pandemic.

Methods

Mothers with Edinburgh Postnatal Depression Scale scores ≥ 10 and seeking treatment for PPD prior to COVID-19 ($n = 100$) were compared to those who sought treatment during the pandemic ($n = 120$). Mothers self-reported symptoms of depression, worry/anxiety, partner relationship quality, social support, as well as aspects of the mother–infant relationship and infant temperament.

Results

There were no statistically significant differences in symptoms of depression, anxiety, or the quality of social relationships between women seeking treatment for PPD before or during the pandemic. However, mothers reported poorer relationships with their infants, and there was evidence of more negative emotionality in their infants during COVID-19.

Conclusions

The pandemic may not have worsened depression, anxiety, relationships with partners, or social support in mothers seeking treatment for PPD, but appears to have contributed to poorer mother–infant interactions and maternal reports of more negative emotionality in their infants. These findings highlight the importance of identifying women with possible PPD, supporting mother–infant interactions, and monitoring their infants during COVID-19 and beyond. (Author)

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2021-12693

The impact of perinatal healthcare changes on birth trauma during COVID-19. Diamond RM, Colaiani A (2021), Women and Birth: Journal of the Australian College of Midwives 10 December 2021, online

Background

Since the onset of COVID-19, giving birth has involved navigating unprecedented healthcare changes that could significantly impact the psychological birth experience.

Aim

Research has demonstrated increasing rates of birth trauma and birth plan alterations during the COVID-19 pandemic. This study specifically examined these intersecting experiences to understand how COVID-related healthcare changes have impacted birth trauma during the pandemic.

Methods

269 people who gave birth in the U.S. during COVID-19 completed an online survey between November, 2020-May, 2021 which included questions about COVID-related perinatal healthcare changes and birth-related posttraumatic stress disorder (PTSD; The City Birth Trauma Scale). T-tests were run on birth demographics to assess for significant indicators of PTSD; variables having significant effects were used to build a hierarchical regression model to predict PTSD symptoms.

Findings

5.9% of the sample met criteria for PTSD and 72.3% met partial criteria. The overall regression model predicted approximately 19% of variance in total PTSD symptoms. Labor and birth demographics were entered in Step 1 and predicted approximately 11% of variance: limited length of stay for support person, being allowed 1 support person who had to be the same, and mask requirements were significant predictors of PTSD. Variables related to birth plan changes were entered in Step 2 and predicted approximately 8% of variance: changes to support person(s) for labor and birth, breastfeeding plans, and birth location were significant predictors of PTSD.

Conclusion

The present study demonstrates the importance of COVID-related perinatal healthcare changes to the development of trauma symptoms following childbirth. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.12.003>

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2021-12682

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

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

Study Design: Qualitative exploratory design.

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

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

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

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2021-12681

Postpartum Depressive Symptoms and Experiences During COVID-19. Goyal D, Beck CT, Webb R, et al (2022), MCN - American Journal of Maternal/Child Nursing vol 47, no 2, March/April 2022, pp 77-84

Purpose: To identify postpartum depression risk and describe experiences of women in the first 6 weeks after giving birth during the COVID-19 pandemic.

Study Design and Methods: Using a convergent mixed-methods approach, we recruited a convenience sample of women living in the United States who gave birth March 1, 2020 or later from social media Web sites. Participants completed the Postpartum Depression Screening Scale-Short Form and provided written answers to open-ended questions regarding their experiences at home with their new infant.

Results: Our 262 participants were on average 32.6 years of age, the majority were White (82%), married or partnered (91.9%), and college educated (87.4%). Mean postpartum depression score was 17.7 (SD = 5.9) with 75% scoring ≥ 14 , indicating significant postpartum depressive symptoms. Qualitative content analysis revealed five themes: Isolation and seclusion continue; Fear, anxiety, and stress filled the days; Grieving the loss of normal: It's just so sad; Complicated by postpartum depression: A dark time; and There is a silver lining. Quantitative and qualitative findings provided a holistic view of women's depressive symptoms and experiences at home with their infants during the COVID-19 pandemic.

Clinical Implications: Although policies that reduce risk of COVID-19 exposure and infection for patients and the health care team must continue to be implemented, the adverse effects of depressive symptoms on maternal–infant wellbeing within the context of increased isolation due to the pandemic need to be kept at the forefront. Nurses need to be aware of the consequences of women sheltering in place and social distancing on maternal–infant outcomes, particularly on depression and likelihood of breastfeeding. (Author)

2021-12600

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

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

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

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

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

Full URL: https://www.npeu.ox.ac.uk/assets/downloads/maternity-surveys/reports/You_and_Your_Baby_2020_Survey_Report.pdf

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2021-12381

Parenting in a Pandemic: Needs of Teen Parents During COVID-19. Smiley Y, Sadeghi N, Jolda C, et al (2021), *Clinical Pediatrics* vol 60, no 14, December 2021, pp 559-563

Brief report exploring the effectiveness of the Healthy Generations programme in supporting the needs of teenage parents during the COVID-19 pandemic. (LDO)

2021-12291

Anxiety and depression among women with COVID-19 infection during childbirth—experience from a tertiary care academic center. Bachani S, Sahoo SM, Nagendrappa S, et al (2022), *AJOG Global Reports* vol 2, no 1, February 2022, 100033

Background: Pregnancy and postpartum are vulnerable periods for mental health problems and distress. Studies conducted worldwide have highlighted the role of the Corona Virus Disease-19 (COVID-19) pandemic in adding to rates of depression and anxiety in the perinatal period. However, there are very few reports on mothers who were identified as having COVID-19 infection at the time of childbirth.

Objective(s): Our study aimed to find the prevalence of depression and anxiety among pregnant women admitted for labor who tested positive for COVID 19 infection. To study the association of various sociodemographic, social support, obstetric factors as well as that of COVID 19 related worries to depression and anxiety.

Study Design: The study was conducted at the obstetrics inpatient setting in a public hospital in New Delhi which had a separate designated COVID-19 block. Pregnant and postpartum women >18 years of age, who were admitted to the COVID 19 maternity ward for delivery were included for this study. Women were interviewed within the first week of admission and after 6-8 weeks of childbirth. Sociodemographic and obstetric details as well as COVID-19 related worries and concerns were assessed. Depression and anxiety were assessed using the Patient Health Questionnaire 9 (PHQ-9) and Generalized Anxiety Disorder (GAD-7) questionnaire respectively.

Statistical analysis: The normally distributed variables are expressed as mean \pm standard deviation and continuous variables with skewed distribution as median (interquartile range). Categorical data presented as proportions categorical variables were compared using the Chi-square test/Fischer's exact test. All tests are two-sided with a significance level of 5%. Data were analyzed using SPSS software Version 24. Rates of depression and anxiety were calculated and univariate analysis was done to identify factors associated with moderate and severe anxiety and depression, using various socio-demographic and obstetric variables, the total COVID Anxiety Scale scores, social support score.

Results: The mean age of the women was 26.86 \pm 4.31 years. Of the 243 women assessed using the PHQ 9, 168(69.13%) had mild depressive disorder, and 29(11.3%) had moderate depressive disorder. Of 187 women who were assessed at the 6 weeks follow up, 31(16.57%) had minimal, 131(70.05%) mild depression and 25 (13.36%) had moderate depression. Mild anxiety was seen in 121(49.79%) and 13 (5.34%), had moderate anxiety symptoms. Women reported several worries especially about stigma of COVID 19 infection, support for infant care and access to infant health services.

Conclusions: Screening for common mental illnesses with timely identification of associated risk factors should be done with liaison between obstetricians and mental health professionals. Obstetricians can address and reassure pregnant women regarding concerns about contracting the infection, worries about possible effects of COVID-19 on the fetus and newborn and concerns about future consultations. In case the worries are out of proportion and necessitate intervention by mental health professional's referral services should be made available. Hence identifying and addressing the mental health concerns will help to provide the optimum perinatal care during the pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.xagr.2021.100033>

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2021-11588

Frequency and source of worries in an International sample of pregnant and postpartum women during the Covid-19 pandemic. Wyszynski DF, Hernandez-Diaz S, Gordon-Dseagu V, et al (2021), BMC Pregnancy and Childbirth vol 21, no 768, 12 November 2021

Background

Pregnant and postpartum women face unique challenges and concerns during the COVID-19 pandemic. Thus far, no studies have explored the factors associated with increased levels of worry in this population globally. The current study sought to assess the frequency and sources of worry during the COVID-19 pandemic in an international sample of pregnant and postpartum women.

Methods

We conducted an anonymous, online, cross-sectional survey in 64 countries between May and June 2020. The survey was available in 12 languages and hosted on the Pregistry platform for COVID-19 studies. Participants were sought mainly on social media platforms and online parenting forums. The survey included questions related to demographics, level of worry, support, stress, COVID-19 exposure, frequency of media usage, and mental health indicators.

Results

The study included 7561 participants. Eighty-three percent of all participants indicated that they were either 'somewhat' or 'very' worried. Women 13–28 weeks pregnant were significantly more likely to indicate that they were 'very worried' compared to those who were postpartum or at other stages of pregnancy. When compared with women living in Europe, those in Africa, Asia and Pacific, North America and South/Latin America were more likely to have increased levels of worry, as were those who more frequently interacted with social media. Different forms of support and stress also had an impact upon level of worry, while indicators of stress and anxiety were positively associated with worry level.

Conclusion

Pregnant and postpartum women are vulnerable to the changes in societal norms brought about by the COVID-19 pandemic. Understanding the factors associated with levels of worry within this population will enable society to address potential unmet needs and improve the current and future mental health of parents and children. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-04241-2>

2021-11519

Pregnancy Watch: remote monitoring of pregnant and postpartum patients with suspected or confirmed COVID-19. McCabe MG, Gerson KD, Srinivas SK, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 1, January 2022, 100525

To facilitate symptom monitoring for non-pregnant patients with COVID-19 in our health system, Penn Medicine developed an automated text-based surveillance program (COVID WATCH) and paired it with full-time clinician support. We concurrently developed a companion program, called Pregnancy Watch, for the obstetric population. The objective of this study was to describe implementation of this remote COVID-19 symptom monitoring program. (Author, edited)

Full URL: <https://doi.org/10.1016/j.ajogmf.2021.100525>

2021-11474

Coronavirus births: 'My baby's first word was mask'. Roxby P (2021), BBC News 10 November 2021

Leanne Howlett knew what post-natal depression felt like. She'd been affected after the birth of her son a few years before - but this time was different. (Author)

Full URL: <https://www.bbc.co.uk/news/health-59211183>

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2021-11260

Risk factors for new-onset postpartum depression or anxiety symptoms during the COVID-19 pandemic. Lewkowitz AK, Schlichting LE, Werner EF, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 1, January 2022, 100502

This study aimed to investigate the factors associated with the development of postpartum depression (PPD) or anxiety symptoms during the COVID-19 pandemic among women who delivered during the year before and did not report having symptoms of depression or anxiety. (Author, edited)

2021-10653

Perinatal and postpartum care during the COVID-19 pandemic: A nationwide cohort study. Wagner M, Falcone V, Neururer SB, et al (2021), Birth 7 October 2021, online

Background

This study aimed to analyze perinatal outcomes and adverse events during the COVID-19 pandemic's first wave to help direct decision making in future waves.

Methods

This study was an epidemiological cohort study analyzing comprehensive birth registry data among all 80 obstetric departments in Austria. Out of 469 771 records, 468 348 were considered eligible, whereof those with preterm delivery, birthweight <500 g, multiple fetuses, fetal malformations and chromosomal anomalies, intrauterine fetal death, maternal cancer, HIV infection, and/or inter-hospital transfers were excluded. Women who delivered between January and June 2020 were then classified as cases, whereas those who delivered between January and June 2015-2019 were classified as controls. Perinatal outcomes, postpartum hospitalization, and adverse events served as outcome measures.

Results

Of 33 198 cases and 188 225 controls, data analysis showed significantly increased rates of labor induction, instrumental delivery, obstetric anesthesia, NICU transfer, and 5-min Apgar score below 7 during the COVID-19 period. There was a significantly shorter length of postpartum hospitalization during the COVID-19 period compared with the non-COVID-19 period (3.1 ± 1.4 vs 3.5 ± 1.5 days; $P < .001$). Significantly more women opted for short-stay delivery during the COVID-19 period (3.7% vs 2.4%; $P < .001$). Those who delivered during the COVID-19 period were also more likely to experience postpartum adverse events (3.0% vs 2.6%; $P < .001$), which was confirmed in the logistic regression model (odds ratio, 2.137; 95% confidence interval, 1.805-2.530; $P < .001$).

Conclusions

Perinatal and postpartum care during the first wave of the COVID-19 pandemic differed significantly from that provided before. Increased rates of adverse events underline the need to ensure access to high-quality obstetric care to prevent collateral damage. (Author)

Full URL: <https://doi.org/10.1111/birt.12594>

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2021-10590

Impact of Covid-19 on new parents: one year on. First Report of Session 2021–22. House of Commons Petitions Committee (2021), London: House of Commons 7 October 2021. 38 pages

This report presents our updated findings on how covid-19 has continued to affect new parents and further recommendations for how the Government can better support this group. These include calling on the Government to:

- Provide additional funding and resources to allow catch-up mental health support for new parents impacted by covid-19 and accelerate planned capacitybuilding in perinatal mental health services;
 - Fund local authorities to arrange in-person visits to new parents by appropriate local authority, voluntary organisation or health visiting staff before the end of the year;
 - Review monitoring and enforcement activity relating to employers' health and safety obligations to pregnant women;
 - Legislate as soon as possible to introduce the planned extension of redundancy protections for new and expectant mothers;
- and
- Commission a review into the funding and affordability of childcare, to consider how to provide greater financial security to the sector following the pandemic and ensure childcare provision meets the needs of new parents seeking to return to work.
- (Author, edited)

Full URL: <https://committees.parliament.uk/publications/7477/documents/78447/default/>

2021-10070

MBRRACE-UK Perinatal Mortality Surveillance Report Summary 2019. MBRRACE-UK (2021), Leicester: The Infant Mortality and Morbidity Studies, Department of Health Sciences, University of Leicester October 2021. 8 pages

Summary of the main report (1) and infographic of data regarding perinatal mortality in the UK for 2019. 1. Draper ES.

MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2019. Leicester: The Infant Mortality and Morbidity Studies, Department of Health Studies, University of Leicester. (JSM)

Full URL: https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/perinatal-surveillance-report-2019/MBRRACE-UK_Perinatal_Surveillance_Report_2019_-_infographic_summary.pdf

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2021-10012

Postpartum women's experiences of social and healthcare professional support during the COVID-19 pandemic: A recurrent cross-sectional thematic analysis. Jackson L, De Pascalis L, Harrold JA, et al (2021), Women and Birth: Journal of the Australian College of Midwives 10 October 2021, online

Problem

Disrupted access to social and healthcare professional support during the COVID-19 pandemic have had an adverse effect on maternal mental health.

Background

Motherhood is a key life transition which increases vulnerability to experience negative affect.

Aim

Explore UK women's postnatal experiences of social and healthcare professional support during the COVID-19 pandemic.

Methods

Semi-structured interviews were conducted with 12 women, approximately 30 days after initial social distancing guidelines were imposed (T1), and a separate 12 women were interviewed approximately 30 days after the initial easing of social distancing restrictions (T2). Recurrent cross-sectional thematic analysis was conducted in NVivo 12.

Findings

T1 themes were, 'Motherhood has been an isolating experience' (exacerbated loneliness due to diminished support accessibility) and 'Everything is under lock and key' (confusion, alienation, and anxiety regarding disrupted face-to-face healthcare checks). T2 themes were, 'Disrupted healthcare professional support' (feeling burdensome, abandoned, and frustrated by virtual healthcare) and 'Easing restrictions are bittersweet' (conflict between enhanced emotional wellbeing, and sadness regarding lost postnatal time).

Discussion

Respondents at both timepoints were adversely affected by restricted access to informal (family and friends) and formal (healthcare professional) support, which were not sufficiently bridged virtually. Additionally, the prospect of attending face-to-face appointments was anxiety-provoking and perceived as being contradictory to social distancing guidance. Prohibition of family from maternity wards was also salient and distressing for T2, but not T1 respondents.

Conclusion

Healthcare professionals should encourage maternal help-seeking and provide timely access to mental health services. Improving access to informal and formal face-to-face support are essential in protecting maternal and infant wellbeing. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2021.10.002>

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2021-09848

Changes in Social Support of Pregnant and Postnatal Mothers during the COVID-19 Pandemic. Zhou J, Havens KL, Starnes CP, et al (2021), Midwifery vol 103, December 2021, 103162

Objective: Our objectives were to assess in perinatal women: the most effective methods used to meet social support needs during COVID-19, the impact of COVID-19 on self-reported social support levels, and how perceived change in social support related to distress, depression, and mental health.

Design: One-time survey administered from April to August 2020

Setting: Online

Participants: Pregnant and postpartum women with infants less than 6 months of age

Measurement and Findings: Participants indicated the methods they used to meet social support needs during COVID-19. They self-rated their social support level pre- and during pandemic and their distress, depression, and mental health changes on a Likert scale. Out of 1142 participants, the most effective methods for obtaining social support during the pandemic were virtual means (e.g. video call) and interaction with friends. There was a significant difference in distribution of self-reported levels of social support before and during the pandemic, with more respondents reporting a decrease in support. Decreases in social support were associated with higher distress levels, higher depression, and poorer mental health.

Key Conclusions: Perinatal women reported decreased social support during the COVID-19 pandemic which was associated with poorer mental health. Using virtual means of social support and support provided by friends had the largest positive effect on perceived social support levels.

Implications for Practice: Interventions using virtual support means from friends may be helpful to improve social support and mental health in this population. (Author)

2021-09812

Health Visitor Appointments: Scotland [written answer]. Scottish Parliament (2021), Official Report Written question S6W-03268, 23 September 2021

Maree Todd responds to a written question from Alexander Burnett to the Scottish Government, regarding what plans it has to reintroduce face-to-face health visitor appointments for new mothers, in light of reports that NHS boards are currently only offering telephone and video appointments. (JSM)

Full URL: <https://archive2021.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S6W-03268>

2021-09660

Dental Treatment: New Mothers [written answer]. Scottish Parliament (2021), Official Report Written question S6W-03035, 16 September 2021

Maree Todd responds to a written question from Jackson Carlaw, in light of the impact of the COVID-19 pandemic, what consideration it has given to extending immediately the 12-month period, starting from the day a baby is born, within which new mothers are able to receive free NHS dental treatment. (JSM)

Full URL: <https://archive2021.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S6W-03035>

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2021-09659

Dental Treatment: New Mothers [written answer]. Scottish Parliament (2021), Official Report Written question S6W-03034, 16 September 2021

Maree Todd responds to a written question from Jackson Carlaw, regarding what assessment it has made of the impact of the COVID-19 pandemic on the accessibility of NHS dental care for mothers who have sought treatment during the first year of their child's life. (JSM)

Full URL: <https://archive2021.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S6W-03034>

2021-09635

Motherhood and medicine in the time of COVID-19. Fleetwood J (2021), Medical Journal of Australia vol 214, no 11, 21 June 2021, pp 508-509.e1

Navigating parenthood and pandemics: uncertainty is the new normal. (Author)

Full URL: <https://www.mja.com.au/journal/2021/214/11/motherhood-and-medicine-time-covid-19>

2021-09361

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

Background

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

Methods

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

Results

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

Conclusions

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

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

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2021-09150

Postpartum women's psychological experiences during the COVID-19 pandemic: a modified recurrent cross-sectional thematic analysis. Jackson L, De Pascalis L, Harrold JA, et al (2021), BMC Pregnancy and Childbirth vol 21, no 625, 17 September 2021

Background

COVID-19 has placed additional stressors on mothers during an already vulnerable lifecourse transition. Initial social distancing restrictions (Timepoint 1; T1) and initial changes to those social distancing restrictions (Timepoint 2; T2) have disrupted postpartum access to practical and emotional support. This qualitative study explores the postpartum psychological experiences of UK women during different phases of the COVID-19 pandemic and associated 'lockdowns'.

Methods

Semi-structured interviews were conducted with 12 women, approximately 30 days after initial social distancing guidelines were imposed in the UK (22 April 2020). A separate 12 women were interviewed approximately 30 days after the initial easing of social distancing restrictions (10 June 2020). Data were transcribed verbatim, uploaded into NVivo for management and analysis, which followed a recurrent cross-sectional approach to thematic analysis.

Results

Two main themes were identified for T1: 'Motherhood is Much Like Lockdown' and 'A Self-Contained Family Unit'. Each main T1 theme contained two sub-themes. Two main themes were also identified for T2: 'Incongruously Held Views of COVID-19' and 'Mothering Amidst the Pandemic'. Each main T2 theme contained three sub-themes. Comparisons between data gathered at each timepoint identified increased emotional distress over time. Current findings call for the improvement of postpartum care by improving accessibility to social support, and prioritising the re-opening of schools, and face-to-face healthcare appointments and visitation.

Conclusion

Social distancing restrictions associated with COVID-19 have had a cumulative, negative effect on postpartum mental health. Recommendations such as: Allowing mothers to 'bubble' with a primary support provider even at their healthcare appointments; allowing one support partner to attend all necessary healthcare appointments; and providing tailored informational resources, may help to support postpartum emotional wellbeing during this, and similar health crises in the future. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-04071-2>

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2021-08889

Impact of COVID-19 pandemic on postpartum depression among mothers of extreme and early preterm infants. Vatcheva T, Mostaert A, Van Ingelgem V, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 3, December 2021, pp 490-495

Objective

To examine the impact of the coronavirus disease 2019 (COVID-19) pandemic and the resulting isolation measures on the risk of postpartum depression (PPD) after preterm birth.

Methods

This is a cross-sectional study of mothers of extreme and early preterm infants who completed the Edinburgh Postnatal Depression Scale (EPDS) at the standardized 3–6 months follow-up consultation for preterm infants. Mothers assessed during the COVID-19 pandemic (n = 34; from April 1, 2020 to March 31, 2021) were compared with an antecedent control group (n = 108; from January 1, 2017 to December 31, 2019). A multivariable logistic regression model was used to examine the relationship between the pandemic and the risk of PPD (EPDS score ≥ 13).

Results

The prevalence of depressive symptoms was significantly higher in the COVID-19 study group (26% versus 12%, $P = 0.043$). The multivariable logistic regression model showed a significant association between the COVID-19 pandemic and the risk of PPD (adjusted odds ratio 3.60, 95% confidence interval 1.06–12.59, $P = 0.040$).

Conclusion

Among mothers of extreme and early preterm infants, the COVID-19 pandemic was independently associated with a higher risk of PPD. This confirms the need for a close and long-term follow up of maternal psychological health after preterm birth.

Synopsis

The COVID-19 pandemic was independently associated with a higher risk of postpartum depression among mothers of extreme and early preterm infants. (Author)

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2021-08210

The association between the COVID-19 pandemic and postpartum care provision. Sakowicz A, Matovina CN, Imeroni SK, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 6, November 2021, 100460

Background

: The COVID-19 pandemic led to a rapid transformation of the healthcare system in order to mitigate viral exposure. In the perinatal context, one change included altering the prenatal visit cadence and utilizing more telehealth methods. Whether this approach had inadvertent negative implications for postpartum care, including postpartum depression screening and contraceptive utilization, is unknown.

Objective

: To examine whether preventative health service utilization, including postpartum depression screening and contraceptive utilization, differed during the COVID-19 pandemic as compared to a pre-pandemic period.

Study Design

: This retrospective cohort study included all pregnant patients who underwent prenatal care within five academic obstetric practices and who delivered at Northwestern Memorial Hospital either before (delivery 9/1/2018-1/1/2019) or during (delivery 2/1/2020-5/15/2020) the COVID-19 pandemic. Completion of postpartum depression screening was assessed by reviewing standardized fields for documentation of this screening within the electronic health records. The method of contraception was ascertained from the postpartum clinical documentation. Patients were classified as initiating long-acting reversible contraception (LARC) if they received Nexplanon or an intrauterine device (IUD) during the delivery hospitalization or within three months following delivery. Bivariable and multivariable analyses were performed.

Results

: Of 2375 pregnant patients included in this study, 1120 (47%) delivered during the COVID-19 pandemic. Pregnant patients who delivered during the COVID-19 pandemic were significantly less likely to have postpartum depression screening performed (45.5% vs 86.2%, $p < 0.01$); this association persisted after adjusting for potential confounders (aOR 0.13, 95% CI 0.11-0.16). Pregnant patients who delivered during the COVID-19 pandemic also were significantly less likely to initiate LARC methods within three months of delivery (13.5% vs 19.6%, aOR 0.67, 95% CI 0.53-0.84).

Conclusion

: The onset of the COVID-19 pandemic is associated with decreases in the completion of postpartum depression screening and fewer overall patients receiving LARC methods for contraception. These data can inform adaptations in healthcare delivery in the midst of the ongoing COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2021.100460>

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2021-08051

Use of postpartum contraception during coronavirus disease 2019 (COVID-19): A retrospective cohort study. Das KJH, Fuerst M, Brown C, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 1, October 2021, pp 64-71

Objective

To assess how use of postpartum contraception (PPC) changed during the COVID-19 public health emergency.

Methods

Billing and coding data from a single urban institution (n = 1797) were used to compare use of PPC in patients who delivered from March to June 2020 (COVID Cohort, n = 927) and from March to June 2019 (Comparison Cohort, n = 895). χ^2 and multivariable logistic regression models assessed relationships between cohorts, use of contraception, and interactions with postpartum visits and race/ethnicity.

Results

In the COVID Cohort, 585 women (64%) attended postpartum visits (n = 488, 83.4%, via telemedicine) compared to 660 (74.7%, in-person) in the Comparison Cohort (P < 0.01). Total use of PPC remained similar: 30.4% (n = 261) in the COVID Cohort and 29.6% (n = 278) in the Comparison Cohort (P = 0.69). Compared to in-person visits in the Comparison Cohort, telemedicine visits in the COVID Cohort had similar odds of insertion of long-acting reversible contraception (LARC) (adjusted odds ratio [aOR] 1.13, 95% confidence interval [CI] 0.78–1.6), but higher odds of inpatient insertion (aOR 6.4, 95% CI 1.7–24.9). Black patients compared to white patients were more likely to initiate inpatient LARC (aOR 7.29, 95% CI 1.81–29.4) compared to the Comparison Cohort (aOR 3.63, 95% CI 0.29–46.19).

Conclusion

Use of PPC remained similar during COVID-19 with a decrease of in-person postpartum visits, new adoption of postpartum telemedicine visits, and an increase in inpatient insertion of LARC with higher odds of inpatient placement among black patients. (Author)

Full URL: <https://doi.org/10.1002/ijgo.13805>

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2021-08041

Giving birth during a pandemic: From elation to psychopathology. Puertas-Gonzalez JA, Mariño-Narvaez C, Romero-Gonzalez B, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 3, December 2021, pp 466-474

Objective

To compare the postpartum psychopathological symptoms of women who gave birth before the pandemic with those who gave birth during the pandemic.

Methods

A total of 212 women participated in the study, of which 96 gave birth before the pandemic and 116 during the pandemic. Psychopathological symptoms, postpartum depression, perceived stress, and resilience were evaluated.

Results

Women who gave birth during the pandemic had higher scores on somatization, obsessions and compulsions, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, and psychoticism. In addition, perceived stress was the common predictor of an increase in these symptoms.

Conclusion

Postpartum is a complicated period in a woman's life. Many psychological adaptations take place and women may be subject to psychological alterations during this period. In addition, women who gave birth during the COVID-19 crisis may show greater psychological vulnerability, due to the specific situation experienced during the pandemic. The COVID-19 pandemic may have played a role in the increase in psychopathological symptoms after childbirth. Detecting possible symptoms postpartum plays a crucial role, because it allows intervening and preventing the development of psychopathologies.

Synopsis

Women who gave birth during the pandemic had higher scores for somatization, obsessions and compulsions, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, and psychoticism. (Author)

Full URL: <https://doi.org/10.1002/ijgo.13803>

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2021-08037

Mortality in pregnancy and the postpartum period in women with severe acute respiratory distress syndrome related to COVID-19 in Brazil, 2020. Scheler CA, Discacciati MG, Vale DM, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 3, December 2021, pp 475-482

Objective: To estimate fatality rates due to severe acute respiratory distress syndrome (ARDS) related to COVID-19 in Brazilian women, comparing pregnant and postpartum women with nonpregnant women.

Methods: A cross-sectional study of 12,566 pregnant and postpartum women (obstetric group) and 90,025 nonpregnant women (nonobstetric group) aged 15-49 years reported with severe ARDS in 2020. The Brazilian ARDS Surveillance System was used to compare the outcome (death or cure) between the groups, considering age, race or comorbidities.

Results: The mortality rate related to ARDS/COVID-19 in the obstetric group was 7.8% (377/4853) compared with 13.9% (5946/42915) in the nonobstetric group. Comorbidity was associated with increased fatality cases for both groups, but higher in the nonobstetric group (22.8% vs 13.3%). In the obstetric group, deaths related to COVID-19 were concentrated in the third trimester or postpartum period. If comorbidity was present, deaths by COVID-19 were 4.4 times higher than ARDS due to other etiologies, and twice higher in women who self-reported as black (13.7%) than white women (6.7%). Considering ARDS etiology, deaths by COVID-19 were 3.4-6.7 times higher than any other etiology.

Conclusion: ARDS related to COVID-19 in obstetric patients was an important factor for worse clinical outcomes, with 3-6 times higher death rates than other ARDS etiologies. Pregnant and postpartum women with severe ARDS related to COVID-19 had a lower fatality rate than nonpregnant women, even with associated comorbidity. (Author)

2021-08035

COVID-19-related deaths among women of reproductive age in Brazil: The burden of postpartum. Knobel R, Takemoto MLS, Nakamura-Pereira M, et al (2021), International Journal of Gynecology & Obstetrics vol 155, no 1, October 2021, pp 101-109

Objective

To compare risk of death due to COVID-19 among pregnant, postpartum, and non-pregnant women of reproductive age in Brazil, using the severe acute respiratory syndrome surveillance system (SARS-SS).

Methods

A secondary analysis was performed of the Brazilian official SARS-SS, with data retrieved up to August 17, 2020. Cases were stratified by pregnancy status, risk factors or co-morbidities, and outcome (death or recovery). Multiple logistic regression was employed to examine associations between independent variables and risk of death.

Results

A total of 24 805 cases were included, with 3129 deaths (12.6%), including 271 maternal deaths. Postpartum was associated with increased risk of death, admission to the intensive care unit (ICU), and mechanical ventilation. Co-morbidities with higher impact on case fatality rate among non-obstetric cases were cancer and neurological and kidney diseases. Among pregnant women, cancer, diabetes mellitus, obesity, and rheumatology diseases were associated with risk of death. In the postpartum subgroup, age over 35 years and diabetes mellitus were independently associated with higher chance of death.

Conclusion

Postpartum was associated with worse outcomes among the obstetric population, despite lower risk of dying without accessing ICU care. Non-pregnant women with cancer, neurological diseases, and kidney diseases have a higher risk of death due to COVID-19. (Author)

Full URL: <https://doi.org/10.1002/ijgo.13811>

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2021-07383

Coagulation assessment with viscoelastic testing in asymptomatic postpartum patients with SARS-CoV-2 infection: a pilot study. Pacheco LD, Berry M, Saad AF, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 225, no 5, November 2021, pp 575-577

Research letter evaluating the coagulation profile of SARS-CoV-2 infected asymptomatic patients during the immediate postnatal period using viscoelastic testing. Results suggest that asymptomatic patients are no more hypercoagulable compared with non-infected individuals. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2021.07.012>

2021-07374

The impact of the COVID-19 pandemic on postpartum contraception planning. Miller HE, Henkel A, Leonard SA, et al (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 5, September 2021, 100412

Research letter exploring postnatal contraception planning during the COVID-19 pandemic. Results demonstrate a significant decrease in people arriving to hospital with a contraception plan and an overall decrease in people being discharged with top-tier contraception. (LDO)

Full URL: <https://doi.org/10.1016/j.ajogmf.2021.100412>

2021-06947

Maternity Services: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 28997, 7 July 2021

Ms Nadine Dorries responds to a written question from Mrs Sharon Hodgson to the Secretary of State for Health and Social Care, regarding what data his Department is collecting to monitor the effectiveness of NHS England guidance, 'Supporting pregnant women using maternity services during the coronavirus pandemic', updated in April 2021; and what steps he is taking to ensure that parents have full access to their babies on neonatal units. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-07-07/28997>

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2021-06230

The perception of Italian pregnant women and new mothers about their psychological wellbeing, lifestyle, delivery, and neonatal management experience during the COVID-19 pandemic lockdown: a web-based survey. Stampini V, Monzani A, Caristia S, et al (2021), BMC Pregnancy and Childbirth vol 21, no 473, 1 July 2021

Background

In response to the COVID-19 pandemic, drastic measures for social distancing have been introduced also in Italy, likely with a substantial impact in delicate conditions like pregnancy and puerperium. The study aimed to investigate the changes in lifestyle, access to health services, and mental wellbeing during the first Italian lockdown in a sample of Italian pregnant women and new mothers.

Methods

We carried out a web-based survey to evaluate how pregnant women and new mothers were coping with the lockdown. We collected data about healthy habits (physical exercise and dietary habits), access to health services (care access, delivery and obstetric care, neonatal care, and breastfeeding), and mental wellbeing (psychological well-being and emotive support). Descriptive analysis was performed for both groups of participants, whereas a Poisson analysis was used to measure the association between some structural variables (age, education, socio-economic data, partner support, contact, free time, previous children, and pregnancy trimester) and anxiety or depression, difficulties in healthy eating and reduction in physical activity after lockdown started. Chi2 and Adjusted Prevalence Ratios were estimated only for pregnant women.

Results

We included 739 respondents (response rate 85.8 %), 600 were pregnant (81.2 %), and 139 (18.8 %) had delivered during lockdown (new mothers). We found a high score for anxiety and depression in 62.8 % of pregnant women and 61.9 % of new mothers. During the lockdown, 61.8 % of pregnant women reduced their physical exercise, and 44.3 % reported eating in a healthier way. 94.0 % of new mothers reported to have breastfed their babies during the hospital stay. Regarding the perceived impact of restrictive measures on breastfeeding, no impact was reported by 56.1 % of new mothers, whereas a negative one by 36.7 %.

Conclusions

The high prevalence of anxiety and depressive symptoms in pregnant women and new mothers should be a public health issue. Clinicians might also recommend and encourage “home” physical exercise. On the other hand, about half of the sample improved their approach towards healthy eating and a very high breastfeeding rate was reported soon after birth: these data are an interesting starting point to develop new strategies for public health. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-03904-4>

2021-06154

Dental care: Coronavirus [written answer]. Scottish Parliament (2021), Official Report Written question S6W-00961, 21 June 2021

Maree Todd responds to a written question asked by Alexander Burnett to the Scottish Government, regarding its position on providing vouchers for one free NHS dental check-up for new mothers that can be redeemed after the baby's first birthday, if the mothers were unable to access this service before the birthday because of COVID-19 restrictions. (LDO)

Full URL: <https://www.parlarnaid-alba.scot/chamber-and-committees/written-questions-and-answers/question?ref=S6W-00961>

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2021-06120

Stress levels among an international sample of pregnant and postpartum women during the COVID-19 pandemic. Wyszynski DF, Hernandez-Diaz S, Gordon-Dseagu V, et al (2021), Journal of Maternal-Fetal and Neonatal Medicine 22 June 2021, online

Background

Stress is a complex condition that can have a profound effect on an individual's sense of wellbeing and their ability to live a happy and healthy life. COVID-19 and its associated stressors have the potential to disrupt numerous facets of our everyday lives. Pregnant and postpartum women are especially vulnerable to changes in the availability of routine health and social care services and of their support networks. The current study sought to explore stress levels and their influencers among an international cohort of pregnant and postpartum women during the COVID-19 pandemic.

Methods

We conducted an anonymous, online, cross-sectional survey in 64 countries between May and June 2020. The survey was hosted on the Pregistry platform and made available in 12 languages, with respondents sought through a variety of social media platforms and parenting forums. In addition to levels of stress, we collected data related to demographics, COVID-19 exposure and worries, lifestyle changes, traditional and social media use, precautionary measures related to COVID-19, and mental health.

Results

In total, 7185 women were included in our sample. We found statistically significant (p-value <0.05) reductions in stress score among older women (≥ 35 years of age), those either living with a partner or married, those who had graduated from college, and those with medical coverage. Higher stress scores were found among women who resided in Africa, Asia and the Pacific, the Middle East, and North America compared with those in Europe. When race and ethnicity were included in the model, black women were found to have higher stress compared to white women. Level of family and community support was inversely associated with level of stress.

Conclusion

Our study is one of the first to explore stress levels among pregnant and postpartum women during the COVID-19 pandemic. We found statistically significant differences in stress levels by age, education, marital status, region of residence, race/ethnicity and level of support. Understanding stress during the COVID-19 pandemic, and exploring ways to address it, will be key to contributing to the mental and physical health of expectant and new mothers, as well as their children, in both the short and long term. (Author)

2021-06114

Maternity Services: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 24878, 30 June 2021

Ms Nadine Dorries responds to a written question asked by Tim Loughton to the Secretary of State for Health and Social Care, regarding what assessment his department has made of the effectiveness of the guidance entitled 'Supporting pregnant women using maternity services during the coronavirus pandemic: actions for NHS providers' in enabling parents' full access together to their baby in neonatal units. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-06-30/24878>

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2021-05636

Triggering of postpartum depression and insomnia with cognitive impairment in Argentinian women during the pandemic COVID-19 social isolation in relation to reproductive and health factors. Miranda AR, Scotta AV, Cortez MV, et al (2021), Midwifery vol 102, November 2021, 103072

Objective

The 2019 coronavirus disease pandemic (COVID-19) required strict confinement measures that differentially impacted the individual's daily life. Thus, this work aimed to study postpartum women's mental health in Argentina during mandatory social isolation.

Design

A cross-sectional survey was conducted from May to July 2020, which included five validated questionnaires to assess postpartum depression (Postpartum Depression Screening Scale-Short Form), insomnia (Insomnia Severity Index), memory complaints (Memory Complaint Scale), metacognition (Brief Metamemory and Metaconcentration Scale), and breastfeeding self-efficacy (Breastfeeding Self-Efficacy Scale-Short Form). Sociodemographic variables, social isolation characteristics, and breastfeeding practices were also collected. This study was conducted in accordance with the Declaration of Helsinki. Statistical analysis included zero-order correlations, multiple logistic regressions, and a set of structural equation models (SEM) to test direct and indirect effects. Goodness-of-fit indices were calculated for SEM.

Setting

Postpartum women were recruited from public hospitals, private health clinics, and online community recruitment in the Cordoba province (Argentina).

Participants

305 postpartum women from Argentina.

Measurements and findings

37% of women reported postpartum depression, 46% insomnia, 42% memory impairment, 60% low metaconcentration, 50% low metamemory, and 23% low breastfeeding efficacy. Also, significant associations were found demonstrating that social isolation promoted postpartum depression and insomnia were reciprocally related, which compromised female cognition and efficacy. This situation was aggravated in women during late postpartum, with previous children, and by low social support (e.g., family, health professionals), with non-exclusive breastfeeding being increased.

Key conclusions

This is the first study addressing postpartum women's mental status during social isolation in Argentina, which was a promoting factor for postpartum depression and insomnia that were reciprocally related. This situation was also aggravated by reproductive factors, such as late postpartum, multiparity, breastfeeding frequency, and non-exclusive breastfeeding. Additionally, breastfeeding self-efficacy depended on mental health status, and euthymia therefore favoured the practice of exclusive breastfeeding. (Author)

2021-05595

Contraceptives: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 21167, 23 June 2021

Jo Churchill responds to a written question from Dame Diana Johnson to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to ensure immediate postpartum contraception is made available in all maternity settings as part of service restoration in a covid-19 recovery context. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-06-23/21167>

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2021-05527

COVID-19 and perinatal intimate partner violence: a cross-sectional survey of pregnant and postpartum individuals in the early stages of the COVID-19 pandemic. Muldoon KA, Denize KM, Talarico R, et al (2021), *BMJ Open* Vol 11, no 5, May 2021, e049295

Objective The objectives of this study were to: (1) document violent and controlling behaviours within intimate partnerships during the perinatal period; and (2) determine individual, interpersonal and household-level factors influencing the risk of perinatal intimate partner violence (IPV).

Design Cross-sectional survey.

Setting The Ottawa Hospital, Department of Obstetrics and Gynecology, Ottawa, Ontario, Canada.

Participants Patients who gave birth at The Ottawa Hospital and were >20 days post partum between 17 March and 16 June 2020.

Main outcomes and measures Perinatal IPV was defined as regular controlling behaviours or act-based forms of emotional/physical/sexual abuse in the 12 months before pregnancy, during pregnancy and/or post partum. Log-binomial multivariable regression models were used to compute adjusted risk ratios (aRRs) and 95% CIs to identify potential risk factors for IPV: maternal age, postpartum depression, parity, increase in partner substance use and household income.

Results Among 216 participants, the median maternal age was 33 years (IQR: 30–36). In total, 52 (24.07%) reported some form of perinatal IPV, 37 (17.13%) reported regular controlling behaviour and 9 (4.17%) reported both. Household income below the municipal median was the strongest risk factor for perinatal IPV (aRR: 3.24, 95% CI: 1.87 to 5.59). There was no apparent association between maternal age (aRR: 0.99, 95% CI: 0.94 to 1.04), postpartum depression (aRR: 1.03, 95% CI: 1.00 to 1.07), nulliparity (aRR: 1.18, 95% CI: 0.71 to 1.97) or increases in partner substance use (aRR: 0.73, 95% CI: 0.42 to 1.25) with IPV.

Conclusion One in four individuals in this study experienced perinatal IPV. Household income was the strongest risk factor, and surprisingly, many hypothesised risk factors (eg, mental health, partner substance use, etc) were not significantly associated with perinatal IPV in this sample. This highlights the challenges in both measuring IPV and identifying individuals exposed to perinatal IPV during the high stress of the COVID-19 pandemic. (Author)

Full URL: <http://dx.doi.org/10.1136/bmjopen-2021-049295>

2021-05191

Coronavirus: Disease Control [written answer]. House of Commons (2020), Hansard Written question 131353, 17 December 2020

Ms Nadine Dorries responds to a written question from Tulip Siddiq to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to provide secure indoor spaces for new mothers outside of private dwellings in areas of Tier 3 covid-19 restrictions. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-12-17/131353>

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2021-05131

Human milk banks in the response to COVID-19: a statement of the regional human milk bank network for Southeast Asia and beyond. Olonan-Jusi E, Zambrano PG, Duong VH, et al (2021), International Breastfeeding Journal vol 16, no 29, 29 March 2021

Background

The World Health Organization (WHO) recommendations on infant feeding in the context of COVID-19 uphold standing recommendations for breastfeeding, non-separation, and skin-to-skin contact, including the use of donor human milk when mother's own milk is not available.

Insufficient guidance on the use of donor human milk and the role of human milk banks in the pandemic response COVID-19 clinical management guidelines in seven countries in Southeast Asia are not aligned with WHO recommendations despite the lack of evidence of transmission through either breastmilk or breastfeeding. The use of safe donor human milk accessed through human milk banks is also insufficiently recommended, even in countries with an existing human milk bank, leading to a gap in evidence-based management of COVID-19. This highlights long-standing challenges as well as opportunities in the safe, equitable, and resilient implementation of human milk banks in the region.

Conclusions

This statement reflects the expert opinion of the Regional Human Milk Bank Network for Southeast Asia and Beyond on the need to revisit national guidelines based on the best evidence for breastfeeding during the COVID-19 pandemic, to incorporate human milk bank services in national obstetric and newborn care guidelines for COVID-19 where possible, and to ensure that operations of human milk banks are adapted to meet the needs of the current pandemic and to sustain donor human milk supply in the long-term. The Network also recommends sustained engagement with the global human milk bank community. (Author)

Full URL: <https://doi.org/10.1186/s13006-021-00376-2>

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2021-05130

The impact of coronavirus outbreak on breastfeeding guidelines among Brazilian hospitals and maternity services: a cross-sectional study. Gonçalves-Ferri WA, Pereira-Cellini FM, Coca KP, et al (2021), International Breastfeeding Journal vol 16, no 30, 31 March 2021

Background

The World Health Organization recognizes exclusive breastfeeding a safe source of nutrition available for children in most humanitarian emergencies, as in the current pandemic caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Despite the Brazilian national guideline protecting breastfeeding practices, there are many concerns about protecting infants from their infected mothers. This study aimed to analyze how the Brazilian hospitals and maternity services promote and support mothers suspected or diagnosed with coronavirus disease (COVID-19).

Methods

This is a descriptive cross-sectional and multicenter study which collected data from 24 Brazilian hospitals and maternity services between March and July 2020. Representatives of the institutions completed a questionnaire based on acts to promote and support breastfeeding, the Baby-Friendly Hospital Initiative, and Brazil's federal law recommendations.

Results

The results showed that in delivery rooms, 98.5% of the services prohibited immediate and uninterrupted skin-to-skin contact between mothers and their infants and did not support mothers to initiate breastfeeding in the first hour. On the postnatal ward, 98.5% of the services allowed breastfeeding while implementing respiratory hygiene practices to prevent transmission of COVID-19. Companions for mothers were forbidden in 83.3% of the hospitals. Hospital discharge was mostly between 24 and 28 h (79.1%); discharge guidelines were not individualized. Additionally, a lack of support was noticed from the home environment's health community network (83.3%). Hospital and home breast pumping were allowed (87.5%), but breast milk donation was not accepted (95.8%). There was a lack of guidance regarding the use of infant comforting strategies. Guidelines specific for vulnerable populations were not covered in the material evaluated.

Conclusions

In Brazil, hospitals have not followed recommendations to protect, promote, and support breastfeeding during the COVID-19 outbreak. The disagreement between international guidelines has been a major issue. The absence of recommendations on breastfeeding support during the pandemic led to difficulties in developing standards among hospitals in different regions of Brazil and other countries worldwide. The scientific community needs to discuss how to improve maternal and infant care services to protect breastfeeding in the current pandemic. (Author)

Full URL: <https://doi.org/10.1186/s13006-021-00377-1>

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2021-05117

Impact of COVID-19 pandemic lockdown on exclusive breastfeeding in non-infected mothers. Latorre G, Martinelli D, Guida P, et al (2021), International Breastfeeding Journal vol 16, no 36, 17 April 2021

Background

The COVID-19 pandemic has posed several challenges to the provision of newborn nutrition and care interventions including maternal support, breastfeeding and family participatory care. Italy was the first country to be exposed to SARS-CoV-2 in Europe. One of the measures adopted by the Italian government during COVID-19 pandemic was the total lockdown of the cities with complete confinement at home. We aimed to examine the impact of the lockdown caused by COVID-19 pandemic on exclusive breastfeeding in non-infected mothers.

Methods

We prospectively enrolled 204 mother-baby dyads during lockdown (9 March to 8 May 2020) that we compared to previously studied 306 mother-baby dyads admitted during the year 2018. To reduce the possible effect of confounding factors on exclusive breastfeeding, a 1:1 matching was performed by using an automatized procedure of stratification that paired 173 mother-baby dyads. Feeding modality was collected at discharge, 30 and 90 days of newborn's life. Exclusive breastfeeding was considered when the infant received only breast milk and no other liquids or solids were given with the exception of vitamins, minerals or medicines.

Results

At discharge 69.4% of infants were exclusively breastfed during lockdown versus 97.7% of control group, 54.3% at 30 days vs 76.3 and 31.8% vs 70.5% at 90 days ($p < 0.001$). The proportion of breastfeeding remaining exclusive from discharge to 30-day was similar between groups (about 80%), but it was lower in lockdown group than in control cohort (58.5% vs 92.4%, $p < 0.001$) from 30- to 90-days.

Conclusions

Lockdown and home confinement led to a decrease of exclusively breastfeeding in the studied population. Considering the timing to shift from exclusive to non-exclusive breastfeeding, differences between study groups were concentrated during hospital stay and from 30- to 90 days of a newborn's life, confirming that the hospital stay period is crucial in continuing exclusive breastfeeding at least for the first 30 days, but no longer relevant at 90 days of life. (Author)

Full URL: <https://doi.org/10.1186/s13006-021-00382-4>

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2021-05077

Role of human milk banks amid COVID 19: perspective from a milk bank in India. Bhasin M, Nangia S, Goel S, et al (2020), International Breastfeeding Journal vol 15, no 104, 2 December 2020

The COVID-19 pandemic has had a significant impact on the operation of donor human milk banks in various countries such as China, Italy and India. It is understandable that this impact on operations of donor human milk might hamper the capability of these milk banks to provide sufficient pasteurized donor milk to neonates who need it. Contrary to developed world, predominant donors in developing nations are mothers of hospitalised neonates who have a relatively long period of hospital stay. This longer maternal hospital stay enhances the feasibility of milk donation by providing mothers with access to breast pumps to express their milk. Any excess milk a mother expresses which is above the needs of their own infant can be voluntarily donated. This physical proximity of milk banks to donors may help continuation of human milk donation in developing nations during the pandemic. Nevertheless, protocols need to be implemented to i) ensure the microbiological quality of the milk collected and ii) consider steps to mitigate potential consequences related to the possibility of the donor being an asymptomatic carrier of COVID-19. We present the procedural modifications implemented at the Comprehensive Lactation Management Centre at Lady Hardinge Medical College in India to promote breastfeeding and human milk donation during the pandemic which comply with International and National guidelines. This commentary provides a perspective from a milk bank in India which might differ from the perspective of the international donor human milk banking societies. (Author)

Full URL: <https://doi.org/10.1186/s13006-020-00346-0>

2021-05053

Postpartum mental illness during the COVID-19 pandemic: a population-based, repeated cross-sectional study. Vigod SN, Brown HK, Huang A, et al (2021), Canadian Medical Association Journal vol 193, no 23, 7 June 2021, pp E835-E843

BACKGROUND: It is unclear whether the clinical burden of postpartum mental illness has increased during the COVID-19 pandemic. We sought to compare physician visit rates for postpartum mental illness in Ontario, Canada, during the pandemic with rates expected based on prepandemic patterns.

METHODS: In this population-based, repeated cross-sectional study using linked health administrative databases in Ontario, Canada, we used negative binomial regression to model expected visit rates per 1000 postpartum people for March–November 2020 based on prepandemic data (January 2016–February 2020). We compared observed visit rates to expected visit rates for each month of the pandemic period, generating absolute rate differences, incidence rate ratios (IRRs) and their 95% confidence intervals (CIs). The primary outcome was a visit to a primary care physician or a psychiatrist for any mental disorder. We stratified analyses by maternal sociodemographic characteristics.

RESULTS: In March 2020, the visit rate was 43.5/1000, with a rate difference of 3.11/1000 (95% CI 1.25–4.89) and an IRR of 1.08 (95% CI 1.03–1.13) compared with the expected rate. In April, the rate difference (10.9/1000, 95% CI 9.14–12.6) and IRR (1.30, 95% CI 1.24–1.36) were higher; this level was generally sustained through November 2020. From April–November, we observed elevated visit rates across provider types and for diagnoses of anxiety, depressive and alcohol or substance use disorders. Observed increases from expected visit rates were greater for people 0–90 days postpartum compared with 91–365 days postpartum; increases were small among people living in low-income neighbourhoods. Public health units in the northern areas of the province did not see sustained elevations in visit rates after July; southern health units had elevated rates through to November.

INTERPRETATION: Increased visits for mental health conditions among postpartum people during the first 9 months of the COVID-19 pandemic suggest an increased need for effective and accessible mental health care for this population as the pandemic progresses. (Author)

Full URL: <https://doi.org/10.1503/cmaj.210151>

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2021-05051

Covid-19 saw spike in new mothers seeking help with mental health. Ford S (2021), Nursing Times 7 June 2021

Mental health consultations among new mothers were 30% higher during the Covid-19 pandemic than before it, particularly during the first three months after birth, suggests Canadian research (1).

1. Vigod SN et al. Canadian Medical Association Journal, vol 193, no 23, 7 June 2021, E835-E843.

<https://doi.org/10.1503/cmaj.210151>. (Author)

Full URL: <https://www.nursingtimes.net/news/research-and-innovation/covid-19-saw-spike-in-new-mothers-seeking-help-with-mental-health-07-06-2021/>

2021-05011

Maternity Services: Face-to-Face Visits [written answer]. Northern Ireland Assembly (2021), Hansard Written question AQW 17181/17-22, 13 April 2021

The Minister of Health responds to a written question from Ms Sinéad Bradley to the Northern Ireland Assembly, asking for the most up to date guidance issued to residential and social care sector providers in order to facilitate face-to-face visits for residents and their families. The advice includes guidance for maternity services. (JSM)

Full URL: <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=333501>

2021-04713

Maternity Services: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 10600, 4 June 2021

Ms Nadine Dorries responds to a written question asked by Emma Hardy to the Secretary of State for Health and Social Care regarding whether he plans to review guidance on postnatal visits during the covid-19 outbreak to remove restrictions on visiting times. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-06-04/10600>

2021-04629

Mistakes from the HIV pandemic should inform the COVID-19 response for maternal and newborn care. Gribble K, Mathisen R, Ververs M, et al (2020), International Breastfeeding Journal vol 15, no 67, 25 July 2020

Background

In an effort to prevent infants being infected with SARS-CoV-2, some governments, professional organisations, and health facilities are instituting policies that isolate newborns from their mothers and otherwise prevent or impede breastfeeding.

Weighing of risks is necessary in policy development

Such policies are risky as was shown in the early response to the HIV pandemic where efforts to prevent mother to child transmission by replacing breastfeeding with infant formula feeding ultimately resulted in more infant deaths. In the COVID-19 pandemic, the risk of maternal SARS-CoV-2 transmission needs to be weighed against the protection skin-to-skin contact, maternal proximity, and breastfeeding affords infants.

Conclusion

Policy makers and practitioners need to learn from the mistakes of the HIV pandemic and not undermine breastfeeding in the COVID-19 pandemic. It is clear that in order to maximise infant health and wellbeing, COVID-19 policies should support skin-to-skin contact, maternal proximity, and breastfeeding. (Author)

Full URL: <https://doi.org/10.1186/s13006-020-00306-8>

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2021-04625

Breastfeeding mothers with COVID-19 infection: a case series. Pereira A, Cruz-Melguizo S, Adrien M, et al (2020), International Breastfeeding Journal vol 15, no 69, 8 August 2020

Background

The first reports of the Chinese experience in the management of newborns of mothers with SARS-CoV 2 infection did not recommend mother-baby contact or breastfeeding. At present, the most important International Societies, such as WHO and UNICEF, promote breastfeeding and mother-baby contact as long as adequate measures to control COVID-19 infection are followed. In cases where maternal general health conditions impede direct breastfeeding or in cases of separation between mother and baby, health organizations encourage and support expressing milk and safely providing it to the infants.

Methods

A series of 22 case studies of newborns to mothers with COVID-19 infection from March 14th to April 14th, 2020 was conducted. Mothers and newborns were followed for a median period of 1.8 consecutive months.

Results

Out of 22 mothers, 20 (90.9%) chose to breastfeed their babies during hospital admission. Timely initiation and skin to skin contact at delivery room was performed in 54.5 and 59.1%, respectively. Eighty two percent of newborns to mothers with COVID-19 were fed with breast milk after 1 month, decreasing to 77% at 1.8 months. Six of 22 (37.5%) mothers with COVID-19 required transitory complementary feeding until exclusive breastfeeding was achieved. During follow-up period, there were no major complications, and no neonates were infected during breastfeeding.

Conclusions

Our experience shows that breastfeeding in newborns of mothers with COVID-19 is safe with the adequate infection control measures to avoid mother-baby contagion. Supplementing feeding with pasteurized donor human milk or infant formula may be effective, until exclusive breastfeeding is achieved. (Author)

Full URL: <https://doi.org/10.1186/s13006-020-00314-8>

2021-04560

The impact of COVID-19 restrictions on women's pregnancy and postpartum experience in England: A qualitative exploration. Riley V, Ellis N, MacKay L, et al (2021), Midwifery vol 101, October 2021, 103061

Qualitative study aiming to explore the impact of COVID-19 restrictions on women's experiences of pregnancy and the postnatal period. Findings suggest that restrictions had a negative impact on the overall pregnancy journey, and participants struggled with the lack of information and isolation from friends and family. However, the majority of women reported positive birth experiences and felt reassured by the 'safety bubble' in the hospital setting. (LDO)

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2021-04555

COVID-19 guidelines for pregnant women and new mothers: A systematic evidence review. DiLorenzo MA, O'Connor SK, Ezekwesili C, et al (2021), International Journal of Gynecology & Obstetrics Vol 153, no 3, June 2021, pp 373-382

Background

Nearly a year after COVID-19 was initially detected, guidance for pregnant and new mothers remains varied.

Objective

The goal of this systematic review is to summarize recommendations for three areas of maternal and fetal care—breastfeeding, post-partum social distancing, and decontamination.

Search strategy

We searched PubMed, Embase and Web of Science spanning from inception to November 9, 2020.

Selection criteria

Articles were included if they focused on COVID-positive mothers, commented on at least one of the three areas of interest, and were published in English.

Data collection and analysis

Our combined database search yielded 385 articles. After removing duplicates and articles that did not cover the correct populations or subject matter, a total of 74 articles remained in our analysis.

Main results

Most articles recommended direct breastfeeding with enhanced precaution measures. Recommendations regarding post-partum social distancing varied, although articles published more recently often recommended keeping the mother and newborn in the same room when possible. Decontamination recommendations emphasized mask wearing, good hand hygiene, and proper cleaning of surfaces.

Conclusion

In general, there was a focus on shared decision making when approaching topics such as breastfeeding and post-partum social distancing. Guidelines for decontamination were fairly uniform. (Author)

Full URL: <https://doi.org/10.1002/ijgo.13668>

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2021-04548

Acceptability of ENG-releasing subdermal implants among postpartum Brazilian young women during the COVID-19 pandemic. Barbieri MM, Herculano TB, Silva AD, et al (2021), International Journal of Gynecology & Obstetrics vol 154, no 1, July 2021, pp 106-112

Objective

To evaluate etonogestrel (ENG)-implant acceptance during the immediate postnatal period among adolescents and young women during the COVID-19 pandemic, and to compare variables according to choice and discuss possible implications of this measure during the pandemic period.

Methods

A cross-sectional study was designed. All women aged up to 24 years, who delivered between April 25, 2020, and June 24, 2020, at Women's Hospital, University of Campinas, São Paulo, Brazil were considered. The ENG-implant or other contraceptive methods were offered prior to hospital discharge. The participants were split into two groups: (1) those who chose the ENG-implant and (2) those that refused the implant. Descriptive, bivariate, and multivariate analyses were performed.

Results

151 women were included, with 76.2% selecting the ENG-implant. The average age was 19.5 years; 73.2% of pregnancies were unplanned, 32.5% already had a previous pregnancy, 74% were single, and 75.5% were not in full time education. Further, 70.5% had previously used contraceptives, with 89.1% unsatisfied with their previous method that opted for the ENG-implant (P = 0.07).

Conclusion

Offering the ENG-implant to youths during the immediate postnatal period is evidence-based care, and contraceptive provision is an essential health promotion tool, even during a pandemic. Thinking quickly about public policies in times of crisis is important to guarantee sexual and reproductive rights.(Author)

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2021-04537

Health-related quality of life and quality of care in pregnant and postnatal women during the coronavirus disease 2019 pandemic: A cohort study. Alaya F, Worrall A, O'Toole F, et al (2021), International Journal of Gynecology & Obstetrics vol 154, no 1, July 2021, pp 100-105

Objective

Health-related quality of life (HRQoL) and the delivery of high-quality care are ongoing concerns when caring for pregnant women during the coronavirus disease 2019 (COVID-19) pandemic. We compared self-reported HRQoL and hospital quality of care among perinatal women with and without COVID-19.

Methods

This is a prospective cohort study of perinatal women attending a tertiary maternity unit during the pandemic. Eighteen women who tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and 20 SARS-CoV-2-negative women were recruited. Participants completed the Short Form Health Survey (SF-12), Clinical Outcomes in Routine Evaluation-Outcome Measure, and Quality from the Patient's Perspective questionnaires. Mean scores were compared.

Results

Of the Non-COVID-19 cohort, 95% (n = 19) were Caucasian, whereas 67% (n = 12) of the COVID-19 cohort were not Caucasian ($\chi^2 = 16.01$, $P < 0.001$). The mean SF-12 for physical health in the COVID-19 cohort had significantly lower scores ($P < 0.002$). There was no difference in mental health and well-being between cohorts. The quality of care experienced was notably similar and very positive.

Conclusion

There was a significantly greater burden on physical health among pregnant women with COVID-19. Mental health and psychological status were similar in both groups. High quality of care during a pandemic is possible to deliver in a maternity setting, irrespective of COVID-19 status. (Author)

Full URL: <https://doi.org/10.1002/ijgo.13711>

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2021-04527

Does mild thrombocytopenia increase peripartum hemorrhage in elective cesarean deliveries? A retrospective cohort study.

Işıkalan MM, Özkaya EB, Özkaya B, et al (2021), International Journal of Gynecology & Obstetrics Vol 153, no 1, April 2021, pp 89-94

Objective

To investigate the effect of mild thrombocytopenia (platelet count: 100 000–149 000/ μ l) on peripartum hemorrhage in elective cesarean deliveries.

Methods

This study was conducted between January 2018 and May 2019 in a hospital, located in Konya, Turkey. Uncomplicated pregnancies undergoing elective cesarean section were included. Of 1992 eligible patients, 201 women were determined as the mild thrombocytopenia group, 48 women as the severe thrombocytopenia group, and 1743 women as the control group. The estimated blood loss volume (EBLV), the need for blood transfusion, and excessive blood loss rates were compared among groups. Logistic regression analysis was performed for potential confounding factors.

Results

The EBLV and excessive blood loss ratios were significantly higher in the mild thrombocytopenia group compared with the control group ($P < 0.001$ and $P < 0.05$, respectively). There was no significant difference between the mild thrombocytopenia and control groups in terms of the number of patients receiving a blood transfusion. The probability of excessive blood loss was significantly higher in the mild thrombocytopenia group, even after adjusting the odds ratio for confounding factors (adjusted odds ratio 1.94, 95% confidence interval 1.27–2.95, $P = 0.002$).

Conclusion

Mild thrombocytopenia appears to increase the likelihood of peripartum hemorrhage in elective cesarean deliveries in uncomplicated pregnancies. (Author)

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2021-04526

Giving birth during the COVID-19 pandemic: The impact on birth satisfaction and postpartum depression. Mariño-Narvaez C, Puertas-Gonzalez JA, Romero-Gonzalez B, et al (2021), International Journal of Gynecology & Obstetrics Vol 153, no 1, April 2021, pp 83-88

Objective

To understand how giving birth during the coronavirus disease 2019 (COVID-19) pandemic affected women based on birth parameters (gestational age, type of birth and body weight at birth), satisfaction with childbirth, and development of postpartum depression.

Methods

This is a cross-sectional study of 162 Spanish women. They were divided into two groups: those who gave birth before the pandemic (n = 82; from September 1, 2019 to March 1, 2020) and during the pandemic (n = 75; from April 1, 2020 to July 1, 2020). They were assessed using psychological instruments for postpartum childbirth satisfaction and postpartum depression.

Results

It was found that women who gave birth during the pandemic suffered higher levels of stress during childbirth (U = 2652.50; P = 0.040) and gave a worse rating of the quality of care received (U = 2703.50; P = 0.041). In addition, the percentage of postpartum depression was much higher in women who gave birth during the pandemic ($\chi^2 = 4.31$; P = 0.038).

Conclusion

Giving birth during the COVID-19 pandemic could have an impact on greater dissatisfaction with childbirth, as well as increasing the risk of postpartum depression. (Author)

2021-04510

Families holding on: how will they bounce back after Covid?. Waters J (2021), Community Practitioner vol 94, no 3, May/June 2021, pp 36-41

Young families have been under tremendous pressure from all directions during the Covid-19 pandemic. Journalist Jo Waters investigates what new parents, babies and toddlers, and parents of young children have been experiencing and asks what support they will need. (Author)

2021-03827

Postnatal Depression: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 2907, 18 May 2021

Ms Nadine Dorries responds to a written question from Andrew Rosindell to the Secretary of State for Health and Social Care, regarding what assessment his Department has made of trends in rates of postnatal depression in new mothers during the covid-19 lockdown. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-05-18/2907>

2021-03645

Maternity Hospitals: Visiting [written answer]. Northern Ireland Assembly (2021), Hansard Written question AQW 18305/17-22, 20 May 2021

The Minister of Health responds to a written question from Claire Sugden to the Northern Ireland Assembly, detail his plans to recommence normal visitation rights of partners to expectant and new mothers in hospitals. (JSM)

Full URL: <http://aims.niassembly.gov.uk/questions/searchresults.aspx?&qf=0&asb=86&tbm=0&anb=0&abp=0&sp=1&qfv=1&asbv=4145&tbmv=1&anbv=0&abpv=0&spv=23&ss=HBTpOUVOBh74FABIUy0XzQ==&per=1&fd=&td=&pm=0&asbt=Sugden,%20Claire&anbt=All%20Ministers&abpt=All%20Parties&spt=2020-2021>

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2021-03644

Maternity Services, General Visiting Services, Care Homes: COVID-19 [written answer]. Northern Ireland Assembly (2021), Hansard Written question AQW 18578/17-22, 7 May 2021

The Minister of Health responds to a written question from Colm Gildernew to the Northern Ireland Assembly, regarding how many (i) maternity services; (ii) general visiting services; and (iii) care homes are COVID-19 secure as per the definition in the visiting guidance. (JSM)

Full URL: <http://aims.niassembly.gov.uk/questions/searchresults.aspx?&qf=0&asb=39&tbm=0&anb=0&abp=0&sp=1&qfv=1&asbv=6161&tbmv=1&anbv=0&abpv=0&spv=23&ss=kb6VxFzTND6KbF7sKMzJVg==&per=1&fd=&td=&pm=0&asbt=Gildernew,%20Colm&anbt=All%20Ministers&abpt=All%20Parties&spt=2020-2021>

2021-03467

Maternal psychological distress & mental health service use during the COVID-19 pandemic. Cameron EE, Joyce KM, Delaquis CP, et al (2020), Journal of Affective Disorders vol 276, 1 November 2020, pp 765-774

Background

Mental health problems are increasingly recognized as a significant and concerning secondary effect of the COVID-19 pandemic. Research on previous epidemics/pandemics suggest that families, particularly mothers, may be at increased risk, but this population has yet to be examined. The current study (1) described prevalence rates of maternal depressive and anxiety symptoms from an online convenience sample during the COVID-19 pandemic, (2) identified risk and protective factors for elevated symptoms, and (3) described current mental health service use and barriers.

Methods

Participants (N = 641) were mothers of children age 0–8 years, including expectant mothers. Mothers completed an online survey assessing mental health, sociodemographic information, and COVID-19-related variables.

Results

Clinically-relevant depression was indicated in 33.16%, 42.55%, and 43.37% of mothers of children age 0–18 months, 18 months to 4 years, and 5 to 8 years, respectively. Prevalence of anxiety was 36.27%, 32.62%, and 29.59% for mothers across age groups, respectively. Binary logistic regressions indicated significant associations between risk factors and depression/anxiety across child age groups.

Limitations

Cross-sectional data was used to describe maternal mental health problems during COVID-19 limiting the ability to make inferences about the long-term impact of maternal depression and anxiety on family well-being.

Conclusions

Maternal depression and anxiety appear to be elevated in the context of COVID-19 compared to previously reported population norms. Identified risk factors for depression and anxiety across different child age ranges can inform targeted early intervention strategies to prevent long-term impacts of the COVID-19 pandemic on family well-being and child development. (Author)

2021-03396

Covid: YouTuber's 'miracle' survival after post-natal coma. Anon (2021), BBC News 12 May 2021

A YouTuber who was in a coma for three months with Covid-19 has said it was a "miracle" she survived. (Author)

Full URL: <https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-57071645>

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2021-03038

Mental health status of pregnant and breastfeeding women during the COVID-19 pandemic—A multinational cross-sectional study. Ceulemans M, Foulon V, Ngo E, et al (2021), *Acta Obstetrica et Gynecologica Scandinavica* vol 100, no 7, July 2021, pp 1219-1229

Introduction

Evidence on perinatal mental health during the coronavirus disease 2019 (COVID-19) pandemic and its potential determinants is limited. Therefore, this multinational study aimed to assess the mental health status of pregnant and breastfeeding women during the pandemic, and to explore potential associations between depressive symptoms, anxiety, and stress and women's sociodemographic, health, and reproductive characteristics.

Material and methods

A cross-sectional, web-based study was performed in Ireland, Norway, Switzerland, the Netherlands, and the UK between 16 June and 14 July 2020. Pregnant and breastfeeding women up to 3 months postpartum who were older than 18 years of age were eligible. The online, anonymous survey was promoted through social media and hospital websites. The Edinburgh Depression Scale (EDS), the Generalized Anxiety Disorder seven-item scale (GAD-7), and the Perceived Stress Scale (PSS) were used to assess mental health status. Regression model analysis was used to identify factors associated with poor mental health status.

Results

In total, 9041 women participated (including 3907 pregnant and 5134 breastfeeding women). The prevalence of major depressive symptoms (EDS ≥ 13) was 15% in the pregnancy cohort and 13% in the breastfeeding cohort. Moderate to severe generalized anxiety symptoms (GAD ≥ 10) were found among 11% and 10% of the pregnant and breastfeeding women. The mean (\pm SD) PSS scores for pregnant and breastfeeding women were 14.1 ± 6.6 and 13.7 ± 6.6 , respectively. Risk factors associated with poor mental health included having a chronic mental illness, a chronic somatic illness in the postpartum period, smoking, having an unplanned pregnancy, professional status, and living in the UK or Ireland.

Conclusions

This multinational study found high levels of depressive symptoms and generalized anxiety among pregnant and breastfeeding women during the COVID-19 outbreak. The study findings underline the importance of monitoring perinatal mental health during pandemics and other societal crises to safeguard maternal and infant mental health. (Author)

Full URL: <https://doi.org/10.1111/aogs.14092>

2021-02986

Protecting Milk Supply During the COVID-19 Pandemic. Spatz DL (2020), *MCN - American Journal of Maternal/Child Nursing* vol 45, no 5, September-October 2020, p 310

During the pandemic, supporting needs of childbearing families and the role of human milk as a lifesaving medical intervention should not be forgotten. International organizations such as the United Nations Children's Fund and the World Health Organization have recommended early, exclusive breastfeeding and skin-to-skin contact during COVID-19 including women who are positive for the virus. Our breastfeeding expert, Dr. Spatz, offers details of these recommendations. (Author)

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2021-02605

Depression, Anxiety, Resilience, and Coping: The Experience of Pregnant and New Mothers During the First Few Months of the COVID-19 Pandemic. Kinser PA, Jallo N, Amstadter AB, et al (2021), Journal of Women's Health vol 30, no 5, May 2021, pp 654-664

Background: It is well-documented that the mental health of pregnant and postpartum women is essential for maternal, child, and family well-being. Of major public health concern is the perinatal mental health impacts that may occur during the ongoing COVID-19 pandemic. It is essential to explore the symptom experience and predictors of mental health status, including the relationship between media use and mental health.

Materials and Methods: The purpose of this study is to evaluate the experiences of pregnant and postpartum women (n = 524) in the United States in the early phase of the COVID-19 pandemic. This cross-sectional online observational study collected psychosocial quantitative and qualitative survey data in adult pregnant and postpartum (up to 6 months postdelivery) women in April–June 2020.

Results: Multivariable linear regression models were used to evaluate predictors of depressive symptoms, anxiety, and post-traumatic stress disorder. The most common predictors were job insecurity, family concerns, eating comfort foods, resilience/adaptability score, sleep, and use of social and news media. Qualitative themes centered on pervasive uncertainty and anxiety; grief about losses; gratitude for shifting priorities; and use of self-care methods including changing media use.

Conclusions: This study provides information to identify risk for anxiety, depression, and PTSD symptoms in perinatal women during acute public health situations. Women with family and job concerns and low resilience/adaptability scores seem to be at high risk of psychological sequelae. Although use of social media is thought to improve social connectedness, our results indicate that increased media consumption is related to increased anxiety symptoms. (Author)

Full URL: <https://doi.org/10.1089/jwh.2020.8866>

2021-02330

Forgotten fathers: The impact of service reduction during Covid-19. Menzies J (2021), Journal of Health Visiting vol 9, no 4, April 2021, pp 150-153

Health service restrictions and redeployment of health visitors during the Covid-19 pandemic has left families and fathers without vital home visits and face-to-face support in pregnancy and parenting. What will be the consequences? (Author)

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2021-01926

Consequences of the COVID-19 pandemic on the postpartum course: Lessons learnt from a large-scale comparative study in a teaching hospital. Kugelman N, Toledano-Hacohen M, Karmaker D, et al (2021), International Journal of Gynecology & Obstetrics vol 153, no 2, May 2021, pp 315-321

Objective

To evaluate the consequences of COVID-19 pandemic restrictions on the postpartum course.

Methods

A retrospective cross-sectional study compared women who gave birth between March and April 2020 (first wave), between July to September 2020 (second wave), and a matched historical cohort throughout 2017–2019 (groups A, B, and C, respectively). Primary outcomes were postpartum length of stay (LOS), presentations to the emergency department (ED), and readmissions 30 days or longer after discharge. Following Bonferroni correction, $p < 0.016$ was considered statistically significant.

Results

In total, 3377 women were included: 640, 914, and 1823 in groups A, B, and C, respectively. LOS after birth (both vaginal and cesarean) was shorter in groups A and B compared to the control group (2.28 ± 1.01 and 2.25 ± 0.93 vs 2.55 ± 1.10 days, $p < 0.001$). Rates of ED presentations 30 days after discharge were higher in groups C and B compared to group A (6.63% and 6.45% vs 3.12%, $p = 0.006$). Rates of readmissions 30 days after discharge were 0.78%, 1.42%, and 1.09% (groups A, B, and C, respectively), demonstrating no statistical difference ($p = 0.408$).

Conclusion

During the COVID-19 pandemic, there was a reduction or no change in rates of ED presentations and readmissions, despite the shortened LOS after delivery. A shift in policy regarding the postpartum LOS could be considered.

2021-01852

Parental perception of neonatal ICU visitation during the COVID-19 pandemic. Ashini A, Alsoufi A, Elhadi M (2021), International Journal of Gynecology & Obstetrics vol 153, no 3, June 2021, pp 554-555

Actions and efforts to promote strategies, such as psychiatric teleconsultation or debriefing of parents who have their babies in neonatal intensive care units, are needed to mitigate psychological distress. (Author)

2021-01599

Nurse meets her baby for first time after 76-day coronavirus ordeal. Ford M (2021), Nursing Times 29 January 2021

A nurse who has no memory of giving birth while fighting for her life in hospital with Covid-19 has told of the “special moment” she was able to hold her daughter for the first time after almost three months. (Author)

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2021-01511

Effects of the COVID-19 pandemic on perinatal mental health in Spain: Positive and negative outcomes. Chaves C, Marchena C, Palacios B, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* 15 January 2021, online

Background

Previous studies have shown that perinatal distress has a negative influence on pregnancy outcome and the physiological development of the baby.

Objective

The aim of this study was to describe the effects of the COVID-19 pandemic on maternal perinatal mental health in Spain.

Methods

Seven hundred and twenty-four women (N = 450 pregnancy, N = 274 postpartum) were recruited online during the pandemic. The Edinburgh Postnatal Depression Scale, the Positive and Negative Affect Schedule, and the Satisfaction With Life Scale were administered. Variables related to sociodemographic information, the COVID-19 pandemic, and perinatal care were also assessed.

Findings

The results showed that 58% of women reported depressive symptoms. Moreover, 51% of women reported anxiety symptoms. On the other hand, a regression analysis for life satisfaction showed that besides the perception about their own health, marital status or being a health practitioner were also significant predictors during pregnancy. However, perception about baby's health and sleep, perception about their own health, and marital status were significant predictors of life satisfaction during the postpartum stage.

Discussion

Women assessed during the COVID-19 pandemic reported high rates of psychological distress.

Conclusion

These results highlight the need of clinical support during this period. Knowing the routes to both distress and well-being may help maternity services to effectively cope with the pandemic.

20210120-25*

Behind a screen: Supporting first-time parents in Casey during COVID-19. Byrne R (2020), *Australian Nursing and Midwifery Journal* vol 26, no 11, July-September 2020, pp 16-17

Located in Melbourne's outer South East, the City of Casey is one of the most populous municipalities in Victoria with more than 350,000 residents from over 150 different cultural backgrounds, speaking over 140 languages and following over 120 faiths. Last financial year (2018-2019) over 5,300 new babies were born in Casey, with approximately 2,140 of these babies born to first time parents. (Author)

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

2021-00964

Coronavirus: Screening [written answer]. House of Commons (2021), Hansard Written question 164355, 8 March 2021

Ms Nadine Dorries responds to a written question from Sir Mark Hendrick to the Secretary of State for Health and Social Care, regarding whether newborns can be discharged to the care of (a) fathers, (b) partners and (c) family members in the event that a mother is awaiting test results for covid-19 after birth. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-08/164355>

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2021-00870

Impact of COVID-19 on psychosocial functioning of peripartum women: A qualitative study comprising focus group discussions and in-depth interviews. Kumari A, Ranjan P, Sharma KA, et al (2021), International Journal of Gynecology & Obstetrics vol 152, no 3, March 2021, pp 321-327

Objective

Peripartum is a period of profound hormonal changes in the body and COVID-19 seems to have an additional impact on these women's psychosocial functioning. This calls for a need to address the psychosocial and behavioural impact of COVID-19 on peripartum women's lives.

Methods

Three focus group discussions and ten in-depth interviews were conducted. A format to guide discussions and interviews was made to bring uniformity across groups and participants. Participants were recruited through purposive sampling. In verbatim transcription was done, followed by thematic analysis to extract key conceptual themes.

Results

Fourteen pregnant and eleven postpartum women were included. The mean age was 28.5 years. Two major domains were identified: 1) the psychological domain including the categories of thoughts, emotions, and behaviour, and 2) the social domain comprising categories of relationships with family members and friends, perceived loss of social support, doctor-patient relationship, and social determinants of health.

Conclusion

The pandemic has indeed affected the psychosocial functioning of peripartum women. The study results might prove to be helpful for clinicians and mental health specialists who can suggest and develop different coping strategies for peripartum women during this pandemic.

Synopsis

This FGD shows how COVID-19 has affected the psychosocial functioning of peripartum women in LMICs and highlights the need to develop strategies to mitigate them.

2021-00854

Prisoners: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 161665, 2 March 2021

Alex Chalk responds to a written question asked by Ms Harriet Harman to the Secretary of State for Justice, regarding what assessment his Department has made of the effect of the January 2021 COVID-19 restrictions on the mental and emotional wellbeing of (a) new fathers in the prison system, (b) new mothers in the prison system and (c) the prison population. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-02/161665>

2021-00853

Prisoners: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 161666, 2 March 2021

Alex Chalk responds to a written question asked by Ms Harriet Harman to the Secretary of State for Justice, regarding what assessment he has made of the effect of the January 2021 COVID-19 restrictions on the mental and emotional wellbeing of children with (a) mothers and (b) fathers in the prison system. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-03-02/161666>

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2021-00788

Correlation between depressive symptoms and sexual dysfunction in postpartum women during the COVID-19 pandemic.

Lorentz MS, Chagas LB, Perez AB, et al (2021), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 258, March 2021, pp 162-167

Objective

To evaluate the relation between sexual function and depressive symptoms in puerperal women during the pandemic period.

Study design

Prospective cohort with 125 women evaluated in the immediate postpartum period (before the pandemic - T1) in Hospital de Clínicas de Porto Alegre, 3 months (pandemic onset - T2) and 6 months (pandemic peak - T3) after birth by email and WhatsApp. The Female Sexual Function Index (FSFI) and the Edinburgh Postnatal Depression Scale (EPDS) were applied.

Results

Fifty puerperal women participated in the three periods of the study. The median age was 25 years. There was an inverse correlation between the FSFI and EPDS values at T2 ($p < 0.001$) and T3 ($p < 0.001$), demonstrating that the worsening sexual response was secondary to the higher prevalence of depressive symptoms in the puerperium in the COVID-19 pandemic. There was an increase in EPDS scores in the three periods: at T1, the EPDS scores were 5.0 (2.0–9.0), increasing to 7.0 (4.0–14.0) at T2 and 6.5 (3.0–13.0) at T3 ($p = 0.004$). There was no difference between the FSFI index at the three evaluated times.

Conclusions

Puerperal women are a susceptible subgroup for sexual dysfunction and depressive symptoms, which are correlated to each other and worsen in periods of stress, therefore, it is mandatory to investigate depressive symptoms in puerperal women with sexual complaints, especially during the COVID-19 pandemic.

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.12.039>

2021-00708

When support stops. Warr P (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Polly Warr's postnatal care was hugely reduced during the Covid-19 pandemic. (Author)

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

2021-00504

Prison: Health visiting [written answer]. Scottish Government (2021), Official Report Written question S5W-35169, 11 February 2021

Jeane Freeman responds to a written question from Alex Cole-Hamilton to the Scottish Government, regarding what guidance it has published for health visitors regarding in-person visits to see new babies under the current COVID-19 restrictions, and what its response is to reports that there is a variance across the country in the number of home visits that are being made. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-35169>

2021-00456

Born in Lockdown: Mothers' stories of giving birth in 2020. Hallett E (2021), BBC News 23 February 2021

It is a book with 277 authors but with one shared experience - becoming a new mother in 2020. The mothers speak about their isolation, uncertainty and the pressure placed on their mental health by the pandemic, but some say they were also able to find "silver linings" and positives that have come out of an extraordinary joint experience. (Author)

Full URL: <https://www.bbc.co.uk/news/uk-england-55999977>

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2021-00448

Mental Health & Parental Concerns during COVID-19: The Experiences of New Mothers Amidst Social Isolation. Ollivier R, Aston M, Price S, et al (2021), Midwifery vol 94, March 2021, 102902

Background

: The COVID-19 pandemic has resulted in an unprecedented situation for new parents, with public health orders greatly affecting daily life as well as various aspects of parenting and new parent wellbeing.

Objectives

: To understand the impact of the COVID-19 pandemic on mothers/parents across Nova Scotia who are caring for a child 0-12 months of age.

Design

: This study utilized an online qualitative survey to collect data. Feminist poststructuralism and discourse analysis guided the analysis and discussion.

Setting

: Nova Scotia, Canada

Participants

: 68 participants were recruited from across the province of Nova Scotia.

Findings

: Mental health and socialization were both major concerns for new mothers/parents, as many expressed feelings of worry, anxiety, loneliness, isolation, and stress.

Key Conclusions

: Online support was sought by many new mothers/parents as a way of supporting their own mental health. Some found ways to make it meaningful for them, while others believed that it could not replace or offer the same benefits as in-person interaction and support.

Implications for Practice

: Informal and formal support systems are both essential for new mothers. As public health systems and health care services learn to adapt to COVID-19, further research is required to examine how health services may best meet the needs of new mothers/parents.

Full URL: <https://doi.org/10.1016/j.midw.2020.102902>

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2021-00337

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

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

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

2021-00314

The need for additional mental health support for women in the postpartum period in the times of epidemic crisis.

Chrzan-Dętkoś M, Walczak-Kozłowska T, Lipowska M (2021), BMC Pregnancy and Childbirth vol 21, no 114, 8 January 2021

Background

This retrospective study aimed to identify possible intensification of mental health difficulties among women seeking support in the postpartum period during the epidemic state in Poland. We assumed that the epidemic crisis, social isolation, and restrictions in hospitals which affect pregnant and postpartum women - lack of family labors, lack of the possibility to be with the newborn when he/she is hospitalized, may increase fear and reduce psychosocial resources of women, hinder their normal process of transition to motherhood and thus contribute to the intensified severity of depressive symptoms.

Methods

The study participants were women seeking support at the on-line platform of the project 'Next Stop: Mum', which is a part of the postpartum depression prevention's program implemented by the Ministry of Health in Poland, and enables remote self-screening for the severity of the postpartum depression symptoms with the Edinburgh Postnatal Depression Scale developed by Cox and collaborators. The analyzed data in this study were obtained from 139 women: 61 filled forms from October 1 - November 10, 2019 (non-epidemic period), and 78 filled forms from February 20–March 30 (beginning of the COVID-19 epidemic), 2020.

Results

A statistically significant difference in the severity of postpartum depression symptoms were observed among women making a self-assessment with EPDS scale at the beginning of the COVID-19 epidemic in Poland ($M = 15.71$; $SD = 6.23$), compared to the pre-epidemic neutral period ($M = 13.56$; $SD = 6.46$).

Conclusions

The results of this study indicate that the epidemic crisis may be associated with an increased need for additional caution and support of women's mental health in the postpartum period. We believe that recommendations for medical staff, policy, and families of women struggling with postpartum depression symptoms during crisis should be widespread as the second wave of COVID-19 disease may develop in the autumn-winter 2020 and spring 2021.

Full URL: <https://doi.org/10.1186/s12884-021-03544-8>

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2021-00224

A validation of the Postpartum Specific Anxiety Scale 12-item research short-form for use during global crises with five translations. Silverio SA, Davies SM, Christiansen P, et al (2021), BMC Pregnancy and Childbirth vol 21, no 112, 8 February 2021

Background

Global crises inevitably increase levels of anxiety in postpartum populations. Effective and efficient measurement is therefore essential. This study aimed to create a 12-item research short form of the 51-item Postpartum Specific Anxiety Scale [PSAS] and validate it for use in rapid response research at a time of global crises [PSAS-RSF-C]. We also present the same 12-items, in five other languages (Italian, French, Chinese, Spanish, Dutch) to increase global accessibility of a psychometric tool to assess maternal mental health.

Methods

Twelve items from the PSAS were selected on the basis of a review of their factor loadings. An on-line sample of UK mothers (N = 710) of infants up to 12 weeks old completed the PSAS-RSF-C during COVID-19 'lockdown'.

Results

Principal component analyses on a randomly split sample (n = 344) revealed four factors, identical in nature to the original PSAS, which in combination explained 75% of the total variance. Confirmatory factor analyses (n = 366) demonstrated the four-factor model fit the data well. Reliability of the overall scale and of the underlying factors in both samples proved excellent.

Conclusions

Findings suggest the PSAS-RSF-C may prove useful as a clinical screening tool and is the first postpartum-specific psychometric scale to be validated during the COVID-19 pandemic. This offers psychometrically sound assessment of postpartum anxiety. By increasing the accessibility of the PSAS, we aim to enable researchers the opportunity to measure maternal anxiety, rapidly, at times of global crisis. (Author)

Full URL: <https://doi.org/10.1186/s12884-021-03597-9>

2021-00209

Parental Leave [written answer]. House of Commons (2021), Hansard Written question 149262, 4 February 2021

Paul Scully responds to a written question from Chris Stephens to the Secretary of State for Business, Energy and Industrial Strategy, regarding what steps he has taken to (a) identify the main challenges that new parents face during parental leave and (b) make an assessment of the effect of the covid-19 pandemic on parental leave. (Author)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-02-04/149262>

2021-00119

Parental Leave: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 149263, 4 February 2021

Paul Scully responds to a written question from Chris Stephens to the Secretary of State for Business, Energy and Industrial Strategy, regarding whether he will extend paternal leave to support people who have lost access to health services, baby groups and childcare support as a result of the covid-19 outbreak. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2021-02-04/149263>

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20201221-60*

Clinical manifestations, prevalence, risk factors, outcomes, transmission, diagnosis and treatment of COVID-19 in pregnancy and postpartum: a living systematic review protocol. Yap M, Debenham L, Kew T, et al (2020), BMJ Open vol 10, no 12, December 2020

Introduction Rapid, robust and continually updated evidence synthesis is required to inform management of COVID-19 in pregnant and postpartum women and to keep pace with the emerging evidence during the pandemic.

Methods and analysis We plan to undertake a living systematic review to assess the prevalence, clinical manifestations, risk factors, rates of maternal and perinatal complications, potential for mother-to-child transmission, accuracy of diagnostic tests and effectiveness of treatment for COVID-19 in pregnant and postpartum women (including after miscarriage or abortion). We will search Medline, Embase, WHO COVID-19 database, preprint servers, the China National Knowledge Infrastructure system and Wanfang databases from 1 December 2019. We will supplement our search with studies mapped by Cochrane Fertility and Gynaecology group, Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre), COVID-19 study repositories, reference lists and social media blogs. The search will be updated every week and not be restricted by language. We will include observational cohort (≥ 10 participants) and randomised studies reporting on prevalence of COVID-19 in pregnant and postpartum women, the rates of clinical manifestations and outcomes, risk factors in pregnant and postpartum women alone or in comparison with non-pregnant women with COVID-19 or pregnant women without COVID-19 and studies on tests and treatments for COVID-19. We will additionally include case reports and series with evidence on mother-to-child transmission of SARS-CoV-2 in utero, intrapartum or postpartum. We will appraise the quality of the included studies using appropriate tools to assess the risk of bias. At least two independent reviewers will undertake study selection, quality assessment and data extraction every 2 weeks. We will synthesise the findings using quantitative random effects meta-analysis and report OR or proportions with 95% CIs and prediction intervals. Case reports and series will be reported as qualitative narrative synthesis. Heterogeneity will be reported as I^2 and τ^2 statistics.

Ethics and dissemination Ethical approval is not required as this is a synthesis of primary data. Regular updates of the results will be published on a dedicated website

(<https://www.birmingham.ac.uk/research/who-collaborating-centre/pregcov/index.aspx>) and disseminated through publications, social media and webinars.

PROSPERO registration number CRD42020178076. (Author)

Full URL: <http://dx.doi.org/10.1136/bmjopen-2020-041868>

20201209-22*

Postnatal Depression: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 124815, 3 December 2020

Ms Nadine Dorries responds to a written question from Tulip Siddiq to the Secretary of State for Health and Social Care, regarding what assessment his Department has made of the effect of covid-19 restrictions on (a) post-natal depression and (b) support for people with post-natal depression. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-12-03/124815>

20201208-18*

Maternity Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 120038, 24 November 2020

Ms Nadine Dorries responds to a written question asked by Esther McVey to the Secretary of State for Health and Social Care, regarding what steps his Department took to put in place precautionary measures to help protect (a) antenatal care, (b) maternity units and (c) post-natal care from the effects of the covid-19 outbreak during the covid-19 lockdown announced in (i) March 2020 and (ii) November 2020. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-24/120038>

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20201207-8*

Coronavirus: New parent and infant support [written answer]. Scottish Parliament (2020), Official Report Written question S5W-33303, 17 November 2020

Jeanne Freeman responds to a written question from Monica Lennon to the Scottish Government, regarding what it is doing to ensure that (a) midwives, (b) health visitors and (c) other professionals can continue to support new parents and babies during the second wave of the COVID-19 pandemic. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-33303>

20201124-2*

Prescriptions: Mothers [written answer]. House of Commons (2020), Hansard Written question 115523, 16 November 2020

Jo Churchill responds to a written question asked by Andrew Gwynne to the Secretary of State for Health and Social Care regarding what recent assessment he has made of the potential merits of extending maternity exemption certificates for people who have not been able to use them during the covid-19 lockdowns. (MB)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-11-16/115523>

20201117-53*

Dangerous shortage of blood banks as an indirect effect of SARS-CoV-2: An obstetrics perspective. Nieto-Calvache AJ, Quintero-Santacruz M, Macia-Mejia C, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 3, December 2020, pp 424-430

Objective

To describe the impact of the SARS-CoV-2 pandemic on the frequency of blood donation (BD) in a Latin American hospital and how the social isolation policy implemented during the pandemic jeopardizes the quality of postpartum hemorrhage (PPH) care due to shortages at blood banks (BB).

Methods

A retrospective, descriptive study was conducted, lasting for 31 months, including the start of the pandemic. Frequency of BD and the use of obstetric emergency services was observed.

Results

A direct relationship was observed between the pandemic and a decrease in BD. Although emergency obstetric visits decreased, the frequency of deliveries and cases of PPH remained unchanged. After applying strategies to promote voluntary BD, a very slight increase was observed in the frequency of BD, with a negative indicator persisting between donation and blood demand.

Conclusion

The SARS-CoV-2 pandemic has led to shortages at BBs. In this context, typical measures to encourage an altruistic attitude toward BD have not had a significant impact. As causes of PPH continue, quality of care may be affected by the current situation at BBs. Governments and institutions must implement new strategies to motivate BD.

Synopsis

The SARS-CoV-2 pandemic has led to shortages at blood banks. As causes of postpartum hemorrhage continue, governments and institutions must implement strategies to motivate donations. (Author)

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20201117-51*

Risk factors for adverse outcomes among pregnant and postpartum women with acute respiratory distress syndrome due to COVID-19 in Brazil. Menezes MO, Takemoto MLS, Nakamura-Pereira M, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 3, December 2020, pp 415-423

Objective

To evaluate whether clinical and social risk factors are associated with negative outcomes for COVID-19 disease among Brazilian pregnant and postpartum women.

Methods

A secondary analysis was conducted of the official Acute Respiratory Syndrome Surveillance System database. Pregnant and postpartum women diagnosed with COVID-19 ARDS until July 14, 2020, were included. Adverse outcomes were a composite endpoint of either death, admission to the intensive care unit (ICU), or mechanical ventilation. Risk factors were examined by multiple logistic regression.

Results

There were 2475 cases of COVID-19 ARDS. Among them, 23.8% of women had the composite endpoint and 8.2% died. Of those who died, 5.9% were not hospitalized, 39.7% were not admitted to the ICU, 42.6% did not receive mechanical ventilation, and 25.5% did not have access to respiratory support. Multivariate analysis showed that postpartum period, age over 35 years, obesity, diabetes, black ethnicity, living in a peri-urban area, no access to Family Health Strategy, or living more than 100 km from the notification hospital were associated with an increased risk of adverse outcomes.

Conclusion

Clinical and social risk factors and barriers to access health care are associated with adverse outcomes among maternal cases of COVID-19 ARDS in Brazil. (Author)

20201116-94*

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

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

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20201116-60*

An initiative to evaluate the safety of maternal bonding in patients with SARS-CoV-2 infection. Cojocar L, Crimmins S, Sundararajan S, et al (2020), *The Journal of Maternal-Fetal and Neonatal Medicine* 30 September 2020, online

Background

In the last two decades, the world faced three epidemics caused by novel coronaviruses, namely, SARS-CoV in 2002, MERS-CoV in 2012, and the ongoing SARS-CoV-2 that started in late 2019. Despite a growing understanding of SARS-CoV-2 virology, epidemiology, and clinical management strategies, other aspects, such as mode of delivery, vertical transmission, and maternal bonding, remain controversial. The question we faced upon the decision to separate the neonates of SARS-CoV-2 positive mother is whether we follow the principle of 'do no harm'?

Methods

This is a quality improvement project that analyzed all cases of SARS-CoV-2 positive pregnancies that delivered at a major health care system from March 1, 2020 to June 1 2020. The article was prepared following Standards for Quality Improvement Reporting Excellence (SQUIRE) 2.0 guidelines. Data were prospectively collected and entered into the Research Electronic Data Capture (REDCap). Maternal bonding was defined by events such as rooming-in, skin to skin contact (STSC), and breastfeeding. Descriptive analysis was performed using the same software platform.

Intervention

We compared neonatal transmission rates between those neonates who experienced bonding versus those who were separated.

Results

A total of 1989 women were screened for SARS-CoV-2, from which 86 tested positive. Out of 31 analyzed pregnancies, five women (16%) were admitted to ICU and required mechanical ventilation. From the remaining 26 (84%), 17 (65%) opted for rooming-in, 12 (46%) for STSC, and 16 (61%) fed the infants with breastmilk (11 direct breastfeedings and five pumped the breast milk). All neonatal tests for SARS-CoV-2 returned negative.

Conclusion

Our results have illustrated that maternal bonding appears safe in neonates born to mothers that are SARS-CoV-2 positive. (Author)

Full URL: <https://doi.org/10.1080/14767058.2020.1828335>

20201116-10*

Parents experiencing NICU visit restrictions due to COVID-19 pandemic. Bembich S, Tripiani A, Mastromarino S, et al (2021), *Acta Paediatrica* vol 110, no 3, March 2021, pp 940-941

Brief report exploring the feelings of parents who experienced visiting restrictions to neonatal intensive care units as a result of the COVID-19 pandemic. 54.5% expressed dysphoric emotions such as sadness and anger, and 25.5% expressed relational suffering due to separation from partners and newborns. (LDO)

20201109-23*

Breastfeeding: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 106372, 20 October 2020

Jo Churchill responds to a written question from Colleen Fletcher to the Secretary of State for Health and Social Care, regarding whether he has made an assessment of the effect of the covid-19 outbreak on (a) access to breastfeeding support services and (b) trends in the level of breastfeeding among new mothers. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-20/106372>

20201105-21*

Coronavirus: Maternity Services [written answer]. Northern Ireland Assembly (2020), Hansard Written question AQW 8969/17-22, 19 October 2020

The Minister of Health responds to a written question asked by Mr Gerry Carroll, regarding whether he plans to review the current arrangements that prevent partners attending maternity and neonatal appointments. (LDO)

Full URL: <http://aims.niassembly.gov.uk/questions/printquestionssummary.aspx?docid=312491>

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20201028-29*

Coronavirus (COVID-19) infection in pregnancy: Information for healthcare professionals [Version 12] [Superseded by Version 13, 19 February 2021]. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Paediatrics and Child Health, et al (2020), London: RCOG 14 October 2020. 77 pages

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

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

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

20201027-22*

Coronavirus: Visitors to Maternity and Postnatal Wards [written answer]. Scottish Parliament (2020), Official Report Written question S5W-32205, 30 September 2020

Jeane Freeman responds to a written question from Mark Griffin to the Scottish Government, regarding what the intended impact is of the new household visiting ban and coronavirus restrictions on the fathers and partners, considered as essential and designated visitors, from visiting their partner and child in maternity and post-natal wards. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-32205>

20201026-31*

Antivirals for COVID-19 and Breastfeeding. Anderson PO (2020), Breastfeeding Medicine vol 15, no 10, October 2020, pp 605-607

Review the use in breastfeeding of drugs that might be used against the SARS-CoV-2 virus that causes COVID-19. (MB)

Full URL: <https://doi.org/10.1089/bfm.2020.0268>

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20201026-22*

Maternal mental health and coping during the COVID-19 lockdown in the UK: Data from the COVID-19 New Mum Study. Dib S, Rougeaux E, Vázquez-Vázquez A, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 3, December 2020, pp 407-414

Objective

To assess how mothers are feeling and coping during lockdown, and to identify the potential pathways that can assist them.

Methods

A descriptive analysis of maternal mental health, coping, support, activities, lockdown consequences was conducted. Women living in the UK with an infant aged ≤ 12 months completed an online survey. Linear regression was used to identify predictors of maternal mental health and coping.

Results

A majority of the 1329 participants reported feeling down (56%), lonely (59%), irritable (62%), and worried (71%) to some extent since lockdown began, but 70% felt able to cope. Support with her own health (95% confidence interval [CI] 0.004-0.235), contacting infant support groups (95% CI -0.003 to 0.252), and higher gestational age of the infant (95% CI 0.000-0.063) predicted better mental health. Travelling for work (95% CI -0.680 to -0.121), the impact of lockdown on the ability to afford food (95% CI -1.202 to -0.177), and having an income $<£30\ 000$ (95% CI -0.475 to -0.042) predicted poorer mental health. Support with her own health and more equal division of household chores were associated with better coping.

Conclusion

There is a need to assess maternal mental health and identify prevention strategies for mothers during lockdown. (Author)

20201022-3*

Perinatal Mortality: Health Services [written answer]. House of Commons (2020), Hansard Written question 104743, 16 October 2020

Ms Nadine Dorries responds to a written question asked by Colleen Fletcher to the Secretary of State for Health and Social Care, regarding the support available for (a) women and (b) partners who have experienced pregnancy loss or baby loss; the steps his department is taking to improve (i) funding for, (ii) provision of and (iii) access to support services for those who have experienced such losses; and the assessment he has made of the effect of the COVID-19 outbreak on access to support services for pregnancy loss and baby loss for (A) women and (B) their partners. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-10-16/104743>

20201008-15*

Perinatal Mental Health Services [written answer]. Scottish Parliament (2020), Official Report Written question S5W-31967, 22 September 2020

Clare Haughey responds to a written question asked by Alex Cole-Hamilton to the Scottish Government, regarding the assessment it has made of any additional (a) patient demands on perinatal mental health services as a result of the COVID-19 pandemic and (b) resources that may be required to meet any increased demand, and what additional support will be provided for the recruitment and retention of the (i) psychiatrists and (ii) other health professionals required for specialist perinatal mental health services. (LDO)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-31967>

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20200930-16*

Building resilient societies after COVID-19: the case for investing in maternal, neonatal, and child health. Jacob CM, Briana DP, Di Renzo GP, et al (2020), The Lancet Public Health vol 5, no 11, November 2020, pp e624-e627

Resilient societies respond rapidly and effectively to health challenges and the associated economic consequences, and adapt to be more responsive to future challenges. Although it is only possible to recognise resilience retrospectively, the COVID-19 pandemic has occurred at a point in human history when, uniquely, sufficient knowledge is available on the early-life determinants of health to indicate clearly that a focus on maternal, neonatal, and child health (MNCH) will promote later resilience. This knowledge offers an unprecedented opportunity to disrupt entrenched strategies and to reinvest in MNCH in the post-COVID-19 so-called new normal. Furthermore, analysis of the short-term, medium-term, and longer-term consequences of previous socioeconomic shocks provides important insights into those domains of MNCH, such as neurocognitive development and nutrition, for which investment will generate the greatest benefit. Such considerations apply to high-income countries (HICs) and low-income and middle-income countries (LMICs). However, implementing appropriate policies in the post-COVID-19 recovery period will be challenging and requires political commitment and public engagement. (Author)

Full URL: [https://doi.org/10.1016/S2468-2667\(20\)30200-0](https://doi.org/10.1016/S2468-2667(20)30200-0)

20200928-7*

Pandemic birth: women's own stories during COVID-19. Various (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

In this issue of AIMS Journal, women share their own personal experiences, giving a snapshot of the effects of the Covid-19 pandemic on the pregnancies and births of women and pregnant people in the UK. (Author, edited)

Full URL: <https://www.aims.org.uk/journal/index/32/2>

20200928-6*

Mothers: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 91783, 18 September 2020

Ms Nadine Dorries responds to a written question from Sarah Olney to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to support the (a) mental and (b) physical health of new mothers during covid-19 restrictions on the number of people allowed to meet in a group from 14 September 2020. (JSM)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-18/91783>

20200928-22*

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

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

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

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20200924-69*

Mothers: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 91783, 18 September 2020

Ms Nadine Dorries responds to a written question asked by Sarah Olney to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to support the (a) mental and (b) physical health of new mothers during COVID-19 restrictions on the number of people allowed to meet in a group from 14 September 2020. (LDO)

Full URL: <https://questions-statements.parliament.uk/written-questions/detail/2020-09-18/91783>

20200911-42*

Mother and Baby Units: Coronavirus [written answer]. Scottish Parliament (2020), Official Report Written question S5W-31510, 1 September 2020

Clare Haughey responds to a written question from Alexander Stewart to the Scottish Government, whether, in light of there only being two specialist mother and baby units in Scotland, what action it is taking to support the mental health of new mothers during the COVID-19 pandemic, and how it will improve (a) access to these units and (b) the provision of specialist community perinatal mental health services in each NHS board area. (JSM)

Full URL: <https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-31510>

20200909-1*

Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services. Royal College of Obstetricians & Gynaecologists, Royal College of Midwives, Society & College of Radiographers, et al (2020), London: NHS England 8 September 2020, 7 pages

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

20200908-17*

Overview of the care of mothers and newborns with COVID-19; joint position statement. National Association of Neonatal Nurses, National Perinatal Association (2020), Advances in Neonatal Care vol 20, no 4, August 2020, p 268

A joint position statement from the National Association of Neonatal Nurses (NANN), and the National Perinatal Association (NPA) on the care of the mother-infant dyad during the COVID-19 pandemic. (JSM)

Full URL: <https://doi.org/10.1097/ANC.0000000000000776>

20200907-38*

Tandem Nursing after a Caesarean During Lockdown. Carne J (2020), Breastfeeding Matters no 239, September/October 2020, pp 20-21

The author shares her experience of breastfeeding her toddler and newborn without being able to attend face to face support groups due to the Covid 19 pandemic. (MB)

20200902-51*

Breast Milk: Donors [written answer]. House of Commons (2020), Hansard Written question 78725, 22 July 2020

Jo Churchill responds to a written question from Alison Thewliss to the Secretary of State for Health and Social Care, regarding what additional support he is providing to human milk bank services during the covid-19 outbreak. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-22/78725/>

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20200901-22*

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

Objective

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

Findings

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

Conclusion

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

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

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20200820-12*

Pregnancy and postpartum outcomes in a universally tested population for SARS-CoV-2 in New York City: a prospective cohort study. Prabhu M, Cagino K, Matthews KC, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology vol 127, no 12, November 2020, pp 1548-1556

Objective

To describe differences in outcomes between pregnant women with and without coronavirus disease 2019 (COVID-19).

Design

Prospective cohort study of pregnant women consecutively admitted for delivery, and universally tested via nasopharyngeal (NP) swab for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) using reverse transcription-polymerase chain reaction. All infants of mothers with COVID-19 underwent SARS-CoV-2 testing.

Setting

Three New York City hospitals.

Population

Pregnant women >20 weeks of gestation admitted for delivery.

Methods

Data were stratified by SARS-CoV-2 result and symptomatic status, and were summarised using parametric and nonparametric tests.

Main outcome measures

Prevalence and outcomes of maternal COVID-19, obstetric outcomes, neonatal SARS-CoV-2, placental pathology.

Results

Of 675 women admitted for delivery, 10.4% were positive for SARS-CoV-2, of whom 78.6% were asymptomatic. We observed differences in sociodemographics and comorbidities among women with symptomatic COVID-19 versus asymptomatic COVID-19 versus no COVID-19. Caesarean delivery rates were 46.7% in symptomatic COVID-19, 45.5% in asymptomatic COVID-19 and 30.9% in women without COVID-19 ($P = 0.044$). Postpartum complications (fever, hypoxia, readmission) occurred in 12.9% of women with COVID-19 versus 4.5% of women without COVID-19 ($P < 0.001$). No woman required mechanical ventilation, and no maternal deaths occurred. Among 71 infants tested, none were positive for SARS-CoV-2. Placental pathology demonstrated increased frequency of fetal vascular malperfusion, indicative of thrombi in fetal vessels, in women with COVID-19 versus women without COVID-19 (48.3% versus 11.3%, $P < 0.001$).

Conclusion

Among pregnant women with COVID-19 at delivery, we observed increased caesarean delivery rates and increased frequency of maternal complications in the postpartum period. Additionally, intraplacental thrombi may have maternal and fetal implications for COVID-19 remote from delivery.

Tweetable abstract

COVID-19 at delivery: more caesarean deliveries, postpartum complications and intraplacental thrombi. (Author)

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20200819-68*

A multidisciplinary telemedicine model for management of coronavirus disease 2019 (COVID-19) in obstetrical patients.

Reforma LG, Duffy C, Collier A-Y, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 4, suppl, November 2020, 100180

Background

The COVID-19 pandemic caused by the SARS-CoV-2 virus has increased the demand for inpatient healthcare resources; however, approximately 80% of patients with COVID-19 have a mild clinical presentation and can be managed at home.

Objective

To describe the feasibility, clinical and process outcomes associated with a multidisciplinary telemedicine surveillance model to triage and manage obstetric patients with known exposures and/or symptoms concerning for COVID-19.

Study Design

We implemented a multidisciplinary telemedicine surveillance model with obstetric physicians and nurses to standardize ambulatory care for obstetric patients with confirmed or suspected COVID-19 based on symptoms or exposures at an urban academic tertiary care center with multiple hospital and community-based affiliated practices. All pregnant or postpartum patients with COVID-19 symptoms, exposures or hospitalization were eligible for inclusion in the program. Patients were assessed via regular nursing phone calls and were managed according to illness severity. Patient characteristics, clinical and process outcomes were abstracted from the electronic medical record.

Results

A total of 135 patients were enrolled in the multidisciplinary telemedicine model from March 17-April 19, 2020, of whom 130 were pregnant and 5 recently postpartum. The majority (N=116, 86%) were managed solely in the outpatient setting and did not require in-person evaluation; 9 were ultimately admitted after ambulatory or urgent evaluation and 10 patients were followed after hospital discharge. Although only 50% of the patients were tested secondary to limitations in ambulatory testing, 1 in 3 of those was PCR-positive for SARS-CoV-2 (N=22, 16% of entire cohort). Patients were enrolled in the telemedicine model for a median of 7 days (IQR 4-8) and averaged one phone call daily, resulting in 891 nursing calls and 20 physician calls over 1 month.

Conclusion

A multidisciplinary telemedicine surveillance model for outpatient management of obstetric patients with COVID-19 symptoms and/or exposures is feasible and resulted in rates of ambulatory management similar to those seen in non-pregnant patients. A centralized model for telemedicine surveillance of obstetric patients with COVID-19 symptoms may preserve inpatient resources and prevent avoidable staff and patient exposures, particularly in centers with multiple ambulatory practice settings. (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100180>

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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>

20200819-4*

What does COVID-19 mean for new mothers in prison?. Delap N (2020), British Journal of Midwifery vol 28, no 8, August 2020, pp 460-461

Naomi Delap, Director of Birth Companions, discusses the charity's work with pregnant women and new mothers in prison. (Author)

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20200819-130*

Maternal mortality and COVID-19. Takemoto MLS, Menezes MO, Andreucci CB, et al (2020), The Journal of Maternal-Fetal and Neonatal Medicine 16 July 2020, online

Objective

The aim of this study was to collect and analyze data from different sources to have a general overview of COVID-19-related maternal deaths in Brazil, as well as to compare data with worldwide reports.

Study design

We systematically searched data about COVID-19 maternal deaths from the Brazilian Ministry of Health surveillance system, State Departments of Health epidemiological reports, and media coverage. Data about timing of symptom onset and death (pregnancy or postpartum), gestational age, mode of birth, maternal age, comorbidities and/or risk factors, date of death, and place of death were retrieved when available.

Results

We identified 20 COVID-19-related maternal deaths, age range 20-43 years. Symptoms onset was reported as on pregnancy for 12 cases, postpartum for 3 cases, and during the cesarean section for 1 case (missing data for 4). In 16 cases, death occurred in the postpartum period. At least one comorbidity or risk factor was present in 11 cases (missing data for 4). Asthma was the most common risk factor (5/11). Ten cases occurred in the Northeast region, and nine cases occurred in the Southeast region (5 of them in São Paulo, the first epicenter of COVID-19 in the country).

Conclusions

To the best of our knowledge, this is the largest available series of maternal deaths due to COVID-19. Barriers to access healthcare, differences in pandemic containment measures in the country and high prevalence of concomitant risk factors for COVID-19 severe disease may play a role in the observed disparity compared to worldwide reports on maternal outcomes.

(Author)

Full URL: <https://doi.org/10.1080/14767058.2020.1786056>

20200810-28*

Virtual consultations [Version 2]. Royal College of Midwives (2020), London: RCM 24 July 2020. 5 pages

Gives guidance on the appropriate application for virtual consultations and practical tips for effective use.

N.B.: this guidance should be read in conjunction with the RCM guidance on Antenatal and Postnatal care during COVID-19

<https://www.rcm.org.uk/media/4132/2020-06-18-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic.pdf>

A 'virtual' consultation in this guidance refers to one that is undertaken over the telephone or via video as opposed to the traditional consultation format in person, normally referred to as 'face to face'. (Author, edited)

Full URL: <https://www.rcm.org.uk/media/4192/virtual-consultations-v20-24-july-2020-review-24-august-2020-1.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>

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20200804-19*

Mental health status of pregnant and breastfeeding women during the COVID-19 pandemic: A call for action. Ceulemans M, Hompes T, Foulon V (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 146-147

Increased prevalence of depressive symptoms and anxiety among pregnant women and women in the early postpartum period was observed during the lockdown in Belgium. Obstetricians must take actions to safeguard perinatal mental health. (Author)

20200804-15*

The tragedy of COVID-19 in Brazil: 124 maternal deaths and counting. Takemoto MLS, Menezes MO, Andreucci CB, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 154-156

At the time of writing 124 pregnant or postpartum women in Brazil have died due to COVID-19 (representing a mortality rate of 12.7%), a figure that currently surpasses the total number of COVID-19-related maternal deaths reported throughout the rest of the world. (Author)

20200803-2*

Caring for Women Who Are Planning a Pregnancy, Pregnant, or Postpartum During the COVID-19 Pandemic. Rasmussen SA, Jamieson DJ (2020), JAMA (Journal of the American Medical Association) vol 324, no 2, 14 July 2020, pp 190-191

Discusses the effects of COVID-19 on pregnancy and the risk of intrauterine transmission to the neonate. Provides an overview of guidelines from the Centers for Disease Control and Prevention (CDC) and other organisations, including the use of early epidural analgesia, adequate hygiene and face masks when breastfeeding, and the temporary separation of mothers and newborns. (LDO)

Full URL: <https://doi.org/10.1001/jama.2020.8883>

20200803-13

Is mental health the new pandemic?. Waters J (2020), Community Practitioner vol 93, no 4, July/August 2020, pp 34-39

Covid-19 has put unprecedented pressures on the mental health of millions of people in the UK - including young people, new mothers and healthcare professionals. Journalist Jo Waters looks at the impact, now and moving forward, plus what's needed to help. (Author)

20200731-6*

The negative impact of COVID-19 on contraception and sexual and reproductive health: Could immediate postpartum LARCs be the solution?. Makins A, Arulkumaran, on behalf of the FIGO Contraception and Family Planning Committee (2020), International Journal of Gynecology & Obstetrics vol 150, no 2, August 2020, pp 141-143

Editorial on the benefits of postpartum long-acting reversible contraception during the COVID-19 outbreak. The immediate postpartum period may be the only opportunity for health care providers to discuss contraception with women during the pandemic. The copper IUD is highlighted as the most appropriate option as it is cost-effective for those in low- and middle-income countries. (LDO)

20200731-4*

Postnatal care for women with suspected or confirmed COVID-19 [Version 1.1]. Royal College of Midwives (2020), London: RCM 22 May 2020, 4 pages

Briefing paper from the Royal College of Midwives (RCM) for health care professionals caring for women and their babies in cases of suspected or confirmed COVID-19, in the immediate and early postnatal period. (JSM)

Full URL: https://www.rcm.org.uk/media/4097/briefing-no-9-postnatal_clinical_advice_with-covid_220520.pdf

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20200731-3*

Clinical briefing: Postnatal care for women without suspected or confirmed COVID-19 and living in a symptom free household [Reviewed September 2021]. Royal College of Midwives (2020), London: RCM 29 May 2020. 4 pages

Briefing paper from the Royal College of Midwives (RCM) for health care professionals caring for women and their babies in cases where no symptoms of coronavirus are present, in the immediate and early postnatal period during the current COVID-19 pandemic. (JSM)

Full URL: <https://www.rcm.org.uk/media/5455/cb-postnatal-care-for-women-without-suspected-or-confirmed-covid.pdf>

20200729-5*

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

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

20200727-4*

COVID-19 positive mothers are not more anxious or depressed than non COVID pregnant women during the pandemic: a pilot case-control comparison. Kotabagi P, Nauta M, Fortune L, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 252, September 2020, pp 615-616

Correspondence piece discussing the mental health of pregnant women during the COVID-19 pandemic. Results show that pregnant women with COVID-19 demonstrate similar rates of anxiety and depression compared to those without the virus. It is crucial that frontline healthcare workers discuss anxiety, depression, stress and sleeping patterns during antenatal and postnatal consultations. (LDO)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.037>

20200723-13*

Breastfeeding: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 74646, 15 July 2020

Jo Churchill responds to a written question asked by Alison Thewliss to the Secretary of State for Health and Social Care, regarding the date that breastfeeding support groups will be permitted to restart as COVID-19 lockdown restrictions are eased. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-15/74646/>

20200723-12*

Parental Leave and Parental Pay: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 72851, 13 July 2020

Paul Scully responds to a written question asked by Mrs Sharon Hodgson to the Secretary of State for Business, Energy and Industrial Strategy, regarding if he will to introduce neonatal (a) leave and (b) pay for families affected by COVID-19. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-07-13/72851/>

20200722-89*

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

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

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20200720-9*

Maternal mortality among women with coronavirus disease 2019 admitted to the intensive care unit. Blitz MJ, Rochelson B, Minkoff H, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 4, October 2020, pp 595-599.e5

Research letter discussing the rate of maternal death among pregnant and postpartum women with COVID-19 admitted to intensive care units in the New York area. Out of 70 patients classified as having severe disease, 19% were admitted to intensive care units and 15% of those died. Half of the patients admitted to intensive care units had no baseline comorbidities and most were older, multiparous and from minority ethnic groups. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.06.020>

20200716-32*

From the trenches: inpatient management of coronavirus disease 2019 in pregnancy. Vega M, Hughes F, Bernstein PS, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100154

The novel coronavirus disease 2019 caused by the severe acute respiratory syndrome coronavirus 2 has become a pandemic. It has quickly swept across the globe, leaving many clinicians to care for infected patients with limited information about the disease and best practices for care. Our goal is to share our experiences of caring for pregnant and postpartum women with novel coronavirus disease 2019 in New York, which is the coronavirus disease 2019 epicenter in the United States, and review current guidelines. We offer a guide, focusing on inpatient management, including testing policies, admission criteria, medical management, care for the decompensating patient, and practical tips for inpatient antepartum service management. (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100154>

20200714-3*

Severe maternal morbidity and mortality associated with COVID-19: The risk should not be downplayed. Westgren M, Pettersson K, Hagberg H, et al (2020), Acta Obstetrica et Gynecologica Scandinavica vol 99, no 7, July 2020, pp 815-816

Editorial on the increased risks of maternal morbidity and mortality during the COVID-19 pandemic. Suggests that the risks of severe disease in pregnant women cannot be properly determined without analysing large-scale population-based data from several countries. (LDO)

20200713-8*

Maternal postnatal health during the COVID-19 pandemic: Vigilance is needed. Bick D, Cheyne H, Chang Y-S, et al (2020), Midwifery vol 88, September 2020, 102781

Editorial on the impact of COVID-19 on women during pregnancy and the postnatal period. The authors argue that more attention should be given to maternal morbidity following birth in restructured maternity systems during the pandemic. (LDO)

Full URL: <https://doi.org/10.1016/j.midw.2020.102781>

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>

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20200707-11*

Coronavirus (COVID-19) infection in pregnancy: Information for healthcare professionals [Version 11] [Superseded by Version 12, 14 October 2020]. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Paediatrics and Child Health, et al (2020), Royal College of Obstetricians and Gynaecologists (RCOG) 24 July 2020. 68 pages

NB: This version has been superseded by Version 12, 14 October 2020]

Guidance for healthcare professionals on Coronavirus (COVID-19) infection in pregnancy, published by the RCOG, Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland. The guidance, which will be updated on a regular basis, covers: epidemiology; transmission; effect of COVID-19 on pregnant women; effect of COVID-19 on the fetus; travel advice for pregnant women; advice for women who may have been exposed; diagnosis; advice for women who have been advised to self-isolate; management of pregnant women with confirmed COVID-19; postnatal management: neonatal care and infant feeding; admissions flowchart; information for women and their families. (Publisher).

[This version of the guidance has now been superseded by Version 12:

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

Full URL: <https://www.rcm.org.uk/media/4181/2020-07-24-coronavirus-covid-19-infection-in-pregnancyv11.pdf>

20200706-45*

Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic. Information for healthcare professionals. Version 2.1. Royal College of Midwives, Royal College of Obstetricians and Gynaecologists (2020), London: RCOG 19 June 2020. 17 pages

This guidance is for antenatal and postnatal services to support them during the evolving coronavirus pandemic. This document intends to outline which elements of routine antenatal and postnatal care are essential and which could be modified, given national recommendations for social distancing of pregnant women. (Author)

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>

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20200703-27*

COVID-19 and maternal and infant health: are we getting the balance right? A rapid scoping review. Topalidou A, Thomson G, Downe S (2020), *The Practising Midwife* vol 23, no 7, July/August 2020, pp 36-45

Aim: The purpose of this study was to summarise the evidence of the clinical and psychological impacts of COVID-19 on perinatal women and their infants.

Methods: A rapid scoping review was conducted based on methods proposed by Arksey and O'Malley, and the World Health Organization's (WHO) practical guide for rapid reviews. We searched EMBASE, MEDLINE(R) and MIDIRS.

Results: From 1,319 hits, 26 met the inclusion criteria and were included. Most of the studies (n=22) were from China. The majority of the publications are single case studies or case reports. The findings were analysed narratively, and six broad themes emerged. These were: Vertical transmission and transmission during birth, mother-baby separation, breastmilk, likelihood of infection and clinical picture, analgesia or anaesthesia, and infants and young children. The literature search revealed that there is very little formal evidence on the impact of COVID-19 on pregnant, labouring and postnatal women, or their babies. The clinical evidence to date suggests that pregnant and childbearing women, and their babies, are not at increased risk of either getting infected, or of having severe symptoms or consequences, when compared to the population as a whole, which contrasts with outcomes for this group in other viral pandemics. There is no evidence on the short- and longer-term psychological impacts on childbearing women during COVID-19.

Conclusion: Despite this lack of evidence, many maternity services have been imposing severe restrictions on aspects of maternity care previously acknowledged as vital to optimum health (including birth companionship, breastfeeding, and contact between mother and baby). There is a critical research gap relating to the clinical and psychological consequences of both COVID-19 and of maternity service responses to the pandemic. (Author)

20200701-14*

Pregnancy: Finance [written answer]. House of Commons (2020), Hansard Written question 62387, 22 June 2020

Ms Nadine Dorries responds to a written question asked by Henry Smith to the Secretary of State for Health and Social Care, regarding whether his Department plans to introduce financial support to cover subsistence costs for parents with a baby receiving neonatal care during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-22/62387/>

20200629-22*

A Postpartum Death Due to Coronavirus Disease 2019 (COVID-19) in the United States. Vallejo V, Ilagan JG (2020), *Obstetrics & Gynecology* vol 136, no 1, July 2020, pp 52-55

BACKGROUND:

Limited U.S. reports of pregnant women with coronavirus disease 2019 (COVID-19) infection describe a few critical cases and no maternal mortality.

CASE:

A 36-year-old patient at 37 weeks of gestation presented with shortness of breath, fever, cough, and sore throat for 1 week. Within 3 hours of admission, she experienced respiratory distress, required intubation, and underwent cesarean delivery and transfer to the intensive care unit. She subsequently decompensated, with multiorgan failure, sepsis, and cardiopulmonary arrest within 36 hours, despite aggressive supportive care and investigational therapies.

CONCLUSION:

A pregnant patient with COVID-19 infection can experience a rapid onset of critical complications that may prove fatal, despite an indolent presentation. The pathogenesis leading to rapid deterioration is unknown. (Author)

Full URL: <https://doi.org/10.1097/AOG.0000000000003950>

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20200626-55*

Postnatal care: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 60870, 17 June 2020

Ms Nadine Dorries responds to a written question from Munira Wilson to the Secretary of Health and Social Care, regarding what assessment his Department has made of the effect of the covid-19 outbreak on the (a) physical health, (b) mental health, and (c) safety of new mothers. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60870/>

20200624-57*

Psychological impact of COVID-19 quarantine measures in northeastern Italy on mothers in the immediate postpartum period. Zanardo V, Manghina V, Giliberti L, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 2, August 2020, pp 184-188

Objective

To explore whether quarantine measures and hospital containment policies among women giving birth in a COVID-19 'hotspot' area in northeastern Italy enhanced psycho-emotional distress in the immediate postpartum period.

Methods

We designed a non-concurrent case-control study of mothers who gave birth during a COVID-19 quarantine period between March 8 and May 3, 2020 (COVID-19 study group), with an antecedent group of matched postpartum women (control group) who delivered in the same period in 2019. Participants completed the Edinburgh Postnatal Depression Scale (EPDS) on the second day postpartum.

Results

The COVID-19 study group (n=91) had significantly higher mean EPDS scores compared with the control group (n=101) (8.5 ± 4.6 vs 6.34 ± 4.1 ; $P < 0.001$). Furthermore, 28.6% of women in the COVID-19 group had a global EPDS score above 12. Analysis of three EPDS subscales revealed significantly higher scores among the COVID-19 group compared with the control group for anhedonia (0.60 ± 0.61 vs 0.19 ± 0.36 ; $P < 0.001$) and depression (0.58 ± 0.54 vs 0.35 ± 0.45 ; $P = 0.001$).

Conclusions

Concerns about risk of exposure to COVID-19, combined with quarantine measures adopted during the COVID-19 pandemic, adversely affected the thoughts and emotions of new mothers, worsening depressive symptoms. (Author)

20200623-19*

General Practitioners: Postnatal Care [written answer]. House of Commons (2020), Hansard Written question 60869, 17 June 2020

Jo Churchill responds to a written question asked by Munira Wilson to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the effect of the COVID-19 outbreak on six week postnatal health checks for new mothers at GPs surgeries. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60869/>

20200623-16*

General Practitioners: Postnatal Care [written answer]. House of Commons (2020), Hansard Written question 60871, 17 June 2020

Jo Churchill responds to a written question asked by Munira Wilson to the Secretary of State for Health and Social Care, regarding guidance to GPs on resuming face-to-face six week postnatal health checks for new mothers. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60871/>

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20200623-11*

Postnatal Care: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 60870, 17 June 2020

Ms Nadine Dorries responds to a written question asked by Munira Wilson to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the effect of the COVID-19 outbreak on the (a) physical health, (b) mental health, and (c) safety of new mothers. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60870/>

20200622-13*

Maternity Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 59267, 12 June 2020

Ms Nadine Dorries responds to a written question from Olivia Blake to the Secretary of State for Health and Social Care, regarding what additional (a) counselling and (b) support his Department provided to people who gave birth during the covid-19 lockdown. (JSM)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-questions-answers/?page=1&max=20&questiontype=AllQuestions&house=commons%2Clords&member=4864&keywords=coronavirus&uin=59267>

20200619-17*

Preserving and advocating for essential care for women during the coronavirus disease 2019 pandemic. Robinson EF, Moulder JK, Zerden ML, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 2, August 2020, pp 219-220.e1

The coronavirus disease 2019 pandemic has redefined 'essential care,' and reproductive healthcare has become a frequently targeted and debated topic. As obstetricians and gynecologists, we stand with our patients and others as advocates for women's reproductive health. With the medical and surgical training to provide all aspects of reproductive healthcare, obstetricians and gynecologists are indispensable and uniquely positioned to advocate for the full spectrum of care that our patients need right now. All patients have a right to these services. Contraception and abortion care remain essential, and we need to work at the local, state, and federal levels on policies that preserve these critical services. We must also support policies that will promote expansion of care, including lengthening Medicaid pregnancy and postpartum coverage. Although we continue to see patients, this is the time to engage outside clinical encounters by participating in lobbying and other advocacy efforts to preserve essential services, protecting the health, life, and welfare of our patients during the coronavirus disease 2019 pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.ajog.2020.05.022>

20200618-51*

Maternity Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 59268, 12 June 2020

Ms Nadine Dorries responds to a written question asked by Olivia Blake to the Secretary of State for Health and Social Care, regarding the postnatal care procedures he has put in place for people who gave birth during the COVID-19 lockdown; and what assessment he has made of the effect of the COVID-19 outbreak on the provision of postnatal care. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-12/59268/>

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20200615-45*

The outbreak of coronavirus disease in China: Risk perceptions, knowledge, and information sources among prenatal and postnatal women. Lee T-Y, Zhong Y, Zhou J, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 3, May 2021, pp 212-218

Background

The COVID-19 pandemic has created anxiety among members of the public, including all women over the childbirth continuum, who are considered to be at a greater risk of contracting most infectious diseases. Understanding the perspectives of health care consumers on COVID-19 will play a crucial role in the development of effective risk communication strategies. This study aimed to examine COVID-19-related risk perceptions, knowledge, and information sources among prenatal and postnatal Chinese women during the initial phase of the COVID-19 pandemic.

Methods

A cross-sectional survey design was adopted, and a four-section online questionnaire was used to collect data. Using a social media platform, the online survey was administered to 161 participants during the outbreak of COVID-19 in Nanjing, China, in February 2020.

Results

The participants perceived their risk of contracting and dying from COVID-19 to be lower than their risk of contracting influenza, however many of them were worried that they might contract COVID-19. The participants demonstrated adequate knowledge about COVID-19. The three major sources from which they obtained information about COVID-19 were doctors, nurses/midwives, and the television, and they placed a high level of confidence in these sources. There was no significant relationship between the perceived risk of contracting COVID-19 and knowledge about this disease.

Conclusion

The present findings offer valuable insights to healthcare professionals, including midwives, who serve on the frontline and provide care to pregnant women. Although the participants were adequately knowledgeable about COVID-19, they had misunderstood some of the recommendations of the World Health Organisation. (Author)

Full URL: <https://doi.org/10.1016/j.wombi.2020.05.010>

20200609-11*

Maternity Services: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 52002, 1 June 2020

Ms Nadine Dorries responds to a written question asked by Jonathan Ashworth to the Secretary of State for Health and Social Care, regarding the availability of postnatal care for new parents during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-01/52002/>

20200526-35*

Coronavirus: Maternal mental health [written answer]. Northern Ireland Assembly (2020), Hansard Written question AQW 4059/17-22, 11 May 2020

The Minister of Health responds to a written question asked by Ms Órlaithí Flynn regarding (a) support for pregnant women and new mothers during the COVID-19 crisis, and (b) the stage of the business case for the perinatal mother and baby unit. (LDO)

Full URL: http://data.niassembly.gov.uk/questions.aspx/GetQuestionsForWrittenAnswer_AnsweredInRange?startdate=2020/5/18&enddate=2020/5/18

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20200525-21*

Psychological Status of Postpartum Women Under the COVID-19 Pandemic in Japan. Suzuki S (2022), The Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 9, 2022, pp 1798-1800

Under the COVID-19 (Coronavirus Disease 2019) pandemic, limitations are known to cause some psychosocial problems. We compared the results of mental screening of the postpartum women conducted during the COVID-19 epidemic with those at the same period last year. Based on the results, the worse mother-infant bonding was suspected at 1 month after birth under the COVID-19 pandemic. (Author)

Full URL: <https://doi.org/10.1080/14767058.2020.1763949>

20200519-20*

Parental Leave: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 45426, 11 May 2020

Paul Scully responds to a written question asked by Afzal Khan to the Secretary of State for Business, Energy and Industrial Strategy, regarding the support his Department provides to workers coming to the end of their statutory (a) maternity and (b) paternity entitlement on returning to work during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-11/45426/>

20200519-11*

Breast Milk: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 46097, 12 May 2020

Ms Nadine Dorries responds to a written question asked by Alison Thewliss to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the potential merits of antibodies in human breast milk in the treatment of COVID-19, as reported in a study by Alisa Fox and colleagues (1). 1. Fox A et al. Evidence of a significant secretory-IgA-dominant SARS-CoV-2 immune response in human milk following recovery from COVID-19. medRxiv, 8 May 2020, online. <https://doi.org/10.1101/2020.05.04.20089995>. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-12/46097/>

20200515-11*

Postpartum exacerbation of antenatal COVID-19 pneumonia in 3 women. An P, Wood BJ, Li W, et al (2020), Canadian Medical Association Journal (CMAJ) vol 192, no 22, 1 June 2020, pp E603-E606

KEY POINTS • Postpartum exacerbation of coronavirus disease 2019 symptoms may be sudden, within hours of delivery. • Acute clinical deterioration of the condition of women with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection who have recently given birth may be associated with changes in findings on chest computed tomography. • Delayed hospital discharge or close community follow-up should be considered for women with SARS-CoV-2 infection who have recently given birth. (Author)

Full URL: <https://doi.org/10.1503/cmaj.200553>

20200514-72*

Breastfeeding: Donors [written answer]. House of Commons (2020), Hansard Written question 37944, 20 April 2020

Jo Churchill responds to a written question asked by Daisy Cooper to the Secretary of State for Health and Social Care, regarding additional funding to scale up milk banks to help meet demand for donor milk during the COVID-19 outbreak. (LDO)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-20/37944/>

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20200506-87*

Parental Leave: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 41574, 28 April 2020

Paul Scully responds to a written question from Ben Lake to the Secretary of State for Business, Energy and Industrial Strategy regarding what assessment the Government has made of the potential merits of extending (a) maternity and (b) paternity leave in response to the covid-19 outbreak and associated social distancing guidance. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-28/41574/>

20200427-24*

Coronavirus disease 2019 infection among asymptomatic and symptomatic pregnant women: two weeks of confirmed presentations to an affiliated pair of New York City hospitals. Breslin N, Baptiste C, Gyamfi-Bannerman C, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 2, suppl, May 2020, 100118

The novel coronavirus 2019, or COVID-19, infection has rapidly spread through the New York metropolitan area since the first reported case in the state on March 1, 2020. New York currently represents an epicenter for COVID-19 infection in the United States, with 84,735 cases reported as of April 2, 2020. We previously presented an early experience with seven COVID-positive patients in pregnancy, including two women who were diagnosed with COVID-19 following an asymptomatic initial presentation. We now describe a series of 43 test-confirmed cases of COVID-19 presenting to a pair of affiliated New York City hospitals over two weeks from March 13 to 27, 2020. Fourteen (32.6%) patients presented without any COVID-associated viral symptoms, and were identified either after developing symptoms during admission or following the implementation of universal testing for all obstetrical admissions on March 22. Of these, 10/14 (71.4%) developed symptoms or signs of COVID-19 infection over the course of their delivery admission or early after postpartum discharge. Of the other 29 (67.4%) patients who presented with symptomatic COVID-19 infection, three women ultimately required antenatal admission for viral symptoms, and an additional patient represented six days postpartum after a successful labor induction with worsening respiratory status that required oxygen supplementation. There were no confirmed cases of COVID-19 detected in neonates upon initial testing on the first day of life. Applying COVID-19 disease severity characteristics as described by Wu et al, 37 (86%) women possessed mild disease, four (9.3%) exhibited severe disease, and two (4.7%) developed critical disease; these percentages are similar to those described for non-pregnant adults with COVID-19 infections (about 80% mild, 15% severe, and 5% critical disease). (Author)

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100118>

20200422-43*

SOGC Committee Opinion - COVID-19 in Pregnancy. Elwood C, Boucoiran I, VanSchalkwyk J, et al (2020), JOGC [Journal of Obstetrics and Gynaecology Canada] 31 March 2020, online

Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines on COVID-19 in pregnancy. Includes recommendations on the antepartum, intrapartum and postpartum periods. Discusses appointments, protective equipment, fetal monitoring, caesarean delivery, skin-to-skin contact and breastfeeding. (LDO)

Full URL: <https://doi.org/10.1016/j.jogc.2020.03.012>

20200421-3*

Provision of contraception by maternity services after childbirth during the Covid-19 outbreak. Faculty of Sexual & Reproductive Healthcare, Royal College of Obstetricians & Gynaecologists (2020), London: FSRH 9 April 2020

Guidance on the provision of contraception after childbirth during the Covid-19 pandemic. Recommends that long-acting reversible contraceptives (LARC) should continue to be offered and should be inserted prior to discharge from maternity services. In cases where LARC is unsuitable, women should be given a 6-12 month supply of desogestrel progestogen-only pill (POP) prior to discharge. Also discusses other contraceptive methods including intrauterine contraception, combined hormonal contraception and lactational amenorrhoea. (LDO)

Full URL: <https://www.fsrh.org/standards-and-guidance/documents/fsrh-ceu-provision-of-contraception-by-maternity-services-after/>

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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)

20200414-1*

Clinical Features and Outcomes of Pregnant Women Suspected of Coronavirus Disease 2019. Yang H, Sun G, Tang F, et al (2020), Journal of Infection vol 81, no 1, July 2020, pp E40-E44

Background

2019 novel coronavirus disease (COVID-19) has become a worldwide pandemic. Under such circumstance pregnant women are also affected significantly.

Objective

This study aims to observe the clinical features and outcomes of pregnant women who have been confirmed with COVID-19.

Methods

The research objects were 55 cases of suspected COVID-19 pregnant women who gave a birth from Jan 20th 2020 to Mar 5th 2020 in our hospital-a big birth center delivering about 30,000 babies in the last 3 years. These cases were subjected to pulmonary CT scan and routine blood test, manifested symptoms of fever, cough, chest tightness or gastrointestinal symptoms. They were admitted to an isolated suite, with clinical features and newborn babies being carefully observed. Among the 55 cases, 13 patients were assigned into the confirmed COVID-19 group for being tested positive severe acute respiratory syndrome coronavirus 2(SARS-CoV-2) via maternal throat swab test, and the other 42 patients were assigned into the control group for being ruled out COVID-19 pneumonia based on new coronavirus pneumonia prevention and control program(the 7th edition).

Results

There were 2 fever patients during the prenatal period and 8 fever patients during the postpartum period in the confirmed COVID-19 group. In contrast, there were 11 prenatal fever patients and 20 postpartum fever patients in the control group ($p>0.05$). Among 55 cases, only 2 case had cough in the confirmed group. The imaging of pulmonary CT scan showed ground- glass opacity (46.2%, 6/13), patch-like shadows(38.5%, 5/13), fiber shadow(23.1%, 3/13), pleural effusion (38.5%, 5/13)and pleural thickening(7.7%, 1/13), and there was no statistical difference between the confirmed COVID-19 group and the control group ($p>0.05$). During the prenatal and postpartum period, there was no difference in the count of WBC, Neutrophils and Lymphocyte, the ratio of Neutrophils and Lymphocyte and the level of CRP between the confirmed COVID-19 group and the control group($p<0.05$). 20 babies (from confirmed mother and from normal mother) were subjected to SARS-CoV-2 examination by throat swab samples in 24 hours after birth and no case was tested positive.

Conclusion

The clinical symptoms and laboratory indicators are not obvious for asymptomatic and mild COVID-19 pregnant women. Pulmonary CT scan plus blood routine examination are more suitable for finding pregnancy women with asymptomatic or mild COVID-19 infection, and can be used screening COVID-19 pregnant women in the outbreak area of COVID-19 infection. (Author)

Full URL: <https://doi.org/10.1016/j.jinf.2020.04.003>

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20200402-32*

Pregnancy and coronavirus: information for pregnant women and new mums. Anon (2020), Tommy's Pregnancy Hub 1 April 2020

Consumer information from Tommy's presented in a question and answer format, aimed at pregnant women and new mothers, based on the latest guidance on coronavirus (COVID-19), from the Royal College of Obstetricians and Gynaecologists (RCOG). (JSM)

Full URL: <https://www.tommys.org/pregnancy-information/im-pregnant/pregnancy-and-coronavirus-information-pregnant-women-and-new-mums>

20200331-7*

Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic. Version 1. [Last updated 24 April 2020]. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2020), Royal College of Obstetricians and Gynaecologists (RCOG) 30 March 2020

This guidance is for antenatal and postnatal services to support them during the evolving coronavirus pandemic. This document intends to outline which elements of routine antenatal and postnatal care are essential and which could be modified, given national recommendations for social distancing of pregnant women. (Publisher)

20200330-2*

Anxiety, anger and hope as women face childbirth during coronavirus pandemic. Kahn M, Cristoferi C (2020), Reuters 27 March 2020, online

Pregnant women share their fears about giving birth and caring for their newborn during the coronavirus pandemic. (MB)

Full URL: https://www.reuters.com/article/us-health-coronavirus-europe-childbirth/anxiety-anger-and-hope-as-women-face-childbirth-during-coronavirus-pandemic-idUSKBN21E1O2?feedType=RSS&feedName=healthNews&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+reuters%2FhealthNews+%28Reuters+Health+News%29

20200327-12*

Solo childbirth, halted fertility treatments: women's healthcare takes hit from coronavirus. Bernstein S, Becker A (2020), World News 26 March 2020

Reports the ways in which the global coronavirus pandemic is affecting the care of women in the United States, including; giving birth without their partner being present; restrictive access to reproductive healthcare and having to stay at home with an abusive partner. (JSM)

Full URL: <https://uk.reuters.com/article/uk-health-coronavirus-usa-women/solo-childbirth-halted-fertility-treatments-womens-healthcare-takes-hit-from-coronavirus-idUKKBN21D3NQ>

20200327-1*

Coronavirus: Infant Foods [written answer]. House of Commons (2020), Hansard Written question 30064, 16 March 2020

Jo Churchill responds to a written question asked by Alison Thewliss to the Secretary of State for Health and Social Care, regarding what plans he has to ensure the maintenance of the supply of infant formula during the covid-19 outbreak. (MB)

Full URL: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-16/30064/>

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