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Coronavirus (COVID-19) - Postnatal health and care

Records on the impact of COVID-19 on the health and care of women and their families in the postnatal period. Includes the transition to parenthood and experiences of new parents during the pandemic.

Updated 26 April 2021

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* 12 April 2021, online

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

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.

connectedness, our results indicate that increased media consumption is related to increased anxiety symptoms.

(Author)

Available from: <https://doi.org/10.1089/jwh.2020.8866>

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

2021-02330

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

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

2021-01926

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

Objective

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

Methods

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

Results

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

Conclusion

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

Available from: <https://doi.org/10.1002/ijgo.13633>

Full URL: <https://doi.org/10.1002/ijgo.13633>

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 21 February 2021, online

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.

Available from: <https://doi.org/10.1002/ijgo.13650>

Full URL: <https://doi.org/10.1002/ijgo.13650>

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2021-01663

COVID-19 vaccination guidance. Australian Breastfeeding Association, New Zealand Breastfeeding Alliance, Royal Australian and New Zealand College of Obstetricians and Gynaecologists (2021), Australian Breastfeeding Association for Health Professionals 6 April 2021

Up to date information for breastfeeding mothers about compatibility of the COVID-19 vaccine with breastfeeding. The guidance, in the form of an infographic, was launched by the Australian Breastfeeding Association (ABA), the New Zealand Breastfeeding Alliance (NZBA) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG). (Author)

Available from: <https://www.breastfeeding.asn.au/system/files/RANZCOG-ABA-NZBA%20COVID-19%20vaccination%20and%20breastfeeding%20infographic%20final.pdf>

Full URL: <https://www.breastfeeding.asn.au/system/files/RANZCOG-ABA-NZBA%20COVID-19%20vaccination%20and%20breastfeeding%20infographic%20final.pdf>

2021-01599

Nurse meets her baby for first time after 76-day coronavirus ordeal. Ford M (2021), Nursing Times 29 January 2021
A nurse who has no memory of giving birth while fighting for her life in hospital with Covid-19 has told of the “special moment” she was able to hold her daughter for the first time after almost three months. (Author)

2021-01511

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

Background

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

Objective

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

Methods

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

Findings

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

Discussion

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

Conclusion

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

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2021-00870

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

Objective

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

Methods

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

Results

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

Conclusion

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

Synopsis

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

20210120-25*

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

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

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

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

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 (2020), International Journal of Gynecology & Obstetrics 11 December 2020, online

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Objective

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Results

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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.

2021-00788

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

Available from: <https://doi.org/10.1016/j.ejogrb.2020.12.039>

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

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.

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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.

2021-00708

When support stops. Warr P (2020), AIMS Journal vol 32, no 2, June 2020

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

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

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

2021-00456

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

Available from: <https://www.bbc.co.uk/news/uk-england-55999977>

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

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)

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

Available from: <https://doi.org/10.1016/j.midw.2020.102902>

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

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.

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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.

2021-00337

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

Available from:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2021-02-19-coronavirus-covid-19-infection-in-pregnancy-v13.pdf>

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

2021-00314

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

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

Available from: <https://doi.org/10.1186/s12884-021-03544-8>

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

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.

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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.

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

Available from: <https://doi.org/10.1186/s12884-021-03597-9>

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

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

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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)

20201221-60*

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

Available from: <http://dx.doi.org/10.1136/bmjopen-2020-041868>

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

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

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

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

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

PROSPERO registration number CRD42020178076. (Author)

20201117-53*

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

Available from: <https://doi.org/10.1002/ijgo.13409>

Full URL: <https://doi.org/10.1002/ijgo.13409>

Objective

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

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Methods

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

Results

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

Conclusion

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

Synopsis

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

20201117-51*

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

Available from: <https://doi.org/10.1002/ijgo.13407>

Full URL: <https://doi.org/10.1002/ijgo.13407>

Objective

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

Methods

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

Results

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

Conclusion

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

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20201116-94*

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

Available from: <https://doi.org/10.1111/ajo.13270>

Full URL: <https://doi.org/10.1111/ajo.13270>

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

20201116-60*

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

Available from: <https://doi.org/10.1080/14767058.2020.1828335>

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

Background

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

Methods

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

Intervention

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

Results

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

Conclusion

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

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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

Available from: <https://doi.org/10.1111/apa.15620>

Full URL: <https://doi.org/10.1111/apa.15620>

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)

20201028-29*

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

Available from:

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

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

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

20201026-31*

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

Available from: <https://doi.org/10.1089/bfm.2020.0268>

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

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

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

Available from: <https://doi.org/10.1002/ijgo.13397>

Full URL: <https://doi.org/10.1002/ijgo.13397>

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

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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)

20200930-16*

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

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

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

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

20200928-7*

Pandemic birth: women's own stories during COVID-19. Various (2020), *AIMS Journal* vol 32, no 2, June 2020

Available from: <https://www.aims.org.uk/journal/index/32/2>

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

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)

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

Available from: <https://doi.org/10.1016/j.jogn.2020.07.004>

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

The COVID-19 pandemic has led to disruptions in health care in the perinatal period and women's childbirth

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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)

20200909-1*

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

Available from:

<https://www.england.nhs.uk/coronavirus/publication/framework-to-assist-nhs-trusts-to-reintroduce-access-for-partners-visitors-and-other-supporters-of-pregnant-women-in-english-maternity-services/>

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

20200908-17*

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

Available from: <https://doi.org/10.1097/ANC.0000000000000776>

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

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

20200907-38*

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

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

20200901-22*

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

Available from: <https://doi.org/10.1016/j.semperi.2020.151280>

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

Objective

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

Findings

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

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anticipation of emergent situations can prevent unnecessary exposures to patients and clinical staff.

Conclusion

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

20200820-12*

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

Available from: <https://doi.org/10.1111/1471-0528.16403>

Full URL: <https://doi.org/10.1111/1471-0528.16403>

Objective

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

Design

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

Setting

Three New York City hospitals.

Population

Pregnant women >20 weeks of gestation admitted for delivery.

Methods

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

Main outcome measures

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

Results

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

Conclusion

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

Tweetable abstract

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

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20200819-68*

A multidisciplinary telemedicine model for management of coronavirus disease 2019 (COVID-19) in obstetrical patients. Reforma LG, Duffy C, Collier A-Y, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 4, suppl, November 2020, 100180

Available from: <https://doi.org/10.1016/j.ajogmf.2020.100180>

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

Background

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

Objective

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

Study Design

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

Results

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

Conclusion

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

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

Available from: <https://doi.org/10.1055/s-0040-1715505>

Full URL: <https://doi.org/10.1055/s-0040-1715505>

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.

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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)

20200819-4*

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

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

20200819-130*

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

Available from: <https://doi.org/10.1080/14767058.2020.1786056>

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

Objective

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

Study design

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

Results

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

Conclusions

To the best of our knowledge, this is the largest available series of maternal deaths due to COVID-19. Barriers to

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access healthcare, differences in pandemic containment measures in the country and high prevalence of concomitant risk factors for COVID-19 severe disease may play a role in the observed disparity compared to worldwide reports on maternal outcomes. (Author)

20200810-28*

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

Available from:

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

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

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

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

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

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

Available from:

<https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf>

Full URL:

<https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf>

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)

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

Available from: <https://doi.org/10.1002/ijgo.13295>

Full URL: <https://doi.org/10.1002/ijgo.13295>

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

20200804-15*

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

Available from: <https://doi.org/10.1002/ijgo.13300>

Full URL: <https://doi.org/10.1002/ijgo.13300>

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

20200803-2*

Caring for Women Who Are Planning a Pregnancy, Pregnant, or Postpartum During the COVID-19 Pandemic.

Rasmussen SA, Jamieson DJ (2020), JAMA (Journal of the American Medical Association) vol 324, no 2, 14 July 2020, pp 190-191

Available from: <https://doi.org/10.1001/jama.2020.8883>

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

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

20200803-13

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

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

20200731-6*

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

Available from: <https://doi.org/10.1002/ijgo.13237>

Full URL: <https://doi.org/10.1002/ijgo.13237>

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

20200731-4*

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

RCM 22 May 2020, 4 pages

Available from:

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

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

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

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20200731-3*

Postnatal Care for women without suspected or confirmed COVID-19 and living in a symptom free household [Version 1.1]. Royal College of Midwives (2020), London: RCM 29 May 2020. 4 pages

Available from:

https://www.rcm.org.uk/media/4098/briefing-no-8-postnatal_clinical_advice_without-signs-and-symptoms_or-confirmed-covid_20052020v11.pdf

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

20200729-5*

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

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

20200727-4*

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

Available from: <https://doi.org/10.1016/j.ejogrb.2020.07.037>

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

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)

20200722-89*

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

Available from: <https://doi.org/10.1111/birt.12496>

Full URL: <https://doi.org/10.1111/birt.12496>

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

20200720-9*

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

Available from: <https://doi.org/10.1016/j.ajog.2020.06.020>

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

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

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20200716-32*

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

Available from: <https://doi.org/10.1016/j.ajogmf.2020.100154>

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

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

20200714-3*

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

Available from: <https://doi.org/10.1111/aogs.13900>

Full URL: <https://doi.org/10.1111/aogs.13900>

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

20200713-8*

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

Available from: <https://doi.org/10.1016/j.midw.2020.102781>

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

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

20200713-7*

The impact of the coronavirus (COVID-19) pandemic on maternity care in Europe. Coxon K, Turienzo CF, Kweekel L, et al (2020), Midwifery vol 88, September 2020, 102779

Available from: <https://doi.org/10.1016/j.midw.2020.102779>

Full URL: <https://doi.org/10.1016/j.midw.2020.102779>

Editorial on the impact of COVID-19 on maternity care in Europe and the different responses among European countries. Discusses the use of personal protective equipment (PPE) and changes to the provision of maternity services in the antenatal, perinatal and postnatal periods. (LDO)

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20200707-11*

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

Available from:

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

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

Guidance for healthcare professionals on Coronavirus (COVID-19) infection in pregnancy, published by the RCOG, Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland. The guidance, which will be updated on a regular basis, covers: epidemiology; transmission; effect of COVID-19 on pregnant women; effect of COVID-19 on the fetus; travel advice for pregnant women; advice for women who may have been exposed; diagnosis; advice for women who have been advised to self-isolate; management of pregnant women with confirmed COVID-19; postnatal management: neonatal care and infant feeding; admissions flowchart; information for women and their families. (Publisher). [This version of the guidance has now been superseded by Version 12:

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

20200706-45*

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

Available from:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-06-18-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic.pdf>

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

20200706-1*

Getting ready for a visit from your midwife. Royal College of Midwives (2020), London: RCM 2020. 1 page

Available from: <https://www.rcm.org.uk/media/3915/guidance-for-women-on-home-visits-4.jpg>

Full URL: <https://www.rcm.org.uk/media/3915/guidance-for-women-on-home-visits-4.jpg>

Safety information for women expecting a home visit from their midwife during the coronavirus pandemic. (JSM)

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

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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)

20200629-22*

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

Available from: <https://doi.org/10.1097/AOG.0000000000003950>

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

BACKGROUND:

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

CASE:

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

CONCLUSION:

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

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

Available from: <https://doi.org/10.1002/ijgo.13249>

Full URL: <https://doi.org/10.1002/ijgo.13249>

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.

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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)

20200619-17*

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

Available from: <https://doi.org/10.1016/j.ajog.2020.05.022>

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

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

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 (2020), Women and Birth: Journal of the Australian College of Midwives 29 May 2020, online

Available from: <https://doi.org/10.1016/j.wombi.2020.05.010>

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

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

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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)

20200525-21*

Psychological Status of Postpartum Women Under the COVID-19 Pandemic in Japan. Suzuki S (2020), The Journal of Maternal-Fetal and Neonatal Medicine 18 May 2020, online

Available from: <https://doi.org/10.1080/14767058.2020.1763949>

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

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)

20200515-11*

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

Available from: <https://doi.org/10.1503/cmaj.200553>

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

20200427-24*

Coronavirus disease 2019 infection among asymptomatic and symptomatic pregnant women: two weeks of confirmed presentations to an affiliated pair of New York City hospitals. Breslin N, Baptiste C, Gyamfi-Bannerman C, et al (2020),

American Journal of Obstetrics & Gynecology MFM vol 2, no 2, suppl, May 2020, 100118

Available from: <https://doi.org/10.1016/j.ajogmf.2020.100118>

Full URL: <https://doi.org/10.1016/j.ajogmf.2020.100118>

The novel coronavirus 2019, or COVID-19, infection has rapidly spread through the New York metropolitan area since the first reported case in the state on March 1, 2020. New York currently represents an epicenter for COVID-19 infection in the United States, with 84,735 cases reported as of April 2, 2020. We previously presented an early experience with seven COVID-positive patients in pregnancy, including two women who were diagnosed with COVID-19 following an asymptomatic initial presentation. We now describe a series of 43 test-confirmed cases of COVID-19 presenting to a pair of affiliated New York City hospitals over two weeks from March 13 to 27, 2020. Fourteen (32.6%) patients presented without any COVID-associated viral symptoms, and were identified either after developing symptoms during admission or following the implementation of universal testing for all obstetrical admissions on March 22. Of these, 10/14 (71.4%) developed symptoms or signs of COVID-19 infection over the course of their delivery admission or early after postpartum discharge. Of the other 29 (67.4%) patients who presented with symptomatic COVID-19 infection, three women ultimately required antenatal admission for viral symptoms, and an

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additional patient represented six days postpartum after a successful labor induction with worsening respiratory status that required oxygen supplementation. There were no confirmed cases of COVID-19 detected in neonates upon initial testing on the first day of life. Applying COVID-19 disease severity characteristics as described by Wu et al, 37 (86%) women possessed mild disease, four (9.3%) exhibited severe disease, and two (4.7%) developed critical disease; these percentages are similar to those described for non-pregnant adults with COVID-19 infections (about 80% mild, 15% severe, and 5% critical disease). (Author)

20200422-43*

SOGC Committee Opinion - COVID-19 in Pregnancy. Elwood C, Boucoiran I, VanSchalkwyk J, et al (2020), JOGC [Journal of Obstetrics and Gynaecology Canada] 31 March 2020, online

Available from: <https://doi.org/10.1016/j.jogc.2020.03.012>

Full URL: <https://doi.org/10.1016/j.jogc.2020.03.012>

Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines on COVID-19 in pregnancy. Includes recommendations on the antepartum, intrapartum and postpartum periods. Discusses appointments, protective equipment, fetal monitoring, caesarean delivery, skin-to-skin contact and breastfeeding. (LDO)

20200421-3*

Provision of contraception by maternity services after childbirth during the Covid-19 outbreak. Faculty of Sexual & Reproductive Healthcare, Royal College of Obstetricians & Gynaecologists (2020), London: FSRH 9 April 2020

Available from:

<https://www.fsrh.org/standards-and-guidance/documents/fsrh-ceu-provision-of-contraception-by-maternity-services-after/>

Guidance on the provision of contraception after childbirth during the Covid-19 pandemic. Recommends that long-acting reversible contraceptives (LARC) should continue to be offered and should be inserted prior to discharge from maternity services. In cases where LARC is unsuitable, women should be given a 6-12 month supply of desogestrel progestogen-only pill (POP) prior to discharge. Also discusses other contraceptive methods including intrauterine contraception, combined hormonal contraception and lactational amenorrhoea. (LDO)

20200417-6

A new normal for health visiting. Forbes L (2020), Journal of Health Visiting vol 8, no 4, April 2020

In this time of focus on public health, what role will community based workers play? How will we carry on our professional duties in a time of social distancing? (Author)

20200417-5

Newly qualified health visitor: COVID-19 - a public health crisis. Boddy B (2020), Journal of Health Visiting vol 8, no 4, April 2020

Bethany Boddy explores the fast-changing public health emergency of COVID-19 and the health visitor response. (Author)

20200414-1*

Clinical Features and Outcomes of Pregnant Women Suspected of Coronavirus Disease 2019. Yang H, Sun G, Tang F, et al (2020), Journal of Infection vol 81, no 1, July 2020, pp E40-E44

Available from: <https://doi.org/10.1016/j.jinf.2020.04.003>

Full URL: <https://doi.org/10.1016/j.jinf.2020.04.003>

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Background

2019 novel coronavirus disease (COVID-19) has become a worldwide pandemic. Under such circumstance pregnant women are also affected significantly.

Objective

This study aims to observe the clinical features and outcomes of pregnant women who have been confirmed with COVID-19.

Methods

The research objects were 55 cases of suspected COVID-19 pregnant women who gave a birth from Jan 20th 2020 to Mar 5th 2020 in our hospital-a big birth center delivering about 30,000 babies in the last 3 years. These cases were subjected to pulmonary CT scan and routine blood test, manifested symptoms of fever, cough, chest tightness or gastrointestinal symptoms. They were admitted to an isolated suite, with clinical features and newborn babies being carefully observed. Among the 55 cases, 13 patients were assigned into the confirmed COVID-19 group for being tested positive severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) via maternal throat swab test, and the other 42 patients were assigned into the control group for being ruled out COVID-19 pneumonia based on new coronavirus pneumonia prevention and control program (the 7th edition).

Results

There were 2 fever patients during the prenatal period and 8 fever patients during the postpartum period in the confirmed COVID-19 group. In contrast, there were 11 prenatal fever patients and 20 postpartum fever patients in the control group ($p > 0.05$). Among 55 cases, only 2 case had cough in the confirmed group. The imaging of pulmonary CT scan showed ground-glass opacity (46.2%, 6/13), patch-like shadows (38.5%, 5/13), fiber shadow (23.1%, 3/13), pleural effusion (38.5%, 5/13) and pleural thickening (7.7%, 1/13), and there was no statistical difference between the confirmed COVID-19 group and the control group ($p > 0.05$). During the prenatal and postpartum period, there was no difference in the count of WBC, Neutrophils and Lymphocyte, the ratio of Neutrophils and Lymphocyte and the level of CRP between the confirmed COVID-19 group and the control group ($p < 0.05$). 20 babies (from confirmed mother and from normal mother) were subjected to SARS-CoV-2 examination by throat swab samples in 24 hours after birth and no case was tested positive.

Conclusion

The clinical symptoms and laboratory indicators are not obvious for asymptomatic and mild COVID-19 pregnant women. Pulmonary CT scan plus blood routine examination are more suitable for finding pregnancy women with asymptomatic or mild COVID-19 infection, and can be used screening COVID-19 pregnant women in the outbreak area of COVID-19 infection. (Author)

20200402-32*

Pregnancy and coronavirus: information for pregnant women and new mums. Anon (2020), Tommy's Pregnancy Hub 1 April 2020

Available from:

<https://www.tommys.org/pregnancy-information/im-pregnant/pregnancy-and-coronavirus-information-pregnant->

Consumer information from Tommy's presented in a question and answer format, aimed at pregnant women and new mothers, based on the latest guidance on coronavirus (COVID-19), from the Royal College of Obstetricians and Gynaecologists (RCOG). (JSM)

20200331-7*

Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic. Version 1. [Last updated 24 April 2020]. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2020), Royal College of Obstetricians and Gynaecologists (RCOG) 30 March 2020

Available from:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-antenatal-and-postnatal-s>

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[ervices-in-the-evolving-coronavirus-covid-19-pandemic-20200331.pdf](#)

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

20200330-2*

Anxiety, anger and hope as women face childbirth during coronavirus pandemic. Kahn M, Cristoferi C (2020), Reuters 27 March 2020, online

Available from:

https://www.reuters.com/article/us-health-coronavirus-europe-childbirth/anxiety-anger-and-hope-as-women-face-childbirth-during-coronavirus-pandemic-idUSKBN21E1O2?feedType=RSS&feedName=healthNews&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+reuters%2FhealthNews+%28Reuters+Health+News%29

Pregnant women share their fears about giving birth and caring for their newborn during the coronavirus pandemic. (MB)

20200327-12*

Solo childbirth, halted fertility treatments: women's healthcare takes hit from coronavirus. Bernstein S, Becker A (2020), World News 26 March 2020

Available from:

<https://uk.reuters.com/article/uk-health-coronavirus-usa-women/solo-childbirth-halted-fertility-treatments-women-healthcare-takes-hit-from-coronavirus-idUKKBN21D3NQ>

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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