MIDIRS Search Pack

Search Pack P202

Coronavirus (COVID-19) - mental health in pregnancy and post birth

Covers the impact of the COVID-19 pandemic on the mental health and wellbeing of women and their families during pregnancy, labour and in the postnatal period. Encompasses all aspects of mental health including: anxiety, stress, depression, fear, concerns relating to bonding, and coping strategies; worries caused by social distancing, isolation, hospital policies such as restrictions to visits/support in labour, access to health services including breastfeeding support, etc. but also the positive effects on stress levels for reasons such as being able to work from home.

Date created: 04/02/2025

2025-04056

 Pandemic-related stress in pregnant women during the first COVID-19 lockdown and neonatal development.

Riquelme-Gallego B, Martínez-Vázquez S, Caparros-Gonzalez RA (2025), Journal of Reproductive and Infant Psychology vol 43, no 2, 2025, pp 427-442

Background

Maternal stress and psychopathology have a negative effect on mothers and neonates. Maternal stress may affect neonatal growth and development both physically and psychologically.

Purpose

To study the impact of pandemic-related pregnancy stress and maternal psychopathological symptoms during the COVID-19 lockdown in 2020 on neonatal development.

Methods

A two-phase prospective study was carried out on a sample of 181 pregnant women ranged from 18 to 40 years old in Spain (Europe). Phase 1: Pandemic-related pregnancy stress (PREPS), Prenatal Distress Questionnaire (PDQ), Perceived Stress Scale (PSS) and the revised version of the Symptom Checklist-90 (SCL-90-R) were used to assess psychological symptoms during the lockdown. In the follow-up (Phase 2), obstetric, birth-related and anthropometric variables were collected from 81 pregnant women-neonates dyads.

Results

Primiparous women showed higher psychopathological symptoms and higher levels of pandemic-related pregnancy stress than multiparous women. A multiple linear regression model showed that pandemic-related pregnancy stress could predict the length of neonate by adjusting for maternal age and gestational age, especially for primiparous women.

Implications for research

Studies assessing neonates development should evaluate the long-term effect of the COVID-19 pandemic on neonates´ length.

Implications for practice

States the relation between pandemic-related pregnancy stress and neonatal development by being able to track the effects on neonates whose mothers had high levels of stress during the COVID-19 pandemic. (Author)

Full URL: https://doi.org/10.1080/02646838.2023.2237527

2025-03744

 Exploring women's postpartum experiences during the COVID-19 pandemic: A mixed-method analysis. Maloney CA, Trimm A, Miller-Graff LE (2025), Midwifery vol 143, April 2025, 104311

Problem

While studies across the United States have explored how the perinatal period was affected by COVID-19, most studies have focused on pregnancy and delivery rather than on women's postpartum experiences.

Background

Postpartum is a critical period of development for mothers and newborns, with factors such as maternal mental health and quality of mother-infant bonding playing instrumental roles in children's socioemotional outcomes. Yet, COVID-19 served as a significant stressor for many women and acted as a barrier to receiving postpartum supports.

Aim
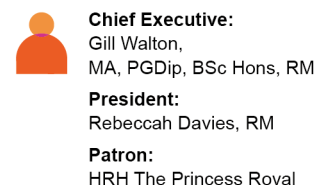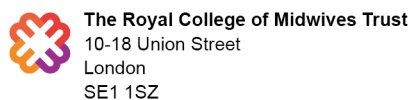
The current mixed-method analysis further elucidates women's postpartum experiences during COVID-19.

Method

New mothers (N = 20) completed interviews on how the pandemic impacted their postpartum experience, as well as a survey about mental health and mother-infant bonding.

Findings

Thematic analysis of interview data identified four themes: Uncertainty surrounding medical care and hospital policies; Lack of connection with social supports; Increased family bonding; Access to community resources. Survey data indicated 57.9 % of participants experienced anxiety symptoms, 68.4 % experienced depressive symptoms, and 36.8 % experienced some bonding difficulty. When evaluated together, it was found that women who endorsed time away from children during hospital stays had significantly lower postpartum anxiety and less difficulty bonding compared to women who did not endorse this subtheme, while women who reported isolation from leisure activities had significantly greater difficulty with bonding.

Conclusion

The study highlights the importance of information sharing around community resources and indicates a need for further exploration of how various forms of social support (e.g., immediate family vs. broader networks) impact the wellbeing of postpartum women. (Author)

2025-03494

Postpartum Depression, Social Support and Quality of Life Between Adolescent and Adult Mothers in Six Months Postpartum in the COVID-19 Pandemic: Longitudinal Comparative Study. Sangsawang B, Sangsawang N (2025), Journal of Advanced Nursing 4 March 2025, online

Aims

To determine the proportion of postpartum depression (PPD), explore associated risk factors with PPD, and examine changes in PPD, social support and quality of life (QOL) among adolescent and adult mothers in the first 6 months postpartum during the COVID-19 pandemic.

Design

A longitudinal comparative study was conducted using an online questionnaire from January to August 2021.

Methods

The study recruited 65 adolescent and 65 adult mothers who attended postpartum checkups at 6 weeks postpartum in primary hospitals across Ayutthaya, Chachoengsao and Phetchaburi provinces in Thailand. Data were collected by the Edinburgh Postnatal Depression Scale, Postpartum Support Questionnaire, and the World Health Organisation Quality of Life Brief at 6 weeks, 4 months and 6 months postpartum.

Results

Finally, 60 adolescent and 60 adult mothers were included for analysis. Adolescent mothers experienced lower social support and QOL compared to adult mothers over the 6-month postpartum period. Notably, both adolescent and adult mothers had significantly increased PPD proportions from 6 weeks to 6 months postpartum (31.7%–48.3% and 23.3%–43.3%, respectively). However, there was no significant difference in the PPD proportions between groups. In adjusted models, significant risk factors for PPD during the first 6 months postpartum included educational level, unintended pregnancy, mode of delivery and social support.

Conclusion

Significant changes in PPD, social support and QOL were observed in both adolescent and adult mothers during the first 6 months postpartum. Adolescent mothers consistently demonstrated lower levels of social support and QOL at 6 weeks, 4 months and 6 months postpartum compared to adult mothers. Additionally, mothers with lower educational attainment, unintended pregnancies, caesarean deliveries and low social support were more likely to experience PPD.

Implications
Midwives/nurses should provide routine PPD screenings throughout the first six months postpartum for all mothers, particularly for at-risk mothers such as adolescent mothers or those with lower education, unintended pregnancies, caesarean deliveries and limited social support.

Reporting Method
We have followed the STROBE guidelines.

Patient or Public Contribution
No patient or public contribution. (Author)

2025-03424

COVID-19 prevention strategies and compliance among postnatal adolescent mothers with postnatal depression and generalised anxiety in rural Malawi: a cross-sectional study. Tembo CP, Burns S, Portsmouth L (2025), BMJ Open vol 15, no 2, February 2025, e093624

Objectives This study examines the relationship between adolescent mothers' mental health problems (postnatal depression and generalised anxiety) and adherence to COVID-19 public health prevention strategies in rural Malawi. It is part of a larger previously published study investigating the impact of social and cultural factors on the mental health in adolescent mothers.

Design A cross-sectional study was conducted from September 2021 to March 2022. The Edinburgh Postnatal Depression Scale (EPDS) and the Generalised Anxiety Disorder-7 (GAD-7) were used to identify the risk of postnatal depression (PND) and generalised anxiety disorder (GAD), respectively. Participants also responded to questions about their perception of COVID-19 and how they practiced the recommended COVID-19 prevention strategies.

Setting The study was conducted at a rural hospital in Lilongwe, Malawi.

Participants Adolescent postnatal mothers aged 19 years and below, with children aged less than 1 year, who understood the study and could consent.

Results Adolescent mothers (n=395) completed the researcher-administered survey. The mean age was±17 (SD 1.157). Most participants had recently given birth to their first child (91%, n=358). Almost half (45%, n=113) of participants agreed with the COVID-19 prevention strategies recommended by the Malawian government. However, overall adherence to public health COVID-19 prevention strategies, including hand hygiene practices, was low among adolescent mothers. Participants with probable GAD and probable PND were more likely to practice COVID-19 prevention strategies than participants with low GAD-7 or EPDS scores, except for restrictions on religious gatherings.
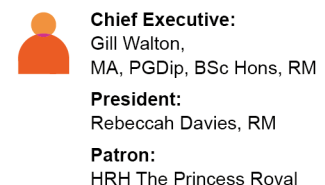
Conclusions Adolescent perception of the potential threats or risks of COVID-19 was low. However, adolescents with probable PND and probable GAD reported higher adherence to some COVID-19 prevention strategies than adolescents without PND and GAD. The findings support the need for policies that integrate mental health within the public health response due to the potential direct and indirect effects the pandemic might have on perinatal mothers' mental health. Additionally, recommended pandemic responses should be appropriate and relevant to the social environment. (Author)
Full URL: https://doi.org/10.1136/bmjopen-2024-093624

2025-03289

Maternal Mental Health During a Pandemic: A look at the rapid evidence review of the impact of Covid-19 and the subsequent recommendations made by the Maternal Mental Health Alliance. Attenborough F (2021), Association for Improvements in Maternity Services (AIMS) vol 33, no 4, 2021, pp 8-10
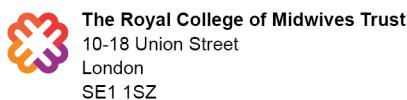
NCT practitioner, Frances Attenborough, discusses maternal mental health and Covid-19 and reports on key points from the rapid evidence review. (Author)

Full URL: https://www.aims.org.uk/journal/item/covid-mental-health

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2025-02537

Pandemic perceptions and healthcare decisions: exploring perceived COVID-19 threat's impact on perinatal healthcare in Florida. Ulfat F, Thayagabalu S, Iglesias A, et al (2024), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 38, no 3, Winter 2024, pp 58-74

The COVID-19 pandemic directly impacted well-being and healthcare delivery, but its indirect effects on health services utilization among pregnant women and new mothers remain less understood. Understanding how big events like pandemics impact health behaviors is essential for anticipating healthcare needs during future crises. This study examined how the perceived COVID-19 threat influenced health concerns and service utilization among 378 participants who were either pregnant or mothers of infants less than 12 months old, 18 years or older, and lived within a 50-mile radius of healthcare sites in the OneFlorida+ Clinical Research Consortium. An online Qualtrics survey assess COVID-19 threat perception, distress related to health and resource concerns (e.g., access to medicine, baby supplies, mental and general healthcare, and social interactions), and changes to health services utilizations (e.g.,induction schedule, hospital/birthing center choices, prenatal provider, and visit frequency) during the pandemic. Participants who perceived COVID-19 as a significant threat were more likely to report concerns about reduced access to general healthcare (p = 0.043). Pregnant participants, compared to mothers with infants under 12 months of age, expressed greater concern about reduced access to mental healthcare (p = 0.015). Additionally, the perceived COVID-19 threat was linked to changes in prenatal care providers and labor induction schedules (p<0.001). These findings highlight the importance of integrating the perceived threat of pandemics or other major events into mental health screenings. Healthcare providers should proactively address potential changes in patient behavior during major events in anticipation of future crises. (Author)

2025-02404

Depression, anxiety, and stress among HIV-positive pregnant women during the COVID-19 pandemic: a hospital-based cross-sectional study in India. Easwaran V, Orayj K, Goruntla N, et al (2025), BMC Pregnancy and Childbirth vol 25, no 134, February 2025

Background

The COVID-19 pandemic has caused an unparalleled increase in psychological distress among everyone and everywhere. Perinatal depression, anxiety, and stress (DAS) are more prominent among HIV-positive pregnant women and are associated with poor maternal and neonatal outcomes. Therefore, this study aimed to assess the prevalence and explore the factors associated with DAS among HIV-positive pregnant women in India.

Methods

A multicentric, cross-sectional, analytical study was conducted among all HIV-positive pregnant women, aged more than 18 years, taking antiretroviral therapy, and attending antenatal care visits at two hospitals that are offering HIV care services in Anantapur District, Andhra Pradesh, India. Women who were unable to communicate were mentally ill, and refused to give consent were excluded. The study was conducted for a period of eighteen months from April 2020 to September 2021. A validated and interview-based data collection form was used to capture sociodemographic, obstetric profiles, clinical and support-related profiles, and COVID-19 stressors among study participants. The DASS-21 scale was used to assess depression, anxiety, and stress among study participants. Univariable and multivariable Poisson regression analyses were used to identify factors associated with DAS among study participants.

Results

The prevalence of depression, anxiety, and stress among HIV-positive pregnant women was found to be 50.3% (95% CI 23.6–76.4), 56.2% (95% CI 28.3–80.3), and 42.2% (95% CI 18.5–69.9), respectively. A multivariate Poisson regression analysis showed that participants living in a rural area (adj. PR 1.43,1.08–1.91), primigravidae (adj. PR 1.37, 1.09–1.72),

less number of ANC visits (adj. PR 1.41, 1.12–1.76), identified HIV during pregnancy (adj. PR 1.42, 1.13–1.77), non-disclosure of HIV status with one's partner (adj. PR 1.43, 1.11–1.83), no partner support (adj. PR 1.84, 1.31–2.59), and having a negative HIV status sexual partner (adj. PR 1.35, 1.02–1.79) were all significantly associated with depression. Factors such as lack of partner support (adj. PR 1.48, 1.09–1.99) and known HIV status during pregnancy (adj. PR 1.24, 1.01–1.52) were significantly associated with anxiety. Participants who had less ANC visits (adj. PR 1.50, 1.12–2.02), non-disclosure of HIV status with partner (adj. PR 1.47, 1.08–2.02), known HIV status during pregnancy (adj. PR 1.62, 1.23–2.15), negative HIV status of sexual partner (adj. PR 1.44, 1.02–2.02), and no partner's support (adj. PR 1.85, 1.25–2.74) were significantly associated with stress.

Conclusion

The study concludes that about one-third of the HIV-positive pregnant women reported anxiety, and more than half of the women were feeling stressed and depressed during COVID-19. Factors such as residence and primigravidae were linked with antenatal depression. Whereas variables like ANC visits, knowing HIV status during pregnancy, non-disclosure of HIV status, no partner's support, and sexual partner HIV negative status were associated with depression and stress. The anxiety symptoms are very high among women who are HIV positive during pregnancy, and not having a partner's support. Demographic, clinical, and support-related determinants and COVID-19 stressors of DAS provide insights for interventions to reduce the burden of mental health problems among HIV-positive pregnant women. (Author)

Full URL: https://doi.org/10.1186/s12884-025-07261-4

2025-01832

 Becoming a new parent during the pandemic: experiences of pregnancy, birth, and the postnatal period. Blakey E, Kuria D, McGillion M, et al (2025), BMC Pregnancy and Childbirth vol 25, no 39, January 2025

New parenthood in ordinary times can be a vulnerable and unpredictable time. The Covid-19 pandemic brought additional, unprecedented changes to policy and practice that drastically impacted on the experiences of parents. This study aimed to enhance our understanding of the experiences of new parents during the pandemic by qualitatively analysing their experiences. New parents from the UK (N = 303; female = 296; male = 7) responded to a survey conducted between 2021–2022 asking about experiences of pregnancy, birth and the postnatal period. Responses were analysed thematically, taking an interpretivist approach, and drawing across the three time periods. Parents reported conflicting feelings, negative feelings and silver linings cutting across eight themes, including: impacts on well-being, feeling without a village, changes to healthcare, atypical social experiences as a new parent, differential impacts on financial and working lives, conflicting feelings around digital technology, anger and worry regarding contradictory government guidance and recommendations for other parents. The findings offer much needed insights into the experiences of new parents during this time and provide some context to the documented elevated levels of perinatal mental health difficulties in new parents during the pandemic. We suggest key recommendations going forwards in the care of new parents now, and in times of future national crisis. (Author)

Full URL: https://doi.org/10.1186/s12884-024-07110-w

2025-01532

 Mental health impact of the COVID-19 pandemic in perinatal women living in Puerto Rico. Rodríguez-Reynaldo M, Rivera-Orraca Z, Ramos Monserrate G, et al (2025), Journal of Reproductive and Infant Psychology vol 43, no 1, January 2025, pp 181-194

Background: Studies have reported an increase in mental health disorders during the perinatal period as a result of the COVID-19 pandemic and the quarantine restrictions imposed. The effects of untreated maternal mental health have an adverse impact on the mother, the development of the baby, and the family system. Determinants of health, recent natural disasters, and disparities in perinatal care that impact perinatal women in Puerto Rico place them at a higher risk of mental health difficulties. Aim: It is therefore, of extreme importance, to evaluate the effect that the COVID-19 pandemic has had on this vulnerable population. Design: This is a cross-sectional observational study that interviewed 100 women in the perinatal period during the COVID-19 lockdown measures in Puerto Rico. Participants completed the Spanish version of the COVID-19 Perinatal Experiences (COPE-IS) questionnaire and assessments of
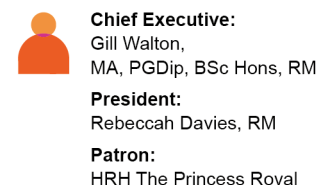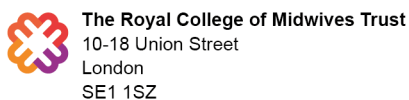
clinical depression (PHQ-9) and anxiety (GAD-7). Results: The prevalence of moderate to severe risk of depression in this sample is 14%, while 17% showed clinical signs of anxiety. Concerns about social impact and the quarantine mandate were the most common stressors reported. Additionally, our sample reported concerns about the impact the pandemic would have on future employment and finances. Conclusion: Perinatal women showed significantly higher prevalence of depression and anxiety during the COVID –19 pandemic when compared to the mental health prevalence of the general population pre-pandemic in Puerto Rico. The concerns identified during the pandemic provide information on the importance of a biopsychosocial approach to perinatal mental health care. (Author)

2025-01531

Relationship between social support and perinatal depression during the COVID-19 pandemic. Kovacheva K, de la Fe Rodríguez-Muñoz M, Gómez-Baya D, et al (2025), Journal of Reproductive and Infant Psychology vol 43, no 1, January 2025, pp 167-180

Aims/Background

This research aimed to identify the sources of social support and its relationship with perinatal depression (PPD) during the coronavirus (COVID-19) pandemic.

Design/Methods

We carried out a cross-sectional study with a sample of 3,356 women during perinatal period living in Spain. We used five items from the Spanish version of the Coronavirus Perinatal Experiences – Impact Survey to assess the impact of COVID-19 on social support and, the Edinburgh Postnatal Depression Scale was used to assess depressive symptomatology.

Results

The results obtained identified a possible relationship between seeking in-person support (OR = 0.51; 0.67, during pregnancy and after delivery respectively) and degree of feeling social support (OR = 0.77; 0.77) during the COVID-19 pandemic with a lower prevalence of depression. Otherwise, requiring the help of a mental health professional (OR = 2.92; 2.41) and weeks of confinement (OR = 1.03; 1.01) appeared to be associated with a higher prevalence of depression. During pregnancy, a possible association was found between the degree of concern about future changes in support and involvement of family and friends (OR = 1.75) with a higher prevalence of depression. On the other hand, in the postpartum period, there seems to be a relationship between seeking social support through social media (OR = 1.32) with a higher prevalence of depression and receiving support from friends (OR = 0.70) and health professionals (OR = 0.53) with a lower prevalence of depression.

Conclusion

These results highlighted the importance of protecting perinatal mental health during the COVID-19 pandemic by protecting and developing social support networks. (Author)

2025-01275

Pandemic-related prenatal maternal stress, model of maternity care and postpartum mental health: The Australian BITTOC study. Lequertier B, Mclean MA, Kildea S, et al (2024), Women and Birth: Journal of the Australian College of Midwives vol 37, no 6, November 2024, 101827

Problem

Women pregnant during the COVID-19 pandemic may be at risk of elevated postpartum mental health problems.
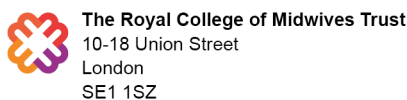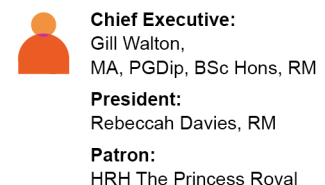
Background

Social support protects maternal mental health during a pandemic. It is possible that formal supports, such as continuity maternity models of care, may also support maternal wellbeing.

Aim

To investigate whether model of care moderates the association between prenatal maternal stress from the COVID-19 pandemic, and postpartum (a) depression and (b) anxiety.

Methods

Women in Australia, pregnant during the COVID-19 pandemic (n = 3048), completed a survey detailing their COVID-19-related objective hardship and subjective distress during pregnancy and completed depression and anxiety measures at birth to six weeks ("Early"), seven to 21 weeks ("Moderate"), and/or 22–30 weeks ("Late") postpartum.

Findings

Higher subjective distress was associated with elevated depression and anxiety at all timepoints. Model of care did not moderate the association of objective hardship or subjective distress and depression or anxiety at any timepoint. Compared with Standard Care, women receiving private midwifery care had a 74 % reduction in the odds of elevated anxiety in early postpartum.

Discussion

Women receiving private midwifery may have experienced lower anxiety due to a greater duration of postpartum in-home care, fewer changes to service delivery, and the option of homebirth. Women pregnant during a pandemic should be screened for higher subjective distress about the event.

Conclusion

These results suggest that continuity of private midwifery care may be beneficial for supporting postpartum mental health during a pandemic, with implications for practice and policy for the current and future pandemics. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2024.101827

2025-01030

Everything feels just a little heavier, more wrought with implications, you know? – a mixed-methods study examining lifestyle behaviors, health, and well-being of pregnant and postpartum women during the early months of the COVID-19 pandemic. Dube S, Asim M, Gonzalez J, et al (2025), BMC Pregnancy and Childbirth vol 25, no 9, January 2025

Background

While the striking impact of the COVID-19 pandemic on mental health, heath care access and lifestyle behaviors, including perceived health, diet, physical activity, and sleep has been reported, few studies have examined these domains jointly among pregnant and postpartum people in the early stages of the COVID-19 pandemic.

Methods

This mixed methods study was conducted among a subset of participants (n = 22) in a cohort study in Austin, Texas, who were pregnant or had recently delivered when the outbreak occurred. Measures were from the early second trimester up to 6 months postpartum. Findings from questionnaires were complemented by qualitative interviews during Spring/Summer 2020 regarding experiences during the early pandemic.
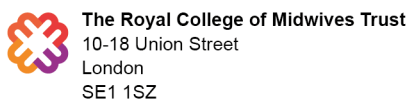
Results

From our quantitative data (n = 22), most participants reported that the pandemic generally had a negative impact on their lives (81%), that they shifted to eating more at home (71%), and that they were less physically active (62%). Five major themes emerged in our qualitative interviews (n = 22): (1) adaptation to pandemic restrictions; (2) psychosocial experiences, such as feelings of anxiety, guilt, sadness, isolation, and frustration; (3) health behavior changes; (4) health care experiences; and (5) where they obtained general and perinatal related pandemic information. Of those who completed both pregnancy and postpartum interviews (n = 8), all reported anxiety during both periods; however, those who delivered in Spring 2020 experienced more anxiety surrounding delivery and less social support than those who delivered in Summer 2020, who reported less anxiety surrounding hospital birth and greater social support, particularly after delivery.

Conclusions

Overall, our findings confirm prior evidence that the COVID-19 pandemic had a marked impact on stress, anxiety, and worries, as well as lifestyle behaviors among pregnant and postpartum people. Our work provides lessons for health care practitioners about support need for pregnant and postpartum persons amid societal disruption. (Author)

Full URL: https://doi.org/10.1186/s12884-024-07011-y
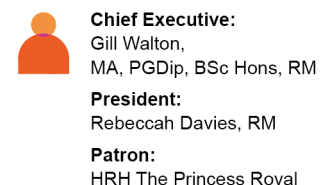
2025-00791

Perinatal Loneliness and Isolation Early in the COVID-19 Pandemic in New York City: A Qualitative Study. West BS, Ehteshami L, McCormack C, et al (2025), Journal of Midwifery & Women's Health vol 70, no 1, January/February 2025, pp 124-130

Introduction

During the COVID-19 pandemic, birthing parents were identified as a high-risk group with greater vulnerability to the harms associated with SARS-CoV-2. This led to necessary changes in perinatal health policies but also to experiences of maternal isolation and loneliness, both in hospital settings, due to infection mitigation procedures, and once home, due to social distancing.

Methods

In this study, we qualitatively explored birthing and postpartum experiences in New York City during the early days of the pandemic when lockdowns were in effect and policies and practices were rapidly changing. Using thematic analysis, our focus was on experiences of isolation, navigating these experiences, and the potential impacts of isolation and loneliness on maternal health for 55 birthing people.

Results

Participants described numerous stressors related to isolation during the birthing process, including reconciling their hopes for their birth with the realities of the unknown and separation from partners, family, and friends in the hospital. During the postpartum period, loneliness manifested as having limited or no contact with family and friends, which led to feelings of a need for strengthened social support systems. The impact of these negative experiences shaped mental health. Overall, we found that solitary experiences during birthing and postpartum isolation were major sources of stress for participants in this study.

Discussion

To support impacted families and prepare for future crisis events, clinicians and researchers must prioritize the development of strong clinical and social support structures for perinatal people to ensure both maternal and child health. (Author)

2024-14518

Emergency Department Utilization for Postpartum Behavioral Health Problems and Assault Injury During the COVID-19 Pandemic. Goldman-Mellor S, Gemmill A, Olfson M, et al (2024), Journal of Women's Health 28 October 2024, online

Objective: Distinctive stressors facing pregnant and postpartum individuals during the COVID-19 pandemic may have affected their emergency department (ED) care-seeking for behavioral health concerns and violence victimization. We tested whether the incidence of postpartum behavioral health and assault injury ED visits differed for individuals according to their months of postpartum pandemic exposure.

Methods: We used statewide, longitudinally linked hospital and ED administrative claims data from California to classify all individuals with hospital deliveries between January 1, 2016, and December 31, 2020, according to their months of postpartum pandemic exposure. Outcomes comprised 12-month incidence of any ED visit for a psychiatric disorder, drug use disorder/overdose, alcohol use disorder/intoxication, or assault injury, defined using International Classification of Diseases–Clinical Modification, version 10 codes. Risk ratios compared the incidence of each outcome among people with 1–12 months of postpartum pandemic exposure to those with 0 months of exposure.

Results: Compared to people with 0 months of postpartum pandemic exposure (n = 1,163,215), delivering people with 1–12 month' exposure (range: n = 26,836 to n = 273,561) were approximately equally likely to have a postpartum ED visit for a psychiatric disorder, drug use disorder, or alcohol use disorder, after adjusting for demographic differences (most $p > 0.10$). The incidence of assault injury was significantly lower among delivering individuals with 11 or 12 months of pandemic exposure (RRadj = 0.70 and 0.91, respectively; both $p < 0.01$) compared to those with 0 months.

Conclusions: Contrary to expectations, the pandemic did not appear to have affected ED utilization for most behavioral health conditions among postpartum individuals, but assault injury ED visits declined. (Author)

2024-13835

 The impact of the early COVID-19 pandemic on maternal mental health during pregnancy and postpartum. Bartmann C, Kimmel T, Davidova P, et al (2024), PLoS ONE vol 19, no 9, September 2024, e0310902

Purpose: The aim of this study was to investigate the effects of the COVID-19 pandemic on maternal mental health during pregnancy and the postpartum period.

Methods: The impact of the COVID-19 pandemic situation during and post pregnancy was addressed on three main factors; maternal mental health, mother-child bonding, and maternal self-confidence. To do this, two different patient cohorts were compared; data from one cohort was collected pre-pandemic, and data was collected from the other cohort at the beginning of the pandemic. Questionnaires were used to collect data regarding depressive symptoms (Edinburgh Postnatal Depression Scale [EPDS]), anxiety (State Trait Anxiety Inventory [STAI]), maternal self-confidence (Lips Maternal Self-Confidence Scale [LMSCS]) and mother-child bonding (Postpartum Bonding Questionnaire [PBQ]).

Results: There were no significant differences in depressive symptoms (EPDS with an average median of 4.00-5.00) or anxiety (STAI with an average median of 29.00-33.00) between the cohorts. However, the quality of postpartum maternal bonding was higher at 3-6 months in the pandemic cohort, which was also influenced by education and the mode and number of births. The maternal self-confidence was lower in the pandemic sample, also depending on the mode of birth delivery.

Conclusions: In this study, a differential effect of the COVID-19 pandemic on mother-child bonding and maternal self-confidence was observed. The results thereby identified possible protective factors of the pandemic, which could potentially be implemented to improve maternal mental health and bonding to the child under normal circumstances.

Full URL: https://doi.org/10.1371/journal.pone.0310902

2024-13349

 Psychological health of pregnant and postpartum women before and during the COVID-19 Pandemic. Kuipers YJ, Bleijenbergh R, Van den Branden L, et al (2022), PLoS ONE vol 17, no 4, April 2022, e0267042

Background

The COVID-19 pandemic is likely to influence psychological health of pregnant and postpartum women.

Methods

We conducted a non-concurrent cross-sectional study among 1145 women living in the Dutch-speaking part of Belgium, 541 pregnant and 604 postpartum women. We measured psychological health with the Whooley questions, Generalized Anxiety Disorder 2-item (GAD-2) and the Edinburgh Postnatal Depression Scale (EPDS) and compared the scores of pregnant and postpartum women before and during the COVID-19 pandemic.

Results

No differences were observed in the Whooley, GAD-2 or EPDS scores among pregnant women. The postpartum total GAD-2 scores before vs during the pandemic showed significant differences. Controlling for confounders, we observed a small main positive effect of having an infant during time of COVID-19 ($F_{(1.13)}$ = 5.06, p.025, d.27). The effect was significantly larger for women with (a history of) perinatal psychological problems ($F_{(1.12)}$ = 51.44, p < .001, d.82). Emotional support was significantly related to GAD-2 scores of postpartum women during the pandemic ($F_{(1.90)}$ = 35.54, p < .001). Postpartum women reported significant higher effects of the pandemic on their behavior compared to pregnant women (p.034).

Conclusion

The COVID-19 pandemic seems to have a positive effect on postpartum women during the first year postpartum, in particular for women with (a history of) perinatal psychological problems and for those women who experienced emotional support. The findings suggest that less external stimuli caused by lockdown restrictions might have a positive effect on postpartum women's emotional wellbeing. The sample consisted of white, educated women in a relationship and information regarding the extent of exposure to adverse COVID-19 consequences was lacking. We relied on self-selection and self-report. The postpartum pandemic sample was small. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0267042

2024-11947

Economic, Psychological, and Emotional Well-Being of Pregnant Women During the COVID-19 Pandemic. Eldeirawi KM, Persky VW, Zielke C, et al (2025), Journal of Midwifery & Women's Health vol 70, no 1, January/February 2025, pp 111-123

Introduction

The intersection between perinatal mental health and the coronavirus disease 2019 (COVID-19) pandemic remains of significant public health importance. The current study examined the emotional and financial well-being and predictors of elevated depressive symptoms among pregnant women during the COVID-19 pandemic.

Methods

This online survey was conducted with 2118 women ≥18 years old who were pregnant at the time of the survey and living in the United States or Puerto Rico. Depressive symptoms were assessed with the Center for Epidemiologic Studies Depression Scale, with scores ≥10 indicative of elevated depressive symptoms. The final logistic regression model included housing insecurity, financial distress, COVID-19 diagnosis, exposure to COVID-19, and demographic covariates.

Results

More than half the sample (53.8%) had elevated depressive symptoms. In logistic regression analyses, the odds of having elevated depressive symptoms were significantly higher for participants reporting housing insecurity (adjusted odds ratio [aOR], 1.56; 95% CI, 1.22-2.01), financial distress (aOR, 1.57; 95% CI, 1.17-2.12), COVID-19 diagnosis (aOR, 2.53; 95% CI, 1.53-4.17), and COVID-19 exposure (aOR, 1.41; 95% CI, 1.07-1.86), after adjusting for covariates. The association of elevated depressive symptoms with housing insecurity was especially strong among those who experienced COVID-19 (aOR, 6.04; 95% CI, 2.15-17.0).

Discussion

Our findings are consistent with previous literature revealing that diagnosis, exposure, concerns about family, and effects on financial stability were related to depressive symptoms during the pandemic. The relationships between financial and housing concerns with elevated depressive symptoms, independent of concerns about infection in family members, suggest that there may be direct and indirect effects of the pandemic on mental health. (Author)
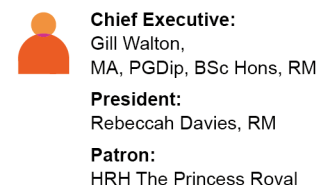
Full URL: https://doi.org/10.1111/jmwh.13659

2024-11370

The impact of prenatal mental health on birth outcomes before and during the COVID-19 pandemic in Anhui, China.
Zhao T, Jhangri GS, Dobson KS, et al (2024), PLoS ONE vol 19, no 8, August 2024, e0308327

Adverse birth outcomes remain challenging public health problems in China. Increasing evidence indicated that prenatal depression and anxiety are associated with adverse birth outcomes, highlighting the importance and severity of prenatal depression and anxiety in China. The COVID-19 pandemic is likely to further exacerbate prenatal mental health problems and increase the risk of adverse birth outcomes. The aim of this study is to assess and compare the impacts of prenatal mental health issues on birth outcomes before and during the COVID-19 pandemic in Ma'anshan, Anhui, China. Participants in this study were women who visited local maternal and child health hospitals in
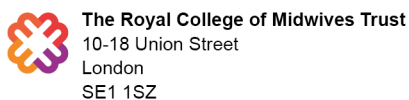
Ma'anshan, Anhui, China. Two independent sets of individual maternal data (npre-pamdemic = 1148; npandemic = 2249) were collected. Prenatal depression and anxiety were measured online using the Edinburgh Postnatal Depression Scale (EPDS) and the General Anxiety Disorder-7 (GAD-7). Adverse birth outcomes were determined using hospital-recorded infant birth weight and gestational age at delivery. In this study, we found that the pandemic cohort had lower mean EPDS and GAD-7 scores than the pre-pandemic cohort. The prevalence of prenatal depression (14.5%) and anxiety (26.7%) among the pandemic cohort were lower than the pre-pandemic cohort (18.6% and 36.3%). No significant difference was found in the prevalence of adverse birth outcomes comparing the two cohorts. Prenatal depression was associated with small gestational age only in the pandemic cohort (OR = 1.09, 95% CI 1.00-1.19, p = 0.042). Overall, this study highlighted an association between prenatal depression and small for gestational age in Anhui, China. Addressing prenatal depression may thus be key in improving birth outcomes. Future studies could focus on potential causal relationships.

Full URL: https://doi.org/10.1371/journal.pone.0308327

2024-11337

Factors associated with antenatal depression in the Kingdom of Jordan during the COVID-19 pandemic. Abujilban S, Mrayan L, Al-Obeisat S, et al (2022), PLoS Global Public Health vol 2, no 2, February 2022, e0000194

Fear of infection and measures taken to mitigate infection, such as social distancing, lockdown and isolation can lead to anxiety and depression across the life course, but especially in pregnancy. We set out to identify the prevalence of depression in pregnancy, using Edinburgh Postnatal Depression Scale (EPDS) during national quarantine and to examine women's knowledge, attitude, and practices (KAP) in regard to potential COVID-19-related depression. Following ethical approval, an observational design, with an online questionnaire and snowball sampling was used to recruit 546 pregnant women (231 primi and 315 multiparous) in Jordan via common social media platforms (facebook, WhatsApp). Over one third (36.7%) reported depressive symptoms. There were significantly lower depression scores among pregnant women who exhibited more knowledge about COVID-19 (in high [vs low] knowledge groups, mean EPDS = 10.8 [vs 12.2]; p = 0.007). Depression scores were not significantly associated with attitude nor with practice. This suggests that enhanced knowledge levels may protect pregnant women against depression. Our findings contribute to understanding of the experience of pregnant women in developing countries during the COVID-19 pandemic. Healthcare Professionals should provide health education to all pregnant women and timely services to pregnant women with depressive symptoms. This may lead to the prevention of serious symptoms and reduce negative consequences on the next generation, not only in Jordan, but worldwide.

Full URL: https://doi.org/10.1371/journal.pgph.0000194

2024-11255

Neighborhood Environment and Perceived Stress Before and During the COVID-19 Pandemic Among Childbearing Black Women. Giurgescu C, Adaji R, Hyer S, et al (2024), The Journal of Perinatal and Neonatal Nursing vol 38, no 3, July/September 2024, pp 334-341

Purpose:

The purpose of this study among pregnant and postpartum Black women was twofold: (1) to compare levels of perceived stress, depressive symptoms, social support, and neighborhood disorder and crime before the pandemic vs during the pandemic; and (2) to examine the association of perceived stress, depressive symptoms, and social support with neighborhood disorder and crime at both time points.

Methods:

This was a prospective study as part of the Biosocial Impact on Black Births, a longitudinal study that examined the role of maternal factors on preterm birth among Black women. A sample of 143 women were included who responded to survey questions during pregnancy prior to the pandemic and again after birth, during the pandemic. Women completed the COVID survey between May 21, 2020, and January 28, 2021.

Results:

The levels of perceived stress (70.75 and 76.28, respectively, P < .01) and social support (17.01 and 18.78, respectively, P < .01) were lower during the pandemic than prior to the pandemic. Social support, perceived stress, and depressive symptoms were significantly correlated with the pre-pandemic measures of perceived neighborhood disorder and crime. Perceived stress and depressive symptoms were also significantly correlated with pandemic measures of perceived neighborhood.

Conclusion:

Women reported lower levels of perceived stress during the pandemic than prior to the pandemic, but neighborhood characteristics were consistently associated with perceived stress and depressive symptoms both prior to and during the pandemic. Further exploration is warranted to better understand these relationships. (Author)

2024-10166

The impact of relationship factors on antenatal depression in the context of the COVID-19 pandemic. Pekarsky C, Skiffington J, Chaput K, et al (2025), Birth vol 52, no 1, March 2025, pp 78-88

Background

Antenatal depression is the most prevalent pregnancy-associated mental health disorder. Previous studies have identified several risk factors for antenatal depression, including partner support. However, during the COVID-19 pandemic, many relationship dynamics changed. This study examined the extent to which relationship factors had an impact on antenatal depression in comparison with other well-researched factors in the context of the pandemic.

Methods

A secondary analysis was conducted using data from the P3 Cohort in Calgary, a longitudinal cohort study based in Alberta, Canada. Pregnant people (n = 872) completed self-report questionnaires and validated scales about sociodemographic, psychological, and relationship characteristics. Antenatal depression was assessed using the Edinburgh Postnatal Depression Scale (EPDS). Logistic regression was used to assess the impact of reported characteristics on antenatal depression. Tests of model fit were used to examine whether the inclusion of variables related to relationship quality improved model fit after accounting for other known risk factors.
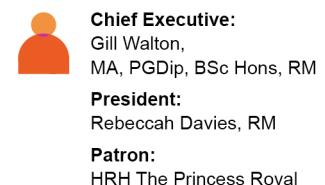
Results

Overall, 18.23% of participants experienced antenatal depression. Relationship factors including relationship unhappiness (OR = 1.98 [95% CI: 1.06–3.69]), having an upsetting partner (OR = 2.00 [95% CI: 1.17–3.40]), and having a lower quality of relationships with close friends and family (OR = 1.76 [95% CI: 1.14–2.73]) were associated with antenatal depression; however, inclusion of these relationship factors did not improve model fit after accounting for other known predictors.

Conclusion

Overall, relationship factors were not associated with antenatal depression during the pandemic after accounting for other known risk factors. Stress and anxiety caused by the pandemic may have overshadowed the impact of relationship factors, or relationship factors may have contributed to higher levels of stress and anxiety more generally within our sample. (Author)

Full URL: https://doi.org/10.1111/birt.12862
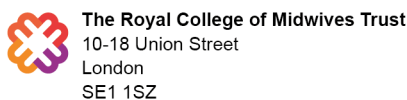
2024-10138

 Risk factors for depression and anxiety in pregnant women during the COVID-19 pandemic: Evidence from meta-analysis. Luo Y, Zhang K, Huang M, et al (2022), PLoS ONE vol 17, no 3, March 2022, e0265021

Background

The prevalence of anxiety and depression in pregnant women has significantly increased after the spread of COVID-19 throughout the world. We carried out this meta-analysis to reveal the information about risk factors for depression and anxiety in pregnant women during the COVID-19 pandemic.

Methods

We searched the PubMed, Embase and CNKI (China National Knowledge Infrastructure) databases for all articles. The odds ratio (OR) corresponding to the 95% confidence interval (95% CI) was used to assess the risk factors for mental health. The statistical heterogeneity among studies was assessed with the Q-test and I2 statistics.

Results

We collected 17 studies including 15,050 pregnant women during the COVID-19 pandemic. Our results found that factors including decrease in the perception of general support and difficulties in household finances have damage effects on anxiety, and factors including undereducated, unemployed during pregnancy, with a chronic physical illness before pregnancy, decrease in the perception of general support, difficulties in household finances, disobey the isolation rules, and smoking during pregnancy have increased risk of depression.

Conclusion

Our meta-analysis revealed some risk factors for mental health in pregnant women during COVID-19 pandemic. Mental health interventions in pregnant women may involve targeted methods individually. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0265021

2024-09612

 Oscillating autonomy: a grounded theory study of women's experiences of COVID-19 infection during pregnancy, labour and birth, and the early postnatal period. Peterson L, Bridle L, Dasgupta T, et al (2024), BMC Pregnancy and Childbirth vol 24, no 511, July 2024

Background

Testing positive for COVID-19 was associated with higher rates of detrimental psycho-social and physical health outcomes. The COVID-19 pandemic caused unprecedented disruption to everyday life. This included major reconfiguration of maternal, child, and perinatal mental health and care services and provision. This study aimed to investigate the experiences of those who tested positive for COVID-19 during pregnancy, labour and birth, or the early postnatal period.

Methods

National on-line recruitment from across the United Kingdom resulted in sixteen mothers being invited to qualitative semi-structured interviews to understand the experiences of mothers who had been infected by COVID-19 during pregnancy, labour and birth, or the early postnatal period. Interviews were conducted, recorded, and transcribed using video-conferencing software. A Grounded Theory approach was used to analyse the data gathered pertaining to women's experiences of their positive COVID-19 diagnosis during pregnancy, labour and birth, or the early postnatal period.

Results

The theory of 'Oscillating Autonomy – Losing and Seeking to Regain Control by Striving for Agency' was developed, comprising three main themes: 'Anxious Anticipation: The fear of infection was worse than COVID-19 itself'; 'Fluctuating Agency: What changed when COVID-19 took control'; and 'Reclaiming Control: Seeking reassurance during COVID-19 positivity'. Testing positive for COVID-19 whilst pregnant, during labour or birth, or in the early postnatal
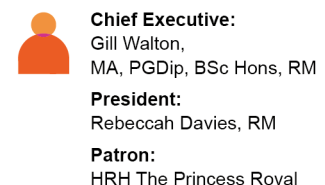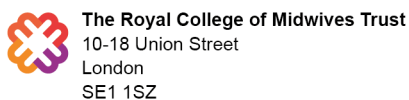
period was associated with a perceived loss of control. Those who were able to regain that control felt more secure in their situation.

Conclusions

Support was paramount to manage increased vulnerability, as was reassurance achieved by information seeking and positive action including increased health monitoring and COVID-19 vaccination. (Author)

Full URL: https://doi.org/10.1186/s12884-024-06685-8

2024-09575

Association between pregnancy intention and psychological distress among women exposed to different levels of restrictions during the COVID-19 pandemic in Australia. Schoenaker DAJM, Bennett C, Grieger JA, et al (2022), PLoS ONE vol 17, no 8, August 2022, e0273339

Background

The COVID-19 pandemic has had a negative impact on the mental health of people globally. Significant concerns about health and access to services among women of reproductive age considering pregnancy may cause psychological distress, and in turn increase health risks during and after pregnancy for mothers and offspring.

Objectives

To examine the association between pregnancy intention and psychological distress during the COVID-19 pandemic in Australia, and explore if this association differed based on local viral transmission rates and corresponding levels of pandemic restrictions.

Methods

A nationwide online survey was completed by 849 non-pregnant women aged 18–50 years between 15 October and 7 November 2020. Women were asked about their intention to become pregnant, and psychological distress was assessed using the Kessler Psychological Distress Scale (K10). Multivariable regression analysis examined associations between pregnancy intention and psychological distress. An interaction term was added to the model to examine differences in associations by level of viral transmission rates and lockdown restrictions which was determined based on postcode.

Results

Pregnancy intention was not associated with experiencing (very) high psychological distress in the overall study population (odds ratio (OR) 1.42, 95% CI 0.94, 2.11). The interaction term (p = 0.09) suggested potential differences by level of restrictions and viral transmission rates. In stratified analysis among women living in a location with strict lockdown restrictions and high viral transmission rates leading up to and during the study, those planning to become pregnant were more likely to experience (very) high psychological distress (OR 3.39, 2.04, 5.65) compared with women not planning to become pregnant. Pregnancy intention was not associated with psychological distress among women exposed to lower levels of pandemic restrictions and viral transmission rates (OR 1.17, 0.74, 1.85).

Conclusions

Our findings highlight the need to identify and support women planning pregnancy during a public health crisis to mitigate potential short- and long-term intergenerational negative health outcomes associated with psychological distress. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0273339
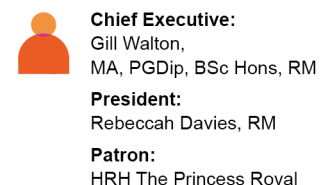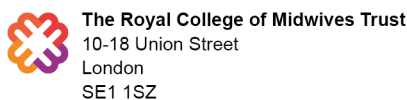

2024-09434

Machine learning-based predictive modeling of resilience to stressors in pregnant women during COVID-19: A prospective cohort study. Nichols ES, Pathak HS, Bgeginski R, et al (2022), PLoS ONE vol 17, no 8, August 2022, e0272862

During the COVID-19 pandemic, pregnant women have been at high risk for psychological distress. Lifestyle factors

may be modifiable elements to help reduce and promote resilience to prenatal stress. We used Machine-Learning (ML) algorithms applied to questionnaire data obtained from an international cohort of 804 pregnant women to determine whether physical activity and diet were resilience factors against prenatal stress, and whether stress levels were in turn predictive of sleep classes. A support vector machine accurately classified perceived stress levels in pregnant women based on physical activity behaviours and dietary behaviours. In turn, we classified hours of sleep based on perceived stress levels. This research adds to a developing consensus concerning physical activity and diet, and the association with prenatal stress and sleep in pregnant women. Predictive modeling using ML approaches may be used as a screening tool and to promote positive health behaviours for pregnant women. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0272862

2024-09303

Postpartum depression during the COVID-19 pandemic: an umbrella review and meta-analyses. Sahebi A, Kheiry M, Abdi K, et al (2024), Frontiers in Psychiatry 10 July 2024, online

Introduction: The COVID-19 pandemic has significantly increased anxiety, stress, and depression, which could have harmful consequences for pregnant women. Therefore, this study aimed to investigate the prevalence of postpartum depression during COVID-19 using an umbrella review and meta-analysis.

Methods: The current study followed the PRISMA guideline and utilized data from various sources such as PubMed, Scopus, Web of Science, and Google Scholar. The searches were conducted without a time limit until the end of May 2023. Meta-analysis was performed using the random effects model, heterogeneity was assessed using the I2 index, and publication bias was evaluated using Begg's test. Data analysis was carried out using STATA software (version 15).

Results: In this study, 243 articles were initially identified. Only meta-analysis studies that reported PPD during COVID-19 were included. After quality assessment, nine papers were selected for the meta-analysis stage. The study found that the prevalence postpartum depression (PPD) was 25.27% (95% CI = 23.66–27.86, I2 = 0.0%, p = 0.549).

Conclusion: The findings of this study revealed that the incidence of PPD during the COVID-19 pandemic was relatively high. To decrease mental health issues among pregnant and postpartum women, healthcare professionals should implement community programs aimed at preventing, promptly identifying, and providing appropriate intervention for pregnant women. This is crucial as pregnant women are particularly vulnerable to psychological distress during infectious disease outbreaks. (Author)

Full URL: https://doi.org/10.3389/fpsyt.2024.1393737

2024-09257

Maternity care changes and postpartum mental health during the COVID-19 pandemic: a Spanish cross-sectional study. Fuente-Moreno M, Garcia-Terol C, Domínguez-Salas S, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 4, 2024, pp 753-768
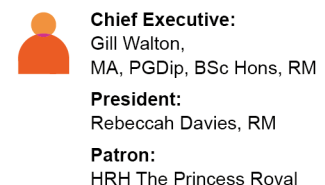
Background

The coronavirus disease 2019 (COVID-19) pandemic led to abrupt changes in maternity care, but the impact of these changes has not yet been deeply evaluated. This study aimed to assess the impact of the unexpected changes in maternity care due to the COVID-19 pandemic on postpartum mental health (depression, anxiety and posttraumatic stress disorder).

Methods

A cross-sectional, web-based study was conducted in Spain during the second half of 2020. The eligibility criteria were women≥18 years with a child≤6 months. The Edinburgh Postnatal Depression Scale (EPDS), the Generalized Anxiety Disorder-7 Screener (GAD-7) and a subset of the PTSD checklist (PCL-5) were used to assess postpartum mental health. Information regarding sociodemographic characteristics and maternity care changes was collected, and multivariate regression models were used.
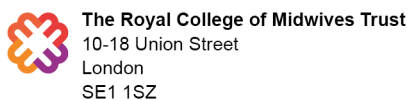
Results

Among 1781 participants, 29.3% and 33% had clinically significant depressive and anxiety symptoms, respectively. The most prevalent unexpected changes reported were related to the exclusion of supportive relatives during birth and postpartum. Changes reported during birth showed a minor association with PTSD symptomatology, and those that occurred during the postpartum period were associated with clinical depression, anxiety and PTSD symptoms.

Conclusions

The unexpected changes in maternity care due to the COVID-19 pandemic, especially those that occurred during the postpartum period, increased the risk of mental health problems. (Author)

2024-09100

 Prenatal Maternal Psychological Distress During the COVID-19 Pandemic and Newborn Brain Development. Weiner S, Wu Y, Kapse K, et al (2024), JAMA Network Open vol 7, no 6, June 2024, e2417924

Importance Elevated maternal psychological distress during pregnancy is associated with altered fetal brain development. During the COVID-19 pandemic, prenatal maternal psychological distress more than doubled.

Objective To examine the association of the pandemic and rising maternal psychological distress with brain growth in newborns using quantitative 3-dimensional volumetric magnetic resonance imaging (MRI).

Design, Setting, and Participants This prospective cross-sectional study recruited mother-infant dyads at Children's National Hospital, Washington, DC, during the COVID-19 pandemic (June 1, 2020, to June 30, 2022) into a longitudinal infant brain development study and compared them with an existing normative healthy cohort (recruited March 1, 2014, to December 31, 2019). Exclusion criteria included multiple gestation pregnancy, known or suspected congenital infection, documented chromosomal abnormalities, or any maternal contraindication to MRI, as well as prenatal COVID-19 exposure. Infants with structural brain abnormalities or a postnatal confirmation of a genetic syndrome were excluded.

Exposure Psychological distress during COVID-19 pandemic.

Main Outcomes and Measures Prenatal maternal mental health was evaluated using the Spielberger State-Trait Anxiety Inventory and the Perceived Stress Scale. Neonates underwent nonsedated brain MRI. An ordinary least squares linear regression model was used to measure the differences in regional brain volumes of neonates born before vs during the pandemic with and without exposure to elevated prenatal maternal psychological distress after adjustment for neonatal sex and gestational age at MRI and maternal age and educational level.

Results A total of 159 mother-infant dyads were included in the analysis: 103 before and 56 during the pandemic (median gestational age of infants, 39.6 [IQR, 38.4-40.4] weeks; median maternal age, 34.5 [IQR, 31.0-37.0] years). Eighty-three infants (52.2%) were female. Among the mothers, 130 (81.8%) had a college degree and 87 (54.7%) had a graduate degree. Forty-four mothers (27.7%) identified as Asian, Hispanic, or multiracial; 27 (17.0%), as Black; and 88 (55.3%), as White. Scores on anxiety and stress measures were significantly increased in the pandemic cohort. Infants of mothers with elevated maternal distress showed median reductions in white matter (−0.36 [95% CI, −0.61 to −0.11] cm3; Q < .001), right hippocampal (−0.35 [95% CI, −0.65 to −0.06] cm3; Q = .04), and left amygdala (−0.49 [95% CI, −0.84 to −0.13] cm3; Q = .03) volumes compared with infants of mothers with low distress levels. After adjusting for the cohort effect of the pandemic, elevated trait anxiety remained significantly associated with decreased left amygdalar volumes (−0.71 [95% CI, −1.12 to −0.29]; Q < .001).

Conclusions and Relevance In this cross-sectional study of maternal-infant dyads prior to and during the COVID-19 pandemic, regional neonatal brain volumes were associated with elevated maternal psychological distress. (Author)

Full URL: https://doi.org/10.1001/jamanetworkopen.2024.17924
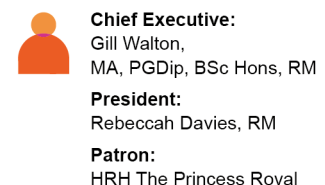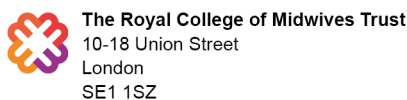
2024-08239

Prevalence and predictors of prenatal depression during the COVID-19 pandemic: A multistage observational study in Beijing, China. Wang J, Hu L, Zhang T, et al (2024), PLoS ONE vol 19, no 4, April 2024, e0298314

Objective: While growing psychological health issues among pregnant women during the COVID-19 pandemic have been clearly validated, most research was conducted in countries with relatively lax quarantine measures. This study aimed to compare the prevalence of prenatal depression among pre-, peak-, and post-COVID-19 in Beijing, the region with a stringent response policy in China. We also explore predictors of prenatal depression throughout the outbreak.

Methods: We investigated prenatal depression among 742 pregnant women who received antenatal checkups in Beijing from March 28, 2019 to May 07, 2021 using the Edinburgh Postnatal Depression Scale and associative demographic, pregnancy-related, and psychosocial characteristics were measured. The phase was divided into pre-, peak-, and post-COVID-19 in light of the trajectory of COVID-19. Pearson's Chi-square test was used after the examination of confounders homogeneity. The bivariable and multivariable logistic regression was conducted to explore predictors.

Results: The pooled prevalence of prenatal depression was 11.9% throughout the COVID-19 pandemic. Rates at different phases were 10.6%, 15.2%, and 11.1% respectively and no significant difference was observed. Multivariable logistic regression revealed that history of mental illness, number of boy-preference from both pregnant women and husband's family, social support, occupation, and living space were independent predictors of prenatal depression in Beijing.

Conclusion: Our data suggested that the impact of this pandemic on prenatal depression in Beijing appears to be not significant, which will strengthen confidence in adhering to current policy for decision-makers and provide important guidance for the development of major outbreak control and management policies in the future. Our findings may also provide a more efficient measure to identify high-risk pregnant women for professionals and help raise gender equity awareness of pregnant women and their husbands' families. Future studies should focus on the value of targeted care and family relations on the mental health of pregnant women.

Full URL: https://doi.org/10.1371/journal.pone.0298314

2024-07476

Mother-infant postnatal experience and its association with maternal emotion and coping during the COVID-19 pandemic. Nasri NM, Gan WY, Shukri NHM (2024), Journal of Reproductive and Infant Psychology 26 February 2024, online

Introduction

The COVID-19 pandemic resulted in a partial lockdown in Malaysia known as Movement-Controlled-Order (MCO), which has affected primary care management and social life norms. Thus, psychological health is a concern for mothers, particularly during the postpartum period. This study aimed to determine factors associated with maternal emotional experiences and coping during the pandemic.

Methodology

Mothers of infants aged < 18 months (n = 1449) in Malaysia completed an online survey during MCO (July 2020 to February 2021). The survey comprised questions on sociodemographics, pandemic livelihood impact, maternal experiences, and emotions.

Results
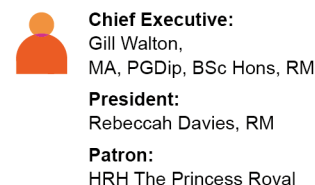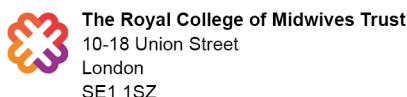
More than one-third of mothers expressed feeling worried (54.7%), annoyed (48.1%), and tired (42.2%) to some or a high extent. Mothers who were younger (p = .001), more educated (p = .001), faced difficulty paying rent (p = .002), and whose husbands were unemployed (p < .001) expressed higher negative emotions. In contrast, mothers who received enough support for health (p = .001) and breastfeeding (p = .008), had infants sleep less (p = .042) and had more time to focus on health (p < .001) expressed better emotions. Higher coping was expressed among mothers with a higher household income (p = .004), had more time to focus on their health (p = .010), received additional breastfeeding support (p = 0.039), and practised traditional postpartum care (p < .001). In contrast, difficulty paying for essentials (p = .023) was associated with negative coping.

Conclusion

Maternal emotional experiences were significantly associated with sociodemographic characteristics, livelihood impact, postnatal experiences, and infant behaviours. Postpartum mental health screening is recommended to prevent severe distress, especially in first-time mothers. Coping interventions for mothers at risk may include comprehensive support and maternity care. (Author)

2024-07460

The perinatal health secondary to pandemic: association between women's delivery concerns and infant's behavioral problems. Sacchi C, Girardi P, Buri A, et al (2024), Journal of Reproductive and Infant Psychology 17 March 2024, online

Background

COVID-19 pandemic characterised a unique and vulnerable social, emotional, and health environment for pregnancy, with potential long-lasting risks to maternal and child health outcomes. In women who were pregnant at the peak of COVID-19 pandemic, we investigated the association between pandemic-related concerns about pregnancy and delivery and both the parent's (i.e. maternal parenting stress) and the infant's (i.e. emotional-behavioral problems) outcomes 12 months after birth.

Methods

A sample of 352 Italian pregnant women completed a web-based survey from 8 April to 4 May 2020 and a follow-up at 12 months after delivery. Maternal assessment in pregnancy covered prenatal measures for: pandemic-related concerns about pregnancy and childbirth, COVID-19 stressful events exposure, pandemic psychological stress, and mental-health symptoms (i.e. depression, anxiety). The 12 months' assessment covered post-partum measures of social support, parenting stress and maternal reports of infants' behavioral problems.

Results

The results of the Quasi-Poisson regression models on the association between COVID-19 related influencing factors and parenting stress and infant's behavioral problems showed that the presence of higher pandemic-related concerns about pregnancy and childbirth scores was associated with greater total and internalising behavioral problems but not with parenting stress levels.

Conclusion

Perinatal mother-infant health has been sensitively threatened by pandemic consequences with maternal concerns about childbirth in pregnancy being associated with 12 months' children's behavioral outcomes. There is a need to invest in psychological support for perinatal women throughout the transition to parenthood to protect risk conditions before they get chronic or severe and influence offspring development. (Author)
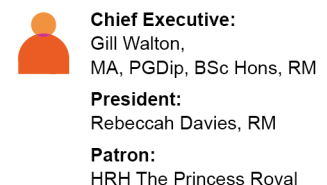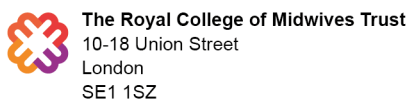

2024-07222

Psychological status of pregnant women during the omicron pandemic outbreak in China. Bao S, Chen B, Zhu S, et al (2024), BMC Women's Health vol 24, no 333, June 2024

Background

Pregnant women faced great challenges and psychological and physiological changes of varying degrees during the

omicron epidemic outbreak. It is important to recognize the potential impact of these challenges on the mental health of pregnant women and to provide appropriate resources and support to mitigate their effects.

Method

By using the convenience sampling approach, a total of 401 pregnant women from two hospitals of different grades in two cities were included in the survey. The cross-sectional survey was conducted by basic characteristics, Generalized Anxiety Disorder (GAD-7), Patient Health Questionnaire (PHQ-9), Insomnia Severity Index (ISI) and self-made questionnaire.

Results

Insomnia affected 207 participants (51.6%), depression affected 160 participants (39.9%) and anxiety affected 151 participants (37.7%). Moreover, pregnant women in provincial capital city were more likely to experience anxiety, depression and insomnia than those in county-level city (P < 0.01). Pregnant women's anxiety, depression and insomnia were positively correlated with the severity of COVID-19 infection (P < 0.05). However, COVID-19 infection had no appreciable impact on maternal demand for termination of pregnancy and cesarean section (P > 0.05).

Conclusion

Pregnant women frequently suffer from anxiety disorder, depression and insomnia as a result of the omicron pandemic in China. During this period, the community and medical professionals should provide more psychological counseling, conduct health education and offer virtual prenatal care to pregnant women (particularly in the provincial capital city). (Author)

Full URL: https://doi.org/10.1186/s12905-024-03087-y

2024-07040

Racial and Ethnic Disparities in Postpartum Depressive Symptoms Before and During the COVID-19 Pandemic. Okeafor IN, Hair NL, Chen B, et al (2024), Journal of Women's Health vol 33, no 10, October 2024, pp 1318–1326

Background: Existing evidence regarding the impact of the COVID-19 pandemic on postpartum mental health is mixed, with disparate studies showing increased, stable, or even reduced risk of postpartum depression (PPD) amid the pandemic. Furthermore, although it is plausible that the pandemic impacted the mental health of mothers from vulnerable and underserved communities differentially, few studies have characterized racial and ethnic differences in the impact of the COVID-19 pandemic on PPD.

Materials and Methods: Pregnancy Risk Assessment Monitoring System data for 2018–2019 (pre-pandemic period) and 2020 (peri-pandemic period) from 40 sites (n = 110,779, representing 5,485,137 postpartum women) were used to determine whether rates of PPD changed during the first year of the pandemic. Postpartum depressive symptoms were assessed using the Patient Health Questionnaire 2-item. Average marginal effects and contrasts of predictive margins derived from a multivariable logistic regression model were used to compare the risk of PPD before and during the pandemic in the overall sample and across racial/ethnic subgroups.

Results: Adjusting for sociodemographic and clinical characteristics, we found that the overall risk for PPD remained stable (0.0 percentage points [pp]; 95% confidence interval [CI]: −0.7, 0.6 pp) in the first year of the pandemic. We detected no statistically significant changes in risk for PPD across seven of eight racial/ethnic groups considered; however, the risk of PPD among non-Hispanic Black women fell by 2.0 pp (95% CI: −3.5, −0.4 pp) relative to the pre-pandemic period.

Conclusion: We identified important subgroup differences in pandemic-related changes in risk for PPD. (Author)

2024-06076

Patterns of peripartum depression and anxiety during the pre-vaccine COVID-19 pandemic. Altendahl MR, Xu L, Asiodu I, et al (2024), BMC Pregnancy and Childbirth vol 24, no 310, April 2024

Background

Pregnant people are vulnerable to new or worsening mental health conditions. This study aims to describe prevalence

and course of depression and anxiety symptoms in pregnancy during the pre-vaccine COVID-19 pandemic.

Methods

This is a prospective cohort study of pregnant individuals with known or suspected COVID-19. Participants completed Edinburgh Postnatal Depression Scale (EPDS) and Generalized-Anxiety Disorder-7 (GAD-7) questionnaires, screening tools for depression and anxiety, at 34weeks gestational age, 6-8weeks postpartum, and 6months postpartum. Prevalence of elevated depressive and anxiety symptoms at each visit was described. Univariable logistic regression analysis was used to determine the association between demographic and clinical factors and those with elevated depression or anxiety symptoms.

Results

317 participants were included. The prevalence of elevated antepartum depression symptoms was 14.6%, 10.3%, and 20.6% at 34weeks gestational age, 6-8weeks postpartum, and 6months postpartum, respectively. The rate of elevated anxiety symptoms was 15.1%, 10.0%, and 17.3% at 34weeks gestational age, 6-8weeks postpartum, and 6months postpartum, respectively. A prior history of depression and/or anxiety (p's < 0.03), as well as higher EPDS and GAD-7 scores at enrollment (p's < 0.04) associated with elevated depression and anxiety symptoms throughout pregnancy and the postpartum period. Quarantining during pregnancy was associated with elevated anxiety symptoms at 34weeks gestational age in univariate (P = 0.027) analyses. COVID-19 diagnosis and hospitalization were not associated with elevated depression or anxiety symptoms.

Conclusions

Elevated depression and anxiety symptoms were prevalent throughout pregnancy and the postpartum period, particularly in those with prior depression and/or anxiety and who quarantined. Strategies that target social isolation may mitigate potential adverse consequences for pregnant people, and continued vigilance in recognition of depression and anxiety in pregnancy should be considered. (Author)
Full URL: https://doi.org/10.1186/s12884-024-06518-8

2024-05638

Trajectories of perinatal depressive symptoms in the context of the COVID-19 pandemic. Gustafsson HC, Young AS, Doyle O, et al (2021), Child Development vol 92, no 5, September/October 2021, e749-e763

This study sought to advance understanding of the potential long-term consequences of the COVID-19 pandemic for child development by characterizing trajectories of maternal perinatal depression, a common and significant risk factor for adverse child outcomes. Data came from 393 women (86% White, 8% Latina; mean age = 33.51 years) recruited during pregnancy (n = 247; mean gestational age = 22.94 weeks) or during the first year postpartum (n = 146; mean child age = 4.50 months; 55% female). Rates of depression appear elevated, relative to published reports and to a pre-pandemic comparison group (N = 155). This study also provides evidence for subgroups of individuals who differ in their depressive symptom trajectories over the perinatal period. Subgroup membership was related to differences in maternal social support, but not to child birth outcomes.

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2024-05423

Experiences of postpartum anxiety during the COVID-19 pandemic: A mixed methods study and demographic analysis. Mamrath S, Greenfield M, Fernandez Turienzo C, et al (2024), PLoS ONE vol 19, no 3, March 2024, e0297454

Introduction: The first wave of the COVID-19 pandemic saw the reconfiguration of perinatal and maternity services, national lockdowns, and social distancing measures which affected the perinatal experiences of new and expectant parents. This study aimed to explore the occurrence of postpartum anxieties in people who gave birth during the pandemic.

Methods: An exploratory concurrent mixed-methods design was chosen to collect and analyse the quantitative and qualitative data of an online survey during the first UK lockdown. The survey included the Postpartum Specific Anxiety Scale-Research Short Form-for use in global Crises [PSAS-RSF-C] psychometric tool, and open-ended questions in relation to changes in birth plans and feelings about those changes and giving birth in a pandemic. Differences in measured scores were analysed for the participant's ethnicity, sexual orientation and disability using independent Student's t-tests, and for age, the analysis was completed using Pearson's correlation. Qualitative data from open-ended questions were analysed using a template analysis.

Results: A total of 1,754 new and expectant parents completed the survey between 10th and 24th April 2020, and 381 eligible postnatal women completed the psychometric test. We found 52.5% of participants reported symptoms consistent with a diagnosis of postnatal anxiety-significantly higher than the rates usually reported. Younger women and sexual minority women were more likely to score highly on the PSAS-RSF-C than their older or heterosexual counterparts (p<0.001). Younger participants reported anxieties in the 'infant safety and welfare' category, whilst lesbian, gay, bisexual, and pansexual participants scored highly in the 'psychosocial adjustment to motherhood' category.

Discussion: Postpartum anxiety is under-reported, and demographic differences in the rates of postpartum anxiety are under-researched. This research demonstrates for the first time a difference in postpartum anxiety rates amongst sexual minority women.

Full URL: https://doi.org/10.1371/journal.pone.0297454

2024-05361

A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic. Basu A, Kim HH, Basaldua R, et al (2021), PLoS ONE vol 16, no 4, April 2021, e0249780

Pregnant and postpartum women face unique challenges during the COVID-19 pandemic that may put them at elevated risk of mental health problems. However, few large-scale and no cross-national studies have been conducted to date that investigate modifiable pandemic-related behavioral or cognitive factors that may influence mental health in this vulnerable group. This international study sought to identify and measure the associations between pandemic-related information seeking, worries, and prevention behaviors on perinatal mental health during the COVID-19 pandemic. An anonymous, online, cross-sectional survey of pregnant and postpartum women was conducted in 64 countries between May 26, 2020 and June 13, 2020. The survey, available in twelve languages, was hosted on the Pregistry platform for COVID-19 studies (https://corona.pregistry.com) and advertised in social media channels and online parenting forums. Participants completed measures on demographics, COVID-19 exposure and worries, information seeking, COVID-19 prevention behaviors, and mental health symptoms including posttraumatic stress via the IES-6, anxiety/depression via the PHQ-4, and loneliness via the UCLA-3. Of the 6,894 participants, substantial proportions of women scored at or above the cut-offs for elevated posttraumatic stress (2,979 [43%]), anxiety/depression (2,138 [31%], and loneliness (3,691 [53%]). Information seeking from any source (e.g., social media, news, talking to others) five or more times per day was associated with more than twice the odds of elevated posttraumatic stress and anxiety/depression, in adjusted models. A majority of women (86%) reported being somewhat or very worried about COVID-19. The most commonly reported worries were related to pregnancy and delivery, including family being unable to visit after delivery (59%), the baby contracting COVID-19 (59%), lack of a support person during delivery (55%), and COVID-19 causing changes to the delivery plan (41%). Greater worries related to children (i.e., inadequate childcare, their infection risk) and missing medical appointments were associated with significantly higher odds of posttraumatic stress, anxiety/depression and loneliness. Engaging in hygiene-related COVID-19 prevention behaviors (face mask-wearing, washing hands, disinfecting surfaces) were not related to mental health symptoms or loneliness. Elevated posttraumatic stress, anxiety/depression, and loneliness are highly

prevalent in pregnant and postpartum women across 64 countries during the COVID-19 pandemic. Excessive information seeking and worries related to children and medical care are associated with elevated symptoms, whereas engaging in hygiene-related preventive measures were not. In addition to screening and monitoring mental health symptoms, addressing excessive information seeking and women's worries about access to medical care and their children's well-being, and developing strategies to target loneliness (e.g., online support groups) should be part of intervention efforts for perinatal women. Public health campaigns and medical care systems need to explicitly address the impact of COVID-19 related stressors on mental health in perinatal women, as prevention of viral exposure itself does not mitigate the pandemic's mental health impact. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0249780

2024-05169

Pregnant and postpartum women's experiences of the indirect impacts of the COVID-19 pandemic in high-income countries: a qualitative evidence synthesis. Tan A, Blair A, Homer CSE, et al (2024), BMC Pregnancy and Childbirth vol 24, no 262, 11 April 2024

Background

Pregnant and postpartum women's experiences of the COVID-19 pandemic, as well as the emotional and psychosocial impact of COVID-19 on perinatal health, has been well-documented across high-income countries. Increased anxiety and fear, isolation, as well as a disrupted pregnancy and postnatal period are widely described in many studies. The aim of this study was to explore, describe and synthesise studies that addressed the experiences of pregnant and postpartum women in high-income countries during the first two years of the pandemic.

Methods

A qualitative evidence synthesis of studies relating to women's experiences in high-income countries during the pandemic were included. Two reviewers extracted the data using a thematic synthesis approach and NVivo 20 software. The GRADE-CERQual (Confidence in the Evidence from Reviews of Qualitative research) was used to assess confidence in review findings.

Results

Sixty-eight studies were eligible and subjected to a sampling framework to ensure data richness. In total, 36 sampled studies contributed to the development of themes, sub-themes and review findings. There were six over-arching themes: (1) dealing with public health restrictions; (2) navigating changing health policies; (3) adapting to alternative ways of receiving social support; (4) dealing with impacts on their own mental health; (5) managing the new and changing information; and (6) being resilient and optimistic. Seventeen review findings were developed under these themes with high to moderate confidence according to the GRADE-CERQual assessment.

Conclusions

The findings from this synthesis offer different strategies for practice and policy makers to better support women, babies and their families in future emergency responses. These strategies include optimising care delivery, enhancing communication, and supporting social and mental wellbeing. (Author)

Full URL: https://doi.org/10.1186/s12884-024-06439-6

2024-04926

The psychosocial experiences of pregnant women in the early stages of the COVID-19 pandemic: A retrospective qualitative study. Kusi Amponsah A, Boateng EA, Armah J, et al (2024), PLoS ONE vol 19, no 2, February 2024, e0299219

Background: Pregnant women are among the most vulnerable and suffer the most during pandemics, according to earlier studies. Pregnant women had to seek healthcare for both themselves and their unborn child(ren) in the wake of the COVID-19 pandemic, which was unprecedented. Pregnant women's psychosocial experiences during pandemics are crucial since they both directly and indirectly affect the course of pregnancy and childbirth. The study therefore sought to explore the psychosocial experiences of pregnant women during the COVID-19 pandemic.

Methods: In this retrospective qualitative study, 15 nursing mothers who were attending a postnatal clinic at the Kwame Nkrumah University of Science and Technology (KNUST) hospital in Ghana were recruited. Individual interviews were conducted with mothers who were pregnant between March and December 2020. The audio-recorded interviews were transcribed verbatim and inductively analysed into themes.

Results: Nursing mothers were aged 25-30 years and had infants ranging from 5 months to 15 months. Thirteen (13) were married and two were single. Two (2) major themes and five (5) subthemes emerged from the study. The unpleasant feelings connected to the potential for contracting COVID-19 and experiencing stress were described by the theme, "Fear and Stress". Participants' social experiences (support from significant others), alterations in daily routine and the economic impact because of the pandemic were presented as the "Socioeconomic impact".

Conclusion: Pregnant women go through several challenges during pregnancy such as perceived stress and anxiety. These are likely to heighten during a pandemic, as presented in the study. They therefore need emotional and psychosocial support in such uncertain times to improve outcomes of pregnancy.

Full URL: https://doi.org/10.1371/journal.pone.0299219

2024-04768

Effects of COVID-19 infection risk perception on depressive symptoms among pregnant women in different periods of the COVID-19 pandemic in China: A mediation model. Liu D, Li J, Wang Q, et al (2024), International Journal of Gynecology & Obstetrics vol 166, no 2, August 2024, pp 819-827

Objective

The study investigated the mediation mechanisms between coronavirus disease 2019 (COVID-19) infection risk perception and depressive symptoms among pregnant women during the different periods of the COVID-19 pandemic.

Methods

Study data were derived from a sample of 463 pregnant women in Hubei Province, the province with the most severe COVID-19 outbreak in China. Data were collected in two phases (during and after the acute phase of the COVID-19 pandemic) using the COVID-19 infection risk perception scales, the Edinburg Postnatal Depression Scale (EPDS), the Perceived Stress Scale (PSS), and the Peritrauma Distress Inventory (PDI). Mediation model analysis was used for data analysis, overall and by groups.

Results

The level of depressive symptoms among pregnant women after the acute phase of the COVID-19 pandemic was moderate (median, 9.00 [25th percentile, 75th percentile = 5.00, 12.00]), higher than the acute group (median, 7.00 [25th percentile, 75th percentile = 4.50, 10.00]). Perceived stress and traumatic stress fully mediated the relationship between infection worry (total indirect effect, 0.39 [95% confidence interval, 0.24–0.54])/infection possibility (total indirect effect, 0.41 [95% confidence interval, 0.22–0.61]) and depressive symptoms among pregnant women during the acute phase of the COVID-19 pandemic, whereas the relationship was only fully mediated by perceived stress after the acute pandemic.

Conclusions

Effects of risk perception on depressive symptoms varied by periods of COVID-19. These findings have important implications for developing effective prevention and early psychoeducational intervention strategies for pregnant women with a high risk of depressive symptoms during different periods of emerging infectious diseases. (Author)
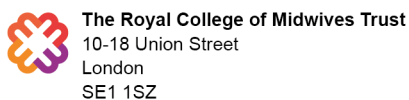
2024-04526

 Experiences of a First Nation's woman during covid 2020 pandemic in a maternity primary healthcare setting.
Hunter-Hebberman C (2020), Australian Midwifery News vol 22, no 1, Spring 2020, pp 26-27

The author, a Ngarrindjeri and Peramangk woman, shares her experiences of maternity care in Australia during the COVID-19 pandemic. Describes how the restrictions imposed on the number of support persons allowed to accompany her to antenatal appointments and also the number of visitors allowed to visit in the postnatal period affected her psychologially; the latter most keenly felt as her baby daughter, born prematurely at 21 weeks, survived for only five days, so never got to meet many members of her family. (JSM)

2024-04117

 A consensus statement on perinatal mental health during the COVID-19 pandemic and recommendations for post-pandemic recovery and re-build. Jackson L, Greenfield M, Payne E, et al (2024), Frontiers in Global Women's Health 21 February 2024, online

Introduction: The COVID-19 pandemic posed a significant lifecourse rupture, not least to those who had specific physical vulnerabilities to the virus, but also to those who were suffering with mental ill health. Women and birthing people who were pregnant, experienced a perinatal bereavement, or were in the first post-partum year (i.e., perinatal) were exposed to a number of risk factors for mental ill health, including alterations to the way in which their perinatal care was delivered.

Methods: A consensus statement was derived from a cross-disciplinary collaboration of experts, whereby evidence from collaborative work on perinatal mental health during the COVID-19 pandemic was synthesised, and priorities were established as recommendations for research, healthcare practice, and policy.

Results: The synthesis of research focused on the effect of the COVID-19 pandemic on perinatal health outcomes and care practices led to three immediate recommendations: what to retain, what to reinstate, and what to remove from perinatal mental healthcare provision. Longer-term recommendations for action were also made, categorised as follows: Equity and Relational Healthcare; Parity of Esteem in Mental and Physical Healthcare with an Emphasis on Specialist Perinatal Services; and Horizon Scanning for Perinatal Mental Health Research, Policy, & Practice.

Discussion: The evidence base on the effect of the pandemic on perinatal mental health is growing. This consensus statement synthesises said evidence and makes recommendations for a post-pandemic recovery and re-build of perinatal mental health services and care provision. (Author)
Full URL: https://doi.org/10.3389/fgwh.2024.1347388

2024-03980

 Fear of giving birth alone: Experiences of psychological distress, symptoms of anxiety and depression, and coping-strategies of childbearing women during COVID-19. Johnson MS, Skjerdingstad N, Ebrahimi OV, et al (2024), Midwifery vol 131, April 2024, 103951

Background
Psychological distress during pregnancy is a well-documented risk factor for adverse maternal outcomes. Distress related to the COVID-19 pandemic may further increase the vulnerability of pregnant women to negative mental health outcomes.

Aim
To explore the mental health experiences of pregnant women, focusing on mental health outcomes, challenges related to the pandemic, coping strategies, and factors buffering mental health factors during the restricted COVID-19 lockdown period.

Methods

A mixed-methods survey study was conducted, examining symptoms of anxiety, depression, and burnout among 21 pregnant women. Qualitative data were gathered through open-ended questions about participants' experiences of challenges, coping strategies and buffering factors amid the pandemic. Symptoms of anxiety, depression and burnout were calculated, and qualitative data was thematically analyzed.

Results

Approximately one-third (24 %) of the respondents reported clinically significant levels of depression, 19 % reported clinically significant levels of anxiety, and 43 % reported experiencing burnout. All participants reported distress and emotional burden, including fear, worry, stress and anxiety related to the pandemic. Specific concerns such as fear of giving birth alone, fear of the consequences due to lockdown restrictions, insufficient information, disruption of prenatal healthcare services, and fear of miscarriage were prevalent among the participants. Social support, financial stability, stable relationships, adherence to daily routines, reduced stress and social demands, a calmer daily life, physical activity, and less work-related stress including working from home, emerges as buffering factors that aided women in coping with pandemic-related distress.

Conclusion

Healthcare providers should prioritize stability, predictability, and minimizing disruptions to prenatal care.
Broad-based screening is crucial to identify women at risk of depression, anxiety, and burnout. Recommendations for clinical pathways aimed at pregnant women are discussed. (Author)

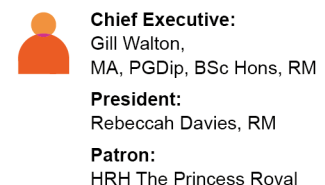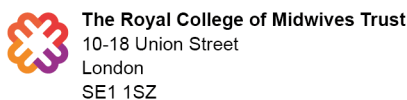**Full URL:**   https://doi.org/10.1016/j.midw.2024.103951

2024-03550

Fear of giving birth alone: Experiences of psychological distress, symptoms of anxiety and depression, and coping-strategies of childbearing women during COVID-19. Johnson MS, Skjerdingstad N, Ebrahimi OV, et al (2024), Midwifery vol 131, April 2024, 103951

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women in coping with pandemic-related distress.

Conclusion
Healthcare providers should prioritize stability, predictability, and minimizing disruptions to prenatal care. Broad-based screening is crucial to identify women at risk of depression, anxiety, and burnout. Recommendations for clinical pathways aimed at pregnant women are discussed. (Author)
Full URL:

2024-03401

Anxiety trajectories from pregnancy to one-year postpartum and their contributors during the COVID-19 pandemic.

Background
Anxiety in the peripartum period (pregnancy through one-year postpartum) has negative impacts on mothers and infants. During the COVID-19 pandemic, high rates of anxiety were reported worldwide, but trajectories for how these symptoms change longitudinally in the peripartum period remain unknown.

Methods
A total of 1,411 women who were pregnant during the second U.S. COVID-19 surge completed four study questionnaires between December 2020 and March 2022, including assessments of anxiety symptoms (GAD-7) and individual and community-level contributors. Latent Class Growth Mixture Models (LCGMM) were used to identify anxiety trajectories, and multinomial logistic regression was used to identify contributors to class membership.

Results
Three classes of anxiety symptom trajectories were identified. Class 1 (n = 956, 67.8%) experienced minimal/mild anxiety throughout the peripartum period. Class 2 (n = 362, 25.7%) experienced initial moderate anxiety that remained stable. Class 3 (n = 93, 6.6%) experienced initial moderate anxiety that increased to severe in the postpartum period. Stress and history of mental health diagnosis contributed to higher initial levels of anxiety and ongoing social support contributed to lower levels of anxiety. In addition, financial insecurity increased the risk of belonging to Class 3.

Conclusions
Screening for anxiety symptoms and psychosocial vulnerabilities in the peripartum period is vital, as is early intervention. This is especially the case among women with limited financial and social resources who may experience chronic or worsening anxiety as they transition to parenthood. (Author)

2024-03205

Increased rates of perinatal mental illness following COVID-19: the call for sufficient midwifery provision.

The perinatal period is a known time of increased vulnerability to mental health illnesses, which are associated with significant morbidity and mortality. The COVID-19 pandemic saw rates of perinatal mental illness increase, remaining elevated ever since. In this article, postnatal depression is considered a specific perinatal mental health illness, which demonstrates the unique challenges in defining and diagnosing perinatal mental illness, and mitigating the long-term consequences to the infant. As public health practitioners, midwives are effective in preventing postnatal depression, yet may be limited in their ability to support women because of service constraints. Key drivers in the UK are mandating the parity of esteem of mental health and the improved provision of perinatal services, with the recruitment and retention of a sufficient midwifery service highlighted as priority. (Author)

2024-03121

Hope amidst crisis: exploring perinatal mental health and family dynamics in out-of-home care through virtual

assessments during the UK COVID-19 response. Iyengar U, Heller-Bhatt J (2024), Frontiers in Global Women's Health 12 February 2024, online

Caring for a young child exposed to early trauma, along with caregiving stress and heightened by the impact of lockdowns as a result of the COVID-19 response, may compromise the development of the parent-child relationship. Understanding a foster carer's attachment history and considering relational dynamics through an attachment lens may shed light on areas they need support in, to enhance their parenting capacity for vulnerable children. The feasibility of collecting and coding observational data and attachment interviews of foster carers and their children, when conducted remotely during COVID-19, needs to be explored. This perspective piece considers the impact on infant and perinatal health in the context of COVID-19 with particular emphasis on relational dynamics and attachment assessments, using a case study of a foster carer and her child in an out-of-home-care placement. Understanding these dynamics is crucial for safeguarding the well-being of both caregivers and vulnerable children during this challenging time. (Author)

Full URL: https://doi.org/10.3389/fgwh.2024.1343944

2024-02238

Impact of closed-off management due to COVID-19 rebound on maternal depression during pregnancy. Xiao W, Yang Y, Xiao H, et al (2024), BMC Pregnancy and Childbirth vol 24, no 88, January 2024

Background

This study aimed to assess the impacts of closed-off measures with different strictness levels (lockdown, partial lockdown and non-lockdown) and geographic proximity to patients with coronavirus disease 2019 (COVID-19) on prenatal depression during an epidemic rebound of COVID-19.

Methods

This was a cross-sectional web-based survey including 880 pregnant women. Depressive symptoms were measured by Self-Rating Depression Scale (SDS) and geographic proximity was calculated using Geographic Information Systems. Linear and logistic regression were used to assess the associations of closed-off measures and geographic proximity with SDS scores and depressive symptoms. Restricted cubic splines were used to model non-linear associations between geographic proximity and depression symptoms.

Results

Compared with those living in non-lockdown areas, women in lockdown areas had higher SDS scores (adjusted β: 3.51, 95% CI: 1.80, 5.21) and greater risk of depressive symptoms (adjusted OR: 4.00, 95% CI: 2.18, 7.35), but evidence for partial lockdown was not obvious. A progressive increase in the risk of depressive symptoms was found with decreasing distance to COVID-19 patients when geographic proximity was <8 kilometers. Compared to those in the 5th quintile of geographic proximity, women in the first, second and third quintiles had at least 6 times higher risk of depressive symptoms.

Conclusions

Pregnant women under strict closed-off management during COVID-19 epidemic have high risk of depression. A specific range around the residences of reported COVID-19 patients should be underlined as potential clustering of high prenatal depression levels. Our findings highlight the importance of enhancing mental health management during the COVID-19 epidemic for pregnant women. (Author)

Full URL: https://doi.org/10.1186/s12884-024-06285-6

2024-01934

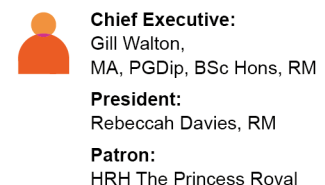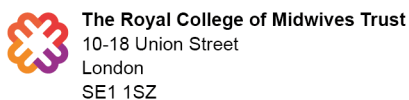**Maternal Mental Health and Infant Development During the COVID-19 Pandemic.** Firestein MR, Dumitriu D, Marsh R, et al (2022), JAMA Psychiatry vol 79, no 10, October 2022, pp 1040-1045

Importance: The COVID-19 pandemic has prompted an unprecedented need to rapidly investigate the potential consequences for maternal mental health, infant and child development, and the mother-infant relationship.

Observations: Globally, the mental health of pregnant and postpartum individuals has worsened during the pandemic regardless of infection status, and these concerning changes have disproportionally affected racial and ethnic minoritized people from underserved populations. Early indicators of infant neurobehavioral outcomes suggest that while in utero exposure to a maternal SARS-CoV-2 infection is likely negligible, limited data are available regarding the neurodevelopmental consequences for the generation of infants born during the pandemic. High maternal depression and grief during the COVID-19 pandemic are associated with lower levels of self-reported maternal-infant bonding. Yet nearly all published reports of child neurodevelopmental outcomes and dyadic functioning in the context of the pandemic rely on self-reported and parent-reported measures, which are subject to bias.

Conclusions and relevance: In the context of prior research, and considering the paucity of research on infant neurodevelopment following prenatal SARS-CoV-2 exposure and birth during the pandemic, robust scientific investigation is needed to detect indicators of compromised early outcomes that could inform widespread assessment and accessible intervention. We simultaneously caution against reflexive apprehension regarding the generation of children born during the COVID-19 pandemic. (Author)

Full URL: https://doi.org/10.1001/jamapsychiatry.2022.2591

2024-01927

Association of COVID-19 and Endemic Systemic Racism With Postpartum Anxiety and Depression Among Black Birthing Individuals. Njoroge WFM, White LK, Waller R, et al (2022), JAMA Psychiatry vol 79, no 6, June 2022, pp 600-609

Importance: The intersection of endemic structural racism and the global health crisis secondary to the COVID-19 pandemic represents a syndemic, defined as the aggregation of 2 or more endemic and epidemic conditions leading to adverse repercussions for health. Long-standing inequities have placed Black individuals at disproportionate risk for negative postpartum mental health outcomes. Studies are urgently needed to understand how the COVID-19 pandemic has added to this risk (eg, syndemic associations).

Objective: To examine the association between the syndemic and the postpartum mental health of Black birthing individuals.

Design, setting, and participants: A longitudinal cohort of Black birthing individuals were followed up from pregnancy (April 17 to July 8, 2020) through the early postpartum period (August 11, 2020, to March 2, 2021) from urban university medical center prenatal clinics. Pregnant Black participants were recruited via email and completed 2 online surveys.

Main outcomes and measures: Composite variables capturing negative experiences of the COVID-19 pandemic and racism (structural racism [general], structural racism [neighborhood], and interpersonal racism) were created. Logistic regressions examined main and interactive associations between these variables and postpartum depression (Edinburgh Postnatal Depression Scale) and anxiety (Generalized Anxiety Disorder 7-item scale).

Results: The mean (SD) age of 151 Black participants was 30.18 (5.65) years. The association between higher negative COVID-19 pandemic experiences and postpartum depression may be influenced by experiences of interpersonal racism and general systemic racism. Negative COVID-19 pandemic experiences were associated with greater likelihood of screening positive for depression only at higher levels of systemic racism (odds ratio, 2.52; 95% CI, 1.38-4.60) and interpersonal racism (odds ratio, 1.90; 95% CI, 1.04-3.48) but not at lower levels of systemic or interpersonal racism. Similarly, negative COVID-19 experiences were associated with anxiety only at higher levels of interpersonal racism (odds ratio, 1.85; 95% CI, 0.86-4.01) but not at lower levels of interpersonal racism. Overall, 44 (29%) met screening criteria for postpartum depression and 20 (13%) for postpartum anxiety.

Conclusions and relevance: In this longitudinal cohort study of Black birthing individuals, the experience of the syndemic was associated with negative postpartum mental health. Associations between interpersonal racism, structural racism, and negative COVID-19 pandemic experiences were associated with greater risk for postpartum
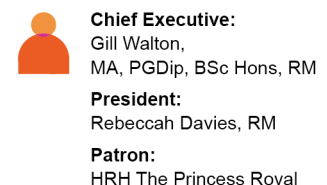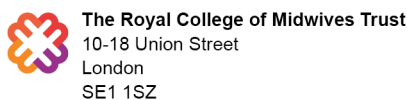
depression and anxiety. Research is needed to address how systemic racism perturbs biobehavioral pathways to magnify associations between acute stressors and mental health. Such research can inform the creation of effective, culturally informed preventive interventions to improve the postpartum mental health of Black individuals. (Author)

Full URL: https://doi.org/10.1001/jamapsychiatry.2022.0597

2024-01925

Improving Perinatal Maternal Mental Health Starts With Addressing Structural Inequities. Shuffrey LC, Thomason ME, Brito NH (2022), JAMA Psychiatry vol 79, no 5, May 2022, pp 387-388

This Viewpoint discusses the effect of the COVID-19 pandemic on perinatal maternal mental health and its potential consequences on child development. (Author)

Full URL: https://doi.org/10.1001/jamapsychiatry.2022.0097

2024-01919

Meeting Maternal Mental Health Needs During the COVID-19 Pandemic. Hermann A, Fitelson EM, Bergink V, et al (2021), JAMA Psychiatry vol 78, no 2, February 2021, pp 123-124

Describes the challenges of maternal mental health care in obstetric and psychiatric settings during the COVID-19 pandemic in New York City. Suggests strategies to mitigate maternal mental health risk and increase resiliency in women and the clinicians caring for them. (MB)

Full URL: https://doi.org/10.1001/jamapsychiatry.2020.1947

2024-01740

Postpartum Mental Health and Perceptions of Discrimination among Asian Fathers during the COVID-19 Pandemic.
Goyal D, Dol J, Huynh J, et al (2024), MCN - American Journal of Maternal/Child Nursing vol 49, no 2, March/April 2024, pp 88-94

Purpose:
The purpose of this study was twofold: (1) to examine the prevalence of postpartum depression and anxiety symptomatology among fathers of Asian descent living in North America during the COVID-19 pandemic, and (2) to identify the occurrences of online racial discrimination.

Study Design and Methods:
Using a cross-sectional design and convenience sampling methods, we recruited fathers online via social media sites (Facebook, Instagram) between March 12 and July 31, 2022. The Edinburgh Postnatal Depression Scale, General Anxiety Scale, and the Online Victimization Scale assessed mental health well-being and discrimination outcomes. Data were analyzed using descriptive statistics, two sample t-test, chi-square test of independence, and Pearson's correlation analysis.

Results:
Our sample included 61 fathers within 6 months postpartum living in the United States and Canada. Participants were on average 34 years old, married, and represented 17 Asian ethnic groups, including Asian Indian (41%), Filipino (11.3%), and Korean (8.1%). One-third of our participants (31.1%, n = 19) were at high risk of developing postpartum depression and scores of three (4.9%) fathers indicated they had clinically significant anxiety. Overall, 26.3% reported experiencing direct online racial discrimination and 65% reported occurrences of indirect online racial discrimination.

Clinical Implications:
There was a high rate of depressive symptoms and occurrences of online racial discrimination among fathers of Asian descent living in North America. These rates are higher than the general perinatal population and further research is warranted to examine risk factors and preventive strategies among this unique paternal ethnic group. (Author)

2024-01436

Prenatal maternal pandemic-related stress was associated with a greater risk of children having disturbed sleep at 24 months of age. Maccarini J, Nazzari S, Grumi S, et al (2024), Acta Paediatrica vol 113, no 2, February 2024, pp 256-258

The aim of this study is to examine the relationship between the maternal stress during Covid-19 and the impact on the infant sleep at 24 months of age. The findings suggest possible long-lasting associations between sleep disturbances of the offspring and antenatal exposure to maternal stress during the pandemic. (AS)

Full URL: https://doi.org/10.1111/apa.17042

2024-01075

COVID-19 related psychological distress and fears among mothers and pregnant women in Saudi Arabia. Meraya AM, Syed MH, Yasmeen A, et al (2021), PLoS ONE vol 16, no 8, August 2021, e0256597

Objectives

This study objectives were to investigate maternal psychological distress, mothers' fear of their children contracting COVID-19, mothers' perceptions of the information available regarding children and COVID-19, changes in children's behavior during lockdown, and concerns of pregnant women in Saudi Arabia.

Methods

This cross-sectional study surveyed women aged 18 years and older who either had children under 10 years of age or were pregnant at the time of the survey. The outcomes included psychological distress, mothers' fear of their children contracting COVID-19, change in children's behaviors during COVID-19 lockdown and pregnant women's concerns. Multivariable ordinary least squares regression models were employed to examine the adjusted associations between sociodemographic factors and psychological distress, as well as fear of COVID-19.

Results

Of 628 women, 11.8% (n = 74) were pregnant at the time of survey. Most of the pregnant women (89.2%, n = 66) had some degree of concerns about their unborn babies getting infected during delivery in the hospital. Among mothers of children under 10 years of age (n = 564), half (n = 282) reported change in their children's behavior during the lockdown. Most mothers and pregnant women (94.9%, n = 569) had some degree of psychological distress. Mothers and pregnant women with a college degree had significantly lower psychological distress (β = -1.346; p = 0.014) than women with a high school education or less. Similarly, mothers and pregnant women with monthly family income ≥ US\$ 1,333 had lower psychological distress than those with < US\$ 1,333. Women with pre-existing chronic physical (β = 2.424; p < 0.001) or mental (β = 4.733; p < 0.001) conditions had higher psychological distress than those without these conditions. Having children in the house was a contributory factor for higher psychological distress. For example, mothers with one child (β = 2.602; p = 0.007) had significantly higher psychological distress compared to expectant mothers without children in the house.

Conclusions

Most mothers and expectant mothers in our study had moderate to high levels of psychological distress during the COVID-19 pandemic outbreak in Saudi Arabia. Education, family income and chronic mental and physical conditions were associated with high psychological distress in Saudi Arabia during COVID-19. (Author)

Full URL: https://doi.org/10.1371/journal.pone.0256597

2024-01023

Is there a higher prevalence of mood and anxiety disorders among pregnant women during the COVID-19 pandemic? A comparative study. Uguz F, Kirkas A, Yalvac T, et al (2022), Journal of Psychosomatic Research vol 155, April 2022, 110725

Objective: This study aimed to compare data on mood and anxiety disorders of pregnant women before and during the COVID-19 pandemic.

Methods: The study sample included 253 women evaluated on their first postpartum day during the COVID-19 pandemic. Mood and anxiety disorders were determined by the Structured Clinical Interview for the Diagnostic and

Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Data from sample was compared with data from previous study that was completed and published prior to the COVID-19 pandemic.

Results: The prevalence rate of mood and anxiety disorders during the COVID-19 pandemic was 7.1% and 13.0%, respectively. The most common specific disorder was generalized anxiety disorder (7.1%). Compared to period before the COVID-19 pandemic, the prevalence of mood and anxiety disorders in the current sample was not significantly different.

Conclusion: Results of this study suggest that pregnant women may have not be under higher risk for mood and anxiety disorders during the COVID-19 pandemic compared to before the pandemic.

Keywords: Anxiety; COVID-19 pandemic; Depression; Pregnancy.

2024-00959

Depression, anxiety, and stress symptoms in pregnant women before and during the COVID-19 pandemic. Mei H, Li N, Li J, et al (2021), Journal of Psychosomatic Research vol 149, October 2021, 110586

Objective: This study evaluates depression, anxiety, and stress symptoms in pregnant women before and during COVID-19 pandemic and analyzes their risk factors.

Methods: This was a cross-sectional analyses included pregnant women with depression, anxiety, and stress levels evaluated both in the Novel Coronavirus-Pregnancy Cohort study (NCP) and the Healthy Baby Cohort study (HBC). NCP was conducted during COVID-19 pandemic, while HBC was performed before the pandemic. Multiple logistic regressions were employed to evaluate the associations between COVID-19 pandemic and other co-variables and maternal mental health.

Results: NCP and HBC studies respectively included 531 and 2352 participants. Depression rates differed significantly between the two studies (p < 0.05). The mild and moderate-to-severe depression rates in NCP study were 25.8% and 10.36%, respectively, and 19.94% and 0.55% in HBC study. The stress rate of participants was higher in HBC study (69.39%) than in NCP study (60.45%) (p < 0.05). COVID-19 pandemic was correlated with higher depression but lower stress risks (p < 0.05) in pregnant women, with OR and 95% CI as 1.68 (1.16, 2.44) and 0.42 (0.29, 0.61), respectively. Pregnant women with pre-pregnancy obesity and high educational levels might have lower risks for depression, anxiety, and stress than those with normal weight and low educational levels.

Conclusions: Depression among pregnant women was impacted by the pandemic. Apart from COVID-19 pandemic impact, pre-pregnant weight status and educational level might also influence depression, anxiety and stress statuses in pregnant women.

Keywords: Anxiety; COVID-19; Depression; Pregnant women; Stress.

2024-00923

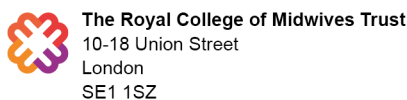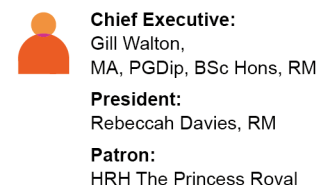**Global prevalence of perinatal depression and anxiety during the COVID-19 pandemic: An umbrella review and meta-analytic synthesis.** Caffieri A, Gómez-Gómez I, Barquero-Jimenez C, et al (2024), Acta Obstetricia et Gynecologica Scandinavica vol 103, no 2, February 2024, pp 210-224

Introduction

The prevalence of depression and anxiety symptoms in pregnant and postpartum women during the COVID-19

pandemic was assessed by several systematic reviews (SRs) and meta-analyses which provided contrasting and different results. We aimed to summarize the evidence relating to the global prevalence of anxiety and depression among pregnant and postpartum women during the COVID-19 pandemic.

Material and methods
An umbrella review of SRs and meta-analyses was performed. Searches were conducted in electronic databases up to April 2023. SRs and meta-analyses reporting the prevalence of perinatal anxiety and depression during the COVID-19 pandemic were selected for eligibility. Primary studies extracted from eligible meta-analyses were included in the quantitative synthesis. The research protocol was registered on PROSPERO (CRD42020173125).

Results
A total of 25 SRs (198 primary studies) and 12 meta-analyses (129 primary studies) were included in the qualitative and quantitative synthesis, respectively. Studies involved data from five continents and 45 countries. The pooled prevalence of antenatal and postpartum depression was 29% (n = 55; 95% CI: 25%–33%) and 26% (n = 54; 95% CI: 23%–30%), respectively. In the case of anxiety, the pooled antenatal and postnatal prevalence was 31% (n = 44; 95% CI: 26%–37%; n = 16; 95% CI: 24%–39%). Differences emerged between continents, with Africa having the highest prevalence of perinatal depression and Oceania and Europe having the highest prevalence of antenatal and postnatal anxiety. The prevalence also varied depending on the assessment tools, especially for antenatal anxiety. A medium-high quality of the studies was observed. One SR assessed strength-of-evidence, reporting very low strength.

Conclusions
During the COVID-19 pandemic, depression and anxiety were common, affecting almost one in three perinatal women globally. A high heterogeneity and a risk of publication bias were found, partially due to the variety of assessment tools and cut-offs. The results may not be generalized to minorities. Studies on the prevalence of clinical diagnoses are needed. Based on our results it is not possible to firmly affirm that the COVID-19 pandemic was the main factor that directly increased perinatal depression and anxiety during the past few years. Future studies should study other factors' impact. (Author)
Full URL: https://doi.org/10.1111/aogs.14740

2024-00759

Pregnant women's mental health during the COVID-19 pandemic according to the trimester of pregnancy.

Mariño-Narvaez C, Puertas-Gonzalez JA, Romero-Gonzalez B, et al (2023), Journal of Reproductive and Infant Psychology 9 November 2023, online

Aim: This study aimed to analyse the psychological impact of the COVID-19 pandemic on pregnant women according to the pregnancy trimester, comparing their psychopathological symptomatology, pregnancy-specific stress, resilience and perceived stress to those of women pregnant before the pandemic. Methods: A total of 797 pregnant women participated in the study, one group of 393 women pregnant before the pandemic and the other of 404 women pregnant during the pandemic. Student-t test was used to analyse continuous data and the Chi-square test was used for categorical data. Results: Psychopathological symptomatology was significantly higher in six subscales of the SCL-90-R in pregnant women during COVID-19: somatisation, interpersonal sensitivity, depression, anxiety, phobic anxiety, obsessions-compulsions, mainly on the first two trimesters. There is also a higher level of pregnancy-specific stress in pregnant women during the pandemic on the first two trimesters, most likely due to the hypervigilance and fears related to the COVID-19 disease. Nevertheless, perceived stress, usually elevated during pregnancy, was lower in women pregnant during the pandemic in comparison to those pregnant before, as a positive consequence of being on lockdown and diminishing the exposure to daily stressful situations. Conclusions: Knowing the struggles these women go through during each trimester of pregnancy can be the key to a better health professional-patient relationship, consequently having a positive impact on their mental and physical health. (Author)

2024-00298

Mental health status of pregnant women during COVID-19 in healthcare centers of Iran: A cross-sectional study.

Sayahi M, Nikbina M, Jahangirimehr A, et al (2023), PLoS ONE vol 18, no 11, November 2023, e0294850

Background and objective: The COVID-19 pandemic impacted every single aspect of life. In addition to being a public health emergency, the COVID-19 outbreak impacted the mental health of individuals, especially pregnant women. This study aimed to examine the mental health status of pregnant women and also the effect of sociodemographic factors on their mental health status during COVID-19 in healthcare centers of Iran.

Methods: This cross-sectional, analytical-descriptive study was conducted among pregnant women referring to healthcare centers in Shoushtar, Iran, in 2021. Multistage cluster sampling was used to select participants. Data were collected using the General Health Questionnaire-28 (GHQ-28). Data were analyzed using SPSS software version 22. The Pearson correlation coefficient was used to examine the association between quantitative variables. A generalized linear model (GLM) was applied to estimate the effect of independent variables on the dependent variable (mental health).

Results: A total of 197 participants with a mean ± SD age of 27.85 ± 6.37 years took part in this study. The total mean score of mental health was estimated at 17.47±8.20. The highest mean ± SD score was, respectively, related to social dysfunction (6.63 ± 2.86), anxiety and insomnia (5.28 ± 3.53), and somatic symptoms (4.17 ± 3.27). Mental health disorder was significantly correlated with participants' age (R = .223, P = .00), number of pregnancy (gravida) (R = .272, P = .00), number of births (para) (R = 0.272, P = .00), and number of abortions (R = .172, P = .015). About 80% of pregnant women did not reveal impaired mental health conditions or psychological distress, while 19.3% showed scores that indicate probable mental health conditions.

Conclusion: Social dysfunction was the most common mental health problem among pregnant women. It is necessary to pay more attention to the mental health status of pregnant women during a pandemic. Interventions such as practical strategies to promote social support and improve pregnant women's mental health during pregnancy are highly important.

Full URL: https://doi.org/10.1371/journal.pone.0294850

2023-12752

Elevated risk for obsessive–compulsive symptoms in women pregnant during the COVID-19 pandemic. Mahaffey BL, Levinson A, Preis H, et al (2022), Archives of Women's Mental Health vol 25, no 2, April 2022, pp 367-376

The COVID-19 pandemic has led to a public mental health crisis with many people experiencing new or worsening anxiety. Fear of contagion and the lack of predictability/control in daily life increased the risk for problems such as obsessive–compulsive disorder (OCD) in the general population. Pregnant women may be particularly vulnerable to such pandemic-related stressors yet the prevalence of OC symptoms in this population during the pandemic remains unknown. We examined the prevalence of OC symptoms in a sample of 4451 pregnant women in the USA, recruited via targeted online methods at the start of the pandemic. Participants completed self-report measures including the Obsessive–Compulsive Inventory-Revised and the Pandemic-Related Pregnancy Stress Scale. Clinically significant OC symptoms were present in 7.12% of participants, more than twice as high as rates of peripartum OCD reported prior to the pandemic. Younger maternal age, income loss, and suspected SARS-CoV-2 infection were all associated with higher OC symptoms. Two types of pregnancy-specific stress, pandemic-related and pandemic-unrelated, were both associated with higher levels of OC symptoms. Pandemic-related pregnancy stress predicted OC symptoms even after controlling for non-pandemic-related, pregnancy-specific stress. Elevated rates of OC symptoms were observed in women pregnant during the pandemic, particularly those experiencing elevated pandemic-related pregnancy stress. This type of stress confers a distinct risk for OC symptoms above and beyond pregnancy-specific stress and
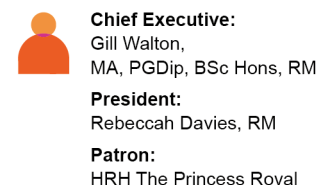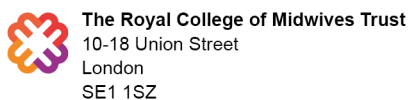
demographic factors. Healthcare providers should be prepared to see and treat more peripartum women with OC symptoms during this and future public health crises. (Author) [Erratum: Archives of Women's Mental Health, vol 25, no 2, April 2022, p 535.]

2023-12461

Jewish and Arab pregnant women's psychological distress during the COVID-19 pandemic: the contribution of personal resources. Chasson M, Taubman–Ben-Ari O, Abu-Sharkia S, et al (2021), Ethnicity & Health vol 26, no 1, 2021, pp 139-151

Objective: The study sought to examine the psychological distress of Israeli pregnant women during the worldwide spread of COVID-19. As Israel has a diverse cultural-religious population, the sample included both Jewish and Arab women, allowing us to explore the differences between them. Furthermore, we examined the contribution of personal resources, both internal (self-mastery and resilience) and external (perceived social support), as well as the level of infection-related anxiety to the women's psychological distress. Method: A convenience sample of 403 Israeli women (233 Jewish and 170 Arab) was recruited through social media. Results: Arab women reported significantly higher infection-related anxiety and psychological distress than Jewish women. In addition, Jewish women reported significantly higher self-mastery than Arab pregnant women. Finally, poorer health, being an Arab woman, and lower levels of self-mastery, resilience, and perceived social support, as well as a higher level of infection-related anxiety, contributed significantly to greater psychological distress. Conclusions: The findings show that pregnant women in general may be at risk of psychological distress in times of crisis, and that minority populations in particular may be at greater risk than others. Moreover, the results highlight the contribution of women's personal and environmental resources in the face of crisis, an understanding that may be used in targeted interventions to reduce distress in vulnerable populations. (Author)

2023-11949

The risk of anxiety and depression among pregnant women during the COVID-19 pandemic in Turkey: A cross-sectional online survey. Keleş NÇ (2023), African Journal of Reproductive Health vol 27, no 4, April 2023, pp 65-72

Studies on perinatal mental health during the COVID-19 pandemic are limited. Maternal anxiety and depression during pregnancy can have negative effects on maternal and child health outcomes. I therefore aimed to determine the risk of anxiety and depression in pregnant women during the COVID-19 pandemic in Turkey. The data were collected from pregnant women during the COVID19 pandemic between May and July 2020. In total, 164 pregnant women were recruited via social media (Facebook and Instagram) to complete an online survey. A personal information form and the Hospital Anxiety and Depression Scale were used as data collection tools. The data were analyzed using descriptive statistics, the Mann–Whitney U test, and the Kruskal–Wallis H test. I determined that pregnant women were at risk of anxiety (36%) and depression (73.8%) during the COVID-19 pandemic. The risk of depression was higher among the pregnant women who had a postgraduate education, worked during pregnancy, and had migrated within the previous 10 years compared to the other groups, while the risk of anxiety was higher in the age group 26–35 years and among unemployed pregnant women compared to the other groups. The COVID-19 pandemic was associated with a significant risk of anxiety and depression among pregnant women. Reducing the dangerous effects of COVID-19 on mental health is a perinatal health priority. (Author)

2023-11769

"Trauma, abandonment and isolation": experiences of pregnancy and maternity services in Scotland during COVID-19. Engender, Health and Social Care Alliance Scotland (2023), September 2023

The report, '"Trauma, abandonment and isolation": Experiences of pregnancy and maternity services in Scotland during Covid-19', draws on survey responses from over 200 women across Scotland. It documents the profound and negative impact that public health restrictions had on access to vital healthcare across all aspects of these services from antenatal care, fertility treatment, to miscarriage and baby loss, birth and the postnatal period. (Author)
Full URL: https://www.engender.org.uk/content/publications/MATFinalNEW.pdf

2023-11249

Perinatal depression before and during the COVID-19 pandemic in New York City. Lantigua-Martinez M, Trostle ME, Torres AM, et al (2023), AJOG Global Reports vol 3, no 3, August 2023, 100253

BACKGROUND

Quarantining and isolation during previous pandemics have been associated with higher levels of depression symptomatology. Studies in other countries found elevated rates of anxiety and/or depression among pregnant people during the COVID-19 pandemic compared with prepandemic rates. New York City was the initial epicenter of the pandemic in the United States, and the effects of the pandemic on perinatal depression in this population are not well known.

OBJECTIVE

This study aimed to evaluate the rates of perinatal depression before and during the COVID-19 pandemic.

STUDY DESIGN

This is a single-center retrospective cohort study of patients screened for perinatal depression with the Edinburgh Postnatal Depression Scale at 2 private academic practices in New York City. This screen is done in these practices at the time of the glucose challenge test and at the postpartum visit. Patients aged ≥18 years who completed a screen at a postpartum visit and/or glucose challenge test from February 1, 2019 to July 31, 2019 and from February 1, 2020 to July 31, 2020 were identified, and the 2019 and 2020 groups were compared. The primary outcome was a positive screen, defined as ≥13 and ≥15 for postnatal and prenatal screens, respectively. Secondary outcomes included monthly changes in rates of positive screens and factors associated with perinatal depression. Data were analyzed using Mann–Whitney U test, chi-square, or Fisher exact test, and univariate and multivariate analyses with P<.05 defined as significant.

RESULTS

A total of 1366 records met the inclusion criteria; 75% of the prepandemic (2019) records were included, as opposed to 65% of pandemic (2020) records due to a lower screen completion rate in the pandemic cohort. The 2020 cohort had a higher proportion of Hispanic patients (P=.003) and higher rates of diabetes mellitus (P=.007), preterm labor (P=.03), and current or former drug use (P<.001). The 2019 cohort had higher rates of hypertension (P=.002) and breastfeeding (P=.03); 4.6% of the 2020 cohort had a suspected or confirmed COVID-19 infection. There was no difference in perinatal depression between the 2019 and 2020 cohorts (2.8% vs 2.6%; P>.99). This finding persisted after adjusting for baseline differences (adjusted odds ratio, 0.89; 95% confidence interval, 0.38–1.86; P=.76). There were no differences in rates of positive Edinburgh Postnatal Depression Scale by month. Several risk factors were associated with a positive screen, including being unmarried (P<.001), pulmonary disease (P=.02), depression (P<.001), anxiety (P=.01), bipolar disorder (P=.009), and use of anxiolytics (P=.04).

CONCLUSION

There were no differences in the rates of perinatal depression between the periods before and during the COVID-19 pandemic. The rate of perinatal depression in this cohort was below the reported averages in the literature. Fewer women were screened for perinatal depression in 2020, which likely underestimated the prevalence of depression in our cohort. These findings highlight potential gaps in care in a pandemic setting. (Author)

Full URL: https://doi.org/10.1016/j.xagr.2023.100253

2023-11176

Women's Experiences of Pregnancy, Birth, and the Postpartum Period During the COVID-19 Pandemic: A Cross-Sectional Survey Study. Zammit J, Fenech P, Borg Xuereb R, et al (2023), International Journal of Childbirth vol 13, no 3, September 2023, pp 174-196

BACKGROUND: The 2019 coronavirus disease (COVID-19) is linked with an increased risk of adverse pregnancy outcomes. However, the effects of lockdown measures on pregnant women's mental health are still largely unknown.

AIM: To explore women's experiences of pregnancy, labor/birth, and the postpartum period during the COVID-19 pandemic.

METHOD: An online cross-sectional survey was conducted between July 2020 and May 2021. Two questionnaires were used: one focused on demographic information and women's experiences of pregnancy and perinatal period, and the Edinburgh Postnatal Depression Scale. Data were analyzed via statistical and content analysis.

RESULTS: Two-hundred and 78 women answered the questionnaire. Stress and anxiety were the predominant challenges for many women; 36.3% reported being moderately and 17.3% highly stressed and anxious during pregnancy; 23.9% reported being moderately and 26.8% highly stressed and anxious during labor/birth. On the EPDS, 40.2% of women scored ≥11 points, indicating that they were at high risk for postpartum depression. The level of stress and anxiety during pregnancy and labor/birth was significantly higher in women with depressive symptoms compared with the other women (p < .001 for both comparisons). In addition, the proportion of women with depressive symptoms who were supported by friends during pregnancy was significantly lower compared with the other women (51.8% vs. 68.3%, p = .006). Women with depressive symptoms also reported a significantly lower presence of their partner during birth (95.5% vs. 99.4%, p = .040) and significantly lower perceived support from the midwife during labor and birth (p = .042). Content analysis revealed that sources of social and emotional stress and anxiety included women's inability to meet with friends and extended families, lack of support, loneliness, the need to protect the baby, and concerns about hygiene.

CONCLUSION: Partners, friends, and family members play a significant role in the social support systems of pregnant women, and their support was hindered by the lockdown measures during the COVID-19 pandemic. In our study, the prevalence of women at high risk for postpartum depression was higher when compared with previous literature, suggesting that the pandemic contributed to an increase in stress and anxiety. This should be taken into consideration in planning maternity services after the pandemic. (Author)

2023-11009

Pregnancy during the COVID-19 pandemic: a qualitative examination of ways of coping. Reynolds KA, Pankratz L, Cameron EE, et al (2022), Archives of Women's Mental Health vol 25, no 6, December 2022, pp 1137-1148

The COVID-19 pandemic and related public health restrictions have impacted the mental health and coping strategies of many population groups, including people who are pregnant. Our study sought to explore the ways that pregnant people described coping with stressors associated with the pandemic. N = 5879 pregnant individuals completed the pan-Canadian Pregnancy During the COVID-19 Pandemic Survey between April and December 2020. We used descriptive statistics to quantify sociodemographic characteristics and thematic analysis (Braun & Clarke, 2006, 2019) to analyze n = 3316 open-ended text responses to the question "Can you tell us what things you are doing to cope with the COVID-19 pandemic?" The average age of participants was 32 years (SD = 4.4), with the majority identifying as White (83.6%), female (99.7%), married (61.5%), having completed post-secondary education (90.0%), and working full-time (75.4%). We categorized participant responses into two overarching thematic dimensions: (1) ways of coping and (2) coping challenges. Ways of coping included the following main themes: (1) taking care of oneself, (2) connecting socially, (3) engaging in pandemic-specific coping strategies, (4) keeping busy, (5) taking care of others, (6) creating a sense of normalcy, (7) changing perspectives, and (8) practicing spirituality. Coping challenges included the following: (1) the perception of coping poorly, (2) loss of coping methods, (3) managing frontline or essential work, and (4) worries about the future. Findings highlight important implications for targeted prenatal supports delivered remotely, including opportunities for social support, prenatal care, and mental health strategies. (Author)

2023-11002

The longitudinal effects of stress and fear on psychiatric symptoms in mothers during the COVID-19 pandemic. Bauer AE, Guintivano J, Krohn H, et al (2022), Archives of Women's Mental Health vol 25, no 6, December 2022, pp 1067-1078

The COVID-19 pandemic has been particularly difficult for mothers. Women with a history of peripartum depression

(PPD) may be vulnerable to relapse. We sought to understand changes in depressive and anxious symptoms throughout the pandemic and which stressors increased symptoms in women with a history of PPD. In June 2020, all US participants with a history of PPD (n = 12,007) in the global MomGenes Fight PPD study were invited to the COVID-19 follow-up study. Respondents (n = 2163, 18%) were sent biweekly and then monthly surveys until January 31, 2022. We employed time-varying effects models to evaluate trajectories of depressive (patient health questionnaire, PHQ-9) and anxious (generalized anxiety disorder, GAD-7) symptoms and to estimate longitudinal associations between perceived stress, fears, COVID-19 case rates, and symptoms. Peaks of PHQ-9, GAD-7, PSS, and perceived COVID-19 risk scores corresponded with timing of national COVID-19 case surges. High perceived stress was the strongest predictor of PHQ-9 (beta = 7.27; P = 1.48e − 38) and GAD-7 (beta = 7.73; P = 6.19e − 70). Feeling lack of control and unlikely to survive increased PHQ-9 and GAD-7 scores by 2 points. COVID-19 case rates, pandemic restrictions, and region were not independently associated with symptoms. This study suggests that the collective trauma of the pandemic has significantly affected mothers with a history of PPD, exemplified by high levels of perceived stress and the strong association with depressive and anxious symptoms. The next pandemic phase is uncertain, but will continue to influence mental health collectively and dynamically. Interventions must be flexible and responsive and should address fear, trauma, and feelings of control, particularly for mothers with a history of PPD. (Author)

2023-10999

Changes and predictors of maternal depressive and anxiety symptoms during the COVID-19 pandemic. Racine N, Plamondon A, McArthur BA, et al (2023), Archives of Women's Mental Health vol 26, no 4, August 2023, pp 565-570
Longitudinal changes in maternal depressive and anxiety symptoms and predictors of symptom variation among a group of middle-to-upper income Canadian women (n = 2152) were examined prior to the pandemic (2017–2019) and at three pandemic timepoints (May–July 2020, March–April 2021, November–December 2021). Mean maternal depression and anxiety scores were elevated throughout the pandemic. Pre-pandemic depressive symptoms were associated with greater increases in depressive symptoms. Coping and relationship quality were protective factors. Supporting the development of coping strategies may mitigate mental health concerns among mothers. (Author)


2023-10995

The impact of postpartum social support on postpartum mental health outcomes during the COVID-19 pandemic.
White LK, Kornfield SL, Himes MM, et al (2023), Archives of Women's Mental Health vol 26, no 4, August 2023, pp 531-541
Social support is an influential component of postpartum recovery, adjustment, and bonding, which was disrupted by social distancing recommendations related to the COVID-19 pandemic. This study reports on changes in the availability of social support for postpartum women during the pandemic, investigates how those changes may have contributed to postpartum mental health, and probes how specific types of social support buffered against poor postpartum mental health and maternal-infant bonding impairment. Participants were 833 pregnant patients receiving prenatal care in an urban USA setting and using an electronic patient portal to access self-report surveys at two time points, during pregnancy (April–July 2020) and at ~12 weeks postpartum (August 2020–March 2021). Measures included an assessment of COVID-19 pandemic–related change in social support, sources of social support, ratings of emotional and practical support, and postpartum outcomes including depression, anxiety, and maternal-infant bonding. Overall self-reported social support decreased during the pandemic. Decreased social support was associated with an increased risk of postpartum depression, postpartum anxiety, and impaired parent-infant bonding. Among women reporting low practical support, emotional support appeared to protect against clinically significant depressive symptoms and impaired bonding with the infant. Decreases in social support are associated with a risk for poor postpartum mental health outcomes and impaired maternal-infant bonding. Evaluation and promotion of social support are recommended for healthy adjustment and functioning of postpartum women and families. (Author)

2023-10994

Impact of covid-19 pandemic over depressive symptoms among mothers from a population-based birth cohort in
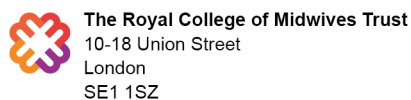
southern brazil. Santos IS, Tovo-Rodrigues L, Maruyama JM, et al (2023), Archives of Women's Mental Health vol 26, no 4, August 2023, pp 513-521

Purpose

Our aim was to assess the impact of COVID-19 on depressive symptoms among mothers from a population-based birth cohort in Pelotas, Southern Brazil.

Methods

A subgroup of mothers from the Pelotas 2004 Birth Cohort was assessed pre-pandemic (November,2019 to March,2020) and mid-pandemic (August-December,2021). In both follow-ups, depressive symptoms were assessed using the Edinburgh Postnatal Depression Scale (EPDS). Pre-pandemic (T1) and pandemic-related predictors (T2) were analyzed. Prevalence of depression (EPDS score ≥ 13) at T1 and T2 were compared with chi-square test. Changes in EPDS from T1 to T2 were estimated by multivariate latent change score modelling.

Results

1,550 women were assessed. Prevalence of depression increased 38.1% (from 18.9% at T1 to 26.1% at T2) (p < 0.001). At T1, higher schooling, higher family income and being employed or working were related to lower EPDS, whereas being beneficiary of a cash transfer program and a larger number of people living in the household predicted higher EPDS. The deterioration of ones' own perception of quality of overall health (β = 0.191; SE = 0.028; p < 0.001) and worst family financial situation due to the pandemic (β = 0.083; SE = 0.024; p = 0.001) predicted the increase in EPDS from T1 to T2.

Conclusion

Almost two years after the beginning of the pandemic, the prevalence of depressive symptoms among the women was higher than before the pandemic. The deterioration of ones' own perception of quality of overall health and worst family financial situation due to the pandemic are proxies for the effect of COVID-19 pandemic (the true exposure of interest) in the women mental health. (Author)

2023-10983

Geotemporal analysis of perinatal care changes and maternal mental health: an example from the COVID-19 pandemic. Hendrix CL, Werchan D, Lenniger C, et al (2022), Archives of Women's Mental Health vol 25, no 5, October 2022, pp 943-956

Our primary objective was to document COVID-19 induced changes to perinatal care across the USA and examine the implication of these changes for maternal mental health. We performed an observational cross-sectional study with convenience sampling using direct patient reports from 1918 postpartum and 3868 pregnant individuals collected between April 2020 and December 2020 from 10 states across the USA. We leverage a subgroup of these participants who gave birth prior to March 2020 to estimate the pre-pandemic prevalence of specific birthing practices as a comparison. Our primary analyses describe the prevalence and timing of perinatal care changes, compare perinatal care changes depending on when and where individuals gave birth, and assess the linkage between perinatal care alterations and maternal anxiety and depressive symptoms. Seventy-eight percent of pregnant participants and 63% of postpartum participants reported at least one change to their perinatal care between March and August 2020. However, the prevalence and nature of specific perinatal care changes occurred unevenly over time and across geographic locations. The separation of infants and mothers immediately after birth and the cancelation of prenatal visits were associated with worsened depression and anxiety symptoms in mothers after controlling for sociodemographic factors, mental health history, number of pregnancy complications, and general stress about the COVID-19 pandemic. Our analyses reveal widespread changes to perinatal care across the US that fluctuated depending on where and when individuals gave birth. Disruptions to perinatal care may also exacerbate mental health concerns, so focused treatments that can mitigate the negative psychiatric sequelae of interrupted care are warranted. (Author)

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2023-10955

 Maternal prenatal attachment during the COVID-19 pandemic: exploring the roles of pregnancy-related anxiety, risk perception, and well-being. Akdağ B, Erdem D, Bektaş M, et al (2023), Archives of Women's Mental Health vol 26, no 5, October 2023, pp 651-658

Pregnant women have faced novel physical and mental health risks during the pandemic. This situation is remarkable because a parent's emotional bond with their unborn baby (also known as prenatal attachment) is related to the parent's mental state. Prenatal attachment helps parents psychologically prepare for the transition into parenthood. Moreover, it plays a pivotal role in the future parentchild relationship and psychosocial development of the baby. Based on the available literature, the current study integrated risk perception theories with mental health indicators to examine maternal prenatal attachment during the pandemic. Pregnant women (n = 258) completed the Pregnancy-Related Anxiety Questionnaire-Revision 2 (PRAQ-R2), the WHO Well-being Index (WHO-5), the Prenatal Attachment Inventory (PAI), and answered questions about COVID-19 risk perception. The findings illustrated that pregnancy-related anxiety was positively associated with maternal prenatal attachment. Moreover, COVID-19 risk perception and well-being mediated this relationship. In other words, the higher levels of pregnancy-related anxiety were associated with increased COVID-19 risk perception and decreased well-being, inhibiting prenatal attachment in pregnant women. Considering the importance of prenatal attachment, it is crucial to understand the experiences of pregnant women and develop policies for promoting prenatal attachment, especially during challenging times such as the COVID-19 pandemic. (Author)

2023-10882

 Perinatal mental health and COVID-19: Navigating a way forward. Smith KA, Howard LM, Vigod SN, et al (2023), Australian and New Zealand Journal of Psychiatry vol 57, no 7, July 2023, pp 937–943

The COVID-19 pandemic and its aftermath have increased pre-existing inequalities and risk factors for mental disorders in general, but perinatal mental disorders are of particular concern. They are already underdiagnosed and undertreated, and this has been magnified by the pandemic. Access to services (both psychiatric and obstetric) has been reduced, and in-person contact has been restricted because of the increased risks. Rates of perinatal anxiety and depressive symptoms have increased. In the face of these challenges, clear guidance in perinatal mental health is needed for patients and clinicians. However, a systematic search of the available resources showed only a small amount of guidance from a few countries, with a focus on the acute phase of the pandemic rather than the challenges of new variants and variable rates of infection. Telepsychiatry offers advantages during times of restricted social contact and also as an additional route for accessing a wide range of digital technologies. While there is a strong evidence base for general telepsychiatry, the particular issues in perinatal mental health need further examination. Clinicians will need expertise and training to navigate a hybrid model, flexibly combining in person and remote assessments according to risk, clinical need and individual patient preferences. There are also wider issues of care planning in the context of varying infection rates, restrictions and vaccination access in different countries. Clinicians will need to focus on prevention, treatment, risk assessment and symptom monitoring, but there will also need to be an urgent and coordinated focus on guidance and planning across all organisations involved in perinatal mental health care. (Author)

2023-10408

 Impact of visiting restrictions on Edinburgh postnatal depression scale screening scores at one month postpartum during the spread of COVID-19: a single-center case-control study in Japan. Kudo S, Banno H, Itou T, et al (2023), BMC Pregnancy and Childbirth vol 23, no 655, September 2023

Background

This study aimed to evaluate whether "visiting restrictions" implemented due to the coronavirus disease 2019 (COVID-19) pandemic are a risk factor for postpartum depression using the Edinburgh Postnatal Depression Scale (EPDS).

Methods
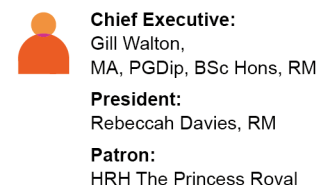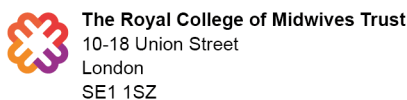
This case-control study participants who gave birth during the spread of COVID-19 (COVID-19 study group) and before the spread of COVID-19 (control group). Participants completed the EPDS at 2 weeks and 1 month after childbirth.

Results
A total of 400 cases (200 in each group) were included in this study. The EPDS positivity rate was significantly lower with visiting restrictions than without (8.5% vs.18.5%, p = 0.002). Multivariate analysis of positive EPDS screening at the 1st month checkup as the objective variable revealed that visiting restrictions (odds ratio (OR): 0.35, 95% confidence interval (CI): 0.18–0.68), neonatal hospitalization (OR: 2.17, 95% CI: 1.08–4.35), and prolonged delivery (OR: 2.87, 95% CI: 1.20–6.85) were factors associated with an increased risk of positive EPDS screening.

Conclusion
Visiting restrictions on family during the hospitalization period for delivery during the spread of COVID-19 pandemic did not worsen EPDS screening scores 1 month postpartum, but stabilized the mental state of some mothers. (Author)
Full URL: https://doi.org/10.1186/s12884-023-05979-7

2023-10395
 Experiences of postpartum mental health sequelae among black and biracial women during the COVID-19 pandemic.
Dwarakanath M, Hossain F, Balascio P, et al (2023), BMC Pregnancy and Childbirth vol 23, no 636, September 2023
Objective
The objective of this study was to qualitatively examine coping mechanisms and desired supports in pregnant and birthing Black and Biracial adolescent and young adult women during the COVID-19 pandemic.

Methods
Black and Biracial participants ages 16–23 were recruited for virtual individual semi-structured interviews. Participants (n = 25) were asked about pre- and post-natal experiences with the healthcare system, effects of the pandemic, and participants' experiences of or desires for ideal care within the healthcare system. Interviews were transcribed verbatim and coded for qualitative analysis using nVivo. Discussions around postpartum mental health evolved organically when asked about how participants were coping postpartum.

Results
Nearly half the interviewees organically reported mental health symptoms consistent with postpartum depression (PPD) during questions regarding their postpartum experience. Of the 11 interviewees who reported mental health symptoms consistent with PPD, 2 were afraid to disclose their symptoms to a healthcare provider due to fear of child protective services involvement and their belief they would be treated unfairly because of their race.

Conclusion
Clinicians who care for Black and Biracial adolescent and young adult mothers must be particularly attuned to structural barriers for appropriate screening and treatment of postpartum depression. Expanding investigations of intersectional influences on young mothers' perinatal health and PPD are needed. (Author)
Full URL: https://doi.org/10.1186/s12884-023-05929-3

2023-10200
 Pandemic-induced increase in adjustment disorders among postpartum women in Germany. Tsoneva K, Chechko N, Losse E, et al (2023), BMC Women's Health vol 23, no 486, September 2023
Background
The current paper analyzed the effect of the pandemic-induced lockdown on maternal mental health during the first 12 postpartum weeks in Germany.

Methods

In this cohort study, we compared the participants' anamnestic backgrounds and the results of psychological tests, measuring stress levels, depressive symptoms and attachment. The 327 participants were divided into two groups with one representing the "pre-COVID" sample and the other the "lockdown" sample. We performed multiple comparisons, investigating the distribution of diagnoses and the correlating risk profiles between the two cohorts.

Results

Our analysis showed a significant difference between the two cohorts, with a 13.2% increase in the prevalence of adjustment disorders (AD), but not postpartum depression (PPD), in the first 12 weeks postpartum. However, during the pandemic, women with AD had fewer risk factors compared to their pre-pandemic counterparts. In the "lockdown" cohort, a tendency toward higher stress and lower mother-child attachment was observed in AD.

Conclusions

In sum, we observed some negative impact of the pandemic on maternal mental health. The lockdown might have contributed to an increase in the number of cases involving AD in the postpartum period. The prevalence of PPD (ca. 6–10%), on the other hand, was not affected by the lockdown. Thus, the effect of COVID-19 on maternal mental health might not, after all, have been as severe as assumed at the beginning of the pandemic. (Author)

Full URL: https://doi.org/10.1186/s12905-023-02638-z

2023-09669

 Autumn Vaccination Update. Statement made on 4 September 2023. House of Commons (2023), Hansard Statement UIN HCWS997, 4 September 2023

Maria Caulfield makes a statement on behalf of His Majesty's Government, accepting the advice published on the 8 August 2023 by the Independent Joint Committee on Vaccination and Immunisation (JCVI) regarding who should be offered a COVID-19 booster vaccine in autumn 2023. Those eligible are:

*residents in a care home for older adults;

*all adults aged 65 years and over;

*persons aged 6 months to 64 years in a clinical risk group;

*frontline health and social care workers;

*persons aged 12 to 64 years who are household contacts of people with immunosuppression;

*persons aged 16 to 64 years who are carers and staff working in care homes for older adults.(JSM)

Full URL: https://questions-statements.parliament.uk/written-statements/detail/2023-09-04/hcws997

2023-09576

 Health anxiety, death anxiety and coronaphobia: Predictors of postpartum depression symptomatology during the COVID-19 pandemic. Andrei A-M, Webb R, Enea V (2023), Midwifery vol 124, September 2023, 103747

Objective

To determine levels of postpartum depression symptoms and possible relevant predictors, such as death anxiety, health anxiety, and coronavirus-related anxiety.

Design

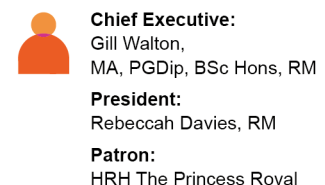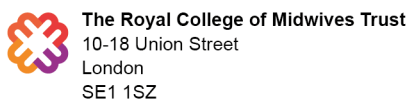Cross-sectional web-based survey using quantitative methods.

Setting

Exclusively online recruiting via social media and unpaid cross-posting conducted during the third wave of the COVID-19 pandemic in Romania.

Participants

Women were eligible to take part in the study if they were mothers over the age of 18 and had a baby aged between 4 weeks – 12 months of age; 1024 women were included in the final sample.

Measurements and findings

Health anxiety, death anxiety, coronavirus-related anxiety, and postpartum depression symptoms were measured using validated instruments. Current depression symptomatology was 67.6%, 26.7% scored above the cut-off for high health anxiety, 1% for coronavirus-related anxiety, and 62.7% for death anxiety. Significant predictors for depressive symptomatology were breastfeeding, history of depression, family income, number of children, health anxiety, death anxiety, and coronavirus anxiety. Further, hierarchical multiple regression analysis indicated that death anxiety, health anxiety, and coronavirus anxiety predicted postpartum depression symptoms over and above socio-demographic factors.

Key conclusions

Supported by previous studies, our results suggest that postpartum depression symptomatology levels during the COVID-19 pandemic are high and that they are predicted by health and death anxiety, which are also increased during the pandemic.

Implication for practice

The findings provide information to identify the risk for depression symptoms in postpartum mothers during acute public health situations. (Author)

2023-09390

The humbled pivoting voyeur and the shelved and boxed grieving parent - a story of real-time qualitative research in the COVID-19 pandemic. Carruthers K, Hannis D, Robinson J, et al (2024), Journal of Neonatal Nursing vol 30, no 1, February 2024, pp 83-87

This reflexive piece uniquely discusses the challenges faced by a researcher (PhD Student) conducting real-time longitudinal research during the COVID-19 pandemic. It draws on data gathered from the author's reflexive diary and participant transcripts from an interpretative phenomenological analysis (IPA) study utilising online diaries and semi-structured interviews. Participants were asked about their experiences of shielding their children, who were born preterm, during the COVID-19 pandemic. The note, reflectively and transparently, describes the research experience from the perspective of the PhD student. It explores the complex relationship formed between the researcher and participant, and the impact of this relationship throughout the research process. The piece highlights unforeseen and unintended psychological consequences of research during a global pandemic. (Author)

Full URL: https://doi.org/10.1016/j.jnn.2023.07.008

2023-09344

COVID-19 pandemic and perinatal mental health: A commentary on the impact, risk factors, and protective factors.

Ibiwoye OH, Thomson G (2023), Birth vol 50, no 4, December 2023, pp 651-656

In summary, birthing women are at risk of poor mental health particularly in a pandemic. Identified protective factors such as social support, good sleep, exercise, and access to prenatal care, among others are pertinent to reducing negative effects on perinatal mental health should future crises occur. (Author)

Full URL: https://doi.org/10.1111/birt.12747

2023-09302

Influence of the COVID-19 pandemic on prenatal and postpartum patient experiences and well-being. Riggan KA, Weaver AL, Ashby GB, et al (2023), Birth vol 50, no 4, December 2023, pp 1034-1044

Background

It has yet to be fully elucidated how differing populations of obstetric patients adapted to the disruptions in perinatal care and postpartum support from the COVID-19 pandemic. We surveyed an enriched sample of socioeconomically advantaged patients to understand the influence of COVID-19 on their perinatal care experience, well-being, and coping.
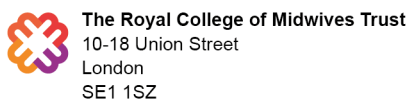
Methods

We surveyed pregnant and postpartum patients (n = 6140) at a large academic medical center in the Midwest of the United States using the Coronavirus and Perinatal Experiences instrument in Spring 2021.

Results

The survey was sent to 6141 pregnant and postpartum patients; 1180 (17.8%) respondents completed the survey, including 256 who were pregnant and 834 postpartum. Most pregnant patients experienced no changes in their prenatal care with 16.5% indicating somewhat worsened care. In the postpartum cohort, 37.5% stated their care had somewhat worsened. In describing influences on stress and mental health, 58.1% of postpartum respondents stated it was moderately, and 17.4% significantly, worse. The pandemic had a somewhat or moderately negative influence for 72.7% of respondents, with 11.0% stating these effects were extremely negative. Both cohorts characterized a range of coping strategies, most commonly, talking with friends and family (76.3%).

Conclusion(s)

Even among this sample of socioeconomically advantaged patients, respondents indicated that the pandemic disrupted many facets of their medical care and daily life, especially social activities and postpartum support. Our findings suggest that counseling on coping and adaptation strategies for stressors and increased health systems support be part of perinatal care during public health emergencies for all demographic groups. (Author)

2023-09236

The time of motherhood in a time of crisis: a longitudinal qualitative study. Caffieri A, Margherita G (2025), Journal of Reproductive and Infant Psychology vol 43, no 2, 2025, pp 515-531

Aims/Background

The impact of the COVID-19 pandemic on the health of women in the perinatal period has been widely shown in literature. Although longitudinal quantitative studies investigated the long-term effects of the COVID-19 pandemic on both women and children's health, no longitudinal qualitative study can be found within literature. The study aimed at an in-depth exploration of the longitudinal trajectories, from pregnancy to postpartum, lived by women through the waves of the COVID-19 pandemic in Italy.

Design/Methods

As a method, the qualitative approach of Longitudinal Interpretative Phenomenological Analysis was used. A total of 14 women were interviewed for the first time during pregnancy (March-May 2021/second wave of the COVID-19 spread). Among the total, 8 completed a second interview, one year later, during postpartum (March-May 2022/end of the COVID-19 public emergency) and were included in the analysis.

Results

Three superordinated themes emerged: (1) Maternal functions during the COVID-19 pandemic; (2) 'Care' needs of women in maternal services; (3) Unspeakable: obstetric violence and gender inequality in the working field. Themes were organised considering women's experience, showing continuity and discontinuity paths overtime.

Conclusion
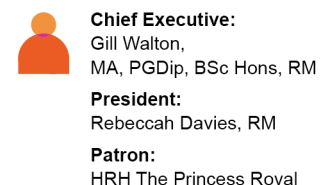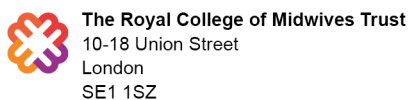
Women in their perinatal period during the COVID-19 pandemic felt like 'living incubators', both isolated and invested in individual and social responsibilities of 'caring'.

The study confirms the need to re-centre maternal care services' praxis on women's needs as an act of collective repair against the consequences of collective trauma of the COVID-19 pandemic. (Author)

2023-09218

"This is not what I imagined motherhood would look like": pregnancy, postpartum, and parenting during COVID-19 – a qualitative analysis of the first year since birth. Saleh L, Canclini S, Mathison C, et al (2023), BMC Pregnancy and Childbirth vol 23, no 578, August 2023

Background

Childbearing is one of the most emotional and transformative events in a woman's life. This study aims to explore the impact COVID-19 had on childbirth, postpartum, and the first year since giving birth.

Methods

This was a qualitative study using data previously collected for a larger study of women who had given birth during the COVID-19 pandemic in the United States. The findings presented here are from an analysis of a subset of open-ended questions. Sixty-six participants completed questions about how COVID-19 affected childbearing and postpartum experiences. Data was analyzed using inductive thematic analysis.

Results

Thematic analysis of the data identified five major themes and several subthemes, including: (1) amplification of new mother typical emotions (positive emotions and negative emotions), (2) financial impact on mothers and their families, (3) persistent impact of COVID-19, (4) new mom paradigm crash (first time mothers and experienced mothers faced different issues such as lack of education and support, adding a layer to the day-to-day, and negotiating time with others) and (5) validating the importance of maternal health. On the whole, participants were overwhelmed, isolated, and did not have enough physical and emotional support. There was a lack of supportive maternal healthcare both in the short-term and long-term, with an emphasis on poor postpartum support.

Conclusions

This study supports previous findings that women who gave birth and entered motherhood during the COVID-19 pandemic were impacted in many ways. These findings contribute to the understanding of women's experiences not just in the immediate postpartum period, but in their daily lives one year after childbirth. The results highlight that our nation's traditional maternal healthcare model may be insufficient, especially when facing a national crisis. Strain placed on the healthcare system by COVID-19 impacted both the physical and mental health of mothers who were often left with inadequate care, education, and support. Our findings point to the need for more supportive maternal health both during childbirth and postpartum. (Author)
Full URL: https://doi.org/10.1186/s12884-023-05872-3

2023-09075

Effect of the pandemic on the mental health of BAME women. Paul S (2023), Midwifery Matters no 177, Summer 2023, pp 24-27

Edited version of the author's original report (available in the digital version of the journal) exploring and analysing the impact of the COVID-19 pandemic on the mental health of black and minority ethnic women, barriers to accessing support and the role of the midwife. (MB)

2023-08340

"All I Can Say Is Thank You": A Qualitative Study of Gratitude in the NICU Before and During COVID-19. Walker HR, Clarkson G, Alston H, et al (2023), The Journal of Perinatal and Neonatal Nursing vol 37, no 3, July/September 2023, pp 223-231

Background:

COVID-19-associated visitor restrictions altered parents' involvement in their infant's care in the neonatal intensive care unit (NICU).

Purpose:

The purpose of this article is to explore how restrictions affected parents' perceptions of experience in the NICU and to build a conceptual model of communication flow during times of crisis.

Methods:

This qualitative study was set in a level III 52-bed NICU. Using data from an open-ended survey question, a multitiered thematic analysis was used.

Results:

Four broad themes emerged: communication, gratitude, release, and containment of emotionality. These 4 themes interacted codependently and manifested differently as COVID-related visitor policies were put in place. Parents' characterization of communication also varied depending on the visitation policies. Before COVID, parents were more likely to reflect on communication. During COVID, parents expressed more gratitude, while containing negative emotions—sometimes using gratitude to soften the blow of bad feedback.

Implications for Practice and Research:

Our theoretical model suggests that gratitude may serve as a form of "reciprocal care" to providers during a period of crisis and extreme stress. Use of high-quality communication between providers and parents in the NICU is necessary to understand parental concerns or negative experience. (Author)

2023-08197

Perinatal depression before and during the Coronavirus pandemic in New York City. Lantigua-Martinez M, Trostle ME, Torres AM, et al (2023), AJOG Global Reports 16 July 2023, online

Background

Quarantining and isolation during previous pandemics have been associated with higher levels of depression symptomatology. Studies in other countries found elevated rates of anxiety and/or depression among pregnant people during the Coronavirus pandemic compared to pre-pandemic rates. New York City was the initial epicenter of the pandemic in the United States and the effects of the pandemic on perinatal depression in this population are not well known.

Objective

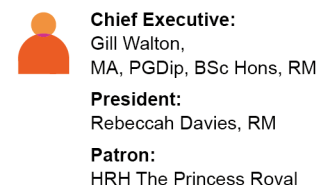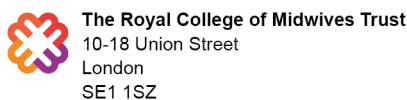To evaluate the rates of perinatal depression before and during the Coronavirus pandemic.

Study Design

This is a single-center retrospective cohort study of patients screened for perinatal depression with the Edinburgh Postnatal Depression Scale at two private academic practices in New York City. This screen is done in these practices at the time of glucose challenge test and at the postpartum visit. Patients ≥ 18 years old who completed a screen at a postpartum visit and/or glucose challenge test during February 1, 2019 to July 31, 2019 and February 1, 2020 to July 31, 2020 were identified and the 2019 and 2020 groups were compared. The primary outcome was a positive screen, defined as ≥ 13 and ≥ 15 for postnatal and prenatal screens, respectively. Secondary outcomes included monthly changes in rates of positive screens and factors associated with perinatal depression. Data were analyzed using Mann-Whitney U test, Chi-square or Fisher's exact test, and univariate and multivariate analyses with p< 0.05 defined as significance.

Results

1366 records met inclusion criteria. 75% of the pre-pandemic (2019) records were included compared to 65% of pandemic (2020) records due to a lower screen completion rate in the pandemic cohort. The 2020 cohort had a higher proportion of Hispanic patients (p=0.003), higher rates of diabetes (p=0.007), preterm labor (p=0.03), and current or former drug use (p<0.001). The 2019 cohort had higher rates of hypertension (p=0.002) and breastfeeding (p=0.03). 4.6% of the 2020 cohort had a suspected or confirmed Covid-19 infection. There was no difference in perinatal depression between the 2019 and 2020 cohorts (2.8% vs 2.6%, p>0.99). This finding persisted after adjusting for baseline differences (aOR 0.89, 95% CI 0.38-1.86, p=0.76). There were no differences in rates of positive EPDS by month. Several risk factors were associated with a positive screen, including being unmarried (p<0.001), pulmonary

disease (p=0.02), depression (p<0.001), anxiety (p=0.01), bipolar disorder (p=0.009), and use of anxiolytics (p=0.04).

Conclusion

There were no differences in the rates of perinatal depression before and during the Coronavirus pandemic. The rate of perinatal depression in this cohort was below the reported averages in the literature. Fewer women were screened for perinatal depression in 2020, which likely underestimated the prevalence of depression in our cohort. These findings highlight potential gaps in care in a pandemic setting. (Author)

Full URL: https://doi.org/10.1016/j.xagr.2023.100253

2023-08141

Perinatal mental health and women's lived experience of the COVID-19 pandemic: A scoping review of the qualitative literature 2020-2021. Jin Y, Murray L (2023), Midwifery vol 123, August 2023, 103706

Background

The COVID-19 pandemic resulted in global physical distancing restrictions and lockdown orders. Despite the clear documentation of increased mental distress amongst adult populations during the pandemic, there is limited evidence about the mental health challenges of people in the perinatal period (pregnancy, birth and postpartum). The aim of this review is to summarise the qualitative research about women's lived experience and emotional wellbeing during the COVID-19 pandemic.

Methods

A comprehensive search strategy was developed. Twenty peer-reviewed qualitative research articles published in English from January 1, 2020, to December 15, 2021, were included. Data synthesis outlined the evidence from common themes in a narrative format.

Results

Themes during pregnancy included: (1) information seeking: anxiety and fear; (2) experiencing isolation and disruptions to my social support; (3) 'Going it alone' in pregnancy care; (4) anticipatory grieving and despair; (5) finding 'silver linings' in social restrictions. One key theme during birth was "birthing in a crisis". Themes during postpartum included: (1) isolating 'Early motherhood is much like lockdown'; (2) breastfeeding: triumphs and tribulations; (3) facing disruptions during postpartum care; (4) 'Affecting us for years to come' - COVID-19 was not the only trauma; (5) 'silver linings' during postpartum care.

Conclusions

This review provides important insights into how experiences of isolation, decreased social support and adaptions to maternity services affect women's mental health. Maternity services should consider how perinatal mental health support may be integrated into the care of women who may still be required to isolate or have reduced visitors during their perinatal care.

Statement of significance

The restrictions and disruptions to maternity care due to the COVID-19 pandemic were likely to impact the mental health of women in the perinatal period (pregnancy, birth and postpartum). What is already known is that public health measures due to COVID-19 increased the prevalence of common perinatal mental disorders (CPMDs) and exacerbated common risk factors for CPMDs (i.e., poor social support). What this paper adds: The qualitative research with women in the perinatal period during the pandemic provides unique insights into how these events impacted perinatal mental and emotional health. In particular, the ways that global physical distancing measures and maternity care adaptations contributed to women's feelings of distress, isolation, and depression/despair. Silver linings such as more uninterrupted time with immediate family were also identified. (Author)

Full URL: https://doi.org/10.1016/j.midw.2023.103706

2023-08108

Effects of dynamic zero COVID-19 policy on anxiety status and lifestyle changes of pregnant women in rural South China: a survey-based analysis by propensity score matching method. Ding Y, Shi X, Li G, et al (2023), Frontiers in Public Health 22 June 2023, online

Introduction: The coronavirus disease 2019 (COVID-19) pandemic triggered a global public health crisis and has brought an unprecedented impact on pregnant women. The problems faced by pregnant women in the rural areas of China during the epidemic are different from those in urban areas. Although the epidemic situation in China has gradually improved, studying the impact of the previous dynamic zero COVID-19 policy on the anxiety status and lifestyle of pregnant women in rural areas of China, is still necessary.

Methods: A cross-sectional survey of pregnant women in rural South China was conducted from September 2021 to June 2022.Using questionnaires, sociodemographic characteristics, anxiety status, physical activity, sleep quality, and dietary status of the population were collected. Using the propensity score matching method, the effect of the dynamic zero COVID-19 strategy on the anxiety status and lifestyle of pregnant women was analyzed.

Results: Among the pregnant women in the policy group (n = 136) and the control group (n = 680), 25.7 and 22.4% had anxiety disorders, 83.1 and 84.7% had low or medium levels of physical activity, and 28.7 and 29.1% had sleep disorders, respectively. However, no significant difference (p > 0.05) was observed between the two groups. Compared with control group, the intake of fruit in the policy group increased significantly (p = 0.019), whereas that of aquatic products and eggs decreased significantly (p = 0.027). Both groups exhibited an unreasonable dietary structure and poor compliance with the Chinese dietary guidelines for pregnant women (p > 0.05). The proportion of pregnant women in the policy group, whose intake of stable food (p = 0.002), soybean, and nuts (p = 0.004) was less than the recommended amount, was significantly higher than that in the control group.

Discussion: The dynamic zero COVID-19 strategy had little impact on the anxiety status, physical activity, and sleep disorders of pregnant women in the rural areas of South China. However, it affected their intake of certain food groups. Improving corresponding food supply and organized nutritional support should be addressed as a strategic approach to improve the health of pregnant women in rural South China during the pandemic. (Author)
Full URL: https://doi.org/10.3389/fpubh.2023.1182619

2023-07757

COVID-19 threatens maternal mental health and infant development: possible paths from stress and isolation to adverse outcomes and a call for research and practice. Venta A, Bick J, Bechelli J (2021), Child Psychiatry & Human Development vol 52, no 2, April 2021, pp 200-204

The COVID-19 pandemic exposed mothers to stress and social isolation during the pre- and post-natal periods. The deleterious effects of stress on both pregnant women and their infants are well documented, with research suggesting that effects are exacerbated by reduced social support. In this brief report, we summarize evidence linking stress and social isolation to negative outcomes for mothers and infants and present a conceptual model featuring inflammation as a driving mechanism. There is strong evidence that the coronavirus pandemic will affect mothers and infants through immune pathways that, in previous research, have been shown to link stress and social isolation during the pre- and post-natal periods with deficits in maternal mental health and infant well-being and development across developmental stages. We close with recommendations for novel research, policy changes, and integrated clinical care that can address these biological threats to infants and mothers while leveraging the anti-inflammatory effects of social support. (Author)

2023-07711

Anxiety and depressive symptoms in pregnant women during the COVID-19 pandemic in the Czech Republic—Broader sociodemographic causes, connections and implications. Krámská L, Slabá Š, Hrešková L, et al (2023), Acta Obstetricia et Gynecologica Scandinavica vol 102, no 8, August 2023, pp 1014-1025

Introduction

Our study (part of multicentric "MindCOVID") investigates risk factors for anxiety and depression among pregnant women during the COVID-19 pandemic in the Czech Republic.

Material and methods

The study used a prospective cross-sectional design. Data was collected using an online self-administered questionnaire. Standardized scales, general anxiety disorder (GAD)-7 and patient health questionnaire (PHQ)-9 were administered online. Multivariate regression analysis was employed to evaluate the relationship between sociodemographic, medical and psychological variables.

Results

The Czech sample included 1830 pregnant women. An increase of depressive and anxiety symptoms measured by PHQ-9 and GAD-7 in pregnant women during the COVID-19 pandemic was associated with unfavorable financial situation, low social and family support, psychological and medical problems before and during pregnancy and infertility treatment. Fear of being infected and adverse effect of COVID-19, feeling of burden related to restrictions during delivery and organization of delivery and feeling of burden related to finances were associated with worse anxiety and depressive symptoms.

Conclusions

Social and emotional support and lack of financial worries are protective factors against mood disorders in pregnant women in relation to COVID-19 pandemic. In addition, adequate information about organization of delivery and additional support from healthcare professionals during the delivery are needed. Our findings can be used for preventive interventions, given that repeated pandemics in the future are anticipated. (Author)

Full URL: https://doi.org/10.1111/aogs.14601

2023-07151

 Perinatal Mental Health of Indigenous Pregnant Persons and Birthing Parents During the COVID-19 Pandemic. Owais S, Van Lieshout RJ (2023), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 45, no 8, August 2023, pp 555-557

Correspondence describing a study which aimed to identify stressors affecting Indigenous pregnant persons and birthing parents, and assess levels of depression and anxiety during the COVID-19 pandemic. (Author, edited)

Full URL: https://doi.org/10.1016/j.jogc.2023.04.015

2023-06719

 Babies in Lockdown: No one wants to see my baby: Challenges to building back better for babies. Best Beginnings, Home-Start UK, Parent-Infant Foundation (2021), London: Best Beginnings, Home-Start UK, and the Parent-Infant Foundation November 2021. 22 pages

This latest report shows that COVID-19 and the measures introduced to control it are still having a significant impact on babies, their families and the services that support them. The UK Government's recent focus on, and investment in, the first 1001 days through their Best Start for Life vision and funding is very welcome. However, there remains a "baby blindspot" in COVID-19 recovery efforts and a shortage of funding for voluntary sector organisations and core services like health visiting to offer the level of support required to meet families' needs. Without urgent action to secure recovery, we fear that the pandemic will leave permanent scars on the provision of support for babies and young children. The impact of new initiatives and policies will be limited if services around the country have not recovered from the pandemic, let alone had the opportunity to build back better. (Author, edited)

Full URL: https://parentinfantfoundation.org.uk/wp-content/uploads/2021/11/211108-FINAL-No-one-wants-to-see-my-baby.pdf

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2023-06297

 "Fear and anxiety is what I recall the best.": A phenomenological examination of mothers' pregnancy experiences during COVID-19 in the United States. Huynh T, Boise C, Kihntopf ME, et al (2023), Midwifery vol 122, July 2023, 103700

Objective

The purpose of this phenomenological study is to understand mothers' lived pregnancy experiences during the COVID-19 pandemic.

Design

A qualitative, phenomenological study

Setting

Participants completed the demographic survey online and semi-structured interviews, via video conferencing between November and December 2021

Participants

A sample of 28 mothers who were pregnant during the COVID-19 pandemic participated in the study.

Methods and Results

An inductive, thematic approach was used to analyze the data. Two central themes and eight subthemes emerged from the six-phase thematic analysis. The first central theme, Depth of Knowledge About COVID-19, included the following subthemes: 1) Vaccines and 2) Uncertainty for Exposure. The second central theme, Impacts of COVID-19, had six subthemes: 1) Types of Support Received, 2) COVID-19 Restrictions, 3) Childcare, 4) Mental Health, 5) Spending More Time at Home, and 6) Isolation.

Conclusions

Findings of this study revealed mothers experienced a significant amount of stress and anxiety related to the coronavirus pandemic during their pregnancy.

Implications for practice

Our findings highlight the need to provide pregnant mothers comprehensive care, including mental health services, adequate access to social support, and providing clear information regarding COVID-19 vaccination and its impacts on pregnancy. (Author)

2023-06256

Depression, anxiety, and stress in pregnancy and postpartum: A longitudinal study during the COVID-19 pandemic.

Rabinowitz EP, Kutash LA, Richeson AL, et al (2023), Midwifery vol 121, June 2023, 103655

Introduction

Symptoms of depression, anxiety, and stress in pregnant women are generally highest in the first trimester and then decrease throughout pregnancy, reaching their lowest point in the postpartum period. Pregnant women are a high-risk population for mortality and mental health symptoms due to COVID-19. However, the extent to which the chronic stress of the COVID-19 pandemic alters the trajectory of depression, anxiety and stress symptoms in pregnant/postpartum women is unknown.

Methods

Women (N=127) who were pregnant or who had given birth less than one month prior were recruited via online advertising during the COVID-19 pandemic. Participants were assessed up to three times during the pregnancy and at 1-month postpartum for depression (Edinburgh Postnatal Depression Scale), anxiety, and stress (Depression, Anxiety, and Stress Scale-21). Random intercepts models examined symptom change over time as well as predictors of elevated postpartum psychopathology.

Results

On average, women completed their surveys at 8.5 weeks (first trimester), 21 weeks (second trimester), 32 weeks (third trimester) and 7-weeks postpartum. Women reported mild-moderate levels of depression, anxiety, and stress
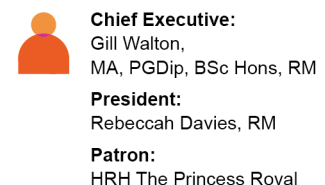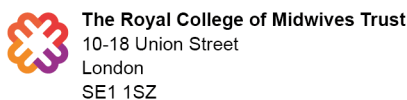
throughout pregnancy. There was a significant change in symptoms of depression and anxiety over time which was best represented by a quadratic rather than linear trajectory: symptoms increased until week 23–25 and then decreased. Stress levels remained consistently elevated over time. Higher symptom levels at 1-month postpartum were predicted by younger age, lower social support, and worry about going to a healthcare facility. Change in routine due to COVID-19 was not predictive of symptom trajectory from pregnancy to postpartum.

Conclusions

During COVID-19, symptoms of depression and anxiety increased from early to mid-pregnancy but then declined slightly while stress levels remained elevated. Observed reductions in symptoms were small. Given the substantial persistent impact of perinatal distress and poor mental health on maternal and fetal health, providers should be aware of heightened levels of these symptoms in pregnant women during large-scale external health stressors such as COVID-19, and should implement screening procedures to identify and appropriately intervene with at-risk women. (Author)

2023-05702

The effect of COVID-19 on women's experiences of pregnancy, birth and postpartum in Indonesia: a rapid online survey. McGowan L, Astuti A, Hafidz F, et al (2023), BMC Pregnancy and Childbirth vol 23, no 304, May 2023

Background

The interrelationship of psychological and social factors in the current COVID-19 pandemic has been highlighted in research mainly focused on the global north. The impact of lockdowns can exacerbate psychological distress and affect access to services. Less is known about the psychosocial impact on women in the context of lower-middle income countries (LMICs); the aim of this study was to capture the impact of COVID-19 on women's experiences of pregnancy, birth and postpartum in Indonesia.

Methods

We conducted a rapid cross-sectional online survey of women across all 34 provinces in Indonesia to capture participants' experiences. Data were collected between 10th July to 9th August 2020 including demographics, effects on general and mental health and impact on service use. Descriptive statistics and thematic analysis were used to analyse responses, including those women who self-identified with a pre-existing mental health problem.

Results

Responses were obtained from 1137 women, this included pregnant women (n = 842) and postpartum women (n = 295). The majority of women (97%) had accessed antenatal care during their pregnancy, but 84% of women reporting feeling fearful and anxious about attending visits, resulting in some women not attending or changing provider. A small number (13%) were denied the presence of a birth companion, with 28% of women reporting that their babies had been removed at birth due to protocols or baby's health. Feeling anxious was a common experience among women (62%) during their pregnancy, birth or postnatal period, with a small number (9%) feeling depressed. Lockdown measures led to tensions within personal and family relationships.

Conclusions

Women in Indonesia reported that the pandemic added an increased burden in pregnancy, birth and post-partum period: physically, psychologically, spiritually and financially. Maternity services were disrupted and health insurance cover lacked responsiveness, which either directly or indirectly impacted on women's choices, and equal access to care. Given the longevity of the current pandemic there is a need to develop tailored supportive interventions for women and their families and develop bespoke training for midwives and other relevant health professionals. (Author)

Full URL: https://doi.org/10.1186/s12884-023-05566-w

2023-05435
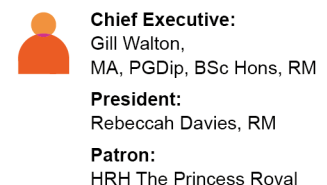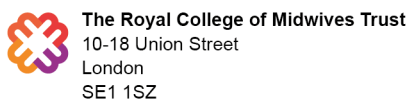
Prenatal maternal stress was not associated with birthweight or gestational age at birth during COVID-19 restrictions in Australia: The BITTOC longitudinal cohort study. Gladstone ME, Paquin V, Mclean MA, et al (2023), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 63, no 4, August 2023, pp 509-515

Background

Various forms of prenatal maternal stress (PNMS) have been reported to increase risk for preterm birth and low birthweight. However, the associations between specific components of stress – namely objective hardship and subjective distress - and birth outcomes are not well understood.

Aims

Here, we aimed to determine the relationship between birthweight and gestational age at birth and specific prenatal factors (infant gender and COVID-19 pandemic-related objective hardship, subjective distress, change in diet), and to determine whether effects of hardship are moderated by maternal subjective distress, change in diet, or infant gender.

Materials and methods

As part of the Birth in the Time of COVID (BITTOC study), women (N = 2285) who delivered in Australia during the pandemic were recruited online between August 2020 and February 2021. We assessed objective hardship and subjective distress related to the COVID pandemic and restrictions, and birth outcomes through questionnaires that were completed at recruitment and two months post-partum. Analyses included hierarchical multiple regressions.

Results

No associations between maternal objective hardship or subjective distress and gestational age at birth or birthweight were identified. Lower birthweight was significantly associated with female gender (adjusted β = 0.083, P < 0.001) and with self-reported improvement in maternal diet (adjusted β = 0.059, P = 0.015).

Conclusions

In a socioeconomically advantaged sample, neither objective hardship nor subjective distress related to COVID-19 were associated with birth outcomes. Further research is warranted to understand how other individual factors influence susceptibility to PNMS and how these findings are applicable to women with lower socioeconomic status. (Author)

Full URL:

2023-05120

Social distancing and mental health among pregnant women during the coronavirus pandemic. Harville EW, Wood ME, Sutton EF (2023), BMC Women's Health vol 23, no 189, April 2023

Background

The effect of social distancing due to the COVID-19 pandemic on the mental health of pregnant women is of particular concern, given potential effects on physical health, family functioning, and child development.

Methods

Pregnant women were recruited for the "Implications of and Experiences Surrounding being Pregnant during the COVID-19 Pandemic" study at Woman's Hospital in Baton Rouge, Louisiana. Participants enrolled at any point during their pregnancy and surveys were delivered weekly until the participant indicated that she had delivered her baby; a postpartum survey followed four weeks after delivery. This analysis includes 1037 participants with baseline, 596 with follow-up, and 302 with postpartum surveys. Questions on social distancing behaviors were asked at baseline and grouped based on whether they involved social distancing from work, friends and family, or public places. Symptoms of anxiety, stress, depression, and pregnancy-related anxiety were measured. Each type of social distancing was examined as a predictor of mental health using linear model with control for confounders.

Results

The study population was largely white (84.1%), married (81.8%), and educated (76.2% with a bachelor's or higher degree). Women who were younger, Black, unmarried, or had less education or income reported fewer social distancing behaviors. Mean anxiety score in the highest quartile of overall social distancing was 8.3 (SD 5.6), while in the lowest quartile it was 6.0 (SD 5.0) (p < 0.01), while perceived stress postpartum and pregnancy-related stress were not associated with social distancing. Associations were substantially diminished when controlled for baseline levels of anxiety symptoms.

Conclusions
Greater social distancing was associated with more anxiety symptoms, but worse mental health, particularly anxiety, may also have contributed to greater social distancing behaviors. (Author)
Full URL: https://doi.org/10.1186/s12905-023-02335-x

2023-05080

The post-discharge coping difficulty of puerperal women in a middle and low-income tourist city during the COVID-19 pandemic. Liu Y, Peng L-I, Zhang Y-Y, et al (2023), BMC Pregnancy and Childbirth vol 23, no 251, April 2023

Background
Since the coronavirus disease 2019 (COVID-19) pandemic outbreak, the incidence of mental health problems in perinatal women has been high, and particularly prominent in China which was the first country affected by COVID-19. This paper aims to investigate the current situation and the related factors of maternal coping difficulties after discharge during COVID-19.

Methods
General information questionnaires (the Perinatal Maternal Health Literacy Scale, Postpartum Social Support Scale and Post-Discharge Coping Difficulty Scale-New Mother Form) were used to investigate 226 puerperal women in the third week of puerperium. The influencing factors were analyzed by single factor analysis, correlation and multiple linear regression.

Results
The total score of coping difficulties after discharge was 48.92 ± 12.05. At the third week after delivery, the scores of health literacy and social support were 21.34 ± 5.18 and 47.96 ± 12.71. There were negative correlations among health literacy, social support and coping difficulties after discharge (r = -0.34, r = -0.38, P < 0.001). Primipara, family income, health literacy and social support were the main factors influencing maternal coping difficulties after discharge.

Conclusion
During the COVID-19 pandemic, puerperal women in a low- and middle-income city had moderate coping difficulties after discharge and were affected by many factors. To meet the different needs of parturients and improve their psychological coping ability, medical staff should perform adequate assessment of social resources relevant to parturients and their families when they are discharged, so they can smoothly adapt to the role of mothers. (Author)
Full URL: https://doi.org/10.1186/s12884-023-05554-0

2023-05002

Perinatal anxiety and depression amidst the COVID-19 pandemic in Dubai, United Arab Emirates. Tambawala ZY, Saquib S, Salman A, et al (2023), AJOG Global Reports vol 3, no 1, February 2023, 100164

BACKGROUND
Pregnancy and COVID-19 increase the risk of mental health conditions. The stress of pregnancy, childbirth, and uncertainty about the global pandemic has negatively affected the obstetrical population.

OBJECTIVE
This study aimed to investigate the effects of the COVID-19 pandemic in terms of anxiety and depression in antenatal

and postnatal mothers.

STUDY DESIGN
This was a cross-sectional observational study conducted at Dubai Hospital, United Arab Emirates, evaluating depression and anxiety (point prevalence) with the Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scale.

RESULTS
Of the 784 women approached, 438 consented to participate in our survey; 43.6% of the women screened positive for depression by the Edinburgh Postnatal Depression Scale (with a cutoff score ≥10), and 42% had a Generalized Anxiety Disorder-7 score of ≥5, indicating anxiety. Both anxiety and depression were found in 32.4% of the women; 7.5% had considered self-harm in the last 14 days, and 15% had COVID-19 during the current pregnancy. The 11.87% who had COVID-19, but before the pregnancy, had higher mean Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores than others. Surprisingly, the women who had COVID-19 during pregnancy had statistically significantly (P<.05) lower Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores. University graduates had significantly (P<.05) higher Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores. Women of Middle Eastern ethnicity (50% positive for depression and 48.5% for anxiety) were more prone to depression and anxiety compared with South Asian (29% positive for depression and 25.2% for anxiety) and African women (39.6% positive for depression and 43.4% for anxiety). There was no statistically significant difference between antenatal and postnatal patients in the prevalence of anxiety or depression.

CONCLUSION
The COVID-19 pandemic is associated with an increase in depression and anxiety in pregnant and postnatal women. Women who were more concerned about the effects of the pandemic had higher mean Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder-7 scores. Additional psychological support for women is necessary during the pandemic for maternal perinatal well-being. (Author)
Full URL: https://doi.org/10.1016/j.xagr.2023.100164

2023-04809

 Heterogeneity of emotional distress in pregnancy during COVID-19 pandemic: a latent profile analysis. Li X, Wang X, Zhou G (2024), Journal of Reproductive and Infant Psychology vol 42, no 5, 2024, pp 802-813
Background
Emotional distress, including depressive and anxiety symptoms, is a common concern among pregnant individuals and has negative impacts on maternal and offspring's health. Previous studies indicated the heterogeneity of perinatal emotional distress. Moreover, during the pandemic of COVID-19, expectant mothers are faced with more tough challenges, which could exacerbate their emotional distress.

Objective
The aim of present study is to examine potential subgroups with distinct profiles on emotional distress and relationship resources during the pandemic.
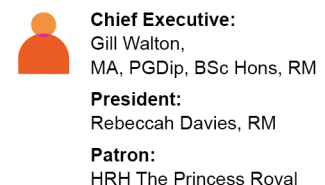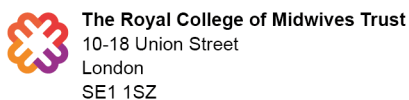
Methods
A total of 187 pregnant people in China were recruited from April 22 to May 16 in 2020. Latent profile analysis was applied based on prenatal depressive and anxiety symptoms, COVID-19-related negative emotions, prenatal attachment, marital satisfaction and family sense of coherence.

Results
Four subgroups were identified. Group 1 and Group 2 shared with low levels of emotional distress and COVID-19-related negative emotions, among which Group 1 had plenty of relationship resources, while Group 2 had insufficient support. Group 3 had moderate levels of emotional distress but above-average prenatal attachment.

Group 4 was a highly distressed subtype with severe emotional distress and poor states across all domains.

Conclusion

Our findings support that emotion distress among expecting mothers is heterogeneous, highlighting the need for tailed interventions to address the specific needs of subgroups during pregnancy. (Author)

2023-04807

Perinatal meaning-making and meaning-focused coping in the COVID-19 pandemic. Weinstock MW, Moyer S, Jallo N, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 5, 2024, pp 896-914

Introduction

The COVID-19 pandemic caused unprecedented levels of stress amongst pregnant women and new mothers. The current qualitative study explored the ways in which perinatal women made meaning of their experiences during the COVID-19 pandemic.

Methods

Data came from a parent study in which 54 perinatal (pregnant and postpartum) women in the United States completed semi-structured interviews from October 2021 to January 2022 describing their experiences during the COVID-19 pandemic. The data was interpreted using a hermeneutic, phenomenological approach to delve deeply into the concept of meaning-making.

Results

Despite high levels of stress and challenging circumstances, participants reported engaging in meaning-making through finding connection, focusing on gratitude, and identifying openings for change. Unique forms of meaning-making amongst this population include a sense of connection to women throughout history, connection to their baby, and recognition of the need for systemic change for perinatal women.

Conclusions

Perinatal women coped with the stress of the COVID-19 pandemic by making meaning from their experiences. Future research should further explore the importance of these aspects of meaning-making to perinatal women and implement these findings to adapt prevention and treatment approaches to address perinatal stress, especially during times of crisis. (Author)

2023-04790

Perinatal Outcomes during versus Prior to the COVID-19 Pandemic and the Role of Maternal Depression and Perceived Stress: A Report from the ECHO Program. McKee KS, Tang X, Tung I, et al (2023), American Journal of Perinatology 23 March 2023, online

Objective   We sought to evaluate the impact of the coronavirus disease 2019 (COVID-19) pandemic on perinatal outcomes while accounting for maternal depression or perceived stress and to describe COVID-specific stressors, including changes in prenatal care, across specific time periods of the pandemic.

Study Design   Data of dyads from 41 cohorts from the National Institutes of Health Environmental influences on Child Health Outcomes Program (N = 2,983) were used to compare birth outcomes before and during the pandemic (n = 2,355), and a partially overlapping sample (n = 1,490) responded to a COVID-19 questionnaire. Psychosocial stress was defined using prenatal screening for depression and perceived stress. Propensity-score matching and general estimating equations with robust variance estimation were used to estimate the pandemic's effect on birth outcomes.

Results   Symptoms of depression and perceived stress during pregnancy were similar prior to and during the pandemic, with nearly 40% of participants reporting mild to severe stress, and 24% reporting mild depression to severe depression. Gestations were shorter during the pandemic (B = − 0.33 weeks, p = 0.025), and depression was
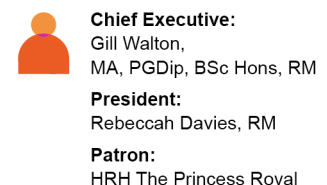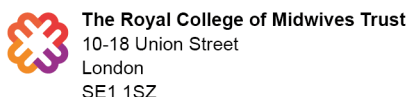
significantly associated with shortened gestation (B = − 0.02 weeks, p = 0.015) after adjustment. Birth weights were similar (B = − 28.14 g, p = 0.568), but infants born during the pandemic had slightly larger birth weights for gestational age at delivery than those born before the pandemic (B = 0.15 z-score units, p = 0.041). More women who gave birth early in the pandemic reported being moderately or extremely distressed about changes to their prenatal care and delivery (45%) compared with those who delivered later in the pandemic. A majority (72%) reported somewhat to extremely negative views of the impact of COVID-19 on their life.

Conclusion   In this national cohort, we detected no effect of COVID-19 on prenatal depression or perceived stress. However, experiencing the COVID-19 pandemic in pregnancy was associated with decreases in gestational age at birth, as well as distress about changes in prenatal care early in the pandemic. (Author)

2023-04543

To Feel Abandoned in an Insecure Situation: Parents' Experiences of Separation From Their Newborn Due to the Mother Being COVID-19 Positive. Lindgren EB, Thernström Blomqvist Y, Diderholm B, et al (2023), Advances in Neonatal Care vol 23, no 4, August 2023, pp 304-310

Background:
The COVID-19 pandemic resulted in changes in neonatal care, sometimes resulting in a separation between parents and their newborn. Knowledge about parents' experiences of this separation is limited.

Purpose:
To explore parents' experiences of separation from their newborn due to COVID-19.

Methods:
Interviews with parents (n = 11) separated from their newborn.

Results:
The parents' experiences of being separated from their newborn were expressed under 3 themes: "To create a sense of safety in an insecure situation"; "Unexpected start to parenthood"; and "To be reunited." Parents felt abandoned and alone, even if they had support from significant others. Although they considered the separation as undesired, wanting to be with their newborn infant, it was secondary to not wanting to infect the infant with COVID-19. Furthermore, lacking information about a potentially lethal virus adds to the uncertainty that comes with having a newborn. The separation affected the whole family, some for a long time afterward.

Implications for Practice and Research:
If a new situation with potentially life-threatening effects, like the COVID-19 pandemic, occurs again, considering the experiences of these parents is paramount. Precautions should be taken to minimize the potential harm. If a separation between newborns and parents is inevitable, parents need preparation and transparent information prior to the separation and before the reunion. Well-thought-out policies must be in place to minimize the impact of a separation on both parties. Parents should be able to have a deputy parent present during an undesired but necessary separation from their newborn. (Author)

2023-04536

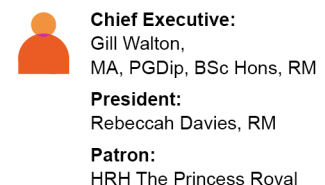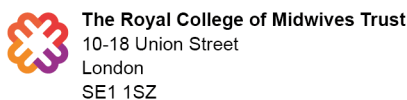**Parental Perceptions of the Impact of NICU Visitation Policies and Restrictions Due to the COVID-19 Pandemic: A Qualitative Study.** Yance B, Do K, Heath J, et al (2023), Advances in Neonatal Care vol 23, no 4, August 2023, pp 311-319

Background:
The COVID-19 pandemic has impacted parents' ability to participate in their infants' care during the neonatal intensive care unit (NICU) stay in unprecedented ways.

Purpose:

The purpose of this study was to explore the lived experience of parents whose infants was in the NICU during the COVID-19 pandemic.

Methods:
A qualitative telephone interview survey was conducted. Participants included parents of preterm infants who were born less than 34 weeks' gestation during the first wave of the COVID-19 pandemic (March 2020-August 2020). Telephone surveys were conducted through open-ended questions. A thematic content analysis identifying themes was performed after interviews were completed and transcribed.

Results:
A total of 8 mothers completed the telephone survey. Key themes from this study include parents experiencing increased stress due to the restricted visitation policies, limited opportunities to care for their infant, lack of support, and inconsistent communication regarding their infant status and COVID-19 protocols.

Implications for Practice:
Suggestions provided to enhance NICU services during the pandemic include increasing parental engagement opportunities to care for their infant in the NICU, enhanced empathy and compassion from the neonatal team, and open and transparent communication.

Implications for Research:
Further research investigating cultural impact on parents' perspectives, perspectives of fathers, long-term impact of how parents coped after discharge from the NICU, and emotional impact on NICU staff members may be beneficial to aid improvements in NICU service delivery during the ongoing and future pandemic. (Author)

2023-04535

 Experiences of Mothers of Preterm Infants in the Neonatal Intensive Care Unit During the COVID-19 Pandemic. Richter LL, Ku C, Mak MYY, et al (2023), Advances in Neonatal Care vol 23, no 4, August 2023, pp 295-303

Background:
The neonatal intensive care unit (NICU) stay following the birth of a preterm infant can be stressful and traumatic for families. During the COVID-19 pandemic, the NICU environment changed precipitously as infection control and visitor restriction measures were implemented.

Purpose:
Our study aimed to examine the impact of the pandemic policies on the experiences of mothers of preterm infants during their stay in the NICU.

Methods:
Semistructured interviews were conducted with mothers of preterm infants hospitalized in a Canadian tertiary-level NICU. Informed by interpretive description methodology, interview content was transcribed and analyzed using a thematic analysis approach. The identified themes were validated, clarified, or refined using investigator triangulation.

Results:
Nine English-speaking mothers, aged 28 to 40 years, were interviewed. Four themes emerged from the analysis of their experiences: (1) disrupted family dynamic, support, and bonding; (2) physical and emotional isolation; (3) negative psychological impact compounded by added concerns, maternal role change, and survival mode mentality; and (4) positive aspects of the pandemic management measures.

Implications for Practice:
During the pandemic, the way that care was provided in the NICU changed. This study helps to explore how neonatal clinicians can foster individual and organizational resilience to keep patients and families at the center of care, even
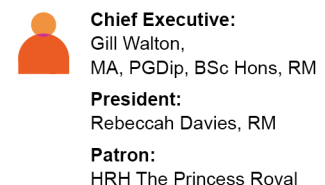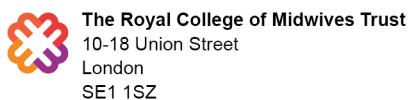
when the healthcare system is under intense stress.

Implications for Research

: Our results show that these changes heightened mothers' distress, but also had a modest positive impact. Further research about long-term consequences of pandemic policies on the mother and preterm infant after NICU discharge is warranted. (Author)

2023-03878

Self perceived health and stress in the pregnancy during the COVID-19 pandemic. Liebana-Presa C, Martínez-Fernández MC, García-Fernández R, et al (2023), Frontiers in Global Women's Health 31 March 2023, online

Introduction: The COVID-19 pandemic has had numerous maternal and neonatal consequences, especially at the mental level. Pregnant women experience a rise in anxiety symptoms and prenatal stress.

Aims: The aim was to describe self-perceived health status, general stress and prenatal stress and to analyze relations and associations with sociodemographic factors.

Methods: A quantitative, descriptive and cross-sectional study was conducted using non-probabilistic circumstantial sampling. The sample was recruited during the first trimester of pregnancy during the control obstetrical visit. The Google Forms platform was used. A total of 297 women participated in the study. The Prenatal Distress Questionnaire (PDQ), the Perceived Stress Score (PSS) and the General Health Questionnaire (GHQ-28) were used.

Results: Primiparas presented higher levels of worry about childbirth and the baby (10.93 ± 4.73) than multiparous women (9.88 ± 3.96). Somatic symptoms were present in 6% of the women. Anxiety-insomnia was scored positively by 18% of the women. In the Spearman correlation analysis, statistically significant values were found between almost all study variables. A positive correlation was observed between self-perceived health and prenatal and general stress levels.

Discussion: During the first trimester of gestation, prenatal concerns increase when levels of anxiety, insomnia and depression also increase. There is a clear relationship between prenatal worries, anxiety, insomnia and depression with stress. Health education that focuses on mental health of pregnant women would help reduce worries during pregnancy and would improve the pregnant women perception of her health and well-being. (Author)

Full URL: https://doi.org/10.3389/fpsyt.2023.1166882

2023-03787

Prevalence and Factors Associated with Postpartum Depression during the COVID-19 Pandemic among Women in Jeddah, Saudi Arabia: A Cross-Sectional Study. Tarabay AI, Boogis D, Tabbakh AT, et al (2020), Open Journal of Obstetrics and Gynecology vol 10, no 11, November 2020, pp. 1644-1657

Background: Postpartum depression is the most common psychological health problem among females; it begins after the birth of the child and can occur at any time during the first year of delivery. The COVID-19 pandemic is a novel virus that is highly infectious and has several negative psychological impacts on individuals globally. Aim: Coronavirus disease 2019 (COVID-19) has been reported to increase the incidence rate of depression. We investigated the prevalence rate and associated factors of postpartum depression (PPD) among women in Jeddah, Saudi Arabia, during the COVID-19 period, thereby attempting to determine whether and how COVID-19 affected PPD. Methods: This is a cross-sectional study that was conducted on women at one week to six months postpartum using an online questionnaire. SPSS program was used for analyzing data. Results: This study included 150 participated women; 49.3% were in the age range of 25 - 34 years old. There were 30.7% reported being primigravida. Regarding the level of depression, there were 60.7% reported the presence of depression; the depression was affected by some demographics of females such as the education level (P = 0.021) and other factors related to the COVID-19 pandemic such as visiting the doctor during quarantine (P = 0.049), diagnosis with depression by the doctor (P = 0.006), the

impact of the pandemic on depression (P = 0.035), experiencing symptoms of depression during pregnancy (P = 0.005), family history (P = 0.043), and difficulties during childbirth during the pandemic period (P = 0.03). Conclusion: There was a high prevalence of PPD among women during the COVID-19 period, and it was higher than the prevalence of PPD before the COVID-19 period. (Author)

Full URL: https://doi.org/10.4236/ojog.2020.10110148

2023-03534

Factors Associated with Post-Traumatic Stress Symptoms in Pregnant and Postpartum Women. Motrico E, Galán-Luque T, Rodríguez-Domínguez C, et al (2023), Journal of Women's Health vol 32, no 5, May 2023, pp 583–591

Introduction: Evidence of post-traumatic stress disorder (PTSD) symptoms related to the COVID-19 pandemic during the perinatal period and the associated risk factors are still limited. Thus, we aimed to investigate the PTSD symptoms associated with the COVID-19 pandemic in a large sample of both pregnant and postpartum women.

Methods: A cross-sectional study was conducted on 3319 pregnant and up to 6-month postpartum women from Spain. An online survey was completed between June 2020 and January 2021. The assessment included measures of PTSD symptoms associated with COVID-19 (evaluated with 10 questions from the PTSD checklist for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition), pandemic-related concerns and health background (assessed by the Coronavirus Perinatal Experiences—Impact Survey), and demographic characteristics.

Results: We found that >40% of women suffered from symptoms of PTSD associated with the COVID-19 pandemic. Difficulty concentrating and irritability were the most common symptoms, showing marked alterations in arousal and reactivity associated with the traumatic event. Being younger, suffering from pandemic concerns and distress, changes due to the pandemic and previous mental health problems were risk factors associated with PTSD symptoms in perinatal women. In addition, whereas being an immigrant (non-Spanish) was a risk factor for pregnant women, having other children and financial problems were risk factors for postpartum women. COVID-19 infection did not appear to be a risk factor for symptoms of PTSD in perinatal women.

Conclusions: The increased risk of PTSD in pregnant and postpartum women highlights the importance of early detection and treatment of PTSD for pregnant and postnatal women, both during and beyond the pandemic. (Author)

2023-03395

Association of Antenatal COVID-19–Related Stress With Postpartum Maternal Mental Health and Negative Affectivity in Infants. Schweizer S, Andrews JL, Grunewald K, et al (2023), JAMA Network Open vol 6, no 3, March 2023, 232969

Importance Antenatal stress is a significant risk factor for poor postpartum mental health. The association of pandemic-related stress with postpartum outcomes among mothers and infants is, however, less well understood.

Objective To examine the association of antenatal COVID-19–related stress with postpartum maternal mental health and infant outcomes.

Design, Setting, and Participants This cohort study was conducted among 318 participants in the COVID-19 Risks Across the Lifespan study, which took place in Australia, the UK, and the US. Eligible participants reported being pregnant at the first assessment wave between May 5 and September 30, 2020, and completed a follow-up assessment between October 28, 2021, and April 24, 2022.

Main Outcomes and Measures COVID-19–related stress was assessed with the Pandemic Anxiety Scale (score range, 0-4, with higher scores indicating greater COVID-19–related stress). The 8-item Patient Health Questionnaire (score range, 0-3, with higher scores indicating more frequent symptoms of depression) was used to measure maternal depression at each time point, and the 7-item General Anxiety Disorder scale (score range, 0-3, with higher scores indicating more frequent symptoms of anxiety) was used to measure generalized anxiety at each time point. At
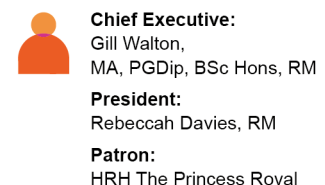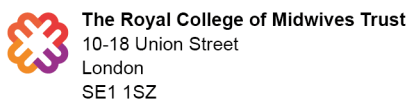
follow-up, postpartum distress was assessed with the 10-item Postpartum Distress Measure (score range, 0-3, with higher scores indicating greater postpartum distress), and infant outcomes (negative and positive affectivity and orienting behavior) were captured with the Infant Behavior Questionnaire (score range, 1-7, with higher scores indicating that the infant exhibited that affect/behavior more frequently).

Results The study included 318 women (mean [SD] age, 32.0 [4.6] years) from Australia (88 [28%]), the US (94 [30%]), and the UK (136 [43%]). Antenatal COVID-19–related stress was significantly associated with maternal postpartum distress (β = 0.40 [95% CI, 0.28-0.53]), depression (β = 0.32 [95% CI, 0.23-0.41]), and generalized anxiety (β = 0.35 [95% CI, 0.26-0.44]), as well as infant negative affectivity (β = 0.45 [95% CI, 0.14-0.76]). The findings remained consistent across a range of sensitivity analyses.

Conclusions and Relevance The findings of this cohort study suggest that targeting pandemic-related stressors in the antenatal period may improve maternal and infant outcomes. Pregnant individuals should be classified as a vulnerable group during pandemics and should be considered a public health priority, not only in terms of physical health but also mental health. (Author)

Full URL: https://doi.org/10.1001/jamanetworkopen.2023.2969

2023-03207

The Role of Maternity Services in Reducing the Prevalence and Cost of Perinatal Depression and Anxiety during COVID-19 in England. Hunter RM (2021), Journal of Quality in Health care & Economics vol 4, no 4, July 2021, 000234

In 2020 the novel coronavirus outbreak (COVID-19) was declared a global pandemic. Pregnant women have been recognised as a group specifically at risk during this time due to the impact that the COVID-19 infection may have on the health of the birthing person and the unknown impact of vertical transmission to the fetus. Pregnant women also have a recognised risk of perinatal mental health problems including depression and anxiety. The aim of this paper is to summarise the impact of the COVID-19 pandemic and associated infection control measures on perinatal depression and anxiety in England, the cost of the

additional impact and the role of English National Health Service (NHS) trusts and maternity services in reducing the impact and cost. Studies including systematic reviews and meta-analyses have found a 3 to 5 fold increase in perinatal depression and anxiety during the COVID-19 pandemic compared to non-pandemic times. This increased prevalence, if also seen in England, is at a potential cost to society of £10.6 billion for depression and £6.9 billion for anxiety, including a cost to the health care sector of £649 million and £1.7 billion respectively. Health care Trusts and maternity services have an important role to play in reducing this cost, not just in providing maternity care, but also in monitoring the health of the population and referring onwards where needed. Modest improvements in the availability of social support including improved partner involvement during pregnancy and labour and support given by health care staff during maternity care have the potential to reduce the risk of perinatal depression and anxiety. Signposting to

and provision of perinatal mental health services, particularly for women at risk, is also likely improve outcomes for birthing people and their infants and hence to reduce the total cost to society of perinatal mental health problems. (Author)

Full URL: https://medwinpublishers.com/JQHE/the-role-of-maternity-services-in-reducing-the-prevalence-and-cost-of-perinatal-depression-and-anxiety-during-covid-19-in-england.pdf

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2023-03206

Mental health and wellbeing. Department of Health and Social Care (2022), In: Department of Health and Social Care. Policy Paper: Women's Health Strategy for England August 2022

Mental health and wellbeing forms part of the Women's Health Strategy for England: the Government's 10-year strategy that sets out a range of commitments to improve the health of women everywhere. In the call for evidence survey, mental health was in the top five topics selected by respondents for inclusion in the Women's Health Strategy (selected by 39% of respondents) and this was consistent across every age group. Some organisations highlighted that

perinatal and postnatal mental health needed more attention and support from healthcare professionals, and many respondents stated that they would like to see improved access to mental health services, and that they had particularly struggled to access mental health services and support during the pandemic. (Author, edited)

Full URL: https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england#mental-health-and-wellbeing

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2023-03149

Anxiety, stress, and depression in Australian pregnant women during the COVID-19 pandemic: A cross sectional study. Davis D, Sheehy A, Nightingale H, et al (2023), Midwifery vol 119, April 2023, 103619

Background

The COVID-19 pandemic necessitated rapid responses by health services to suppress transmission of the virus.

Aim

This study aimed to investigate predictors of anxiety, stress and depression in Australian pregnant women during the COVID-19 pandemic including continuity of carer and the role of social support.

Methods

Women aged 18 years and over in their third trimester of pregnancy were invited to complete an online survey between July 2020 and January 2021. The survey included validated tools for anxiety, stress, and depression. Regression modelling was used to identify associations between a range of factors including continuity of carer, and mental health measures.

Findings

1668 women completed the survey. One quarter screened positive for depression, 19% for moderate or higher range anxiety, and 15.5% for stress. The most significant contribution to higher anxiety, stress, and depression scores was a pre-existing mental health condition, followed by financial strain and a current complex pregnancy. Protective factors included age, social support, and parity.

Discussion

Maternity care strategies to reduce COVID-19 transmission restricted women's access to their customary pregnancy supports and increased their psychological morbidity.

Conclusion

Factors associated with anxiety, stress and depression scores during the COVID-19 pandemic were identified. Maternity care during the pandemic compromised pregnant women's support systems. (Author)

2023-03078

Impact of the COVID-19 pandemic on women's perinatal mental health and its association with personality traits: An observational study. Birkelund KS, Rasmussen SS, Shwank SE, et al (2023), Acta Obstetricia et Gynecologica Scandinavica vol 102, no 3, March 2023, pp. 270-281

Introduction

The burden of perinatal mental health problems was expected to increase during the COVID-19 pandemic. We prospectively investigated the impact of the COVID-19 pandemic on the mental health of pregnant and postpartum women in Norway and explored associations with their sociodemographic characteristics and personality traits.

Material and methods

Sociodemographic information and the self-reported impact of pandemic on wellbeing of pregnant women was collected using an online survey. To assess women's mental health, two validated questionnaires, the Edinburgh Postpartum Depression Scale (EPDS) and the Generalized Anxiety Disorder-7 item Scale (GAD-7), were used prenatally
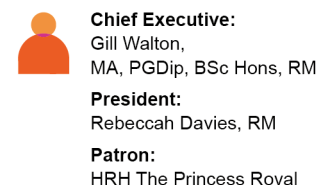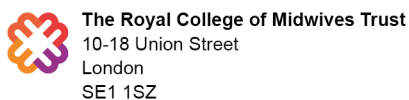
and postnatally. Personality traits were evaluated using HumanGuide, a web-based ipsative psychological evaluation instrument.

Results

772 women were included prenatally, of which 526 also responded to the survey 4–6 weeks postnatally. The median age was 29 years, 53.6% of the women were nulliparous when enrolled, and 35.1% worked in the healthcare sector. The median EPDS (6.0; interquartile range [IQR] 3.0–10.0 vs 6.0; IQR: 3.0–10.0) and the median GAD-7 (5.0; IQR 2.0–9.0 vs 5.0; IQR 2.0–9.0) were similar pre-and postnatally. Prenatally, the proportion of women scoring ≥13 on EPDS and ≥10 on GAD-7 was 14.5% (112/772) and 21.5% (166/772), whereas the postnatal figures were 15.6% (82/526) and 21.5% (113/526), respectively. The differences were not significant (P = 0.59 and P = 0.99). Being <25 years of age, being on pre-pregnancy psychotherapy or psychotropic medication, frequent voluntary isolation, perception of maternity care not proceeding normally, avoiding seeking medical assistance due to fear of infection and having negative economic consequences during the COVID19 pandemic significantly increased the risk of both anxiety (GAD-7 ≥10) and depression (EPDS ≥13). Nullipara had a higher risk of anxiety, whereas being a healthcare worker had a lower risk. The personality trait factors Power (P = 0.008), Quality (P = 0.008), Stability (P < 0.001) and Contacts (P < 0.001) were significant predictors of depression among pregnant women, whereas the Quality (P = 0.005) and Contacts (P = 0.003) were significant predictors of anxiety.

Conclusions

During the initial phase of the COVID-19 pandemic, the prevalence of depression (EPDS ≥ 13) and anxiety (GAD-7 ≥ 10) was 14.5% and 21.5%, respectively, among Norwegian pregnant women. Certain sociodemographic characteristics and personality traits were significant predictors of depression and anxiety. (Author)
Full URL: https://doi.org/10.1111/aogs.14525

2023-03027

 Coronavirus Disease 2019 Pandemic-Related Long-Term Chronic Impacts on Psychological Health of Perinatal Women in China. Zhang E, Su S, Gao S, et al (2023), American Journal of Perinatology 15 February 2023, online

Objectives   The coronavirus disease 2019 (COVID-19) pandemic has caused far-reaching changes in all areas of society. However, limited data have focused on the long-term impacts on perinatal psychological health. This study aims to evaluate long-term impacts of COVID-19 pandemic crisis on psychological health among perinatal women and investigate associated factors.

Study Design   A multicenter, cross-sectional study, the psychological subproject of China Birth Cohort Study (CBCS), was conducted in 2021. Demographic and obstetric characteristics, pregnancy outcomes, psychological status, and COVID-19-pandemic-related factors were obtained. The symptoms of depression, anxiety, and insomnia of participants were assessed by Patient Health Questionnaire, Edinburgh Postpartum Depression Scale, Generalized Anxiety Disorder Scale, and Insomnia Severity Index, respectively. Multivariate logistic regression was used to identify associated factors of adverse psychological symptoms.

Results   Totally, 1,246 perinatal women were enrolled, with the overall prevalence of depression, anxiety, and insomnia symptoms being 63.16, 41.89, and 44.38%, respectively. Perinatal women who needed psychological counseling and were very worried about the COVID-19 pandemic were 1.8 to 7.2 times more likely to report symptoms of depression, anxiety, and insomnia. Unemployment, flu-like symptoms, younger maternal age, and previous diseases before pregnancy were risk factors for depression, anxiety, or insomnia.

Conclusion   Our study revealed that the prevalence of perinatal depression, anxiety, and insomnia symptoms was at a high level even 1 year after the pandemic outbreak, implying pandemic-associated long-term psychological impacts on perinatal women existed. Government should not only pay attention to the acute effects of psychological health but also to long-term psychological impacts on perinatal women after major social events. (Author)
Full URL: https://doi.org/10.1055/a-2008-4674

2023-02552

The prevalence of mental ill-health in women during pregnancy and after childbirth during the Covid-19 pandemic: a systematic review and Meta-analysis. Delanerolle G, McCauley M, Hirsch M, et al (2023), BMC Pregnancy and Childbirth vol 23, no 76, January 2023

Background

This systematic review aims to explore the prevalence of the impact of the COVID-19, MERS, and SARS pandemics on the mental health of pregnant women.

Methods

All COVID-19, SARS and MERS studies that evaluated the mental health of pregnant women with/without gynaecological conditions that were reported in English between December 2000 – July 2021 were included. The search criteria were developed based upon the research question using PubMed, Science Direct, Ovid PsycINFO and EMBASE databases. A wide search criterion was used to ensure the inclusion of all pregnant women with existing gynaecological conditions. The Newcastle-Ottawa-Scale was used to assess the risk of bias for all included studies. Random effects model with restricted maximum-likelihood estimation method was applied for the meta-analysis and I-square statistic was used to evaluate heterogeneity across studies. The pooled prevalence rates of symptoms of anxiety, depression, PTSD, stress, and sleep disorders with 95% confidence interval (CI) were computed.

Results

This systematic review identified 217 studies which included 638,889 pregnant women or women who had just given birth. There were no studies reporting the mental health impact due to MERS and SARS. Results showed that women who were pregnant or had just given birth displayed various symptoms of poor mental health including those relating to depression (24.9%), anxiety (32.8%), stress (29.44%), Post Traumatic Stress Disorder (PTSD) (27.93%), and sleep disorders (24.38%) during the COVID-19 pandemic.

Discussion

It is important to note that studies included in this review used a range of outcome measures which does not allow for direct comparisons between findings. Most studies reported self-reported measure of symptoms without clinical diagnoses so conclusions can be made for symptom prevalence rather than of mental illness. The importance of managing mental health during pregnancy and after-delivery improves the quality of life and wellbeing of mothers hence developing an evidence-based approached as part of pandemic preparedness would improve mental health during challenging times. (Author)

Full URL: https://doi.org/10.1186/s12884-022-05243-4

2023-02537

Efforts and expectations of pregnant women against the impact of the COVID-19 pandemic: a phenomenological study. Dewi A, Safaria T, Supriyatiningsih S, et al (2023), BMC Pregnancy and Childbirth vol 23, no 53, January 2023

Background

COVID-19 is a global threat that directly impacts people's mental health and physical well-being. This study explored the efforts and expectations of pregnant women against the impact of the COVID-19 pandemic.

Methods

This study was a qualitative study that used a phenomenological approach. The informants of this study were pregnant women (n = 20). Data analysis used content analysis with software assistance (Nvivo Release 1.5).

Results

The results of this study identified three themes which were: 1) causative factors of pregnant women's anxiety regarding the impact of COVID-19 including lack of knowledge regarding the impact of the COVID-19 virus and

perceived susceptibility; 2) Efforts to reduce anxiety during the COVID-19 pandemic including a spiritual approach, the role of family and COVID-19 prevention; and 3) Expectation regarding healthcare services during COVID-19 including virtual based Antenatal Care (ANC) Services and Private ANC Services.

Conclusion

A spiritual approach, the role of family, and COVID-19 prevention will help pregnant women reduce their anxiety about being infected with the COVID-19 virus. Furthermore, virtual-based ANC Services, and private ANC services, such as home visits and dividing ANC services and general services into two different tracks as a protective mechanism from being infected with the COVID-19 virus, would assist pregnant women feel safer and secure. (Author)

Full URL: https://doi.org/10.1186/s12884-023-05383-1

2023-02487

 Anxiety and Psychological Flexibility in Women After Childbirth in the Rooming-in Unit during the COVID-19 Pandemic. Prokopowicz A, Stańczykiewicz B, Uchmanowicz I (2023), Journal of Midwifery & Women's Health vol 68, no 1, January/February 2023, pp 107-116

Introduction

The coronavirus disease 2019 (COVID-19) pandemic has intensified perinatal anxiety disorders. Psychological flexibility (PF), considered a specific mental toughness, has not been examined with regard to its relationship with anxiety in women after childbirth. We aimed to compare levels of anxiety, PF, and pain in women depending on the mode of birth, parity, and the magnitude of risk of developing an anxiety disorder. We also investigated the association of anxiety with PF and pain.

Methods

A total of 187 women after childbirth completed validated questionnaires for anxiety (State-Trait Anxiety Inventory, Hospital Anxiety and Depression Scale-Anxiety, Numerical Rating Scale for anxiety [NRS-A]), PF, and pain (Numerical Rating Scale for pain). Specific postpartum anxieties were assessed with a numerical scale from 0 to 10. The relationship of anxiety with PF and pain was examined. Women at low and high risk of developing anxiety disorder were compared in terms of PF, anxiety, and pain.

Results

On the second postpartum day, women after cesarean birth demonstrated significantly greater anxiety on NRS-A and pain than those after vaginal birth. Primiparous women experienced significantly greater anxieties and pain compared to multiparous women. The higher the PF patients demonstrated, the less anxiety and pain they had. Patients at high risk of developing an anxiety disorder had a lower level of PF ($P < .001$) and higher levels of anxiety ($P < .001$) and pain ($P < .01$) than patients at low risk of developing an anxiety disorder. No difference in the anxiety of getting COVID-19 was observed between the groups ($P > .05$).

Conclusions

PF is an important psychological construct related to the mental and physical condition of women after childbirth. Increasing PF in women after childbirth may be considered as an important goal of preventive and intervention measures. (Author)

2023-02351

 Exploring factors associated with complete mental health of pregnant women during the COVID-19 pandemic.
Monteiro F, Fernandes DV, Pires R, et al (2023), Midwifery vol 116, January 2023, 103521

Objective

To explore a wide range of factors associated with complete mental health (i.e., positive mental health - the presence of flourishing, and the absence of mental illness - depressive and anxious symptoms) among Portuguese pregnant women, during the COVID-19 pandemic.

Design
Quantitative cross-sectional study.

Setting
Data were collected through an online survey placed on social media websites targeting pregnant Portuguese adult women between October 2020 and April 2021.

Participants
The sample comprised 207 pregnant women.

Results
A multivariate logistic regression model showed that higher levels of self-compassion and higher engagement in mindful self-care practices increased the likelihood of reporting complete mental health during pregnancy.

Conclusions
Promoting self-compassion and mindful self-care may be particularly important in pregnant women, as these psychological factors appear to contribute to complete mental health during COVID-19 pandemic.

Implications for practice
The COVID-19 pandemic represented a demanding period for pregnant women. Our findings highlight that targeting the promotion of self-compassion and mindful self-care practices during stressful periods could significantly contribute to their overall mental health. (Author)

Full URL:

2023-02348

Trauma-informed care for perinatal women during the COVID-19 pandemic: A survey of nurses and midwives in Turkey. Salameh TN, Polivka B, Christian B, et al (2023), Midwifery vol 116, January 2023, 103555

Objectives
There is a paucity of evidence on the provision of trauma-informed care among nurses and midwives during the pandemic.Therefore, this online survey of Turkish nurses and midwives aimed to: describe reported maternal concerns and anxieties during the COVID-19 pandemic; and explore aspects of trauma-informed care for perinatal women during the COVID-19 pandemic (i.e., nurses' and midwives' knowledge, opinions, perceived competence, current practices, and implementation barriers).

Design
A cross-sectional descriptive survey design.

Setting and participants
A web-based survey conducted between June 2021 to December 2021. A total of 102 nurses and midwives comprised the final sample of this study.

Findings
The safety of COVID-19 vaccine was both the most common maternal concern (73%) and the most frequently noted maternal source of anxiety (79%) reported to nurses and midwives by perinatal women. Most nurses and midwives were knowledgeable of, held favorable opinion about, and perceived moderate competence in trauma-informed care. The most frequently provided practice was encouraging mothers to make use of their own social support system (82%). Time constrains and lack of resources were perceived as somewhat to significant barriers to providing trauma-informed care during the pandemic.

Conclusions

Access to correct information related to COVID-19 vaccination is necessary to reduce maternal anxiety. Since perinatal nurses and midwives had favorable opinions concerning implementing trauma-informed care, successful strategies for mitigating the implementation barriers are essential to facilitate the provision of trauma-informed care during the pandemic. (Author)

Full URL: https://doi.org/10.1016/j.midw.2022.103555

2023-02306

Maternal mental health during COVID-19 pandemic outbreak: A cross-sectional comparative study. Alenezi S, Abdulghani SH, Shaiba LA, et al (2023), Frontiers in Public Health 16 January 2023, online

Background: As COVID-19 spread in several countries, social distancing measures was implemented around the world, affecting the quality of lives for millions of people. The impact was more pronounced on vulnerable populations such as pregnant women, who are at even more risk due to their suppressed immune system. Moreover, mental health disorders are more common among pregnant women compared to non-pregnant. This study aims to assess the influence of social isolation measures due to the COVID-19 pandemic on the mental health of women in their third trimester and postpartum.

Material and methods: This is a cross-sectional survey-based study conducted in Khalid University Hospital, Riyadh, Saudi Arabia, between the months of April to May 2021, to explore depression and anxiety levels in females who gave birth during the COVID-19 pandemic. In addition to background demographic data, the survey included Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder Scale-7 (GAD-7) were utilized to detect symptoms of depression and anxiety, respectively.

Results: A total of 283 women were included in this study, almost half of them were ante-natal (n-141) and the rest were post-natal (n = 124). 62.3% were in the age groups of 25–35 years. Based on the PHQ-9 scoring, 65% of the study sample had depression (ranging from mild to severe). Moreover, based on GAD-7 scoring, 49.1% had anxiety (ranging from mild to severe). No association was found between PHQ-9 and GAD-7 scores and different sociodemographic and obstetric factors. Additionally, the mean scores of women infected with COVID-19 vs. women who has never been diagnosed with COVID-19 were closely comparable.

Conclusions: We reported a high prevalence of depression and anxiety among pregnant women during COVID-19 pandemic. Policymakers and health care providers are advised to implement targeted preventive measures for pregnant women to improve mental health in times of epidemics. (Author)

Full URL: https://doi.org/10.3389/fpubh.2022.994004

2023-02064

Mental health symptom changes in pregnant individuals across the COVID-19 pandemic: a prospective longitudinal study. Gimbel LA, Allshouse AA, Neff DF, et al (2022), BMC Pregnancy and Childbirth vol 22, no 897, December 2022

Background

Initial studies found that mental health symptoms increased in pregnant and postpartum individuals during the COVID-19 pandemic. Less research has focused on if these putative increases persist over time and what factors influence these changes. We examined the longitudinal change in mental health symptoms in pregnant and postpartum individuals and investigated moderation by maternal emotion dysregulation and the incidence of coronavirus.

Methods

Pregnant and postpartum individuals at the University of Utah were invited to join the COVID-19 and Perinatal Experiences (COPE) Study. Beginning on April 23, 2020 participants were sent a survey comprised of demographics, medical and social history, pregnancy information and self-assessments (Time 1). Participants were contacted 90 days
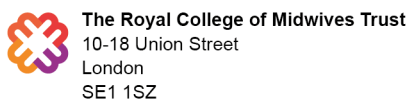
later and invited to participate in a follow-up questionnaire (Time 2). Daily coronavirus case counts were accessed from the state of Utah and a 7-day moving average calculated. Within-subject change in mental health symptom scores, as measured by the Brief Symptom Inventory, was calculated. Linear mixed effects regression modeling adjusted for history of substance abuse and mental health disorders.

Results

270 individuals responded between April 23rd, 2020 and July 15th, 2021. Mental health symptom scores improved by 1.36 points (0.7-2.0 p < 0.001). The decrease in mental health symptoms was not moderated by the prevalence of COVID-19 cases (p = 0.19) but was moderated by emotion dysregulation (p = 0.001) as defined by the Difficulties in Emotion Regulation Scale short form. Participants with higher emotion dysregulation also had higher mental health symptom scores.

Conclusion

Mental health symptoms improved over the course of the pandemic in the same pregnant or postpartum participant. Our findings do not negate the importance of mental health care during the pandemic. Rather, we believe this identifies some aspect of resiliency and adaptability. Examining emotion dysregulation, or asking about a history of mental health, may be helpful in identifying persons at higher risk of heightened responses to stressors. (Author)

Full URL: https://doi.org/10.1186/s12884-022-05144-6

2023-02033

Learning from a crisis: a qualitative study of the impact on mothers' emotional wellbeing of changes to maternity care during the COVID-19 pandemic in England, using the National Maternity Survey 2020. Mcleish J, Harrison S, Quigley M, et al (2022), BMC Pregnancy and Childbirth vol 22, no 868, November 2022

Background

Pregnancy and the postnatal period can be times of psychosocial stress and insecurity, but high quality maternity care and social support can help mothers cope with stress and feel more secure. The COVID-19 pandemic and associated social and economic disruption increased rates of antenatal and postnatal stress, anxiety and depression, and also had profound impacts on the organisation of maternity services in England.

Methods

This was a qualitative descriptive study of the impact of pandemic-related changes to maternity care on mothers' emotional wellbeing, using inductive thematic analysis of open text responses to the National Maternity Survey (NMS) 2020 in England. A random sample of 16,050 mothers who gave birth 11-24th May 2020 were invited to take part in the survey, and 4,611 responded, with 4,384 answering at least one open text question.

Results

There were three themes: 'Chaos: impact of uncertainty', 'Abandoned: impact of reduction in care', and 'Alone: impact of loss of social support'. Mothers valued maternity care and many experienced additional stress from chaotic changes and reduction in care during the pandemic; from health professionals' own uncertainty and anxiety; and from restrictions on essential social support during pregnancy, labour and birth. Others felt that health professionals had communicated and cared for them well despite the changes and restrictions, and these mothers felt psychologically safe.

Conclusions

Planning for future crises should include considering how necessary adaptations to care can be implemented and communicated to minimise distress; ensuring that mothers are not deprived of social support at the time when they are at their most vulnerable; and supporting the psychological welfare of staff at a time of enormous pressure. There are also lessons for maternity care in 'normal' times: that care is highly valued, but trust is easily lost; that some mothers come into the maternity system with vulnerabilities that can be ameliorated or intensified by the attitudes of staff; that every effort should be made to welcome a mother's partner or chosen companion into maternity care; and

that high quality postnatal care can make a real difference to mothers' wellbeing. (Author)
Full URL:

2023-01964

Pregnancy during the pandemic: The psychological impact of COVID-19 on pregnant women in Greece. Diamanti A, Sarantaki A, Kalamata N, et al (2023), European Journal of Midwifery vol 7, January 2023, p 2

Introduction:

The COVID-19 outbreak has affected the overall health of people worldwide. Historically, pandemics pose a challenge to psychological resilience, causing heightened stress levels. This study aimed to investigate the impact of the COVID-19 pandemic on the psychological state of pregnant women in Greece.

Methods:

A survey study was conducted on a sample of 149 pregnant women in late 2020, including the 'fear of COVID-19' scale, a self-report instrument that assess fear of COVID-19 among the general population and the State-Trait Anxiety Inventory (STAI) scale which measures state and trait anxiety

Results:

Pregnant women with a mental health history tended to score higher on the 'fear of COVID-19' scale (mean ± SD: 19.48 ± 4.35) compared to pregnant women who had never had mental health problems before (17.12 ± 5.27). Moreover, pregnant women with anxiety as part of their personality tended to also score higher on the 'fear of COVID-19' scale. In all, 48.3% of pregnant women reported that their psychological state had been severely affected by the COVID-19 outbreak.

Conclusions:

Pregnant women were highly affected by the COVID-19 pandemic. A significantly increased 'fear of COVID-19' scale score was associated with self-reported pre-existence mental health conditions. Pregnant women with higher levels of 'trait anxiety' tended to report higher scores on the 'fear of COVID-19' scale. (Author)
Full URL:

2023-01700

Risk of postpartum depressive symptoms is influenced by psychological burden related to the COVID-19 pandemic and dependent of individual stress coping. Meister S, Dreyer E-M, Hahn L, et al (2023), Archives of Gynecology and Obstetrics vol 308, no 6, December 2023, pp 1737 - 1748

Purpose

There are different studies worldwide, which have shown a higher risk of mental disorders due to the COVID-19 pandemic. One aim of this study was to identify influencing factors of the psychological burden related to the COVID-19 pandemic and the impact on the development of postpartum depression. Further, the role of individual stress and coping strategies was analyzed in this context.

Materials and methods

Between March and October 2020, 131 women in obstetric care at the LMU Clinic Munich completed a questionnaire at consecutive stages during their perinatal period. The times set for the questionnaire were before birth, 1 month, 2 months, and 6 months after birth. The questionnaire was designed to evaluate the psychological burden related to the COVID-19 pandemic. For this a modified version of the Stress and coping inventory (SCI) and the Edinburgh Postnatal Depression Scale (EPDS) was used.

Results

We could show that the psychological burden related to the COVID-19 pandemic influenced the EPDS score 1, 2 and 6 months after birth. In addition, the prenatal stress and individual coping strategies affected the EPDS and the burden

related to the COVID-19 pandemic before and after birth significantly.

Conclusion

An association of the psychological burden related to the COVID-19 pandemic with the risk of developing postpartum depressive symptoms could be shown in this study. In this context, the separation of the partner and the family was recognized as an important factor. Furthermore, the SCI was identified as an effective screening instrument for identifying mothers with an increased risk of postpartum depression. Hereby allowing primary prevention by early intervention or secondary prevention by early diagnosis. (Author)

Full URL: https://doi.org/10.1007/s00404-022-06854-0

2023-01628

Mental health of pregnant and postpartum women during the third wave of the COVID-19 pandemic: a European cross-sectional study. Tauqeer F, Ceulemans M, Gerbier E, et al (2023), BMJ Open vol 13, no 1, January 2023, 063391

Objective To describe the mental health of perinatal women in five European countries during the third pandemic wave and identify risk factors related to depressive and anxiety symptoms.

Design A cross-sectional, online survey-based study.

Setting Belgium, Norway, Switzerland, the Netherlands and the UK, 10 June 2021–22 August 2021.

Participants Pregnant and up to 3 months postpartum women, older than 18 years of age.

Primary outcome measure The Edinburgh Depression Scale (EDS) and the Generalised Anxiety Disorder scale (GAD-7) were used to assess mental health status. Univariate and multivariate generalised linear models were performed to identify factors associated with poor mental health.

Results 5210 women participated (including 3411 pregnant and 1799 postpartum women). The prevalence of major depressive symptoms (EDS ≥13) was 16.1% in the pregnancy group and 17.0% in the postpartum . Moderate to severe generalised anxiety symptoms (GAD ≥10) were found among 17.3% of the pregnant and 17.7% of the postpartum women. Risk factors associated with poor mental health included having a pre-existing mental illness, a chronic somatic illness, having had COVID-19 or its symptoms, smoking, unplanned pregnancy and country of residence. Among COVID-19 restrictive measures specific to perinatal care, pregnant and postpartum women were most anxious about not having their partner present at the time of delivery, that their partner had to leave the hospital early and to be separated from their newborn after the delivery.

Conclusion Approximately one in six pregnant or postpartum women reported major depression or anxiety symptoms during the third wave of the pandemic. These findings suggest a continued need to monitor depression and anxiety in pregnancy and postpartum populations throughout and in the wake of the pandemic. Tailored support and counselling are essential to reduce the burden of the pandemic on perinatal and infant mental health. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2022-063391

2023-01069

Impact of the COVID-19 pandemic on perinatal mental health screening, illness and pregnancy outcomes: A cohort study. Lo ACQ, Kemp M, Kabacs N (2023), Obstetric Medicine vol 16, no 3, September 2023, pp 178–183

Background

The aim was to explore the impact of the COVID-19 pandemic on perinatal mental health screening, illness and related pregnancy complications/outcomes.

Methods

A single-centre retrospective cohort study in mothers giving birth before versus during the pandemic. Primary

outcomes were the comparative prevalence/incidence of peripartum psychiatric diagnoses. Secondary outcomes were the pandemic's effect on psychiatric screening accuracy, and on other pregnancy outcomes linked to mental health.

Results

The pandemic did not significantly increase the crude incidence of diagnosed peripartum anxiety (risk ratio (RR) = 1.39, 95% CI = 0.66–2.95), depression (RR = 1.63, 95% CI = 0.72–3.70) or other pregnancy outcomes. In multivariate models, the pandemic decreased Apgar scores and was involved in interaction effects for postpartum mental illness and birthweight. Psychiatric screening at the booking appointment exhibited lower sensitivity in predicting antenatal mental illness (pre-pandemic = 85.71%, pandemic = 25.00%; p = 0.035).

Conclusions

The lowered screening sensitivity likely meant mental illness was poorly anticipated/under-detected during the pandemic, leading to no crude increase in perinatal psychiatric diagnoses. (Author)

Full URL: https://doi.org/10.1177/1753495X221139565

2023-01024

COVID-19-Related worries mediate the association between attachment orientation and elevated depression levels at 21-month postpartum. Orkaby N, Kalfon-Hakhmigari M, Levy S, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 3, 2024, pp 550-562

Background: The study's aims were to examine whether the COVID-19 pandemic was associated with increases in depression levels of 21 months postpartum women who were initially sampled before the pandemic and whether COVID-19-related worries mediated the association between women's attachment orientations and this hypothesized increase.

Methods: Participants comprised 185 postpartum women sampled in the maternity ward of a tertiary healthcare center in Israel followed from childbirth to 21 months postpartum in four-time points. . We analyzed demographic and obstetric information and the Experiences in Close Relationships (ECR) scale at T1; changes in the Edinburgh Postnatal Depression Scale (EPDS) levels at all timepoints (T1-4); and COVID-19-related worries at T4.

Results: Results showed a significant increase in depression levels at T4 compared to T2 and T3, and an increase in the prevalence of women at the lower clinical EPDS threshold. COVID-19-related worries mediated the association between anxious attachment and depression (indirect effect: B = .21, p < .05, 95% CI = (.015, .47), R2=0.12).

Discussion: The evident effect of COVID-19 on postpartum depression is associated with variability between people. Thus, early assessment of women's attachment orientations might provide a strategy for identifying and treating women at risk.(Author)

2023-00979

Support from friends moderates the relationship between repetitive negative thinking and postnatal wellbeing during COVID-19. Harrison V, Moulds ML, Jones K (2022), Journal of Reproductive and Infant Psychology vol 40, no 5, 2022, pp 516-531

Background: Increasing evidence has linked repetitive negative thinking (RNT) to postnatal depression and anxiety, yet the factors moderating this relationship have been minimally investigated. During the COVID-19 pandemic of 2020, social restrictions imposed to reduce viral transmission limited access to social support, which is critical to postnatal psychological wellbeing - potentially intensifying RNT.

Objective: We examined whether perceived social support (from friends, family, and a significant other) played a moderating role in the relationship between RNT and maternal postnatal anxiety and depressive symptoms.

Methods: A sample of women (N = 251) who had given birth in the preceding 12 months completed an online battery

of standardised measures during the COVID-19 'lockdown' of May 2020.

Results: As predicted, social support moderated the relationship between RNT and depression such that the association between RNT and depression was stronger for women who reported lower levels of social support. Interestingly, this finding emerged for social support from friends only; for support from family and significant other, social support did not play a moderating role. Further, and unexpectedly, overall social support did not moderate the relationship between RNT and postnatal anxiety, however, social support from friends was a significant moderator.

Conclusions: High levels of perceived social support from friends (but not family or significant others) buffered the effects of RNT on depression and anxiety during the postpartum period. Strategies to bolster peer social support may be a valuable inclusion in interventions to prevent and treat postnatal depression and anxiety.(Author)
Full URL: https://doi.org/10.1080/02646838.2021.1886260

2023-00969

 Substance use and mental health in pregnant women during the COVID-19 pandemic. Smith CL, Waters SF, Spellacy D, et al (2022), Journal of Reproductive and Infant Psychology vol 40, no 5, 2022, pp 465-478

Objectives: We examined the prevalence of substance use as a coping mechanism and identified relationships between maternal mental health over time and use of substances to cope during the Coronavirus Disease 2019 (COVID-19) pandemic among pregnant women in the U.S.A.

Methods: Self-reported repeated measures from 83 pregnant women were collected online in April 2020 and May 2020. Women retrospectively reported their mental/emotional health before the pandemic, as well as depression, stress, and substance use as a result of the pandemic at both time points. Linear regression measured cross-sectional and longitudinal associations between mental health and substance use.

Results: Pre-COVID-19 reports of poorer mental/emotional health (b = 0.46) were significantly (p < .05) associated with number of substances used to cope with the pandemic. Elevated stress (b = 0.35) and depressive symptoms (b = 0.27) and poorer mental/emotional health (b = 0.14) in April were also significantly related to higher numbers of substances used in May (p < .05).

Conclusion: Pregnant women's psychological well-being may be a readily measured indicator substance use risk during crises such as the COVID-19 pandemic. Interventions addressing increased stress and depression may also mitigate the emergence of greater substance use among pregnant women. (Author)
Full URL: https://doi.org/10.1080/02646838.2021.1916815

2023-00865

 Common model of stress, anxiety, and depressive symptoms in pregnant women from seven high-income Western countries at the COVID-19 pandemic onset. Lobel M, Preis H, Mahaffey B, et al (2022), Social Science and Medicine vol 315, December 2022

Objective

Increases in stress, anxiety, and depression among women pregnant during the COVID-19 pandemic have been reported internationally. Yet rigorous comparison of the prevalence of maternal mental health problems across countries is lacking. Moreover, whether stress is a common predictor of maternal mental health during the pandemic across countries is unknown.

Methods

8148 pregnant women from Germany, Israel, Italy, Poland, Spain, Switzerland, and the United States were enrolled in
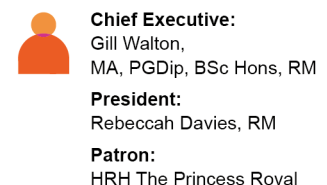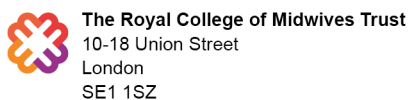
the International COVID-19 Pregnancy Experiences (I-COPE) Study between April 17 and May 31, 2020. Sociodemographic characteristics, pandemic-related stress, pregnancy-specific stress, anxiety, and depression were assessed with well-validated instruments. The magnitude of stress and mood disturbances was compared across countries. A path model predicting clinically significant levels of anxiety and depression from maternal characteristics and stress was tested for all study participants and then examined separately in each country with >200 participants.

Results

Countries differed significantly in magnitude of pandemic-related pregnancy stress and pandemic-unrelated pregnancy-specific stress, and in prevalence of clinically significant anxiety and depression levels. A well-fitting common path model for the entire sample indicated that mood and anxiety disturbances were strongly predicted by pandemic-related and pregnancy-specific stress after accounting for maternal characteristics. The model was replicated in individual countries.

Conclusions

Although pregnant women in high-income Western countries experienced different levels of stress resulting from the COVID-19 pandemic, stress is a strong, common predictor of anxiety and depressive symptoms in these individuals. The common model can be used to inform research and clinical interventions to protect against adverse consequences of prenatal maternal stress, anxiety, and depression for mothers and infants. (Author)

Full URL: https://doi.org/10.1016/j.socscimed.2022.115499

2023-00675

Scoping Review of Racial and Ethnic Representation of Participants in Mental Health Research Conducted in the Perinatal Period During the COVID-19 Pandemic. Goyal D, Dol J, Leckey M (2023), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 52, no 2, March 2023, pp 117-127

Objective

To identify the racial and ethnic representation of participants in mental health research conducted in the perinatal period during the COVID-19 pandemic.

Data Sources

MEDLINE, CINAHL, Cochrane Library, PsycINFO, Scopus, Web of Science.

Study Selection

We included peer-reviewed research articles in which researchers reported mental health outcomes of women during the perinatal period who were living in the United States or Canada during the COVID-19 pandemic. We included 25 articles in the final review.

Data Extraction

We extracted the citation, publication date, design, aim, country of origin, participant characteristics, sampling method, method of measurement of race and ethnicity, and mental health outcome(s).

Data Synthesis

The combined racial and ethnic representation of the 16,841 participants in the included studies was White (76.5%), Black (9.8%), other/multiracial (6.2%), Asian (3.9%), Hispanic/Latina (2.6%), Indigenous or Ethnic Minority Canadian (0.9%), and Native American or Alaska Native (0.1%). Most studies were conducted in the United States, used a cross-sectional design, and incorporated social media platforms to recruit participants. Depression, anxiety, and stress were the most frequently assessed mental health outcomes.
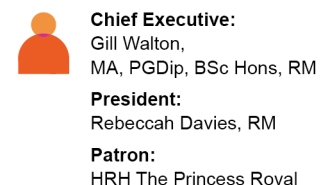
Conclusion

Relatively few women of color who were pregnant or in the postpartum period during the pandemic participated in mental health research studies. Future studies should develop intentional recruitment strategies to increase participation of women of color. Researchers should use updated guidance on reporting race and ethnicity to accurately represent every participant, minimize misclassification of women of color, and report meaningful results. (Author)

Full URL: https://doi.org/10.1016/j.jogn.2022.11.003
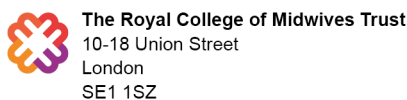
2023-00393

Postpartum depression, social support and maternal self-efficacy between adolescent and adult mothers during the COVID-19 pandemic: A comparative cross-sectional study. Sangsawang N, Sangsawang B (2023), Journal of Advanced Nursing vol 79, no 1, January 2023, pp 113-124

Aims

To determine the rate and level of postpartum depression (PPD), as well as to examine and compare PPD, social support and maternal self-efficacy between adolescent and adult mothers at 8 weeks postpartum during the COVID-19 pandemic.

Background

Policy measures to reduce the rapid spread of COVID-19 have disrupted many aspects of life and decreased social connections, which negatively impacts psychological well-being of the general population. However, studies focused on the impact of COVID-19 on mental health and maternal self-efficacy in postpartum mothers, particularly adolescent mothers, are limited.

Design

A comparative cross-sectional study was carried out following the STROBE guidelines.

Methods

An online questionnaire was administered from February to March 2021. Data were collected by the Edinburgh Postnatal Depression Scale (EPDS), the Postpartum Support Questionnaire (PSQ) and the Parenting Sense of Competence (PSOC) at 8 weeks postpartum. One-way MANOVA was used to analyse the data.

Results

Data from 63 adolescent mothers and 63 adult mothers were analysed. There were significant correlations between PPD, social support and maternal self-efficacy of the COVID-19 pandemic. Both adolescent and adult mothers had significantly negative impacts from the pandemic on mental health, social support and maternal self-efficacy. However, the adolescent mothers had higher rates of depressive symptoms (36.5% and 23.8%, respectively) as well as lower PSQ score (121.25 and 130.52, respectively) and PSOC scores (62.54 and 70.94, respectively) compared with adult mothers in the first 8 weeks postpartum during the pandemic.

Conclusion

Adolescent mothers had a significantly higher rate of depressive symptoms and significantly lower social support and maternal self-efficacy scores compared to adult mothers at 8 weeks postpartum during the COVID-19 pandemic.

Impact

Midwives or nurses should emphasize the negative mental health impacts during the COVID-19 situation and routinely screen for depressive symptoms, especially in adolescent mothers, which could help identify the at-risk mothers for developing PPD.

Patient or public contribution

Neither patients nor the public were directly involved in the study. (Author)

2022-11033

Maternal psychological distress in the early postpartum period during COVID-19 pandemic: a pilot study. Wang YS, Cheng WH, Chen IL, et al (2022), BMC Pregnancy and Childbirth vol 22, no 833, 11 November 2022

Background

The coronavirus disease 2019 infection (COVID-19) pandemic is a new global outbreak disease. According to the Taiwan Centers for Diseases Control statement, hospitals had to change their corresponding measures to prevent the

spread of COVID-19. The frequency of parental visits to the special care nursery was reduced from three times to once daily. Visiting was not permitted from April 4 to May 10, 2020, and rooming-in with healthy neonates was discontinued, which could increase maternal postpartum distress. Therefore, this study was conducted to determine whether COVID-19 prevention increased maternal psychological distress.

Methods
This prospective study used convenience sampling to enroll healthy mothers who had just delivered via normal spontaneous delivery. Based on the neonates' status and visiting times, mothers were grouped into no-rooming-in, rooming-in, no-visiting, and one-visit/day groups. Mothers' baseline characteristics were compared using the Chi-square or Fisher's exact test and t-test. Salivary cortisol levels and scores of Chinese versions of the Perceived Stress Scale (PSS) and State-Trait Anxiety Inventory were evaluated on postpartum days 1 and 3 and analyzed by one-way analysis of variance and a paired t-test.

Results
There were 16, 58, 28, and 47 women categorized as no-rooming-in, rooming-in, no-visit, and one-visit/day groups, respectively. No significant differences were found between groups in mothers' baseline characteristics and postpartum salivary cortisol levels. The PSS on day 3 was significantly higher than on day 1 in every group ($p < 0.001$). The PSS increasing trend in the no-rooming-in group was significantly greater than that in the no-visit group ($p = 0.02$) and significantly greater in the rooming-in group than that in the one-visit/day group ($p = 0.001$).

Conclusion
Postpartum stress increased for all mothers and was an even more significant response to the COVID-19 pandemic than the stress associated with neonates' hospitalization. (Author)
Full URL: https://doi.org/10.1186/s12884-022-05166-0

2022-10329

 Impact of COVID-19 lockdown on maternal psychological status, the couple's relationship and mother-child interaction: a prospective study. Viaux-Savelon S, Maurice P, Rousseau A, et al (2022), BMC Pregnancy and Childbirth vol 22, no 732, 26 September 2022

Background
To compare the rate of postpartum depression (PPD) during the first COVID-19 lockdown with the rate observed prior to the pandemic, and to examine factors associated with PPD.

Methods
This was a prospective study. Women who gave birth during the first COVID-19 lockdown (spring 2020) were offered call-interviews at 10 days and 6–8 weeks postpartum to assess PPD using the Edinburgh Postnatal Depression Scale (EPDS). Post-traumatic symptoms (Perinatal Post-traumatic Stress Disorder Questionnaire, PPQ), couple adjustment, and interaction and mother-to-infant bonding were also evaluated. The observed PPD rate was compared to the one reported before the pandemic. Factors associated with an increased risk of PPD were studied. The main outcome measures were comparison of the observed PPD rate (EPDS score > 12) to pre-pandemic rate.

Results
Of the 164 women included, 27 (16.5% [95%CI: 11.14–23.04]) presented an EPDS score > 12 either at 10 days or 6–8 weeks postpartum. This rate was similar to the one of 15% reported prior to the pandemic ($p = 0.6$). Combined EPDS> 12 or PPQ > 6 scores were observed in 20.7% of the mothers [95%CI: 14.8–0.28]. Maternal hypertension/preeclampsia ($p = 0.007$), emergency cesarean section ($p = 0.03$), and neonatal complications ($p = 0.008$) were significantly associated with an EPDS> 12 both in univariate and multivariate analysis (OR = 10 [95%CI: 1.5–68.7], OR = 4.09[95%CI: 1.2–14], OR = 4.02[95%CI: 1.4–11.6], respectively).

Conclusions
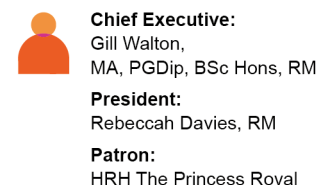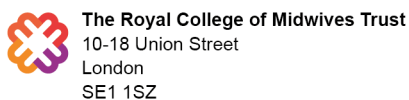
The rate of major PPD in our population did not increase during the first lockdown period. However, 20.7% of the women presented with post-traumatic/depressive symptoms.

Trial registration
NCT04366817. (Author)

Full URL: https://doi.org/10.1186/s12884-022-05063-6

2022-10328

Maternal mental health and breastfeeding amidst the Covid-19 pandemic: cross-sectional study in Catalonia (Spain).
Nicolás-López M, González-Álvarez P, Sala de la Concepción A, et al (2022), BMC Pregnancy and Childbirth vol 22, no 733, 26 September 2022

Background

Covid-19 pandemic became an unexpected stressor for the entire population and, particularly, for pregnant women and lactating mothers. The alarming infectious risk together with the lockdown period could affect the emotional state of mothers-to-be, as well as breastfeeding rates, mother-baby bonding, or neonatal weight gain. The aim of this study is to describe the impact of this world health emergency in mother-baby pairs right after the first wave of Sars-Cov-2 pandemic (from March to May 2020).

Study design

A prospective observational study was carried out in mother–child dyads from those women who gave birth between June and August 2020 in a tertiary hospital. 91 mother-baby pairs were initially enrolled and 56 of them completed the follow-up. The study design had two separate steps: i) Step one: A clinical interview plus three psychometric tests (EPDS: Edinburgh Postnatal Depression Scale, PBQ: Postpartum Bonding Questionnaire and STAI-S: State-Trait Anxiety Inventory); ii) Step two: mother–child dyads were followed using a round of three brief telephone interviews (conducted at the newborn's 7, 14 and 28 days of age) to accurately depict the newborn's outcome in the neonatal period.

Results

In terms of maternal mental health, 25% of the sample screens positively in the EPDS, requiring further evaluation to rule out depressive symptoms. STAI-state and PBQ detect no abnormalities in either anxiety levels or mother–child bonding in our sample, as 100% of the mothers score below the cut-off points in each test (34 and 26 respectively). When comparing feeding practices (breast/bottle feeding) in 2020 to those practices during pre-pandemic years (2017–2019), a significant increase in breastfeeding was found in pandemic times. All newborns in the sample showed an adequate weight gain during their first month of life.

Conclusion

Women and newborns in our sample did not experience an increase in adverse outcomes in the neonatal period in terms of maternal mental health, breastfeeding rates, bonding and further neonatal development. (Author)

Full URL: https://doi.org/10.1186/s12884-022-05036-9

2022-10168

Psychosocial outcomes of the COVID-19 pandemic on pregnant women. Erin R, Erin KB, Kulaksız D, et al (2022), Journal of Obstetrics and Gynaecology 12 August 2022, online

The aim of this study was to compare the levels of anxiety and social support evaluated in pregnancy before and during the COVID-19 pandemic. This study was designed prospectively and observationally. Participants were asked to fill in two different questionnaire forms for the Multidimensional Scale of Perceived Social Support and The State-Trait Anxiety Inventory. Independent t-test and Pearson correlation analysis were used for statistical analysis. The mean age of 386 pregnant was 29.1 ± 4.91 years, and the gestational week was 29.12 ± 4.54. The values of the total social support scale were determined 61.52 ± 5.53–51.15 ± 5.86 before and during the pandemic, while the total state anxiety scale was found 39.81 ± 9.04 and 63.38 ± 10.55, respectively. The total trait anxiety scale was found at 38.23 ± 7.39 and

53.22 ± 8.74 in the same respect. A significant difference was obtained in the data between before and during the pandemic (p < .05). The study showed that pregnant are deprived of social support and their anxiety levels increase during the COVID-19 pandemic.

IMPACT STATEMENT

What is already known on this subject? During the COVID-19 pandemic, the prevalence of depression and anxiety in pregnant women have been reported as 25.6 and 30.5%, respectively. Social support is an important determinant of physical and psychological well-being, especially during pregnancy when individuals take on new responsibilities and roles.

What do the results of this study add? The study showed that pregnant women were deprived of social support and their anxiety levels increased during this pandemic. The results highlight that there is a high need to mitigate mental health risks and adjust interventions under pandemic conditions.

What are the implications of these findings for clinical practice and/or further research? It is necessary to provide social support from family, friends, and close circles. States and health professionals need to put forward serious programs and studies to reduce the stress and anxiety experienced by the society and especially pregnant women and to provide accurate information about COVID-19. (Author)

2022-10034

The relationship of probable clinical anxiety with attitude-behaviour, coping styles and social support in healthy pregnant women during the late period COVID-19 pandemic. Kılıç A, Gök K, Kökrek Z, et al (2022), Journal of Obstetrics and Gynaecology 23 September 2022, online

The aim of the study is to investigate the prevalence of state and trait probable clinical anxiety and their relationship with socio-demographic factors, attitude-behaviour, coping styles and social support level in high-risk pregnant women in the late period of COVID-19 pandemic. The pregnant women followed up in the gynaecological outpatient clinic were evaluated during their admissions. About 191 healthy pregnant women were included in the study. Data were collected using the socio-demographic and pregnancy attitude-behaviour data form, STAI (Spielberger's State-Trait Anxiety Inventory), the Coping Styles Scale Brief Form (Brief-COPE) and the Multidimensional Scale of Perceived Social Support (MSPSS). Our study found that pregnant women had high anxiety levels (STAI-S:37.90 ± 8.88; STAI-T:42.46 ± 7.80) and probable clinical anxiety prevalences (STAI-S:81(42.4%); STAI-T:123(64.4%)) in the late period of the COVID-19 pandemic. The fact that COVID-19 determined the preference of the birth method and the level of knowledge about COVID-19 predicted state probable clinical anxiety. Educational status, concern for COVID-19 transmission to the baby during pregnancy/birth, behavioural disengagement, focussing on and venting emotions predicted trait probable clinical anxiety. Our results have emphasised the factors that should be taken into account and coping styles that may be functional to protect the mental well-being of healthy pregnants.

IMPACT STATEMENT

What is already known on this subject? The COVID-19 pandemic has been shown to increase the symptoms of stress, anxiety and depression of the general population and healthcare workers. There is limited studies about pregnant women.

What do the results of this study add? According to our study, we can say that approximately half of the pregnant women in a pandemic need psychiatric evaluation due to probable clinical anxiety. The relationship between anxiety in the pandemic process and birth preference has been shown and coping styles in healthy pregnant women have been investigated for the first time, effective and ineffective coping styles have been shown. In addition, it has been found that the social support of pregnant women is effective in managing the pandemic process.

What are the implications of these findings for clinical practice and/or further research? According to our current findings, a multidisciplinary approach in which pregnant women are screened with self-report psychiatry tests and
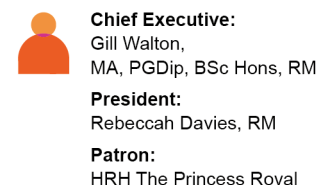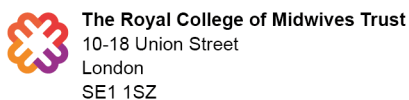
appropriate pregnant women are consulted to psychiatry during pandemic processes will make it easier for obstetricians to manage the patient. Especially strengthening effective coping styles and social support will have a great effect in mental rehabilitation. In this respect, further studies on pregnant women are needed. (Author)

2022-09868

 Exploring factors associated with complete mental health of pregnant women during the COVID-19 pandemic.

Monteiro F, Fernandes DV, Pires R, et al (2022), Midwifery 19 October 2022, 103521

Objective

To explore a wide range of factors associated with complete mental health (i.e., positive mental health - the presence of flourishing, and the absence of mental illness - depressive and anxious symptoms) among Portuguese pregnant women, during the COVID-19 pandemic.

Design

Quantitative cross-sectional study.

Setting

Data were collected through an online survey placed on social media websites targeting pregnant Portuguese adult women between October 2020 and April 2021.

Participants

The sample comprised 207 pregnant women.

Results

A multivariate logistic regression model showed that higher levels of self-compassion and higher engagement in mindful self-care practices increased the likelihood of reporting complete mental health during pregnancy.

Conclusions

Promoting self-compassion and mindful self-care may be particularly important in pregnant women, as these psychological factors appear to contribute to complete mental health during COVID-19 pandemic.

Implications for practice

The COVID-19 pandemic represented a demanding period for pregnant women. Our findings highlight that targeting the promotion of self-compassion and mindful self-care practices during stressful periods could significantly contribute to their overall mental health. (Author)

Full URL: https://doi.org/10.1016/j.midw.2022.103521

2022-09761

 When pregnancy and pandemic coincide: changes in stress and anxiety over the course of pregnancy. Preis H, Somers JA, Mahaffey B, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 3, 2024, pp 395-409

Background

Pregnant women experienced high levels of perceived stress and anxiety at the onset of the COVID-19 pandemic. However, the course of stress and anxiety in individual pregnant women during the pandemic is unknown.

Methods

Participants were 1,087 women ≤20 weeks pregnant in April–May 2020 (T1) at recruitment into the Stony Brook COVID-19 Pregnancy Experiences (SB-COPE) Study, with additional assessments in July–August 2020 (T2) and October 2020 (T3). Growth mixture models conditioned on covariates were used to identify patterns of change over time in pandemic-related stress (originating from feeling unprepared for birth and fearing perinatal infection), pregnancy-specific stress, and anxiety symptoms.

Results

A uniform pattern of change (i.e. one-class solution) in stress perceptions was observed over time. Participants showed the same functional form of decreases in all three types of stress perceptions over the course of their pregnancy and as the pandemic persisted. Initial level of stress did not predict change over time. Anxiety symptoms had a two-class solution in which 25% of participants had high and convex patterns of anxiety, and 75% had low levels with concave patterns.

Discussion

Stress perceptions and anxiety patterns of change over the course of pregnancy during the COVID-19 pandemic were different. Therefore, to evaluate the well-being of pregnant women during a global health crisis, it is important to assess both stress perceptions and emotional stress responses (i.e. anxiety). Screening for anxiety symptoms in early pregnancy would be valuable as symptoms may not spontaneously decrease even when stressful conditions improve. (Author)

2022-09673

Impact of the COVID-19 pandemic on mental health in parents of infants with colic and on healthcare use. de Graaf K, Hartjes R, Barbian C, et al (2022), Acta Paediatrica vol 111, no 12, December 2022, pp 2352-2358

Aim

To examine the impact of the COVID-19 pandemic on the mental health of parents of infants with colic and on healthcare use.

Methods

Retrospective cohort study. Data of 64 parents of infants with colic prepandemic and 43 parents of infants with colic during the pandemic were analysed using validated questionnaires on parental stress, depression and anxiety. Additionally, we evaluated the number of outpatient clinic visits and admission rates pre- and during the pandemic by collecting data on the diagnosis treatment combination 'excessive crying' from electronic patient files in three secondary hospitals in the Netherlands.

Results

Mothers in the pandemic group reported significantly higher levels of depression than mothers in the prepandemic group (12.3 ± 7.0 and 8.8 ± 5.2; p = 0.04). Moreover, mothers showed a trend towards higher stress levels during the pandemic (29.6 ± 9.6 and 25.2 ± 8.1; p = 0.06). During the pandemic, admission numbers of infants with colic compared to prepandemic data increased with 34% (146 vs. 196).

Conclusion

Mothers of infants with colic reported significantly more feelings of depression during the COVID-19 pandemic. Furthermore, the pandemic was associated with increased healthcare use amongst infants with colic. With the continuing pandemic, we recommend active perinatal support for this vulnerable population. (Author)

2022-09548

Being a Mother under the COVID-19 Pandemic Lockdown: Evaluation of Perinatal Anxiety, Prenatal Attachment, and Maternal–Infant Attachment. Abbasoglu A, Varnali H, Tekindal MA, et al (2023), American Journal of Perinatology vol 40, no 14, October 2023, pp 1602-1610

Objectives   The novel coronavirus disease 2019 (COVID-19) pandemic has caused both physical and emotional stress throughout the population due to its worldwide impact. The unknowns about the disease, social isolation, pregnant women's concerns regarding exposure to the COVID-19, inaccessibility to necessary care, and the possibility of harm to their fetus may cause increased psychological distress during the perinatal period. We aimed to evaluate the association between perinatal anxiety, prenatal attachment, and maternal–infant attachment status among women
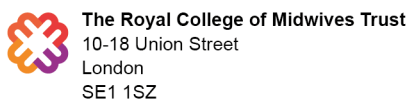
with those who delivered their child in a tertiary-care center with rigid hospital restrictions.

Study Design   Term pregnant women who experienced the last trimester of their pregnancy during COVID-19 curfews between December 2020 and May 2021 were asked specifically about their concerns during the COVID-19 pandemic and they filled out the Perinatal Anxiety Screening Scale (PASS) and the Prenatal Attachment Inventory (PAI). Those who continued the follow-up within a month of period following the delivery were invited to fill out the Maternal Attachment Inventory (MAI).

Results   A total of 600 women completed the survey. While the evaluation of the relationship between participants' mean PAI and MAI scores showed a statistically significant positive correlation between scales (r = 0.124, p = 0.002), mean PAI and PASS scores showed a statistically significant negative correlation between scale scores (r = − 0.137, p = 0.001).

Conclusion   Examining the factors, affecting the attachment process of pregnant and puerperal women, will guide the improvement of the quality of health services in the COVID-19 pandemic. (Author)

2022-09515

The NICU during COVID-19 Pandemic: Impact on Maternal Pediatric Medical Traumatic Stress (PMTS). Raho L, Bucci S, Bevilacqua F, et al (2022), American Journal of Perinatology vol 39, no 13, October 2022, pp 1478-1483

Objective   The objective of this paper was to assess how hospital and outpatient clinic policies changes due to the coronavirus disease 2019 (COVID-19) pandemic impact pediatric medical traumatic stress (PMTS) symptoms in mothers of newborns admitted in a neonatal intensive care unit (NICU).

Study Design   Observational case-control study included the comparison between mothers of infants admitted in the NICU at birth during the COVID-19 pandemic and mothers of infants admitted in the NICU before the COVID-19 pandemic. The control group was selected matching 1:1 with the study group for the following infants' clinical variables: gender, type of pathology, gestational age, weight at birth, day of recovery, ventilator time days, and associated malformations. The Italian version of the Impact of Event Scale—Revised (IES-R) was used as a measure of PMTS.

Result   Mothers of the study group (50) scored significantly higher than mothers of the control group on three of four scales of IES-R ("IES-R total": F = 6.70; p = 0.011; IES-R subscale "intrusion": F = 7.45; p = 0.008; IES-R subscale "avoidance": F = 8.15; p = 0.005). A significantly higher number of mothers in the study group scored above the IES-R total clinical cut-off compared with mothers of control group (72 vs. 48%; Chi2 = 6.00; p = 0.012).

Conclusion   The COVID-19 pandemic acted as superimposed stress in mothers of newborns admitted in the NICU at birth determining high levels of PMTS. Clinicians and researchers should identify and implement novel strategies to provide family-centered care during the COVID-19 pandemic and beyond. (Author)

2022-09436

How Education Level Affects Risk of Post-Partum Depression: A Comparison Before and During Covid-19. Madera P, Zanetti S, Dal Maso F, et al (2022), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 36, no 2, Summer 2022, pp 42-54

The aim of this study is to investigate the relationship between education level and risk of postnatal depression before and during the Covid-19 pandemic in a sample of gestational parents in Northern Italy. In this case-control study, two groups were compared: the pre and mid- Covid-19 pandemic period groups. Mothers included gave birth between January 2018 and October 2020 and completed the Edinburgh Postnatal Depression Scale (EPDS) within two days of delivery. Before administering the questionnaire, the sociodemographic and labor and delivery characteristics were collected through a brief anamnestic interview. The analyses based on the EPDS outcomes show a significant

increase in the risk of developing postpartum depression in women who have given birth during the pandemic period. Additionally, a higher education level may be an overall protective factor against the development of depressive symptoms, especially in the Covid period. (Author)

2022-09361

Exploring social complexities of the COVID-19 pandemic on maternal anxiety: A mixed-methods observational cohort study. Anderson M, Pyart E, Epstein A (2022), European Journal of Midwifery vol 6, October 2022, pp 1-9

Introduction:

The aim of this mixed-methods, small-scale observational cohort study was to examine if anxiety in pregnant women increased during the COVID-19 pandemic and to examine the subsequent impact on birth outcomes and psychological well-being. This research was conducted across two hospital sites in North London, with participation from 194 pregnant women.

Methods:

The GAD-7 questionnaire assessed for mild, moderate and high anxiety at one time point during the antenatal period and was repeated 6 weeks postnatally. Women with moderate to high scores on the GAD-7 were invited to participate in semi-structured interviews. The primary outcome measure was assessment of antenatal and postnatal anxiety. Secondary outcome measures assessed if women with moderate/high GAD-7 scores were more likely to develop a mental health condition during pregnancy, or up to 6 weeks postnatally, and if risk of preterm birth (<37 weeks gestation) and instrumental birth or cesarean section increased.

Results:

Pearson's correlation indicated a positive and significant correlation between the COVID-19 pandemic, and increased self-reported antenatal GAD-7 anxiety scores (r=0.47, n=194, p<0.001). GAD-7 scores were higher during pregnancy compared to the postnatal period [t(193)=4.63; p=0.001; 95% CI: 0.87–2.16]. Logistic regression did not show an increased likelihood of preterm birth [χ^2(1, n=184)=0.999; p=0.971] or instrumental/ cesarean section birth in women who scored moderately to highly on the antenatal GAD-7 [χ^2(1, n=184)=2.73; p=0.165]. Qualitative analysis was carried out within a social constructionist framework and identified the following themes: anxiety, maternity care, social impact, and coping.

Conclusions:

Pregnant women self-reported an increase in antenatal anxiety during July 2020 to April 2021 of the COVID-19 pandemic. Moderate to high anxiety scores were not found to increase the likelihood of preterm birth and birth intervention or developing a mental health condition up to 6 weeks postnatally. (Author)

2022-09331

2. The Impact of Covid-19 on Perinatal Mental Health – Part 2. Ibiwoye OH, Edward J, Harrison J, et al (2022), The Practising Midwife vol 25, no 9, October 2022, pp 26-30

Introduction

A systematic review and meta-analysis undertaken by Tomfohr-Madsen et al. reports on the prevalence rates of clinically significant anxiety and depression in pregnant women during the pandemic.1 These estimates suggest that during the pandemic one in four pregnant people had clinically-significant depression and one in three pregnant women had clinically-significant anxiety. Furthermore, while this evidence indicated that the prevalence of anxiety (but not depression) had significantly increased over time during the pandemic,1 there is a need to assess the extent to which the pandemic has exacerbated poor maternal mental health. To this end, the review by Hessami et al.2 reports changes in anxiety and depression scores in birthing women before and after the pandemic.

Aim of commentary

To critically appraise the methods used within the review by Hessami et al.2 and to consider the implications of the
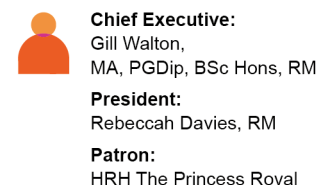
findings within clinical practice.

Methods

The review undertook a multi-database search from date of inception to July 5, 2020. Additional methods to identify suitable literature included reviewing the reference lists of included studies. Only observational studies published in English which reported scores for the Edinburgh Postnatal Depression Scale (EPDS) and State-Trait Anxiety Inventory (STAI) undertaken with pregnant women were included. Title and abstract screening were undertaken by two reviewers independently. However, no description was given for method of data extraction and there was no assessment of methodological bias.

A random effects meta-analysis was undertaken to compare mean EPDS during the pandemic (primary outcome) and standard means difference (SMD) for both EPDS and STAI scores before and after the pandemic (secondary outcomes). The difference between studies was assessed using the I2 statistic. Assessment of publication bias was undertaken using the Egger's and Begg's tests (these tests are commonly used to assess publication bias).

Results

Eight studies were included in the review. The studies took place in Canada, Italy, China, Turkey and Greece. There were three meta- analyses undertaken as part of the review. One for the overall mean EPDS score, another for the SMD in EPDS score pre pandemic vs post pandemic, and the last for the SMDin STAI score pre pandemic vs post pandemic. All the meta-analyses reported considerable differences between the studies. The mean EPDS score during the pandemic was 9.84 (95% confidence interval (CI) 8.36- 11.33, p<.001, I2 = 98.7%, 6 studies). The mean score for STAI during the pandemic was not reported.

A non-statistically significant moderate effect was found for EPDS score when comparing pre- and post- pandemic scores (SMD = 0.40, 95% CI: −0.05–0.86, p=.083; I2 = 98.0%, 3 studies). A large statistically significant effect was found for STAI when comparing pre- and post-pandemic scores: 0.82 (95% CI: 0.49–1.16, p<.001; I2 = 90.2%, 3 studies). The Begg's and Egger's test was not statistically significantly different for the studies comparing EPDS and STAI before and during the pandemic.

2022-09322

Risk factors for anxiety and depression among pregnant women during COVID-19 pandemic—Results of a web-based multinational cross-sectional study. Kajdy A, Sys D, Pokropek A, et al (2023), International Journal of Gynecology & Obstetrics vol 160, no 1, January 2023, pp 167-186

Objective

To assess risk factors for anxiety and depression among pregnant women during the COVID-19 pandemic using Mind-COVID, a prospective cross-sectional study that compares outcomes in middle-income economies and high-income economies.

Methods

A total of 7102 pregnant women from 12 high-income economies and nine middle-income economies were included. The web-based survey used two standardized instruments, General Anxiety Disorder-7 (GAD-7) and Patient Health Questionnaire–9 (PHQ-9).

Result

Pregnant women in high-income economies reported higher PHQ-9 (0.18 standard deviation [SD], P < 0.001) and GAD-7 (0.08 SD, P = 0.005) scores than those living in middle-income economies. Multivariate regression analysis showed that increasing PHQ-9 and GAD-7 scales were associated with mental health problems during pregnancy and the need for psychiatric treatment before pregnancy. PHQ-9 was associated with a feeling of burden related to restrictions in social distancing, and access to leisure activities. GAD-7 scores were associated with a pregnancy-related complication, fear of adverse outcomes in children related to COVID-19, and feeling of burden related to finances.
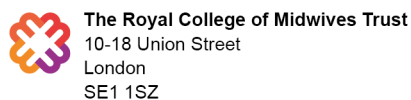
Conclusions

According to this study, the imposed public health measures and hospital restrictions have left pregnant women more vulnerable during these difficult times. Adequate partner and family support during pregnancy and childbirth can be one of the most important protective factors against anxiety and depression, regardless of national economic status. (Author)

Full URL: https://doi.org/10.1002/ijgo.14388

2022-09233

 The impact of COVID-19 on the mental health of pregnant women in Shanghai, China. Zhang J, Yuan H, Xu L, et al (2022), Frontiers in Public Health 6 October 2022, online

Background: COVID-19 has dramatically impacted people's health, especially mental health. This study aimed to compare the psychological status of pregnant women before and after the COVID-19 outbreak.

Methods: Participants were recruited (from September 29, 2019, to November 5, 2020) and screened by the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder Scale (GAD-7). The study participants were categorized into three groups based on two turning-points: January 23, 2020, when China initiated a locked-down strategy, and May 11, 2020, when Shanghai started to ease the COVID-19 measures. Multivariable logistic regression was used to determine the factors associated with depression and anxiety in pregnant women. We used enter method for variable selection; only variables with $P < 0.10$ were included in the final model.

Results: We recruited 478 pregnant women. After the outbreak, the depression rate (PHQ-9 ≥ 5) increased by 12.3% (from 35.4 to 47.7%), and the anxiety rate (GAD-7 ≥ 5) was stable (13.3 vs. 16.2%). The multivariable logistic regression results further confirmed that the odds of depression in pregnant women increased 81% after the outbreak (aOR = 1.81, 95%CI: 1.16–2.84). However, the median depression scale score was still statistically higher after the pandemic situation was stable (5.0 vs. 4.0) compared to the outbreak period.

Conclusion: The depression rate increased among pregnant women after the outbreak and was not recovered after the ease of COVID-19 measures in Shanghai. Health institutes should pay attention to the long-term influence of the pandemic. (Author) [Erratum: Frontiers in Public Health, 18 October 2024, online. https://doi.org/10.3389/fpubh.2024.1491504]

Full URL: https://doi.org/10.3389/fpubh.2022.938156

2022-09225
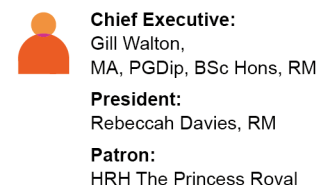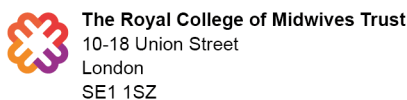
 Exclusive breastfeeding and women's psychological well-being during the first wave of COVID-19 pandemic in Italy.
Ravaldi C, Mosconi L, Wilson AN, et al (2022), Frontiers in Public Health 23 August 2022, online

Background: At the onset of the COVID-19 pandemic, support for breastfeeding was disrupted in many countries. Italy was severely impacted by the pandemic and is known to have the lowest exclusive breastfeeding rate of all European countries. Considering the inverse association between anxiety and breastfeeding, maternal concerns about the COVID-19 emergency could reduce breastfeeding rates. The aim of the study is to explore the association between infant feeding practices and maternal COVID-19 concerns.

Methods: This paper is a secondary analysis of the cross-sectional study COVID-ASSESS conducted in Italy in 2020. The original survey was administered in two phases: during the first lockdown and during the reopening. The survey included five sections: socio-demographic, medical history, concerns about the COVID-19 pandemic, infant feeding practices and psychometric evaluation. Participants were considered eligible for the post-hoc analyses if they were exclusively breastfeeding or they were feeding with infant formula (either alone or with breastfeeding) at the time of the interview.

Results: Between phase 1 and phase 2 there was a decrease in anxiety and concerns about the danger of COVID-19 to general health, except for concerns about their baby's health. Women using formula were more concerned about all the health topics investigated. Moreover, they showed higher levels of stress, state anxiety, somatization and PTSD symptoms.

Conclusion: Breastfeeding during the first pandemic lockdown in Italy seems to have been an independent factor associated with lower anxiety about COVID-19, fewer psychopathological symptoms, and a positive experience of infant feeding. (Author)

Full URL: https://doi.org/10.3389/fpubh.2022.965306

2022-09173

 Maternal Functioning and Psychological Distress During the COVID-19 Pandemic. Lax ES, Novak SA, Webster GD (2023), Journal of Women's Health vol 32, no 2, February 2023, pp 138–149

Background: Our objective was to understand maternal functioning and psychological distress among mothers of young children in the United States during April/May 2020, early in the coronavirus disease 2019 (COVID-19) pandemic.

Materials and Methods: Participants were 862 moms of children aged 0–3 years old who completed an online survey. We examined maternal functioning (maternal competency and self-care subscales from the Barkin Index of Maternal Functioning) and psychological distress (depression, anxiety, and stress subscales of the DASS-21), and then examined interaction effects of COVID-19 impact and socioeconomic status (SES; represented by income and education).

Results: Mothers' reports of higher maternal functioning correlated with lower psychological distress and both sets of factors varied substantially by SES and COVID-19 Impact. Higher COVID-19 Impact was associated with lower functioning and greater distress. Higher income and education were associated with better maternal self-care, but not maternal competency. Although we expected high SES to buffer mothers from a higher impact of COVID-19, we found that mothers with high SES reported a lower level of maternal competence and more stress than low-SES mothers. Interactions between COVID-19 impact and SES predicting maternal functioning and psychological distress revealed that when COVID-19 impact was low, high SES was associated with high functioning scores and less distress.

Conclusions: This work challenges the assumptions that a stressful event will be uniformly experienced by mothers of young children as well as the stress-buffering role of higher SES. This study highlights the importance of considering SES when characterizing maternal functioning and psychological distress during times of high stress. Further research is needed to examine the processes contributing to these discrepancies. (Author)

Full URL: https://doi.org/10.1089/jwh.2021.0588

2022-09139

 Prenatal maternal distress during the COVID-19 pandemic and associations with infant brain connectivity. Manning KY, Long X, Watts D, et al (2022), Biological Psychiatry vol 92, no 9, 1 November 2022, pp 701-708

Background

The COVID-19 pandemic has caused substantially elevated distress in pregnant individuals, which has the potential to affect the developing infant brain. Our main objective was to understand how prenatal distress was related to infant brain structure and function and whether social support moderated the associations.

Methods

The Pregnancy during the COVID-19 Pandemic (PdP) cohort study collected Patient-Reported Outcomes Measurement Information System Anxiety scale, Edinburgh Postnatal Depression Scale, and Social Support Effectiveness Questionnaire data from a population-based sample of pregnant individuals living in Canada (N = 8602). For a subsample of participants, their infants (n = 75) underwent magnetic resonance imaging at 3 months of age to examine whether prenatal maternal distress was associated with infant brain architecture, including the role of social support

as a potential protective factor.

Results

Overall, 33.4% of participants demonstrated clinically elevated depression symptoms and 47.1% of participants demonstrated clinically elevated anxiety symptoms. We identified lower social support as a significant predictor of clinically elevated prenatal maternal distress (t_{8598} = −22.3, p < .001). Fifty-eight diffusion image datasets (20 female/38 male, 92 ± 14 days old) and 41 functional datasets (13 female/28 male, 92 ± 14 days old) were included in our analysis after removal of poor-quality images and infants without postpartum maternal distress scores. We found significant relationships between prenatal maternal distress and infant amygdala-prefrontal microstructural and functional connectivity measures, and we demonstrate for the first time that social support moderates these relationships.

Conclusions

Our findings suggest a potentially long-lasting impact of the COVID-19 pandemic on children and show that social support acts as a possible mediator not just for pregnant individuals but also developing infants. These findings provide timely evidence to inform clinical practice and policy surrounding the care of pregnant individuals and highlight the importance of social support. (Author)

Full URL: https://doi.org/10.1016/j.biopsych.2022.05.011

2022-09135

Associations among Postpartum Posttraumatic Stress Disorder Symptoms and COVID-19 Pandemic-Related Stressors.

Shuman CJ, Morgan ME, Pareddy N, et al (2022), Journal of Midwifery & Women's Health vol 67, no 5, September/October 2022, pp 626-634

Introduction

Coronavirus disease 2019 (COVID-19) pandemic-related stressors (eg, exposure, infection worry, self-quarantining) can result in heightened levels of distress and symptoms of postpartum posttraumatic stress disorder (PTSD).

Methods

Using a cross-sectional descriptive design, we collected survey data from a convenience sample of 670 postpartum persons who gave birth to a newborn during the first 6 months of the COVID-19 pandemic in the United States. The presence of PTSD symptoms was measured using the 21-item Birth Memories And Recall Questionnaire (BirthMARQ) and defined as an affirmative rating for each item (score of 5 to 7 on a 1 to 7 agreement scale). Symptoms counts were computed for each of the 6 BirthMARQ domains, 2 symptom clusters (intrusive; mood and cognition alterations), and the total number of symptoms. Symptom counts were analyzed using descriptive statistics. We explored associations among COVID-19 experiences (self-quarantine behaviors, infection worry, exposure) and counts of PTSD symptoms using negative binomial regression models while controlling for postpartum depression screening scores, neonatal intensive care unit admissions, number of weeks postpartum, race, and marital status.

Results

Almost 99% of participants reported experiencing at least one of 21 PTSD symptoms (mean, 8.32; SD, 3.63). Exposure to COVID-19 was associated with a 34% greater risk for experiencing intrusive symptoms, specifically, symptoms of reliving the birthing experience as if it were happening now (47% greater risk). Worry surrounding COVID-19 infection was associated with a 26% increased risk for experiencing intrusive recall symptoms in which birth memories came up unexpectedly. COVID-19 quarantining behaviors were not significantly related to increasing PTSD symptoms. Many of the demographic variables included were associated with increasing PTSD symptoms.

Discussion

Screening perinatal persons for PTSD is critically important, especially during public health crises like the COVID-19 pandemic. The integration of comprehensive mental health screening, including specific screening for trauma and symptoms of PTSD, across health care settings can help improve delivery of quality, patient-centered care to postpartum persons. (Author)

Full URL: https://doi.org/10.1111/jmwh.13399

2022-09126

Mixed-Methods Study of the Experience of Pregnancy During the COVID-19 Pandemic. LoGiudice JA, Bartos S (2022),

Objective

To understand the experiences of women who were pregnant during the initial stage of the COVID-19 pandemic, March 2020 to May 2020, and how they coped with stress.

Design

A convergent mixed-methods design.

Setting

Online survey that launched in April 2020.

Participants

A total of 185 pregnant women.

Methods

For the quantitative strand, we measured adaptation to coping with stress using the Brief Resilient Coping Scale. For the qualitative strand, we asked participants to describe the experience of being pregnant during the pandemic.

Results

The mean score on the Brief Resilient Coping Scale was 14.7, which indicated a medium-level resilient coper. Using Krippendorff's content analysis, we identified four themes: Robbed of Enjoying the Expected Pregnancy Experiences, Anxiety and Fear in the Face of a Pandemic Pregnancy, Heightened Source of Worry With Birth on the Horizon, and Choosing Hope.

Conclusion

To meet the needs of pregnant women, perinatal nurses and other maternity care providers must understand the experience of pregnancy during times of upheaval, such as the onset of a global pandemic. Health care providers and nurses can help ensure ideal outcomes for pregnant women by recognizing the loss of the expected pregnancy experience, providing support through creative social outlets, and fostering hopeful optimism. (Author)

Full URL: https://doi.org/10.1016/j.jogn.2022.07.001

2022-08999

Postnatal depression and anxiety during the COVID-19 pandemic: The needs and experiences of New Zealand mothers and health care providers. Ryan A, Barber CC (2022), Midwifery 21 September 2022, online, 103491

Objective

: The postnatal period is a vulnerable time for women's mental health, particularly within the context of the COVID-19 pandemic. This study interviewed Auckland-based mothers and healthcare providers to find out their perspectives on the needs and experiences of women with postnatal mental health concerns within the pandemic context.

Design

: Semi-structured interviews were conducted via video conferencing.

Setting

: Interviews were conducted between May and July 2021 during the COVID-19 pandemic.

Participants

: Participants included eight mothers who gave birth during the first year of the pandemic (between January and December 2020) and self-identified as experiencing postnatal depression/anxiety, and three healthcare providers who support women with postnatal mental illness. All participants were based in Auckland, New Zealand.

Measurements and Findings

: Interviews were analysed using thematic analysis. Five main themes were identified including (1) uncertainty and

anxiety, (2) financial and work stress, (3) importance of the "village", (4) inner resilience, and (5) "no one cared for mum". The participants' stories reflected a period of uncertainty, anxiety, and isolation. A lack of focus on mothers' mental health during postnatal healthcare appointments was evident, as well as a lack of support services to refer the women to should they reach out for help.

Key Conclusions and Implications for Practice
: The results of this study highlight the importance of prioritising safe, in-person access to healthcare providers and sources of social support for postnatal women during pandemic lockdowns to help reduce isolation during this vulnerable time. Improving accessibility to a range of treatment options for those with mild to moderate mental illness also needs to be a priority. A dedicated postnatal mental health support line could be beneficial to broaden the support options available to mothers, both within and outside the pandemic context. More focus on mental health training for midwives and other postnatal healthcare providers such as well child nurses is also recommended, to increase their ability to support women struggling with postnatal mental illness. (Author)
Full URL: https://doi.org/10.1016/j.midw.2022.103491

2022-08997

Effects of online antenatal education on worries about labour, fear of childbirth, preparedness for labour and fear of covid-19 during the covid-19 pandemic: A single-blind randomised controlled study. Uludağ E, Serçekuş P, Vardar O, et al (2022), Midwifery Vol 115, December 2022, 103484

Objective
To examine the effects of online antenatal education on worries about labour, fear of childbirth, preparedness for labour and fear of COVID-19 during the COVID-19 pandemic.

Design
A single-blind randomised controlled trial comparing two groups: an antenatal education group and a control group.

Participants
The sample consisted of 44 pregnant women.

Measurements
A demographic data form, The Oxford Worries on Labour Scale, The Fear of Birth Scale, The Prenatal Self Evaluation Questionnaire and The Fear of COVID-19 Scale were used for data collection.

Findings
Online antenatal education decreased worries about labour, fear of childbirth and fear of COVID-19 and improved preparedness for labour.

Key conclusions
Online antenatal education offered during the COVID-19 pandemic is effective in preparedness for labour.

Implications for practice
As an alternative, online antenatal education should be offered to pregnant women unable to attend face to face education programs due to fear of transmission of infection. (Author)
Full URL: https://doi.org/10.1016/j.midw.2022.103484

2022-08820

"They don't count us as anything." Inequalities in maternity care experiences by migrant pregnant women and babies. Jones L, McGranahan M, van Nispen tot Pannerden C, et al (2022), April 2022. 14 pages
Presents the findings of a data analysis conducted by Doctors of the World UK (DOTW UK) from 257 pregnant women

who accessed their services at the East London clinic or through outreach services between 2017 and 2021, to ascertain the experiences of migrant women and understand ethnic and racial inequalities and their impact on pregnancy outcomes. (JSM)

Full URL: https://www.doctorsoftheworld.org.uk/wp-content/uploads/2022/06/Maternity-care-report.pdf

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2022-08525

 1. The impact of COVID-19 on perinatal mental health- Part 1. Ibiwoye OH (2022), The Practising Midwife vol 25, no 8, September 2022, pp 26-30

The perinatal period is a high risk onset and relapse of mental health problems. The COVID-19 pandemic is a particularly stressful occurrence with reported negative impacts on perinatal mental health, hence the need to understand these impacts on pregnant and post-partum childbearing women and people, and prioritise interventions to alleviate them. This is the first of two articles. (Author)

2022-08504

 Lack of policy consideration for breastfeeding co-mothers in maternity services. Greenfield M (2022), British Journal of Midwifery vol 30, no 9, September 2022,pp 526-530

This article reports on two cases of lesbian non-gestational mothers whose breastfeeding intentions were disrupted by the postnatal ward visitor restrictions imposed by NHS trusts during the COVID-19 lockdowns in the UK. One case came to the attention of the author as part of a wider study using an online survey to examine experiences of birth during the first COVID-19 lockdown in April 2020. In the second case, the author was approached by the non-gestational mother for support in her capacity as a doula in April 2021. In both cases, the non-gestational mothers intended to breastfeed their babies and had taken steps to ensure they were lactating, but the heterosexist restrictions for partners in the early postnatal period created complications that impacted their breastfeeding intentions. In the second case, perinatal mental health care for previous birth trauma was also potentially indicated. Both non-gestational mothers also reported that they were not receiving antenatal support to overcome these difficulties, as they were mothers-to-be who were not pregnant. (Author)

Full URL: https://www.magonlinelibrary.com/doi/pdf/10.12968/bjom.2022.30.9.526

2022-08009

 Anxiety, Fear, and Self-Efficacy in Pregnant Women in the United States During the COVID-19 Pandemic. Conrad M (2021), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 35, no 1, Spring 2021, pp 39-57

The COVID-19 pandemic has brought significant challenges and uncertainty for expectant mothers. The current study examined anxiety, fear of childbirth, and childbirth self-efficacy in pregnant women, and investigated whether greater expected changes to previous birthing plans related to higher rates of negative emotions. The current study included 104 pregnant women currently living in the United States. Participants reported high levels of anxiety and fear related to both greater perceived changes to birth plans, and lowered expectations about the efficacy of coping mechanisms during childbirth, which predicted greater fear of childbirth. Psychoeducational interventions aimed at reducing anxiety and increasing childbirth self-efficacy may be particularly beneficial during this time, especially in light of continued restrictions to social support for laboring women. (Author)

2022-08007

 Effects of the COVID-19 Pandemic on Postpartum Depression: A Retrospective Case-Control Study on A Significant Sample of Mothers in Northern Italy. Madera P, Romagnolo C, Zanetti S, et al (2021), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 35, no 1, Spring 2021, pp 30-38

The present study compared a group of women who gave birth during the COVID-19 pandemic with a group of women who gave birth in the antecedent period, using the Edinburgh Postnatal Depression Scale (EDPS) questionnaire. The results show a significant increase in the risk of developing postpartum depression and an increase in the use of epidurals in women who have given birth during the pandemic period. These findings are indicative of the impact the

2022-07393

The Mental Health of Women with Gestational Diabetes During the COVID-19 Pandemic: An International Cross-Sectional Survey. Wilson CA, Gómez-Gómez I, Parsons J, et al (2022), Journal of Women's Health vol 31, no 9, September 2022, pp 1232–1240

Introduction: There is evidence that women with gestational diabetes are at increased risk of the common mental disorders of anxiety and depression. The COVID-19 pandemic may have exerted an additional burden on the mental health of this population. The aim of this analysis was to compare levels of symptoms of common mental disorders and experiences during the COVID-19 pandemic between pregnant and postnatal women exposed and unexposed to gestational diabetes.

Methods: Cross-sectional study utilizing quantitative data from an online survey administered across 10 countries to women who were pregnant or up to 6 months postpartum from 15 June to October 31, 2020. Women self-reported gestational diabetes and completed the Edinburgh Postnatal Depression Scale and GAD-7 (Generalized Anxiety Disorder 7 items) measures. The COPE-IS (Coronavirus Perinatal Experiences–Impact Survey) tool was also administered. Complete case analyses were conducted on a sample of 7,371 women.

Results: There was evidence of an association between gestational diabetes and increased levels of depression symptoms, which was robust to adjustment for age, education, and employment status. There was only evidence of an association with anxiety in postnatal women. There was also evidence that women with gestational diabetes, particularly those in the postnatal period, experienced higher levels of pandemic-related distress, although they did not experience higher levels of COVID-19 infection in this sample.

Conclusions: The increased risk of common mental disorders in women with gestational diabetes underscores the importance of integrated physical and mental health care for pregnant and postnatal women both during and beyond the pandemic. Clinical Trial Registration no. NCT04595123. (Author)
Full URL: https://doi.org/10.1089/jwh.2021.0584

2022-07360

Psychological distress and behavioral changes in pregnant and postpartum individuals during the Covid-19 pandemic.
Kolker S, Biringer A, Bytautas J, et al (2022), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 44, no 10, October 2022, pp 1067-1075

Objectives
To determine the psychological and behavioural effects of the COVID-19 pandemic on a Canadian cohort of individuals during pregnancy and the postpartum period.

Methods
In 2020, individuals between 20 weeks gestation and 3 months postpartum receiving maternity care from an urban Canadian clinic were invited to complete a questionnaire. The purpose-built questionnaire used validated scales including the Medical Outcomes Study Social Support Survey (MOS), Depression, Anxiety and Stress Scale (DASS-21), Edinburgh Postnatal Depression Scale (EPDS), and questions from a SARS study.

Results
One hundred nine people completed the questionnaire (response rate, 55%) of whom 57% (n = 62) were postpartum. Most respondents (107, 98%) were married and had completed post-secondary education (104, 95%). Despite these protective factors, moderate to severe levels of depression (22%), anxiety (19%) and stress (27%), were recorded using the DASS-21, and 25% of participants (26) had depression (score ≥11) using the EPDS. Despite high social support in all MOS domains (median scores 84–100), a majority of participants reported loneliness (69, 67%) and were nearly or totally housebound (65, 64%). About half of participants worried about themselves (50, 46.3%) or their baby (59, 54%) contracting COVID-19, while the majority postponed (80, 74.1%) and cancelled (79, 73.2%) prenatal appointments.

Being homebound or feeling lonely / lacking support were significant risk factors for psychological distress (P = 0.02) whereas exercise and strong social support were protective (P < 0.05).

Conclusion

Pregnant and postpartum individuals experienced moderate to severe depression, anxiety, and stress during the COVID-19 pandemic. Exercise and strong social support were protective. Health care provider enquiry of home circumstances and activity may identify individuals needing enhanced supports. (Author)

Full URL: https://doi.org/10.1016/j.jogc.2022.06.008

2022-07119

Pregnancy loss during the pandemic. Miscarriage Association (2020), Miscarriage Association Newsletter Autumn/Winter 2020, pp 6-7

Presents the results of an online survey carried out by the Miscarriage Association during the first few months of the COVID-19 pandemic, to ascertain how NHS responses were likely to affect gynaecology, maternity, fertility and GP services across the UK, in order to share and update information with other charities, professional groups and service users. This survey has given the Miscarriage Association an insight into the impact of the disease on those affected by pregnancy loss. (JSM)

2022-07108

A qualitative analysis of feelings and experiences associated with perinatal distress during the COVID-19 pandemic.

Jones K, Harrison V, Moulds ML, et al (2022), BMC Pregnancy and Childbirth vol 22, no 572, 18 July 2022

Background

Rates of perinatal mental health difficulties (experienced during pregnancy and the 12-months postpartum) increased worldwide during the COVID-19 pandemic. In the UK, anxiety and depression were estimated to affect more than half of perinatal women during the first national lockdown. However, little is known about women's qualitative experiences of distress. This study aimed to extend published quantitative findings resulting from the same data set (Harrison et al., Women Birth xxxx, 2021; Harrison et al., J Reprod Infant Psychol 1–16, 2021) to qualitatively explore: 1) the feelings and symptoms associated with maternal perinatal distress during the COVID-19 pandemic; and 2) the associated sources of distress.

Methods

As part of an online survey during May 2020, 424 perinatal women responded to an open-ended question regarding a recent experience of distress. Qualitative data were analysed using an initial content analysis, followed by an inductive thematic analysis adopting a realist approach. Data were explored in the context of self-reported perinatal anxiety and depression symptoms.
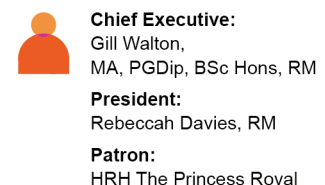
Results

Initial content analysis of the data identified twelve distinct categories depicting participants' feelings and symptoms associated with psychological distress. Despite the high rates of probable depression in the sample, women's descriptions were more indicative of anxiety and general distress, than of symptoms traditionally related to depression. In terms of the associated psychosocial stressors, a thematic analysis identified five themes: Family wellbeing; Lack of support; Mothering challenges; Loss of control due to COVID-19; and Work and finances. Unsurprisingly given the context, isolation was a common challenge. Additionally, psychological conflict between maternal expectations and the reality of pregnancy and motherhood, loss of autonomy and control, and fears surrounding family health, safety, and wellbeing underlay many of the themes.

Conclusions

This study presents an array of feelings and symptoms expressed by perinatal mothers which may be useful to consider in relation to perinatal wellbeing. Furthermore, our data highlights several common sources of distress, including multiple COVID-19 specific factors. However, many were related to more general perinatal/maternal
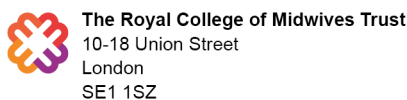
experiences. Our findings also point to considerations that may be useful in alleviating distress in pregnancy and early motherhood, including social support, realistic perinatal/maternal expectations, and support for those with perceived perinatal trauma. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04876-9

2022-07054

Postpartum sleep health in a multiethnic cohort of women during the COVID-19 pandemic in New York City. Lucchini M, Kyle MH, Sania A, et al (2022), Sleep Health vol 8, no 2, April 2022, pp 175-182

Objective/Design

Cross-sectional study to examine the determinants of sleep health among postpartum women during the COVID-19 pandemic in New York City (NYC).

Setting/Participants

A subset of participants recruited as part of the COVID-19 Mother Baby Outcomes (COMBO) cohort at Columbia University (N = 62 non-Hispanic White, N = 17 African American, N = 107 Hispanic).

Measurements

Data on maternal sleep, COVID-19 infection during pregnancy, sociodemographic, behavioral, and psychological factors were collected via questionnaire at 4 months postpartum. Self-reported subjective sleep quality, latency, duration, efficiency, disturbances, and daytime dysfunction were examined as categorical variables (Pittsburgh Sleep Quality Index [PSQI]). Associations between sleep variables and COVID-19 status, time of the pandemic, sociodemographic, behavioral, and psychological factors were estimated via independent multivariable regressions.

Results

Mothers who delivered between May-December 2020, who delivered after the NYC COVID-19 peak, experienced worse sleep latency, disturbances and global sleep health compared to those who delivered March-April 2020, the peak of the pandemic. Maternal depression, stress and COVID-19-related post-traumatic stress were associated with all sleep domains except for sleep efficiency. Maternal perception of infant's sleep as a problem was associated with worse global PSQI score, subjective sleep quality, duration, and efficiency. Compared to non-Hispanic White, Hispanic mothers reported worse global PSQI scores, sleep latency, duration and efficiency, but less daytime dysfunction.

Conclusions

These findings provide crucial information about sociodemographic, behavioral, and psychological factors contributing to sleep health in the postpartum period. (Author)

Full URL: https://doi.org/10.1016/j.sleh.2021.10.009

2022-06966

Increased traumatic childbirth and postpartum depression and lack of exclusive breastfeeding in Black and Latinx individuals. Iyengar AS, Ein-Dor T, Zhang EX, et al (2022), International Journal of Gynecology & Obstetrics vol 158, no 3, September 2022, pp 759-761

The findings underscore the disproportionate burden of mental health complications following childbirth on Black and Latinx individuals delivering during the coronavirus pandemic and call for eliminating disparities.

CONFLICT OF INTEREST

The authors have no conflicts of interest to declare. (Author)

2022-06779

'I had so many life-changing decisions I had to make without support': a qualitative analysis of women's pregnant and postpartum experiences during the COVID-19 pandemic. Ashby GB, Riggan KA, Huang L, et al (2022), BMC Pregnancy and Childbirth vol 22, no 537, 4 July 2022

Background

The COVID-19 pandemic has posed profound challenges for pregnant patients and their families. Studies conducted early in the pandemic found that pregnant individuals reported increased mental health concerns in response to
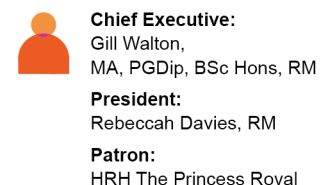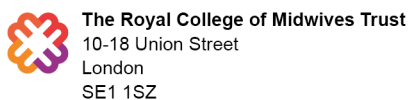
pandemic-related stress. Many obstetric practices changed their healthcare delivery models, further impacting the experiences of pregnant patients. We conducted a survey study to explore the ways in which COVID-19 impacted the lives of pregnant and newly postpartum people.

Methods
A mixed-methods survey was distributed to all patients ≥18 years old who were pregnant between January 1st, 2020 – April 28, 2021 in a large Midwest health system. Open-ended survey responses were analyzed for common themes using standard qualitative methodology.

Results
Among the 1182 survey respondents, 647 women provided an open-ended response. Of these, 77% were in the postpartum period. The majority of respondents identified as white, were partnered or married, and owned their own home. Respondents reported feeling greater uncertainty, social isolation, as though they had limited social and practical support, and negative mental health effects as a result of the pandemic. Many cited sudden or arbitrary changes to their medical care as a contributing factor. Though in the minority, some respondents also reported benefits from the changes to daily life, including perceived improvements to medical care, better work-life balance, and opportunities for new perspectives.

Conclusions
This large qualitative dataset provides insight into how healthcare policy and lifestyle changes impacted pregnant and postpartum people. Respondents expressed similar levels of uncertainty and mental health concerns compared to other cohorts but less overall positivity. Our findings suggest greater attention be given to the impact of pandemic-related stress on pregnant and postpartum women. As the pandemic continues, these data identify areas where investment in additional support may have the greatest impact. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04816-7

2022-06676

How do we provide women-centred care for the one in five women who have a mental health condition? 1. Screening and stigma. Weir C (2022), The Practising Midwife vol 25, no 7, July/August 2022, pp 20-24

The Scottish Government released the Mental Health Strategy to improve mental health services. With one in five pregnant women being identified as having a mental health condition, it is a prevalent issue for midwives. There are obstacles in midwifery to being able to meet the expectations of the aims of the Mental Health Strategy. These include accessing services, mental health stigma, organisational challenges, training and the impact of COVID-19. Solutions such as The Best Start and continuity of care within midwifery, appropriate referral process, training and education, and increased awareness can help midwives achieve the Scottish Government's aims. This is the first in a two-part series exploring these issues. (Author)

2022-06607

Prevalence of Sexual Dysfunction and Related Factors in Iranian Pregnant Women During the COVID-19 Pandemic.
Mohammadi A, Effati-Daryani F, Zarei S, et al (2021), Current Women's Health Reviews Vol 17, no 3, 2021, pp 237-243

Background: With the global prevalence of COVID-19, general fear has increased along with misinformation and rumors that could affect a pregnant woman's psyche, and her sexual function.

Objective: This study was conducted to determine the prevalence of sexual dysfunction and related factors in pregnant women during the COVID-19 pandemic.

Methods: This cross-sectional study was performed on 205 pregnant women. Data collection tools included a socio-demographic characteristics questionnaire and the FSFI, both of which were completed online.

Results: The mean (SD) of the overall score of sexual function was 21.54 (8.37), and 80% of participants suffered from sexual dysfunction. The results of the adjusted general linear model showed that the variables of spouse's age and occupation, place of residence, and marital satisfaction were significantly statistically correlated with the sexual function score. In women whose husbands were under 30 years of age compared with those over 35 years of age, in women living in their parents' homes compared to those living in private homes, and in women with high or extremely high marital satisfaction compared to moderate satisfaction, the sexual function score was higher. Conversely, women whose husbands were blue-collar workers had lower sexual function scores than those whose husbands were white-collar workers.

Conclusion: It is necessary to consider socio-demographic factors in the treatment and prevention of this sexual function disorders. It is recommended that the appropriate solutions be provided and implemented by the relevant authorities, taking into account the effective modifying factors, in order to further improve this dimension of married life. (Author)

2022-06592

Latent class analysis of health, social, and behavioral profiles associated with psychological distress among pregnant and postpartum women during the COVID-19 pandemic in the United States. Goldstein E, Brown RL, Lennon RP, et al (2023), Birth vol 50, no 2, June 2023, pp 407-417

Background

There is a growing body of literature documenting negative mental health impacts from the COVID-19 pandemic. The purpose of this study was to identify risk and protective factors associated with mental health and well-being among pregnant and postpartum women during the pandemic.

Methods

This was a cross-sectional, anonymous online survey study distributed to pregnant and postpartum (within 6 months) women identified through electronic health records from two large healthcare systems in the Northeastern and Midwestern United States. Survey questions explored perinatal and postpartum experiences related to the pandemic, including social support, coping, and health care needs and access. Latent class analysis was performed to identify classes among 13 distinct health, social, and behavioral variables. Outcomes of depression, anxiety, and stress were examined using propensity-weighted regression modeling.

Results

Fit indices demonstrated a three-class solution as the best fitting model. Respondents (N = 616) from both regions comprised three classes, which significantly differed on sleep- and exercise-related health, social behaviors, and mental health: Higher Psychological Distress (31.8%), Moderate Psychological Distress (49.8%), and Lower Psychological Distress (18.4%). The largest discriminatory issue was support from one's social network. Significant differences in depression, anxiety, and stress severity scores were observed across these three classes. Reported need for mental health services was greater than reported access.

Conclusions

Mental health outcomes were largely predicted by the lack or presence of social support, which can inform public health decisions and measures to buffer the psychological impact of ongoing waves of the COVID-19 pandemic on pregnant and postpartum women. Targeted early intervention among those in higher distress categories may help improve maternal and child health. (Author)

Full URL: https://doi.org/10.1111/birt.12664

2022-06278

Fear of childbirth in pregnancy was not increased during the COVID-19 pandemic in the Netherlands: a cross-sectional study. Zilver SJM, Hendrix YMGA, Broekman BFP, et al (2022), Acta Obstetricia et Gynecologica Scandinavica vol 101, no 10, October

Introduction

Fear of childbirth is a well-known problem during pregnancy and can have implications for childbirth, including prolonged labor, use of epidural analgesia, obstetric complications, presence of traumatic stress symptoms, or request for an elective cesarean section. The coronavirus disease 2019 (COVID-19) pandemic has affected mental health and therefore could have increased fear of childbirth during the pandemic. The aim of this study was to investigate fear of childbirth during the pandemic in the Netherlands compared with a reference group from before the pandemic.

Material and methods

We conducted a cross-sectional study to evaluate pregnant women during the first and second waves of COVID-19 compared with both each other and with pregnant women from before the pandemic. Participants were recruited through social media platforms, hospitals, and midwifery practices. Pregnant women aged ≥18 years who had mastered the Dutch language were eligible to participate. Fear of childbirth was measured with the Wijma Delivery Expectancy Questionnaire online using a cut-off score of ≥85 to indicate clinically relevant fear of childbirth. The primary outcome was the prevalence of fear of childbirth. We undertook additional analyses to specifically look at possible effect modification.

Results

In total, 1102 pregnant women completed the questionnaire during the first wave of the pandemic, 731 during the second wave, and 364 before the pandemic. Fear of childbirth was present in 10.6%, 11.4%, and 18.4%, respectively. We considered possible effect modification, which indicated that age and parity had a significant influence. In participants during the first wave of COVID-19, nulliparous women had significantly lower odds (odds ratio [OR] 0.50; 95% confidence interval [CI] 0.34–0.73; p < 0.01) of having a fear of childbirth than did the reference group. Both younger participants in the first wave (OR 0.59; 95% CI 0.37–0.93; p < 0.05) and older participants in the first wave (OR 0.44; 95% CI 0.28–0.71; p < 0.01) and the second wave (OR 0.36; 95% CI 0.21–0.62; p < 0.01) of COVID-19 had lower odds of fear of childbirth than the reference group.

Conclusions

Pregnant women during the first and second waves of COVID-19 had lower fear of childbirth scores than pregnant women before the pandemic, indicating less fear of childbirth during the pandemic. This could be explained by an increased level of information, more time to consume information, and better work–life balance with more people working at home during the pandemic. (Author)

Full URL: https://doi.org/10.1111/aogs.14409

2022-05940

'Worn-out but happy': Postpartum Women's Mental Health and Well-Being During COVID-19 Restrictions in Australia.

Christie HE, Beetham KS, Stratton E, et al (2022), 7 January 2022, online

Background: From late 2019, COVID-19 disease has infiltrated the global population causing widespread challenges to public health. One cohort that has received less attention, but who may be more vulnerable to the mental and physical health related impacts of COVID-19 restrictions are postpartum mothers. The aim of this study was to explore the mental health, well-being, and health behaviours of mothers up to 12 months postpartum whilst living in Australia under COVID-19 level 3 and 4 restrictions.

Methods: 351 women in their first year postpartum residing in Australia whilst under level 3/4 social distancing restrictions (during April 13 and June 11, 2020) were recruited to participate in an online questionnaire. The survey measured symptoms of depression, anxiety, and stress (DASS), wellness (SF-36), physical activity (Godin-Shephard score), perceived value of health outcomes, diet, and sleep. Descriptive statistics and linear regressions were performed.

Results: Data was analysed for 139 eligible women. Of these women, 74% scored "normal" for depression, 84% for
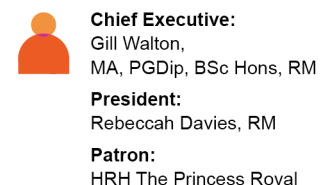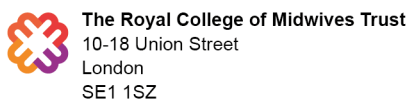
anxiety, and 72% for stress. Over half (58%) of women reported being worn out all, most, or a good bit of the time and 77% reported being a happy person all, most, or a good bit of the time. Analysis of the perceived values of health outcome revealed women had high value for "getting out of the house," "achieving a better overall mood," and "to feel better physically." Women were considered physically active according to the Godin Leisure score, however only 41% of women met the current Australian national physical activity guidelines of 150 min.week−1.

Conclusions: Overall the majority of postpartum mums that were surveyed, have normal mental health symptoms, and despite being worn out most are happy at least a good bit of the time. This study highlights the importance of health values in maintaining leisure physical activity and mental health. In addition it appears women may benefit from virtual group exercise and community programs to encourage being physically active and socialising with friends simultaneously. (Author)

Full URL: https://doi.org/10.3389/fgwh.2021.793602

2022-05925

Generalized anxiety disorder and its associated factors among pregnant women during COVID-19 at public health facilities of east Gojjam zone, 2020: A multi-center cross-sectional study. Amha H, Andalem A, Wondie T, et al (2022), 14 June 2022, online

Introduction: Pregnant women suffer from varying levels of generalized anxiety disorder that result in poor obstetrical outcomes. Therefore, this study aimed to assess the prevalence and factors associated with generalized anxiety disorder among pregnant women attending antenatal care during COVID-19 at public health facilities in the east Gojjam zone.

Methods: A health facility-based cross-sectional study was conducted, from December 1-30, 2020. A total of 847 pregnant women were included in the study using a simple random sampling technique. We used an interviewer-administered questionnaire to collect the data. Bi-variable and multi-variable logistic regression analysis was used to identify factors associated with generalized anxiety disorder. A p-value of <0.05 with a 95% confidence level was used to declare statistical significance.

Results: The prevalence of generalized anxiety disorder was 43.7%, with a 95% CI (40.28-47.12). Having <3 the number of children (AOR: 1.53; 95% CI: (1.11 - 2.13), having a negative attitude about COVID (AOR: 1.47; 95% CI: (1.07 - 2.02) and having a high-risk perception about COVID (AOR: 1.86; 95% CI: (1.34 - 2.57) were factors significantly associated with generalized anxiety disorder.

Conclusions: The study found that the prevalence of generalized anxiety disorder was high. Having less than 3 three children, having a negative attitude, and having a high-risk perception of COVID were independent risk factors of generalized anxiety disorder. Appropriate interventions should be considered to address generalized anxiety disorder during the COVID-19 pandemic. (Author)

2022-05920

Estimating the Impact of COVID-19 Pandemic Related Lockdown on Utilization of Maternal and Perinatal Health Services in an Urban Neighborhood in Delhi, India. Sinha B, Dudeja N, Mazumder S, et al (2022), 29 March 2022, online

Objective: To estimate utilization of maternal, perinatal healthcare services after the lockdown was implemented in response to the COVID-19 pandemic compared to the period before.

Methods: This study conducted in Dakshinpuri, an urban neighborhood in Delhi, reports data over a 13-month period which includes the period "before lockdown" i.e., October 1, 2019 to March 21, 2020 and "after lockdown" i.e., March 22 to November 5, 2020. The period "after lockdown" included the lockdown phase (March 22 to May 31, 2020) and unlock phase (June 1 to November 5, 2020). Mothers delivered during this period in the study area were interviewed using semi-structured questionnaires. In-depth interviews (IDIs) were conducted in a subsample to understand the experiences, challenges, and factors for underutilization of healthcare services.

Findings: The survey covered a total population of 21,025 in 4,762 households; 199 eligible mothers (mean age 27.4
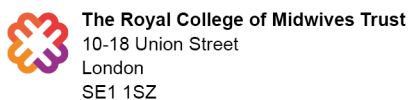
years) were interviewed. In women who delivered after lockdown against before lockdown, adjusted odds of having >2 antenatal care visits in the third trimester was 80% lower (aOR 0.2, 95% CI 0.1–0.5); proportion of institutional deliveries was lower (93 vs. 97%); exclusive breastfeeding during first 6 months of birth (64.5 vs. 75.7%) and health worker home visitation within 6 weeks of birth (median, 1 vs. 3 visits) were substantially lower. Fear of contracting COVID-19, poor quality of services, lack of transportation and financial constraints were key issues faced by mothers in accessing health care. More than three-fourth (81%) of the mothers reported feeling down, depressed or hopeless after lockdown. The major factors for stress during lockdown was financial reasons (70%), followed by health-related concerns.

Conclusion: COVID-19 pandemic-related lockdown substantially affected maternal and perinatal healthcare utilization and service delivery. (Author)

Full URL: https://doi.org/10.3389/fgwh.2022.816969

2022-05895

Effects of the COVID-19 Pandemic and Telehealth on Antenatal Screening and Services, Including for Mental Health and Domestic Violence: An Australian Mixed-Methods Study. Henry A, Yang J, Grattan S, et al (2022), 22 June 2022, online

Introduction: Australian antenatal care includes specific screening and service provision for domestic and family violence (DFV) and mental health. However, the COVID-19 pandemic resulted in major care changes, including greatly expanded telehealth. Given difficulties in a safe assessment and management of disclosures via telehealth, DFV and mental health service provision might be substantially impacted. This study therefore aimed to assess COVID-19 effects on DFV and mental health screening, as well as broader service provision from the perspective of local maternity service providers.

Methods: Mixed-methods study of staff surveys and interviews of staff directly involved in pregnancy care (doctors, midwives, and allied health) in three Sydney (Australia) maternity units, from October 2020 to March 2021. Surveys and interviews interrogated perceived effects of the COVID-19 pandemic on delivery (ensuring required services occurred), timeliness, and quality of (a) overall maternity care and (b) DFV and mental health screening and care; and also advantages and disadvantages of telehealth. Surveys were descriptively analyzed. Interviews were conducted online, recorded, and transcribed verbatim prior to thematic analysis.

Results: In total, 17 interviews were conducted and 109 survey responses were received. Breakdown of survey respondents was 67% of midwives, 21% of doctors, and 10% of allied health. Over half of survey respondents felt the pandemic had a negative effect on delivery, timeliness, and quality of overall pregnancy care, and DFV and mental health screening and management. Perceived telehealth positives included convenience for women (73%) and reducing women's travel times (69%). Negative features included no physical examination (90%), difficulty regarding non-verbal cues (84%), difficulty if interpreter required (71%), and unsure if safe to ask some questions (62%). About 50% felt telehealth should continue post-pandemic, but for <25% of visits. Those perceived suitable for telehealth were low-risk and multiparous women, whereas those unsuited were high-risk pregnancy, non-English speaking, and/or mental health/psychosocial/DFV concerns. "Change to delivery of care" was the central interview theme, with subthemes of impact on mental health/DFV screening, telehealth (both positive and negative), staff impact (e.g., continuity of care disruption), and perceived impact on women and partners.

Discussion: While telehealth may have an ongoing, post-pandemic role in Australian maternity care, staff believe that this should be limited in scope, mostly for low-risk pregnancies. Women with high risk due to physical health or mental health, DFV, and/or other social concerns were considered unsuited to telehealth. (Author)

Full URL: https://doi.org/10.3389/fgwh.2022.819953

2022-05833

The effect of COVID-19 lockdowns on women's perinatal mental health: a systematic review. Wall S, Dempsey M (2023),

Background

Risk factors for poor maternal perinatal mental health include a previous mental health diagnosis, reduced access to perinatal services, economic concerns and decreased levels of social support. Adverse maternal perinatal mental health can negatively influence the psychological wellbeing of infants. The outbreak of the COVID-19 pandemic presented an additional stressor. While literature on the impact of COVID-19 on perinatal mental health exists, no systematic review has focused specifically on maternal perinatal mental health during periods of COVID-19 lockdown.

Aims

This systematic review explores how periods of COVID-19 lockdown impacted women's perinatal mental health.

Methods

Searches of CINAHL, PsycARTICLES, PsycINFO, PubMed, Scopus and Web of Science were conducted for literature from 1st January 2020 to 25th May 2021. Quantitative, peer-reviewed, cross-sectional studies published in English with perinatal women as participants, and data collected during a period of lockdown, were included. Data was assessed for quality and narratively synthesized.

Findings

Sixteen articles from nine countries met the inclusion criteria. COVID-19 lockdowns negatively impacted perinatal mental health. Risk factors for negative perinatal mental health noted in previous literature were confirmed. In addition, resilience, educational attainment, trimester, and ethnicity were identified as other variables which may influence mental health during perinatal periods experienced during lockdown. Understanding nuance in experience and harnessing intra and interpersonal support could advance options for intervention.

Conclusion

Developing resources for perinatal women that integrate informal sources of support may aid them when normal routine is challenged, and may mediate potential long-term impacts of poor perinatal maternal health on infants. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2022.06.005

2022-05816

 Pregnant at the start of the pandemic: a content analysis of COVID-19-related posts on online pregnancy discussion boards. Choi R, Nagappan A, Kopyto D, et al (2022), BMC Pregnancy and Childbirth vol 22, no 493, 16 June 2022

Background

A growing body of evidence indicates that the COVID-19 pandemic has had detrimental mental health effects for pregnant women. However, little is known about the specific stressors that increased anxiety for pregnant women at the start of the pandemic. The present study aimed to better understand the concerns of pregnant women during the beginning COVID-19 pandemic by analyzing content posted during the month of March 2020 on online pregnancy message boards hosted on WhatToExpect.com.

Methods

All posts published between March 1–31, 2020 on nine different due-date specific WhatToExpect.com message boards were reviewed for COVID-19 relevance. Posts mentioning COVID-19 or its direct effects (e.g., "quarantine" or "stay-at-home order") were included in our final sample. Data were coded by three authors according to a codebook developed inductively by all four authors. Posts were analyzed by overall frequency of appearance, by trimester, and temporally across the month of March 2020.

Results

Across the 5,541 posts included in our final sample, the most common topics were fear of COVID-19 exposure, concerns with labor and delivery, navigating social interactions, and disruptions to prenatal care. The most dominant topics by trimester were disruptions to prenatal care (first trimester), fear of COVID-19 exposure (second trimester), and concerns about labor and delivery (third trimester).

Conclusion
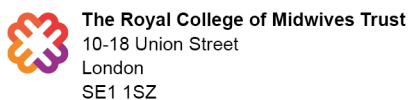
Our findings add to prior literature by demonstrating the salience of social concerns, which was the third largest COVID-19 topic in our sample. Emotional distress was most salient with regard to restrictions on birthing partners, but was apparent in everything from disruptions to pregnancy announcements, to cancelled baby showers, and limitations on newborn visitors. Given that anxiety during pregnancy is associated with worse maternal–fetal health outcomes, in the early stages of future pandemics healthcare providers should focus not only on strictly health-related concerns expressed by pregnant women, but also more broadly on other sources of anxiety that may be impacting the well-being and mental health of their patients. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04802-z

2022-05792

Cohort profile: maternal and child health and parenting practices during the COVID-19 pandemic in Ceará, Brazil: birth cohort study (Iracema-COVID). Castro MC, Farías-Antúnez S, Sá Araújo DAB, et al (2022), BMJ Open vol 12, no 6, June 2022, e060824

Purpose Maternal and child health and parenting practices during the COVID-19 pandemic in Ceará (Iracema-COVID) is a longitudinal, prospective population-based birth cohort designed to understand the effects of the pandemic and social withdrawal in maternal mental health, child development and parenting practices of mothers and families.

Participants A sample of mothers who gave birth in July and August 2020 (n=351) was enrolled in the study in January 2021. Interviews were conducted by telephone. Data were collected through standardised questionnaires that, in addition to sociodemographic and economic data, collected information on breast feeding, mental health status and COVID-19.

Findings to date Results from the first wave show that the majority of participants have 9–11 years of schooling (54.4%; 95% CI 61.0 to 70.9) and are of mixed race (71.5%; 95% CI 66.5 to 76.0). At the time of the survey, 27.9% of the participants were out of the labor force (95% CI 23.5 to 32.9) and 78.6% reported a decrease in family income after restrictions imposed due to the pandemic (95% CI 74.0 to 82.6). The prevalence of maternal common mental disorder symptoms was 32.5% (95% CI 27.8 to 37.6).

Future plans Follow-up visits are planned to occur every 6 months for the next five years (2021–2025). Additional topics will be included in future waves (eg, food insecurity and parenting practices). Communication strategies for bonding, such as picture cards, pictures of mothers with their children and phone calls to the participants, will be used to minimise attrition. Results of this prospective cohort will generate novel knowledge on the impact of the COVID-19 pandemic on maternal and child health and parenting practices in a population of women and children living in fifth largest city of Brazil. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2022-060824

2022-05791

Impact of the COVID-19 pandemic on utilisation of facility-based essential maternal and child health services from March to August 2020 compared with pre-pandemic March–August 2019: a mixed-methods study in North Shewa Zone, Ethiopia. Bekele C, Bekele D, Hunegnaw BM, et al (2022), BMJ Open vol 12, no 6, June 2022, e059408

Introduction Health systems are often weakened by public health emergencies that make it harder to access health services. We aimed to assess maternal, newborn and child health (MNCH) service utilisation during the first 6 months of the COVID-19 pandemic compared with prior to the pandemic.

Methods We conducted a mixed study design in eight health facilities that are part of the Birhan field site in Amhara, Ethiopia and compared the trend of service utilisation in the first 6 months of COVID-19 with the corresponding time and data points of the preceding year.

Result New family planning visits (43.2 to 28.5/month, p=0.014) and sick under 5 child visits (225.0 to 139.8/month,

p=0.007) declined over the first 6 months of the pandemic compared with the same period in the preceding year. Antenatal (208.9 to 181.7/month, p=0.433) and postnatal care (26.6 to 19.8/month, p=0.155) visits, facility delivery rates (90.7 to 84.2/month, p=0.776), and family planning visits (313.3 to 273.4/month, p=0.415) declined, although this did not reach statistical significance. Routine immunisation visits (37.0 to 36.8/month, p=0.982) for children were maintained. Interviews with healthcare providers and clients highlighted several barriers to service utilisation during COVID-19, including fear of disease transmission, economic hardship, and transport service disruptions and restrictions. Enablers of service utilisation included communities' decreased fear of COVID-19 and awareness-raising activities.

Conclusion We observed a decline in essential MNCH services particularly in sick children and new family planning visits. To improve the resiliency of fragile health systems, resources are needed to continuously monitor service utilisation and clients' evolving concerns during public health emergencies. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2021-059408

2022-05710

The COVID-19 pandemic and Australian parents with young children at risk of interparental conflict. Fogarty A, Seymour M, Savopoulos P, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 2, 2024, pp 338-352

Background: The COVID-19 pandemic has created many challenges for families across the world, with those who have recently had a baby particularly vulnerable to increased stress.

Study Aim: The current study aimed to explore the experiences of the COVID-19 pandemic of families who have recently had a baby in Melbourne, Australia.

Methods: Interviews were conducted with sixteen parents participating in a family-based intervention during early parenthood and seven clinicians who delivered the program.

Results: Parents and clinicians described impacts of the pandemic on parent and family functioning included mental health concerns, stress and irritability, feelings of isolation, and increased relationship tension. Parents discussed coping strategies used during the crisis, including activities with their family, connecting with others, trying to stay positive, and self-care activities such as spending time outdoors. Both parents and clinicians acknowledged the importance of mental health and parenting support during and following the pandemic, and for these services to be promoted and easily accessible.

Discussion: The study highlights the mental health and parenting support needs of families during times of crisis and emphasises the importance of early intervention for families exhibiting poor communication and relationship tension. (Author)

2022-05685

Effectiveness of a neonatal COVID-19 response project: A mixed-methods evaluation using the Donabedian model.

Carruthers KF, Hannis D, Robinson J, et al (2023), Journal of Neonatal Nursing vol 29, no 1, February 2023, pp 203-207

Objective

This article outlines notable findings of a service evaluation of a COVID-19 response project, the Nurture Project (July 2020–March 2021).

Method

The Donabedian structure-process-outcome model was used. Mixed-methods online surveys and organisational data were analysed using reflexive thematic analysis and statistical analysis methods.

Results

Most staff and service users were satisfied with the project, reporting positive benefits to mental health, child development, and wellbeing. However, project outcome measures (Generalised Anxiety Disorder Scale GAD-7 and the Patient Health Questionnaire PHQ-9) were statistically non-significant.

Conclusion

Although the project was considered successful, recommendations for future service evaluation methods, outcome measurement, and future research are provided. (Author)

Full URL: https://doi.org/10.1016/j.jnn.2022.06.003

2022-05658

Breastfeeding Practices Before and During the COVID-19 Pandemic in Fortaleza, Northeastern Brazil. Farías-Antúnez S, Correia LL, Batista DA, et al (2022), Journal of Human Lactation vol 38, no 3, August 2022, pp 407-421

Background:

Physical distancing associated with the COVID-19 pandemic may lead to suboptimal maternal mental health, social support after birth, and infant feeding practices.

Research Aims:

To compare breastfeeding prevalence in participants who were pregnant at a time when strict physical distancing measures were imposed in Fortaleza, the capital of Ceará state, Brazil, with the pre-pandemic breastfeeding levels, and to assess the association of breastfeeding prevalence with maternal common mental disorders, and sociodemographic and health predictors.

Method:

A cross-sectional prospective two-group comparison design using two population-based surveys was carried out in Fortaleza before and after the pandemic. Participants (n = 351) who had a live birth in Fortaleza in July or August 2020, and participants (n = 222) who had a child younger than 12 months in 2017 were surveyed. Crude and adjusted multinomial logistic regressions with robust variance were used to estimate risk ratios and 95% confidence intervals (CI).

Results:

Similar prevalence of exclusive breastfeeding were observed in 2021 (8.1%) and 2017 (8.5%; p = .790). An increase in predominant (2.2% vs. 13.4%; p < .001) and a decrease in complementary breastfeeding (64.0% vs. 48.4%; p = .037) was observed in 2021, compared to 2017. The prevalence of maternal common mental disorders also increased in 2021 (17.6% vs. 32.5%, p < .001). No statistically significant associations were found between breastfeeding patterns, maternal common mental disorders, and other predictors in 2017 or 2021.

Conclusions:

Participants who delivered during the COVID-19 pandemic delayed solid foods introduction and breastfed predominantly longer than participants during the pre-pandemic period. While common mental disorders significantly increased, they were not associated with differences in breastfeeding. (Author)

Full URL: https://doi.org/10.1177/08903344221101874

2022-05652

Experiences of women who gave birth during the pandemic. Hancock D (2022), Journal of Health Visiting vol 10, no 5, May 2022, pp 195-198
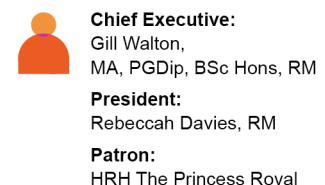
The Care Quality Commission surveyed women who had gone through pregnancy and birth during the national lockdown in 2021. Dave Hancock looks at some positive results and key areas for improvement in maternity care. (Author)

2022-05651

Concerns of women regarding pregnancy and childbirth during the COVID-19 pandemic. Ahlers-Schmidt CR, Hervey AM, Neil T, et al (2020), Patient Education and Counseling vol 103, no 12, December 2020, pp 2578-2582

Objective

Better understand knowledge, attitudes and practices of pregnant women and mothers of infants around coronavirus disease 2019 (COVID-19).

Methods

A 58-item electronic survey was distributed to pregnant and postpartum women (infants <12 months) who were >15 years, English-speaking and enrolled in prenatal programs. Data is summarized using central tendency, frequencies and nonparametric statistics.

Results

Of 114 (51 % response rate) participants, 82.5 % reported negative changes in mental status measures (e.g. stress, anxious thoughts, changes in sleep patterns). All reported risk-reduction behavior changes (e.g. handwashing/use of sanitizer, social distancing). Significant changes were reported in employment and financial status due to the pandemic. Increases in alcohol consumption among postpartum women were also reported. Few reported changes in prenatal, infant or postpartum healthcare access.

Conclusion

This study provides initial insight into the knowledge, attitudes and practices of pregnant and postpartum women during the COVID-19 pandemic. This study is limited as participants represent a single Midwest community and social desirability response bias may have impacted responses. However, results may inform future interventions to support pregnant women and mothers of infants during pandemics.

Practice implications

Providers should consider the impact of such events on mental status, access to resources and changes in behaviors. (Author)

2022-05635

Improving knowledge, attitudes and beliefs: a cross-sectional study of postpartum depression awareness among social support networks during COVID-19 pandemic in Malaysia. Alsabi RNS, Zaimi AF, Sivalingam T, et al (2022), BMC Women's Health vol 22, no 221, 11 June 2022

Background

Postpartum depression (PPD) is the most prevalent mental health disorder after childbirth, notably during the COVID-19 pandemic. In addition, PPD is known to have a long-term influence on the mother and the newborn, and the role of social support network is crucial in early illness recognition. This study aims to evaluate the social support networks' level of knowledge, attitudes and beliefs regarding PPD and examine their sociodemographic variables and exposure to the public information relating to PPD during the COVID-19 pandemic in Malaysia.

Methods

A cross-sectional study was conducted via an online Google Form disseminated to people in Klang Valley through WhatsApp, Email, Facebook, Instagram and other available social media among postpartum women's social support networks aged 18 years and living in the Klang Valley area (N = 394). Data were collected from 1 March to 5 July 2021 and analysed using the Mann–Whitney U-test and generalised linear mixed models.

Results

During the COVID-19 epidemic in Klang Valley, most participants had good knowledge, negative attitudes and awareness of PPD. Marital status, gender and parity all had significant correlations with the amount of awareness regarding PPD. Ethnicity, gender, parity and educational level showed significant association with attitude towards PPD. No significant relationship was noted between sociodemographic variables and PPD beliefs. Public awareness of PPD was also associated with knowledge and attitude towards it.

Conclusions

A significant positive knowledge, negative attitude and negative awareness level of PPD exist among social support networks for postnatal women. However, no significant effect of belief on PPD awareness level was noted.

Implications
Insight campaigns and public education about PPD should be conducted to enhance postnatal mothers' awareness and knowledge. Postnatal care, mental check-ups and counselling sessions for the new mothers are recommended. In future studies, a closer assessment of postpartum social support, variances and similarities across women from diverse racial/ethnic origins is critical.

Strengths and limitations
This cross-sectional study is one of the early studies on the area of PPD in the Malaysian region during COVID-19. Numerous data have been collected using low-cost approaches using self-administered surveys through Google Forms in this research. (Author)
Full URL: https://doi.org/10.1186/s12905-022-01795-x

2022-05211

 Associations between COVID-19 lockdown and post-lockdown on the mental health of pregnant women, postpartum women and their partners from the Queensland family cohort prospective study. Clifton VL, Kumar S, Borg D, et al (2022), BMC Pregnancy and Childbirth vol 22, no 468, 4 June 2022

Background
There are very few developed countries where physical isolation and low community transmission has been reported for COVID-19 but this has been the experience of Australia. The impact of physical isolation combined with low disease transmission on the mental health of pregnant women is currently unknown and there have been no studies examining the psychological experience for partners of pregnant women during lockdown. The aim of the current study was to examine the impact of the first COVID-19 lockdown in March 2020 and post lockdown from August 2020 on the mental health of pregnant women or postpartum women and their partners.

Methods
Pregnant women and their partners were prospectively recruited to the study before 24 weeks gestation and completed various questionnaires related to mental health and general wellbeing at 24 weeks gestation and then again at 6 weeks postpartum. The Depression, Anxiety and Stress Scale (DASS-21) and the Edinburgh Postnatal Depression Scale (EPDS) were used as outcome measures for the assessment of mental health in women and DASS-21 was administered to their partners. This analysis encompasses 3 time points where families were recruited; before the pandemic (Aug 2018-Feb 2020), during lockdown (Mar-Aug 2020) and after the first lockdown was over (Sept-Dec 2020).

Results
There was no significant effect of COVID-19 lockdown and post lockdown on depression or postnatal depression in women when compared to a pre-COVID-19 subgroup. The odds of pregnant women or postpartum women experiencing severe anxiety was more than halved in women during lockdown relative to women in the pre-COVID-19 period (OR = 0.47; 95%CI: 0.27–0.81; P = 0.006). Following lockdown severe anxiety was comparable to the pre-COVID-19 women. Lockdown did not have any substantial effects on stress scores for pregnant and postpartum women. However, a substantial decrease of over 70% in the odds of severe stress was observed post-lockdown relative to pre-COVID-19 levels. Partner's depression, anxiety and stress did not change significantly with lockdown or post lockdown.

Conclusion
A reproductive age population appear to be able to manage the impact of lockdown and the pandemic with some benefits related to reduced anxiety. (Author)
Full URL: https://doi.org/10.1186/s12884-022-04795-9
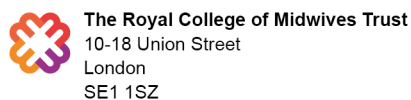
2022-05145

Association between intimate partner violence and prenatal anxiety and depression in pregnant women: a cross-sectional survey during the COVID-19 epidemic in Shenzhen, China. Wu F, Zhou L, Chen C, et al (2022), BMJ Open vol 12, no 5, May 2022, e055333

Objectives Intimate partner violence (IPV) against women remains a major global public health problem with harmful consequences for individuals and society. People's lifestyles have been greatly affected by the COVID-19 pandemic. This study investigated the prevalence of and relationship between IPV and anxiety and depression in pregnant Chinese women during the pandemic.

Design Cross-sectional study.

Setting This investigation was conducted in Shenzhen City, Guangdong Province, China from 15 September to 15 December 2020.

Participants A total of 3434 pregnant women were screened with the Abuse Assessment Screen Questionnaire to evaluate IPV and General Anxiety Disorder and Patient Health Questionnaire to evaluate symptoms of anxiety and depression, respectively. Pregnant women with perinatal health records at Shenzhen District Maternity and Child Healthcare Hospitals who consented to participate were enrolled. Women with psychotic disorders such as schizophrenia, mania or substance dependence and pregnant women who refused to participate were excluded. Data were analysed with the χ^2 test and by logistic regression analysis.

Results The prevalence of IPV among pregnant women was 2.2%. Mental violence was the most common type of violence (2.2%), followed by physical (0.6%) and sexual (0.7%) violence. The prevalence of anxiety and depression symptoms was 9.8% and 6.9%, respectively. After adjusting for covariates, there was a statistically significant association between IPV and prenatal anxiety (OR=4.207, 95% CI: 2.469 to 7.166) and depression (OR=3.864, 95% CI: 2.095 to 7.125).

Conclusions IPV increased the risk of prenatal anxiety and depression in pregnant women in China during the COVID-19 pandemic. Efforts should be made by the government and civil society to promote long-lasting antenatal interventions to ensure the safety and protect the mental health of pregnant women. (Author)
Full URL: http://dx.doi.org/10.1136/bmjopen-2021-055333

2022-05125

First-time mothers' experiences of antenatal education during the COVID-19 pandemic. Cassar E, Spiteri G (2022), MIDIRS Midwifery Digest vol 32, no 2, June 2022, pp 196-200

Background: The COVID-19 global pandemic has resulted in a change in pregnant women's habits and in the models of care that support them during their pregnancies. Social restrictions and quarantine have changed the way antenatal education has been accessed and delivered.

Aim and objectives: This study aimed to explore mothers' lived experiences of antenatal education during the COVID-19 pandemic. The objectives of the study were to explore: the experience of antenatal education in relation to pregnancy; the influence of antenatal education on the childbirth experience, and the experience of antenatal education in relation to the postpartum period.

Methods: The qualitative paradigm was used to investigate this phenomenon among a purposive sample of nine primiparous mothers who were selected from a breastfeeding clinic at the main state hospital in Malta via an intermediary. A semi-structured interview schedule was specifically designed for the purpose of the study and was used to elicit the data. The interviews were held virtually and were audio-recorded with the participants' consent.

Results: Antenatal classes were considered an essential source of information, especially during the COVID-19 pandemic. Despite this, participants highlighted how antenatal education did not fully prepare them for the realities of their labour, birth and their transition to parenthood. Moreover, it transpired that the COVID-19 pandemic created a heightened sense of anxiety, fear and stress among expectant women.

Conclusions: This study suggests that antenatal education should start earlier during pregnancy to offer gestation-specific advice and education should also continue well into the postpartum. Since virtual antenatal education classes have offered support to many childbearing women during this unprecedented time more resources that support and enhance web-based antenatal education should be allocated to this important niche of care. (Author)

2022-05070

Expectant parents' perceptions of healthcare and support during COVID-19 in the UK: a thematic analysis. Aydin E, Glasgow KA, Weiss SM, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 2, 2024, pp 209-221

Background

In response to the COVID-19 pandemic, expectant parents experienced changes in the availability and uptake of both National Health Service (NHS) community and hospital-based healthcare.

Objective

To examine how COVID-19 and its societal related restrictions have impacted the provision of healthcare support for pregnant women during the COVID-19 pandemic.

Method

A thematic analysis using an inductive approach was undertaken using data from open-ended responses to the national COVID in Context of Pregnancy, Infancy and Parenting (CoCoPIP) Study online survey (n = 507 families).

Findings

The overarching theme identified was the way in which the changes to healthcare provision increased parents' anxiety levels, and feelings of not being supported. Five sub-themes, associated with the first wave of the pandemic, were identified: (1) rushed and/or fewer antenatal appointments, (2) lack of sympathy from healthcare workers, (3) lack of face-to-face appointments, (4) requirement to attend appointments without a partner, and (5) requirement to use PPE. A sentiment analysis, that used quantitative techniques, revealed participant responses to be predominantly negative (50.1%), with a smaller proportion of positive (21.8%) and neutral (28.1%) responses found.

Conclusion

This study provides evidence indicating that the changes to healthcare services for pregnant women during the pandemic increased feelings of anxiety and have left women feeling inadequately supported. Our findings highlight the need for compensatory social and emotional support for new and expectant parents while COVID-19 related restrictions continue to impact on family life and society. (Author)

Full URL: https://doi.org/10.1080/02646838.2022.2075542

2022-04804

Implementing "Online Communities" for pregnant women in times of COVID-19 for the promotion of maternal well-being and mother-to-infant bonding: a pretest–posttest study. Potharst ES, Schaeffer MA, Gunning C, et al (2022), BMC Pregnancy and Childbirth vol 22, no 415, 18 May 2022

Background

The Coronavirus Disease 2019 (COVID-19) pandemic elevated the risk for mental health problems in pregnant women, thereby increasing the risk for long-term negative consequences for mother and child well-being. There was an

immediate need for easily accessible interventions for pregnant women experiencing elevated levels of pandemic related stress.

Methods
A three-session intervention "Online Communities" (OC) was developed at the beginning of the Dutch lockdown, and implemented by a team of midwives and psychologists specialized in Infant Mental Health. Pretest (N = 34) and posttest (N = 17) measurements of depressive symptoms, worries about COVID-19 and worries in general, and mother-to-infant bonding were administered, as well as a posttest evaluation.

Results
At pretest, the OC group was compared to two reference groups of pregnant women from an ongoing pregnancy cohort study: a COVID-19 (N = 209) and pre-COVID-19 reference group (N = 297). OC participants had significantly more depressive symptoms than both reference groups, and less positive feelings of bonding than the COVID-19 but not the pre-COVID-19 reference group. Compared to pretest, significant decreases in depressive symptoms (with significantly less participants scoring above cut-off) and worries about COVID-19 (large effect sizes) and worries in general (moderate to large effect size) were found at posttest for the OC participants. No significant improvement was found in bonding. Participants rated the intervention positively.

Conclusions
The current study provides initial evidence supporting the idea that OC is a promising and readily accessible intervention for pregnant women experiencing stress due to the COVID-19 pandemic, and possibly also applicable to other stressors.

Trial registration
This intervention was registered in the Netherlands Trial Registration (registration number Trial NL8842, registration date 18/08/2020). (Author)
Full URL: https://doi.org/10.1186/s12884-022-04729-5

2022-04745

Interplay between long-term vulnerability and new risk: Young adolescent and maternal mental health immediately before and during the COVID-19 pandemic. Wright N, Hill J, Sharp H, Pickles A (2021), JCPP Advances vol 1, number 1, April 2021, e12008
Background

We examine whether there has been an increase in young adolescent and maternal mental health problems from pre- to post-onset of the COVID-19 pandemic.

Methods

Children aged 11–12 years and their mothers participating in a UK population-based birth cohort (Wirral Child Health and Development Study) provided mental health data between December 2019 and March 2020, and again 3 months after lockdown, 89% (N = 202) of 226 assessed pre-COVID-19. Emotional and behavioural problems were assessed by self- and maternal reports, and long-term vulnerability by maternal report of prior child adjustment, and maternal prenatal depression.

Results

The young adolescents reported a 44% (95% confidence interval [CI: 23%–65%]) increase in symptoms of depression and 26% (95% CI [12%–40%]) for post-traumatic stress disorder, with corresponding maternal reports of child symptoms of 71% (95% CI [44%–99%]) and 43% (95% CI 29%–86%). Disruptive behaviour problem symptoms increased
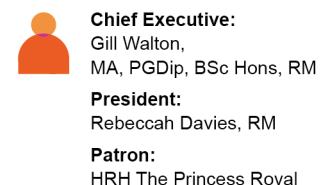
by 76% (95% CI [43%–109%]) particularly in children without previous externalising symptoms. Both female gender and having had high internalising symptoms earlier in childhood were associated with elevated rates of depression pre-pandemic, and with greater absolute increases during COVID-19. Mothers' own depression symptoms increased by 42% (95% CI [20%–65%]), and this change was greater among mothers who had prenatal depression. No change in anxiety was observed among children or mothers. None of these increases were moderated by COVID-19-related experiences such as frontline worker status of a parent. Prior to the pandemic, rates of maternal and child depression were greater in families experiencing higher deprivation, but changed only in less deprived families, raising their rates to those of the high deprivation group.

Conclusions

COVID-19 has led to a marked increase in mental health problems in young adolescents and their mothers with concomitant requirements for mental health services to have the resources to adapt to meet the level and nature of the needs. (Author)

Full URL: https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcv2.12008

2022-04729

Communication Across Maternal Social Networks During England's First National Lockdown and Its Association With Postnatal Depressive Symptoms. Myers S, Emmott EH (2021), Frontiers in Psychology 11 May 2021, online

Postnatal/postpartum depression (PND/PPD) had a pre-COVID-19 estimated prevalence ranging up to 23% in Europe, 33% in Australia, and 64% in America, and is detrimental to both mothers and their infants. Low social support is a key risk factor for developing PND. From an evolutionary perspective this is perhaps unsurprising, as humans evolved as cooperative childrearers, inherently reliant on social support to raise children. The coronavirus pandemic has created a situation in which support from social networks beyond the nuclear family is likely to be even more important to new mothers, as it poses risks and stresses for mothers to contend with; whilst at the same time, social distancing measures designed to limit transmission create unprecedented alterations to their access to such support. Using data from 162 mothers living in London with infants aged ≤6 months, we explore how communication with members of a mother's social network related to her experience of postnatal depressive symptoms during the first "lockdown" in England. Levels of depressive symptoms, as assessed via the Edinburgh Postnatal Depression Scale, were high, with 47.5% of the participants meeting a ≥11 cut-off for PND. Quasi-Poisson regression modelling found that the number of network members seen in-person, and remote communication with a higher proportion of those not seen, was negatively associated with depressive symptoms; however, contact with a higher proportion of relatives was positively associated with symptoms, suggesting kin risked seeing mothers in need. Thematic qualitative analysis of open text responses found that mothers experienced a burden of constant mothering, inadequacy of virtual contact, and sadness and worries about lost social opportunities, while support from partners facilitated family bonding. While Western childrearing norms focus on intensive parenting, and fathers are key caregivers, our results highlight that it still "takes a village" to raise children in high-income populations and mothers are struggling in its absence. (Author)

Full URL: https://doi.org/10.3389/fpsyg.2021.648002

2022-04709

Postpartum psychosis and SARS-CoV-2 infection: is there a correlation?. Bider EN, Coker JL (2021), Archives of Women's Mental Health vol 24, no 6, December 2021, pp 1051-1054

The COVID-19 pandemic has had a negative impact on mental health. Cases of psychosis associated with SARS-CoV-2 infection have been noted. The Women's Mental Health Program at the University of Arkansas for Medical Sciences determined four-fold increase from data from the last 5 years. We propose that the pandemic should be considered a risk factor for postpartum psychosis. Providers should emphasize sleep hygiene and monitor carefully for psychosis in postpartum women. (Author)

Full URL: https://doi.org/10.1007/s00737-021-01150-3
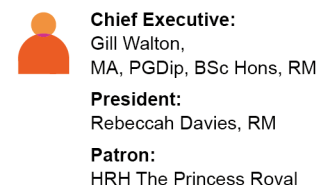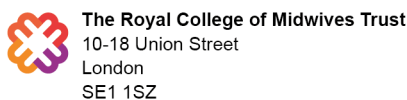
2022-04707

The COVID-19 outbreak increases maternal stress during pregnancy, but not the risk for postpartum depression.
Boekhorst MGBM, Muskens L, Hulsbosch LP, et al (2021), Archives of Women's Mental Health vol 24, no 6, December 2021, pp 1037-1043

The COVID-19 pandemic affects society and may especially have an impact on mental health of vulnerable groups, such as perinatal women. This prospective cohort study of 669 participating women in the Netherlands compared perinatal symptoms of depression and stress during and before the pandemic. After a pilot in 2018, recruitment started on 7 January 2019. Up until 1 March 2020 (before the pandemic), 401 women completed questionnaires during pregnancy, of whom 250 also completed postpartum assessment. During the pandemic, 268 women filled out at least one questionnaire during pregnancy and 59 postpartum (1 March–14 May 2020). Pregnancy-specific stress increased significantly in women during the pandemic. We found no increase in depressive symptoms during pregnancy nor an increase in incidence of high levels of postpartum depressive symptoms during the pandemic. Clinicians should be aware of the potential for increased stress in pregnant women during the pandemic.. (Author)
Full URL: https://doi.org/10.1007/s00737-021-01104-9

2022-04706

Longitudinal study on prenatal depression and anxiety during the COVID-19 pandemic. López-Morales H, del-Valle MV, Andrés ML, et al (2021), Archives of Women's Mental Health vol 24, no 6, December 2021, pp 1027-1036

Several studies have reported the negative impact of the COVID-19 pandemic context on mental health. Given that pregnant women constitute a vulnerable group, they may be at greater risk for developing psychopathological symptoms due to the confinement. The current study aimed to longitudinally analyze the presence and evolution of indicators of depression and anxiety in pregnant and non-pregnant women, and to identify the differential effects of social isolation or distancing measures on these groups. Participants were 105 pregnant and 105 non-pregnant Argentine adult women. They completed the Beck Depression Inventory-II, the State-Trait Anxiety Inventory, and closed-ended questions on sociodemographic factors, at four different times. Results showed a progressive increase in anxiety and depressive symptoms in the first 50 days of confinement in both groups, and a slight decrease after approximately 150 days. Pregnant women presented a more pronounced initial increase in symptoms, and a weaker decrease at the last wave, compared to the non-pregnant. Results suggest that the pandemic context produces a moderate negative early response and that the initial flexibilizations of sanitary measures (50 days) did not slow down the progression of symptoms (even less in pregnant women). In conclusion, being pregnant could be an extra risk factor for the development of psychopathological symptoms during this pandemic. The particular vulnerability of pregnant women and the associated potential negative effects both on them and on their offspring underline the importance of perinatal health policies aimed at prevention and treatment of possible future consequences. (Author)
Full URL: https://doi.org/10.1007/s00737-021-01152-1

2022-04704

Coping strategies mediate the associations between COVID-19 experiences and mental health outcomes in pregnancy. Khoury JE, Atkinson L, Bennett T, et al (2021), Archives of Women's Mental Health vol 24, no 6, December 2021, pp 1007-1017

The COVID-19 pandemic has resulted in elevated mental health problems for pregnant women. Effective coping strategies likely reduce the impact of COVID-19 on mental health. This study aimed to (1) understand how COVID-19 stressors are related to different coping strategies and (2) identify whether coping strategies act as mechanisms accounting for the associations between COVID-19 stressful experiences and mental health problems in pregnancy. Participants were 304 pregnant women from Ontario, Canada. Depression, anxiety, insomnia, and perceived stress were assessed using validated measures. COVID-related stressors (i.e., financial difficulties, social isolation), subjective negative impact of COVID-19, and coping strategies used in response to COVID-19 were assessed by questionnaires. Results indicated that the subjective negative impact of COVID-19 was associated with more dysfunctional coping and less emotion-focused coping, whereas specific COVID-19 stressors, namely financial difficulties and social isolation, were associated with more dysfunctional coping and problem-focused coping. Dysfunctional coping was linked to elevated mental health problems and emotion-focused coping was linked to less

mental health problems. Dysfunctional coping and emotion-focused coping partially mediated the effects of specific COVID-19 stressors on mental health outcomes. Findings indicate that coping is one pathway through which the COVID-19 pandemic impacts mental health in pregnancy. Supports and interventions for pregnant women during the pandemic should focus on bolstering coping skills, in order to minimize the mental health consequences of COVID-19. (Author)

Full URL: https://doi.org/10.1007/s00737-021-01135-2

2022-04682

Challenges and opportunities of the COVID-19 pandemic for perinatal mental health care: a mixed-methods study of mental health care staff. Wilson CA, Dalton-Locke C, Johnson S, et al (2021), Archives of Women's Mental Health vol 24, no 5, October 2021, pp 749-757

The aim of this study was to explore staff perceptions of the impact of the COVID-19 pandemic on mental health service delivery and outcomes for women who were pregnant or in the first year after birth ('perinatal' women). Secondary analysis was undertaken of an online mixed-methods survey open to all mental health care staff in the UK involving 363 staff working with women in the perinatal period. Staff perceived the mental health of perinatal women to be particularly vulnerable to the impact of stressors associated with the pandemic such as social isolation (rated by 79.3% as relevant or extremely relevant; 288/363) and domestic violence and abuse (53.3%; 192/360). As a result of changes to mental health and other health and social care services, staff reported feeling less able to assess women, particularly their relationship with their baby (43.3%; 90/208), and to mobilise safeguarding procedures (29.4%; 62/211). While 42% of staff reported that some women engaged poorly with virtual appointments, they also found flexible remote consulting to be beneficial for some women and helped time management due to reductions in travel time. Delivery of perinatal care needs to be tailored to women's needs; virtual appointments are perceived not to be appropriate for assessments but may be helpful for some women in subsequent interactions. Safeguarding and other risk assessment procedures must remain robust in spite of modifications made to service delivery during pandemics. (Author)

Full URL: https://doi.org/10.1007/s00737-021-01108-5

2022-04678

Google search behaviour relating to perinatal mental wellbeing during the United Kingdom's first COVID-19 lockdown period: a warning for future restrictions. Chapman GE, Ishlek I, Spoors J (2021), Archives of Women's Mental Health vol 24, no 4, August 2021, pp 681-686

Infodemiological studies derive public health information from internet activity. Here we compare Google searches of perinatal mental health-related terms during the U.K.'s first COVID-19 lockdown with the corresponding period in 2019. We report evidence of reduced pathologising/recognition of perinatal mental illness; increased perceived maternal inadequacy and estrangement from newborn baby; increased maternal domestic abuse; and increased domestic and substance abuse generally. These insights offer important population-level considerations ahead of further U.K. restrictions, and should be imminently confirmed with epidemiological work. (Author)

Full URL: https://doi.org/10.1007/s00737-021-01110-x

2022-04677

2019-nCOV distress and depressive, anxiety and OCD-type, and eating disorder symptoms among postpartum and control women. Thompson KA, Bardone-Cone AM (2021), Archives of Women's Mental Health vol 24, no 4, August 2021, pp 671-680

This study compared postpartum and control women on depressive, anxiety, and OCD-type symptoms, and eating disorder symptoms during the 2019-nCOV pandemic and evaluated if associations between 2019-nCOV distress and these mental health symptoms differed for postpartum compared to control women. A community sample of women, ages 18–39, who had either given birth in the past 12 months (n = 232) or had no pregnancy history (n = 137; controls), was recruited to complete an online survey about their depressive, anxiety, OCD, and eating disorder symptoms. Postpartum women reported greater OCD-type symptoms related to concerns about both contamination and

responsibility for harm (ps < .05) compared to controls. After controlling for general stress and mental health history, the association between 2019-nCOV distress and OCD-type symptoms related to concerns about contamination was stronger among postpartum compared to control women (ps < .002). For all women, 2019-nCOV distress was positively related to general anxiety symptoms, total OCD-type symptoms, and OCD-type symptoms related to concerns about responsibility for harm after controlling for general stress and mental health history (ps < .03). Data are first to suggest postpartum women may be at elevated risk for OCD-type symptoms during 2019-nCOV pandemic, and pandemic distress is associated with anxiety and OCD-type symptoms among postpartum women more so than control women. (Author)

Full URL: https://doi.org/10.1007/s00737-021-01120-9

2022-04614

COVID-19-related anxiety and concerns expressed by pregnant and postpartum women—a survey among obstetricians. Nanjundaswamy MH, Shiva L, Desai G, et al (2020), Archives of Women's Mental Health vol 23, no 6, December 2020, pp 787-790

This paper from India describes anxieties that pregnant and postpartum women reported to obstetricians during the COVID-19 pandemic. Of the 118 obstetricians who responded to an online survey, most had been contacted for concerns about hospital visits (72.65%), methods of protection (60.17%), the safety of the infant (52.14%), anxieties related to social media messages (40.68%) and contracting the infection (39.83%). Obstetricians felt the need for resources such as videos, websites and counselling skills to handle COVID-related anxiety among perinatal women. (Author)

Full URL: https://doi.org/10.1007/s00737-020-01060-w

2022-04613

Previous psychopathology predicted severe COVID-19 concern, anxiety, and PTSD symptoms in pregnant women during "lockdown" in Italy. Ravaldi C, Ricca V, Wilson A, et al (2020), Archives of Women's Mental Health vol 23, no 6, December 2020, pp 783-786

Italy was the first COVID-19 pandemic epicenter among European countries and established a period of full "lockdown", consisting of travel bans, mandatory staying at home, and temporary closure of nonessential businesses. Similar measures are known risk factors for psychological disturbances in the general population; still, little is known about their impact on pregnant women's mental health during COVID-19 pandemic. The cross-sectional, web-based, national survey "COVID-19 related Anxiety and StreSs in prEgnancy, poSt-partum and breaStfeeding" (COVID-ASSESS) was conducted during the first month of full "lockdown" in Italy. Participants were recruited via social networks with a snowball technique. The questionnaire was specifically developed to examine COVID-19 concerns and included the psychometric tests National Stressful Events Survey (NSESSS) for posttraumatic stress disorder (PTSD) and State-Trait Anxiety Inventory. A multivariable logistic regression model was fitted to explore the association of the concern, anxiety and PTSD symptoms with age, gestational weeks, parity, days of "lockdown", assisted reproductive technology use, psychopathological history, and previous perinatal losses. Out of 1015 pregnant women reached, 737 (72.6%) fully answered the questionnaire; no woman reported a COVID-19 infection. Median age was 34.4 years [quartiles 31.7, 37.2], median days in "lockdown" were 13.1 [11.0, 17.0], median gestational weeks were 27.8 [19.8, 34.0]. Clinically significant PTSD symptoms were present in 75 women (10.2%, NSESSS cutoff 24) and clinically significant anxiety symptoms were present in 160 women (21.7%, STAI-Y1 cutoff 50). Women were particularly worried about the health of their baby and of their elderly relatives, as well as of the possible impact of pandemic in the future of society. Previous anxiety predicted higher concern and PTSD symptoms; previous depression and anxiety were independently associated with current PTSD symptoms. (Author)

Full URL: https://doi.org/10.1007/s00737-020-01086-0

2022-04611

Risk for probable post-partum depression among women during the COVID-19 pandemic. Pariente G, Broder OW, Sheiner E, et al (2020), Archives of Women's Mental Health vol 23, no 6, December 2020, pp 767-773
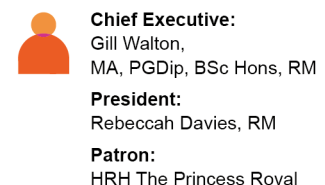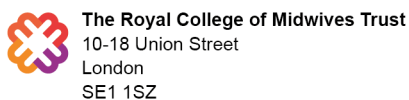
The aim of the current study was to assess the risk for post-partum depression among women delivering during the COVID-19 pandemic as compared to the risk among women delivering before the COVID-19 pandemic. A cohort study was performed among women delivering singletons at term which were recruited in the maternity wards of the Soroka University Medical Center. Recruitment was done during the COVID-19 strict isolation period (March 18 and April 29, 2020). Women delivering during the COVID-19 pandemic completed the Edinburgh Postnatal Depression Scale (EPDS), and the results were compared to women delivering at the same medical center before the COVID-19 pandemic. Multivariable logistic regression models were constructed to control for potential confounders. A total of 223 women who delivered during the COVID-19 strict isolation period were recruited. Women delivering during the COVID-19 pandemic had lower risk of having a high (> 10) or very high (≥ 13) EPDS score as compared with women delivering before the COVID-19 pandemic (16.7% vs 31.3%, p = 0.002, and 6.8% vs 15.2%, p = 0.014, for EPDS ≥ 10 and EPDS ≥ 13, respectively). These results remained similar in the multivariable logistic regression models, for both EPDS score ≥ 10 and EPDS score ≥ 13, while controlling for maternal age, ethnicity, marital status, and adverse pregnancy outcomes (adjusted OR 0.4, 95% CI 0.23–0.70, p = 0.001 and adjusted OR 0.3, 95% CI 0.15–0.74, p = 0.007 for EPDS score > 10 and > 13, respectively). In our population, delivering during the COVID-19 pandemic was independently associated with lower risk of post-partum depression. (Author)
Full URL: https://doi.org/10.1007/s00737-020-01075-3

2022-04609

Pregnancy-related anxiety during COVID-19: a nationwide survey of 2740 pregnant women. Moyer CA, Compton SD, Kaselitz E, et al (2020), Archives of Women's Mental Health vol 23, no 6, December 2020, pp 757-765

The aim of this study is to explore the impact of the COVID-19 pandemic on pregnant women's anxiety and identify factors most strongly associated with greater changes in anxiety. An anonymous, online, survey of pregnant women (distributed April 3–24, 2020) included a modified pregnancy-related anxiety scale (PRAS) reflecting respondents' perception of pregnancy anxiety before COVID-19 and a current assessment of pregnancy-related anxiety. The difference between these scores was used as the outcome variable. Data were analyzed using bivariate and multivariate linear regression analyses. Two thousand seven hundred forty pregnant women from 47 states completed the survey. 25.8% (N = 706) stopped in-person visits, 15.2% used video visits (N = 415), and 31.8% (N = 817) used phone visits for prenatal care as a result of COVID-19. Those planning a hospital birth dropped from 2641 (96.4%) to 2400 (87.7%) following COVID-19. More than half of women reported increased stress about food running out (59.2%, N = 1622), losing a job or household income (63.7%, N = 1745), or loss of childcare (56.3%, N = 1543). More than a third reported increasing stress about conflict between household members (37.5%, N = 1028), and 93% (N = 2556) reported increased stress about getting infected with COVID-19. Slightly less than half of respondents (either selves or family members) were healthcare workers (41.4%, N = 1133) or worked in essential services (45.5%, N = 1246). In multivariate analysis, those reporting higher agreement with COVID-19-related stressors had greater changes in pre- to post-COVID-19 pregnancy-related anxiety. The COVID-19 pandemic is profoundly affecting pregnant women's mental health, and factors independent of pregnancy appear to be driving changes in pregnancy-specific anxiety. (Author)
Full URL: https://doi.org/10.1007/s00737-020-01073-5

2022-04537

Process evaluation of Virtual Pregnancy in Mind during the COVID-19 pandemic. McElearney A, Hyde-Dryden G, Walters H, et al (2021), 44 pages. May 2021

Describes how the NSPCC adapted their face-to-face Pregnancy in Mind (PiM) service, a preventative mental health service for parents who are experiencing or at risk of mild to moderate anxiety and depression during the perinatal period (during pregnancy and the first year after birth), to comply with COVID-19 restrictions.

This process evaluation looks at the case data of 186 parents who accessed the adapted service between March and September 2020 and considers:

- practitioners' experiences of using virtual and digital methods to deliver the service

- opportunities and challenges associated with virtual and digital delivery

practitioners' views about the adapted service

- whether there were improvements in parental mental health for those using the virtual service. (Publisher, edited)

Full URL: https://learning.nspcc.org.uk/media/2579/process-evaluation-of-virtual-pregnancy-in-mind-during-covid.pdf

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2022-04520

Maternal mental health during a pandemic. A rapid evidence review of Covid-19's impact. Papworth R, Harris A, Durcan G, et al (2021), 54 pages. March 2021

Rapid evidence review of the impact of Covid-19 on the mental health of women during pregnancy and after they've given birth, and the support that's been available during the pandemic.

The report finds that women and their families have faced extra pressures on their mental health, including anxiety about giving birth during lockdown or about becoming unwell, fears about losing employment, and increasing levels of domestic violence. It finds that some groups of women face a higher than average risk of poor mental health, including women from racialised communities and women experiencing economic deprivation.

These findings call for the Government to review what is needed to fully support women's mental health during the perinatal period and to commit to provide this both in the aftermath of the pandemic and in any future crisis situation. (Publisher, edited)

Full URL: https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_MaternalMHPandemic_FullReport_0.pdf

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2022-04233

Care of newborns born to mothers with COVID-19 infection; a review of existing evidence. Sighaldeh SS, Kalan ME (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 11, 2022, pp 2203-2215

Background

The novel Coronavirus disease 2019 (COVID-19) pandemic is already wreaking havoc on families and communities' welfare. It is critical to discuss newborn care of infected mothers with COVID-19 based on the latest international guidelines and national guidelines of countries with the highest incidence of COVID-19 cases.

Objective

We discuss how to care for a newborn of a suspected or infected mother with COVID-19 using existing evidence.

Method

As of 16 April 2020, we reviewed articles and guidelines related to COVID-19 in the reproductive health field, mother, and newborn health. Our review yielded in 10 categories (i) the risk of diagnostic procedures in suspected mothers on fetus/infant health, (ii) the risk of intrauterine or postpartum transmission to the fetus/infant, (iii) appropriate method and delivery time in women with confirmed COVID-19, (iv) umbilical cord clamping and skin to skin contact, (v) clinical manifestations of infected infants, (vi) confirmation of infection in a suspected neonate/infant, (vii) instructions for infant's care and how to feed her/him, (viii) bathing the baby, (ix) the criteria of discharging baby from the hospital, (x) the impact of isolation on the maternal mental health.

Results

Our findings showed that the possibility of intrauterine or perinatal transmission of COVID-19 is still questionable and ambiguous. However, what has been agreed upon in the existing texts and guidelines is that the close contact of mother and infant after birth can transmit the virus to the baby through droplets or micro-droplets.

Conclusions

Based on our findings, it is recommended to separate the baby from the mother with confirmed (or suspected)
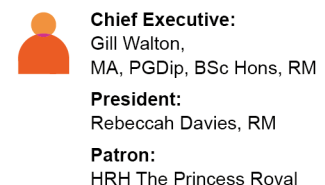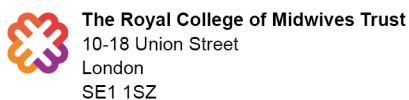
COVID-19 infection for at least 2 weeks. Since the motivation and stable situation of mothers allow breastfeeding during the isolation, infected mothers should be taught about breast expression skills, common breast problems, the symptoms of their baby's infection, and the principles of personal hygiene to protect the infant against COVID-19 infection. (Author)

Full URL: https://doi.org/10.1080/14767058.2020.1777969

2022-04171

High-risk pregnant women's experiences of the receiving prenatal care in COVID-19 pandemic: a qualitative study.

Mirzakhani K, Shoorab NJ, Akbari A, et al (2022), BMC Pregnancy and Childbirth vol 22, no 363, 26 April 2022

Background

Women with high-risk pregnancies are among the most vulnerable groups that require additional precautionary measures against the spread of COVID-19 plus receiving prenatal care. Yet, there is limited information on the status of prenatal care in women with high-risk pregnancies. The purpose of this study was to explore the experiences of women with high-risk pregnancies who were receiving prenatal care during the COVID-19 pandemic.

Methods

The present qualitative study was conducted on mothers with high-risk pregnancies from September 2020 to March 2021. Purposeful sampling continued until achieving data saturation. Ghaem, Ommolbanin, and Imam Reza in Mashhad, Iran served as the research environment. Face-to-face and semi-structured interviews were effective data collection methods. Each interview lasted between 20 to 45 min (on average 30). The total number of participants was 31. Data analysis was carried out simultaneously with data collection using the qualitative content analysis method developed by Granheim and Landman (2004).

Results

Following the reduction and analysis of data from women in high-risk pregnancies, as well as their perceptions and experiences with health services during the COVID-19 pandemic, eight subcategories and three main categories were identified, including 1) "Negative psychology responses," 2) "Adoption behavior," and 3) "Adjustment of health services in mutual protection."

Fear, anxiety, stress, feelings of loneliness, sadness, depression, guilt, doubt and conflict in receiving services were examples of negative psychological responses. The adaptive behaviors' category reflected the behaviors of women with high-risk pregnancies in the context of the COVID COVID-19 pandemic. The Adjustment of health services in mutual protection indicated that health workers took preventive and protective measures against COVID-19, which, in addition to protecting themselves and their clients against COVID-19, gave women a sense of security.

Conclusion

Receiving prenatal care during the COVID-19 pandemic presents challenges for women with high-risk pregnancies, negatively impacting their psychological state and health-seeking behavior. Supportive and preventive care can ensure that women with high-risk pregnancies receive optimal prenatal care that focuses on COVID-19 prevention. We recommend implementing screening, psychological counseling, and education for women with high-risk pregnancies, as well as ensuring that they have access to women-centered health care services. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04676-1

2022-04127

The influence of structural racism, pandemic stress, and SARS-CoV-2 infection during pregnancy with adverse birth outcomes. Janevic T, Lieb W, Ibroci E, et al (2022), American Journal of Obstetrics & Gynecology MFM vol 4, no 4, July 2022, 100649

Background: Structural racism and pandemic-related stress from the COVID-19 pandemic may increase risk of adverse birth outcomes.

Objective: Our objective was to examine associations between neighborhood measures of structural racism and pandemic stress with three outcomes: SARS-CoV-2 infection, preterm birth (PTB) and delivering a newborn small-for-gestational-age (SGA). Our secondary objective was to investigate the joint associations of SARS-CoV-2 infection during pregnancy and neighborhood measures on PTB and SGA.

Study Design: We analyzed data for 967 patients from a prospective cohort of pregnant persons in New York City, comprised of 367 White persons (38%), 169 Black persons (17%), 293 Latina persons (30%), 87 Asian persons (9%), 41 persons of unknown race-ethnicity (4%), and 10 of unknown race-ethnicity (1%). We evaluated structural racism (social/built structural disadvantage, racial-economic segregation) and pandemic-related stress (community COVID-19 mortality, community unemployment rate increase) in quartiles by zip code. SARS-CoV-2 serologic enzyme-linked immunosorbent assay was performed on blood samples from pregnant persons. We ascertained preterm birth (PTB) and small-for-gestational age (SGA) from an electronic medical record database. We used log-binomial regression with robust standard error for clustering by zip code to estimate associations of each neighborhood measure separately with three outcomes: SARS-CoV-2 infection, PTB, and SGA. Covariates included maternal age, parity, insurance status, and BMI. Models with PTB and SGA as the dependent variables additionally adjusted for SARS-CoV-2 infection.

Results: 193 (20%) persons were SARS-CoV-2 seropositive, and the overall risk of PTB and SGA were 8.4% and 9.8%, respectively. Among birthing persons in neighborhoods in the highest quartile of structural disadvantage (n=190), 94% were non-White, 50% had public insurance, 41% were obese, 32% were seropositive, 11% delivered preterm, and 12% delivered an infant SGA. Among birthing persons in neighborhoods in the lowest quartile of structural disadvantage (n=360), 39% were non-White, 17% had public insurance, 15% were obese, 9% were seropositive, 6% delivered preterm, and 10% delivered an infant SGA. In adjusted analyses structural racism measures and community unemployment were associated with both SARS-CoV-2 infection and PTB, but not SGA. High vs. low structural disadvantage was associated with an adjusted relative risk (aRR) of 2.6 for infection (95% Confidence Interval (CI)=1.7, 3.9) and 1.7 for PTB (95%CI=1.0, 2.9); high vs. low racial-economic segregation was associated with aRR of 1.9 (95% CI=1.3, 2.8) for infection and 2.0 (95%CI=1.3, 3.2) for PTB; high vs. low community unemployment increase was associated with aRR of 1.7 (95% CI=1.2, 1.5) for infection and 1.6 (95%CI=1.0, 2.8) for PTB. COVID-19 mortality rate was associated with SARS-CoV-2 infection, but not PTB or SGA. SARS-CoV-2 infection was not independently associated with birth outcomes. We found no interaction between SARS-CoV-2 infection and neighborhood measures on PTB or SGA.

Conclusions: Neighborhood measures of structural racism were associated with both SARS-CoV-2 infection and PTB, but these associations were independent and did not have a synergistic effect. Community unemployment rate increases were also associated with an increased risk of PTB independently of SARS-CoV-2 infection. Mitigating these factors might reduce the impact of the pandemic on pregnant people. (Author)

2022-04059

Psychological impact of infectious disease outbreaks on pregnant women: rapid evidence review. Brooks SK, Weston D, Greenberg N (2020), Public Health vol 189, December 2020, pp 26-36

Objectives

Infectious disease outbreaks can be distressing for everyone, especially those deemed to be particularly vulnerable such as pregnant women, who have been named a high-risk group in the current COVID-19 pandemic. This paper aimed to summarise existing literature on the psychological impact of infectious disease outbreaks on women who were pregnant at the time of the outbreak.

Study design

The design of this study is a rapid review.

Methods

Five databases were searched for relevant literature, and main findings were extracted.

Results

Thirteen articles were included in the review. The following themes were identified: negative emotional states; living with uncertainty; concerns about infection; concerns about and uptake of prophylaxis or treatment; disrupted routines; non-pharmaceutical protective behaviours; social support; financial and occupational concerns; disrupted expectations of birth, prenatal care and postnatal care and sources of information.

Conclusions

Pregnant women have unique needs during infectious disease outbreaks and could benefit from up-to-date, consistent information and guidance; appropriate support and advice from healthcare professionals, particularly with regards to the risks and benefits of prophylaxis and treatment; virtual support groups and designating locations or staff specifically for pregnant women. (Author)

Full URL: https://doi.org/10.1016/j.puhe.2020.09.006

2022-03992

Factors affecting the mental health of pregnant women using UK maternity services during the COVID-19 pandemic: a qualitative interview study. McKinlay AR, Fancourt D, Burton A (2022), BMC Pregnancy and Childbirth vol 22, no 313, 12 April 2022

Background

People using maternity services in the United Kingdom (UK) have faced significant changes brought on by the COVID-19 pandemic and social distancing regulations. We focused on the experiences of pregnant women using UK maternity services during the pandemic and the impact of social distancing rules on their mental health and wellbeing.

Methods

We conducted 23 qualitative semi-structured interviews from June 2020 to August 2021, with women from across the UK who experienced a pregnancy during the pandemic. Nineteen participants in the study carried their pregnancy to term and four had experienced a miscarriage during the pandemic. Interviews took place remotely over video or telephone call, discussing topics such as mental health during pregnancy and use of UK maternity services. We used reflexive thematic analysis to analyse interview transcripts.

Results

We generated six higher order themes: [1] Some pregnancy discomforts alleviated by social distancing measures, [2] The importance of relationships that support coping and adjustment, [3] Missed pregnancy and parenthood experiences, [4] The mental health consequences of birth partner and visitor restrictions, [5] Maternity services under pressure, and [6] Lack of connection with staff. Many participants felt a sense of loss over a pregnancy experience that differed so remarkably to what they had expected because of the pandemic. Supportive relationships were important to help cope with pregnancy and pandemic-related changes; but feelings of isolation were compounded for some participants because opportunities to build social connections through face-to-face parent groups were unavailable. Participants also described feeling alone due to restrictions on their partners being present when accessing UK maternity services.

Conclusions

Our findings highlight some of the changes that may have affected pregnant women's mental health during the COVID-19 pandemic. Reduced social support and being unable to have a partner or support person present during maternity service use were the greatest concerns reported by participants in this study. Absence of birth partners removed a protective buffer in times of uncertainty and distress. This suggests that the availability of a birth partner or support person must be prioritised wherever possible in times of pandemics to protect the mental health of people

experiencing pregnancy and miscarriage. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04602-5

2022-03880

 Monitored home-based with or without face-to-face exercise for maternal mental health during the COVID-19 pandemic. Veisy A, Mohammad-Alizadeh-Charandabi S, Abbas-Alizadeh S, et al (2024), Journal of Reproductive and Infant Psychology vol 42, no 1, 2024, pp 110-125

Introduction

Despite the known beneficial effects of exercise, most pregnant women do not exercise regularly. Most studies on exercise have been conducted on supervised exercise and there is limited evidence regarding the adherence and effect of other exercise programs on pregnancy outcomes. Therefore, we aimed to investigate adherence to a face-to-face plus monitored home exercise program versus a monitored home-based exercise program on its own during pregnancy. In addition, effects of these two exercise programs on women's mental health during pregnancy and postpartum (primary outcomes) and on some other maternal and neonatal outcomes (secondary outcomes) will be assessed.

Methods

In this superiority trial with three parallel arms, 150 women at 12–18 weeks of gestation will be randomised equally into three groups (face-to-face plus monitored home exercise, only monitored home-based exercise, and control). The exercise programs will be performed up to the 38th week of gestation during which participants will be assessed at specific intervals during the pregnancy, and post-partum and followed up until six months after childbirth. The exercise diary will be used to assess the adherence. The Edinburgh Depression Scale and the Positive and Negative Affect Schedule will be used to assess prenatal and postnatal depression and affect, respectively.

Discussion

This study reflects the feasibility and acceptance of two exercise programs for pregnant women and their effects on important outcomes. If these programs are followed properly and effectively, pregnant women's health can be improved using these methods at a lower cost compared to the conventional supervised exercise program. (Author)

2022-03595

 Pandemics and maternal health: the indirect effects of COVID-19. Lucas DN, Bamber JH (2021), Anaesthesia vol 76, suppl 4, April 2021, pp 69-75

Infectious diseases can directly affect women and men differently. During the COVID-19 pandemic, higher case fatality rates have been observed in men in most countries. There is growing evidence, however, that while organisational changes to healthcare delivery have occurred to protect those vulnerable to the virus (staff and patients), these may lead to indirect, potentially harmful consequences, particularly to vulnerable groups including pregnant women. These encompass reduced access to antenatal and postnatal care, with a lack of in-person clinics impacting the ability to screen for physical, psychological and social issues such as elevated blood pressure, mental health issues and sex-based violence. Indirect consequences also encompass a lack of equity when considering the inclusion of pregnant women in COVID-19 research and their absence from vaccine trials, leading to a lack of safety data for breastfeeding and pregnant women. The risk-benefit analysis of these changes to healthcare delivery remains to be fully evaluated, but the battle against COVID-19 cannot come at the expense of losing existing quality standards in other areas of healthcare, especially for maternal health. (Author)

Full URL: https://doi.org/10.1111/anae.15408

2022-03573

 Prevalence of postpartum depression and antenatal anxiety symptoms during COVID-19 pandemic: An observational prospective cohort study in Greece. Micha G, Hyphantis T, Staikou C, et al (2022), European Journal of Midwifery vol 6, April 2022, p 23

Introduction:

A significant proportion of pregnant women and women in the early postpartum period suffer from mental health problems. The COVID-19 pandemic represents a unique stressor during this period and many studies across the world have shown elevated rates of postpartum depression (PPD).

Methods:

In this multicenter two-phase observational prospective cohort study, we aim to assess the prevalence of anxiety prior to labor (Generalized Anxiety Disorder-7), as well as PPD at 6–8 weeks postpartum using the Edinburgh Postnatal Depression Scale (EPDS).

Results:

Of the 330 women analyzed, 13.2% reported symptoms of depression using EPDS cut-off score ≥13. High antenatal levels of anxiety (24.8% scored ≥10 in GAD-7) were documented. A significant proportion of postpartum women reported a decrease in willingness to attend antenatal education courses (36%) and fewer antenatal visits to their obstetrician (34%) due to pandemic. Higher antenatal anxiety increased the odds of being depressed at 6–8 weeks postpartum (EPDS ≥13).

Conclusions:

Compared to reported prevalence of PPD from previous studies before the COVID-19 era in Greece, we did not find elevated rates during the first wave of the pandemic. High anxiety levels were observed indicating that there is a need for close monitoring in pregnancy during the pandemic and anxiety screening to identify women who need support in the pandemic era. A well-planned maternity program should be employed by all the associated care providers to maintain the proper antenatal care adjusted to the pandemic strains as well as a follow-up after labor. (Author)

Full URL: https://doi.org/10.18332/ejm/146233

2022-03396

Knowledge, attitudes, and practices related to the COVID-19 pandemic among pregnant women in Bangkok, Thailand.

Kunno J, Yubonpunt P, Supawattanbodee B, et al (2022), BMC Pregnancy and Childbirth vol 22, no 357, 23 April 2022

Background

Pregnancy is associated with increased risk for severe COVID-19. Few studies have examined knowledge, attitudes, and practices (KAP) related to pregnancy during the pandemic. This study investigated the association between socio-demographic characteristics and KAP related to COVID-19 among pregnant women in an urban community in Thailand.

Methods

A cross-sectional online survey was distributed among pregnant women in Bangkok, Thailand from July–August 2021. Binary logistic regression was conducted to test the association between socio-demographic characteristics and KAP related to COVID-19, and a Spearman's analysis tested correlations between KAP scores.

Results

A total of 150 pregnancy survey responses were received. Most participants were third trimester (27–40 weeks gestation; 68.0%). Pregnancy had never been risked contracting COVID-19 (84.7%). Most expressed concerns about being infected with COVID-19 during pregnancy and following birth (94.0 and 70.0%, respectively). The results of binary logistic regression analysis found associations between knowledge and marital status (OR = 4.983, 95%CI 1.894–13.107). In addition, having a bachelor's degree or higher was associated with higher attitude scores (OR = 2.733, 95%CI 1.045–7.149), as was being aged 26–30 (OR = 2.413 95%CI 0.882–6.602) and 31–35 years of age (OR = 2.518–2.664, 95%CI 0.841–8.442). Higher practice scores were associated with having a bachelor's degree or higher (OR = 2.285 95%CI 1.110–6.146), and income ≥15,001 bath (OR = 4.747 95%CI 1.588–14.192). Correlation analysis found a weak positive correlation between knowledge and practice scores (r = 0.210, p-value = 0.01).
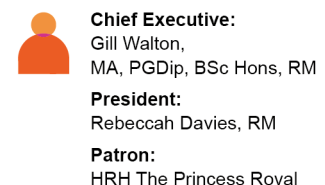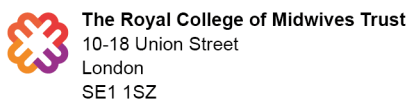
Conclusion

Participants overall had high KAP scores. This study can guide public health strategies regarding pregnant women and COVID-19. We recommend that interventions to improve and attitude and practice scores. Knowledge on pregnancy and COVID-19 should focus on reducing fear and improving attitudes toward the care of patients as well as the promotion of preventive practices. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04612-3

2022-02984

 Parents of young infants report poor mental health and more insensitive parenting during the first Covid-19 lockdown. van den Heuvel MI, Vacaru SV, Boekhorst MGBM, et al (2022), BMC Pregnancy and Childbirth vol 22, no 302, 9 April 2022

Background

The Covid-19 pandemic has put an unprecedented pressure on families with children. How parents were affected by the first Covid-19 lockdown during the early postpartum period, an already challenging period for many, is unknown.

Aim

To investigate the associations between Covid-19 related stress, mental health, and insensitive parenting practices in mothers and fathers with young infants during the first Dutch Covid-19 lockdown.

Methods

The Dutch Covid-19 and Perinatal Experiences (COPE-NL) study included 681 parents of infants between 0 and 6 months (572 mothers and 109 fathers). Parents filled out online questionnaires about Covid-19 related stress, mental health (i.e. anxiety and depressive symptoms), and insensitive parenting. Hierarchical regression models were used to analyze the data.

Results

Parents of a young infant reported high rates of Covid-19 related stress, with higher reported stress in mothers compared to fathers. Additionally, the percentages of mothers and fathers experiencing clinically meaningful mental health symptoms during the pandemic were relatively high (mothers: 39.7% anxiety, 14.5% depression; fathers: 37.6% anxiety, 6.4% depression). More Covid-19 related stress was associated with more mental health symptoms in parents and increased insensitive parenting practices in mothers.

Conclusions

The results emphasize the strain of the pandemic on young fathers' and mothers' mental health and its potential negative consequences for parenting. As poor parental mental health and insensitive parenting practices carry risk for worse child outcomes across the lifespan, the mental health burden of the Covid-19 pandemic might not only have affected the parents, but also the next generation. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04618-x

2022-02842

 A qualitative study of Swedish fathers' experiences of becoming a father during the COVID-19 pandemic. Wells MB, Svahn J, Svedlind K, et al (2022), European Journal of Midwifery vol 6, March 2022, p 15

Introduction:

Expectant fathers want to participate in perinatal care. COVID-19 policies restrict their access to care, but it is unknown how these policies have affected them. The aim of this study is to explore the perinatal care given to and wanted by expectant and new fathers during the COVID-19 pandemic in Sweden.

Methods:

The current study used an inductive qualitative design where 14 expectant or new fathers participated in a video- or

telephone-based semi-structured interview. Interviews lasted 20 minutes, on average. The collected data were analyzed using content analysis.

Results:

Two main themes were reported: 1) 'Being left out, but trying to remain positive', and 2) immediate consequences related to restrictions. Expectant fathers were not able to attend as many perinatal visits as they wanted to, due to the COVID-19 restrictions on non-birthing parents. Expectant fathers regretted and felt discouraged that they could not support their partner during visits and not follow their baby's growth and development. Furthermore, they faced uncertainties and stress regarding whether or not they could attend the birth of their child. Fathers reported how their exclusion negatively impacted the entire family.

Conclusions:

Expectant and new fathers felt that their level of participation in prenatal care was negatively impacted by the Swedish policies imposed on them during the COVID-19 pandemic. Fathers were physically and emotionally excluded, resulting in receiving little direct care support, and lacked companionship with other parents. Fathers provided suggestions and alternatives on how to increase their participation with individual midwives and from an organizational level. (Author)

Full URL: https://doi.org/10.18332/ejm/146082

2022-02735

 Evaluating the Impact of the COVID-19 Pandemic on Postpartum Depression. Waschmann M, Rosen K, Gievers L, et al (2022), Journal of Women's Health vol 31, no 6, June 2022, pp 772-778

Objective: Studies examining the impact of natural disasters noted that in the setting of stable rates of depression, postpartum depression (PPD) increased in vulnerable subgroups. COVID-19 may similarly impact maternal health. This study aimed to characterize the effect of COVID-19 on the incidence of PPD and to identify vulnerable subgroups.

Methods: Retrospective chart review of maternal–newborn dyads was conducted over two epochs: pre-COVID-19 (January 1–June 1, 2019) and during-COVID-19 (January 1–June 1, 2020). PPD was defined as an Edinburgh Postnatal Depression Scale score of 10 at any postnatal appointment. Prevalence of depression and anxiety was recorded. Data were analyzed using chi-square, Mann–Whitney, and t-tests.

Results: Among 1061 dyads (557 in the 2019 epoch, 504 in the 2020 epoch), the epochs had similar clinical and demographic characteristics. Incidence proportion of PPD was similar (16.9% to 18.1%, p = 0.67). In subgroup analyses, this outcome was also similar among primiparous mothers (17.4% to 22.2%, p = 0.22) and publicly insured mothers (23.9% to 25.9%, p = 0.78). The 2020 epoch exhibited higher prevalence of current depression (9.9% to 14.3%, p = 0.03) and anxiety (10.1% to 18.7%, p < 0.001). However, incidence proportion of PPD decreased among women with current mental health diagnoses (41.5% to 31.3%, p = 0.19).

Conclusions: A stable PPD incidence despite increased prevalence of current mood disorders highlights the complexity of the biopsychosocial milieu contributing to PPD. Further study of psychiatric care access and treatment is an important next step in understanding relationships between current mood disorders and PPD during the pandemic. (Author)

Full URL: https://doi.org/10.1089/jwh.2021.0428

2022-02723

 The COVID-19 Pandemic and Psychopathological symptoms in pregnant women in Spain. Garcia-Leon MA, Martin-Tortosa PL, Cambio-Ledesma A, et al (2023), Journal of Reproductive and Infant Psychology vol 41, no 5, 2023, pp 503-515

Background

During the COVID-19 pandemic, pregnant women are exposed to potentially harmful stressors that might affect their

health. The direct consequences that SARS-CoV-2 may have on perinatal mental health are still unknown.

Objective
The present study aimed to explore the impact of the COVID-19 pandemic on psychopathological symptoms in a sample of Spanish pregnant women.

Methods
A sample of 186 pregnant women was assessed using the revised Symptoms Check List-90 during the first lockdown in Spain.

Results
The results showed clinical scores on the obsession and compulsion, anxiety and phobic anxiety subscales, as well as on the severity indexes. Phobic anxiety was the only variable that was inversely correlated with age and the number of previous miscarriages. A linear regression model showed that age was inversely associated with phobic anxiety scores. A younger age was associated with higher levels of phobic anxiety symptoms.

Conclusions
Our results indicated that younger pregnant women and women in the first trimester of pregnancy were more vulnerable to the effects of stress and concerns about COVID-19. (Author)

2022-02704

Effect of the Covid 19 pandemic on depression and mother-infant bonding in uninfected postpartum women in a rural region. Erten Ö, Biyik I, Soysal C, et al (2022), BMC Pregnancy and Childbirth vol 22, no 227, 19 March 2022

Background
Postpartum depression and maternal-infant attachment scores were examined in uninfected women during the COVID 19 pandemic in Kutahya, a rural province in Turkey's North Aegean region.

Methods
This cohort study was conducted in the Kutahya Health Sciences University Hospital obstetrics unit between April 2021 and August 2021. 178 low-risk term pregnant women who gave birth were given the surveys Edinburgh Postpartum Depression Scale and Mother-to-Infant Bonding Scale (MIBQ) 6 weeks after birth. The Edinburgh Postpartum Depression Scale was used to determine postpartum depression and the Mother-to-Infant Bonding Scale was used to determine maternal attachment.

Results
In this study, the postpartum depression rate was calculated as 17.4%. When depressed and non-depressed patients were compared, education level, maternal age, BMI, MIBQ score, history of previous pregnancies, route of delivery, previous operation history, economic status, employment status and pregnancy follow-up information were found to be similar (p > 0.05). The ratings on the Mother-to-Infant Bonding Scale were found to be similar in depressed and non-depressed patients (p > 0.05). The odds of maternal depression for patients who received guests at home was 3.068 (95%CI [1.149–8.191]) times the odds of patients who did not receive guests at home.

Conclusions
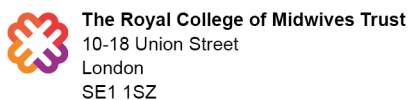Although a relationship has been found between accepting guests in the postpartum period and postpartum depression, it is necessary to investigate in further studies whether there is a causal relationship. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04580-8

2022-02652

Early pregnancy anxiety during the COVID-19 pandemic: preliminary findings from the UCSF ASPIRE study. Morris JR,
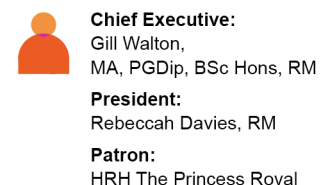
Background

Antenatal anxiety has been linked to adverse obstetric outcomes, including miscarriage and preterm birth. However, most studies investigating anxiety during pregnancy, particularly during the COVID-19 pandemic, have focused on symptoms during the second and third trimester. This study aims to describe the prevalence of anxiety symptoms early in pregnancy and identify predictors of early pregnancy anxiety during the COVID-19 pandemic.

Methods

We assessed baseline moderate-to-severe anxiety symptoms after enrollment in the UCSF ASPIRE (Assessing the Safety of Pregnancy in the Coronavirus Pandemic) Prospective Cohort from May 2020 through February 2021. Pregnant persons < 10 weeks' gestation completed questions regarding sociodemographic characteristics, obstetric/medical history, and pandemic-related experiences. Univariate and multivariate hierarchical logistic regression analyses determined predictors of moderate or severe anxiety symptoms (Generalized Anxiety Disorder-7 questionnaire score ≥ 10). All analyses performed with Statistical Analysis Software (SAS®) version 9.4.

Results

A total of 4,303 persons completed the questionnaire. The mean age of this nationwide sample was 33 years of age and 25.7% of participants received care through a fertility clinic. Over twelve percent of pregnant persons reported moderate-to-severe anxiety symptoms. In univariate analysis, less than a college education (p < 0.0001), a pre-existing history of anxiety (p < 0.0001), and a history of prior miscarriage (p = 0.0143) were strong predictors of moderate-to-severe anxiety symptoms. Conversely, having received care at a fertility center was protective (26.6% vs. 25.7%, p = 0.0009). COVID-19 related stressors including job loss, reduced work hours during the pandemic, inability to pay rent, very or extreme worry about COVID-19, and perceived stress were strongly predictive of anxiety in pregnancy (p < 0.0001). In the hierarchical logistic regression model, pre-existing history of anxiety remained associated with anxiety during pregnancy, while the significance of the effect of education was attenuated.

Conclusion(s)

Pre-existing history of anxiety and socioeconomic factors likely exacerbated the impact of pandemic-related stressors on early pregnancy anxiety symptoms during the COVID-19 pandemic. Despite on-going limitations for in-person prenatal care administration, continued emotional health support should remain an important focus for providers, particularly when caring for less privileged pregnant persons or those with a pre-existing history of anxiety. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04595-1

2022-02650

 Coping with Covid-19: stress, control and coping among pregnant women in Ireland during the Covid-19 pandemic.

Background

The aim of the current study is to investigate the relationship between perceived control, coping and psychological distress among pregnant women in Ireland during the Covid-19 pandemic. It is hypothesised that lower levels of perceived control, greater use of avoidant coping and greater Covid-19 related pregnancy concern will be associated with psychological distress. In addition, it is hypothesised that the relationship between Covid-19 related pregnancy concern and psychological distress will be moderated by perceived control and avoidant coping.

Method

The study is cross-sectional, utilizing an online questionnaire, which was completed by 761 women in January 2021. The questionnaire includes measures of perceived control, coping style, perceived stress, anxiety and depression.

Results

Correlation analyses found that lower levels of perceived control were associated with higher levels of avoidant coping and psychological distress. There was also a significant positive relationship between avoidant coping and

psychological distress. Using multiple regression, perceived control, avoidant coping and Covid-19 related pregnancy concern were found to predict 51% of the variance in psychological distress. However, in the moderation analysis, perceived control and avoidant coping were not found to moderate the relationship between Covid-19 related pregnancy concern and psychological distress.

Conclusion

The results from this study suggest that pregnant women in Ireland are experiencing increased levels of psychological distress during the Covid-19 pandemic. The findings also suggest that perceptions of control and avoidant coping are associated with psychological distress in this group and could be used as intervention targets. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04579-1

2022-02647

The 'new normal' includes online prenatal exercise: exploring pregnant women's experiences during the pandemic and the role of virtual group fitness on maternal mental health. Silva-Jose C, Nagpal TS, Coterón J, et al (2022), BMC Pregnancy and Childbirth vol 22, no 251, 25 March 2022

Background

Prenatal anxiety and depressive symptoms have significantly increased since the onset of the coronavirus (COVID-19) pandemic In addition, home confinement regulations have caused a drastic increase in time spent sedentary. Online group fitness classes may be an effective strategy that can increase maternal physical activity levels and improve mental health outcomes by providing an opportunity for social connectedness. The present study explores the experiences of pregnant women who participated in an online group exercise program during the pandemic and identifies relationships with maternal mental health and well-being. In addition, we present person-informed recommendations on how to improve the delivery of future online prenatal exercise programs.

Methods

Semi-structured interviews were conducted with pregnant women (8-39 weeks of pregnancy) who participated in an online group exercise program, from March to October 2020 in Spain. A phenomenological approach was taken, and open-ended questions were asked to understand women's experiences throughout the pandemic and the role the online exercise classes may have had on their physical activity levels, mental health, and other health behaviours such as diet. A thematic analysis was performed to evaluate data. In addition, women completed the State-Trait Anxiety Inventory and these data supplemented qualitative findings.

Results

Twenty-four women were interviewed, and the anxiety scores were on average 32.23 ± 9.31, ranging from low to moderate levels. Thematic analysis revealed that women felt safe exercising from home, an increased availability of time to schedule a structured exercise class, and consequently an improvement in their adherence to the program and other behaviours (i.e., healthier diet). Women emphasized feeling connected to other pregnant women when they exercised online together, and overall, this had a positive effect on their mental well-being. Women suggested that future online exercise programs should include flexible options, detailed instructions and facilitation by a qualified exercise professional.

Conclusion

Pregnant women are receptive to online group exercise classes and expressed that they are an accessible option to accommodating physical activity during the pandemic. In addition, the online group environment provides an important sense of connectivity among pregnant women exercising together and this may mitigate the detrimental effect of COVID-19 on maternal mental health. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04587-1

2022-02630
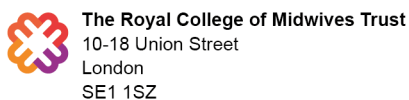
Self-reported mental health status of pregnant women in Sweden during the COVID-19 pandemic: a cross-sectional survey. Ho-Fung C, Andersson E, Hsuan-Ying H, et al (2022), BMC Pregnancy and Childbirth vol 22, no 260, 28 March 2022

Background

The COVID-19 pandemic has contributed to unprecedented worries and challenges for pregnant women due to social restrictions and changes in maternity care provision. We aimed to investigate the mental health impact of COVID-19 pandemic on pregnant women in Sweden and explore factors associated with poor perinatal mental health in this specific context.

Method

This was a nation-wide cross-sectional survey of pregnant women living in Sweden. Validated questionnaires were distributed through non-profit organizations´ websites and social media channels from May 2020 to February 2021. Perinatal depression, anxiety, and acute stress reaction were assessed using the Edinburgh Postnatal Depression Scale (EPDS), Generalized Anxiety Disorder-7 (GAD-7) and Impact Event Scale (Revised) (IES-R), respectively. Sociodemographic characteristics and self-perceived mental well-being were also obtained. Factors associated with mental health outcomes were analyzed using multivariate logistic regression model.

Results

Among a total of 470 participants, 43.2% (n = 203) reported depression (EPDS ≥13), 25.7% (n = 121) moderate to severe anxiety (GAD-7 score ≥ 10), and 23.7% (n = 110) moderate to severe acute stress reaction (IES-R ≥ 33). 27.4% participants (n = 129) expressed concerns regarding their mental well-being during the pandemic. Pregnant mothers who had sick family members reported poorer mental health outcomes than those who did not (median [Interquartile range (IQR)] EPDS scores: 14.0 [8.75–18.0] vs 11.0 [6.25–15.0], $p < .001$; median (IQR) GAD7 scores: 7.0 [4.0–12.25] vs 6.0 [3.0–9.0], $p = .003$); median (IQR) IES-R scores: 20.0 [9.0–38.0] vs 15.0 [7.0–30.0], $p = .048$). Logistic regression analyses revealed that risk factors for poor mental health outcomes were having a sick family member with any illness, unemployment, and experiencing a substantially stressful life event. Having a higher educational level and a younger age during the pandemic were protective.

Conclusion

Depression and anxiety were highly prevalent among pregnant women in Sweden during the COVID-19 pandemic, indicating a need for professional mental health support for this vulnerable group of population. Unemployment was an associated risk factor whereas younger age and higher educational level were protective suggesting an important role of socio-economic factors in modulating the impact of COVID-19 pandemic on perinatal mental health. (Author)
Full URL: https://doi.org/10.1186/s12884-022-04553-x

2022-02480

Covid: Being alone in pregnancy due to hospital rules. Thomas E (2021), BBC News 26 January 2021

Pregnancy can be hard enough without a pandemic to complicate things. But when Covid rules meant some expectant mothers faced appointments, scans or delivery alone, the experience could be traumatic. What follows are the accounts of two women, including one who was on her own when she was given the worst news. (Author)

Full URL: https://www.bbc.co.uk/news/uk-england-55810079

2022-02426

Impact of Covid-19 in pregnancy on mother's psychological status and infant's neurobehavioral development: a longitudinal cohort study in China. Wang Y, Chen L, Wu T, et al (2020), BMC Medicine vol 18, no 347, 4 November 2020

Background

Evidence concerning the long-term impact of Covid-19 in pregnancy on mother's psychological disorder and infant's developmental delay is unknown.

Methods

This study is a longitudinal single-arm cohort study conducted in China between May 1 and July 31, 2020. Seventy-two pregnant patients with Covid-19 participated in follow-up surveys until 3 months after giving birth (57 cases) or having abortion (15 cases). We collected data from medical records regarding Covid-19, delivery or abortion, testing results of maternal and neonatal specimens, and questionnaires of quarantine, mother–baby separation, feeding, and measuring of mothers' mental disorders and infants' neurobehavioral disorders.

Results

All cases infected in the first trimester and 1/3 of cases infected in the second trimester had an abortion to terminate the pregnancy. 22.2% of pregnant patients were suffering from post-traumatic stress disorder or depression at 3 months after delivery or induced abortion. Among 57 live births, only one neonate was positive of nucleic acid testing for throat swab, but negative in repeated tests subsequently. The median duration of mother–baby separation was 35 days (interquartile range 16 to 52 days). After the termination of maternal quarantine, 49.1% of mothers chose to prolong the mother–baby separation (median 8 days; IQR 5 to 23 days). The breastfeeding rate was 8.8% at 1 week after birth, 19.3% at the age of 1 month, and 36.8% at the age of 3 months, respectively. The proportion of "monitoring" and "risk" in the social–emotional developmental domain at the age of 3 months was 22.7% and 63.6%, respectively. After the adjustment of preterm, neonatal sex, admitted to NICU, and the mother's Covid-19 condition, the negative associations were significantly identified ($p < 0.05$) between mother–baby separation days and three developmental domains: communication, gross motor, and personal–social.

Conclusions

There is no definite evidence on vertical transmission of SARS-CoV-2. In addition to control infection risk, researchers and healthcare providers should pay more attention to maternal mental health and infant's feeding, closeness with parents, and early development. (Author)

Full URL: https://doi.org/10.1186/s12916-020-01825-1

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 vol 4, no 3, May 2022, 100605

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.
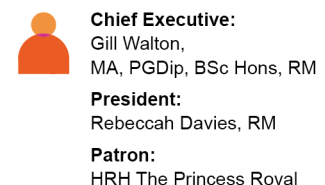
STUDY DESIGN

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
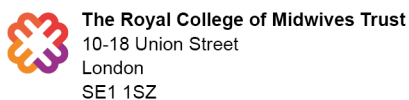
pandemic than before the pandemic (95% confidence interval, 1.2–5.7; P=.02). Adjustment for ethnicity and income strengthened this association as the odds ratio increased to 3.3 (95% confidence interval, 1.4–8.0; P=.007).

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)

Full URL: https://doi.org/10.1016/j.ajogmf.2022.100605

2022-02123

The impact of the coronavirus pandemic curfew on the psychosocial lives of pregnant women in Jordan. Qudsieh S, Mahfouz IA, Qudsieh H, et al (2022), Midwifery vol 109, June 2022, 103317

Objectives

Worldwide the COVID-19 pandemic has negatively affected the health and psychosocial lives of people. International guidelines recommend special attention to pregnant women during pandemics and national emergencies. This study aimed to report the impact of the COVID-19 pandemic curfew on the psychosocial lives of pregnant women in Jordan.

Design

A cross-sectional study was conducted and included women who were pregnant during the COVID-19 curfew in Jordan, which took place between mid-March and mid-June of 2020.

Settings

A web-based survey that was posted on various social media platforms.

Participants

Women who at the time of the study were 18 years of age or more, were living in Jordan, and were pregnant during the curfew.

Measurements and findings

Data collected included women's characteristics, the impact of the curfew on the pregnancy, physical activity, and psychosocial lives and the barriers to seeking healthcare, in addition to pregnancy and delivery details, and changes in nutrition and supplements intake.

A total of 877 women responded to the survey. The results showed that 21.1% of the respondents did not receive any antenatal care (ANC) during the curfew. The respondents also reported that the main barriers for seeking ANC included healthcare facilities being closed (85.2%), the need for travel permits (76.8%), financial difficulties (63.9%), and fear of catching the COVID-19 virus (60.1%). Furthermore, 93.3% reported that they had psychological stress, and 29.9% reported that they had at least one form of domestic violence. Statistically significant associations existed between various women's characteristics, obstetric, psychosocial factors, and the level of psychological stress.

Key conclusions

The COVID-19 pandemic curfew, which was applied in Jordan, resulted in a negative impact on the psychosocial lives of pregnant women. As a result, pregnant women did not receive optimal antenatal care and experienced higher degrees of psychological stress and domestic violence.

Implications for practice

The findings of our study may encourage national healthcare policymakers to ensure the provision of appropriate psychosocial support of pregnant women during large scale emergencies. (Author)

Full URL: https://doi.org/10.1016/j.midw.2022.103317
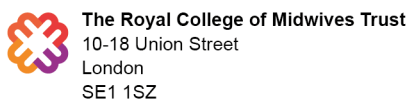
2022-02118

"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)

Full URL: https://doi.org/10.1016/j.midw.2022.103313

2022-02117

Exploring lived experiences of informal caregivers for pregnant women seeking scheduled antenatal care during the COVID-19 lockdown in China: A phenomenological study. Zuo Y, Luo B-R, Wang L-N, et al (2022), Midwifery vol 109, June 2022, 103316

Objective

We aimed to explore the lived experiences of informal caregivers for pregnant women seeking scheduled antenatal care during the early stage of China's COVID-19 lockdown and potential measures to address the challenges.

Design

This is a phenomenological qualitative study.

Setting

The study was carried out in a leading teaching hospital in Southwest China.

Participants

We recruited 15 informal caregivers for healthy pregnant women on routine antenatal visits about six months after China launched the city-wide lockdown and other control measures for COVID-19, including 10 males and 5 females with diverse demographic backgrounds.

Measures and findings

The research team developed a demographic form and an interview outline with key questions, conducted semi-structured interviews with the informal caregivers, and analyzed the data using the Colazzie's method. Five themes of lived experiences were revealed, i.e., increased caregiving burdens, disruption of routines in family life, lack of accurate information and knowledge, active role adjustment, and positive attitudes and coping in a difficult time. Some caregivers reacted positively to the lockdown experience and saw it as an opportunity to rethink their lives and improve family relations.

Key conclusions

The informal caregivers experienced increased physical and psychological burdens. Strategies such as adoption of a less frequent prenatal visit schedule, use of tele-medicine technologies, and provision of accurate information and knowledge may help to ease the increased informal caregiving burdens. Psychological counseling, community services and disaster response policies specially targeting pregnant women and their informal caregivers may also be valuable resources.

Implications for practice

Attention should be drawn to the group of informal caregivers for pregnant women during a COVID-19 lockdown, including professional assistance delivered by nursing and other related professionals. Measures are called for to minimize exposure opportunities such as adoption of a new prenatal care schedule and tele-medicine technologies. Patient education with reliable information should be provided, preferably by nursing staff and physicians. Social support efforts including professional mental counseling may added and work with other resources such as community services and policy makers. (Author)

Full URL: https://doi.org/10.1016/j.midw.2022.103316

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 vol 158, no 1, July 2022, pp 110-115

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
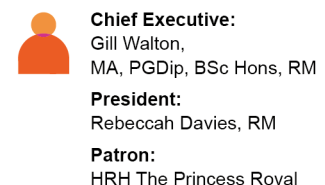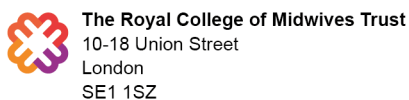
challenges are associated with PPD.

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)

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 vol 157, no 2, May 2022, pp 240-247

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)

2022-02056

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

The study examined two angles of childbirth anxieties of Jewish and Arab pregnant women in Israel during the COVID-19 pandemic (March-April, 2020). Specifically, we examined the contribution of personal resources:

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

Full URL: https://doi.org/10.1111/hsc.13196

2022-01820

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

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

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

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

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

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

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

2022-01757

 Depression and anxiety among pregnant mothers in the initial stage of the Coronavirus Disease (COVID-19) pandemic in the southwest of Iran. Maharlouei N, Keshavarz P, Salemi N, et al (2021), Reproductive Health vol 18, no 111, 4 June 2021

Background

Women are at a higher risk for depression progression, especially during pregnancy. The current study purposed to investigate depression, anxiety, and stress levels of pregnant mothers in the initial stage of the COVID-19 infection in the southwest of Iran.

Methods

This cross-sectional study was conducted during March and April, 2020, in Shiraz, Iran. Pregnant mothers registered in maternity clinics affiliated with Shiraz University of Medical Sciences were included. An online self-administered checklist was used. It included socio-demographic, obstetric and medical histories, and the short form of the Depression Anxiety Stress Scales (DASS-21) to evaluate depression, anxiety, and stress. A p-value < 0.05 was considered significant.

Results

In total, 540 pregnant mothers answered the questionnaire. 83.5% had no comorbidity. Abnormal depression scores were significantly higher in those who had no insurance (OR = 2.5) and in those with poor self-rated health (SRH) (OR = 27.8). Pregnant mothers with lower SRH and two or more comorbidities had a higher chance of having an abnormal level of anxiety subscale (6.9, 3.7 times, retrospectively).

Conclusion

The results revealed that an abnormal level of depression was associated with SRH and medical insurance status. Moreover, the number of comorbidities and poor SRH significantly increased the chance of achieving abnormal anxiety levels in pregnant mothers during the COVID-19 pandemic. (Author)
Full URL: https://doi.org/10.1186/s12978-021-01167-y

2022-01716

 The impact of the COVID-19 pandemic on maternal and perinatal health: a scoping review. Kotlar B, Gerson E, Petrillo S, et al (2021), Reproductive Health vol 18, no 10, 18 January 2021

Introduction

The Covid-19 pandemic affects maternal health both directly and indirectly, and direct and indirect effects are intertwined. To provide a comprehensive overview on this broad topic in a rapid format behooving an emergent pandemic we conducted a scoping review.

Methods

A scoping review was conducted to compile evidence on direct and indirect impacts of the pandemic on maternal health and provide an overview of the most significant outcomes thus far. Working papers and news articles were considered appropriate evidence along with peer-reviewed publications in order to capture rapidly evolving updates. Literature in English published from January 1st to September 11 2020 was included if it pertained to the direct or indirect effects of the COVID-19 pandemic on the physical, mental, economic, or social health and wellbeing of pregnant people. Narrative descriptions were written about subject areas for which the authors found the most evidence.

Results

The search yielded 396 publications, of which 95 were included. Pregnant individuals were found to be at a heightened risk of more severe symptoms than people who are not pregnant. Intrauterine, vertical, and breastmilk transmission were unlikely. Labor, delivery, and breastfeeding guidelines for COVID-19 positive patients varied. Severe increases in maternal mental health issues, such as clinically relevant anxiety and depression, were reported. Domestic violence appeared to spike. Prenatal care visits decreased, healthcare infrastructure was strained, and

potentially harmful policies implemented with little evidence. Women were more likely to lose their income due to the pandemic than men, and working mothers struggled with increased childcare demands.

Conclusion
Pregnant women and mothers were not found to be at higher risk for COVID-19 infection than people who are not pregnant, however pregnant people with symptomatic COVID-19 may experience more adverse outcomes compared to non-pregnant people and seem to face disproportionate adverse socio-economic consequences. High income and low- and middle-income countries alike faced significant struggles. Further resources should be directed towards quality epidemiological studies. (Author)

Full URL: https://doi.org/10.1186/s12978-021-01070-6

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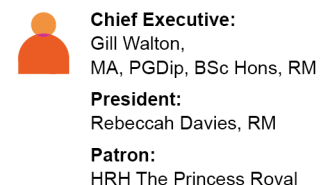
Discussion
MCO affected mothers' livelihood and postnatal experiences, potentially causing emotional distress. Hence, improved breastfeeding support, particularly at birth, is recommended, as is routine mental health screening during the postnatal checkup. Furthermore, because online contact was readily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

2022-01476

Veterans' Perinatal Care and Mental Health Experiences During the COVID-19 Pandemic: An Examination of the Role of Prior Trauma and Pandemic-Related Stressors. Mattocks KM, Kroll-Desrosiers A, Marteeny V, et al (2022), Journal of Women's Health vol 31, no 10, October 2022, pp 1507–1517

Background: Many pregnant and postpartum Veterans have experienced multiple lifetime traumas, including military sexual trauma, intimate partner violence, and combat trauma. These women may be particularly vulnerable to increased post-traumatic stress disorder and other mental health problems following additional trauma exposures or stressful events, such as Coronavirus disease 2019 (COVID-19). This study sought to examine the impact of prior
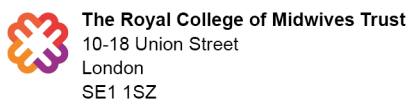
trauma exposures on the lived experience of pregnant and postpartum Veterans during the COVID-19 pandemic.

Materials and Methods: Pregnant Veterans at 15 VA medical centers were surveyed at 20 weeks of pregnancy and 3 months postpartum asked about their COVID-19-related perinatal and mental health experiences, as well as the stressors that impacted them as a result of the COVID-19 pandemic.

Results: Overall, 111 women Veterans completed both the pregnancy and postpartum surveys that included COVID-19 items. Sixty percent of our sample had experienced at least one potentially traumatic lifetime event, with 22% of our sample experiencing two or more of the included exposures. Women with a trauma history had 3.5 times increased odds of reporting their mental health as "much worse" compared to before the COVID-19 pandemic (95% confidence interval [CI]: 1.06–11.75) and were more likely to report that COVID-19 negatively affected their mental or emotional health "a lot" compared with women without a trauma history (odds ratio: 8.5; 95% CI: 1.93–37.48).

Conclusions: COVID-19 has had a significant impact on pregnant and postpartum Veterans' mental health. Obstetricians should consider strategies to ensure women have access to mental health care during pregnancy, especially as the COVID-19 pandemic continues. Hospitals should also consider the importance of labor support companions during the COVID-19 pandemic and examine adjusting policies to allow for at least one labor support companion during labor and delivery. (Author)
Full URL: https://doi.org/10.1089/jwh.2021.0209

2022-01259

Influence of the COVID-19 pandemic on abortions and births in Sweden: a mixed-methods study. Rydelius J, Edalat M, Nyman V, et al (2022), BMJ Open vol 12, no 2, February 2022, e054076

Introduction Although considered an essential service by the WHO, there are indications that access to induced abortion care has been restricted during the COVID-19 pandemic.

Objectives To investigate if the number of induced abortions and ongoing pregnancies changed during the first pandemic wave of COVID-19 in 2020 compared with recent years prior to the pandemic and explore possible reasons for the findings.

Design Convergent parallel mixed-methods design. Collection of quantitative data from the Swedish National Board of Health and Welfare and the Swedish Pregnancy Register, and qualitative data from interviews.

Setting and time period National data on abortions (January 2018–June 2020) and births (January 2018–March 2021). Interviews performed at the main abortion clinic, Gothenburg, Sweden, in June 2020.

Participants All women aged 15–44 years living in Sweden 2018–2020, approximately 1.9 million. 15 women who sought abortion were interviewed.

Primary and secondary outcome measures Number of abortions and births/1000 women aged 15–44 years. Themes and subthemes identified from interviews.

Results The number of abortions and ongoing pregnancies did not change significantly during the study period compared with before the pandemic started. Interview themes identified were the following: meeting with abortion care during the COVID-19 pandemic (availability, and fear of being infected and infecting others); and the impact of the COVID-19 pandemic on the abortion decision (to catch COVID-19 during pregnancy, feelings of loneliness and isolation, and social aspects).

Conclusions This study shows that the number of abortions and ongoing pregnancies remained unchanged during the first wave of the COVID-19 pandemic in 2020 in Sweden compared with before the start of the pandemic.

Abortion-seeking women did not hesitate to proceed with the abortion. The women expressed a number of fears concerning both availability of care and their health, which could have been properly addressed by the authorities. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2021-054076

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)

Full URL: https://doi.org/10.1016/j.midw.2022.103290

2022-01010

The impact of Covid-19 restrictions on depressive symptoms in low-risk and high-risk pregnant women: a cross-sectional study before and during pandemic. Smorti M, Gemignani A, Bonassi L, et al (2022), BMC Pregnancy and Childbirth vol 22, no 191, 8 March 2022

Background

The COVID-19 social restrictions have increased the risk for depression compared to the previous period in Italian women with Low-Risk Pregnancy (LRP). lLess is known about the impact of COVID-19 restrictions on High-Risk Pregnancy (HRP). This study aimed: 1) to explore levels of depression in women who become pregnant before and

during COVID-19 pandemic, distinguishing between LRP and HRP; 2) to analyze the impact of COVID-19 restrictions on pregnancy experience in LRP and HRP.

Methods

A before-during COVID-19 pandemic cross-sectional study was carried out on 155 pregnant women (Mean age = 34.18), between 23 and 32 weeks of gestation. 77 women were recruited before COVID-19 pandemic (51.9% LRP; 48.1% HRP) and 78 women were recruited during COVID-19 pandemic (51.3% LRP; 48.7% HRP). HRP group was enrolled during hospitalization for high-risk pregnancy. Participants filled out Edinburgh Postnatal Depression Scale. Moreover, only COVID-19 group answered an open-ended question about the impact of restriction on pregnancy experience.

Results

HRP women reported higher levels of depressive symptoms than LRP. No difference emerged for COVID (before/during) but an interaction effect between COVID-19 and obstetric condition was found. The qualitative results showed the impact of restrictions on emotions and concerns.

Conclusion

Respect to the previous period, LRP women during COVID-19 presented an increased risk for depressive symptoms than HRP. The HRP women during COVID-19 seemed to use hospitalization as a resource to find a social support network with other pregnant women and to be reassured on the clinical ongoing of pregnancy. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04515-3

2022-00868

The role of perceived social support on pregnant women's mental health during the COVID-19 pandemic. Corno G, Villani D, de Montigny F, et al (2023), Journal of Reproductive and Infant Psychology vol 41, no 5, 2023, pp 488-502

Purpose

The present study aimed at investigating which sources of social support best account for pregnant women's levels of psychological distress and mental well-being during the COVID-19 pandemic.

Methods

274 Italian and Canadian expectant mothers completed an online-based survey including measures of perceived social support (from family, significant other and friends), state anxiety, depressive symptoms, and satisfaction with life. Correlation analyses and amultivariate analysis of covariance were performed to explore how social support from different sources was related to depressive symptoms, state anxiety and satisfaction with life.

Results

Different sources of social support contributed to explaining women's psychological distress and mental well-being. Social support both from family and friends was significantly related to women's state anxiety and depressive symptoms. Social support from friends was specifically related to women's satisfaction with life.

Conclusion

Our findings endorse the crucial role of perceived social support as a protective factor for pregnant women's mental health. In the context of the COVID-19 pandemic, our results suggest that support from family seems important in preventing psychological distress, whereas support from friends is also associated with mental well-being. These results may help designing future interventions aimed at improving women's perinatal mental health in life-threatening conditions. (Author)

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 vol 67, no 4, July/August
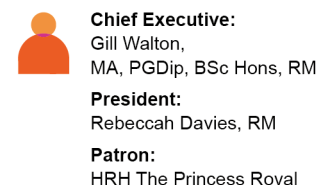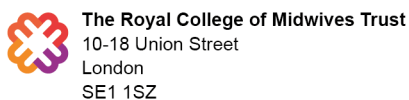
Introduction

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

2022-00302

 The COVID-19 Pandemic Can Impact Perinatal Mental Health and the Health of the Offspring. Caparros-Gonzalez RA, Ganho-Ávila A, de la Torre-Luque A (2020), Behavioral Sciences vol 10, no 11, 23 October 2020, p 162

The COVID-19 ongoing pandemic constitutes a major challenge for countries throughout the world due to the rapid spread of SARS-CoV-2 and devastating consequences in health. No one is free from COVID-19 impact. In this regard, pregnant women are not the exception. The COVID-19 outbreak represents a massive source of stressful agents for women and their babies during the perinatal period. The COVID-19 pandemic has been suggested to potentially have short- and long-term detrimental effects on pregnant women and the baby. These adverse consequences range from mental to medical diseases. During the last centuries, several dreadful and fatal incidents have put pregnant women and their babies at higher risk of mortality and health deterioration. For example, it has been informed that women exposed to the 1918 flu pandemic (commonly known as the Spanish flu) while pregnant showed higher rates of premature delivery in the short term. Long-term consequences have also been reported and individuals (both males and females) who were exposed to the 1918 flu pandemic while in utero had a higher risk of developing schizophrenia, diabetes, coronary heart disease or cancer throughout their lifespan. (Author)

Full URL: https://www.mdpi.com/2076-328X/10/11/162/htm

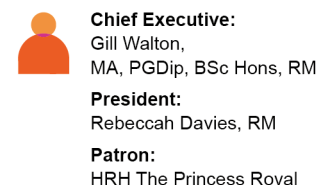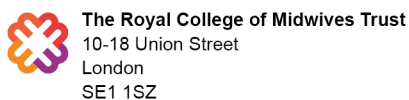**2022-00208**

 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

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 sequalae. During public health crises, peripartum women may need additional resources and support to improve their mental health, wellbeing, and breastfeeding experiences. (Author)
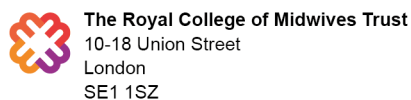
2022-00193

Impact of the COVID-19 pandemic on Swiss pregnant and breastfeeding women - a cross-sectional study covering the first pandemic wave. Lambelet V, Ceulemans M, Nordeng H, et al (2021), Swiss Medical Weekly vol 151, 17 September 2021, w30009

Information on the impact of the COVID-19 pandemic on pregnancy and breastfeeding experiences, as well as on perinatal mental health in Switzerland is limited. In Switzerland, there are few national studies and little information. Using an anonymous online survey accessible after the first wave of the outbreak in Switzerland, we have investigated how this pandemic affected pregnant and breastfeeding women. Among women who completed the survey, 69.0% (1050/1518) indicated the first wave of the pandemic affected their personal habits, 61.0% (689/1131) were affected in their work and 40.0% (632/1573) reported impaired relations with healthcare services (different denominators correspond to the number of participants who answered the question). 36.8% (110/299) of women reported an impact of the pandemic on their current pregnancy experience or breastfeeding experience (8.2%, 46/555). Overall, 11.6% (170/1467) of participants who completed the validated screening tests for mental health symptoms (Edinburgh Postnatal Depression Scale, Generalized Anxiety Disorder 7, Perceived Stress Scale) presented a score compatible with symptoms of major depression, severe anxiety or high perceived stress, which is higher than in the pre-pandemic period according to literature. Risk factors independently associated with impaired mental health were being hospitalized, having symptoms of COVID-19, living with a person with COVID-19 symptoms, having comorbidities, having experienced reduced healthcare services, having restricted usual activities and being a housewife. Protective factors independently associated were a high level of education and living with a partner. Our findings suggest that the COVID-19 pandemic might have significantly affected the well-being and mental health of pregnant and breastfeeding women, directly in the case of exposure, and indirectly as a result of the potential modifications in their life habits and in healthcare facilities. (Author)

2022-00119

Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis.
Chmielewska B, Barratt I, Townsend R, et al (2021), The Lancet Global Health vol 9, no 6, June 2021, pp e759-e772

Background

The COVID-19 pandemic has had a profound impact on health-care systems and potentially on pregnancy outcomes, but no systematic synthesis of evidence of this effect has been undertaken. We aimed to assess the collective evidence on the effects on maternal, fetal, and neonatal outcomes of the pandemic.

Methods

We did a systematic review and meta-analysis of studies on the effects of the pandemic on maternal, fetal, and neonatal outcomes. We searched MEDLINE and Embase in accordance with PRISMA guidelines, from Jan 1, 2020, to Jan 8, 2021, for case-control studies, cohort studies, and brief reports comparing maternal and perinatal mortality, maternal morbidity, pregnancy complications, and intrapartum and neonatal outcomes before and during the pandemic. We also planned to record any additional maternal and offspring outcomes identified. Studies of solely SARS-CoV-2-infected pregnant individuals, as well as case reports, studies without comparison groups, narrative or systematic literature reviews, preprints, and studies reporting on overlapping populations were excluded. Quantitative meta-analysis was done for an outcome when more than one study presented relevant data. Random-effects estimate of the pooled odds ratio (OR) of each outcome were generated with use of the Mantel-Haenszel method. This review was registered with PROSPERO (CRD42020211753).

Findings

The search identified 3592 citations, of which 40 studies were included. We identified significant increases in stillbirth (pooled OR 1·28 [95% CI 1·07–1·54]; I2=63%; 12 studies, 168 295 pregnancies during and 198 993 before the pandemic) and maternal death (1·37 [1·22–1·53; I2=0%, two studies [both from low-income and middle-income countries], 1 237 018 and 2 224 859 pregnancies) during versus before the pandemic. Preterm births before 37 weeks' gestation were
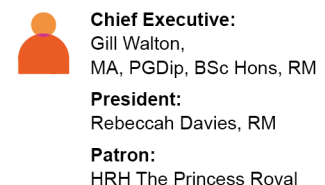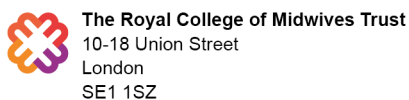
not significantly changed overall (0·94 [0·87–1·02]; I2=75%; 15 studies, 170 640 and 656 423 pregnancies) but were decreased in high-income countries (0·91 [0·84–0·99]; I2=63%; 12 studies, 159 987 and 635 118 pregnancies), where spontaneous preterm birth was also decreased (0·81 [0·67–0·97]; two studies, 4204 and 6818 pregnancies). Mean Edinburgh Postnatal Depression Scale scores were higher, indicating poorer mental health, during versus before the pandemic (pooled mean difference 0·42 [95% CI 0·02–0·81; three studies, 2330 and 6517 pregnancies). Surgically managed ectopic pregnancies were increased during the pandemic (OR 5·81 [2·16–15·6]; I2=26%; three studies, 37 and 272 pregnancies). No overall significant effects were identified for other outcomes included in the quantitative analysis: maternal gestational diabetes; hypertensive disorders of pregnancy; preterm birth before 34 weeks', 32 weeks', or 28 weeks' gestation; iatrogenic preterm birth; labour induction; modes of delivery (spontaneous vaginal delivery, caesarean section, or instrumental delivery); post-partum haemorrhage; neonatal death; low birthweight (<2500 g); neonatal intensive care unit admission; or Apgar score less than 7 at 5 min.

Interpretation

Global maternal and fetal outcomes have worsened during the COVID-19 pandemic, with an increase in maternal deaths, stillbirth, ruptured ectopic pregnancies, and maternal depression. Some outcomes show considerable disparity between high-resource and low-resource settings. There is an urgent need to prioritise safe, accessible, and equitable maternity care within the strategic response to this pandemic and in future health crises.

Funding

None. (Author)

Full URL: https://doi.org/10.1016/S2214-109X(21)00079-6

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)

2021-14505

A clearer view to COVID-19 domestic violence and abuse — gaining insight by using a visionary post-feminist lens.
Richards J (2022), MIDIRS Midwifery Digest vol 32, no 1, March 2022, pp 74-80

According to the Office for National Statistics (ONS), domestic abuse will affect 1:4 women and 1:6 men in their lifetime (ONS 2020a) (1). This paper looks at the facts — from a post-feminist perspective — and examines some of the issues, particularly in relation to routine enquiry in midwifery.

As a matter of child protection, issues highlighted in the smooth transition between hospital cot and nursery are discussed, facilitated by the midwife's pivotal role in discharge planning. The long-term repercussions of domestic violence and abuse, jeopardising the developmental health and wellbeing of the child beyond the uterus, are highlighted.

1. Office for National Statistics (ONS) (2020a). Domestic abuse victim characteristics, England and Wales: year ending March 2020. London: ONS.

https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020.

(Author, edited)

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

2021-14234

COVID outbreak is changing our practices of perinatal psychiatry. Gressier F, Mezzacappa A, Lasica P-A, et al (2020), Archives of Women's Mental Health vol 23, no 6, December 2020, pp 791-792

Letter to the editor suggesting that perinatal psychiatry workers must continue to support pregnant women and young mothers using teleconsultation, phone or email during the COVID-19 pandemic. Concludes that teleconsultation could allow for observations of family interactions in the home. (LDO)

Full URL: https://doi.org/10.1007/s00737-020-01039-7

2021-14045

Knowledge, perception, and protective measures of Turkish pregnant women towards COVID-19 pandemic and their effects on anxiety levels. Demircan S, Demirçivi Bör E (2022), Journal of Obstetrics and Gynaecology vol 42, no 5, 2022, pp 1018-1022

The aim of this study was to assess the knowledge of pregnant women regarding COVID-19 while evaluating the ability of protective measures and their effects on the level of anxiety during this pandemic. Using a prospective cross-sectional survey, 304 pregnant women attending prenatal polyclinics were included in our study between June 10 and July 10, 2020. The mean age of participants was 29.2 ± 6.0 years. The median gestational week was 25, ranging from 25 to 40 weeks of gestation. There was no significant correlation between a gestational week or complicated pregnancy and anxiety. Most participants possessed adequate knowledge and practical skills concerning Covid-19. Women with adequate knowledge were found to be statistically related to a high practice skills score and lower anxiety levels. Good knowledge levels are related to good practice skills and lower anxiety levels. Although pregnancy is not currently considered a risk factor, we believe it is vital to inform pregnant women about COVID-19 since they are naturally prone to mental problems and respiratory infections during pregnancy. Therefore, healthcare professionals should be encouraged to play an active role in this issue, replacing social media, a common source of misinformation for this target demographic.

Impact statement
What is already known on this subject? The prevalence of depression and anxiety symptoms among pregnant women increased significantly after the declaration of human-to-human transmission and the increasingly rapid spread of COVID-19.

What do the results of this study add? Pregnant women with good knowledge of COVID-19 were found to have adequate practice skills and lower anxiety levels.

What are the implications of these findings for clinical practice and/or further research? The act of informing pregnant women is essential in reducing anxiety levels and taking more accurate measures against COVID-19 because high levels of anxiety and depression can have long-term effects on maternal and foetal health. To minimise the potential
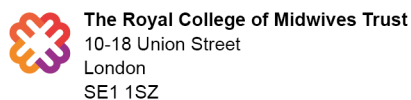
for information pollution on social media, health professionals must play a more significant role in informing pregnant women and provide evidence-based information to pregnant women about the effects of COVID-19 on pregnancy. (Author)

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

2021-13988

The mental health crisis of expectant women in the UK: effects of the COVID-19 pandemic on prenatal mental health, antenatal attachment and social support. Filippetti ML, Clarke ADF, Rigato S (2022), BMC Pregnancy and Childbirth vol 22, no 68, 26 January 2022

Background

Pregnancy has been shown to be times in a woman's life particularly prone to mental health issues, however a substantial percentage of mothers report subclinical perinatal mental health symptoms that go undetected. Experiences of prenatal trauma, such as the COVID-19 pandemic, may exacerbate vulnerability to negative health outcomes for pregnant women and their infants. We aimed to examine the role of: 1) anxiety, depression, and stress related to COVID-19 in predicting the quality of antenatal attachment; 2) perceived social support and COVID-19 appraisal in predicting maternal anxiety and depression.

Methods

A sample of 150 UK expectant women were surveyed during the COVID-19 pandemic. Questions included demographics, pregnancy details, and COVID-19 appraisal. Validated measures were used to collect self-reported
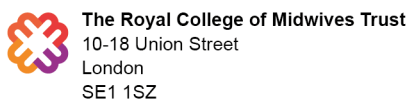
maternal antenatal attachment (MAAS), symptoms of anxiety (STAI), depression (BDI-II), and stress related to the psychological impact of COVID-19 (IES-r).

Results

We found that the pandemic has affected UK expectant mothers' mental health by increasing prevalence of depression (47%), anxiety (60%) and stress related to the psychological impact of COVID-19 (40%). Women for whom COVID-19 had a higher psychological impact were more likely to suffer from depressive (95% HDPI = [0.04, 0.39]) and anxiety symptoms (95% HPDI = [0.40, 0.69]). High depressive symptoms were associated with reduced attachment to the unborn baby (95% HPDI [-0.46, -0.1]). Whilst women who appraised the impact of COVID-19 to be more negative showed higher levels of anxiety (HPDI = [0.15, 0.46]), higher social support acted as a protective factor and was associated with lower anxiety (95% HPDI = [-0.52, -0.21]).

Conclusions

The current findings demonstrate that direct experience of prenatal trauma, such as the one experienced during the COVID-19 pandemic, significantly amplifies mothers' vulnerability to mental health symptoms and impairs the formation of a positive relationship with their unborn baby. Health services should prioritise interventions strategies aimed at fostering support for pregnant women. (Author)

Full URL: https://doi.org/10.1186/s12884-022-04387-7

2021-13962

The experience of women with recent gestational diabetes during the COVID-19 lockdown: a qualitative study from Denmark. Jensen NH, Nielsen KK, Dahl-Petersen IK, et al (2022), BMC Pregnancy and Childbirth vol 22, no 84, 29 January 2022

Background

Following COVID-19 and the lockdowns, maternity care and support for women after delivery have been temporary restructured. Studies show that COVID-19 adversely impacts pregnant and peripartum women in the general population, but experiences among women in the first year after delivery/in the wider postpartum period remain unexplored. Moreover, experiences among women with recent gestational diabetes mellitus (GDM) are lacking; though it is a group with a potential high need for support after delivery. The aim of our study was to investigate (i) how women with recent GDM experienced COVID-19 and the first lockdown in Denmark, and (ii) the women's risk perception and health literacy in terms of interaction with the healthcare system in relation to COVID-19.

Methods

We performed a qualitative study among 11 women with recent GDM (infants aged 2-11 months old). Semi-structured interviews were conducted in April-May 2020 by telephone or Skype for Business, when Denmark was under lockdown. We analysed data using a thematic qualitative content analysis.

Results

Three themes emerged: i) Everyday life and family well-being, ii) Worries about COVID-19 and iii) Health literacy: Health information and access to healthcare. The women were generally not worried about their own or their infant's risk of COVID-19. The lockdown had a negative impact on everyday life e.g. routines, loneliness, breastfeeding uncertainties and worries for the infant's social well-being; but better family dynamics were also described. It was challenging to maintain healthy behaviours and thus the women described worries for the risk of type 2 diabetes and GDM in subsequent pregnancies. The women missed peer support and face-to-face visits from health visitors and found it difficult to navigate the restructured care with online/telephone set-ups.

Conclusions

COVID-19 and the lockdown affected everyday life among women with recent GDM both positively and negatively. Our findings suggest a need for care that are responsive to psychological and social aspects of health throughout the COVID-19 pandemic and support to limit worries about adaptation to motherhood and the infant's social well-being. Communication focusing on the importance and relevance of contacting healthcare providers should also be

strengthened. (Author)

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)

2021-13904

Effects of the COVID-19 pandemic on anxiety and depressive symptoms in pregnant women: a preliminary study. Durankuş F, Aksu E (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 2, 2022, pp 205-211

Objective

The 2019 coronavirus disease (COVID-19) outbreak that began in China has turned into a pandemic that threatens global health, thereby prompting the concentration of studies and clinical routines on treating and preventing the disease. However, research on the psychological effects of the pandemic on the general population, particularly pregnant women, is lacking. Accordingly, the present study investigated the effects of the COVID-19 pandemic on depression and anxiety in pregnant women.

Study design

An anonymous survey for assessing depression and anxiety in pregnant women was designed, after which a link to the online questionnaire was sent to the participants, who were being treated in a private medical center. One of the researchers followed up with the respondents, among whom 260 returned their questionnaires.

Results

Among the respondents, 35.4% (n = 92, case group) obtained scores higher than 13 on the Edinburgh Postpartum Depression Scale (EPDS). The comparison of the groups by years of education indicated statistically significant effects of COVID-19 on psychology, social isolation, and mean scores in the Beck Depression Inventory (BDI) and Beck Anxiety
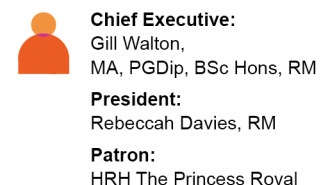
Inventory (BAI). These effects were more severe in the case group than in the control group (psychology: 8.369 ± 2.003, social isolation: 8.000 ± 2.507, mean BDI and BAI scores: 20.565 ± 6.605 and 22.087 ± 8.689, respectively). A regression analysis revealed that the BDI scores and the disease's psychological effects, as well as the BAI scores and the illness's social isolation effects, exerted a statistically significant influence on the EPDS scores of the participants.

Conclusion

This study illustrated the effects of the COVID-19 pandemic on the depression and anxiety levels of pregnant women. Our results point to an urgent need to provide psychosocial support to this population during the crisis. Otherwise, adverse events may occur during pregnancy and thus affect both mother and fetus. (Author)

Full URL: https://doi.org/10.1080/14767058.2020.1763946

2021-13857

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

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

Setting Maternity care provision in England.

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

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

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

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

2021-13649

 Partner delivered relaxation massage to support mild antenatal anxiety; views of participants. Hall H, Lauche R, Fogarty S, et al (2022), Midwifery vol 105, February 2022, 103229

Background

Approximately one-fifth of pregnant women suffer from anxiety and/or depression. These mental health conditions are associated with increased infant and maternal morbidity. Relaxation massage has the potential to improve mental health and may provide a vaulable option for pregnant women. This paper reports on participants' experiences of partner delivered massage as a technique to manage mild antenatal anxiety.

Methods

We conducted a feasibility study with 44 pregnant women who self-assessed as mildly anxious. The women were randomised into massage therapy (14 women/partner dyads) or to an active control group (13 women). 4–6 weeks after the birth of their baby, massage group participants were invited to be interviewed about their experiences; twelve women and four partners agreed. The qualitative data was analysed using reflective thematic analysis.

Results

Four themes emerged from the data; Supporting mental health, Connecting, Useful and adaptable and Making it happen. Partner delivered massage was an accessible and practical method to manage mild anxiety for pregnant women in this study. The massage program also provided useful skills for participants to apply in their lives after the birth of their child, which has the potential to continue to support maternal mental health as well as partner connection.

Conclusion

Partner delivered massage offers low-cost, accessible option for pregnant women to manage their mild anxiety. These findings have particular relevance in the context of the COVID-19 pandemic, where anecdotal reports indicate that antenatal stress is increasing and women may have limited access to healthcare services. (Author)

Full URL: https://doi.org/10.1016/j.midw.2021.103229

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.
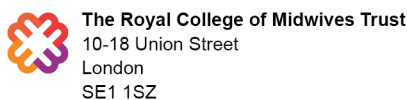
2021-13447

Impact of COVID-19 on pregnancy worry in the United States. Burgess A, Breman RB, Roane LA, et al (2022), Birth vol 49, no 3, September 2022, pp 420-429

Background

Several recent studies confirm that the COVID-19 pandemic has increased symptoms of stress, anxiety, and depression in pregnant persons around world. In this study, we aimed to uncover the impact of COVID-19 on worry during pregnancy.

Methods

This study used a cross-sectional descriptive research design. A link to a survey was emailed to users of the Ovia Pregnancy app. Participants (N = 253) completed the survey, which included the Cambridge Worry in Pregnancy Scale, and answered several free text questions. The free-text questions were included to capture worries not listed on the scale and to allow participants the opportunity to more clearly describe COVID-19-related worries. Descriptive statistics were reported, and content analysis performed to determine themes.

Results

Overall, respondents reported they were quite or very worried about having their partner with them at birth (31.7%, n = 80), giving birth (28.2%; n = 71), and something being wrong with the baby (27.3%; n = 69). Results on worries also differed by participants' race, parity, and trimester. When comparing White to other racial groups, other racial groups had statistically significantly higher median scores for questions on worries about employment (P = .001), going to the hospital (P = .002), and internal examinations (P = .03). Content analysis revealed isolation, loss of support, anxiety/stress, and grief as major themes.

Discussion

The worry, isolation, loss of support, anxiety, and grief reported by pregnant persons during the COVID-19 pandemic may impact maternal pre- and postnatal mental health and are not borne equally. Birthing persons of color appear disproportionately impacted. Prenatally, maternity care providers should assess for worry and provide individualized education and resources to pregnant patients, centering individuals and communities made most vulnerable by structural inequality. (Author)

Full URL: https://doi.org/10.1111/birt.12608

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 (2023), Journal of Reproductive and Infant Psychology vol 41, no 4, 2023, pp 428-444

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.
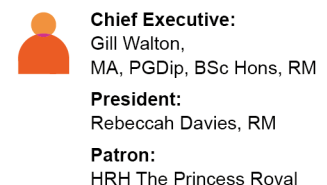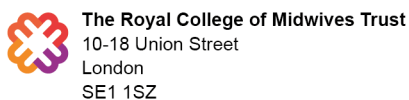
Results

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)

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

2021-13135

Psychological well-being and worries among pregnant women in the first trimester during the early phase of the COVID-19 pandemic in Denmark compared with a historical group: A hospital-based cross-sectional study. Broberg L, Rom AL, De Wolff MG, et al (2022), Acta Obstetricia et Gynecologica Scandinavica vol 101, no 2, February 2022, pp 232-240

Introduction

A pandemic may negatively influence psychological well-being in the individual. We aimed to assess the potential

influence of the first national lockdown in Denmark (March to June 2020) due to the COVID-19 pandemic on psychological well-being and the content and degree of worries among pregnant women in early pregnancy.

Material and methods
In this hospital-based cross-sectional study based on self-reported data we compared psychological well-being and worries among women who were pregnant during the first phase of the pandemic (COVID-19 group) (n = 685), with women who were pregnant the year before (Historical group) (n = 787). Psychological well-being was measured by the five-item World Health Organization Well-being Index (WHO-5), using a score ≤50 as indicator of reduced psychological well-being. Differences in WHO-5 mean scores and in the prevalence of women with score ≤50 were assessed using general linear and log-binomial regression analyses. The Cambridge Worry Scale was used to measure the content and degree of major worries. To detect differences between groups, Pearson's Chi-square test was used.

Results
We found no differences in mean WHO-5 score between groups (mean difference) 0.1 (95% CI −1.5 to 1.6) or in the prevalence of women with WHO-5 score ≤50 (prevalence ratio 1.04, 95% CI 0.83–1.29) in adjusted analyses. A larger proportion of women in the COVID-19 group reported major worries about Relationship with husband/partner compared with the Historical group (3% [n = 19] vs 1% [n = 6], p = 0.04), and 9.2% in the COVID-19 group worried about the possible negative influence of the COVID-19 restrictions.

Conclusions
Our findings indicate that national restrictions due to the COVID-19 pandemic did not influence the psychological well-being or the content and degree of major worries among pregnant women. However, a larger proportion of women in the COVID-19 group reported major worries concerning Relationship with husband/partner compared with the Historical group and 9.2% in the COVID-19 group worried about the possible negative influence of the COVID-19 restrictions. (Author)
Full URL: https://doi.org/10.1111/aogs.14303

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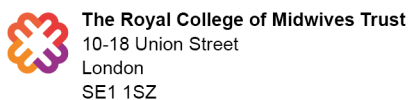
The EPDS scores changed in connection with the COVID-19 pandemic. Anxiety, which represent hypervigilance, was significantly higher and anhedonia and depression were significantly lower in the During COVID-19 group. Our results may reflect COVID-19-related health concerns and a lack of social support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

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

2021-13124

Maternal-fetal bonding during the COVID-19 pandemic. Koire A, Mittal L, Erdei C, et al (2021), BMC Pregnancy and Childbirth vol 21, no 846, 28 December 2021

Background

The pregnant population experienced unique COVID-19 physical and psychosocial stressors such as direct health concerns related to the virus and loss of access to resources since the COVID-19 emerged as a global pandemic in early 2020. Despite these COVID-19-related stress and concerns, the maternal experience of bonding with their unborn children has not been well studied. This work aimed to study the association between mental health history, current mental health symptoms, psychological factors, COVID-19-related worries, and self-reported maternal-fetal bonding of pregnant women.

Methods

This online, survey-based cross-sectional study focused on women pregnant during the pandemic and assessed 686 women using data collected from May 19, 2020 to October 3, 2020. Enrolled respondents completed assessments in which they self-reported maternal-fetal bonding, mental health symptomatology, psychological factors, and COVID-19-related worries regarding health, pregnancy, and resources.

Results

Depressive symptoms in pregnant women were associated with lower quality maternal-fetal bonding, while a higher level of anxiety was positively associated with bonding; however, past history of depression or generalized anxiety diagnosis did not appear to be as relevant as active symptomatology. Maternal resilience, but not distress tolerance, appeared to be a protective factor resulting in improved bonding. Higher levels of worry regarding impact of COVID-19 on health were significantly associated with improved bonding, while worries regarding the impact of COVID-19 on the pregnancy or resources were not significantly associated with bonding. The study also found associations between different sociodemographic variables and bonding, including a strong positive association between first time motherhood and bonding and a negative association between higher education and income and bonding.

Conclusions

This study was the first to report potential protective and risk factors to the maternal-fetal bonding process in women pregnant during the COVID-19 pandemic. Unique COVID-19 concerns exist; however, anxiety and COVID-19 concerns do not appear to undermine maternal-fetal bonding while active depressive symptomatology may negatively influence bonding; interventions increasing maternal resilience may be particularly valuable.(Author)

Full URL: https://doi.org/10.1186/s12884-021-04272-9

2021-13113

Pregnant during the COVID-19 pandemic: an exploration of patients' lived experiences. Kolker S, Biringer A, Bytautas J, et al (2021), BMC Pregnancy and Childbirth vol 21, no 851, 31 December 2021

Background

Infectious outbreaks are known to cause fear and panic. Exploration of pregnant individuals' psychosocial condition using a qualitative lens during an infectious outbreak is limited. In this study we explore pregnant individuals' lived experiences as well as their psychological and behavioural responses during COVID-19 with the goal of providing useful strategies from the patient's perspective to enable health care providers to help pregnant patients navigate this and future pandemics.

Methods

Pregnant individuals between 20-weeks gestation and 3 months postpartum who received maternity care from an urban academic interprofessional teaching unit in Toronto, Canada were invited to participate. Semi-structured 60 min interviews were audio-recorded, transcribed and analyzed using descriptive thematic analysis. Interview questions probed psychological responses to the pandemic, behavioural and lifestyle changes, strategies to mitigate distress while pregnant during COVID-19 and advice for other patients and the healthcare team.

Results

There were 12 participants, mean age 35 years (range 30–43 years), all 1 to 6 months postpartum. Six main themes emerged: 1) Childbearing-related challenges to everyday life; 2) Increased worry, uncertainty and fear; 3) Pervasive sense of loss; 4) Challenges accessing care; 5) Strategies for coping with pandemic stress; 6) Reflections and advice to other pregnant people and health care professionals. Pregnant individuals described lack of social support due to COVID-19 pandemic restrictions and a profound sense of loss of what they thought their pregnancy and postpartum period should have been. Advice to healthcare providers included providing mental health support, clear and up to date communication as well as more postpartum and breastfeeding support.

Conclusions

These participants described experiencing psychosocial distress during their pregnancies and postpartum. In a stressful situation such as a global pandemic, health care providers need to play a pivotal role to ensure pregnant individuals feel supported and receive consistent care throughout the pregnancy and postpartum period. The health care provider should ensure that mental health concerns are addressed and provide postpartum and breastfeeding support. Without addressing this need for support, parental mental health, relationships, parent-infant bonding, and infant development may be negatively impacted. (Author)

Full URL: https://doi.org/10.1186/s12884-021-04337-9

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

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 (2022), Birth vol 49, no 2, June 2022, pp 273-280

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

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 (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 25, 2022, pp 9086-9092

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)

2021-12780

The Psychological Effect of COVID-19 on Pregnant Women. Atheer F, Cavaliere R, Khajah A, et al (2021), Irish Medical Journal vol 114, no 8, September 2021, P438

Aims
We aimed to conduct a narrative review on the direct and indirect psychological implications of COVID-19, amongst the pregnant population.

Methods
Two medical databases (PUBMED and EMBASE) were analysed and papers describing the psychological impact of COVID-19 on pregnant women were included.

Results
We identified a total of 35 papers in our study, 14% (5/35) focused on first time mothers, 71% (25 /35) on depression among pregnant persons, 83% (29/35) examined anxiety, 40% (14 /35) described the impact of stress and 43% (15/35) included a discussion on fear. The most common stressors were fear of contracting COVID-19 and uncertainty surrounding the situation Protective factors include having accurate information regarding COVID-19, a higher level of education and a secure income.

Conclusion
COVID-19 has had significant psychological effects amongst the pregnant population including increased levels of anxiety, depression, fear and stress. Many individuals experience suicidal ideation. Social isolation and increasing rates of emotional and physical abuse may be significant factors. Consideration needs to be given to enhance social support and self-care routines. Exercise has shown to alleviate some stress, anxiety and other subjective symptoms. Professional assistance and knowledge have also shown to decrease the severity of these effects. (Author)
Full URL: http://imj.ie/the-psychological-effect-of-covid-19-on-pregnant-women/

2021-12693

The impact of perinatal healthcare changes on birth trauma during COVID-19. Diamond RM, Colaianni 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

2021-12685

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

Background

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

Methods

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

Results

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

Conclusion

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

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

2021-12682

 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)

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
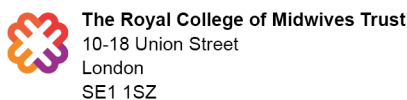
COVID-19 pandemic.

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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2021-12421

Pregnant women and infants against the infection risk of COVID-19: a review of prenatal and postnatal symptoms, clinical diagnosis, adverse maternal and neonatal outcomes, and available treatments. Khedmat L, Mohaghegh P, Veysizadeh M, et al (2022), Archives of Gynecology and Obstetrics vol 306, no 2, August 2022, pp 323-335

Background

The establishment of a risk-appropriate care approach for pregnant women and newborn infants under the COVID-19 pneumonia is vital to prevent the main pregnancy complications.

Objectives and design

This study reviewed the vertical transmission (VT) potential of COVID-19 pneumonia in pregnant women. Key-related symptoms and adverse clinical outcomes for mothers and infants before and after childbirth were summarized. Some practical therapies and preventive health solutions were also proposed.

Results

There was a high susceptibility in pregnant women to COVID-19 infection, especially in the third trimester of pregnancy. The most common symptoms in 22–40-year-old patients infected with COVID-19 were fever (87.6%), cough (52.3%), dyspnea (27.6%), fatigue (22.4%), sore throat (13.5%), malaise (9.4%), and diarrhea (3.4%), respectively. The viral infection led to an increase in preterm labor and cesarean delivery without any intrauterine infection and severe

neonatal asphyxia. No infection in the newborn infants was reported despite a high risk of the VT phenomenon. The most important therapies were the reception of antiviral and antibiotic drugs, oxygenation therapy, psychological interventions, and food supplements with health-promoting effects. The best proposed medical strategies to control the COVID-19 infection were bi-monthly screening and following-up the mothers' and fetuses' health, not using the potent broad-spectrum antibiotics and corticosteroids, providing the delivery room with negative pressure for emergency cesarean section, and the immediate isolation of newborns after childbirth without direct breastfeeding.

Conclusion
Babies with respiratory problems may be born to some mothers with COVID-19, who have weak immune systems. Thus, the virus transmission cycle should be disrupted to prevent adverse maternal and fetal outcomes by integrating individual health guidelines, efficient medical care therapies, and hospital preventive practices. (Author)
Full URL: https://doi.org/10.1007/s00404-021-06325-y

2021-12419

Pregnant women's experiences of social distancing behavioural guidelines during the Covid-19 pandemic 'lockdown' in the UK, a qualitative interview study. Anderson E, Brigden A, Davies A, et al (2021), BMC Public Health vol 21, no 1202, 23 June 2021

Background
Covid-19 triggered the rapid roll-out of mass social distancing behavioural measures for infection control. Pregnant women were categorised as 'at risk' requiring extra vigilance with behavioural guidelines. Their understanding and ability to adhere to recommendations was unknown.

Objectives
To complete a behavioural analysis of the determinants of recommended social distancing behaviour in pregnant women, according to the 'capability, opportunity, motivation and behaviour' ('COM-B') model to inform the development of recommendations/materials to support pregnant women in understanding and adhering to behavioural guidelines.

Design
Qualitative interview study with pregnant women in the Bristol area (UK).

Methods
Semi-structured telephone/videoconference interviews were conducted following a topic guide informed by the COM-B model, transcribed verbatim and subjected to framework analysis. Infographic materials were iteratively produced with stakeholder consultation, to support pregnant women.

Results
Thirty-one women participated (selected for demographic range). Women reported adhering to social distancing recommendations and intended to continue. COM-B analysis identified gaps in understanding around risk, vulnerability, and the extent of required social distancing, as well as facilitators of social distancing behaviour (e.g. social support, motivation to stay safe, home environment/resources). Additional themes around detrimental mental health effects and changes to maternity healthcare from the social distancing measures were identified. Infographic resources (plus midwife report) addressing women's key concerns were produced and disseminated.

Conclusions
The COM-B model provided useful details of determinants of pregnant women's adherence to social distancing behaviours. The confusion of what being 'at risk' meant and varying interpretation of what was expected indicates a need for greater clarity around categories and guidance. The loss of maternity care and negative mental health effects of social distancing suggest a growing area of unmet health needs to be addressed in future. (MB)
Full URL: https://doi.org/10.1186/s12889-021-11202-z
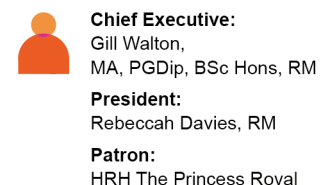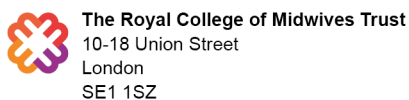
2021-12408

Impact of the SARS-CoV-2 pandemic and first lockdown on pregnancy monitoring in France: the COVIMATER cross-sectional study. Doncarli A, Araujo-Chaveron L, Crenn-Hebert C, et al (2021), BMC Pregnancy and Childbirth vol 21, no 799, 30 November 2021

Background

In the context of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, consultations and pregnancy monitoring examinations had to be reorganised urgently. In addition, women themselves may have postponed or cancelled their medical monitoring for organisational reasons, for fear of contracting the disease caused by SARS-CoV-2 (COVID-19) or for other reasons of their own. Delayed care can have deleterious consequences for both the mother and the child. Our objective was therefore to study the impact of the SARS-CoV-2 pandemic and the first lockdown in France on voluntary changes by pregnant women in the medical monitoring of their pregnancy and the associated factors.

Methods

A cross-sectional study was conducted in July 2020 using a web-questionnaire completed by 500 adult (> 18 years old) pregnant women during the first French lockdown (March–May 2020). A robust variance Poisson regression model was used to estimate adjusted prevalence ratios (aPRs).

Results

Almost one women of five (23.4%) reported having voluntarily postponed or foregone at least one consultation or pregnancy check-up during the lockdown. Women who were professionally inactive (aPR = 1.98, CI95%[1.24–3.16]), who had experienced serious disputes or violence during the lockdown (1.47, [1.00–2.16]), who felt they received little or no support (1.71, [1.07–2.71]), and those who changed health professionals during the lockdown (1.57, [1.04–2.36]) were all more likely to have voluntarily changed their pregnancy monitoring. Higher level of worry about the pandemic was associated with a lower probability of voluntarily changing pregnancy monitoring (0.66, [0.46–0.96]).

Conclusions

Our results can guide prevention and support policies for pregnant women in the current and future pandemics. (Author)

Full URL: https://doi.org/10.1186/s12884-021-04256-9

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,
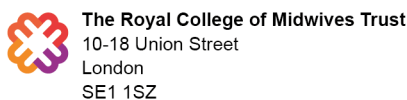
obstetric factors as well as that of COVID 19 related worries to depression and anxiety.

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 ± 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±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)

Background

Pregnancy is a vulnerable period for women, and it is especially so under the worldwide COVID-19 pandemic. Whereas there is some evidence for distress among pregnant women during the outspread of COVID-19, little is known about the second wave of the pandemic. We therefore sought to examine the contribution of background variables, ethnicity (Jewish, Arab), personal resources (optimism, emotion regulation), and COVID-19-related anxieties to pregnant Israeli women's psychological distress.
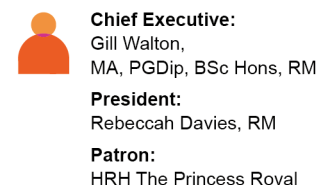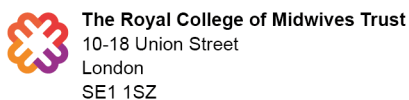
Method

A convenience sample of 1127 Israeli women was recruited from 5 July to 7 October 2020.

Results

Not having an academic degree, lower economic status, being an Arab woman, poorer physical health, lower levels of optimism and cognitive reappraisal, higher levels of emotion suppression and COVID-19-related anxieties all

contributed significantly to greater psychological distress. Finally, ethnicity moderated the relationship between optimism and emotion suppression and the woman's level of psychological distress.

Conclusions
The findings reveal risk and resilience factors associated with the psychological distress of pregnant women during the second wave of the COVID-19 pandemic and highlight the potentially greater vulnerability of women from a minority group, showing that ethnicity plays a central role in the way personal resources are related to psychological distress at such times. (Author)

2021-12219

 Stress level and general mental state in Polish pregnant women during COVID-19 pandemic. Mikolajkow A, Małyszczak K (2023), Journal of Reproductive and Infant Psychology vol 41, no 2, 2023, pp 165-182

Introduction
COVID-19 pandemic may contribute to mental state worsening. Mental health disorders in pregnancy are known to have adverse outcomes both for mothers and their children. It is the first study in Poland to investigate the impact of the pandemic on stress level and general mental state in pregnant women.

Methods
Three hundred sixteen pregnant women completed an online survey containing four instruments. The main research questions were investigated with Bayesian regression analyses.

Results
We found that 37% of pregnant women presented with some mental state disorders and almost 46% with elevated emotional tension. Seventeen % had elevated stress level, 11% elevated intrapsychic stress level and 13% elevated outward stress level. Both 'being scared of lack of social support...' and 'being scared of infection...' have an impact on stress level, however the first factor is a more substantial stressor.

Conclusions
Multiple pregnant women during the Coronavirus SARS-CoV-2 pandemic presented with mental state disorders and elevated stress levels. As mental state disorders contribute to adverse neonatal outcomes and maternal mortality, it is imperative to focus on pregnant women's psychological and psychiatric conditions during the pandemic. It seems crucial to use screening tests to make early psychiatric diagnoses. (Author)

2021-11864

 Distress and anxiety associated with COVID-19 among Jewish and Arab pregnant women in Israel. Taubman-Ben-Ari O, Chasson M, Sharkia SA, et al (2020), Journal of Reproductive and Infant Psychology vol 38, no 3, July 2020, pp 340-348

Introduction
The fact that little is yet known about the possible implications of COVID-19 for pregnancy, puts pregnant women at greater risk of heightened anxiety and psychological distress. In this study, we sought to explore the psychological distress and COVID-19-related anxiety of pregnant women during the crisis.

Methods
Israeli Jewish and Arab pregnant women (n = 336) aged 20–47 completed a set of questionnaires during the COVID-19 pandemic in March 2020.

Results
The levels of all COVID-19-related anxieties were quite high (much or very much), with the highest regarding public places and transportation (87.5%, 70%, respectively), followed by concerns over the possible infection of other family members and the health of the foetus (71.7%, 70%, respectively), going for pregnancy check-ups (68.7%,), being
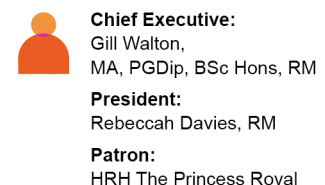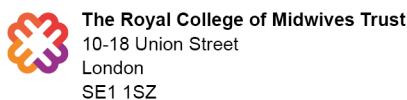
infected themselves, and the delivery (59.2%, 55.4%, respectively). Although COVID-19-related anxieties were shared by pregnant women characterised by diverse sociodemographic variables, with very small nuances, Arab women were more anxious about each of the issues than Jewish women.

Discussion
Our findings highlight the importance of assessing anxiety and distress in pregnant women during the COVID-19 pandemic, as well as the need to be attentive to the double stress of pregnant women in times of crisis and to the potential vulnerability of subgroups, such as cultural minorities. (Author)
Full URL: https://doi.org/10.1080/02646838.2020.1786037

2021-11735

Exploring factors associated with pregnant women's experiences of material hardship during COVID-19: a cross-sectional Qualtrics survey in the United States. Johnson L (2021), BMC Pregnancy and Childbirth vol 21, no 755, 8 November 2021

Background
The COVID-19 pandemic has exacerbated the financial insecurity of women and their families globally. Some studies have explored the impact of financial strain among pregnant women, in particular, during the pandemic. However, less is known about the factors associated with pregnant women's experiences of material hardship.

Methods
This cross-sectional study used a non-probability sample to examine the factors associated with pregnant women's experiences of material hardship during the COVID-19 pandemic. In January 2021, 183 pregnant women living in the United States participated in an online Qualtrics panel survey. In addition to socio-demographic characteristics, individuals were asked about their finances and predictors of financial well-being, mental health symptoms, and intimate partner violence (IPV) experiences. Chi-square analysis and one-way ANOVA were used to examine whether women's experiences with material hardship and associated factors differed by income level (i.e., less than $20,000; $20,000 to $60,000; more than $60,000). Ordinary least squares regression was used to calculate unadjusted and adjusted estimates.

Results
Study findings showed that the majority of women in the sample experienced at least one form of material hardship in the past year. Individuals with an annual household income less than $20,000 reported the highest average number of material hardships experienced (M = 3.7, SD = 2.8). Compared to women with household incomes less than $20,000, women with incomes of more than $60,000 reported significantly fewer material hardships, less financial strain, and higher levels of financial support, economic self-efficacy, and economic-self-sufficiency. Women with incomes of $60,000 or more also reported significantly lower levels of psychological abuse, and a smaller percentage met the cut-off for anxiety. Economic self-sufficiency, financial strain, posttraumatic stress disorder, and economic abuse were all significantly associated with material hardship.

Conclusions
A contribution of this study is that it highlights the significant, positive association between economic abuse, a unique form of IPV, and material hardship among pregnant women during the pandemic. These findings suggest the need for policy and practice interventions that help to ameliorate the financial insecurity experienced by some pregnant women, as well as respond to associated bidirectional vulnerabilities (e.g., mental health symptoms, experiences of IPV). (Author)
Full URL: https://doi.org/10.1186/s12884-021-04204-7

2021-11588

Frequency and source of worries in an International sample of pregnant and postpartum women during the Covid-19

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

2021-11568

 Prenatal distress during the COVID-19 pandemic: clinical and research implications. Liu CH, Hyun S, Erdei C, et al (2022), Archives of Gynecology and Obstetrics vol 306, no 2, August 2022, pp 397-405

Purpose

The objective of this study was to identify risk and protective factors related to general prenatal distress and COVID-19-specific prenatal distress to inform intervention targets among women pregnant during the COVID-19 pandemic.

Methods

The study relied on data obtained from U.S. pregnant women (N = 701) who participated in the Perinatal Experiences and COVID-19 Effects (PEACE) Study from May 21 to October 3, 2020. The present cross-sectional study examined the potential risk and protective factors associated with different features of prenatal distress among U.S. pregnant women during the COVID-19 pandemic.

Results

Approximately two-thirds of expectant mothers indicated being more stressed about going to the hospital because of COVID-19. Generalized anxiety and PTSD were associated with higher levels of general and COVID-19-specific prenatal distress. Depression symptoms were associated with higher general prenatal distress. Higher levels of distress tolerance were associated with lower levels of general prenatal distress (B = − 0.192, p < .001) and COVID-19-specific prenatal distress (B = − 0.089, p < .05). Higher levels of instrumental social support were marginally associated with

lower COVID-19-specific prenatal distress (B = − 0.140, p < 0.1).

Conclusion

Findings draw attention to prenatal distress experiences during the COVID-19 pandemic, including new types of distress arising from the pandemic itself. Women might benefit from the introduction of interventions such as mindfulness-based or relaxation therapy. Coverage of responsibilities and financial assistance is particularly needed during the COVID-19 pandemic. Limitations include a majority White and high socioeconomic sample. These findings provide specificity regarding potential targets for addressing prenatal distress. (Author)

Full URL: https://doi.org/10.1007/s00404-021-06286-2

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

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)

2021-10909

 The influence of psychological response and security sense on pregnancy stress during the outbreak of coronavirus disease 2019: A mediating model. Zheng QX, Jiang XM, Lin Y, et al (2020), Journal of Clinical Nursing vol 29, no 21-22, November 2020, pp 4248-4257

Aims and objectives

To observe the psychological status of pregnant women during COVID-19 pandemic, and to test a hypothetical model that estimates the influence of psychological response to COVID-19 and security sense on pregnancy stress.

Background

COVID-19 advanced rapidly and then spread worldwide. Pregnant women were more susceptible to the COVID-19 infection. Furthermore, it is not clear whether this infection will increase the risk of congenital monstrosity, foetal growth restriction, premature delivery or cause other long-term adverse effects.

Design

A descriptive, cross-sectional survey.

Methods

A total of 331 pregnant women participated in this study. And this research adhered to the STROBE guideline. The psychological questionnaire for emergent events of public health, pregnancy stress scale and security questionnaire were used to collect data. The hypothetical path model was tested using the SPSS version 25.0 software and AMOS version 26.0 software.

Results

Fear and depression were the most common psychological responses among pregnant women during the COVID-19 pandemic. The hypothesis model of this study fitted the data well, and the results showed that psychological response positively affected pregnancy stress, while security sense negatively affected pregnancy stress; security

sense mediated between psychological response and pregnancy stress.

Conclusion

Nurses and midwives can help reduce the stress in pregnant women by alleviating their psychological response to the COVID-19 pandemic and by improving their security sense.

Relevance to clinical practice

It is essential for the health staff to build trust with pregnant women and their families, and communicate accurate information to them. Nurses should promptly conduct a psychological response evaluation and psychological guidance for pregnant women to alleviate their fears and hypochondria related to COVID-19. (Author)

2021-10688

Pandemic-related pregnancy stress among pregnant women during the COVID-19 pandemic in Spain. Garcia-Silva J, Caracuel A, Lozano-Ruiz A, et al (2021), Midwifery vol 103, December 2021, 103163

Objective

The aim was to develop and establish the psychometric properties of the Pandemic-Related Pregnancy Stress Scale (PREPS) in European Spanish speaking pregnant women in Spain.

Design

A cross section design using a non-random sample of 206 women completed the questionnaire during the first COVID-19 pandemic lockdown from April to June 2020 in Spain. Psychological, sociodemographic and obstetric factors and the new PREPS were collected.

Results

Bartlett's test of sphericity ($\chi 2(105) = 580.36$, $p < .001$), and KMO = .79 confirmed appropriateness for factor analysis of the PREPS. Confirmatory factor analyses based on the factor structure of the original USA English version of this instrument confirmed three factors - Preparedness Stress (7 items), Perinatal Infection Stress (5 items), and Positive Appraisal (3 items). The 15-item version of the PREPS demonstrates internal consistency and reliability are adequate ($\alpha > .77$), and for F1 - Preparedness ($\alpha > .65$), for F2 - Infection ($\alpha > 0.60$) and for F3 - Positive appraisal ($\alpha > .55$). The three factors exhibited good inter-item correlations, (F1 – Preparedness: .21; F2 – Infection: .23, and F3 – Positive Appraisal: .29). Convergent validity was examined through the Pearson's correlation coefficients of the PREPS with the Perceived Stress Scale (PSS) and the Prenatal Distress Questionnaire (PDQ). Correlation between PREPS total and PSS was high, and moderate with PDQ ($p < .05$).

Conclusion

The psychometric properties of the Spanish version of the PREPS make it a valuable psychological measure to assess pandemic-related stress among pregnant women. (Author)

Full URL: https://doi.org/10.1016/j.midw.2021.103163

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;
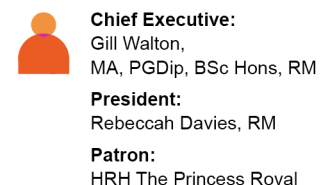
• Review monitoring and enforcement activity relating to employers' health and safety obligations to pregnant women;

• 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/

2021-10012

 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

2021-09949

 Factors Associated With Changes in Pregnancy Intention Among Women Who Were Mothers of Young Children in New York City Following the COVID-19 Outbreak. Kahn LG, Trasande L, Liu M, et al (2021), JAMA Network Open vol 4, no 9, September 2021, e2124273

Importance Early evidence shows a decrease in the number of US births during the COVID-19 pandemic, yet few studies have examined individual-level factors associated with pregnancy intention changes, especially among diverse study populations or in areas highly affected by COVID-19 in the US.

Objective To study changes in pregnancy intention following the outbreak of the COVID-19 pandemic and identify factors possibly associated with these changes.

Design, Setting, and Participants A cross-sectional, population-based study was conducted among women who were currently pregnant or had delivered a live infant and responded to a survey emailed to 2603 women (n = 1560). Women who were mothers of young children enrolled in the prospective New York University Children's Health and Environment Study birth cohort were included; women who were not currently pregnant or recently postpartum were excluded.

Exposures Demographic, COVID-19–related, stress-related, and financial/occupational factors were assessed via a survey administered from April 20 to August 31, 2020.

Main Outcomes and Measures Pregnancy intentions before the COVID-19 pandemic and change in pregnancy intentions following the outbreak.

Results Of the 2603 women who were sent the survey, 1560 (59.9%) who were currently pregnant or had delivered a live infant responded, and 1179 women (75.6%) answered the pregnancy intention questions. Mean (SD) age was 32.2 (5.6) years. Following the outbreak, 30 of 61 (49.2%) women who had been actively trying to become pregnant had ceased trying, 71 of 191 (37.2%) women who had been planning to become pregnant were no longer planning, and 42 of 927 (4.5%) women who were neither planning nor trying were newly considering pregnancy. Among those who ceased trying, fewer than half (13 [43.3%]) thought they would resume after the pandemic. Of those pre–COVID-19 planners/triers who stopped considering or attempting pregnancy, a greater proportion had lower educational levels, although the difference was not statistically significant on multivariable analysis (odds ratio [OR], 2.14; 95% CI, 0.92-4.96). The same was true for those with higher stress levels (OR, 1.09; 95% CI, 0.99-1.20) and those with greater financial insecurity (OR, 1.37; 95% CI, 0.97-1.92. Those who stopped considering or attempting pregnancy were more likely to respond to the questionnaire during the peak of the outbreak (OR, 2.04; 95% CI, 1.01-4.11). Of those pre–COVID-19 nonplanners/nontriers who reported newly thinking about becoming pregnant, a smaller proportion responded during the peak, although the finding was not statistically significant on multivariable analysis (OR, 0.52; 95% CI, 0.26-1.03). Likewise, fewer respondents who were financially insecure reported newly considering pregnancy, although the finding was not statistically significant (OR, 0.69; 95% CI, 0.46-1.03). They were significantly less likely to be of Hispanic ethnicity (OR, 0.27; 955 CI, 0.10-0.71) and more likely to have fewer children in the home (OR, 0.62; 95% CI, 0.40-0.98) or self-report a COVID-19 diagnosis (OR, 2.70; 95% CI, 1.31-5.55).

Conclusions and Relevance In this cross-sectional study of 1179 women who were mothers of young children in New York City, increased stress and financial insecurity owing to the COVID-19 pandemic paralleled a reduction in pregnancy intention in the early months of the pandemic, potentially exacerbating long-term decreases in the fertility rate. (Author)
Full URL: https://doi.org/10.1001/jamanetworkopen.2021.24273

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)

2021-09668

Exploring ethnic minority women's experiences of maternity care during the SARS-CoV-2 pandemic: a qualitative study. John JR, Curry G, Cunningham-Burley S (2021), BMJ Open vol 11, no 9, September 2021, e050666

Objective To explore the experiences of pregnancy, childbirth, antenatal and postnatal care in women belonging to ethnic minorities and to identify any specific challenges that these women faced during the SARS-CoV-2 pandemic.

Design This was a qualitative study using semistructured interviews of pregnant women or those who were 6 weeks postnatal from Black, Asian and minority ethnic backgrounds. The study included 16 women in a predominantly urban Scottish health board area.

Results The finding are presented in four themes: 'communication', 'interactions with healthcare professionals', 'racism' and 'the pandemic effect'. Each theme had relevant subthemes. 'Communication' encompassed respect, accent bias, language barrier and cultural dissonance; 'interactions with healthcare professionals': continuity of care, empathy, informed decision making and dissonance with other healthcare systems; 'racism' was deemed to be institutional, interpersonal or internalised; and 'the pandemic effect' consisted of isolation, psychological impact and barriers to access of care.

Conclusions This study provides insight into the specific challenges faced by ethnic minority women in pregnancy, which intersect with the unique problems posed by the ongoing SARS-CoV-2 pandemic to potentially widen existing ethnic disparities in maternal outcomes and experiences of maternity care. (Author)

Full URL: http://dx.doi.org/10.1136/bmjopen-2021-050666

2021-09538

Mental health indicators in pregnant women compared with women in the general population during the coronavirus disease 2019 pandemic in Denmark. Severinsen ER, Kähler LKA, Thomassen SE, et al (2021), Acta Obstetricia et Gynecologica Scandinavica vol 100, no 11, November 2021, pp 2009-2018

Introduction

The coronavirus disease 2019 (COVID-19) pandemic and the associated regulations issued to minimize risk of disease transmission seem to have had an impact on general mental health in most populations, but it may have affected pregnant women even more because of pregnancy-related uncertainties, limited access to healthcare resources, and lack of social support. We aimed to compare the mental health response among pregnant women with that in
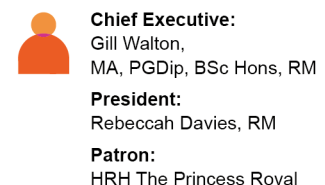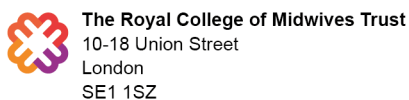
similarly aged women from the general population during the first wave of the COVID-19 pandemic.

Material and methods
From April 14 to July 3, 2020, 647 pregnant women in their second trimester were enrolled in this study. For comparison, 858 women from the general Danish population (20–46 years) were sampled from an ongoing observational study. Participants responded to a questionnaire including six mental health indicators (concern level, perceived social isolation, quality of life, anxiety, mental health, and loneliness). Loneliness was measured using the UCLA Three-item Loneliness Scale and anxiety by the Common Mental Health Disorder Questionnaire 4-item Anxiety Subscale.

Results
The pregnant women had better scores during the entire study period for all mental health indicators, and except for concerns, social isolation, and mental health, the differences were also statistically significant. Pregnant women were more concerned about becoming seriously ill (40.2% vs. 29.5%, p < 0.001), whereas the general population was more concerned about economic consequences and prospects. Many pregnant women reported negative feelings associated with being pregnant during the COVID-19 pandemic and concerns regarding social isolation and regulation-imposed partner absence during hospital appointments and childbirth. All mental health indicators improved as Denmark began to reopen after the first wave of the pandemic.

Conclusions
Pregnant women exhibited lower rates of poor mental health compared with the general population. However, they were more concerned about becoming seriously ill, expressed negative feelings about being pregnant during the pandemic, and were worried about the absence of their partner due to imposed regulations. These finding may be taken into account by policy-makers during pandemics to balance specific preventive measures over the potential mental health deterioration of pregnant women. (Author)

Full URL: https://doi.org/10.1111/aogs.14258

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 (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 4, July 2022, pp 394-402

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

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

2021-09124

Key concerns among pregnant individuals during the pandemic: online cross-sectional survey. Bogler T, Hussain-Shamsy N, Schuler A, et al (2021), Canadian Family Physician vol 67, no 9, September 2021, pp e257-e268

Objective To determine common sources of concern among pregnant individuals during the coronavirus disease 2019 (COVID-19) pandemic.

Design A cross-sectional, open, online electronic survey from May 9, 2020, to June 14, 2020.

Setting Electronic survey open internationally and advertised through Canadian-based social media platforms.

Participants Eligible participants understood English and had been pregnant during the COVID-19 pandemic (ie, were pregnant at the time of survey completion or had delivered an infant on or after March 11, 2020).

Main outcome measures Potential sources of concern related to the pandemic, calculated as the proportion of participants who endorsed each concern among those for whom the concern was relevant. Differences in the

proportion of individuals endorsing each concern were compared by parity using modified Poisson regression. Frequency of concerns was examined in terms of level of distress, as per the Kessler Psychological Distress Scale (K6), using multivariable linear regression.

Results Out of 1477 participants, 87.3% were Canadian. Top concerns included the following: hospital policies related to support persons during labour (80.9%), not being able to introduce the baby to family and friends (80.1%), and developing COVID-19 while pregnant (79.2%). Primiparous participants were more likely than multiparous participants to be concerned about accessing in-person prenatal classes (51.5% vs 13.3%; relative risk = 3.88; 95% CI 2.02 to 4.98) and cancellation of hospital tours (35.0% vs 5.6%, relative risk = 6.26; 95% CI 4.25 to 9.20), among other concerns. The mean (SD) K6 score was 6.7 (3.8) within the moderate to high distress range. Number of concerns reported was associated with K6 score in both primiparous (β = 0.24; 95% CI 0.20 to 0.29; P < .0001) and multiparous (β = 0.30; 95% CI 0.24 to 0.36; P < .0001) individuals.

Conclusion Pregnant individuals have unique concerns during the COVID-19 pandemic and the findings indicate the importance of targeted support strategies to meet the particular needs of both primiparous and multiparous pregnant individuals.

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Full URL: https://www.cfp.ca/content/67/9/e257

2021-08891

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

Commentary on access to maternity care for women and birthing partners across Europe during the COVID-19 pandemic. Highlights the inconsistency of restrictions, the inability to meet a human rights-based approach to care, and long-term iatrogenic effects on women and their babies. (LDO)
Full URL: https://doi.org/10.1111/1471-0528.16844

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)

2021-08865

Breastfeeding Experiences During the COVID-19 Lockdown in the United Kingdom: An Exploratory Study Into Maternal Opinions and Emotional States. Costantini C, Joyce A, Britez Y (2021), Journal of Human Lactation vol 37, no 4, November 2021, pp 649-662

Background

The COVID-19 pandemic has hugely impacted upon people's psychological and physical wellbeing; however, the effects of the COVID-19 lockdown on mothers of young children, with particular regard to breastfeeding, are unknown.

Research Aims

To explore: (1) Sources of advice and support available to breastfeeding mothers during and prior to the COVID-19 lockdown; (2) Mothers' opinions on statements and recommendations made by the World Health Organization on the importance of breastfeeding and breastfeeding during the COVID-19 pandemic; (3) Maternal emotional states (i.e., anxiety and depression symptoms) experienced by breastfeeding mothers during the COVID-19 lockdown; and (4) influence of breastfeeding duration and number of children on breastfeeding opinions and emotional states.

Methods

Mothers of children aged 0–36 months (N = 4018) took part in an online survey. The survey included demographic questions, as well as the Generalised Anxiety Disorder Questionnaire and the Patient Health Questionnaire. Mothers were further probed on opinions regarding breastfeeding practices during the COVID-19 pandemic.

Results

Participants strongly agreed with the importance of breastfeeding, even if a mother showed symptoms of COVID-19. Differences in opinions on breastfeeding practices (e.g., the use of donor human milk and relactation), were found between participants in relation to breastfeeding duration and number of children. Participants with more than one child showed higher negative emotional states, namely anxiety symptoms. Except for Internet usage, participants indicated a decline in all sources of advice and support for breastfeeding during the COVID-19 lockdown.

Conclusions

Health bodies and professionals should consider maternal viewpoints and opinions regarding breastfeeding during the COVID-19 pandemic. Interventions are urgently needed in order to support breastfeeding mothers and prevent the development of mental health issues. (Author)

Full URL: https://doi.org/10.1177/08903344211026565

2021-08668

A service evaluation into the marked increase in calls by pregnant women/new parents to a volunteer helpline during the first COVID-19 national lockdown. Lewis A (2021), The Practising Midwife vol 24, no 8, September 2021, pp 43-46

'Stay home, protect the NHS, save lives' was the legally binding rule issued for pregnant women on 16 March 2020. The PANDAS (Pre and Post Natal Depression Advice and Support) Foundation recognised that there was an increase in the number of calls made to their free telephone helpline. Reviewing the calls from December 2019 to May 2020 demonstrated that call volume peaked the day after this ruling. Callers reported high levels of anxiety regarding their health and pregnancy, work and financial situations. Volunteers responded by sharing online resources,

demonstrating a breadth of knowledge around support services for their callers at a time when midwives and health visitors were offering very limited face-to-face contact and support. (Author)

2021-08616

COVID-19 Pandemic and Maternal Perspectives. Janjua NB, Mohamed AF, Birmani SA, et al (2021), Irish Medical Journal vol 114, no 7, July/August 2021, P411

Aim

Coronavirus (COVID-19) pandemic has affected perinatal women worldwide. Our study aimed to describe the opinions of perinatal women about COVID-19 related knowledge, attitude, and practices.

Methods

Pregnant and Postnatal women (n=223) were included and those who did not consent, and less than 16 weeks' gestation, were excluded. SPSS version 26 was used for descriptive statistics.

Results

Most of the women had good knowledge about COVID 19 regarding its nature, transmission, & symptoms. Their information sources were news (139/206=67.5%) and the internet (85/206=41%). Women understood the uncertainty around its effect on pregnancy; as it is a novel infection. A

substantial number of women were concerned (130/206=63%), upset by social isolation (86/206=42%), negatively impacted by the visitor restrictions in hospital (154/206=75%), and faced COVID-19 related reduced household finances (97/206=47%). Most of them used hand washing (201/206=98%) & social distancing (191/206=93%) as preventive measures. They reported compromised contact with General Physician (GP) service as compared to the hospital service (85/206=41% Vs 31/206=15% respectively) during the pandemic.

Conclusions

The main challenges of the COVID-19 pandemic for perinatal women are the jeopardized GP & hospital services & psychological distress. It is imperative to incorporate telemedicine & virtual visits to tackle the burden of the COVID-19 pandemic. Perinatal women, are particularly vulnerable to the

psychological impacts of the COVID-19 pandemic & societal lockdown, thus necessitating holistic interventions. (Author)

Full URL: http://imj.ie/covid-19-pandemic-and-maternal-perspectives/

2021-08359

Experiences of maternity care during the COVID-19 pandemic in the North of England. Stacey T, Darwin Z, Keely A, et al (2021), British Journal of Midwifery vol 29, no 9, September 2021, pp 524-530

Background

During 2020, UK maternity services made changes to service delivery in response to the COVID-19 pandemic.

Aims

To explore service users' and their partners' experiences of maternity services in the North of England during the COVID-19 pandemic.

Methods

Respondents (n=606) completed a co-produced survey during August 2020. Data were analysed using descriptive statistics and content analysis.

Findings

Five major categories were identified: valuing support from health professionals, feeling lost in and let down by the system, the impact of restrictions to partners and others, virtual contact is not the same as in-person contact, and the need for emotional and psychological wellbeing support.

Conclusion
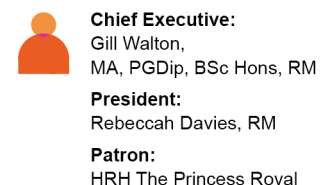
The changes implemented may have compromised mental health and wellbeing in a critical period of vulnerability. Bringing stakeholders together can maximise learning from the emergency measures, to better inform future service provision. Work is needed to better hear from minoritised groups and ensure they are not further marginalised by changes. (Author)

2021-08298

Locked out: the impact of COVID-19 on neonatal care. McCleverty B, Anderson J (2021), London: Bliss August 2021. 28 pages

This report is based on a survey of parents whose baby, or babies, had spent time in neonatal care in the UK between March 2020 and February 2021. 510 parents responded to the survey, 460 respondents identified themselves as the mother of a baby, or babies, who spent time in neonatal care, 48 identified themselves as the father of a baby, or babies, who spent time in neonatal care and 2 identified themselves as the legal guardian, but not the birth parent, of a baby who received neonatal care. 58 responses were from a parent of twins or multiples. Respondents lived in England (432), Scotland (44), Wales (30) and Northern Ireland (4). The majority of our respondents' babies had gone home from the unit (434), 75 were still receiving neonatal care when their parents filled in the survey and sadly, 11 had died while receiving neonatal care. To understand how NHS England guidance Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS Providers has been implemented, and the barriers that Trusts have faced in facilitating parental presence on neonatal units, we conducted a survey of 161 NHS Trusts in England. The survey was conducted between 26 February 2021 and 26 March 2021. We received 70 responses (a response rate of 43 per cent) to the survey from 15 Neonatal Intensive Care Units (NICU), 35 Local Neonatal Units (LNU), 16 Special Care Baby Units (SCBU) and 4 Surgical NICUs.

Throughout this report, we use the term 'parent' to mean all parents, carers and legal guardians of a baby born premature or sick who is receiving neonatal care and their partners or support persons. (Author)

Full URL: https://s3.eu-west-2.amazonaws.com/files.bliss.org.uk/images/Locked-out-the-impact-of-COVID-19-on-neonatal-care-final.pdf?mtime=20210519184749&focal=none

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2021-08292

Experiences and attitudes of midwives during the birth of a pregnant woman with COVID-19 infection: A qualitative study. González-Timoneda A, Hernández Hernández V, Moya SP, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 5, September 2021, pp 465-472

Background

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

Aim

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

Methods

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

Findings

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

Conclusion

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

2021-08287

Stigma, guilt and motherhood: Experiences of pregnant women with COVID-19 in Brazil. Freitas-Jesus JV, Del Risco Sánchez O, Rodrigues L, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 4, July 2022, pp 403-412

Background

The COVID-19 pandemic raises health issues worldwide. Infected pregnant women may have negative mental health outcomes, but little is known about their emotional experiences.

Aim

We aimed to understand the experience of women infected with COVID-19 during pregnancy, regarding their feelings, their relationships, and the influence of social media.

Methods

We conducted a qualitative study among 22 women infected with COVID-19 during pregnancy, from a tertiary hospital during the first wave of the pandemic in Brazil (May–August 2020). We applied semi-directed interviews, sociodemographic and health data sheets, and field diaries. We built the sample purposefully. Interviews were audio-recorded and transcribed verbatim. We used thematic analysis and discussed data considering the health psychology framework.

Results

We created five categories following a timeline perspective, from before infection to the experience after recovering. Pregnant women were resistant to believing the diagnosis. They described a fear of serious symptoms or death, concerns about the fetus, sorrow from being isolated, and worries about stigma. Family relationships were ambiguous, generating either support or tension. The attachment to the health team through telemedicine or support during hospitalization produced a feeling of security.

Conclusions

Participants psychologically denied the COVID-19 diagnosis and did not accomplish isolation properly, even upon medical recommendations. The illness may produce a traumatic experience, regardless of mild or severe symptoms, but family/friend support and contact with the health team helped them to cope. We offer important insights for the clinical approach and future research, emphasizing that infected pregnant women require emotional support. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2021.08.009

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:

2021-08154

Has the pandemic reaffirmed what women want from maternity services?. Milnes SE (2021), MIDIRS Midwifery Digest vol 31, no 3, September 2021, pp 293-296

Childbirth is a normal physiological event and yet, every day, women are subjected to routine procedures due to 'the notion of risk'. They experience fragmented care and give birth in clinical, unfamiliar environments. Pregnancy and childbirth are profound experiences for women and their families and, for some, are a time of heightened anxiety. Fear of the unknown and a perceived lack of control can leave long-lasting effects on psychological wellbeing and family relationships. The COVID-19 pandemic has reinforced the fact that women want compassionate care and support from known caregivers, both of which maximise the potential for physiological birth and a positive experience. (Author)

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.
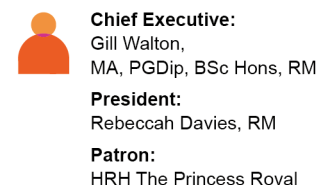
Conclusion

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

2021-07956

Impacts of Neonatal Hospitalization on Families during the 2019 Coronavirus Pandemic. Vance AJ, Malin KJ, Chen B, et al (2021), American Journal of Perinatology vol 38, no 11, September 2021, pp 1201-1208

Objective   Limited data are available regarding family and financial well-being among parents whose infants were hospitalized during the 2019 coronavirus (COVID-19) pandemic. The study objective was to evaluate the family and financial well-being of parents whose infants were hospitalized in the neonatal intensive care unit (NICU) during COVID-19.

Study Design   Parents were recruited for this online, cross-sectional survey via support groups on social media. Data collection was completed between May 18, 2020 and July 31, 2020. The final sample consisted of 178 parents, who had an infant hospitalized in an NICU between February 1, 2020 and July 31, 2020. The primary outcomes were impact on family life and financial stability, as measured by the Impact on Family scale, an instrument that evaluates changes to family life as a result of infant or childhood illness.

Results   Of the 178 parent respondents, 173 (97%) were mothers, 107 (59.4%) were non-Hispanic White, and 127 (69.5%) of the infants were born prematurely. Parents reported significant family impact and greater financial difficulty. Extremely premature infants, lower household income, parent mental health, and lower parental confidence were predictive of greater impacts on family life.

Conclusion   Parents reported significant family and financial impacts during their infant's hospitalization amid COVID-19. Further studies are needed to guide clinical practice and inform family-supportive resources that can mitigate consequences to family well-being. (Author)

2021-07732

Women's experiences of maternity and perinatal mental health services during the first Covid-19 lockdown. Das R (2021), Journal of Health Visiting vol 9, no 7, July 2021, pp 297-303

This article presents evidence relating to the effects of Covid-19 on perinatal wellbeing, pregnancy and maternity. It describes findings from a qualitative project with 14 pregnant women and new mothers, conducted in England during the spring lockdown of 2020. It reveals that those who have additional vulnerabilities, such as financial insecurities, poor social relationships, experiences of birth trauma or physical and mental health difficulties have experienced the pandemic and social distancing measures with heightened effects on their wellbeing. Infant feeding support, health visits and baby weigh-in sessions were the three services most missed in their in-person formats and there was a near unanimous assertion that these are sorely needed. There was wide variation in accessing digital support; some were significantly unaware of sources of online support, with others using informal connections, some being supported extensively, remotely, by perinatal mental health services. (Author)

2021-07531

 Pregnancy in a pandemic: generalised anxiety disorder and health anxiety prevalence. Rathbone AL, Prescott J, Cross D (2021), British Journal of Midwifery vol 29, no 8, August 2021, pp 440-446

Anxieties can be typical to pregnancy. At the beginning of the COVID-19 outbreak, pregnant women were classified as at risk and advised to shield. This may have caused increased generalised anxiety disorder and health anxiety across the demographic. This study aimed to explore current, actual and perceived levels of generalised anxiety disorder and health anxiety in pregnant women during the COVID-19 outbreak. A sample of 674 participants completed an online questionnaire consisting of demographic and pregnancy related questions, the GAD-7 and HAI. The COVID-19 outbreak has increased self-reported levels of general anxiety and health anxiety in pregnant women. Of the sample, 633 (94%) agreed that the outbreak had increased their general anxiety; 607 (90.1%) also reported increased health anxiety. Due to the negative effects that anxieties may cause during pregnancy, it is recommended that reintroducing normality to pre- and postnatal healthcare, where safe to do so, will be beneficial. (Author)

2021-07133

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

Background

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

Methods

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

Results

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

Discussion

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

Full URL: https://doi.org/10.1111/birt.12580

2021-07105

 The Effects of Fear and Knowledge of COVID-19 on Preventive Practice Among Pregnant Women Who Attend Antenatal Care in Northwest Ethiopia, 2020: Institution-Based Cross-Sectional Study. W/Mariam TGM, Kassie BA, Asratie MH, et al (2021), International Journal of Women's Health vol 13, 14 January 2021, pp 95-100

Background: The novel coronavirus disease 2019 (COVID-19) pandemic has infected over one million individuals with almost 50,000 deaths worldwide. COVID-19 is currently a global health threat and a public health emergency. Therefore, accurate and up-to-date information regarding prevention and control methods is essential.

Objective: The aim of the study was to assess the effects of fear and knowledge of COVID-19 on preventive practices

among pregnant women who attend antenatal care in northwest Ethiopia, 2020.

Methods: An institution-based cross-sectional study was conducted between July and August 2020. The systematic random sampling technique was used to select 422 participants. Data collected by a face to face interview on pretested and structured questions were entered using Epi-Info version 7 and it was analyzed using SPSS version 22 software. The bivariate and multivariable logistic regression model was used to assess factors associated with COVID-19 preventive practices. Adjusted odds ratio (OR) with a 95% confidence interval (CI) was used to determine the association between covariates and the outcome variable. The p-value less than 0.05 was considered statically significant.

Results: According to this study, good preventive practice of COVID-19 among pregnant women was found to be (47.4%). Fear of COVID-19 was (50.9%). The majority (55.0%) of the respondents had good knowledge. Fear [AOR: 2.485, 95% CI: (1.664– 3.711)] and having good knowledge [AOR: 2.308, 95% CI: (1.541– 3.457)] were significantly associated with good prevention practices among the women.

Conclusion and Recommendation: Only half of the pregnant women had good preventive practice. The findings suggest that healthcare bodies should consider these findings to develop strategies for preventive practice against COVID-19. (Author)

Full URL: https://doi.org/10.2147/IJWH.S286088

2021-07098

Prenatal Stress and Psychiatric Symptoms During Early Phases of the COVID-19 Pandemic in Italy. Colli C, Penengo C, Garzitto M, et al (2021), International Journal of Women's Health vol 13, 6 July 2021, pp 653-662

Purpose: In February 2020, Italy became the first European country to face the coronavirus disease 2019 (COVID-19) outbreak. The concerns of infection, financial worries, loss of freedom, and isolation during the ongoing pandemic can lead to negative psychological effects, including anxiety, depression, and obsessive-compulsive disorder. The main aim of our study was to evaluate the relationship between pandemic-related stress and pregnancy-specific stress and assess their role in the development of psychiatric symptoms. We predicted that pregnancy-specific stress would mediate an association of pandemic-related stress with psychiatric symptoms.

Patients and Methods: A total of 258 pregnant women were assessed for general emotional symptoms with the General Anxiety Disorder-7 (GAD-7), Patient Health Questionnaire-2 (PHQ-2), and an Obsessive-Compulsive Disorder screening (OCD). The Revised Prenatal Distress Questionnaire (NuPDQ) and the Pandemic-Related Pregnancy Stress Scale (PREPS) were administered as measures of pregnancy-specific stress (PSS and pandemic-related, respectively). Mediation effects by NuPDQ for PREPS stress scales on psychiatric outcomes were calculated, using regression series and correcting for general covariates.

Results: Almost a third of the sample reported clinically relevant anxiety levels (32.6%), 11.2% were positive for OCD screening and less than 5% were positive for depression screening. The stress related to feeling unprepared for delivery and postpartum (PREPS-PS) predicted PHQ-2 score, both directly and indirectly via PSS, and it predicted GAD-7 score only indirectly. The stress related to fear of infection (PREPS-PIS) was directly associated to GAD-7 score and – through PSS – to PHQ-2 score and OCD.

Conclusion: The pandemic onset contributed to poor mental health, especially anxiety, in a substantial portion of Italian pregnant women. Our results emphasize the importance of strategies to reduce pregnancy-specific stress, as well as to diminish stress due to the pandemic. Identifying risk factors for psychological suffering is important to prevent potential long-term consequences for mothers and their offspring. (Author)

Full URL: https://doi.org/10.2147/IJWH.S315467

2021-07078

Antenatal Care Service Utilization of Pregnant Women Attending Antenatal Care in Public Hospitals During the COVID-19 Pandemic Period. Tadesse E (2020), International Journal of Women's Health vol 12, 8 December 2020, pp 1181-1188

Background: The recent coronavirus disease (COVID-19) pandemic has had a disastrous effect on the health-care delivery system, of mainly pregnancy-related healthcare. In order to fill the information gap in the scientific literature and in response to the limited evidence in the country, this study aims to assess the impact of the COVID-19 pandemic

on antenatal care utilization among pregnant women attending public facilities in Northeast Ethiopia. Therefore, the result will be beneficial to design strategies for prioritizing maternal healthcare even with the COVID-19 pandemic period.

Methods: A facility-based cross-sectional study was conducted from February 2 to August 30, 2020 among pregnant women attending ANC services at public hospitals in Northeast Ethiopia. Thus, a total of 389 women were included in the study with a simple random sampling technique. The bi-variable and multi-variable logistic regression models were employed to identify factors significantly associated with ANC utilization. Adjusted odds ratio (AOR) with 95% CI was estimated to show the strength of association. Finally, a P-value of < 0.05 in the multivariable logistic regression analysis was used to identify predictors of antenatal care utilization.

Results: Overall, 114 (29.3%) pregnant women had fully utilized antenatal care services during the pandemic period. Mother age ≥ 35 years (AOR=11.79, 95% CI=1.18– 117.8), secondary education and above (AOR=4.74, 95% CI=1.04– 21.61), history of stillbirth before recent pregnancy (AOR=0.007, 95% CI=0.001– 0.12), interruption and diversion of services due to COVID-19 response (AOR=0.675, 95% CI=0.142– 0.742), fear of COVID-19 (AOR=0.13, 95% CI=0.06– 0.31), and lack of transport access (AOR=4.15, 95% CI=1.04– 16.54) were predictors of full antenatal care service utilization.

Conclusion: Three of every ten pregnant women who attended the obstetric outpatient clinics have fully utilized the antenatal care services. Encouraging women's educational status, prioritizing maternal health services during COVID-19, and improving the quality of ANC service should be emphasized more. (Author)

Full URL: https://doi.org/10.2147/IJWH.S287534

2021-06931

Impact of coronavirus 2019 on mental health and lifestyle adaptations of pregnant women in the United Arab Emirates: a cross-sectional study. Hashim M, Coussa A, Al Dhaheri AS, et al (2021), BMC Pregnancy and Childbirth vol 21, no 515, 19 June 2021

Background

In light of the pandemic, pregnant women are particularly vulnerable to increased psychological distress and in need of imperative preventive measures. This study aimed to investigate the impact of the pandemic on mental health, lifestyle adaptations, and their determinants among pregnant women in the United Arab Emirates.

Methods

A survey was conducted electronically between June and August 2020. Pregnant women were recruited from prenatal clinics in the UAE and invited to participate in an online survey developed on Google Forms. The questionnaire included socio-demographic characteristics, the Impact of Event Scale- Revised, the Perceived Support Scale and lifestyle-related factors.

Results

A total of 384 pregnant women completed the questionnaire of whom 20.6% were in their 1st trimester, 46.1% in their 2nd and 33.3% in their 3rd trimester. The mean IES-R score for the respondents was 26.15 ± 13.55, corresponding to a mild stressful impact, which did not differ significantly among trimesters of pregnancy. Pregnant women expressed increased stress from staying home (64%), work (40%), feeling frightened (66%) and apprehensive (59%). Women reported increased support and sharing their feelings with family members (59%), mainly in the 1st and 3rd trimester of pregnancy (P < 0.05). There was a greater attention to mental health (48%), resting time (55.3%), and relaxing time (57.3%); while a decreased amount of time was spent engaging in physical activities (53.6%), which differed significantly between trimesters (P = 0.02).

Conclusions

The COVID-19 pandemic was associated with a mild stressful impact among pregnant women in the UAE, braced by strong family support and self-care mental health behaviors. (Author)

Full URL: https://doi.org/10.1186/s12884-021-03941-z

2021-06648

Effect of the unfavorable maternal–fetal environment cause by mitigation measures of the covid-19 pandemic in the public maternity of reference of Uruguay. Briozzo L, Tomasso G, Viroga S, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 25, 2022, pp 7312-7315

Introduction

The mitigation measures to face the health emergency due to the COVID 19 pandemic generated a deep economic, social, and psychological crisis at the community level. This effect is greater in the people, who are the most violated in their rights. In relation to the social crisis and gender perspective, women are particularly affected by the pandemic. Given the disadvantaged situation of women socially, economically, and politically, their self-care is diminished

Objective

To identify whether there is an association between the classic risk factors for prematurity and fetal growth restriction and the increase in these pathologies in the period March–September 2020, in a maternity hospital that assists women from low resources.

Materials and methods

A retrospective study, with a comparative analysis of the periods between 15 March and 30 September 2019 and the same period in 2020. The data were obtained from an electronic clinical database. The prevalence of preterm birth and small-for-gestational age newborn was analyzed. Indicators available in the database that reflect maternal conditions that lead to an unfavorable maternal environment were selected and they were classified into categories

Results

In the period of 2019, 3225 births were registered and in the period of 2020, 3036 births. In the 2019 period, 12.2% of prematurity was evidenced, while in the 2020 period, 14.5% (RR = 1.19, IC 95% = 1.05–1.35, p = .005). In relation to PEG 5.5% in the first period versus 6.9% in the second (RR = 1.26, CI 95% = 1.04–1.53, p = .01). No increases were found in the indicators that are traditionally related to the etiologies proposed to explain the increase in prematurity and small-for-age gestational, there was no evidence of an increase in inflammatory or vascular conditions

Conclusion

The economic, psychological and social crises, in the 1st semester of the health emergency, seriously affected the social determinants of the health of pregnant women who use the Public Maternity of reference in Uruguay. This situation is at the base of the poor perinatal results in the period of the maximum mediated mitigation of the pandemic. (Author)

2021-06406

Perinatal Behavioral Health, the COVID-19 Pandemic, and a Social Determinants of Health Framework. Ruyak SL, Kivlighan KT (2021), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 50, no 5, September 2021, pp 525-538

The United States has greater prevalence of mental illness and substance use disorders than other developed countries, and pregnant women are disproportionately affected. The current global COVID-19 pandemic, through the exacerbation of psychological distress, unevenly affects the vulnerable population of pregnant women. Social distancing measures and widespread closures of businesses secondary to COVID-19 are likely to continue for the foreseeable future and to further magnify psychosocial risk factors. We propose the use of a social determinants of health framework to integrate behavioral health considerations into prenatal care and to guide the implementation of universal and comprehensive psychosocial assessment in pregnancy. As the most numerous and well-trusted health care professionals, nurses are ideally positioned to influence program and policy decisions at the community and regional levels and to advocate for the full integration of psychosocial screening and behavioral health into prenatal and postpartum care as core components. (Author)

Full URL: https://doi.org/10.1016/j.jogn.2021.04.012

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

2021-06120

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 (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 25, 2022, pp 7043-7051

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
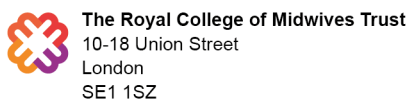
demographics, COVID-19 exposure and worries, lifestyle changes, traditional and social media use, precautionary measures related to COVID-19, and mental health.

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)

2021-05655

Pregnant women voice their concerns and birth expectations during the COVID-19 pandemic in Italy. Ravaldi C, Wilson A, Ricca V, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 4, July 2021, pp 335-343

Background

In March 2020, COVID-19 was declared to be a pandemic. While data suggests that COVID-19 is not associated with significant adverse health outcomes for pregnant women and newborns, the psychological impact on pregnant women is likely to be high.

Aim

The aim was to explore the psychological impact of the COVID-19 pandemic on Italian pregnant women, especially regarding concerns and birth expectations.

Methods

A cross-sectional online survey of pregnant women in Italy was conducted. Responses were analysed for all women and segregated into two groups depending on previous experience of pregnancy loss. Analysis of open text responses examined expectations and concerns before and after the onset of the pandemic.

Findings

Two hundred pregnant women responded to the first wave of the survey. Most (n = 157, 78.5%) had other children and 100 (50.0%) had a previous history of perinatal loss. 'Joy' was the most prevalent emotion expressed before COVID-19 (126, 63.0% before vs 34, 17.0% after; p < 0.05); fear was the most prevalent after (15, 7.5% before vs 98, 49.0% after; p < 0.05). Positive constructs were prevalent before COVID-19, while negative ones were dominant after (p < 0.05). Across the country, women were concerned about COVID-19 and a history of psychological disorders was significantly associated with higher concerns (p < 0.05). A previous pregnancy loss did not influence women's concerns.

Conclusions

Women's expectations and concerns regarding childbirth changed significantly as a result of the COVID-19 pandemic in Italy. Women with a history of psychological disorders need particular attention as they seem to experience higher levels of concern. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2020.07.002

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)

2021-05527

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

2021-05456

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

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

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

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

Discussion
The health care community must continue to adapt policies and procedures to best support birthing patients during the COVID-19 pandemic. The community must also continue to address the reality that Black patients receive less respectful care compared with White patients. (Author)
Full URL: https://doi.org/10.1111/birt.12559
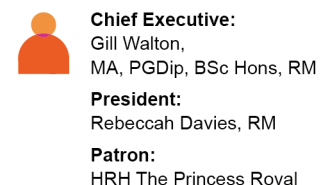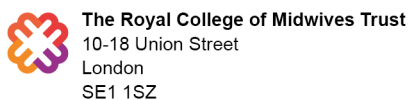
2021-05388

 Pregnancy: Coronavirus. House of Commons (2021), Hansard Written question 2977, 18 May 2021

Ms Nadine Dorries responds to a written question from Jim Shannon to the Secretary of State for Health and Social Care, regarding what steps he is taking to help ensure that soon to be mothers are not (a) attending appointments and (b) going through labour alone as covid-19 restrictions ease. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2021-05-18/2977

2021-05330

 Infant delivery and maternal stress during the COVID-19 pandemic: a comparison of the well-baby versus neonatal intensive care environments. Bin-Nun A, Palmor-Haspal S, Mimouni FB, et al (2021), Journal of Perinatology vol 41, no 11, November 2021, pp 2614-2620

Objective

To describe impact of COVID-19 pandemic on stress and mood of new mothers, in particular in neonatal intensive care unit (NICU); a secondary objective was to assess whether customary social gender distancing practiced by ultra-religious Jews and Muslims offers built-in anti-stress protection.

Methods

Cross-sectional, observational survey of mothers of 52 normal newborn nursery (NNB) and 52 NICU infants. In all, 86 filled all the 6 questionnaires (Demographics, COVID-19 virus experience, Mental Health Inventory, Neonatal Satisfaction Survey, Parental Stressor Scale, and Questionnaire of Coping Strategies).

Results

Most mothers stated that COVID-19 pandemic had hurt social and family relationships, maternal role, and expressed stress and loneliness. Mothers of NICU infants had higher degree of helplessness. Religious social distancing was not protective. Background tendency to coping poorly with stress and depression most highly predicted stress.

Conclusion

COVID-19 pandemic harms psychosocial well-being of most mothers. Detection of high-risk individuals is necessary to provide appropriate support. (Author)

Full URL: https://doi.org/10.1038/s41372-021-01016-7

2021-05283

 Mindfulness Effects in Obstetric and Gynecology Patients During the Coronavirus Disease 2019 (COVID-19) Pandemic - A Randomized Controlled Trial. Smith RB, Mahnert ND, Foote JM, et al (2021), Obstetrics & Gynecology vol 137, no 6, June 2021, pp 1032-1040

OBJECTIVE:

To assess the effect of a consumer-based mobile meditation application (app) on wellness in outpatient obstetric and gynecology patients during the coronavirus disease 2019 (COVID-19) pandemic.

METHODS:

We conducted a randomized controlled trial at a university outpatient clinic of obstetric and gynecology patients during the COVID-19 pandemic. Women were randomly assigned to the intervention group, who was prescribed a mobile meditation app for 30 days, or the control group, which received standard care. The primary outcome was self-reported perceived stress. Secondary outcomes included self-reported depression, anxiety, sleep disturbance, and satisfaction with the meditation app. A sample size of 80 participants (40 per group) was calculated to achieve 84% power to detect a 3-point difference in the primary outcome.

RESULTS:

From April to May 2020, 101 women were randomized in the study—50 in the meditation app group and 51 in the

control group. Analysis was by intention-to-treat. Most characteristics were similar between groups. Perceived stress was significantly less in the intervention group at days 14 and 30 (mean difference 4.27, 95% CI 1.30–7.24, P=.005, d=0.69 and mean difference 4.28, 95% CI 1.68–6.88, P=.002, d=0.69, respectively). Self-reported depression and anxiety were significantly less in the intervention group at days 14 and 30 (depression: P=.002 and P=.04; anxiety: P=.01, and P=.04, respectively). Sleep disturbance was significantly less in the intervention group at days 14 and 30 (P=.001 and P=.02, respectively). More than 80% of those in the intervention group reported high satisfaction with the meditation app, and 93% reported that mindfulness meditation improved their stress.

CONCLUSION:
Outpatient obstetric and gynecology patients who used the prescribed consumer-based mobile meditation app during the COVID-19 pandemic had significant reductions in perceived stress, depression, anxiety, and sleep disturbance compared with standard care.

CLINICAL TRIAL REGISTRATION:
ClinicalTrials.gov, NCT04329533. (Author)
Full URL: https://doi.org/10.1097/AOG.0000000000004316

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 (CMAJ) 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

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/

2021-04998

 The Covid 19 outbreak: Maternal Mental Health and Associated Factors. Koyucu RG, Karaca PP (2021), Midwifery vol 99, August 2021, 103013

Objective

Evaluation of the mental health of pregnant women during the early and peak stages of the Covid-19 outbreak

Design

Online survey

Participants

Pregnant women over the age of 18 years with no mental disorder during the pre-pregnancy period (N = 729).

Measurements and Findings

Mental disorders were assessed using the "Depression Anxiety Stress Scale" and social support was determined using the "Multidimensional Perceived Social Support Scale." Pregnant women had moderate levels of anxiety and depression and mild levels of stress. Anxiety, depression, and stress of moderate or high severity was reported in 62.2%, 44.6%, and 32.2% of the women, respectively. Pregnant women who lost their jobs during the pandemic period showed a 3-fold increase in the risk of anxiety, a 6-fold increase in the risk of depression, and a 4.8-fold increase in the risk of stress. An increase in the perception of social support has protective effects against all three mental disorders during pregnancy. In pregnant women with at least one obstetric risk, the risk of antenatal anxiety is 2 times higher than that in women with no risk. Similarly, women with a chronic physical illness before pregnancy have a higher risk of anxiety during pregnancy than healthy women. Financial strain has predictive value for anxiety and depression, and advanced age is a predictor for depression.

Key Conclusions

The incidence of mental disorders in pregnant women during the pandemic period was much higher than that during the pre-pandemic period. The high frequency of antenatal mental disorders can lead to an increase in the frequency of obstetric and maternal complications in the short and long term.

Implications for practice

Early detection of inadequate social support and economic difficulties of pregnant women during the pandemic period is recommended for protecting their mental health. Pregnant women should have easy access to psychosocial support, and they should be provided obstetric counseling during the pandemic conditions. (Author)

2021-04988

 Becoming a mother in the 'new' social world in Australia during the first wave of the COVID-19 pandemic. Sweet L, Bradfield Z, Vasilevski V, et al (2021), Midwifery vol 98, July 2021, 102996
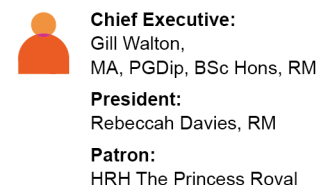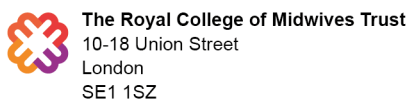
Background

Substantial public health measures occurred in Australian society during the COVID-19 pandemic to reduce the risk of community transmission. Little was known about the impact of these changes on childbearing women.

Aim

To describe childbearing women's experiences of becoming a mother during the COVID-19 pandemic in Australia.

Methods

A qualitative exploratory design using semi-structured interviews was used. Women were recruited through social media and self-nominated to participate in an interview. Maximum variation sampling was used. A total of 27 interviews were conducted with women across Australia. Data were analysed thematically.

Findings

The thematic analysis resulted in four primary themes and ten sub-themes. The themes were 'going it alone – having a baby was an isolating experience' ('receiving maternity care alone', 'dealing with government restrictions', and 'desiring social support'), 'advocating for self or others' ('seeking reliable information', 'valuing peersupport', and 'having to be resourceful'), 'finding a way through' ('a changed experience for all', 'managing stress and anxiety', 'requiring constant adjustments', and 'managing fear mongering'), and 'keeping safe'.

Conclusion

Becoming a mother during the COVID-19 pandemic in Australia was a profound experience for the women. Following the public health initiatives which resulted in physical distancing restrictions, isolation, and the need to provide and receive social and peer support were common experiences. Whilst public health initiatives are implemented to keep people safe, the social and emotional toll on childbearing women should be considered by healthcare professionals. Childbearing women need to be safe but also require support and reassurance. (Author)

2021-04952

 "Anxious and traumatised": users' experiences of maternity care in the UK during the COVID-19 pandemic. Sanders J, Blaylock R (2021), Midwifery vol 102, November 2021, 103069

Objective

The COVID-19 pandemic saw universal, radical, and ultra-rapid changes to UK National Health Services (NHS) maternity care. At the onset of the pandemic, NHS maternity services were stripped of many of the features which support woman and family centred care. In anticipation of unknown numbers of pregnant women and maternity staff potentially sick with COVID-19, services were pared back to the minimum level considered to be required to keep women and their babies safe. The aim of this survey was to understand the impact of COVID-19 public health messaging and pandemic-related service changes on users of maternity care in the UK during the pandemic.

Methods

We conducted an online survey to explore user's experiences of COVID-19 public health messaging and 'socially-distanced' maternity care across the UK. The study population consisted of women who had experienced pregnancy after the 11 th March 2020 (when the WHO declared a pandemic), whether or not they were still pregnant. We collected data between June and September 2020. We used framework analysis for the free-text data and generated descriptive statistics.

Findings

Women were generally happy to adopt a precautionary approach and stringently social distance in the context of a relatively unknown pathogen and in an environment of extreme anxiety and uncertainty, but were acutely aware of the negative impacts. The survey found that the widespread changes to services caused unintended negative consequences including essential clinical care being missed, confusion over advice, and distress and emotional trauma for women. COVID-19 restrictions have resulted in women feeling their antenatal and postnatal care to be inadequate and has also come at great emotional cost to users. Women reported feeling isolated and sad in the postnatal period, but also frustrated and upset by a lack of staff to help them care for their new baby.

Key conclusions

With growing evidence of the impact of the virus on pregnant women and an increased understanding of the unintended consequences of unclear public health messaging and overly precautious services, a more nuanced, evidence-based approach to caring for women during a pandemic must be prioritised.
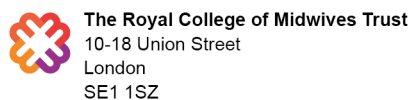
Implications for practice

All maternity services should ensure they have clear lines of communication with women to keep them updated on changing care and visiting arrangements. Services should ensure that opportunities to provide safe face to face care and access for birth partners and visitors are maximised. (Author)

Full URL: https://doi.org/10.1016/j.midw.2021.103069

2021-04809

Abortion: Northern Ireland [written answer]. House of Commons (2021), Hansard Written question 13881, 10 June 2021

Mr Robin Walker responds to a written question from Dame Diana Walker to the Secretary of State for Northern Ireland, regarding what assessment his Department has made of the mental health impact on pregnant women in Northern Ireland during the covid-19 pandemic of a lack of access to abortion services in Northern Ireland. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2021-06-10/13881

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)

Full URL: https://doi.org/10.1016/j.midw.2021.103061

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 ($\chi2$ = 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

2021-04526

Giving birth during the COVID-19 pandemic: The impact on birth satisfaction and postpartum depression.

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 ($\chi2$ = 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)

2021-04518

Alteration in the psychologic status and family environment of pregnant women before and during the COVID-19 pandemic.

Objective

To compare mental distress and COVID-19-related family environment changes among pregnant women before and during the pandemic.

Methods

In a survey-based study in Lishui City, Zhejiang, China, pregnant women were recruited before (March–December, 2019; n = 2657) and during (January–August, 2020; n = 689) the COVID-19 pandemic. They completed the Symptom Check List-90 Revised (SCL90-R) questionnaire and Pittsburgh Sleep Quality Index (PSQI), and were asked about their families via the Family Environment Scale (FES).

Results

Higher SCL90-R scores of somatization (P = 0.003), depression (P = 0.043), anxiety (P = 0.041), hostility (P = 0.009), and others (P = 0.025) were reported by women during the COVID-19 pandemic. Sleep disorder also occurred more frequently among pregnant women during the pandemic (P = 0.002). Social environmental characteristics of families showed impaired family cohesion, and increased levels of conflict and independence during the pandemic (all P < 0.05). The FES score for family cohesion was negatively related with obsessive–compulsive, depression, anxiety, and hostility symptoms, whereas that for conflict was positively related with these symptoms (all P < 0.001).

Conclusion

The mental health, sleep, and family environment of pregnant women was impaired during the COVID-19 pandemic. Potential protective factors including increased social support might help to mitigate long-lasting negative consequences. (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)

2021-04394

Baby Care Units [written answer]. House of Commons (2021), Hansard Written question 7882, 26 May 2021

Nadine Dorries responds to a written question asked by Vicky Foxcroft to the Secretary of State for Health and Social Care, with reference to the findings of the report entitled Locked Out: the impact of COVID-19 on neonatal care, published by Bliss in May 2021 on the increased likelihood of mental health difficulties for parents with restricted access to neonatal units, regarding what support his Department is providing to NHS Trusts to help ensure that they can facilitate full parental presence on neonatal units. (MB)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2021-05-26/7882

2021-04373

Mental health among pregnant women with COVID-19–related stressors and worries in the United States. Liu J, Hung P, Alberg AJ, et al (2021), Birth vol 48, no 4, December 2021, pp 470-479

Background

Few studies have evaluated whether pandemic-related stressors, worries, and social distancing have affected the mental health of pregnant women during the COVID-19 pandemic.

Methods

Data came from an online survey of United States pregnant women (n = 715), conducted in May 2020. The Edinburgh Postnatal Depression Scale and Generalized Anxiety Disorder Scale were used to assess depressive symptoms, thoughts of self-harm, and moderate or severe anxiety. Multiple logistic regressions were used to examine the associations of COVID-19 experiences with mental health outcomes.

Results

Participants were racially diverse. The prevalence of adverse mental health outcomes was 36% for probable depression, 20% for thoughts of self-harm, and 22% for anxiety. Women who reported family members dying from COVID-19 had four times higher odds of having thoughts of self-harm than women who did not experience family death. Depression was more prevalent among women who canceled or reduced medical appointments. Women were more likely to have worse mental health outcomes if they expressed worry about getting financial or emotional/social support, about their pregnancy, or about family or friends. Strict social distancing was positively associated with depression. A higher proportion of adults working from home was inversely associated with depression and thoughts of self-harm.

Conclusion

High percentages of pregnant women had symptoms of depression or anxiety, suggesting an urgent need to screen and treat mental health conditions among pregnant women during the pandemic. Pandemic-related risks and protective factors are relevant to developing tailored interventions to address the mental health of pregnant women during pandemic circumstances. (Author)

Full URL: https://doi.org/10.1111/birt.12554

2021-03902

The impact of COVID-19 on pregnant womens' experiences and perceptions of antenatal maternity care, social support, and stress-reduction strategies. Meaney S, Leitao S, Olander EK, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 3, May 2022, pp 307-316

Background

The COVID-19 pandemic has impacted on maternity care, supports and women's mental health.

Aim

The aim of this study was to assess pregnant women's satisfaction with antenatal care and social support and to examine stress-reduction strategies women used during the pandemic.

Methods

An online survey was conducted between June and July 2020. Pregnant women, aged over 18 years were recruited. The survey included closed and open-ended questions to assess women's perceptions and satisfaction with their antenatal care, social support, and stress-reduction strategies. Descriptive statistics and multivariate analysis were used for quantitative analyses; qualitative content analysis was used for open-ended questions.

Findings

573 pregnant women completed the survey. Women reported low levels of social support which was predicted by women's mental health and demographic factors and was related to public health and maternity service restrictions. Women reported that restrictions implemented in the maternity services limited their face-to face interactions with healthcare professionals and meant their partners could not attend antenatal appointments or support them in the postpartum period in the maternity setting. The lack of information on COVID-19 and pregnancy meant women had greater uncertainty about pregnancy and birth.

Discussion

Our findings indicate how the lack of access to antenatal care and reduced perceived social support as a result of the restrictions implemented in response to the COVID-19 pandemic, potentially intensifies pregnancy specific stress.

Conclusions

There is a need for the provision of supportive care, both formally and informally, particularly with women who may be more vulnerable during a pandemic. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2021.04.013

2021-03893

Anxiety, depression and concerns of pregnant women during the COVID-19 pandemic. Akgor U, Fadiloglu E, Soyak B, et al (2021), Archives of Gynecology and Obstetrics vol 304, no 1, July 2021, pp 125-130

Purpose

In December 2019, the emerging of a novel coronavirus (COVID-19) has influenced the whole world. The current pandemic also triggers several psychological changes. Uncertainties and changes in health practices may cause anxiety, depression, and concerns on vulnerable populations such as pregnant. This study aims to survey the pregnant women to capture the psychological impact and perceptions during the pandemic.

Methods

A total of 297 pregnant women aged ≥ 18 years were enrolled in May 2020. We evaluated the hard-copy survey included questions about demographic and clinical information of patients, 95% confidence intervals of a COVID-19-related questionnaire in a Likert scale and 14-item Hospital Anxiety and Depression Scale (HADS).

Results

A total of 297 pregnant women were included in this study with a mean age of 27.64. Most patients (82.5%) had concerns about infecting their babies during delivery. The fear of infection of the fetus during delivery revealed elderly age and having anxiety as the unique significant risk factors.

Mean HADS-A and HADS-D scores were 7.94 (± 4.03) and 7.23 (± 3.84), respectively. Multivariate analysis showed having anxiety was associated with a high HADS-D score and concern about the inability to reach obstetrician, and being in advanced age, having a high HADS-A score, and concern about the inability to reach obstetrician demonstrated significant effects on HADS-D score.

Conclusion

We conclude that in future pandemics, communications and reassurance of the patients should be prioritized upon their routine ante-natal care to avoid increased levels of anxiety and even depression. (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

2021-03814

 Maternal Health Challenges during COVID-19 and Way Forward. Dosani M, Farooq SM, Ali SS (2020), Journal of Asian Midwives vol 7, no 1, June 2020, pp 45-51

The COVID-19 pandemic has affected nearly every country around the globe. Although every individual is at risk of getting the virus, maternal, fetal and newborn clients face specific and potentially unknown challenges which can make them highly compromised. The purpose of this paper is to discuss the maternal health challenges faced by women during COVID-19 and to propose possible strategies using the socio-ecological model (SEM) to promote the physical, social, and mental well-being of women and their infants during the perinatal period. SEM can be used as a framework to plan and implement strategies focusing on health promotion and disease prevention. It guides stakeholders to design actions at each level, starting from individual to the policy level. (Author)

Full URL: https://paperity.org/p/256578505/maternal-health-challenges-during-covid-19-and-way-forward
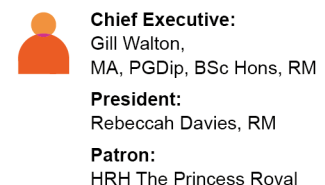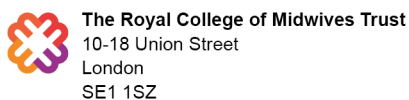

2021-03813

 Promoting Positive Birth Experiences: Supporting Pregnant and Lactating Women During the COVID-19 Crisis. Baig M, Bhamani S, Kurji Z, et al (2020), Journal of Asian Midwives vol 7, no 2, December 2020, pp 3-15

The World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern, in January 2020. While international organizations and governments strive to strengthen the world's emergency response mechanism to combat the pandemic, the public in general faces anxiety and fear. One of the most vulnerable groups is pregnant and lactating women. The pandemic has given rise to many apprehensions about the state of their health and well-being as well as that of their unborn or newly born child. A live Facebook session was conducted by a group of experts from a private university in Karachi, Pakistan, to proactively address the concerns of pregnant and lactating mothers during this challenging time. Worries raised by pregnant and lactating mothers during the live session helped in understanding the anxieties of this group amidst the COVID-19. This paper presents some recommendations in response to the apprehensions shared by pregnant and lactating mothers, that could help in promoting a positive birth experience. These recommendations include a) alternative methods of professional caregiving and support, b) engaging and strengthening midwifery services, c) safety of pregnant and lactating frontline health care workers, and d) supporting mental health and wellbeing. The proposed measures, if adopted by the government and the healthcare industry, could potentially, promote the safety and wellbeing of pregnant and lactating mothers during the pandemic. (Author)

Full URL: https://paperity.org/p/260550743/promoting-positive-birth-experiences-supporting-pregnant-and-lactating-women-during-the

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2021-03590

 COVID-19-related health worries compound the psychiatric distress experienced by families of high-risk infants. Liu CH, Mittal L, Erdei C (2021), Journal of Perinatology vol 41, no 5, May 2021, pp 1191-1195

Correspondence piece presenting a study on increased depression and anxiety due to COVID-19 health worries among parents of infants in the neonatal intensive care unit. Parents reported symptoms of depression, generalised anxiety and feelings of loneliness, and this was heightened in those with infants who have been hospitalised for reasons other than prematurity. (LDO)

Full URL: https://doi.org/10.1038/s41372-021-01000-1

2021-03519

 COVID-19 and mental health during pregnancy: The importance of cognitive appraisal and social support. Khoury JE, Atkinson L, Bennett T, et al (2021), Journal of Affective Disorders vol 282, 1 March 2021, pp 1161-1169

Background

Pregnancy is a period of elevated risk for mental health difficulties, which are likely exacerbated by the COVID-19 pandemic. This study aims to understand the impact of COVID-19 on mental health and identify risk and protective factors during pregnancy.

Methods

Participants were 303 pregnant individuals from Ontario, Canada. Depression, anxiety and insomnia were measured using validated questionnaires. COVID-related experiences (i.e., financial difficulties, relationship conflict, social isolation) were assessed in relation to mental health. Social support and cognitive appraisal of the pandemic were examined as protective factors.

Results

57% of the sample reported clinically elevated depression, >30% reported elevated worries, and 19% reported elevated insomnia. Depression (t = 25.14, p < .0001) and anxiety (t = 17.21, p < .0001) levels were higher than non-COVID pregnant samples. Social isolation, financial trouble, relationship difficulties and threat of COVID-19 were associated with mental health. Social support (rrange −.24 to −.38, p <.01) was associated with lower mental health problems and negative cognitive appraisal (rrange .20 to .33, p <.01) was linked to more mental health problems. Furthermore, social support and cognitive appraisal interacted (β = -.92, SE = .41, p < .05), such that higher social support acted as a protective factor, particularly for those who appraise the impact of COVID-19 to be more negative.

Conclusions

Findings underscore the need to address the high rates of mental health during pregnancy and outline potential targets (cognitive appraisal and social support) to protect pregnant people from experiencing mental health problems during the COVID-19 pandemic. (Author)

Full URL: https://doi.org/10.1016/j.jad.2021.01.027

2021-03508

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

Background

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

Methods

A sample of primarily American women who gave birth around the height of COVID-19 (n = 1,611) and matched controls, i.e., women who gave birth before COVID-19 (n = 640), completed an anonymous Internet survey about recent childbirth, birth-related traumatic stress (peritraumatic distress inventory; PTSD-checklist), maternal bonding

(maternal attachment inventory; mother-to-infant bonding scale) and breastfeeding status. Groups (n = 637 in each) were matched on demographics, prior mental health/trauma and childbirth factors to determine the unique contribution of COVID-19 to the psychological experience of childbirth.

Results

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

Limitations

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

Conclusions

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

(Author)

2021-03497

Sleep Conditions Associate with Anxiety and Depression Symptoms among Pregnant Women during the Epidemic of COVID-19 in Shenzhen. Lin W, Wu B, Chen B, et al (2021), Journal of Affective Disorders vol 281, 15 February 2021, pp 567-573

Background

Pregnant women often encounter psychiatric symptoms and declined sleep quality as pregnancy proceeds. The associations between sleep conditions and anxious and depressive symptoms among pregnant women remained to be investigated, particularly during the epidemic of COVID-19.

Methods

An online cross-sectional survey on pregnant women was conducted at the time period of fast increasing cases of COVID-19 in Shenzhen. The Self-Rating Anxiety Scale (SAS) and the Patient Health Questionnaire (PHQ-9) were applied to detect anxious and depressive symptoms. Multivariable logistic regressions models were established to explore the associations of sleep conditions with psychological symptoms.

Results

In total, 751 pregnant women were enrolled, with a mean age of 30.51 years (Standard deviation: 4.28). Overall, 82.7% of the respondents considered low risk of being infected by COVID-19. The prevalence of anxiety and depression symptoms during the epidemic of COVID-19 among pregnant women were 13.4% and 35.4%, respectively, but most of which were mild. Variables referred to poor sleep conditions were strongly associated with anxious and depressive symptoms, including random or late time of going to bed, difficulty in falling sleep, short sleep duration, and ordinary or poor subjective sleep quality.
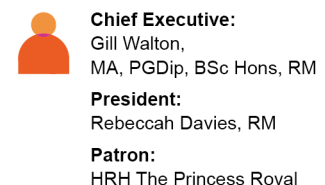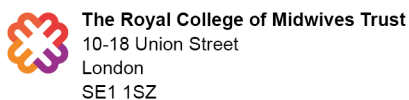
Limitations

Non-random sample restricted generalization of our findings to the whole population of pregnant women.

Conclusions

Our research revealed a notable proportion of the pregnant women who exhibited mild anxiety and depression

symptoms during the epidemic of COVID-19 in Shenzhen. Targeted interventions in improving sleep conditions might help alleviate gestational anxious and depressive symptoms. (Author)

Full URL:

2021-03468

Elevated depression and anxiety symptoms among pregnant individuals during the COVID-19 pandemic. Lebel C, Mackinnon A, Bagshawe M, et al (2020), Journal of Affective Disorders vol 277, 1 December 2020, pp 5-13

Background

Anxiety and depression symptoms in pregnancy typically affect between 10 and 25% of pregnant individuals. Elevated symptoms of depression and anxiety are associated with increased risk of preterm birth, postpartum depression, and behavioural difficulties in children. The current COVID-19 pandemic is a unique stressor with potentially wide-ranging consequences for pregnancy and beyond.

Methods

We assessed symptoms of anxiety and depression among pregnant individuals during the current COVID-19 pandemic and determined factors that were associated with psychological distress. 1987 pregnant participants in Canada were surveyed in April 2020. The assessment included questions about COVID-19-related stress and standardized measures of depression, anxiety, pregnancy-related anxiety, and social support.

Results

We found substantially elevated anxiety and depression symptoms compared to similar pre-pandemic pregnancy cohorts, with 37% reporting clinically relevant symptoms of depression and 57% reporting clinically relevant symptoms of anxiety. Higher symptoms of depression and anxiety were associated with more concern about threats of COVID-19 to the life of the mother and baby, as well as concerns about not getting the necessary prenatal care, relationship strain, and social isolation due to the COVID-19 pandemic. Higher levels of perceived social support and support effectiveness, as well as more physical activity, were associated with lower psychological symptoms.

Conclusion

This study shows concerningly elevated symptoms of anxiety and depression among pregnant individuals during the COVID-19 pandemic, that may have long-term impacts on their children. Potential protective factors include increased social support and exercise, as these were associated with lower symptoms and thus may help mitigate long-term negative outcomes. (Author)

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
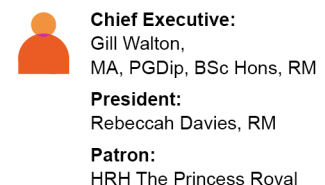
Background

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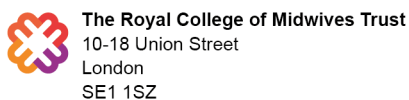
Clinically-relevant depression was indicated in 33.16%, 42.55%, and 43.37% of mothers of children age 0–18 months, 18 months to 4 years, and 5 to 8 years, respectively. Prevalence of anxiety was 36.27%, 32.62%, and 29.59% for mothers across age groups, respectively. Binary logistic regressions indicated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

2021-03301

Assessment of the psychological impact of the COVID-19 pandemic on pregnant women. Ramiro ACM, Ribeiro CCC, de Souza BLV, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 25, 2022, pp 6461-6465

Purpose: This is a cross-sectional observational study that aims to evaluate the impact of the COVID-19 pandemic in pregnant women.

Method: A form containing the validated Impact of Event Scale – Revised questionnaire was sent to the participants.

Results: From the 106 participants, 13 had been contaminated by the Sars-Cov2 virus during the pregnancy. More than half of the women (51.89%) presented some degree of psychological impact, 20 participants were classified as having a mild impact, 6 with moderated impact and 29 with severe impact. The psychological impact was more prominent in women in their third gestational trimester, 36.07% of these women presented a severe impact, 4.92% a moderated impact and 14.75% a mild impact. The IES-R questionnaire had a mean score of 35.62 in the group of contaminated patients, indicating a higher psychological impact in comparison with the mean score of 26.76 in the group of patients who were not contaminated by the vírus.

Conclusion: It can be inferred that the pregnant women who were not contaminated by the Sars-Cov2 presented a lower psychological impact than those who were contaminated. In addition, patients with lower psychological impact did not miss their ultrasound exams. Furthermore, more than half of the women who participated in the study, whether they were contaminated or not, presented some degree of psychological impact. (Author)

2021-03164

The relationship between sexual function and mental health in Iranian pregnant women during the COVID-19 pandemic. Effati-Daryani F, Jahanfar S, Mohammadi A, et al (2021), BMC Pregnancy and Childbirth vol 21, no 327, 26 April 2021

Background
Sexual function, a significant contributor to quality of life, is affected by various factors, including overall mental health. COVID-19 is a current pandemic that influences the mental health of various populations, especially pregnant women. Despite the importance of sexual health, the specific nature of its relationship to overall mental health during the COVID-19 pandemic is not clearly defined. Thus, this study investigates the relationship between sexual function and mental health during the COVID-19 pandemic in Iranian pregnant women.

Methods
This descriptive-analytical, cross-sectional study was carried out among 437 pregnant women using the sociodemographic and obstetrics characteristics questionnaire, Female Sexual Function Inventory, Stress, Depression,

and Anxiety Scales. Random sampling was employed to select pregnant women who had a medical record in Health Centers of Tabriz city, Iran. The questionnaires were sent to the participants' cell phones via WhatsApp or text messages, including links of questionnaires and the participants completed these questionnaires. Spearman correlation test was used to determine the relationship between sexual function and stress, anxiety, and depression. Generalized linear modeling was used to estimate each of the independent variables (sociodemographic characteristics, stress, anxiety, and depression) on the dependent variable (sexual function).

Results

The mean (Standard Deviation) sexual functioning (total) score was 20.0 (8.50) from the available range of 2 to 36. The mean (SD) of depression, stress, and anxiety scale was 4.81 (5.22), 5.13 (4.37), and 7.86 (4.50) (possible score ranging from 0 to 21), respectively. Based on Spearman's correlation test, there was a significant reverse correlation between the total sexual function score and stress, anxiety, and depression, indicating that all three variables negatively impacted sexual functioning. Variables such as mild stress, spouse type of job, sufficient household income, living with parents, higher marital satisfaction, and higher gestational age had a significant, positive impact on sexual function and could predict 35.8% of the variance model.

Conclusions

Sexual functioning was significantly impacted by stress, anxiety, and depression – all of which are heightened during a pandemic. This topic warrants further study, and the general public should be educated on the protective influence of safe sex/intimacy on overall mental health. (Author)

Full URL: https://doi.org/10.1186/s12884-021-03812-7

2021-03068

Prenatal stress, health, and health behaviours during the COVID-19 pandemic: An international survey. Pope J, Olander EK, Leitao S, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 3, May 2022, pp 272-279

Background

Pregnant women's stress, mental and physical health, and health behaviours can have important implications for maternal and child health outcomes.

Aim

To examine pregnant women's levels of stress, mental and physical health, and health behaviours during the COVID-19 pandemic.

Methods

A cross-sectional survey was conducted online, with recruitment and data collection occurring between 16/6/20 and 17/7/20. Participants were pregnant women recruited via online pregnancy/parenting communities. Participants self-reported their levels of general stress, pregnancy-specific stress and COVID-19 related stress, mental and physical health, general health behaviours, and COVID-19 related health behaviours.

Findings

573 pregnant women participated in the survey. Participants were most commonly resident in the United States (42.6%, n = 243), Ireland (41.2%, n = 235) or the United Kingdom (10%, n = 57). The majority (80.0%, n = 457) were married and educated to degree level or above (79.3, n = 453). Pregnant women reported high levels of pregnancy-specific and COVID-19-related stress, and low levels of mental and physical health, during the pandemic. Encouragingly, pregnant women in this study generally reported high levels of adherence to public health advice and pregnancy health behaviours. Stress and general mental health outcomes were best predicted by well-being factors (including stress and social support). Health impairing behaviours (e.g. poor diet) were predicted by both well-being and demographic factors.

Discussion

Interventions targeting pregnancy- and pandemic-specific stress at the population level will be essential to support mental health and minimise adverse outcomes for women and children during the pandemic. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2021.03.007

2021-03063

Psychological impact and social support in pregnant women during lockdown due to SARS-CoV2 pandemic: A cohort study. Brik M, Sandonis MA, Fernández SG, et al (2021), Acta Obstetricia et Gynecologica Scandinavica vol 100, no 6, June 2021, pp 1026-1033

Introduction

Anxiety and depression during pregnancy can lead to adverse maternal and neonatal outcomes. The SARS CoV-2 pandemic, and the complete lockdown required during the first wave in most countries are stressors for pregnant women and can lead to anxiety and depression during pregnancy. The aim of this study was to explore depression and anxiety symptoms, and social support in pregnant women during the SARS CoV-2 lockdown, as well as to explore demographic risk factors.

Material and methods

A prospective cohort study was performed at Hospital Universitari Vall d'Hebron, Barcelona, including pregnant women attending the antenatal clinic during the SARS-CoV2 lockdown period. Three questionnaires were administered to study depression (EPDS), anxiety (STAI) and Social Support (MOS-SSS). STAI state (STAIs) described the actual state of anxiety and the STAI trait (STAIt) described the trait of anxiety. A cut-off of 10 for EPDS and 40 for STAI was considered to be clinically relevant. The main outcome measures were depression and anxiety symptoms.

Results

A total of 217 women were invited to participate, and 204 accepted (94%). From these, 164 filled in the EPDS, 109 STAI and 159 MOS-SSS questionnaires: 37.8% (95% confidence interval [CI] 30.5%-45.7%) (62/164) of women showed an EPDS result ≥10, 59.6% (95% CI 49.8%-68.8%) (65/109) a STAI state (STAIs) ≥40, and 58.7% (95% CI 48.9%-67.9%) (64/109) a STAI trait (STAIt) ≥40. Regression analysis showed that mental health disorder, Latin American origin and lack of social support were independent risk factors for anxiety symptoms in the STAIs (P = .032, P = .040 and P = .029, respectively). Regarding depressive symptoms, maternal body mass index, mental health disorders and social support were independent factors (P = .013, P = .015 and P = .000, respectively).

Conclusions

A lockdown scenario during the first wave of the SARS-CoV 2 pandemic increased the symptoms of anxiety and depression among pregnant women, particularly affecting those with less social support. (Author)

2021-03054

Receiving maternity care during the COVID-19 pandemic: Experiences of women's partners and support persons.
Vasilevski V, Sweet L, Bradfield Z, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 3, May 2022, pp 298-306

Background

In Australia, the provision of maternity care during the COVID-19 pandemic was significantly altered to limit transmission of the virus. Many hospitals limited face-to-face appointments to only the pregnant woman and restricted the number of support people present during labour, birth, and postnatal visits to one person. How these restrictions were experienced by partners and support persons of childbearing women are unknown.

Aim

To explore the experiences of partners and support persons of women receiving maternity care during the COVID-19 pandemic.
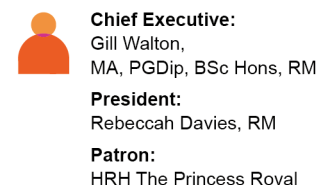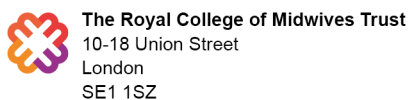
Methods

A two-phased qualitative study including an online survey and interviews. Analysis was undertaken using content analysis.

Findings

Partners and support persons experienced a sense of 'missing out' from the pregnancy and maternity care experience because of changes in the provision of care during the pandemic. They reported feelings of isolation, psychological

distress, and reduced bonding time with babies. Conflicting information and processes within and across maternity services contributed to feelings of uncertainty and a perceived reduction in the quality of care. Partners and support persons were negatively impacted by restrictions on maternity wards, however they also perceived these to be of benefit to women.

Discussion

Many partners and support persons were negatively impacted by restrictions in maternity services during the pandemic; strategies to ensure their active involvement in maternity care are needed.

Conclusion

This study offers insights from the unique perspective of partners and support people of women receiving maternity care during the pandemic. Policies and processes that exclude partners and support persons need to be reconsidered. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2021.04.012

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 Obstetricia 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 and 13% 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 (±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)
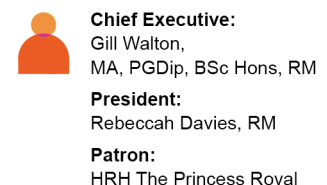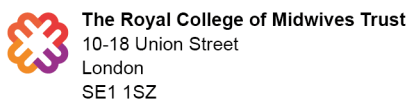
Full URL: https://doi.org/10.1111/aogs.14092

2021-03020

Impact of COVID-19 on Maternal Mental Health. Goyal D, Selix NW (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 2, March/April 2021, pp 103-109

The COVID-19 pandemic led to several states mandating social distancing and sheltering in place along with a shift in health care delivery, unprecedented unemployment rates, financial stress, and emotional concerns. For pregnant and postpartum women, limited social support and social isolation with social distancing and fear of COVID-19 exposure or infection for themselves, their fetus, or their newborn infants, have implications for maternal mental health. An overview of the potential impact of COVID-19 on mental health risk for pregnant and postpartum women is presented with implications for nursing practice to promote maternal–infant wellbeing. (Author)

2021-02988

Black Lives Matter: COVID, Crisis, and Color. Rohan AJ, Simpson KR (2021), MCN - American Journal of Maternal/Child Nursing vol 46, no 1, January/February 2021, p 5

The COVID-19 pandemic has been stressful for nurses and childbearing women. Some women have experienced this stress more than others because they are disadvantaged, underserved, and have limited resources. Black women are especially at risk for poor pregnancy outcomes, not due to their race, but rather the long-standing structural racism and discrimination that are embedded in our health care system and society. MCN joins with other nursing organizations in recognizing racism as a public health crisis, one that nurses can do much to mitigate by their hands-on care, institutional and organizational leadership, policy making, and advocacy. (Author)

2021-02987

Connecting with Families through Virtual Perinatal Education during the COVID-19 Pandemic. Pasadino F, Demarco K, Lampert E, et al (2020), MCN - American Journal of Maternal/Child Nursing vol 45, no 6, November/December 2020, pp 364-370

The COVID-19 pandemic has caused many changes in health care. The status quo has been upended. We have been challenged in many ways to maintain our ability to meet the needs of our clients while keeping them safe. The Center for Perinatal Education and Lactation at NYU Langone Hospitals, in one of the initial epicenters of the pandemic in New York City, had to abruptly transition the childbirth education program to a virtual format in March of 2020. The goal for this change was to continue to provide evidence-based support and guidance our to our expectant and new families through this crisis. This report focuses on the process and challenges of transitioning to and implementation of the virtual format in the context of the COVID-19 crisis. We discuss the rapidly evolving programmatic changes to our approach and reflect on the themes and changing landscape of our newly structured model. Questions and answers live discussion webinars "Ask the Educator" on various topics were a valuable tool in connecting with families and allaying anxiety and fear. (Author)

2021-02858

The Rise of Tele-Mental Health in Perinatal Settings. Geller PA, Spiecker N, Cole JCM, et al (2021), Seminars in Perinatology vol 45, no 5, August 2021, 151431

We discuss the use of tele-mental health in settings serving expectant parents in fetal care centers and parents with children receiving treatment in neonatal intensive care units within a pediatric institution. Our emphasis is on the dramatic rise of tele-mental health service delivery for this population in the wake of the onset of the COVID-19 pandemic in the U.S., including relevant practice regulations, challenges and advantages associated with the transition to tele-mental health in these perinatal settings. (Author)

2021-02757

The Baby Blind-Spot. Hogg S (2021), International Journal of Birth and Parent Education vol 8, no 3, April 2021, pp 43-44

Column from Sally Hogg on the impact of COVID-19 on parents and their babies. Discusses the negative impacts of prenatal anxiety during the pandemic. (LDO)

2021-02755

Traumatic birth: Definitions, treatments and the pandemic. Greenfield M (2021), International Journal of Birth and Parent

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

2021-02754

Birdie's Tree: Supporting social emotional wellbeing of babies and young children in a changing world. Baldwin A, De Young A (2021), International Journal of Birth and Parent Education vol 8, no 3, April 2021, pp 34-37

COVID-19 has highlighted the social and emotional needs of babies and young children during natural hazards and other disruptive societal events such as pandemics. Caregivers can help by providing warm and responsive caregiving, maintaining or re-establishing familiar routines, providing age-appropriate information and gently correcting misperceptions, regularly doing things outside the home when possible, and limiting children's exposure to media about the event. It's important that caregivers are supported in their own mental health and wellbeing, so they can care for children with calmness and optimism. Talking, playing and reading stories with children can help them understand what's happening and work through 'big feelings' like anger, sadness, worry, fear and loneliness. The Birdie's Tree storybooks and resources, produced by the Queensland Centre for Perinatal and Infant Mental Health, are specifically designed to help support the social emotional wellbeing of children aged 0-4 through disruptive events. These resources can be freely accessed through the Birdie's Tree website. (Author, edited)

2021-02753

Adapting the Pregnancy in Mind (PiM) support service to virtual delivery. Harrington L, McElearney A, Hyde-Dryden G (2021), International Journal of Birth and Parent Education vol 8, no 3, April 2021, pp 29-33

Poor perinatal mental health is relatively common, and the COVID-19 pandemic has increased psychological distress and feelings of loneliness amongst pregnant women. The UK National Society for the Prevention of Cruelty to Children (NSPCC) Pregnancy in Mind (PiM) service takes a preventative approach to supporting those experiencing or at risk of mild or moderate anxiety and depression during the perinatal period. During the pandemic, the virtual PiM service was developed to support parents-to-be, and an evaluation has found it is acceptable to the practitioners who delivered it across six UK locations. Key learning for practice includes the need to tailor support to practitioners to take account of their local delivery context. Flexible and hybrid models can reduce barriers to access for parents. (Author)

2021-02743

Babies and Mothers: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 182050, 16 April 2021

Kemi Badenoch responds to a written question asked by Dan Jarvis to the Minister for Women and Equalities, regarding what discussions she has had with Ministers in HM Treasury on the allocation of specific funding from the public purse to (a) new mothers and (b) children born since the outbreak of COVID-19. (LDO)
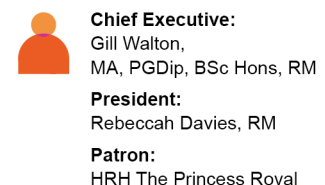
Full URL: https://questions-statements.parliament.uk/written-questions/detail/2021-04-16/182050

2021-02667

Stress and alcohol consumption in the era of COVID-19: How will babies be affected?. Hammarberg K (2021), International Journal of Birth and Parent Education vol 8, no 3, April 2021, pp 12-15

Stress increases the risk of alcohol consumption. The types of stressors known to influence alcohol consumption include general life and catastrophic/fateful stressors. The COVID-19 pandemic is both a general life stressor and a
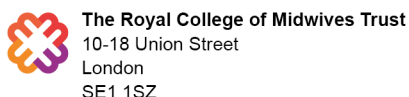
catastrophic stressor and has increased stress at a population level. Public health researchers around the world have expressed concerns about the many possible risks associated with people consuming more alcohol during the pandemic. This article considers the risks to the health of unborn babies of increased alcohol consumption. (Author)

2021-02664

Developmental Origins of Health and Disease: What it means and why it matters. Buklijas T (2021), International Journal of Birth and Parent Education vol 8, no 3, April 2021, pp 3-7

The ways in which the environment of early life shapes the long-term state of an individual's health and predilection to disease are often described as fetal or developmental programming. For many, the term 'the critical 1000 days' captures vividly the importance of the period between conception and weaning for health interventions at population level. In the academic literature, interdisciplinary work around this question has become known as the 'developmental origins of health and disease' (DOHaD). While DOHaD research originally focused on the fetus, it soon widened its scope, from periconception to weaning, and then into childhood and even adolescence. Environmental influences examined began with nutrition, but now include parental stress and mental health, environmental chemicals, air pollution and many others. Recent work engages deeply with socioeconomic drivers of the developmental environment. This multilayered approach is especially significant in the current COVID-19 pandemic where the Sars-CoV-2 virus itself is only one of the potentially significant factors that, by affecting organisms in sensitive periods, could leave lasting traces. (Author, edited)

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)
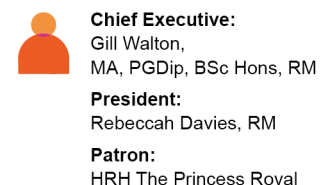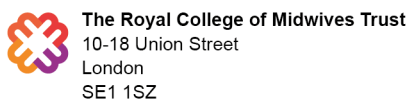
Full URL: https://doi.org/10.1089/jwh.2020.8866

2021-02396

Pregnancy: Mental Health Services [written answer]. House of Commons (2021), Hansard Written question 179613, 12 April 2021

Ms Nadine Dorries responds to a written question asked by Zarah Sultana to the Secretary of State for Health and Social Care, regarding whether he has made an assessment of the potential merits of publishing a minimum standard of mental healthcare and support for (a) pregnant women and (b) mothers of young infants. (LDO)

Full URL:

2021-02395

Pregnancy: Mental Health Services [written answer]. House of Commons (2021), Hansard Written question 179612, 12 April 2021

Ms Nadine Dorries responds to a written question from Zarah Sultana to the Secretary of State for Health and Social Care, regarding what assessment he has made of the need for perinatal mental health services with reference to the covid-19 outbreak. (JSM)

Full URL:

2021-02349

GESTACOVID project: psychological and perinatal effects in Spanish pregnant women subjected to confinement due to the COVID-19 pandemic. de Arriba-Garcia M, Diaz-Martinez A, Monfort-Ortiz R, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 25, 2022, pp 5665-5671

Introduction

COVID-19 was declared a pandemic and confinement with movement restriction measures were applied in Spain. Postnatal mental disorders are common but frequently undiagnosed, being a risk period to develop anxiety and depression symptoms. The aim of this study is to evaluate the impact of confinement as depressive and anxiety symptoms in pregnant women (PrW) and puerperal women (PuW) mental health, as well as obstetric and perinatal outcomes during this period.

Materials and methods

The self-administered survey consists of a total of 28 questions, the first 16 providing contextual information and the following ones corresponding to the GHQ-12 that has been evaluated in a binomial form. A logistic regression model has been used to assess whether the contextual variables acted as a protective or risk factor and its fitting has been represented by a receiver operating curve.

Results

Of the 754 PrW interviewed, 58.22% were screened positive. Confinement time for these was 54.93 ± 9.75 days. The risk factors that were identified after the refinement have been to have a worse general state of health, to be sadder and to be more nervous. Among the protectors have been found to have a higher Apgar 10 score and induction of labor. The area under the adjusted regression adjustment curve was 0.8056.
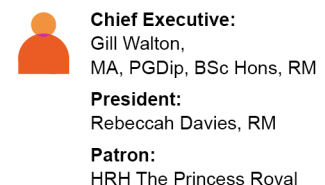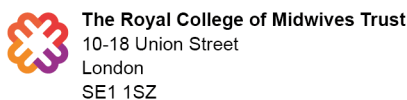
Conclusions

Our results show a high prevalence of depression and anxiety symptoms with strict confinement measures. PrW and PuW must be considered a risk group to develop mental health disorders during disruption circumstances. Using a mental health screening tool could help to identify a group of patients with more risk and to carry out a careful monitoring to allow adequate management.

2021-02224

Part 1: COVID-19 and knowledge for midwifery practice—impact and care of pregnant women. Green J, Jones L, Petty J, et al (2021), British Journal of Midwifery vol 29, no 4, April 2021, pp 224-231

The emergence of viral diseases, such as COVID-19, represents a global public health threat, particularly the high-impact animal viruses that have switched hosts and are able to be transmitted within human populations. Pandemics threaten the general population; however, there are special groups, such as pregnant women and their babies, which may be at a higher risk of, or more severely affected by infection. Pregnancy is considered a unique

immunological condition; therefore, current challenges include decisions on preventing and treating infections during pregnancy and the possible implications for the fetus and newborn infant. This integrative review, the first of a two-part series, analyses selected literature on COVID-19 within maternal and newborn care, drawing on key themes relating to the impact on the pregnant woman. The themes discussed are: the nature of the immune system in pregnant and newly birthed mothers, maternal risk, mode and timing of birth, care during pregnancy and childbirth, and the transition to parenthood including the implications for practice for maternal mental wellbeing. (Author)

2021-02218

Antenatal Care: Coronavirus [written answer]. House of Commons (2021), Hansard Written question 174208, 23 March 2021

Ms Nadine Dorries responds to a written question from Catherine West to the Secretary of State for Health and Social Care, regarding what assessment his Department has made of the effect of the covid-19 outbreak on the delivery of perinatal services; and what precautionary and remedial steps his Department has taken to help reduce the (a) practical difficulties arising from the disruption caused by the covid-19 outbreak and (b) mental health consequences of that disruption for users of perinatal services. (Author, edited)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2021-03-23/174208

2021-02147

The lived experiences of pregnant women during COVID-19 pandemic: a descriptive phenomenological study.
Mortazavi F, Ghardashi F (2021), BMC Pregnancy and Childbirth vol 21, no 193, 8 March 2021

Background
With the onset of the COVID-19 epidemic, pregnancy and childbirth for women are taking place in unusual circumstances. We explored the lived experiences of pregnant women during the COVID-19 pandemic to better understand their experience of pregnancy so that better support could be provided.

Methods
We used a descriptive phenomenological approach to understand the lived experience of pregnant women in COVID-19 pandemic. We collected data using a purposive sampling method through in-depth interviews in cyberspace with a semi-structured questionnaire. We used Colaizzi's seven-step content analysis method to analyze the research data with the help of MAXQDA software version 2020.

Results
We conducted this descriptive phenomenology study on 19 pregnant women in a period between the 10th to the 20th of May, 2020. The participating women were already pregnant when the first signs of the epidemic appeared in the country and at the time of the interview. We acquired four themes including disruption of the tranquility and regular routines of daily life, new challenges caused by the epidemic, resilience and strength in facing the crisis, and adaptation with new conditions.

Conclusions
The pregnant women were under intense stress during the COVID-19 outbreak. The general mobilization the health system is necessary for alleviating pregnant women's difficulties in situations like the COVID-19 epidemic. Virtual training classes and virtual counseling may enhance the peace and tranquility of pregnant women.
**Full URL:**   https://doi.org/10.1186/s12884-021-03691-y

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2021-02129

The impact of SARS-CoV-2 and COVID-19 on male reproduction and men's health. Patel DP, Punjani N, Guo J, et al (2021), Fertility and Sterility vol 115, no 4, April 2021, pp 813-823

Many couples initially deferred attempts at pregnancy or delayed fertility care due to concerns about coronavirus disease 2019 (COVID-19). One significant fear during the COVID-19 pandemic was the possibility of sexual transmission. Many couples have since resumed fertility care while accepting the various uncertainties associated
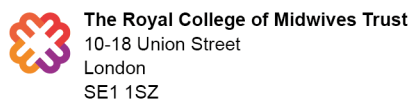
with severe acute respiratory syndrome coronavirus 2, including the evolving knowledge related to male reproductive health. Significant research has been conducted exploring viral shedding, tropism, sexual transmission, the impact of male reproductive hormones, and possible implications to semen quality. However, to date, limited definitive evidence exists regarding many of these aspects, creating a challenging landscape for both patients and physicians to obtain and provide the best clinical care. This review provides a comprehensive assessment of the evolving literature concerning COVID-19 and male sexual and reproductive health, and guidance for patient counseling. (Author)

Full URL: https://doi.org/10.1016/j.fertnstert.2020.12.033

2021-02051

 Generation COVID-19 – Should the foetus be worried?. Iqbal AM, Burrin C, Aydin E, et al (2021), Acta Paediatrica vol 110, no 3, March 2021, pp 759-764

Aim

The aim of this narrative review was to evaluate the risks, both direct and indirect, to the foetus from the COVID-19 pandemic.

Methods

Direct and indirect risks were defined as (a) vertical infection (congenital or intrapartum), (b) maternal infection and its sequelae, and (c) sources of maternal stress during lockdown, including social isolation and altered healthcare provision.

Results

Early studies suggest that vertical viral transmission is low; however, there may be an important effect of maternal infection on foetal growth and development. The impact of various degrees of lockdown on prospective mothers' health, habits and healthcare provision is of concern. In particular, increased maternal stress has been shown to have a significant effect on foetal brain development increasing the risk of mental health, and cognitive and behavioural disorders in later life.

Conclusion

From the evidence available to date, direct risks to the foetus from the SARS-CoV-2 virus are low. Indirect effects of the pandemic, particularly resulting from the effect of maternal stress on the developing brain, can have lifelong detrimental impacts for this generation of children.

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)

2021-01829

 Pregnant under the pressure of a pandemic: a large-scale longitudinal survey before and during the COVID-19 outbreak. Naurin E, Markstedt E, Stolle D, et al (2021), European Journal of Public Health vol 31, no 1, February 2021, pp 7-13
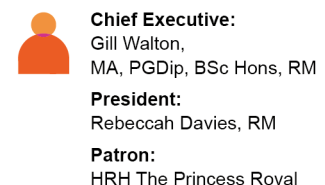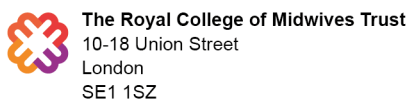
Background

One of the groups that is most vulnerable to the COVID-19 pandemic is pregnant women. They cannot choose to refrain from care; they and their children are at risk of severe complications related to the virus; and they lose comfort and support as clinics prohibit their partners and as societal restrictions demand isolation from friends and relatives. It is urgent to study how this group is faring during the pandemic and we focus here on their health-related worries.

Methods

A longitudinal survey at a Swedish hospital starting 6 months before (16 September 2019) and continuing during the

COVID-19 outbreak (until 25 August 2020). A total of 6941 pregnant women and partners of diverse social backgrounds were recruited. Ninety-six percent of birth-giving women in the city take early ultrasounds where recruitment took place. Sixty-two percent of the women with an appointment and fifty-one percent of all partners gave consent to participate.

Results

Pregnant women experienced dramatically increased worries for their own health, as well as for their partner's and their child's health in the beginning of the pandemic. The worries remained at higher than usual levels throughout the pandemic. Similar, but less dramatic changes were seen among partners.

Conclusions

There is a need for heightened awareness of pregnant women's and partners' health-related worries as a consequence of the COVID-19 pandemic. Related feelings, such as anxiety, have been linked to adverse pregnancy outcome and might have long-term effects. The healthcare system needs to prepare for follow-up visits with these families. (Author)

Full URL: https://doi.org/10.1093/eurpub/ckaa223

2021-01744

What is driving the decreased incidence of preterm birth during the coronavirus disease 2019 pandemic?. Lemon L, Edwards RP, Simhan HN (2021), American Journal of Obstetrics & Gynecology MFM vol 3, no 3, May 2021, 100330

BACKGROUND

Institutions across the world have observed a decrease in the incidence of preterm births during the coronavirus disease 2019 pandemic. The reason for this reduction remains unknown.

OBJECTIVE

We sought to explore potential causes for the decrease in preterm births by exploring the following 3 hypotheses: (1) do women who are more likely to be able to work from home incur less physical/or emotional stress resulting in longer gestation? (2) Does the effect of the coronavirus disease 2019 pandemic on the incidence of preterm births vary by race? (3) Is this change provider driven?

STUDY DESIGN

Using a retrospective cohort of all singleton deliveries at a single tertiary care center, we compared the deliveries for the period before the coronavirus disease 2019 pandemic (January 1, 2018–January 31, 2020) with those occurring during the pandemic (April 1, 2020–October 27, 2020). Comparisons between the period before and during the pandemic were made using Pearson chi-square or t tests as appropriate. The overall incidence of preterm birth, defined as delivery at <37 weeks' gestation, was analyzed and then further classified into spontaneous or indicated preterm births. The population was then stratified by the following categories: (1) insurance type and neighborhood disadvantage; (2) race; and (3) provider type. The provider type was classified as delivery occurring within an outpatient care facility, a clinic that provides prenatal care to those eligible for medical assistance, or a nonoutpatient care facility.

RESULTS

In a population of 17,687 pre–coronavirus disease 2019 deliveries, and 5396 deliveries occurring during the coronavirus disease 2019 pandemic, there was a significant decrease in the overall incidence of preterm births (11.1 vs 10.1%; P=.039). Both spontaneous and indicated preterm deliveries decreased across the entire population. When stratified, decreases in the incidence of spontaneous preterm birth before vs during the coronavirus disease 2019 pandemic were limited to deliveries to women from more advantaged neighborhoods (most advantaged, 4.4 vs 3.8%; least advantaged, 7.2 vs 7.4%), white mothers (white, 5.6 vs 4.7%; black, 6.6 vs 7.1%), and those receiving care from nonoutpatient care providers (nonoutpatient care providers, 5.5 vs 4.8%; outpatient care providers, 6.3 vs 6.7%).

CONCLUSION

The incidence of preterm births has decreased during the coronavirus disease 2019 pandemic. Decreases in the rate of spontaneous preterm births were limited to deliveries to white women, living in more advantaged neighborhoods, and deliveries at nonoutpatient care facilities. The coronavirus disease 2019 response regulations may have benefited women with more indicators of advantage disproportionately more.

Full URL: https://doi.org/10.1016/j.ajogmf.2021.100330

2021-01718

Addressing inequities in maternal health among women living in communities of social disadvantage and ethnic diversity. Turienzo CF, Newburn M, Agyepong A, et al (2021), BMC Public Health vol 21, no 176, 21 January 2021

The response to the coronavirus outbreak and how the disease and its societal consequences pose risks to already vulnerable groups such those who are socioeconomically disadvantaged and ethnic minority groups. Researchers and community groups analysed how the COVID-19 crisis has exacerbated persisting vulnerabilities, socio-economic and structural disadvantage and discrimination faced by many communities of social disadvantage and ethnic diversity, and discussed future strategies on how best to engage and involve local groups in research to improve outcomes for childbearing women experiencing mental illness and those living in areas of social disadvantage and ethnic diversity. Discussions centred around: access, engagement and quality of care; racism, discrimination and trust; the need for engagement with community stakeholders; and the impact of wider social and economic inequalities. Addressing biomedical factors alone is not sufficient, and integrative and holistic long-term public health strategies that address societal and structural racism and overall disadvantage in society are urgently needed to improve health disparities and can only be implemented in partnership with local communities.

Full URL: https://doi.org/10.1186/s12889-021-10182-4

2021-01701

Pregnancy-related anxiety and its associated factors during COVID-19 pandemic in Iranian pregnant women: a web-based cross-sectional study. Hamzehgardeshi Z, Omidvar S, Amoli AA, et al (2021), BMC Pregnancy and Childbirth vol 21, no 208, 15 March 2021

Background

Pregnancy is a risk factor for coronavirus disease 2019 (COVID-19). Pregnant women suffer from varying levels of pregnancy-related anxiety (PRA) which can negatively affect pregnancy outcomes. The aim of this study was to assess PRA and its associated factors during the COVID-19 pandemic.

Methods

This web-based cross-sectional study was conducted in 2020 on 318 pregnant women purposively recruited from primary healthcare centers in Sari and Amol, Iran. Data were collected using questionnaires (PRAQ, Edinburg, KAP of COVID-19, CDA-Q and Demographic questionnaire), which were provided to participants through the social media or were completed for them over telephone. Data were analyzed with the linear regression and the logistic regression analysis, at the significance level of 0.05 using the SPSS software (v. 21).
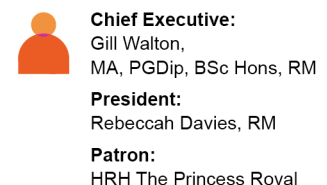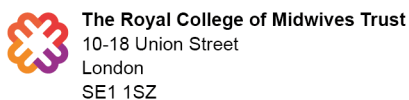
Results

Around 21% of participants had PRA, 42.1% had depression, and 4.4% had COVID-19 anxiety. The significant predictors of PRA were number of pregnancies (P = 0.008), practice regarding COVID-19 (P < 0.001), COVID-19 anxiety (P < 0.001), depression (P < 0.001), and social support (P = 0.025) which explained 19% of the total variance. Depression and COVID-19 anxiety increased the odds of PRA by respectively four times and 13%, while good practice regarding COVID-19 decreased the odds by 62%.

Conclusion

Around 21% of pregnant women suffer from PRA during the COVID-19 pandemic and the significant predictors of PRA during the pandemic include number of pregnancies, practice regarding COVID-19, COVID-19 anxiety, depression, and

social support. These findings can be used to develop appropriate strategies for the management of mental health problems during pregnancy in the COVID-19 pandemic.

Full URL: https://doi.org/10.1186/s12884-021-03694-9

2021-01552

The experiences of pregnant women during the COVID-19 pandemic in Turkey: A qualitative study. Sahin BM, Kabakci EN (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 2, March 2021, pp 162-169

Background

Due to spread and impact of COVID-19 in the world and Turkey lead to fear, stress and anxiety in individuals. This trend is increasing more especially in pregnant women at risk as they are concerned about the safety of themselves and the fetus.

Aim

In our study, concerns, problems and attitudes of pregnant women related to diseases in the pandemic process will be determined by detailed discussions based on their individual experience, and by increasing the awareness of midwives and nurses about what pregnant women experience in this process.

Methods

Content analysis is used as qualitative study pattern. Due to the social isolation rules during the coronavirus pandemic, interviews with pregnant women were planned to be held via mobile phone. The study was completed with 15 pregnant women.

Results

As a result of the content analysis of the interviews, 3 main themes and 11 sub-themes were identified. The identified themes were as following: (1) not understanding the seriousness and fear of the unknown, (2) coronavirus pandemic and disruption of the routine prenatal care (3) disrupted routines and social lives. Each theme was necessarily discussed separately.

Conclusion

The results of the study show that coronavirus pandemic has a significant potential for creating anxiety, adversity and fear, which has a negative emotional effect on pregnant people. It will be useful to provide awareness for midwives and nurses not only about the physical health of pregnant women, but also their mental health, and to cooperate with mental health experts if necessary.

Full URL: https://doi.org/10.1016/j.wombi.2020.09.022

2021-01516

Perceived social support and prenatal wellbeing; The mediating effects of loneliness and repetitive negative thinking on anxiety and depression during the COVID-19 pandemic. Harrison V, Moulds ML, Jones K (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 3, May 2022, pp 232-241

Problem

Prenatal depression and anxiety are linked to poor maternal and infant outcomes. We need to understand predictors of poor mental health to identify at-risk women, and targets for support.

Background

Previous research has demonstrated a relationship between low levels of perceived social support, and depression and anxiety in pregnant women. However, there is a lack of research into the factors that may mediate this relationship.

Aim

As social distancing measures (e.g., lockdown) are likely to negatively affect women's perceived support in the prenatal period, we investigated the relationship between perceived social support and both anxiety and depression in UK-based pregnant women during the COVID-19 pandemic. Further, we examined two potential mediators that may contribute to psychological symptoms: repetitive negative thinking and loneliness.

Methods

We administered a battery of online measures to a sample of pregnant women (N = 205) between May-June 2020,

during the first peak of the pandemic in the UK, when perceived social support was likely to be low.

Results

Consistent with predictions, perceived social support was significantly negatively related to depression, anxiety, loneliness and repetitive negative thinking. Furthermore, repetitive negative thinking and loneliness mediated the relationship between perceived social support and both depression and anxiety. Moreover, perceived social support and loneliness were associated with specific types of online behaviours.

Conclusions

Taken together, the findings shed light on the processes through which social support may exert its effects on depression and anxiety and highlight potential therapeutic targets for interventions which aim to prevent and treat mood disorders in perinatal cohorts.

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 (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 3, May 2022, pp 254-261

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.

2021-01394

Pregnancy-related anxiety and its associated factors during COVID-19 pandemic in Iranian pregnant women: a web-based cross-sectional study. Hamzehgardeshi Z, Omidvar S, Amoli AA, et al (2021), BMC Pregnancy and Childbirth vol 21, no 208, 15 March 2021
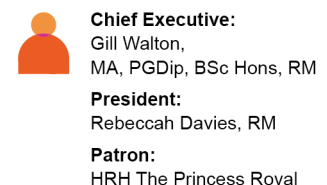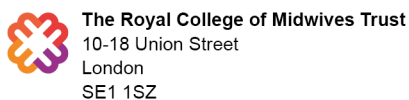
Background

Pregnancy is a risk factor for coronavirus disease 2019 (COVID-19). Pregnant women suffer from varying levels of pregnancy-related anxiety (PRA) which can negatively affect pregnancy outcomes. The aim of this study was to assess PRA and its associated factors during the COVID-19 pandemic.

Methods

This web-based cross-sectional study was conducted in 2020 on 318 pregnant women purposively recruited from

primary healthcare centers in Sari and Amol, Iran. Data were collected using questionnaires (PRAQ, Edinburg, KAP of COVID-19, CDA-Q and Demographic questionnaire), which were provided to participants through the social media or were completed for them over telephone. Data were analyzed with the linear regression and the logistic regression analysis, at the significance level of 0.05 using the SPSS software (v. 21).

Results

Around 21% of participants had PRA, 42.1% had depression, and 4.4% had COVID-19 anxiety. The significant predictors of PRA were number of pregnancies ($P = 0.008$), practice regarding COVID-19 ($P < 0.001$), COVID-19 anxiety ($P < 0.001$), depression ($P < 0.001$), and social support ($P = 0.025$) which explained 19% of the total variance. Depression and COVID-19 anxiety increased the odds of PRA by respectively four times and 13%, while good practice regarding COVID-19 decreased the odds by 62%.

Conclusion

Around 21% of pregnant women suffer from PRA during the COVID-19 pandemic and the significant predictors of PRA during the pandemic include number of pregnancies, practice regarding COVID-19, COVID-19 anxiety, depression, and social support. These findings can be used to develop appropriate strategies for the management of mental health problems during pregnancy in the COVID-19 pandemic.

Full URL: https://doi.org/10.1186/s12884-021-03694-9

2021-01377

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

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

20210125-73*

 COVID-19 pandemic and maternal mental health: a systematic review and meta-analysis. Hessami K, Romanelli C, Chiurazzi M, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 20, 2022, pp 4014-4021

Objective

To evaluate the effect of the COVID-19 pandemic on anxiety and depression of women during pregnancy and perinatal period.

Methods

We systematically searched online databases to identify any report on maternal depression during pregnancy or postpartum using the Edinburgh Postnatal Depression Survey (EPDS) and maternal anxiety using the State-Trait Anxiety Inventory (STAI) until 5th July 2020. The random-effects model was used to pool the effect sizes and standardized mean differences (SMDs) and the corresponding 95% confidence intervals (CIs).
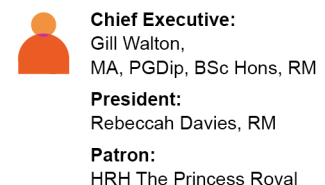
Results

Eight studies reported depressive and anxiety states of 7750 women, either pregnant or postpartum were included. The overall pooled EPDS score was higher among women during pandemic (SMD= 0.40, 95% CI: −0.05 – 0.86, p = .083) compared to previous non-pandemic times, without reaching a statistically significant difference. However, the overall pooled STAI score was significantly higher during pandemic (SMD= 0.82, 95% CI: 0.49 – 1.16, p < .001). No significant publication bias existed in selected studies (p > .05).

Conclusion

The present meta-analysis provides evidence that the COVID-19 pandemic significantly increases the risk of anxiety among women during pregnancy and perinatal period. Support measures should be considered for women during
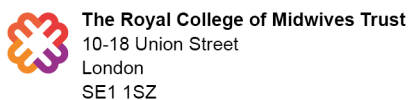
pregnancy or perinatal period to guarantee mental health for this susceptible population. (Author)

Full URL:

20210125-49*

The COVID-19 stress may influence on the sex ratio at birth. Abdoli A (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 21, 2022, pp 4043-4048

The ratio of boys to girls (sex ratio) at birth (SRB) is about 1.01-1.05 in most populations and is influenced by various factors, such as maternal stress, maternal inflammation, and endocrine disruption. Male fetus is biologically weaker and more vulnerable to prenatal events than female fetuses. Hence, premature death (and consequently decline the SRB) is higher in boys than girls. The recent coronavirus disease 2019 (COVID-19) has been known to have a variety of stressful and psychological impacts. This stress may consequently enhance maternal inflammation, pregnancy complication, and fetal loss. Also, male fetuses have more adverse outcomes than female fetuses among asymptomatic pregnant women with SARS-Cov-2 infection. Inasmuch as the male fetus are more vulnerable to prenatal events and premature death, it is proposed that the SRB can decline in pregnant women following the COVID-19 stress. However, future studies are needed to define the impact of the COVID-19 on SRB rate. (Author)

Full URL:

20210125-41*

Changes in the obstetrical emergency department profile during the COVID-19 pandemic. Kugelman N, Lavie O, Assaf W, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 21, 2022, pp 4116-4122

Background

The COVID-19 outbreak caused persons to be reluctant to seek medical care due to fear of contracting the infection.

Objectives

To evaluate the effect of the COVID-19 pandemic on admission rates to the delivery room and the feto-maternal unit, and to assess the effect on the nature of presenting obstetrical complaints to the emergency department.

Study Design

A retrospective cohort study in one medical center. The population was women > 20 weeks pregnant who presented to the obstetrical emergency department with self-complaints during 29 days at the peak of the pandemic outbreak, and a matched group during the exact period in the previous year. We compared between the groups: clinical, obstetrical, and demographic data, including age, area of residence, gravidity, parity, previous cesarean deliveries, high-risk pregnancy follow-up, the last 30 days admissions to the obstetrical emergency department, gestational age, chief complaints, cervical dilatation, cervical effacement, admissions to the delivery room or feto-maternal unit, time from admissions to the delivery room to birth, if applicable, and acute obstetrical complications diagnosed at the emergency department.
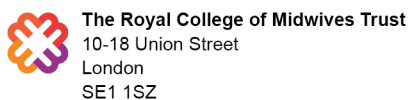
Results

During the pandemic outbreak, 398 women met study inclusion criteria, compared to 544 women in the matched period of the previous year. During the COVID-19 period, women visited the obstetrical emergency department at a more advanced mean gestational age (37.6 ± 3.7 vs. 36.7 ± 4.6, p = .001). Higher proportions of women in the COVID-19 cohort presented in active labor, defined by cervical dilation of at least 5 cm on admission to the labor ward [37 (9.3%) vs 28 (5.1%), p = .013)] and with premature rupture of membranes [82 (20.6%) vs 60 (11.0%), p < .001)], and consequently with more admissions to the delivery room [198 (49.7%) vs 189 (34.7%), p < .001)]. We also recorded a significant increase in urgent obstetrical events in the emergency department during the recorded COVID-19 pandemic [23 (5.8%) vs 12 (2.2%)), p = .004]. However, the rates of neonatal and maternal morbidity did not change. During the outbreak the proportion of visits during the night was higher than during the matched period of the previous year: [138 (34.7%) vs 145 (26.6%)), p = .008]. In a multivariate logistic regression, the higher rates of admission to the delivery room during active labor and of urgent events during the pandemic outbreak compared to the matched period in the previous year remained statistically significant.

Conclusions

The pandemic outbreak of COVID-19 caused a behavioral change among women who presented to the obstetrical
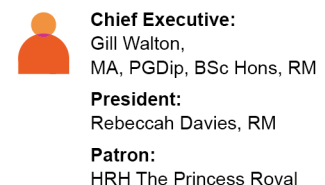
emergency department. This was characterized by delayed arrival to the obstetrical emergency department and the delivery room, which led to a significant increase in urgent and acute interventions. The change in behavior did not affect the rates of maternal and neonatal morbidity. (Author)

Full URL: https://doi.org/10.1080/14767058.2020.1847072

20210120-21*

The impact of the COVID-19 pandemic on depression and stress levels in pregnant women: a national survey during the COVID-19 pandemic in Mexico. Medina-Jimenez V, Bermudez-Rojas ML, Murillo-Bargas H, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 23, 2022, pp 4438-4441

Background

COVID-19 outbreak has been associated with a wide variety of psychiatric manifestations such as panic, anxiety, and depression. We aim to assess the impact of the COVID – 19 pandemic on the levels of stress and depression of pregnant women in Mexico.

Methods

A cross-sectional web survey was carried out in pregnant women in 10 states of the Mexican Republic during the COVID-19 pandemic among public and private hospitals. The perception of stress was assessed using the Perceived Stress Scale, while depressive symptoms were evaluated using the Edinburgh Postnatal Depression Scale.

Results

A total of 549 surveys were applied, of which 96.1% (n = 503) were included in the data analysis. The mean participant's age was 28.1 years old. The mean perceived stress scale score was 24. 33.2% (n = 167) of participants had a score equal to 27 points or more and were considered highly stressed. The mean depression score was 9. A total of 17.5% (n = 88) participants had more than 14 points on the Edinburgh's depression scale, and were considered depressed. Stress levels were higher at later gestational ages (p = .008).

Conclusions

COVID-19 pandemic has caused mental health issues in pregnant women reflected by high perceived stress levels and depression. (Author)

Full URL: https://doi.org/10.1080/14767058.2020.1851675

2021-00923

Perceived risk of COVID-19 acquisition and maternal mental distress. Sharifi-Heris Z, Moghasemi S, Ghamsary M, et al (2021), British Journal of Midwifery vol 29, no 3, March 2021, pp 140-149

Background

Pregnant women are a high-risk population for mental health effects during a pandemic.

Objective

This study aims to examine the association of perceived risk toward COVID-19 viral infection acquisition and maternal mental distress.

Methods

In a cross-sectional study, a total of 392 pregnant women were recruited. Data gathered using the perceived stress scale, State-Trait anxiety inventory, Beck depression inventory, and protective behaviour were assessed. Linear regression analysis was applied in both unadjusted and adjusted models to assess the association between the exposure and outcome variables.

Results

In all five unadjusted and adjusted models, the perceived risk of COVID-19 acquisition remained a highly significant predictor for stress, anxiety factor 1 and 2, depression, and protective behaviours (P<0.001).

Conclusion

2021-00892

 The effect of the COVID-19 pandemic on maternal health due to delay in seeking health care: Experience from a tertiary center. Goyal M, Singh P, Singh K, et al (2021), International Journal of Gynecology & Obstetrics vol 152, no 2, February 2021, pp 231-235

Objective

To assess the effects of the COVID-19 pandemic on obstetric care and outcomes.

Methods

A prospective observational single-center study was performed, including all antenatal and parturient women admitted from April to August, 2020. Data were collected regarding number of admissions, deliveries, antenatal visits, reason for inaccessibility of health care, and complications during pregnancy, and compared with data from the pre-COVID period of October 2019 to February 2020.

Results

There was a reduction of 45.1% in institutional deliveries (P < 0.001), a percentage point increase of 7.2 in high-risk pregnancy, and 2.5-fold rise in admission to the intensive care unit of pregnant women during the pandemic. One-third of women had inadequate antenatal visits. The main reason for delayed health-seeking was lockdown and fear of contracting infection, resulting in 44.7% of pregnancies with complications. Thirty-two symptomatic women who tested positive for COVID-19 were managed at the center with good maternal and fetal outcomes.

Conclusion

Although COVID-19 does not directly affect pregnancy outcomes, it has indirect adverse effects on maternal and child health. Emergency obstetric and antenatal care are essential services to be continued with awareness of people while maintaining social distancing and personal hygiene.

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.
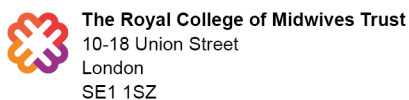
Methods

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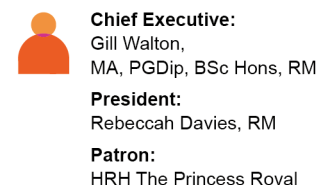
The pandemic has indeed affected the psychosocial functioning of peripartum women. The study results might prove to be helpful for clinicians and mental health specialists who can suggest and develop different coping strategies for peripartum women during this pandemic.

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) and 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

2021-00801

The German version of the pandemic-related pregnancy stress scale: A validation study. Schaal NK, Marca-Ghaemmaghami PL, Preis H, et al (2021), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 256, January 2021, pp 40-45

Objective

The consequences of the COVID-19 pandemic may lead to exceptional stress in pregnant women. In order to evaluate stress levels of pregnant woman in this difficult time, the Pandemic-Related Pregnancy Scale (PREPS) was introduced in the US. The present study introduces and validates the German version of the PREPS.

Study design

In total, 1364 German-speaking pregnant women from Germany and Switzerland took part in this online cohort study and completed the PREPS as well as gave information on sociodemographic, obstetric and other psychological factors.

Results

A confirmatory factor analysis of the PREPS showed very good psychometric values and confirmed the structure of the original questionnaire. The PREPS comprises three dimensions: Infection Stress (5 items), Preparedness Stress (7 items) and Positive Appraisal (3 items). Furthermore, correlations between the PREPS and other psychological factors such as Pregnancy Specific Stress and Fear of Childbirth highlight convergent validity. The sensitivity of the questionnaire was demonstrated by its associations with several obstetric and COVID-19 related factors.

Conclusion

The German PREPS showed good psychometric properties and is a useful instrument for future studies which aim to investigate the impact of pandemic-related stress on birth outcomes and postpartum factors.

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

2021-00709

Anxious in a pandemic. Powell L (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Louisa Powell writes how supportive her midwives have been as the Covid-19 pandemic made her pregnancy-related anxiety even worse. (Author)

Full URL: https://www.aims.org.uk/journal/item/covid-19-louisa-powell

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2021-00704

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

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

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

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2021-00694

Stressors, coping, and resources needed during the COVID-19 pandemic in a sample of perinatal women.

Barbosa-Leiker C, Smith CL, Crespi EJ, et al (2021), BMC Pregnancy and Childbirth vol 21, no 171, 1 March 2021

Background

Psychological stress and coping experienced during pregnancy can have important effects on maternal and infant health, which can also vary by race, ethnicity, and socioeconomic status. Therefore, we assessed stressors, coping behaviors, and resources needed in relation to the COVID-19 pandemic in a sample of 162 perinatal (125 pregnant and 37 postpartum) women in the United States.

Methods

A mixed-methods study captured quantitative responses regarding stressors and coping, along with qualitative responses to open-ended questions regarding stress and resources needed during the COVID-19 pandemic. Logistic and linear regression models were used to analyze differences between pregnant and postpartum participants, as well as differences across key demographic variables. Qualitative content analysis was used to analyze open-ended questions.

Results

During the COVID-pandemic, food scarcity and shelter-in-place restrictions made it difficult for pregnant women to find healthy foods. Participants also reported missing prenatal appointments, though many reported using telemedicine to obtain these services. Financial issues were prevalent in our sample and participants had difficulty obtaining childcare. After controlling for demographic variables, pregnant women were less likely to engage in healthy stress-coping behaviors than postpartum women. Lastly, we were able to detect signals of increased stressors induced by the COVID-19 pandemic, and less social support, in perinatal women of racial and ethnic minority, and lower-income status. Qualitative results support our survey findings as participants expressed concerns about their baby contracting COVID-19 while in the hospital, significant others missing the delivery or key obstetric appointments, and wanting support from friends, family, and birthing classes. Financial resources, COVID-19 information and research as it relates to maternal-infant health outcomes, access to safe healthcare, and access to baby supplies (formula, diapers, etc.) emerged as the primary resources needed by participants.

Conclusions

To better support perinatal women's mental health during the COVID-19 pandemic, healthcare providers should engage in conversations regarding access to resources needed to care for newborns, refer patients to counseling services (which can be delivered online/via telephone) and virtual support groups, and consistently screen pregnant women for stressors.

Full URL:	https://doi.org/10.1186/s12884-021-03665-0

2021-00614

Pregnant women's well-being and worry during the COVID-19 pandemic: a cross-sectional study. Mortazavi F, Mehrabadi M, KiaeeTabar R, et al (2021), BMC Pregnancy and Childbirth vol 21, no 59, 15 January 2021

Background

COVID-19 caused some worries among pregnant women. Worries during pregnancy can affect women's well-being. We investigated worry and well-being and associated factors among pregnant women during the COVID-19 pandemic.

Methods

This descriptive cross-sectional study was conducted on 484 pregnant women using an online questionnaire. Sampling was performed in a period between May 5 and Aug 5, 2020. Inclusion criteria were having a single healthy fetus and having no significant psychological disorder. We collected the data using the Persian versions of the World Health Organization's Well-Being Index (WHO-5 Well-Being Index) and the Cambridge Worry Scale. We used univariate and multivariate logistic regression analyses to identify predictors of women's worry and well-being.

Results

The mean total scores of the WHO-5 Well-Being Index and the percentage of WHO-5 score < 50 were 64.9 ± 29.0 and 24.4%, respectively. Predictors of women's worry are the increased level of fear of COVID-19 (OR = 6.40, $p < 0.001$), a low family income (OR = 3.41, $p < 0.001$), employment status (OR = 1.86, $p = 0.019$), nulliparity (OR = 1.68, $p = 0.024$), having a COVID-19 infected person among relatives (OR = 2.45, $p = 0.036$), having a history of abortion (OR = 1.86, $p = 0.012$), having participated in the study after the first wave of COVID-19 outbreak (OR = 2.328, $p = 0.003$), and women's age < 30 year (OR = 2.11, $p = 0.002$). Predictors of low level of well-being in pregnant women are worry about their own health and relationships (OR = 1.789, $p = .017$), worry about fetus health (OR = 1.946, $p = 0.009$), and having at least one infected person with COVID-19 among relatives (OR = 2.135, $p = 0.036$).

Conclusions

The percentage of women experiencing a low well-being state was relatively high. This result is worthy of attention by health care providers and policy makers. Providing care and support to pregnant women should have high priority during the COVID-19 pandemic.

Full URL:	https://doi.org/10.1186/s12884-021-03548-4

2021-00555

 Respiratory illness, pneumonia and pregnancy: facilitating complex childbirth. Sherriff SL (2021), MIDIRS Midwifery Digest
vol 31, no 1, March 2021, pp 73-78

The purpose of this work is to explore the promotion of normality and advocacy for women with additional complex needs resulting from respiratory illnesses, primarily pneumonia. Pre-existing literature will be examined in order to identify how both physiological and psychological implications may arise in response to the condition and the care provided. (Author)

2021-00461

 Pandemic-related pregnancy stress assessment–Psychometric properties of the Polish PREPS and its relationship with childbirth fear. Ilska M, Kołodziej-Zaleska A, Brandt-Salmeri A, et al (2021), Midwifery vol 96, May 2021, 102940

Purpose
The aim of the study was to create and to validate the Polish version of the original English version of the Pandemic-Related Pregnancy Stress Scale (PREPS) developed by Preis and colleagues (2020a; 2020b) We additionally investigated the association of maternal obstetrical and pandemic related factors with the PREPS in order to test its sensitivity.

Methods
A cross-sectional study design with nonrandom sampling was used. The sample consisted of a total of 1148 pregnant women in various trimesters. They were recruited via social media and completed an online study questionnaire in April-May 2020.

Results
The results of the present research indicate satisfactory psychometric properties of the Polish version of the PREPS. Our findings confirm the factor structure found by the authors of the original English version of the PREPS. The scale consists of two stress subscales: perinatal infection stress and preparedness stress and one additional positive appraisal scale. Pandemic-related pregnancy stress is significantly associated with fear of childbirth and with non-pandemic pregnancy-specific stress, which bolsters its convergent validity. Higher levels of pandemic-related pregnancy stress are experienced by primiparas, those in their second or third trimester, women who received infertility treatment, and those with a high-risk pregnancy.

Conclusions
The Polish version of the PREPS has sound psychometric properties and replicates the structure of the original English PREPS. This stress scale can be used to investigate additional impacts of the COVID-19 pandemic and to identify women at risk of high stress and those who need intervention.

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
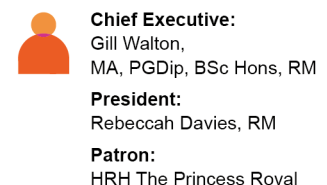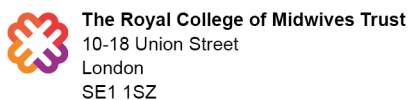

2021-00448

 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

2021-00398

Impact of the COVID-19 Pandemic on Excess Perinatal Mortality and Morbidity in Israel. Mor M, Kugler N, Jauniaux E, et al (2021), American Journal of Perinatology vol 38, no 4, March 2021, pp 398-403

Objective   The 2020 COVID-19 pandemic has been associated with excess mortality and morbidity in adults and teenagers over 14 years of age, but there is still limited evidence on the direct and indirect impact of the pandemic on pregnancy. We aimed to evaluate the effect of the first wave of the COVID-19 pandemic on obstetrical emergency attendance in a low-risk population and the corresponding perinatal outcomes.

Study Design   This is a single center retrospective cohort study of all singleton births between February 21 and April 30. Prenatal emergency labor ward admission numbers and obstetric outcomes during the peak of the first COVID-19 pandemic of 2020 in Israel were compared with the combined corresponding periods for the years 2017 to 2019.

Results   During the 2020 COVID-19 pandemic, the mean number of prenatal emergency labor ward admissions was lower, both by daily count and per woman, in comparison to the combined matching periods in 2017, 2018, and 2019 (48.6 ± 12.2 vs. 57.8 ± 14.4, $p < 0.0001$ and 1.74 ± 1.1 vs. 1.92 ± 1.2, $p < 0.0001$, respectively). A significantly ($p = 0.0370$) higher rate of stillbirth was noted in the study group (0.4%) compared with the control group (0.1%). All study group patients were negative for COVID-19. Gestational age at delivery, rates of premature delivery at <28, 34, and 37 weeks, pregnancy complications, postdate delivery at >40 and 41 weeks, mode of delivery, and numbers of emergency cesarean deliveries were similar in both groups. There was no difference in the intrapartum fetal death rate between

the groups.

Conclusion   The COVID-19 pandemic stay-at-home policy combined with patient fear of contracting the disease in hospital could explain the associated higher rate of stillbirth. This collateral perinatal damage follows a decreased in prenatal emergency labor ward admissions during the first wave of COVID-19 in Israel.

Full URL: https://doi.org/10.1055/s-0040-1721515

2021-00358

Knowledge, attitudes, practices, and influencing factors of anxiety among pregnant women in Wuhan during the outbreak of COVID-19: a cross-sectional study. Ding W, Lu J, Zhou Y, et al (2021), BMC Pregnancy and Childbirth vol 21, no 80, 25 January 2021

Background

Prenatal anxiety has been a significant public health issue globally, leading to adverse health outcomes for mothers and children. The study aimed to evaluate the sociodemographic characteristics, knowledge, attitudes, and practices (KAP), and anxiety level of pregnant women during the coronavirus disease 2019 (COVID-19) epidemic in Wuhan and investigate the influencing factors for prenatal anxiety in this specific context.

Methods

Pregnant subjects' KAP towards COVID-19 and their sociodemographics and pregnancy information were collected using questionnaires. The Zung Self-Rating Anxiety Scale (SAS) was used to assess anxiety status. Factors associated with the level of prenatal anxiety were analyzed by Pearson's chi-square test and multivariable logistic regression analyses.

Results

The prenatal anxiety prevalence in this population was 20.8%. The mean score of knowledge was 13.2 ± 1.1 on a 0 ~ 14 scale. The attitudes and practices data showed that 580/ 817 (71.0%) were very concerned about the news of COVID-19, 455/817 (55.7%) considered the official media to be the most reliable information source for COVID-19, and 681/817 (83.4%) were anxious about the possibility of being infected by COVID-19. However, only 83/817 (10.2%) worried about contracting COVID-19 infection through the ultrasound transducer during a routing morphology scan. About two-thirds 528/817 (64.6%) delayed or canceled the antenatal visits. Approximately half of them 410/817 (50.2%) used two kinds of personal protection equipments (PPEs) during hospital visits. Logistic regression analysis revealed that the influential factors for prenatal anxiety included previous children in the family, knowledge score, media trust, worry of contracting the COVID-19 infection and worry about getting infected with COVID-19 from the ultrasound probe antenatal care (ANC) schedule.

Conclusion

Prenatal anxiety was prevalent among pregnant women in Wuhan during the outbreak of COVID-19. The current findings identified factors associated with the level of prenatal anxiety that could be targeted for psychological care.

Full URL: https://doi.org/10.1186/s12884-021-03561-7

2021-00335

Domestic violence and its relationship with quality of life in pregnant women during the outbreak of COVID-19 disease. Naghizadeh S, Mirghafourvand M, Mohammadirad R (2021), BMC Pregnancy and Childbirth vol 21, no 88, 28 January 2021

Background

During the COVID-19 pandemic, pregnant women bear considerable physical and psychological stress because of their special conditions, which combined with other stress factors such as violence, makes their situation even more critical. This study aimed to investigate the prevalence of domestic violence and its relationship with quality of life in pregnant women during the COVID-19 pandemic.

Methods

This cross-sectional study was performed with the participation of 250 pregnant women in the obstetrics clinic of 29-Bahman Hospital, Tabriz city. Using a three-part questionnaire consisting of the socio-demographic and obstetrics information, the domestic violence questionnaire developed by WHO, and the SF-12 quality of life questionnaire, the required information was collected. A general linear model was then used to determine the relationship between domestic violence and quality of life, while adjusting the socio-demographic and obstetrics information.

Results

According to the data, more than one-third of pregnant women (35.2 %) had experienced domestic violence. The most common type of violence experienced was emotional violence (32.8 %), followed by sexual violence (12.4 %), and physical violence (4.8 %). The mean score of the physical health department of quality of life in the group of women exposed to violence (50.21) was lower compared to the unexposed group (53.45), though there was no significant difference between them (P = 0.25). However, the mean score of the mental health department of quality of life in women exposed to violence (46.27) was significantly lower compared to unexposed women (61.17) (P < 0.001). Based on the general linear model, the mean score for quality of life in the mental health dimension was significantly higher among unexposed women compared to those exposed to violence (β = 9.3, 95 %CI: 3.5 to 15.0, P = 0.002).

Conclusions

The findings of this study indicate a high prevalence of domestic violence and its relationship with a low quality of life during the COVID-19 pandemic. Therefore, the findings signify the importance of screening pregnant women in terms of domestic violence in respective centers as well as the necessity of conducting proper interventions to address domestic violence to improve the quality of life in women.

Full URL: https://doi.org/10.1186/s12884-021-03579-x

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

2021-00311

Education in Trauma-Informed Care in Maternity Settings Can Promote Mental Health During the COVID-19 Pandemic.

Hall S, White A, Ballas J, et al (2021), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing vol 50, no 3, May 2021, pp 340-351

Globally, the coronavirus disease 2019 pandemic has adversely affected many people's mental health, including pregnant women and clinicians who provide maternity care, and threatens to develop into a mental health pandemic. Trauma-informed care is a framework that takes into account the effect that past trauma can have on current behavior and the ability to cope and can help to minimize retraumatization during health care encounters. The purpose of this article is to highlight the pressing need for perinatal clinicians, including nurses, midwives, physicians, doulas, nurse leaders, and nurse administrators, to be educated about the principles of trauma-informed care so that they can support the mental health of pregnant women, themselves, and members of the care team during the pandemic.

Full URL: https://doi.org/10.1016/j.jogn.2020.12.005

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.
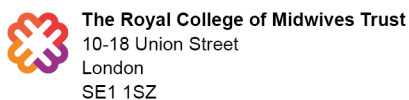
Conclusions

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

2021-00116

Pregnant women's concerns and antenatal care during COVID-19 lock-down of the Danish society. Cohen-Overbeck T, Graungaard AH, Rasmussen IS (2020), Danish Medical Journal vol 67, no 12, December 2020, A06200449
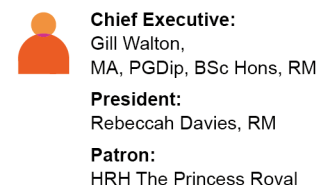
INTRODUCTION: Pandemics are known to cause stress and anxiety in pregnant women. During the coronavirus disease 2019 (COVID-19) lockdown of the Danish society, pregnant women were considered to be at increased risk, and access to antenatal care changed.

METHODS: On 8 April 2020A, a questionnaire was sent to 332 pregnant women previously sampled by general practitioners in two Danish regions. The women were contacted via secured e-mail (e-Boks), and questionnaires were returned until 6 May.

RESULTS: The questionnaire was returned by 257 women (77%). More than half believed that they were at a high risk of infection with COVID-19, and a third of the women were concerned about the risk of serious disease – especially for their unborn child. Almost 90% isolated at home most of the time. The majority were worried about possible consequences of the pandemic for antenatal care, but very few had actually missed a scheduled preventive consultation with their general practitioner, and only 15% had missed an appointment with their midwife. The majority of the women preferred normal consultations and found no added safety in shifting the consultation from the normal clinical setting.

CONCLUSIONS: The COVID-19 pandemic and lockdown have had a major impact on Danish pregnant women. Even so, concerns were more focused on access to care than on the risk of COVID-19 infection. Contacts with the antenatal healthcare system have only been moderately affected.

FUNDING: TRYG Foundation and KEU, Region Copenhagen.

TRIAL REGISTRATION: not relevant. (Author)
Full URL:	https://ugeskriftet.dk/dmj/pregnant-womens-concerns-and-antenatal-care-during-covid-19-lock-down-danish-society

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2021-00048

The street with the lockdown baby boom. Anon (2021), BBC News 4 February 2021

News item reporting how six women living on the same side of the same street in Bristol, have all become pregnant during the latest lockdown. Contains interviews with the women and their partners describing how they are supporting each other through their pregnancies and during the coronavirus pandemic. (JSM)

Full URL:	https://www.bbc.co.uk/news/av/uk-55895735

20201221-46

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

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

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

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

20201130-68*

Midwifery and Nursing Strategies to protect against COVID-19 During the Third Trimester of Pregnancy. Liu J, Cao Y, Xu C, et al (2021), Midwifery vol 92, January 2021, 102876

Objective

The rapid pace of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic (COVID-19) presents significant challenges to midwives and nurses. This study aimed to explore midwifery and nursing interventions to limit the transmission of COVID-19 among women in their third trimester of pregnancy, to reduce the incidence of nosocomial infection and promote safety of care for women and their infants.

Method

We completed a retrospective review of medical records from 35 women in their third trimester of pregnancy with SARS-CoV-2, admitted to one hospital in Wuhan, China in January and February 2020. We investigated the clinical characteristics of the COVID-19 infection in pregnancy, and the individualized midwifery and nursing care offered, including environmental protection, prevention of nosocomial infection, maternal observations, monitoring of signs and symptoms of COVID-19, and psychological care.

Result

Thirty-one women had a caesarean section, and four had vaginal births. Retrospective analysis of midwifery and nursing strategies implemented to care for these women showed no maternal complications or nosocomial infections.

Conclusions and implications for practice

The care strategies we implemented could prevent complications and nosocomial infection in the third trimester of pregnancy, thus ensuring the safety of women and their infants. Further research needs to determine treatment priorities for women infected with COVID-19 during pregnancy and the postnatal period. (Author)

Full URL: https://doi.org/10.1016/j.midw.2020.102876

20201130-65*

Pregnancy and birth planning during COVID-19: The effects of tele-education offered to pregnant women on prenatal distress and pregnancy-related anxiety. Derya YA, Altiparmak S, Akca E, et al (2021), Midwifery vol 92, January 2021, 102877

Aim

This study aims to examine pregnancy and birth planning during COVID-19 and the effects of a tele-education offered to pregnant women for this planning process on prenatal distress and pregnancy-related anxiety.

Method

The population of this quasi-experimental study was composed of pregnant women who applied for the antenatal education class of a public hospital in the east of Turkey during their past prenatal follow-ups and wrote their contact details in the registration book to participate in group trainings. The sample of the study consisted of a total of 96 pregnant women, including 48 in the experiment and 48 in the control groups, who were selected using power analysis and non-probability random sampling method. The data were collected between April 22 and May 13, 2020 using a 'Personal Information Form', the 'Revised Prenatal Distress Questionnaire (NuPDQ)' and the 'Pregnancy Related Anxiety Questionnaire-Revised 2 (PRAQ-R2)'. An individual tele-education (interactive education and consultancy provided by phone calls, text message and digital education booklet) was provided to the pregnant women in the experiment group for one week. No intervention was administered to those in the control group. The data were statistically analyzed using descriptive statistics (frequency, percentage, mean, standard deviation, min-max values) and t-test in dependent and independent groups.

Results

The posttest NuPDQ total mean scores of pregnant women in the experiment and control groups were 8.75±5.10 and 11.50±4.91, respectively, whereby the difference between the groups was statistically significant (t=-2.689, p=0.008).

Additionally, the difference between their mean scores on both PRAQ-R2 and its subscales of 'fear of giving birth' and 'worries of bearing a physically or mentally handicapped child' was statistically significant ($p<0.05$), where those in the experiment group had lower anxiety, fear of giving birth and worries of bearing a physically or mentally handicapped child.

Conclusion

The tele-education offered to the pregnant women for pregnancy and birth planning during COVID-19 decreased their prenatal distress and pregnancy-related anxiety. (Author) [Erratum: Midwifery, vol 95, April 2021, 102932. https://doi.org/10.1016/j.midw.2021.102932]

Full URL: https://doi.org/10.1016/j.midw.2020.102877

20201124-40*

Attitudes and precaution practices towards COVID-19 among pregnant women in Singapore: a cross-sectional survey.

Lee RWK, Loy SL, Yang L, et al (2020), BMC Pregnancy and Childbirth vol 20, no 675, 10 November 2020

Background

COVID-19 may predispose pregnant women to higher risks of severe disease and poorer neonatal outcome. Psychological sequalae of this pandemic may pose a greater conundrum than its clinical aspects. It is currently unknown that how pregnant women cope with this global pandemic and its ramifications. The aims of the study are to understand the attitudes and precaution practices of non-infected pregnant women towards the COVID-19 outbreak in Singapore.

Methods

An online cross-sectional survey of COVID-19 awareness among pregnant women attending antenatal clinics in Singapore was conducted. An internet link was provided to complete an online electronic survey on Google platform using a quick response (QR) code on mobile devices. The online survey consists of 34 questions that were categorized into 4 main sections, namely 1) social demographics 2) attitude on safe distancing measures 3) precaution practices and 4) perceptions of COVID-19. Multiple linear regression analysis was performed to examine women's precaution practices among six independent socio-demographic variables, including age, ethnicity, education, front-line jobs, history of miscarriage and type of antenatal clinic (general, high risk).

Results

A total of 167 survey responses were obtained over 8 weeks from April to June 2020. The majority of women were aged ≤35 years (76%, n = 127), were of Chinese ethnicity (55%, n = 91), attained tertiary education (62%, n = 104) and were not working as frontline staff (70%). Using multiple linear regression models, Malay ethnicity (vs. Chinese, β 0.24; 95% CI 0.04, 0.44) was associated with higher frequency of practicing social distancing. Malay women (β 0.48; 95% CI 0.16, 0.80) and those who worked as frontline staff (β 0.28; 95% CI 0.01, 0.56) sanitized their hands at higher frequencies. Age of ≥36 years (vs. ≤30 years, β 0.24; 95% CI 0.01, 0.46), Malay (vs. Chinese, β 0.27; 95% CI 0.06, 0.48) and Indian ethnicity (vs. Chinese, β 0.41; 95% CI 0.02, 0.80), and attendance at high-risk clinic (vs. general clinic, β 0.20; 95% CI 0.01, 0.39) were associated with higher frequency of staying-at-home.

Conclusion

Social demographical factors including age > 36 years old, Malay ethnicity, employment in front line jobs and attendance at high-risk clinics are likely to influence the attitudes and precaution practices among pregnant women towards COVID-19 in Singapore. Knowledge gained from our cross-sectional online survey can better guide clinicians to communicate better with pregnant women. Hence, it is important for clinicians to render appropriate counselling and focused clarification on the effect of COVID-19 among pregnant women for psychological support and mental well being. (Author)

Full URL: https://doi.org/10.1186/s12884-020-03378-w

20201119-15*

Effects of SARS Cov-2 epidemic on the obstetrical and gynecological emergency service accesses. What happened and what shall we expect now?. Dell'Utri C, Manzoni E, Cipriani S, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 254, November 2020, pp 64-68

Objective

During the lockdown period, the fear about the risk of infection in hospital has reduced the admission to Emergency Services (ES) with possible negative health effects. We have investigated the changes in the emergency flow occurred during SARS-CoV-2 pandemic in an obstetrics and gynecological ES and the short-term adverse outcomes on women's and reproductive health.

Study design

The study was conducted in the OBGYN ES of the Clinica Mangiagalli, the largest maternity clinic of Milan, Lombardy, Northern Italy. We analyzed retrospectively the records of all women consecutively admitted at the ES from February 23rd to June 24th 2019, and compared them with the admissions during the lockdown executive order from February 23rd to June 23rd, 2020. Patients were assessed in terms of demographic features, presentation times, triage classification (urgent/not urgent), reason for admission and outcome of the visit (discharge/admission to the ward). A total of 9291 data were retrieved from ES files and automation system, 5644 from 2019 and 3647 from 2020. Categorical variables were compared by the chi-square test calculating the p value and computed were percentage changes (with 95 % Confidence interval, CI).

Results

During the period February 24 th - May 31 th 2020 the admissions at the ES decreased by 35.4 % (95 % CI-34.1-36.6) compared with the corresponding period in 2019. The reduction was more marked for gynecological complaints (-63.5 %, 95 %CI -60.5 to -66.5): in particular we observed a reduction of admissions for genital infection/cystitis of 75.7 % (95 %CI -71.4 to -80.1). The admission for complaints associated with pregnancy decreased by 28.5 % (95 %CI -27.2 to-29.9). In the index period, five fetal deaths were diagnosed compared with one observed in the reference period in 2019 (chi square computed using as denominator all observed pregnancies = 4.29, p = 0.04). The frequency of admission for elective caesarean section/labor induction increased from 47.5 % in 2019 to 53.6 % in 2020: this difference was statistically significant.

Conclusion

The lockdown negatively influenced ES admissions and consequently the women's/reproductive health. As possible short-term consequences, we observed an increase of intrauterine deaths and a decrease of natural births. (Author)

Full URL: https://doi.org/10.1016/j.ejogrb.2020.09.006

20201118-20*

 Does having a high-risk pregnancy influence anxiety level during the COVID-19 pandemic?. Sinaci S, Tokalioglu EO, Ocal D, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 255, December 2020, pp 190-196

Objective

We aimed to analyze the changing level of anxiety during COVID-19 pandemic in pregnant women, with and without high-risk indicators separately, in a tertiary care center serving also for COVID-19 patients, in the capital of Turkey.

Study design

We designed a case-control and cross-sectional study using surveys. The Spielberger State-Trait Anxiety Scale questionnaire (STAI-T) and Beck Anxiety Inventory (BAI) which were validated in Turkish were given to outpatient women with high-risk pregnancies as study group and normal pregnancies as control group. A total of 446 women were recruited.
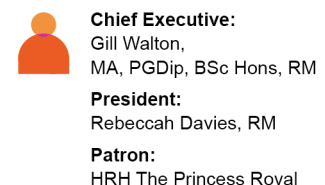
Results

There was a statistically significant difference between those with and without high-risk pregnancy in terms of Trait-State Anxiety scores with COVID-19 pandemic (p < 0.05). We found an increased prevalence of anxiety during COVID-19 pandemic in high-risk pregnant women comparing to pregnancies with no risk factors (p < 0.05). There was a statistically significant difference between the education level in high-risk pregnant women in terms of anxiety scores (p < 0.05), Beck Anxiety score was highest in high school graduates (42.75). While the level of Trait Anxiety was the highest with pandemic in those with high-risk pregnancy with threatened preterm labor and preterm ruptures of membranes (58.0), those with thrombophilia were the lowest (50.88).

The State Anxiety level and Beck Anxiety Score of those with maternal systemic disease were the highest (53.32 and 45.53), while those with thrombophilia were the lowest (46.96 and 40.08).

The scores of Trait Anxiety (56.38), State Anxiety (52.14), Beck Anxiety (43.94) were statistically higher during the
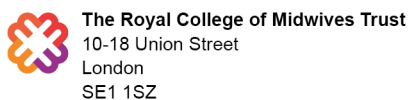
pandemic in those hospitalized at least once (p < 0.05).

Conclusion

High-risk pregnant women require routine anxiety and depression screening and psychosocial support during the COVID-19 pandemic. High-risk pregnancy patients have comorbid conditions most of the time, hence they not only at more risk for getting infected, but also have higher anxiety scores because of the stress caused by COVID-19 pandemic. (Author)

Full URL: https://doi.org/10.1016/j.ejogrb.2020.10.055

20201117-59*

 Evaluation of psychological impact, depression, and anxiety among pregnant women during the COVID-19 pandemic in Lahore, Pakistan. Shahid A, Javed A, Rehman S, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 3, December 2020, pp 462-465

Concerns about vulnerability to COVID-19 and vertical transmission of the disease led to increased incidence of psychological distress, depression, anxiety, and sleep disturbance among pregnant women in Lahore, Pakistan. (Author)

20201117-19*

 Saving babies' lives in a pandemic. Eldridge H (2020), British Journal of Midwifery vol 28, no 11, November 2020, pp 752-753

The Mums And Midwives Awareness Academy is empowering parents to overcome their fear of attending their maternity unit. (Author)

20201116-10*

 Parents experiencing NICU visit restrictions due to COVID-19 pandemic. Bembich S, Tripani 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)

20201110-49*

 Differences in levels of stress, social support, health behaviours, and stress-reduction strategies for women pregnant before and during the COVID-19 pandemic, and based on phases of pandemic restrictions, in Ireland. Matvienko-Sikar K, Pope J, Cremin A, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 5, September 2021, pp 447-454

Background

The COVID-19 pandemic and related restrictions can adversely impact antenatal maternal well-being and health behaviours.

Aim

To examine antenatal stress and stress-reduction strategies, social support, and health behaviours between women pregnant before and during the pandemic in Ireland.

Methods

210 pregnant women were recruited online and in the antenatal department of a tertiary maternity hospital before the pandemic, and 235 women recruited online during the pandemic. Only women resident in Ireland were included in this study. Women completed measures of stress, social support, health-behaviours, and self-reported stress-reduction strategies. Differences in outcomes were examined between women pregnant before and during the pandemic, and between Phase 2 and Phase 3 of the Irish Government COVID-19 restrictions.

Findings

Women pregnant during the pandemic reported lower perceived social support, including support from a significant other, friends and family, than women pregnant before the pandemic. There were no significant differences in stress

in health behaviours but women reported higher stress and less physical activity during the pandemic. Women reported a range of comparable stress-reduction strategies before and during the pandemic. No differences were observed between phases of pandemic-related restrictions for any outcome.

Discussion

Our findings highlight negative impacts of the pandemic on social support, stress, and physical activity, which can have implications for maternal and child health. Lack of differences between restriction phases suggests on-going negative effects for antenatal well-being and behaviours.

Conclusion

Development of supports for pregnant women during the pandemic should include social-support and stress-reduction components. (Author)

Full URL: https://doi.org/10.1016/j.wombi.2020.10.010

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)

20201022-55*

First follow-up of art pregnancies in the context of the COVID-19 outbreak. Mayeur A, Binois O, Gallot V, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 71-75

Objective

The aims of this study were to follow up the monitoring, health and anxiety from women who became pregnant after an embryo transfer or a intrauterine insemination during the COVID-19 epidemic in France
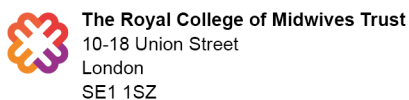
Study Design

This is a single centre, retrospective study from December 2019 to March 2020 based on a phone call interview using a specific questionnaire sheet specially developed for this study. Questionnaires from 104 pregnant women were completed and descriptive data are then analyzed.

Results

Women with ongoing pregnancies (n = 88) did not change their physician visits. The COVID-19 outbreak has created no or few additional stresses for 77 % of pregnant women since the lockdown started. We report a miscarriage rate of 14.4 % (n = 15) and documented 10 patients (11.3 %) who had symptoms related to COVID-19. No severe symptoms
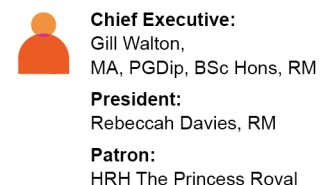
and no hospitalization in intensive care unit were identified.

Conclusion

The epidemic context did not disrupt the medical monitoring of pregnancies and we did not recover an increased rate of miscarriage after ART. None of the patients who had COVID-related symptoms presented with severe clinical manifestations. Surprisingly, pregnant women were psychologically able to experience the lockdown. (Author)

Full URL: https://doi.org/10.1016/j.ejogrb.2020.07.050

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

20201021-65*

Investigation on the mental health status of pregnant women in China during the Pandemic of COVID-19. Dong H, Hu R, Lu C, et al (2021), Archives of Gynecology and Obstetrics vol 303, no 2, February 2021, pp 463-469

Purpose

To evaluate the anxiety and depression in pregnant women in China, and its influencing factors during the corona virus disease 2019 (COVID-19) pandemic.

Methods

From February 22 to February 27, a questionnaire survey was conducted on 156 pregnant women, including demographic characteristics, a self-rating anxiety scale (SAS), and a self-depression rating scale (SDS).

Results

A total of 13 non-homologous end-joining (8.3%, 13/156) patients were anxious, 79 patients (50.6%, 79/156) were depressed, and 13 patients (8.3%, 13/156) suffered from both anxiety and depression. The SAS score of pregnant women was 40.55 ± 6.09, and the SDS score was 50.42 ± 11.64. For the SAS score, only 8.3% of all patients (13/156) were in a light anxiety state. For the SDS score, 46.79% (73/156) of patients was normal, 23.72% of patients (37/156) showed mild depression, 22.44% (35/156) showed moderate depression, and 4.49% (7/156) showed severe depression. No significant changes were observed in SAS and SDS scores between patients from different regions within China, health state, gestational week, educational background, and living condition ($P > 0.05$). Moreover, no significant differences were observed between diagnosed/suspected patients and the normal control group ($P > 0.05$), and between pregnant women in Wuhan compared to other regions ($P > 0.05$).

Conclusion

During the COVID-19 epidemic, the anxiety level of pregnant women was the same as that before the epidemic, while the level of depression was significantly higher. Pregnant women who lived in Wuhan, the epicenter of the epidemic, were not more anxious or depressed compared to pregnant women in other regions during the COVID-19 epidemic. Furthermore, the mental health status of pregnant women with COVID-19 was not more severe. (Author)
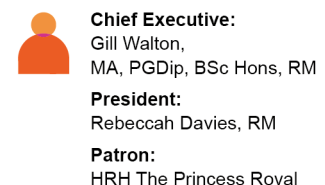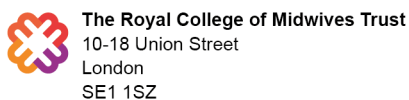
Full URL: https://doi.org/10.1007/s00404-020-05805-x

20201021-40*

Antenatal Care: Coronavirus [written answer]. House of Commons (2020), Hansard Written question 102948, 13 October 2020

Ms Nadine Dorries responds to a written question from Abena Appong-Asare to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to support pregnant women facing restrictions on their partners accompanying them to antenatal appointments and scans. (JSM)

Full URL: https://questions-statements.parliament.uk/written-questions/detail/2020-10-13/102948

20201015-13*

 COVID-19 and the risk to black, Asian and minority ethnic women during pregnancy. Esegbona-Adeigbe S (2020), British Journal of Midwifery vol 28, no 10, October 2020, pp 718-723

Black, Asian and minority ethnic (BAME) women in the UK have increased maternal mortality rates compared to other groups of women. Unfortunately, according to preliminary findings, the COVID-19 pandemic has contributed to mortality rates for BAME women, raising concerns that pregnant BAME women are facing greater health disparities during the pandemic. A review of 427 pregnant women admitted to hospital in the UK with confirmed COVID-19 infection found that over half (56%) were from black or other ethnic minority groups. How BAME women navigate maternity services during the COVID-19 pandemic requires a vigilant review of their needs on an individual basis. This is particularly relevant for hard-to-reach women, such as recent immigrants and asylum seekers, who may encounter difficulties accessing or engaging with maternity services. Therefore, it is imperative to reassess and highlight the challenges faced by pregnant BAME women during the pandemic. The disruption of maternity services and diversion of resources away from essential pregnancy care because of prioritising the COVID-19 response is expected to increase risks of maternal mortality. (Author)

20201014-5*

 Beyond the First Wave: Consequences of COVID-19 on High-Risk Infants and Families. Lemmon ME, Chapman I, Malcolm W, et al (2020), American Journal of Perinatology vol 37, no 12, October 2020, pp 1283-1288

The novel coronavirus disease 2019 (COVID-19) pandemic is affecting care for high-risk newborns in ways that will likely be sustained beyond the initial pandemic response. These novel challenges present an urgent imperative to understand how COVID-19 impacts parent, family, and infant outcomes. We highlight three areas that warrant targeted attention: (1) inpatient care: visitation policies, developmental care, and communication practices; (2) outpatient care: high-risk infant follow-up and early intervention programs; and (3) parent psychosocial distress: mental health, social support, and financial toxicity. Changes to care delivery in these areas provide an opportunity to identify and implement novel strategies to provide family-centered care during COVID-19 and beyond. (Author)

Full URL: https://doi.org/10.1055/s-0040-1715839

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


20201001-1*

 Covid: Woman 'heartbroken' after terminating baby alone. Jones C (2020), BBC News 1 October 2020

Reports that a woman who underwent an abortion after being told at a scan that her baby boy had very little chance of survival outside the womb, has told of the heartbreak she experienced at having to go through the scan and the termination alone, as her husband was not allowed to accompany her owing to restrictions imposed due to the COVID-19 pandemic. States that the Royal College of Obstetricians and Gynaecologists (RCOG) has encouraged hospitals to be flexible, after restrictions on many maternity wards were lifted in order to allow partners to attend scans and the birth, but this does not always include terminations. (JSM)

Full URL: https://www.bbc.co.uk/news/uk-england-essex-54301564
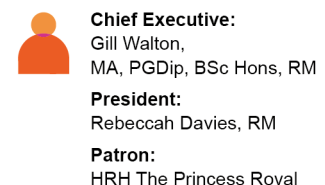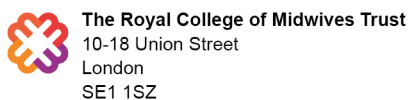
20200928-7*

 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

20200925-49*

 Covid-19 and my IVF pregnancy. Wood G (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Gemma Wood describes how a lack of communication from her hospital regarding changes to the services available to her as a result of the coronavirus pandemic, has caused her anxiety and distress during her pregnancy, which was achieved through assisted reproduction. (Author, edited)

Full URL: https://www.aims.org.uk/journal/item/covid-19-gemma-wood

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20200925-26*

 Attitudes and collateral psychological effects of COVID-19 in pregnant women in Colombia. Parra-Saavedra M, Villa-Villa I, Pérez-Olivo J, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 203-208
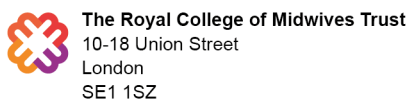
Objective

To assess clinical impact, psychological effects, and knowledge of pregnant women during the COVID-19 outbreak in seven cities in Colombia. Currently, there are uncertainty and concerns about the maternal and fetal consequences of SARS-CoV-2 infection during pregnancy.

Methods

A cross-sectional web survey was carried out including pregnant women in seven cities in Colombia. Women were evaluated during the mitigation phase of the SARS-CoV-2 pandemic between April 13 and May 18, 2020. The questions evaluated demographic, knowledge, psychological symptoms, and attitudes data regarding the COVID-19 pandemic.
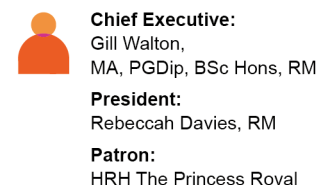
Results

A total of 1021 patients were invited to participate, obtaining 946 valid surveys for analysis. The rate of psychological consequences of the pandemic was much larger than the number of patients clinically affected by the virus, with 50.4% of the entire cohort reporting symptoms of anxiety, 49.1% insomnia, and 25% reporting depressive symptoms. Poorly informed women were more likely to be younger, affiliated to the subsidized regime, and with lower levels of education.

Conclusion

The knowledge of pregnant women about SARS-CoV-2 infection is far from reality and this seems to be associated with an indirect effect on the concern and psychological stress of pregnant women in Colombia.

Synopsis

A high degree of psychological stress in pregnant women in Colombia might be associated with a gap in knowledge about the consequences of SARS-CoV-2 infection during pregnancy. (Author)

20200917-1*

Curious scenario of changes in incidence of preterm births during COVID-19 pandemic. Pointers for future research?.
Babu TA, Sharmila V, Bhat V, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 333-334

Short correspondence piece discussing the reduction in the number of premature births in developed nations during the COVID-19 pandemic. The authors suggest that this trend may be attributed to decreases in infectious diseases, work-related stress and air pollution. (LDO)

Full URL: https://doi.org/10.1016/j.ejogrb.2020.08.055

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
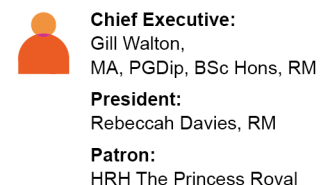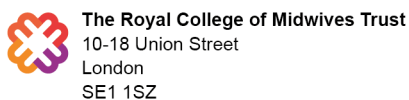

20200907-49*

Vulnerability and Resilience to Pandemic-Related Stress Among U.S. Women Pregnant at the Start of the COVID-19 Pandemic. Preis H, Mahaffey B, Heiselman C, et al (2020), Social Science and Medicine vol 266, December 2020, 113348

Rationale. Women pregnant during the COVID-19 pandemic are experiencing moderate to high levels of emotional distress, which has previously been shown to be attributable to two types of pandemic-related pregnancy stress: stress associated with feeling unprepared for birth due to the pandemic (Preparedness Stress) and stress related to fears of perinatal COVID-19 infection (Perinatal Infection Stress). Objective. Given the well-documented harms associated with elevated prenatal stress and the critical importance of developing appropriately targeted interventions, we investigated factors predictive of pandemic-related pregnancy stress. Method. Between April 25 and May 15, 2020, 4,451 pregnant women in the U.S. were recruited via social media to complete an online questionnaire that included sociodemographic, medical, and COVID-19 situational factors, as well as the Pandemic-Related Pregnancy Stress Scale (PREPS). Binary logistic regression was used to calculate odds ratios for high stress. Results. Nearly 30% of participants reported high Preparedness Stress; a similar proportion reported high Perinatal Infection Stress. Abuse history, chronic illness, income loss due to the pandemic, perceived risk of having had COVID-19, alterations to prenatal appointments, high-risk pregnancy, and being a woman of color were associated with greater levels of one or both types of stress. Access to outdoor space, older age, and engagement in healthy behaviors were protective against stress. Conclusions. Practices that may alleviate pandemic-related stress such as minimizing disruptions to prenatal care, ensuring access to outdoor space, and motivating engagement in health

behaviors are of vital importance. Particular attention is needed for more vulnerable populations including women of color, women with a history of abuse, and those with high-risk pregnancy. Research focused on the short and longer-term impact of pandemic-related pregnancy stress on maternal mental and physical health, perinatal outcomes, and child development is critical to identify these effects and marshal appropriate resources to reduce them. (Author)

Full URL: https://doi.org/10.1016/j.socscimed.2020.113348

20200903-5

COVID-19: a discussion on pregnancy, birth and psychological well-being. Anderson M (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 344-347

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

20200826-3*

Lessons from past epidemics and pandemics and a way forward for pregnant women, midwives and nurses during COVID-19 and beyond: A meta-synthesis. Shorey S, Chan V (2020), Midwifery vol 90, November 2020, 102821

Objective

To consolidate qualitative research studies that examined the experiences and needs of pregnant women, midwives, and nurses of maternity units to provide a way forward for future research and practices during the current pandemic and future epidemics and pandemics.

Design

Qualitative systematic review and meta-synthesis.

Data source

Four electronic databases-PubMed, Scopus, PsycINFO, and Cumulative Index to Nursing and Allied Health (CINAHL).

Review methods

Qualitative studies with samples of pregnant women, midwives, and/or nurses of maternity units who experienced epidemics and/or pandemics were searched from 1 January 2000 to 4 April 2020. The included studies were critically appraised using the ten-item Critical Appraisal Skills Programme (CASP) tool.

Findings

Eight studies were included in this review. Four themes emerged from the synthesis: (1) psychological responses, (2) challenges faced, (3) coping strategies, and (4) sources of support and support needs.

Key conclusions

Pregnant women, midwives, and nurses experienced negative psychological responses during epidemics and pandemics. Challenges, such as limited available information and public stigma, were faced. Various coping strategies, such as actively looking for more information and seeking solace in religions, were practiced by pregnant women, midwives, and nurses. Families were both sources of support and stress and they expressed needs for more informational, emotional, and financial support during pandemics.

Implications for practice

More culturally diverse research in the future that includes the development of technology-based programs, trained community volunteer-led programs, psychosocial interventions, and anti-stigma and awareness initiatives are needed to combat the current pandemic and future public health crises. (Author)

Full URL: https://doi.org/10.1016/j.midw.2020.102821

20200821-14*

Psychological impact of the COVID-19 pandemic among pregnant women in Sri Lanka. Patabendige M, Gamage MM, Weerasinghe M, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 150-153

The COVID-19 pandemic has caused increased rates of perinatal anxiety and depression in pregnant women with no

20200820-20*

Prenatal anxiety and obstetric decisions among pregnant women in Wuhan and Chongqing during the COVID-19 outbreak: a cross-sectional study. Liu X, Chen M, Wang Y, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology 24 June 2020, online

Objectives

To investigate the mental status of pregnant women and to determine their obstetric decisions during the COVID-19 outbreak.

Design

Cross-sectional study.

Setting

Two cities in China--Wuhan (epicentre) and Chongqing (a less affected city).

Population

A total of 1947 pregnant women.

Methods

We collected demographic, pregnancy and epidemic information from our pregnant subjects, along with their attitudes towards COVID-19 (using a self-constructed five-point scale). The Self-Rating Anxiety Scale (SAS) was used to assess anxiety status. Obstetric decision-making was also evaluated. The differences between cities in all of the above factors were compared and the factors that influenced anxiety levels were identified by multivariable analysis.

Main outcome measures

Anxiety status and its influencing factors. Obstetric decision-making.

Results

Differences were observed between cities in some background characteristics and women's attitudes towards COVID-19 in Wuhan were more extreme. More women in Wuhan felt anxious (24.5 versus 10.4%). Factors that influenced anxiety also included household income, subjective symptom and attitudes. Overall, obstetric decisions also revealed city-based differences; these decisions mainly concerned hospital preference, time of prenatal care or delivery, mode of delivery and infant feeding.

Conclusions

The outbreak aggravated prenatal anxiety and the associated factors could be targets for psychological care. In parallel, key obstetric decision-making changed, emphasising the need for pertinent professional advice. Special support is essential for pregnant mothers during epidemics.

Tweetable abstract

The COVID-19 outbreak increased pregnant women's anxiety and affected their decision-making. (Author)

20200820-125*

Saving Lives, Improving Mothers' Care. Rapid Report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK. Knight M, Bunch K, Cairns A, et al on behalf of MBRRACE-UK (2020), Oxford: National Perinatal Epidemiology Unit 20 August 2020, 15 pages

Rapid report outlining the lessons learned from SARS-CoV-2-related maternal deaths in the UK. Discusses senior obstetric involvement as part of multidisciplinary team care, location of care and transfers to other facilities, increased prevalence of thrombotic disease in women with COVID-19, redeployment of senior obstetric staff, treatment with antivirals such as remdesivir, advice to self-isolate, communication with families, access to mental health care and safeguarding for domestic violence victims. Highlights the need to address the disparity in outcomes for those from black, Asian and ethnic minority groups. (LDO)

Full URL: https://www.hqip.org.uk/wp-content/uploads/2020/08/Ref.-201-MBRRACE-UK-maternal-COVID-19-Report-FINAL.pdf

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20200819-45*

The Psychological Experience of Obstetric Patients and Health Care Workers after Implementation of Universal
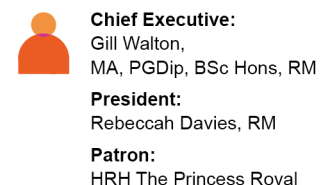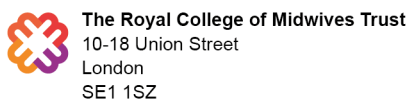
SARS-CoV-2 Testing. Bender WR, Srinivas S, Coutifaris P, et al (2020), American Journal of Perinatology vol 37, no 12, October 2020, pp 1271-1279

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

20200818-1*

Coronavirus: 'It's not how I thought maternity leave would be'. Anon (2020), BBC News 18 August 2020

Many new parents are facing mounting debts, childcare issues and mental health problems due to coronavirus, according to campaigners. (Author)

Full URL: https://www.bbc.co.uk/news/uk-england-essex-53693086

20200810-19*

Implications of the COVID-19 Pandemic Response for Breastfeeding, Maternal Caregiving Capacity and Infant Mental Health. Gribble K, Marinelli KA, Tomori C, et al (2020), Journal of Human Lactation vol 36, no 4, November 2020, pp 591-603

Provides an overview of the current evidence on SARS-CoV-2 in infants and infant feeding, summarises national and international guidelines, describes the results of policies preventing skin to skin contact and draws comparisons to the HIV pandemic. (LDO)

Full URL: https://doi.org/10.1177/0890334420949514

20200810-17*

Isolation, childcare and shortage of support: The impact of Covid-19 on young women's mental health. Mason B (2020), Institute for Employment Studies 10 August 2020

In this, one of a series of blogs from the Insitute for Employment Studies looking at how Covid-19 and lockdown has affected young women's mental health, financial stability, and access to employment, Beth Mason talks to Georgie Whiteley, Research Lead at the Young Women's Trust (YWT) concerning issues around isolation, childcare and social support. (JSM)

20200807-10

What will children's services look like in the future?. Hancock D (2020), Journal of Health Visiting vol 8, no 7, July 2020, pp 290-293

This year's Infant Mental Health Week coincided with the global coronavirus pandemic. This article highlights some of the themes and topics explored to try to make sense of the possible effects of COVID-19 on children's services. (Author)

20200805-61*

Babies in Lockdown: listening to parents to build back better. Executive summary. Best Beginnings, Home-Start UK, Parent-Infant Foundation (2020), London: Best Beginnings, Home-Start UK, Parent-Infant Foundation August 2020. 20 pages

Summarises the findings of a joint research report from charities Best Beginnings, Home Start UK and the Parent-Infant Foundation, drawing on the experiences of expectant and new parents, looking at the effect lockdown during the COVID-19 pandemic has had on the first months and years of their babies' development. (JSM)

Full URL: https://babiesinlockdown.files.wordpress.com/2020/08/babies_in_lockdown_executive_summary.pdf

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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)

20200804-17*

Coronavirus disease 2019: Knowledge, attitude, and practice of pregnant women in a tertiary hospital in Abakaliki, southeast Nigeria. Anikwe CC, Ogah CO, Anikwe IH, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 197-202

Objective

To determine the knowledge, attitude, and practice of antenatal attendees towards COVID-19 in Alex Ekwueme Federal University Teaching Hospital, Abakaliki, Nigeria.

Methods

A cross-sectional survey was carried out among 430 consenting pregnant women attending antenatal clinics between March 1 and May 30, 2020, using pretested questionnaires.

Results

The mean age and mean gestational age of the respondents were 30.04 years (95% confidence interval [CI] 28.9-31.1) and 26.3 weeks (95% CI 23.3-29.3), respectively. More than four-fifths (82%) of the women believed that COVID-19 is real and their main source of information was mass media. The majority had adequate knowledge of COVID-19. More than half of the respondents said COVID-19 is a curable disease and that chloroquine can be used. The majority showed a good attitude and preventice practice of COVID-19 disease; however, one-fourth (24%) thought that

infected individuals should be killed to prevent the spread of the virus.

Conclusion

The study population has good knowledge, attitude, and practice of COVID-19 disease. However, it is worrisome that some respondents thought that infected individuals should be killed. Proper education must be given to the populace to avert these negative attitudes while promoting a positive preventive attitude.

The study population has adequate knowledge, good attitude, and preventive practice of COVID-19; however, community education is needed to reduce anxiety among the populace. (Author)

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)

20200803-12

A stronger start. Hodson D, Joel V, Mayes J, et al (2020), Community Practitioner vol 93, no 4, July/August 2020, pp 31-33

How has the NSPCC promoted infant mental health during lockdown? Dawn Hudson, Victoria Joel, Julia Mayes and Louise Harrington explain how their evidence-based services help build up young brains: from serve-and-return interactions to easing parental stress. (Author)

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

20200722-64*

Telehealth for High-Risk Pregnancies in the Setting of the COVID-19 Pandemic. Aziz A, Zork N, Aubey JJ, et al (2020), American Journal of Perinatology vol 37, no 8, June 2020

As New York City became an international epicenter of the novel coronavirus disease 2019 (COVID-19) pandemic, telehealth was rapidly integrated into prenatal care at Columbia University Irving Medical Center, an academic hospital system in Manhattan. Goals of implementation were to consolidate in-person prenatal screening, surveillance, and examinations into fewer in-person visits while maintaining patient access to ongoing antenatal care and subspecialty consultations via telehealth virtual visits. The rationale for this change was to minimize patient travel and thus risk for COVID-19 exposure. Because a large portion of obstetric patients had underlying medical or fetal conditions placing them at increased risk for adverse outcomes, prenatal care telehealth regimens were tailored for increased surveillance and/or counseling. Based on the incorporation of telehealth into prenatal care for high-risk patients, specific recommendations are made for the following conditions, clinical scenarios, and services: (1) hypertensive disorders of pregnancy including preeclampsia, gestational hypertension, and chronic hypertension; (2) pregestational and gestational diabetes mellitus; (3) maternal cardiovascular disease; (4) maternal neurologic conditions; (5) history of preterm birth and poor obstetrical history including prior stillbirth; (6) fetal conditions such as intrauterine growth restriction, congenital anomalies, and multiple gestations including monochorionic placentation; (7) genetic counseling; (8) mental health services; (9) obstetric anesthesia consultations; and (10) postpartum care. While telehealth virtual visits do not fully replace in-person encounters during prenatal care, they do offer a means of

reducing potential patient and provider exposure to COVID-19 while providing consolidated in-person testing and services. (Author)

20200721-51*

When fear becomes reality. West R (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Rosie West explains how the withdrawal of the homebirth and MLU services during Covid-19 is affecting her and her family. (Author)

Full URL: https://www.aims.org.uk/journal/item/covid-19-rosie-west

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20200721-50*

Preparing for birth in lockdown. Noble L (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Describes the ups and downs experienced by the author as she prepared for the birth of her baby during Covid-19 (Author, edited)

20200721-48*

Positive hospital birth during Covid-19. Hubbard L (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

The author shares her positive experience of giving birth to her third baby in hospital, despite having to change her plans to have a water birth at home because of the coronavirus pandemic of 2020.JSM)

Full URL: https://www.aims.org.uk/journal/item/covid-19-lois-underwood

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20200721-44*

The importance of home birth during Covid-19. Cobb B (2020), Association for Improvements in Maternity Services (AIMS) vol 32, no 2, June 2020

Briony Cobb describes the reassurance that her trust's commitment to home birth is giving her as she awaits her first baby during the Covid-19 crisis. (Author)

Full URL: https://www.aims.org.uk/journal/item/covid-19-briony-cobb

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20200716-11*

Pandemic-related pregnancy stress and anxiety among women pregnant during the coronavirus disease 2019 pandemic. Preis H, Mahaffey B, Heiselman C, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100155

Research letter presenting a study on anxiety and stress among pregnant women during the COVID-19 outbreak. Findings suggest that pregnant women experience substantial anxiety related to preparing for birth during a pandemic and disease transmission to themselves and their infants. (LDO)

20200714-71*

Navigating pregnancy during the coronavirus disease (COVID-19) pandemic. An expert midwife on how to best protect yourself and your baby. UNICEF (2020), UNICEF 11 May 2020

Pregnancy is a special time full of excitement and anticipation. But for expectant mothers facing the outbreak of the coronavirus disease (COVID-19), fear, anxiety and uncertainty are clouding this otherwise happy time. To learn more about how women can protect themselves and their little one, we spoke with Franka Cadée, President of the International Confederation of Midwives. COVID-19 is a new virus and research into it is ongoing. We will update this article as new information becomes available. (Author)

Full URL: https://www.unicef.org/coronavirus/navigating-pregnancy-during-coronavirus-disease-covid-19-pandemic

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20200714-4*

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

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

20200713-4*

Covid-19 and the need for perinatal mental health professionals: now more than ever before. Hynan MT (2020), Journal of Perinatology vol 40, no 7, July 2020, pp 985-986

Commentary on the need for neonatal intensive care unit (NICU) psychologists and social workers during COVID-19 to support the mental health of parents and staff. (LDO)

Full URL: https://doi.org/10.1038/s41372-020-0696-z

20200710-6*

Abortion: Mental Health [written answer]. House of Lords (2020), Hansard Written question HL6333, 30 June 2020

Lord Bethell responds to a written question from Baroness Stroud to Her Majesty's Government, regarding what assessment they have made, if any, of the impact on the mental health of women performing an early medical abortion on their own at home during the COVID-19 pandemic lockdown. (Author, edited)

Full URL: https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-06-30/HL6333/

20200707-20*

Clinical briefing: Bereavement care in maternity services during COVID [Reviewed September 2021]. Sands, Royal College of Midwives (2020), London: RCM 14 July 2020. 5 pages

Briefing paper from the Royal College of Midwives (RCM) providing information for health care professionals caring for women and their families experiencing bereavement following pregnancy loss during the coronavirus pandemic. (JSM)

Full URL: https://www.rcm.org.uk/media/5393/cb-bereavement-care-in-maternity-services-during-covid.pdf

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20200703-27*

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

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

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

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

Conclusion: Despite this lack of evidence, many maternity services have been imposing severe restrictions on aspects

of maternity care previously acknowledged as vital to optimum health (including birth companionship, breastfeeding, and contact between mother and baby). There is a critical research gap relating to the clinical and psychological consequences of both COVID-19 and of maternity service responses to the pandemic. (Author)

20200629-17*

Rapid Deployment of a Drive-Through Prenatal Care Model in Response to the Coronavirus Disease 2019 (COVID-19) Pandemic. Turrentine M, Ramiez M, Monga M, et al (2020), Obstetrics & Gynecology vol 136, no 1, July 2020, pp 29-32

Coronavirus disease 2019 (COVID-19) has been declared a public health emergency for the entire United States. Providing access to prenatal health care while limiting exposure of both obstetric health care professionals and patients to COVID-19 is challenging. Although reductions in the frequency of prenatal visits and implementation of telehealth interventions provide some options, there still remains a need for patient-health care professional visits. A drive-through prenatal care model was developed in which pregnant women would remain in their automobiles while being assessed by the health care professional, thus reducing potential patient, health care professional, and staff exposure to COVID-19. Drive-through prenatal visits would include key elements that some institutions cannot perform by telehealth encounters, such as blood pressure measurements for evaluation for hypertensive disorders of pregnancy, fetal heart rate assessment, and selected ultrasound-based measurements or observations, as well as face-to-face patient-health care professional interaction, thereby reducing patient anxiety resulting from the reduction in the number of planned clinic visits with an obstetric health care professional as well as fear of virus exposure in the clinic setting. We describe the rapid development of a drive-through prenatal care model that is projected to reduce the number of in-person clinic visits by 33% per patient compared with the traditional prenatal care paradigm, using equipment and supplies that most obstetric clinics in the United States can access. (Author)

Full URL: https://doi.org/10.1097/AOG.0000000000003923

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.
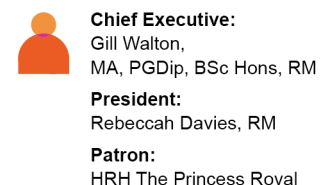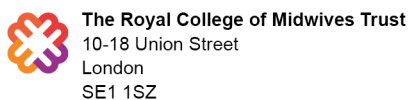
Methods

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)

20200623-57*

Effects of isolation on mood and relationships in pregnant women during the COVID-19 pandemic. Milne SJ, Corbett GA, Hehir MP, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 252, September 2020, pp 610-611

The authors present a study on relationships and maternal mood during COVID-19. 70 women completed the questionnaire between 6 April and 28 April 2020. 4.3% reported the deterioration of relationships with partners and 44% reported low mood due to loneliness. (LDO)

Full URL: https://doi.org/10.1016/j.ejogrb.2020.06.009

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/

20200622-8*

COVID-19: what are the physical and mental challenges?. Winter GF (2020), British Journal of Midwifery vol 28, no 6, June 2020, pp 342-343

George F Winter gives an overview of the impact of the coronavirus on healthcare workers and pregnant women. (Author)

Full URL: https://doi.org/10.12968/bjom.2020.28.6.342

20200622-13*

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

20200616-22*

Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic. Berthelot N, Lemieux R, Garon-Bissonnette J, et al (2020), Acta Obstetricia et Gynecologica Scandinavica vol 99, no 7, July 2020, pp 848-855

Introduction

Prenatal maternal distress has a negative impact on the course of pregnancy, fetal development, offspring development, and later psychopathologies. The study aimed to determine the extent to which the coronavirus disease 2019 (COVID-19) pandemic may aggravate the prenatal distress and psychiatric symptomatology of pregnant women.

Material and methods

Two cohorts of pregnant volunteer women were evaluated, one that was recruited before the COVID-19 pandemic (n = 496) through advertisements in prenatal clinics in Quebec, Canada, from April 2018 to March 2020; the other (n = 1258) was recruited online during the pandemic from 2 April to 13 April 2020. Prenatal distress and psychiatric
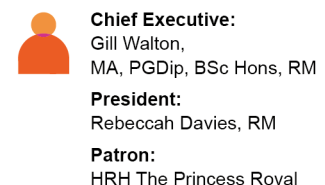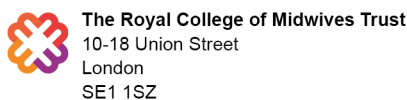
symptomatology were measured with the Kessler Distress Scale (K10), Post-traumatic Checklist for DSM-5 (PCL-5), Dissociative Experiences Scale (DES-II), and Positive and Negative Affect Schedule (PANAS).

Results

The 1754 pregnant women (Mage = 29.27, SD = 4.23) were between 4 and 41 gestational weeks (M = 24.80, SD = 9.42), were generally educated (91.3% had post-high-school training), and financially well-resourced (85.3% were above the low-income cut-off). A multivariate analysis of covariance controlling for age, gestational age, household income, education, and lifetime psychiatric disorders showed a large effect size (ES) in the difference between the two cohorts on psychiatric symptoms (Wilks' λ = 0.68, F 6,1400 = 108.50, P < .001, partial η2 = 0.32). According to post-hoc analyses of covariance, the COVID-19 women reported higher levels of depressive and anxiety symptoms (ES = 0.57), dissociative symptoms (ES = 0.22 and ES = 0.25), symptoms of post-traumatic stress disorder (ES = 0.19), and negative affectivity (ES = 0.96), and less positive affectivity (ES = 0.95) than the pre-COVID-19 cohort. Women from the COVID-19 cohort were more likely than pre-COVID-19 women to present clinically significant levels of depressive and anxiety symptoms (OR = 1.94, χ 2[1] = 10.05, P = .002). Multiple regression analyses indicated that pregnant women in the COVID-19 cohort having a previous psychiatric diagnosis or low income would be more prone to elevated distress and psychiatric symptoms.

Conclusions

Pregnant women assessed during the COVID-19 pandemic reported more distress and psychiatric symptoms than pregnant women assessed before the pandemic, mainly in the form of depression and anxiety symptoms. Given the harmful consequences of prenatal distress on mothers and offspring, the presently observed upsurge of symptoms in pregnant women calls for special means of clinical surveillance. (Author)

20200616-11*

Coronavirus pay and work problems for pregnant women. Anon (2020), BBC News 10 June 2020

While many people fear for their career prospects in the pandemic, there are even more problems for some women expecting a baby. Reporter Ellie Price talks to expectant mothers struggling to work safely while shielding, facing unemployment, or possible loss of maternity pay and benefits. (Author, edited)

Full URL: https://www.bbc.co.uk/news/av/uk-politics-52994005/coronavirus-pay-and-work-problems-for-pregnant-women

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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

20200608-15*

 Perinatal mental health during the COVID-19 pandemic. Matvienko-Sikar K, Meedya S, Ravaldi C (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 4, July 2020, pp 309-310

Discusses the ways in which midwives can support the perinatal mental health of women during the COVID-19 pandemic. The authors suggest that midwives should use the term 'physical distancing' instead of 'social distancing' in order to recognise the importance of social networks, and women should be encouraged to practice mindfulness and other relaxation strategies. (LDO)

Full URL: https://doi.org/10.1016/j.wombi.2020.04.006

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.asmx/GetQuestionsForWrittenAnswer_AnsweredInRange?startdate=2020/5/18&enddate=2020/5/18

20200526-24*

 Supporting women facing multiple disadvantage during COVID-19: Guidance for midwives. Bicknell T, Birth Companions (2020), London: Birth Companions 2020. 4 pages

This guidance for midwives working with women experiencing multiple disadvantage during the COVID-19 pandemic has been developed by Birth Companions and Consultant Midwife Tamsin Bicknell. It draws on recent research to offer insights into women's needs, and key considerations for their maternity care in these challenging times. (Author)

Full URL: https://hubble-live-assets.s3.amazonaws.com/birth-companions/redactor2_assets/files/253/Supporting_women_facing_multiple_disadvantage_during_COVID-19_Guidance_for_midwives_FINAL.pdf

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20200525-21*

 Psychological Status of Postpartum Women Under the COVID-19 Pandemic in Japan. Suzuki S (2022), 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

20200525-16*

 Near-term Pregnant Women's Attitude Toward, Concern About and Knowledge of the COVID-19 Pandemic. Yassa M, Birol P, Yirmibes C, et al (2020), Journal of Maternal-Fetal and Neonatal Medicine vol 33, no 22, 2020, pp 3827-3834

Background: COVID-19 is a novel type of the coronavirus family with an incompletely described clinical course. Little is known about the psychological aspects, particularly for vulnerable populations including pregnant women.Objectives: To understand the attitude, concerns, and knowledge of the non-infected pregnant women toward the COVID-19 outbreak in order to constitute base data for detailed counseling and to develop targeted messages.Patients and

methods: This cross-sectional survey research presented analysis of prospectively collected data yielded at a single tertiary 'Coronavirus Pandemic Hospital' referral center for a ten days period following the first confirmed death due to the COVID-19 pandemic in Turkey. Non-infected women with a confirmed pregnancy over 30th gestational week were consecutively included. A patient-reported non-validated questionnaire formed by the expert committee that includes 15 specific questions was used. Non-infected, pregnant women over 30th gestational week who applied to the outpatient clinic were consecutively included. A total of 213 women were enrolled, 37 were excluded: 7 for being in the first trimester, 3 were illiterate, and 27 were Syrian refugees having difficulties in translation.Results: A total of 172 pregnant women were included. Overall, four women refused to participate to the survey (1.9%). The mean age was 27.5 ± 5.3 years. Median gestational week and parity were 35 ± 11 weeks and 1 ± 2, respectively. Pregnant women were observed to trust the authorities (65%) and the healthcare staff (92.4%), and their respect was increased (82.5%) during the outbreak. Majority of the women (87.2%) comply with the self-quarantine rules. Half of the women (52%) reported that they felt vulnerable and predominantly were concerned (80%). Approximately one-third of the women constantly keep thinking that they may get infected (35.5%) or they might get infected during/following the delivery or their baby might get infected after being born (42%). Half of the women (50%) were reported that they either had no idea about or think the breastfeeding is not safe during the outbreak. About 45% of the women were confused or had doubts about if the mode of delivery may be affected by the pandemic. Greater part of the participants does not know if COVID-19 might cause birth defects (76%) or preterm birth (64.5%). Counseling flow keys helping pregnant women to overcome misleads, regarding the COVID-19 outbreak is proposed.Conclusions: Non-infected pregnant women with a viable pregnancy at near term were observed to have positive attitude and compliance toward the COVID-19 outbreak and frontline healthcare staff; increased concern and vulnerability; and restricted knowledge about the pregnancy-related outcomes. While the clinical evidence was growing rapidly, this data may guide obstetricians and midwives to perceive what accurate information should be provided to the pregnant women. (Author)

Full URL: https://doi.org/10.1080/14767058.2020.1763947

20200521-18*

 Perinatal Mental Health Services: Coronavirus [written answer]. Scottish Parliament (2020), Official Report Written question S5W-28902, 6 May 2020

Clare Haughey responds to a written question asked by Anas Sarwar to the Scottish Government, regarding the support it is providing to (a) pregnant women and (b) new mothers in response to the COVID-19 outbreak, and how services are linking up to ensure that (i) perinatal mental health is being prioritised and (ii) a message is relayed to mothers regarding how to seek any help that they might require. (LDO)

Full URL: https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28902

20200519-21*

 Sex and Gender Disparities in the COVID-19 Pandemic. Gausman J, Langer A (2020), Journal of Women's Health vol 29, no 4, April 2020, pp 465-466

Commentary on the disproportionate effects of COVID-19 on women. Highlights the specific impact of the outbreak on pregnant women, including disruption to prenatal appointments, delayed responses to emergency obstetric complications and the lack of social support in the perinatal period. The authors also discuss the impact on non-pregnant women, including the increased risks of unintended pregnancy if contraceptives cannot be accessed, and the risk of disease transmission to the high percentage of female caregivers and frontline health workers. (LDO)

Full URL: https://doi.org/10.1089/jwh.2020.8472

20200514-73*

 Coronavirus: Planning your birth. NHS England (2020), London: NHS England May 2020. 2 pages

Consumer information emphasising that maternity services are still open during the current coronavirus pandemic, and encouraging women to contact their midwife or maternity services if they are at all concerned about their own health or the health of their baby. Advises women to document their birth plans and choices, as this will help guide

the maternity professionals in providing women with the best birth experience possible. (JSM)

Full URL: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0441-maternity-leaflets-cv19-planning-your-birth.pdf

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20200514-56*

Perinatal depressive and anxiety symptoms of pregnant women along with COVID-19 outbreak in China. Wu Y, Zhang C, Liu H, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 2, August 2020, pp 240.e1-240.e9

Background

On January 20, 2020, a new coronavirus epidemic with 'human-to-human' transmission was officially announced by the Chinese government, which caused significant public panic in China. Pregnant women may be particularly vulnerable and in special need for preventative mental health strategies. Thus far, no reports exist to investigate the mental health response of pregnant women to the COVID-19 outbreak.

Objective

The aim of the present study is to examine the impact of COVID-19 outbreak on the prevalence of depressive and anxiety symptoms and the corresponding risk factors among pregnant women across China.

Study Design

A multi-center cross-sectional study was initiated in early December 2019 to identify mental health concerns in pregnancy using the Edinburgh Postnatal Depression Scale (EPDS). This study provided a unique opportunity to compare the mental status of pregnant women before and after the announcement of the COVID-19 epidemic. A total of 4124 pregnant women during their third trimester from 25 hospitals in 10 provinces across China were examined in this cross-sectional study from January 1 to February 9, 2020. Of these women, 1285 were assessed after January 20, 2020 when the coronavirus epidemic was publically announced and 2839 were assessed before this pivotal time point. The internationally recommended EPDS was used to assess maternal depression and anxiety symptoms. Prevalence rates and risk factors were compared between the pre and post study groups.

Results

Pregnant women assessed after the declaration of COVID-19 epidemic had significantly higher rates of depressive symptoms (26.0% vs 29.6%, P=0.02) than women assess pre-epidemic announcement. These women were also more likely to endorse thoughts of self-harm (P=0.005). The depressive rates were positively associated with the number of newly-confirmed COVID-19 cases (P=0.003), suspected infections (P=0.004), and death cases per day (P=0.001). Pregnant women who were underweight pre-pregnancy, primiparous, < 35 years old, employed full-time, middle income, and had appropriate living space were at increased risk to develop depressive and anxiety symptoms during the outbreak.

Conclusion

Major life-threatening public health events such as the COVID-19 outbreak may increase the risk for mental illness among pregnant women including thoughts of self-harm. Strategies targeting maternal stress and isolation such as effective risk communication and the provision of psychological first aid may be particularly useful to prevent negative outcomes for women and their fetuses. (Author)

Full URL: https://doi.org/10.1016/j.ajog.2020.05.009

20200511-59*

Psychological impact of coronavirus disease 2019 in pregnant women. Saccone G, Florio A, Aiello F, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 2, August 2020, pp 293-295

This research letter discusses a study on the psychological impact of COVID-19 on pregnant women in Naples, Italy. Overall the COVID-19 outbreak had a moderate impact on the study participants, with women in their first trimester displaying significantly higher levels of anxiety. (LDO)

Full URL: https://doi.org/10.1016/j.ajog.2020.05.003

20200507-9*

Coronavirus: Concerns for wellbeing of babies born in lockdown. Richardson H (2020), BBC News 7 May 2020
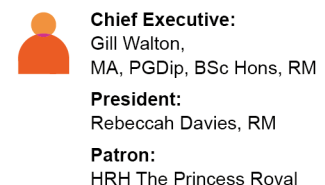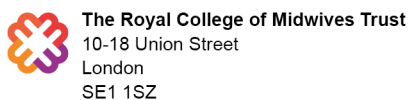
Concerns for the wellbeing of babies born in lockdown are being raised, as parents struggle to access regular support services. (Author)

Full URL: https://www.bbc.co.uk/news/education-52560388

20200505-18

 Supporting the women in your care. Anon (2020), Midwives vol 23, April 2020, p 13

This is a worrying time for all of us, but for pregnant women that anxiety is heightened, and they will be looking to you for advice. This should help you answer their questions. (Author)

20200504-9*

 Mental health care for pregnant women in the COVID-19 outbreak is urgently needed. Zeng L-N, Chen L-G, Yang C-M, et a (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 3, May 2021, pp 210-211

The authors discuss the impact of COVID-19 on the mental health of pregnant women, and recommend the development of a mental health service for this specific population. (LDO)

Full URL: https://doi.org/10.1016/j.wombi.2020.03.009

20200501-5*

 Coronavirus: high-risk pregnancies could be missed due to pandemic, experts warn. Cowburn A (2020), Independent 1 May 2020

Reports that Gill Walton, CEO of the Royal College of Midwives, has warned of a potential rise in stillbirths and neonatal deaths because high-risk pregnancies may be missed owing to a reluctance among pregnant women to present themselves to maternity services during the current coronavirus pandemic..However, she added that technology has meant that follow-ups on women who missed scans and appointments has improved through virtual contact between women and midwives and maternity services. Her comments were made during a session of Westminster's health and social care committee. (JSM)

Full URL: https://www.independent.co.uk/news/uk/politics/coronavirus-concerns-raised-highrisk-pregnancies-could-be-missed-due-to-pandemic-a9493856.html

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20200424-28*

 Coronavirus: Uncertainty over maternity care causing distress. Collinson A (2020), BBC News 24 April 2020

Reports that the uncertainly caused by a reduction in maternity services owing to the coronavirus pandemic is causing anxiety and stress among pregnant women, who are not sure if they will be allowed to have a home birth, or if their partner will be allowed to stay with them while they are in labour. States that there is variation between Trusts, and the Royal College of Midwives (RCM) states that staff shortages owing to sickness and self-isolation are impacting resources. Includes comments from pregnant women, new mothers, and RCM Chief Executive Officer Gill Walton. (JSM)

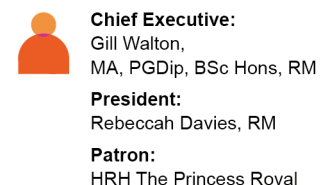**Full URL:** https://www.bbc.co.uk/news/health-52356067

20200416-14*

 Health anxiety and behavioural changes of pregnant women during the COVID-19 pandemic. Corbett GA, Milne SJ, Hehir MP, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 249, June 2020, pp 96-97

The authors present the results of a questionnaire on COVID-19 and its psychological impact on pregnant women. 63.4% of participants reported heightened anxiety about their unborn baby and 66.7% reported concern about their other children. (LDO)

Full URL: https://doi.org/10.1016/j.ejogrb.2020.04.022

20200414-6*
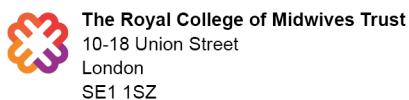
Coronavirus and your maternity care. AIMS (2020), Association for Improvements in Maternity Services (AIMS) 11 April 2020

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Full URL: https://www.aims.org.uk/information/item/coronavirus

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Anxiety, anger and hope as women face childbirth during coronavirus pandemic. Kahn M, Cristoferi C (2020), Reuters 27 March 2020, online

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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)

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