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

Records on the impact of coronavirus (COVID-19) on midwives, student midwives, maternity support workers and other health care professionals. Includes mental health and well-being, occupational health and safety specifically related to the current pandemic, personal protective equipment (PPE), changes in working hours and practice, retention, recruitment and redeployment of midwives, impact on midwifery education etc.

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2021-09717

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

This is the first article in a series reflecting on the role of research midwives in the ASPIRE (Achieving Safe and Personalised maternity care In Response to Epidemics) study. In this article we introduce ASPIRE and provide an overview of the study. We also reflect on what makes ASPIRE uniquely

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midwifery-led within the National Institute for Health Research (NIHR) Portfolio and the role of research midwives within recruitment sites. We hope this article, and those that follow in the series, written by ASPIRE research midwives, will serve as a roadmap to inspire the next chapter of midwifery research in England. (Author)

2021-09685

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

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

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

2021-09644

Impact of personal protective equipment on neonatal resuscitation procedures: a randomised, cross-over, simulation study. Cavallin F, Lupi F, Bua B, et al (2021), Archives of Disease in Childhood: Fetal and Neonatal Edition 20 August 2021, online

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

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

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

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

Trial registration number NCT04666233. (Author)

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

2021-09460

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

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

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knowledge of roles as medical and midwifery practitioners and how they see themselves in those roles in a perinatal emergency setting. The initial observations demonstrate that interprofessional education delivered in an e-learning format can be useful and meaningful, and may be utilized across a number of specialties. (Author)

2021-09362

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

Background:

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

Aim:

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

Methods:

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

Findings:

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

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getting infected and measures taken to minimise COVID-19 transmission.

Discussion:

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

Conclusions:

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

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

2021-09346

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

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

(Author)

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

2021-09341

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

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

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

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2021-09340

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

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

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

2021-09335

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

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

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

2021-09330

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

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

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

2021-09326

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

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

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

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2021-09318

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

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

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

2021-09212

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

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

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

2021-09126

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

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

2021-09090

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

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

(Author)

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

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2021-08986

Roles and Experiences of Registered Nurses on Labor and Delivery Units in the United States During the COVID-19 Pandemic. George EK, Weiseth A, Edmonds JK (2021), JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing 25 August 2021, online

Objective:

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

Design:

Cross-sectional survey.

Setting:

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

Participants:

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

Methods:

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

Results:

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

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Conclusion:

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

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

2021-08876

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

Background:

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

Methods:

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

Findings:

11,584 HCWs were included in the cohort analysis. 23% (2704) reported vaccine hesitancy. Compared to White British HCWs (21.3% hesitant), HCWs from Black Caribbean (54.2%), Mixed

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

Interpretation:

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

Funding:

UKRI-MRC and NIHR. (Author)

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

2021-08686

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

Background: Ethnic minority populations have been disproportionately affected by the COVID-19 pandemic. Emerging evidence suggests a lower uptake of the vaccine in ethnic minority populations,

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particularly Black females of reproductive age. Midwives are the principal healthcare professionals responsible for counselling the pregnant population on decisions relating to vaccine uptake. The aim of this study was to explore midwifery uptake of and attitudes towards the COVID-19 vaccine in two ethnically diverse areas.

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

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

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

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

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2021-08633

Embracing the rapid acceleration of digital transformation in research during the COVID-19 pandemic: conducting midwifery research in the NHS as a Clinical Academic Doctoral student.

Clayton C (2021), *The Practising Midwife* vol 24, no 8, September 2021, pp 8-9

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

2021-08551

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

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

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.

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Aim:

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

Methods:

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

Findings:

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

Conclusion:

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

2021-08155

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

March 2021 marks one year since we went into lockdown in the United Kingdom (UK).

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

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2021-08127

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

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

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

2021-08031

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

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

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

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

2021-07893

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

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

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

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2021-07888

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

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

(Author)

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

2021-07845

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

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

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

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

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

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2021-07636

Maternity ward management and COVID-19 pandemic: Experience of a single center in Northern Italy during lockdown. Cesano N, D'Ambrosi F, Cetera GE, et al (2021), European Journal of Midwifery vol 5, July 2021, p 29

Introduction:

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

Methods:

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

Results:

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

Conclusions:

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

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

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2021-07527

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

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

2021-07465

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

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

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

2021-07373

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

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

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

2021-07039

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

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

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2021-06886

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

No abstract available.

2021-06691

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

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

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

2021-06649

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

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

2021-06643

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

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

2021-06585

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

In March 2021, the UK went into lockdown due to COVID-19. Hospitals began prioritising emergency work, which had a knock-on effect for student midwives. Ultimately, the decision was made to

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temporarily suspend placements and offer a paid alternative to provide an additional workforce to the National Health Service (NHS). However, there were many students who were unable to commit to an extended paid placement. This article explores the journey made by three midwifery students from Robert Gordon University (RGU), as they achieved their placement module through a practice-based project. (Author)

2021-06584

Maintaining a sense of community with student midwives throughout the COVID-19 pandemic: developing Gas & Air. Handley-Stone R (2021), *The Student Midwife* vol 4, no 3, July 2021, pp 24-27

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

2021-06378

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

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

2021-06258

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

In an interview, World Health Organization Chief Nursing Officer Elizabeth Iro reflected on nursing during the COVID-19 pandemic and how nurses have risen to the challenges they have faced. Despite the cancellation of virtually all the activities planned to mark 2020 as the International Year of the Nurse and Midwife, she believes that nurses' leadership, courage, compassion, commitment and expertise have been revealed to the world like never before. However, it is critical to nurture

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and support the next generation of nurses so that they can help to bring about the necessary reforms for health systems around the world. (Author)

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

2021-05796

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

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

2021-05541

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

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

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

Setting: NHS maternity and paediatric surgery services in England.

Results: Searches conducted 8 September–12 October 2020, and updated in March 2021, identified

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

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

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

2021-05181

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

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

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

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2021-05179

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

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

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

2021-05175

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

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

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

2021-05170

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

COVID-19 continues to spread across the United States with a continued increase in reported infections and deaths. How this virus effects pregnancy, particularly mothers and their infants around and after delivery, is of particular concern for health care workers. Moreover, concerns for compassion fatigue in the health care worker, as they attempt to provide comprehensive care to this

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population, is a documented concern that could have long-term effects on workers' ability to provide care. This article will describe the current concerns for the transmission of COVID-19 from the mother to the infant and how that has affected recommendations from several national and international organizations around maternal/infant testing, isolation, breastfeeding, and the infant requiring neonatal intensive care. Effects that changing recommendations may have on health care workers and care delivery, and how these may contribute to compassion fatigue, will also be discussed. (Author)

2021-05145

High frequency of posttraumatic stress symptoms among US obstetrical and gynecologic providers during the coronavirus disease 2019 pandemic. Kiefer MK, Mehl RR, Venkatesh KK, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 4, April 2021, pp 410-413 Research letter discussing the frequency of post-traumatic stress symptoms among obstetric and gynaecologic providers during the COVID-19 pandemic. The authors also identify demographic and exposure characteristics associated with post-traumatic stress in this setting. Findings show that 81.8% of respondents had high post-traumatic stress symptoms and 9.5% reported a personal diagnosis of COVID-19. (LDO)

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

2021-05037

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

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

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

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2021-05033

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

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

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

2021-04967

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

Objective:

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

Design:

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

Setting:

United Kingdom.

Participants:

Lead Midwives for Education (LMEs).

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Findings:

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

Key conclusions:

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

Implications for Practice/Research:

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

2021-04788

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

Objective:

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

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Study design:

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

Results:

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

Conclusions:

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

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

2021-04705

Rapid Curricular Innovations During COVID-19 Clinical Suspension: Maintaining Student Engagement with Simulation Experiences. Bradford HM, Farley CL, Escobar M, et al (2021), *Journal of Midwifery & Women's Health* vol 66, no 3, May/June 2021, pp 366-371
Health care education programs were faced with the need to quickly adapt to a new reality during the coronavirus disease 2019 pandemic. Students were temporarily suspended from campus and clinical sites, requiring prompt changes in structure to their didactic and clinical learning. This article describes the rapid adjustments that one midwifery and women's health nurse practitioner education program created using both synchronous and asynchronous simulation experiences to promote student learning and ongoing engagement. Flexibility and reflexivity were needed by faculty and students alike in the face of the multiple changes wrought by the pandemic. Curricular changes were made simultaneously in many courses. Objective structured clinical examinations simulate telehealth experiences that assess knowledge, clinical reasoning, and professional

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behaviors via a scripted scenario and an actor patient. On-call simulations mimic telephone triage and provide students the opportunity to build listening, assessment, and management skills for prenatal and intrapartum scenarios. Students are provided equipment and virtual instruction in an intrauterine device insertion session, which promotes skill acquisition and self-confidence. Trigger films are used to visualize real-life or scripted clinical encounters, leading to discussion and decision-making, particularly in the affective domain. Bilateral learning tools, similar to case studies, provide students an opportunity to demonstrate their knowledge and critical thinking with a mechanism for faculty feedback. Web-based virtual clinical encounter learning tools using patient avatars prompt additional student learning. Suturing skills introduced in live remote group sessions are augmented with video-guided individual practice. This article describes each of these adapted and innovative simulation methods and shares lessons learned during their development and implementation. (Author)

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

2021-04602

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

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

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

2021-04516

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

Introduction:

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

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perception of COVID-19 and satisfaction with the preventive measures adopted at their workplace.

Methods:

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

Results:

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

Conclusions:

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

(Author)

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

2021-04479

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

Problem:

COVID-19 guidance from professional and health organisations created uncertainty leading to professional and personal stress impacting on midwives providing continuity of care in New Zealand

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(NZ). The COVID-19 pandemic resulted in massive amounts of international and national information and guidance. This guidance was often conflicting and not suited to New Zealand midwifery.

Aim:

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

Methods:

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

Findings:

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

Conclusion:

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

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

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2021-03983

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

Background:

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

Aim:

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

Methods:

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

Results:

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

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Conclusion:

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

2021-03962

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

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

Aims:

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

Method:

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

Results:

Fifty-one per cent of students completed the survey (n=56). Results were analysed using descriptive

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statistics. Initial feelings reported ranged from pleased and excited to cheated, apprehensive and anxious, with 57 per cent rating apprehension as their predominant feeling. Digital literacy, access to appropriate technology and internet and juggling home life were noted as concerns, whereas developing confidence and ability to work at their own pace were reported as benefits. After six months of online delivery, 55 per cent of students felt more positive, with the majority preferring synchronous virtual sessions with lecturers as opposed to asynchronous self-directed content.

Conclusions:

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

2021-03960

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

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

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

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

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

2021-03953

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

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

2021-03929:

Factors associated with work-related burnout in NHS staff during COVID-19: a cross-sectional mixed methods study.

Gemine R, Davies GR, Tarrant S, et al (2021), BMJ Open Vol 11, no 1, January 2021, e042591

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

Design: Cross-sectional staff survey.

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

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

Primary and secondary outcome measures: (1) Work-related burnout as measured by the

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Copenhagen Burnout Inventory; (2) factors associated with work-related burnout identified through a multiple linear regression model; and (3) factors associated with work-related burnout identified through thematic analysis of free text responses.

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

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

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

2021-03826

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

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

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

2021-03804

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

Reflection on gains and losses in midwifery and maternity services over the course of 2020 and the

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COVID-19 pandemic. (MB)

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

2021-03607

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

The latest registration data report from the Nursing and Midwifery Council (NMC) shows there were 731,918 nurses, midwives and nursing associates on the permanent register on 31st March 2021.

This is an increase of 15,311 compared to the same time last year. (LDO)

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

2021-03591

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

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

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

2021-03575

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

Objective:

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

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Study design:

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

Result:

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

Conclusion:

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

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

2021-03527

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

Background:

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

Methods:

As part of the Recovering Emotionally from COVID study (RECOVID), 30-day STB among healthcare professionals (N = 6,409) was assessed in an e-survey in healthcare settings in Belgium. The prevalence of STB and associated risk factors were estimated in multivariable models with

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individual-level and society-level measures of association. We used post-stratification weights to make the data representative for the entire clinical workforce in Belgium.

Results:

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

Limitations:

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

Conclusions:

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

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

2021-03466

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

Background:

There was an outbreak of COVID-19 towards the end of 2019 in China, which spread all over the world rapidly. The Chinese healthcare system is facing a big challenge where hospital workers are experiencing enormous psychological

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pressure. This study aimed to (1) investigate the psychological status of hospital workers and (2) provide references for psychological crisis intervention in the future.

Method:

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

Results:

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

Limitations:

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

Conclusion:

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

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2021-03465

Impact of coronavirus syndromes on physical and mental health of health care workers: Systematic review and meta-analysis. Salazar de Pablo G, Vaquerizo-Serrano J, Catalan A, et al (2020), Journal of Affective Disorders vol 275, 1 October 2020, pp 48-57

Background:

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

Methods:

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

Results:

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

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Limitations:

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

Conclusions:

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

2021-03464

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

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

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2021-03323

Delivering better maternity care: The case for a new maternity strategy for Northern Ireland.

Royal College of Midwives (2021), Belfast: RCM Northern Ireland 2021. 14 pages
Presents the case for a new maternity strategy for Northern Ireland (NI), which has an average of 20,000 births a year. Draws on the Strategy for Maternity Care in Northern Ireland 2012–2018, which led to improvements in maternity care, but ended three years ago. Since then, the coronavirus pandemic has meant that health services across the world have needed to change the way they deliver care, including maternal health services in NI. Examines some new developments and suggests new areas of focus for consideration. (JSM)

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

2021-03275

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

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

2021-03274

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

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

2021-03273

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

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

2021-03269

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

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

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2021-03267

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

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

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

2021-03254

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

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

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

2021-03240

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

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

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

2021-03237

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

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

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

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2021-03236

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

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

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

2021-03231

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

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

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

2021-03226

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

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

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

2021-03225

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

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

2021-03223

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

While Covid-19 has changed almost everything, some things remain the same as a health minister promises reform and funding in an address to the Irish Nurses and Midwives Organisation (INMO)

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special annual delegate conference (SADC). Alison Moore reports. (Author, edited)
Full URL: <https://online.flippingbook.com/view/967791/22/>

2021-03222

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

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

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

2021-03145

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

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

Acknowledges that since the summer of 2020, the impact of the pandemic on the female workforce has got worse, with many women reporting deterioration in their physical and emotional health.

However, the findings illustrate improvement in the areas of teamworking and camaraderie. (JSM)

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

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2021-03071

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

Problem:

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

Background

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

Aim

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

Methods:

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

Findings:

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

Discussion:

Restrictions applied to women's choices, impacted midwives' ability to provide woman-centred care, which resulted in stress and anxiety for midwives. Professional resilience was supported through

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collaborative relationships and working in continuity models. Midwives revealed 'silver linings' experienced in providing care during the pandemic.

Conclusion:

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

(Author)

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

2021-02476

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

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

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

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

Results: The participants' state and trait anxiety scores were above average, indicating a moderate level of anxiety and the mean total solution-focused inventory scores were at a moderate level. It was determined that 47.9% of the variance in state anxiety scores could be explained by trait anxiety, age, years of professional experience, chronic illness, type of work shift during the

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pandemic, follow-up of patients diagnosed with COVID-19 using computed tomography or a COVID-19 test, and whether the institution was taking necessary measures against COVID-19. There was a negative relationship between state anxiety and solution-focused inventory total score.

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

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

2021-02296

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

Aims:

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

Methods:

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

Results:

Eighty NCHDs accessed the survey. Forty respondents participate in a training scheme, comprising 26% of the total. Most doctors reported major changes to work rostering (92%, 68/74); gynaecological services (76%, 56/74) and antenatal care (68%, 50/74). Up to April 22nd, 32% (11/34) reported PPE/masks use was recommended in antenatal clinics compared to 33% (11/33) throughout labour or in the second stage. From April 23rd, when HSE guidance on PPE changed, these figures increased to 74% (28/38, $p < 0.001$) and 46% (17/37) respectively. Nearly all (96%,

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68/71) felt their personal and family life was affected. The majority (89%, 63/71) felt their anxiety level was somewhat (44/71) or much higher (19/71) than that before the pandemic.

Conclusion:

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

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

2021-02271

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

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

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

2021-02231

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

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

2021-02199

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

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

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2021-01881

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

Objective:

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

Study Design:

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

Results:

110 ObGyn trainees from 25 different countries responded to the questionnaire. Almost all trainees (95%, N = 105) reported an effect on their training due to COVID-19 pandemic. Training was interrupted in 21% of cases (n = 23). Trainees observed a decrease in educational activities or lectures and a decrease in number of patients. The possibility of training surgical skills decreased, because 67% (N = 74) trainees reported that surgeries were cancelled. Trainees expressed concerns about reaching the goals of their ObGyn specialist training in 60% (n = 66) of cases. A decrease in workload was experienced during the first COVID-19 wave in Europe by 60% (n = 66) of trainees. On average these trainees worked 33% less hours compared to a normal workweek. Although 22% (n = 24) were expected to be available continuously for 24 hours a day and 7 days a week for unscheduled duties, 15% (n = 16) were deployed to work on special COVID-units. Concerning

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preparation, 45% of the trainees (n = 50) had not received any training for treating COVID-positive patients. Trainees claimed to have enough personal protective equipment (PPE), although problems were reported. Any form of psychosocial support was arranged for 65% of trainees (n = 71) by the hospital or department. The results of the survey suggest that obstetric care was not affected much (92% (n = 102) of the respondents said at least necessary care continued) while patients in need for reproductive medicine were affected the most; out of the 110 departments 58% (n = 60) were closed and 35% (n = 36) reduced their activities. Access to family planning and benign gynaecology were also significantly reduced; 77% and 87% respectively of the departments were less accessible or only open to emergency cases.

Conclusion:

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

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

2021-01848

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

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

2021-01738

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

Background:

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

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Objective:

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

Study Design:

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

Results:

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

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Conclusions:

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

2021-01608

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

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

2021-01550

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

Problem:

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

Background:

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

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Aim:

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

Methods:

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

Results:

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

Conclusion:

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

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

2021-01418

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

Background

The COVID-19 pandemic has resulted in significant changes and restrictions to neonatal care. The

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aim of this study was to explore the impact of these changes on Neonatal Nurses globally.

Methods:

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

Results:

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

Conclusion

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

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

2021-01379

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

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

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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)

2021-01376

Mobilization of health professions students during the COVID-19 pandemic. Rupley DM, Grilo SA, Kondragunta S, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151276
The COVID-19 pandemic has posed challenges for medical education and patient care, which were felt acutely in obstetrics due to the essential nature of pregnancy care. The mobilization of health professions students to participate in obstetric service-learning projects has allowed for continued learning and professional identify formation while also providing a motivated, available, and skilled volunteer cohort to staff important projects for obstetric patients.

2021-01267

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

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

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

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2021-01254

NMC reflects on extraordinary time one year on from the first Covid-19 national lockdown.

Various (2021), Nursing and Midwifery Council 23 March 2021

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

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

20210125-16*

RE: Redeployment of maternity staff during pandemic. Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2021), London: RCOG January 2021.1 page Joint letter from the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) urging hospitals to avoid redeploying staff away from maternity units during the current coronavirus pandemic, except as a last resort, to ensure the safety of mothers and babies.

This letter has been produced in response to reports that maternity staff are being temporarily transferred to other parts of the NHS to support pandemic work. (JSM)

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

2021-01235

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

Background:

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

Aims:

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

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Methods:

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

Results:

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

Conclusions:

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

20210120-30*

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

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

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

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20210120-28*

Mask-related skin injury during a respiratory pandemic: A wound CNC perspective. Sage S (2020), Australian Nursing and Midwifery Journal vol 26, no 12, October-December 2020, pp 24-25
Healthcare workers (HCW) are using personal protective equipment (PPE) more often and for longer wear times to reduce the risk of contracting or transmitting COVID-19. (Author)

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

20210120-26*

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

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

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

20210120-24*

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

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

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

20210114-26*

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

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

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

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20210112-22*

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

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

20210112-20*

Leading the way: student innovation in Malawi. Chigwede M (2021), *The Student Midwife* vol 4, no 1, January 2021, p 17

Malawian student nurse-midwife Martin Chigwede reflects upon the innovative intervention he developed to prepare his community for the arrival of COVID-19, and ends his reflection by challenging students to embrace leadership roles and innovation during these unprecedented times. (Author)

20210112-10*

Centering in times of the COVID-19 pandemic. Rijnders M, Jans S, Groesen K (2021), *The Practising Midwife* vol 24, no 1, January 2021, pp 9-13

Reduced antenatal care services and an acute halt to Centering-based antenatal group care were one of the results of the COVID-19 lockdown in the Netherlands. The pandemic and the subsequent reduction in antenatal services gave rise to anxiety and stress in pregnant women, increasing the need for group antenatal care more than ever. Throughout the country both women and midwives initiated online alternatives for existing group care meetings. The Centering Foundation Netherlands and TNO, the Dutch institute for applied research, took the lead and developed a standardised Centering-based antenatal group care method online and live with physical distancing. (Author)

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20210111-6

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

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

20210111-5

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

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

20210111-4

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

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

20210111-24

Development of the Emotional Wellbeing at Work Virtual Programme to support UK health visiting teams. Baldwin S, Stephen R, Bishop P, et al (2020), *Journal of Health Visiting* vol 8, no 12, December 2020, pp 516-522

The Covid-19 pandemic has changed the way in which health visiting services are delivered in the UK. Health visitors are now having to work more remotely, with virtual methods for service delivery as well as using personal protective equipment where face-to-face contacts are necessary. This rapid change has resulted in many health visiting staff working under greater levels of pressure, feeling isolated, anxious and unsettled. This article discusses a virtual programme that has been funded by the RCN Foundation and developed by the Institute of Health Visiting to support the emotional wellbeing of health visiting teams in the UK. It outlines the background to the project, the theoretical underpinnings to inform the programme model and the evaluation process that will be used to further refine the programme before wider implementation. (Author)

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20210111-1

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

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

20210108-3*

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

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

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/covid-19-temporary-register/letter-to-nursing-and-midwifery-professionals.pdf>

2021-01020

Student experiences of COVID. Wilson C, Lloyd C (2021), *Midwives* vol 24, March 2021, pp 38-42

The RCM made safeguarding education a priority during the pandemic - RCM policy advisor Charlotte Wilson and head of education and learning Carmel Lloyd explain why. (Author)

2021-01019

Covid-19 checklist. Sorby A (2021), *Midwives* vol 24, March 2021, pp 34-35

RCM employment relations advisor Alice Sorby shares the current guidance for Covid-19 safety. (Author)

2021-01018

Caring is sharing. Adgie G (2021), *Midwives* vol 24, March 2021, pp 32-33

Gill Adgie says RCM branches were doing amazing work caring for members before Covid, but now it's been taken to another level. (Author)

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2021-01016

Bags of kindness. Anon (2021), *Midwives* vol 24, March 2021, p 31

Feeling sympathy for women on the wards during the pandemic without their partners, the Cardiff University Midwifery Society organised gift bag donations to spread a little love. (Author)

2021-00936

Should the COVID-19 pandemic encourage us to re-evaluate the role of the maternity support worker (MSW) in homebirths?. Grainger C (2021), *The Practising Midwife* vol 24, no 3, March 2021, pp 32-34

This article will explore whether the pandemic calls for the re-evaluation and extension of the maternity support worker (MSW) role with regards to homebirths, and what training is required to ensure we have competent, capable and highly skilled MSWs in homebirth settings. (Author, edited)

2021-00918

A research midwife in a pandemic. Perry AG (2021), *British Journal of Midwifery* vol 29, no 2, February 2021, p 115

As we go into further lockdown in England, research midwife Alison Perry reflects on the place of research at the frontline of the pandemic. (Author)

2021-00908

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

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

2021-00827

Who Is Caring for Health Care Workers' Families Amid COVID-19?. Robinson LJ, Engelson BJ, Hayes SN (2021), *Academic Medicine* 23 February 2021, online

Amid the COVID-19 pandemic, women in medicine, including faculty, residents, medical students, and other health care workers (HCWs), are facing unparalleled challenges. The burdens of pandemic-associated increases in domestic and caregiving responsibilities, professional demands, health risks associated with contracting COVID-19, and the resulting psychosocial distress have exacerbated

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existing gender disparities at home, at work, and in academia. School and daycare closures have created additional childcare needs, primarily for women, yet little support exists for parents and families. These increased childcare and domestic responsibilities have forced women HCWs, who make up the overwhelming majority of the workforce, to adapt their schedules and, in some cases, leave their jobs entirely.

In this article, the authors detail how COVID-19 has exacerbated existing childcare accessibility and affordability issues as well as gender disparities. They argue that, unless government and health care organization support for childcare increases, families, specifically women and children, will continue to suffer. Lack of access to affordable childcare can prevent HCWs from doing their jobs, including conducting and publishing academic scholarship. This poses incalculable risks to families, science, and society. COVID-19 should serve as a call to action to all sectors, including the government and health care organizations, to prioritize childcare provision and increase support for women HCWs, both now during the pandemic and going forward. (Author)

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2021-00727

Running maternity services during the coronavirus pandemic: keep calm and don't forget the woman! Carter N (2020), AIMS Journal vol 32, no 3, September 2020

Natalie Carter, talks about how her local Trust has managed their midwifery service since March 2020 to meet the needs of the service user. (Author)

Full URL: <https://www.aims.org.uk/journal/item/chelsea-and-westminster>

2021-00715

Managing a doula team in the Covid-19 crisis. Bromley-Hesketh M (2020), AIMS Journal vol 32, no 2, June 2020

Michelle Bromley-Hesketh talks about the challenges of balancing life, work and a doula team during coronavirus. (Author)

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

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2021-00712

Doula-ing from a distance: better than nothing. Pengelly H (2020), AIMS Journal vol 32, no 2, June 2020

Hilary Pengelly shares what being a doula during the Covid-19 pandemic means. (Author)

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

2021-00703

Staff who refuse covid vaccine face 'one-to-one' with managers. Kituno N (2021), Health Service Journal 5 March 2021

NHS England has called for line managers to have one-to-one conversations with staff who have refused the covid vaccine by next week, to discuss its 'powerful protective effects'. (Author)

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

2021-00459

Establishing information needs and research priorities in response to the Covid-19 pandemic in the local maternity setting. Evans K, Janiszewski H, Evans C, et al (2021), Midwifery vol 95, April 2021, 102922

The purpose of this project was to identify gaps in the current evidence base and to identify research priorities in the local context during the Covid-19 pandemic. This paper reports on the application and adaptation of the CHNRI methodology which follows a series of criteria setting, filtering and scoring exercises. The views of maternity care professionals, midwifery managers and leaders, women and families were continually sought throughout the project stages. We found the CHNRI methodology to be a useful framework to highlight topics with greater or smaller consensus within a relatively short time frame and with minimal burden to participants. The criteria were defined to focus on research topics where no existing or on-going studies were identified and topics likely to lead to improvements in care with relevance beyond the Covid-19 pandemic.

Full URL: <https://doi.org/10.1016/j.midw.2021.102922>

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2021-00446

Adaptation of independent midwives to the COVID-19 pandemic: A national descriptive survey.

Baumann S, Gaucher L, Bourgueil Y, et al (2021), *Midwifery* vol 94, March 2021, 102918

Objective:

The main objective of this survey was to identify how independent midwives, mainly working in primary care, adapted their practices at the beginning of the COVID-19 pandemic in France. Our assumption was that this practice adaptation would vary according to both geographical area (timing of pandemic effect) and whether they practiced alone or in a group.

Design:

We conducted an online national survey of independent midwives in France from March 16–23, 2020.

Setting:

All districts in mainland France and the overseas territories.

Participants:

Respondents from the population of all independent midwives working in France.

Measurements and findings:

The primary outcome measure was the proportion of midwives reporting that they had adapted their practices to the context of the COVID-19 pandemic, and the rank, in order of frequency, of the postponed or cancelled activities.

Results:

Of the 1517 midwives who responded, i.e., 20.3% of the independent midwives in France, 90.6% reported adapting one or more of their practices. The main adjustment was the postponement or cancellation of consultations deemed non-essential, listed in descending order: postpartum pelvic floor rehabilitation (n = 1270, 83.7%), birth preparation (n = 1188, 78.3%), non-emergency preventive gynaecology consultation (n = 976, 64.3%), early prenatal interview (n = 170, 11.2%), and postnatal follow-up (n = 158, 10.4%).

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Key conclusions:

Without guidelines, each midwife had to decide individually if and how to adapt her practice. Postpartum pelvic floor rehabilitation and birth preparation have been strongly affected. The results of this national survey indicate that a large majority of midwives have adapted their practices, independently of the local course of the pandemic, and that this reduction of contacts with women raises questions in this period of anxiety about intermediate-term adaptations to guarantee the continuity and safety of care.

Implications for practice:

This study's results can be used to develop tools to handle cancelled consultations. Video, also called virtual, visits and coordination between independent practitioners and hospitals are probably the major challenges in the current context.

2021-00400

Together: Navy Reserve's Response to COVID-19 Pandemic. Dutta EH, Barker M, Gherman R (2021), American Journal of Perinatology vol 38, no 3, February 2021, pp 307-309

Under the direction of U.S. Northern Command for COVID-19 pandemic response efforts, approximately 500 Navy Reserve medical professionals were deployed to the New York City area from April to June 2020. Some of these providers were asked to serve in 11 overburdened local hospitals to augment clinic staffs that were exhausted from the battle against coronavirus. Two maternal/fetal medicine physicians were granted emergency clinical providers to assist in these efforts. (Author)

Full URL: <https://doi.org/10.1055/s-0040-1721710>

2021-00139

A guide to the NMC emergency standards for nurse education during the current deployment of student nurses. Leigh J, Bullpit S, Dunn J, et al (2020), British Journal of Nursing vol 29, no 11, 2020, pp 632-638

The Nursing and Midwifery Council (NMC) recognises the important contribution that nursing students are making to the national response to the COVID-19 pandemic. This article reports on the Greater Manchester Supervision and Delegation Framework, providing practical guidance for

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students and practice staff (practice supervisor/practice assessor and registered nurse) on how to support student nurses who have opted into a paid (deployed) healthcare role. The framework operationalises NMC emergency standards for Nursing and Midwifery education, enabling students to complete their pre-registration undergraduate or postgraduate nursing programme while also supporting the healthcare workforce (NMC, 2020). (Author)

2021-00136

The relationship between COVID-19 knowledge levels and anxiety states of midwifery students during the outbreak: A cross-sectional web-based survey. Sogut E, Dolu I, Cangöl E (2021), Perspectives in Psychiatric Care vol 57, no 1, January 2021

Purpose: To determine the relationship between the anxiety states and knowledge levels of female midwifery students about COVID-19 during the outbreak.

Design and methods: This cross-sectional study carried out with online participation of 972 female midwifery students.

Findings: The anxiety levels of the female midwifery students were high among those visiting the hospital during the pandemic and having parents or relatives who had chronic diseases. Female midwifery students had a high level of knowledge regarding COVID-19.

Practice implications: Female midwives of the future will take part in primary health care services in the protection and promotion of health as an important occupational group in the public health system. To determine mental health and psychological needs of them during the outbreak will greatly contribute to the pandemic management process.

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2021-00032

Open and Distance Learning Programs for Nursing and Midwifery Education in East Africa: Protocol for a Scoping Review. Isangula K, Edwards G, Mwansisya T, et al (2021), JMIR Research Protocols vol 10, no 1, 11 January 2021, e17765

Background: In the face of growing modernity and the coronavirus disease 2019 (COVID-19) pandemic, open and distance learning (ODL) is considered to play an important role in increasing access to education worldwide. There is a robust evidence base demonstrating its cost effectiveness in comparison with conventional class-based teaching; however, the transition to this new paradigm of learning for nursing and midwifery courses has been difficult in low-income countries. While there are notable efforts to increase internet and education access to health care professionals, not much is known about ODL for nurses and midwives in East African countries.

Objective: The objective of this scoping review is to understand whether ODL programs for nursing and midwifery education exist, the drivers of their adoption, their implementation, the topics/courses covered, their acceptability, and their impacts in East African countries.

Methods: The scoping review methodology employs the framework developed by Arksey and O'Malley. Using an exploratory approach, a two-stage screening process consisting of a title and abstract scan and a full-text review will be used to determine the eligibility of articles. To be included, articles must report on an existing ODL initiative for nurses and midwives in Uganda, Tanzania, and Kenya. All articles will be independently assessed for eligibility by pairs of reviewers, and all eligible articles will be abstracted and charted in duplicate using a standardized form.

Results: Details of ODL for nursing and midwifery education initiatives and study outcomes will be summarized in a table. The extracted data will undergo exploratory descriptive analysis, and the results will be classified into learner and clinical outcomes.

Conclusions: Evidence on ODL for nursing and midwifery education will inform the ongoing development and restructuring of health care professional education in East Africa amidst the COVID-19 pandemic. (Author)

Full URL: <https://www.researchprotocols.org/2021/1/e17765/>

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2021-00031

Sustaining quality education and practice learning in a pandemic and beyond: 'I have never learnt as much in my life, as quickly, ever'. Renfrew MJ, Bradshaw G, Burnett A, et al (2021), *Midwifery* vol 94, March 2021,102915

The context of healthcare and of healthcare education has radically changed as a result of the Covid-19 pandemic. To identify positive strategies for midwifery education in this context, five case studies from the UK and beyond were conducted using an appreciative enquiry approach, from the perspectives of students, the maternity services, cross-university collaboration, and digital learning. A health system analysis was used to identify strategies to cope, adapt, and transform for the future, at the levels of individuals, teams, and the whole system.

Findings showed that the implementation of effective responses was possible. Responding effectively and rapidly to a shock as profound as this pandemic requires courageous, respectful, evidence-based, innovative, collaborative, cross-sectoral working and leadership across education institutions, practice settings, the regulator, government, and with students themselves. Pre-existing trusting relationships and collaborative systems supported rapid responses.

Effective digital learning requires a pro-active, student-centred approach, and addressing the problems of inequitable access to equipment and space. Joint problem-solving and focussing on the key outcomes that matter contribute to developing successful strategies and robust processes. The pandemic provides an opportunity for student midwives to be re-imagined as essential members of midwifery teams and not 'just students'. Transformative actions identified include whole-system working, tackling longstanding problems including racism, poverty, prejudice, and systemic discrimination, and keeping students at the heart of the education system. (Author)

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20201221-7*

Challenges currently faced in midwifery careers. Kerolo S (2020), British Journal of Midwifery vol 28, no 12, December 2020, pp 840-841

Highlights various challenges faced by midwives including the COVID-19 pandemic and supporting mothers with perinatal mental health problems. (LDO)

20201216-22*

EBCOG position statement – Simulation-based training for obstetrics and gynaecology during the COVID-19 pandemic. Zimmerman E, Martins NN, Verheijen RHM, et al (2021), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 258, March 2021, pp 457-458

The speciality of Obstetrics and Gynaecology has been on the forefront of introducing simulation in post graduated education for the past two decades. Simulation training is known to enhance psychomotor skills and is considered an important step in the transition from classroom learning to clinical practice. Training on simulators allows trainees to acquire basic skills before getting involved in day to day care in real life situation. Clinical circumstances around COVID 19 pandemic has highlighted the key importance of simulation training in delivering post graduate curriculum.

(Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.12.002>

20201208-99*

Turning the tide. The experiences of Black, Asian and Minority Ethnic NHS staff working in maternity services in England during and beyond the Covid-19 pandemic. BAME Maternity Workforce (2020), London: East London Local Maternity Services & East London Health and Care Partnership October 2020

This report explores the experiences of Black, Asian and Minority Ethnic (BAME) people working in the NHS, during the ongoing Covid-19 pandemic. (Publisher, edited)

Full URL: <https://www.eastlondonhcp.nhs.uk/ourplans/bame-maternity.htm>

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20201202-55*

Intradepartmental redeployment of faculty and staff. Divito M, Advincula A, Burgansky A, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151299

Discusses the re-deployment of staff and faculty fellows after a significant strain on obstetric services at the Department of Obstetrics and Gynecology at Columbia University during the COVID-19 pandemic. (LDO)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151299>

20201202-54*

COVID-19 in a community hospital. Burgansky A, Coletta-Lucas J, Garcia MS (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151292

The rapid spread of COVID-19 across the globe quickly and drastically changed the way we practice medicine. In order to respond to its effects, careful planning and implementation of new guidelines and protocols was crucial to ensure the safety of both patients and staff. Given the limitations of space, staff, and resources in the community hospitals, a centralized command center, robust lines of communication within the department and between departments, and contingency and surge planning in this setting were critical. This chapter focuses on the unique challenges of practicing within a Level II hospital during a global pandemic.(Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151292>

20201201-3

The midwife's role in managing confirmed moderate-to-severe COVID-19 in pregnancy. Mayo H (2020), MIDIRS Midwifery Digest vol 30, no 4, December 2020, pp 487-493

Discusses the aetiology and classification of COVID-19 and how it affects pregnant women.

Highlights the role of the midwife in managing moderate-to-severe cases and reducing potential risks to the fetus. Concludes that midwives are best suited as lead co-ordinators as part of a wider multi-disciplinary team. (LDO)

20201130-4

Human factors review of a safety-critical system in a pandemic. Elliott-Mainwaring H (2020), MIDIRS Midwifery Digest vol 30, no 4, December 2020, pp 462-468

Discusses the failure of safety-critical systems within the context of the UK health care system during

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the COVID-19 pandemic. Draws upon several conceptual frameworks including the Swiss Cheese Model (SCM), the System Engineering Initiative for Patient Safety (SEIPS) and the Human Factors Conceptual Framework to Map-Assess-Recognize-Conclude (HF-MARC). Concludes that human vulnerabilities should be recognised and systems should be built around these. (LDO)

20201127-10*

Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care. Jardine J, Relph S, Magee LA, et al (2021), BJOG: An International Journal of Obstetrics and Gynaecology vol 128, no 5, April 2021, pp 880-889

Objective:

To explore the modifications to maternity services across the UK, in response to the coronavirus disease 2019 (COVID-19) pandemic, in the context of the pandemic guidance issued by the Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Midwives (RCM) and NHS England.

Design:

National survey.

Setting:

UK maternity services during the COVID-19 pandemic.

Population or sample:

Healthcare professionals working within maternity services.

Methods:

A national electronic survey was developed to investigate local modifications to general and specialist maternity care during the COVID-19 pandemic, in the context of the contemporaneous national pandemic guidance. After a pilot phase, the survey was distributed through professional networks by the RCOG and co-authors. The survey results were presented descriptively in tabular and graphic formats, with proportions compared using chi-square tests.

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Main outcome measures:

Service modifications made during the pandemic.

Results:

A total of 81 respondent sites, 42% of the 194 obstetric units in the UK, were included. They reported substantial and heterogeneous maternity service modifications. Seventy percent of units reported a reduction in antenatal appointments and 56% reported a reduction in postnatal appointments; 89% reported using remote consultation methods. A change to screening pathways for gestational diabetes mellitus was reported by 70%, and 59% had temporarily removed the offer of births at home or in a midwife-led unit. A reduction in emergency antenatal presentations was experienced by 86% of units.

Conclusions:

This national survey documents the extensive impact of the COVID-19 pandemic on maternity services in the UK. More research is needed to understand the impact on maternity outcomes and experience.

Tweetable abstract:

A national survey showed that UK maternity services were modified extensively and heterogeneously in response to COVID-19. (Author)

20201126-66*

eHealth for neonatal nurse education despite Covid-19. Cunningham C, Moore Z, O Connor T, et al (2021), Journal of Neonatal Nursing vol 27, no 3, June 2021, pp 188-190

Aim:

The aim of this contemporary issue paper is to challenge the premise that the term 'eHealth' is relatable to patient or service users only. It will be critically explored if the term can be broadened to include neonatal nurse education interventions.

Design

A review of current literature will form the basis for the critical discussion of the term eHealth, and

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why it can be associated with neonatal nurse education.

Methods:

The critical discussion will identify and review past and current literature relating to eHealth and its origins. It will portray the viability of the term eHealth as more than just a patient associated intervention, and why it should also be encompassed as a neonatal nurse education option.

Conclusion:

eHealth is traditionally identifiable as a service user intervention or source of information. The term should be broadened to encompass neonatal nurse education and used as a resource that is easily accessible and user friendly. This will in turn encourage the personal and professional development of neonatal nurses and should ultimately contribute to evidence based best practices in the clinical environment, despite the current global pandemic. (Author)

Full URL: <https://doi.org/10.1016/j.jnn.2020.11.002>

20201125-8*

Statement: Principles for nursing and midwifery students during the next phase of the COVID-19 pandemic. May R, McArdle C, McQueen F, et al (2020), London: NMC 23 November 2020

Joint statement from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors outline the plan to continue the supernumerary status of students and the cancellation of paid clinical placements. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/principles-for-students-during-next-phase-of-covid/>

20201120-1*

Joint letter on supporting professionals during the second wave of Covid-19. May R, McArdle C, McQueen F, et al (2020), London: NMC 20 November 2020

Joint letter from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors thank nurses and midwives for their work throughout the pandemic, ask employers and professional bodies to be flexible in

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their expectations, and reaffirm their commitment to supporting students to complete their programmes on time. (LDO)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/joint-letter-second-wave-covid/>

20201119-9*

Ethics of Midwifery Care During the COVID-19 Pandemic. Kantrowitz-Gordon I (2020), Journal of Midwifery and Women's Health vol 65, no 6, November/December 2020, pp 731-732
Editorial discussing ethics and policy development in the context of racial disparities during the COVID-19 pandemic. (LDO)

20201117-52*

The impact of a segregated team roster on obstetric and gynecology services in response to the COVID-19 pandemic in a tertiary care center in India. Mahey R, Sharma A, Kumari A, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 3, December 2020, pp 341-346

Objective:

To determine the impact of roster reorganization on ensuring uninterrupted services while providing necessary relief to healthcare workers (HCW) in the obstetrics department of a tertiary care center amid the COVID-19 outbreak.

Methods:

The COVID-19 rostering response began in April 2020 and evolved in two phases: (1) development of new areas for screening and managing suspected/positive cases of COVID-19; and (2) team segregation according to area of work. The impact of these changes on HCWs and patients was assessed 3 months later.

Results

Developing separate areas helped to minimize the risk of exposure of patients and HCWs to those with COVID-19. Residents and consultants worked intensively in clinical areas for 1 week followed by 1-2 weeks of non-clinical or standby assignments, providing adequate opportunity for isolation.

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Frequent re-evaluation of the roster was nevertheless required as the pandemic progressed. Segregating teams vertically significantly reduced the number of contacts identified on contact tracing and quarantine leaves, while maintaining patient satisfaction with no increase in adverse events. Residents found the roster to be 'smart' and 'pandemic-appropriate.'

Conclusion:

The 'COVID emergency roster' helped ensure quality care with minimum risk of exposure and sufficient breaks for physical and psychological recovery of HCWs.

Synopsis:

A team-based roster in response to COVID-19 outbreak ensured continuity of optimum patient care with minimum exposure and physical and psychological well-being of healthcare workers. (Author)

20201117-39*

Airborne transmission of severe acute respiratory syndrome coronavirus-2 to healthcare workers: a narrative review. Wilson NM, Norton A, Young FP, et al (2020), *Anaesthesia* vol 75, no 8, August 2020, pp 1086-1095

Healthcare workers are at risk of infection during the severe acute respiratory syndrome coronavirus-2 pandemic. International guidance suggests direct droplet transmission is likely and airborne transmission occurs only with aerosol-generating procedures. Recommendations determining infection control measures to ensure healthcare worker safety follow these presumptions. Three mechanisms have been described for the production of smaller sized respiratory particles ('aerosols') that, if inhaled, can deposit in the distal airways. These include: laryngeal activity such as talking and coughing; high velocity gas flow; and cyclical opening and closure of terminal airways. Sneezing and coughing are effective aerosol generators, but all forms of expiration produce particles across a range of sizes. The 5- μ m diameter threshold used to differentiate droplet from airborne is an over-simplification of multiple complex, poorly understood biological and physical variables. The evidence defining aerosol-generating procedures comes largely from low-quality case and cohort studies where the exact mode of transmission is unknown as aerosol production was never quantified. We propose that transmission is associated with time in proximity to severe acute respiratory syndrome coronavirus-1 patients with respiratory symptoms, rather than the procedures per se. There is no proven relation between any aerosol-generating

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procedure with airborne viral content with the exception of bronchoscopy and suctioning. The mechanism for severe acute respiratory syndrome coronavirus-2 transmission is unknown but the evidence suggestive of airborne spread is growing. We speculate that infected patients who cough, have high work of breathing, increased closing capacity and altered respiratory tract lining fluid will be significant producers of pathogenic aerosols. We suggest several aerosol-generating procedures may in fact result in less pathogen aerosolisation than a dyspnoeic and coughing patient. Healthcare workers should appraise the current evidence regarding transmission and apply this to the local infection prevalence. Measures to mitigate airborne transmission should be employed at times of risk. However, the mechanisms and risk factors for transmission are largely unconfirmed. Whilst awaiting robust evidence, a precautionary approach should be considered to assure healthcare worker safety. (Author)

20201117-31*

COVID-19: women with diabetes and hypertension during pregnancy. Hu J, Danielli M, Thomas RC, et al (2020), British Journal of Midwifery vol 28, no 11, November 2020, pp 800-801
Midwives should be prepared to create individualised care plans, share data and liaise with other departments, to improve maternal and fetal outcomes for pregnant women with these conditions. (Author)

20201117-29*

Midwives in low-resource settings. Shahid S (2020), British Journal of Midwifery vol 28, no 11, November 2020, pp 796-798

Pakistan is a low-resource country where midwives are often not supported in their role as skilled birth attendants. Changes are needed to support midwives in providing safe and effective care. (Author)

20201116-83

Interview with Midwife Jennie Joseph. Allen J (2020), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 34, no 5, September 2020, pp 339-356

In this interview, JOPPPAH Associate Editor, Dr. Jazman Allen, spoke with Orlando midwife, Jennie Joseph regarding Jennie's experience working with underserved populations during the concurrent

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COVID-19 pandemic and heightened racial tensions in the United States. This interview was edited for clarity only. (Author)

20201116-79

How Birth Providers in the United States are Responding to the COVID-19 Pandemic. Davis-Floyd R, Gutschow K, Schwartz DA, et al (2020), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 34, no 4, June 2020, pp 272-285

How quickly and in what ways are United States maternity care practices changing due to the COVID-19 pandemic? Our survey data indicate that partners and doulas are being excluded from birthing rooms while many mothers are isolated, unsupported, and laboring alone. Providers face changing hospital protocols, lack of personal protective equipment (PPE), and unclear guidelines for practice. In this rapid-response article, we investigate the quickly shifting protocols for in-hospital and out-of-hospital births, and examine the decision making behind these changes. We ask whether COVID-19 will cause women, families, and providers to look at birthing in a different light, and whether this offers a testing ground for future policy changes to generate effective maternity care in the face of pandemics and other types of disasters. (Author)

20201112-6*

Nursing and midwifery workforce numbers continue to grow as concern around the long term impact of Covid-19 remains. Nursing and Midwifery Council (2020), London: NMC 12 November 2020

Reports that the latest mid-year figures from the Nursing and Midwifery Council (NMC) show that between 1 April and 30 September 2020, 5,949 nurses joined the permanent register, an increase of 0.9%, and the number of midwives rose by 937 (2.5%). States that the mid-year registration report includes statistics from the NMC's COVID-19 temporary register, showing that at the end of September this year 12,756 former nurses, midwives and overseas professionals were registered. Includes comments from NMC Chief Executive and Registrar, Andrea Sutcliffe on the impact of COVID-19 and the overwhelming response from nurses, midwives and nursing associates. (JSM)

Full URL: <https://www.nmc.org.uk/news/news-and-updates/nmc-register-data-september-2020/>

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20201112-10*

Mid-year update: 1 April - 30 September 2020. Nursing & Midwifery Council (2020), London: NMC 12 November 2020, 5 pages

Provides an update on the number of midwives, nurses and nursing associates on the permanent and temporary registers of the Nursing & Midwifery Council. The permanent register increased from 16,607 at the beginning of April to 724,516 at the end of September. (LDO)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-register/september-2020/nmc-register-september-2020.pdf>

20201109-8*

Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. Vindrola-Padros C, Andrews L, Dowrick A, et al (2020), BMJ Open vol 10, no 11, November 2020, e040503

Objective: The COVID-19 pandemic has set unprecedented demand on the healthcare workforce around the world. The UK has been one of the most affected countries in Europe. The aim of this study was to explore the perceptions and experiences of healthcare workers (HCWs) in relation to COVID-19 and care delivery models implemented to deal with the pandemic in the UK.

Methods: The study was designed as a rapid appraisal combining: (1) a review of UK healthcare policies (n=35 policies), (2) mass media and social media analysis of front-line staff experiences and perceptions (n=101 newspaper articles, n=1 46 000 posts) and (3) in-depth (telephone) interviews with front-line staff (n=30 interviews). The findings from all streams were analysed using framework analysis.

Results: Limited personal protective equipment (PPE) and lack of routine testing created anxiety and distress and had a tangible impact on the workforce. When PPE was available, incorrect size and overheating complicated routine work. Lack of training for redeployed staff and the failure to consider the skills of redeployed staff for new areas were identified as problems. Positive aspects of daily work reported by HCWs included solidarity between colleagues, the establishment of well-being support structures and feeling valued by society.

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Conclusion: Our study highlighted the importance of taking into consideration the experiences and concerns of front-line staff during a pandemic. Staff working in the UK during the COVID-19 pandemic advocated clear and consistent guidelines, streamlined testing of HCWs, administration of PPE and acknowledgement of the effects of PPE on routine practice.

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See: <http://creativecommons.org/licenses/by-nc/4.0/>. (Author)

Full URL: <http://dx.doi.org/10.1136/bmjopen-2020-040503>

20201106-3*

Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review (Cochrane Review). Pollock A, Campbell P, Cheyne J, et al (2020), The Cochrane Database of Systematic Reviews issue 11, 5 November 2020, Art. No: CD013779

Background:

Evidence from disease epidemics shows that healthcare workers are at risk of developing short- and long-term mental health problems. The World Health Organization (WHO) has warned about the potential negative impact of the COVID-19 crisis on the mental well-being of health and social care professionals. Symptoms of mental health problems commonly include depression, anxiety, stress, and additional cognitive and social problems; these can impact on function in the workplace. The mental health and resilience (ability to cope with the negative effects of stress) of frontline health and social care professionals ('frontline workers' in this review) could be supported during disease epidemics by workplace interventions, interventions to support basic daily needs, psychological support interventions, pharmacological interventions, or a combination of any or all of these.

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Objectives:

Objective 1: to assess the effects of interventions aimed at supporting the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic.

Objective 2: to identify barriers and facilitators that may impact on the implementation of interventions aimed at supporting the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic.

Search methods:

On 28 May 2020 we searched the Cochrane Database of Systematic Reviews, CENTRAL, MEDLINE, Embase, Web of Science, PsycINFO, CINAHL, Global Index Medicus databases and WHO Institutional Repository for Information Sharing. We also searched ongoing trials registers and Google Scholar. We ran all searches from the year 2002 onwards, with no language restrictions.

Selection criteria:

We included studies in which participants were health and social care professionals working at the front line during infectious disease outbreaks, categorised as epidemics or pandemics by WHO, from 2002 onwards. For objective 1 we included quantitative evidence from randomised trials, non-randomised trials, controlled before-after studies and interrupted time series studies, which investigated the effect of any intervention to support mental health or resilience, compared to no intervention, standard care, placebo or attention control intervention, or other active interventions. For objective 2 we included qualitative evidence from studies that described barriers and facilitators to the implementation of interventions. Outcomes critical to this review were general mental health and resilience. Additional outcomes included psychological symptoms of anxiety, depression or stress; burnout; other mental health disorders; workplace staffing; and adverse events arising from interventions.

Data collection and analysis:

Pairs of review authors independently applied selection criteria to abstracts and full papers, with disagreements resolved through discussion. One review author systematically extracted data, cross-checked by a second review author. For objective 1, we assessed risk of bias of studies of

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effectiveness using the Cochrane 'Risk of bias' tool. For objective 2, we assessed methodological limitations using either the CASP (Critical Appraisal Skills Programme) qualitative study tool, for qualitative studies, or WEIRD (Ways of Evaluating Important and Relevant Data) tool, for descriptive studies. We planned meta-analyses of pairwise comparisons for outcomes if direct evidence were available. Two review authors extracted evidence relating to barriers and facilitators to implementation, organised these around the domains of the Consolidated Framework of Implementation Research, and used the GRADE-CERQual approach to assess confidence in each finding. We planned to produce an overarching synthesis, bringing quantitative and qualitative findings together.

Main results:

We included 16 studies that reported implementation of an intervention aimed at supporting the resilience or mental health of frontline workers during disease outbreaks (severe acute respiratory syndrome (SARS): 2; Ebola: 9; Middle East respiratory syndrome (MERS): 1; COVID-19: 4). Interventions studied included workplace interventions, such as training, structure and communication (6 studies); psychological support interventions, such as counselling and psychology services (8 studies); and multifaceted interventions (2 studies).

Objective 1: a mixed-methods study that incorporated a cluster-randomised trial, investigating the effect of a work-based intervention, provided very low-certainty evidence about the effect of training frontline healthcare workers to deliver psychological first aid on a measure of burnout.

Objective 2: we included all 16 studies in our qualitative evidence synthesis; we classified seven as qualitative and nine as descriptive studies. We identified 17 key findings from multiple barriers and facilitators reported in studies. We did not have high confidence in any of the findings; we had moderate confidence in six findings and low to very low confidence in 11 findings. We are moderately confident that the following two factors were barriers to intervention implementation: frontline workers, or the organisations in which they worked, not being fully aware of what they needed to support their mental well-being; and a lack of equipment, staff time or skills needed for an intervention. We are moderately confident that the following three factors were facilitators of intervention implementation: interventions that could be adapted for local needs; having effective communication, both formally and socially; and having positive, safe and supportive learning

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environments for frontline workers. We are moderately confident that the knowledge or beliefs, or both, that people have about an intervention can act as either barriers or facilitators to implementation of the intervention.

Authors' conclusions:

There is a lack of both quantitative and qualitative evidence from studies carried out during or after disease epidemics and pandemics that can inform the selection of interventions that are beneficial to the resilience and mental health of frontline workers. Alternative sources of evidence (e.g. from other healthcare crises, and general evidence about interventions that support mental well-being) could therefore be used to inform decision making. When selecting interventions aimed at supporting frontline workers' mental health, organisational, social, personal, and psychological factors may all be important. Research to determine the effectiveness of interventions is a high priority. The COVID-19 pandemic provides unique opportunities for robust evaluation of interventions. Future studies must be developed with appropriately rigorous planning, including development, peer review and transparent reporting of research protocols, following guidance and standards for best practice, and with appropriate length of follow-up. Factors that may act as barriers and facilitators to implementation of interventions should be considered during the planning of future research and when selecting interventions to deliver within local settings. (Author)

20201103-8*

A Midwife's Covid-19 Gift. Ribner J (2020), *Midwifery Today* no 135, Autumn 2020

A short vignette about how a midwife's homebirth practice was launched in the midst of a pandemic. (Author)

20201103-7*

Building Strong Foundations for Midwifery Education: The World Needs Midwives, Now More Than Ever!. Penwell V (2020), *Midwifery Today* no 135, Autumn 2020

As we face a pandemic, and other crises around the globe, midwife and teacher Vicki Penwell shares important principles for ensuring that midwives are educated to meet the future and present needs of birthing mothers. (Author)

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20201102-51*

Some Blessings for the Homebirth Community during Covid-19 Times. Vinaver N (2020), Midwifery Today no 135, Autumn 2020

Covid-19 has made us rethink how we provide services and how we can best serve women. In this thoughtful article Naolí discusses ways we have had to adapt and shares some of her teachings related to homebirth. (Author)

20201102-25*

Video consultations in primary and specialist care during the covid-19 pandemic and beyond. Car J, Koh GC, Foong PS, et al (2020), BMJ vol 371, no 8266, 20 October 2020, m3945

What you need to know: Video consultations in healthcare present an approximation of face-to-face interaction and are a 'visual upgrade' of widely used telephone consultations. Evidence for the effectiveness of video consultations is scarce, but points towards effectiveness, safety, and high satisfaction in patients and healthcare providers. Be prepared to switch from a video to a telephone or in-person consultation, depending on technical, patient, or clinical factors. (Author)

Full URL: <https://doi.org/10.1136/bmj.m3945>

20201027-33*

An Observational Study of Mask Guideline Compliance In An Outpatient OB/GYN Clinic Population. Newman MG (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 255, December 2020, pp 268-269

Correspondence piece exploring the rate and quality of mask compliance among patients and visitors to a general obstetrician/gynaecologist clinic. Findings show that 96.8% of subjects were masked and 80.1% were using masks correctly at perimeter. (LDO)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.10.048>

20201026-21*

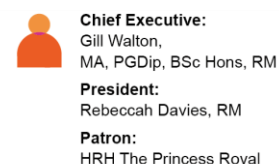
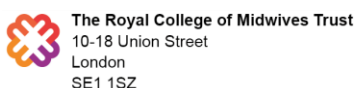
Midwives and paramedics can deliver flu and covid vaccines after new laws come into force.

Mahase E (2020), BMJ vol 371, no 8265, 16 October 2020, m4044

Reports on new laws introduced by the UK government that will allow a wider range of health care workers to give flu and, potentially, covid-19 vaccines. (MB)

Full URL: <https://doi.org/10.1136/bmj.m4044>

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20201026-1*

Exclusive: Public satisfaction with NHS maternity and A&E soars during pandemic. McLellan A (2020), Health Service Journal 21 October 2020, online

Public satisfaction with NHS hospital services has soared during the coronavirus pandemic despite the widespread cancellation of operations, the rapid switch to digital delivery and restrictions on visits, according to an exclusive analysis shared with HSJ. (Author)

20201022-54*

Being an obstetrics and gynaecology resident during the COVID-19: Impact of the pandemic on the residency training program. Bitonti G, Palumbo AR, Gallo C, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 48-51

Objective:

To evaluate the impact of the COVID-19 pandemic on the obstetrics and gynecology residency training program in Italy.

Study design:

This was a cross-sectional survey study aimed to assess the impact of the COVID-19 pandemic on the obstetrics and gynecology residency training program in Italy. An online survey with 45 questions was sent and completed anonymously by residents after accepting an informed consent. The invitation to the online survey was sent to all the Italian residents in obstetrics and gynecology. Those on maternity leave at the time of the study were excluded. Residents were asked about their routinely activity before the COVID-19 pandemic, and to report the reduction in their clinical practice. They were also asked about psychological impact of COVID-19 on their clinical practice.

Results:

933 Italian residents in obstetrics and gynecology, were invited for this survey study. Four-hundred and seventy-six (51 %) completed the survey and were included in the study. Three-hundred and eighty-seven (81.3 %) were female, and 89 (18.7 %) were male. Residents age ranged from 25 to 42. In 71,8 % (342/476) of the cases residents work in a COVID-19 reference Hospitals. One-hundred and eighty-four out of 76 residents (38.6 %) were tested on RT-PCR assay of nasal and pharyngeal swab

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specimens, and of them 12/184 (6.5 %) were positive to SARS-COV-2. Regarding the use of personal protective equipment (PPE), 267 (56.1 %) reported to receive adequate device, and 379 (79.6 %) felt to be well informed about prevention and management protocols. Three-hundred and thirty-one residents (69.5 %) reported to have managed COVID-19 positive patients. For 54,7 % of respondent residents, training activity in general decreased significantly during the COVID-19 epidemic. A one-third reduction was reported in 31,4 % of the cases, whereas a total suspension of the training in 9,9 % of the cases. In 89,3 % of cases the reduction was caused by the reorganization of work. Anxiety about the professional future was reported in 84 % of the residents, and 59 % of them had the perception that their training was irreversibly compromised.

Conclusions:

Among Italian residents in obstetrics and gynecology, COVID-19 pandemic was associated with a significant training impairment. (Author)

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.057>

20201021-27*

Hand sanitizers: A review of ingredients, mechanisms of action, modes of delivery, and efficacy against coronaviruses. Golin AP, Choi D, Ghahary A (2020), American Journal of Infection Control vol 48, no 9, September 2020, pp 1062-1067

Background:

The emergence of the novel virus, SARS-CoV-2, has posed unprecedented challenges to public health around the world. Currently, strategies to deal with COVID-19 are purely supportive and preventative, aimed at reducing transmission. An effective and simple method for reducing transmission of infections in public or healthcare settings is hand hygiene. Unfortunately, little is known regarding the efficacy of hand sanitizers against SARS-CoV-2.

Methods:

In this review, an extensive literature search was performed to succinctly summarize the primary active ingredients and mechanisms of action of hand sanitizers, compare the effectiveness and compliance of gel and foam sanitizers, and predict whether alcohol and non-alcohol hand sanitizers

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would be effective against SARS-CoV-2.

Results:

Most alcohol-based hand sanitizers are effective at inactivating enveloped viruses, including coronaviruses. With what is currently known in the literature, one may not confidently suggest one mode of hand sanitizing delivery over the other. When hand washing with soap and water is unavailable, a sufficient volume of sanitizer is necessary to ensure complete hand coverage, and compliance is critical for appropriate hand hygiene.

Conclusions:

By extrapolating effectiveness of hand sanitizers on viruses of similar structure to SARS-CoV-2, this virus should be effectively inactivated with current hand hygiene products, though future research should attempt to determine this directly. (Author)

Full URL: <https://doi.org/10.1016/j.ajic.2020.06.182>

20201021-22*

A qualitative study on the psychological experience of caregivers of COVID-19 patients. Sun N, Wei L, Shi S, et al (2020), American Journal of Infection Control vol 48, no 6, June 2020, pp 592-598

Background:

The coronavirus disease 2019 (COVID-19) is spreading rapidly, bringing pressure and challenges to nursing staff.

Objective:

To explore the psychology of nurses caring for COVID-19 patients.

Methods:

Using a phenomenological approach, we enrolled 20 nurses who provided care for COVID-19 patients in the First Affiliated Hospital of Henan University of Science and Technology from January

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20, to February 10, 2020. The interviews were conducted face-to-face or by telephone and were analysed by Colaizzi's 7-step method.

Results:

The psychological experience of nurses caring for COVID-19 patients can be summarized into 4 themes. First, negative emotions present in early stage consisting of fatigue, discomfort, and helplessness was caused by high-intensity work, fear and anxiety, and concern for patients and family members. Second, self-coping styles included psychological and life adjustment, altruistic acts, team support, and rational cognition. Third, we found growth under pressure, which included increased affection and gratefulness, development of professional responsibility, and self-reflection. Finally, we showed that positive emotions occurred simultaneously with negative emotions.

Conclusions:

During an epidemic outbreak, positive and negative emotions of the front-line nurses interweaved and coexisted. In the early stage, negative emotions were dominant and positive emotions appeared gradually. Self-coping styles and psychological growth played an important role in maintaining mental health of nurses. (Author)

Full URL: <https://doi.org/10.1016/j.ajic.2020.03.018>

20201016-6

Why is it all taking so long?. Wynton L (2020), *Community Practitioner* vol 93, no 5, September/October 2020, pp 36-41

The pandemic has impacted BAME groups more severely and exposed yet more disparities. Inequality in healthcare (still) and structural racism in society are some of the reasons. Journalist Linsey Wynton asks why we are still waiting for action. (Author)

20201015-34*

How far does duty of care extend?. Winter GF (2020), *British Journal of Midwifery* vol 28, no 10, October 2020, p 740

George Winter discusses if healthcare workers should honour their duty of care to their patients during the pandemic, when doing so puts themselves and their families at risk. (Author)

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20201015-22

Well-being, obstetrics and gynaecology and COVID-19: Leaving no trainee behind. Chan GMF, Kanneganti A, Yasin N, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 6, December 2020, pp 983-986

The COVID-19 pandemic has significantly disrupted training in obstetrics and gynaecology. Past pandemics have been shown to result in significant psychological morbidity. As specialty trainees continue frontline work, they will face unprecedented work environments and may face delays in progression due to postponed examinations, case log shortfalls and inadequate clinical rotations. This contributes to burnout, anxiety and depression. We share technology-based suggestions as well as institutional, departmental and self-care tips on how to maintain trainees' mental well-being during the fight against COVID-19. (Author)

20201014-6*

COVID-19 Testing, Personal Protective Equipment, and Staffing Strategies Vary at Obstetrics Centers across the Country. Johnson J, Melvin E, Srinivas SK, et al (2020), American Journal of Perinatology vol 37, no 14, December 2020, pp 1482-1484

Letter to the editor discussing staffing, universal testing and personal protective equipment at obstetric centres across the United States during the COVID-19 pandemic. (LDO)

Full URL: <https://doi.org/10.1055/s-0040-1718401>

20201013-7*

Patient and provider perspectives of a new prenatal care model introduced in response to the coronavirus disease 2019 pandemic. Peahl AF, Powell A, Berlin H, et al (2021), American Journal of Obstetrics & Gynecology (AJOG) vol 224, no 4, April 2021, pp 384.e1-384.e11
Research letter exploring institution-level adoption and patient experiences of a COVID-19 prenatal care delivery model. (LDO)

Full URL: <https://doi.org/10.1016/j.ajog.2020.10.008>

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20201009-9*

Level of staff burnout 'real concern' for NHS trust leaders. Ford M (2020), Nursing Times 6 October 2020

Senior leaders in NHS trusts have flagged serious concerns about the wellbeing of staff following the first wave of Covid-19, with 99% worried about the current levels of burnout across the workforce, a new survey has found. (Author)

20201009-8*

How research nurses and midwives are supporting Covid-19 clinical trials. Iles-Smith H, Jones H, Petersen C, et al (2020), Nursing Times vol 116, no 11, November 2020, pp 20-22

In response to the coronavirus pandemic, many clinical trials have tested existing drugs that may help treat Covid-19. NHS trusts have been encouraged to prioritise studies approved by the four chief medical officers, and clinical research nurses and midwives have been crucial to the delivery of these studies. Adaptations to standard research practices have been required - the consent process has been changed to reflect patients' loss of capacity and the absence of family members, while the collection of biological samples and other patient data has required research nurses and midwives to find solutions to being in an isolation environment. Results of early studies have identified some initial treatment options for patients; many other studies are ongoing. (Author)

Full URL: <https://cdn.ps.emap.com/wp-content/uploads/sites/3/2020/10/201007-How-research-nurses-and-midwives-are-supporting-Covid-19-clinical-trials.pdf>

20201009-12*

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

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

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20201009-11*

Half of returnees on NMC temporary register 'might stay'. Mitchell G (2020), Nursing Times 10 September 2020

Almost half of the nursing professionals who returned to practice to support the UK coronavirus response would consider staying on permanently, a survey reveals. (Author)

20201007-6*

Two in three members recovered from Covid-19 hit by post-viral fatigue. Anon (2020), World of Irish Nursing & Midwifery vol 28, no 7, September 2020, pp 16-17

A recent Irish Nurses and Midwives Organization (INMO) survey reveals that 65% of nurses and midwives who have recovered from COVID-19 are still experiencing post-viral fatigue. (LDO)

Full URL: <https://online.flippingbook.com/view/166730/16/>

20201007-51*

So what now? Supporting students through a global pandemic and beyond. Royal College of Midwives (2020), London: RCM October 2020, 11 pages

Report from the Royal College of Midwives presenting the results of surveys in 2019 and 2020 on the issues faced by student midwives. Calls on all four governments in the United Kingdom to (1) ensure newly qualified midwives move seamlessly from training to employment; (2) conduct a review of financial support and provide maintenance grants which reflect need; and (3) provide comprehensive mental health support to students. (LDO)

Full URL: <https://www.rcm.org.uk/media/4368/so-now-what-student-survey-2020-final.pdf>

20201007-2*

What would Florence think of midwives and nurses in 2020?. Homer C, Bucknall T, Farrell T (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 5, September 2020, pp 409-410

Discusses the International Year of the Nurse and Midwife and considers what Florence Nightingale would think of nurses and midwives in the midst of a global pandemic in 2020. (LDO)

Full URL: <https://doi.org/10.1016/j.wombi.2020.07.009>

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20201007-1*

UNFPA supporting midwives at the heart of the COVID-19 response. Bar-Zeev S, Breen-Kamkong C, ten Hoop-Bender P, et al (2021), *Women and Birth: Journal of the Australian College of Midwives* vol 34, no 1, February 2021, pp 4-6

Discusses the impact of COVID-19 on maternity services and reproductive health services in developing countries. Highlights the work of the United Nations Population Fund (UNFPA) in providing personal protective equipment, supporting telephone consultations and promoting virtual midwifery learning. (LDO)

Full URL: <https://doi.org/10.1016/j.wombi.2020.08.005>

20201006-23*

Guided relaxation delivered by professional midwifery advocate for maternity staff during the COVID-19 pandemic 2020. Ireland J (2020), *The Practising Midwife* vol 23, no 9, October 2020, pp 32-34

As soon as it became apparent that COVID-19 was present in the UK, the Head of Midwifery gave full support to the Professional Midwifery Advocate (PMA) Team to set up a support and information hub in a room previously used for training/meetings. An existing form of support for staff - guided relaxation - has seen a marked increase in uptake and is reported in this article. More than 180 episodes of staff support using guided relaxation have been shared since February 2020. Since starting to ask staff to score their level of tension, results from 121 colleagues have been recorded. This has been a positive initiative that supports the need for PMA activity in maternity care settings. (Author)

20200928-35*

Handover of patients: the challenges of COVID-19. Wasserteil N, Bin Nun A, Mimouni FB, et al (2020), *Journal of Perinatology* vol 40, no 10, October 2020, pp 1453-1454

Discusses Center for Disease Control (CDC) guidelines on social distancing in the context of bedside patient handover in neonatal intensive care units. The authors share their experience of implementing the recommendations using technology such as videoconferencing. (LDO)

Full URL: <https://doi.org/10.1038/s41372-020-00792-y>

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20200925-45*

Providing women's health care during COVID-19: Personal and professional challenges faced by health workers. Green L, Fateen D, Gupta D, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 3-6

Health providers for women have experienced challenges during the COVID-19 pandemic but there are ways to address these challenges. (Author)

20200925-38*

Anxiety and depression scores in maternity healthcare workers during the Covid-19 pandemic.

Corbett GA, Milne SJ, Mohan S, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 297-298

Healthcare workers are at significant risk of psychological morbidity during the COVID-19 pandemic. Anxiety and depression is highest in young, female, and supportive workers. (Author)

20200925-32*

Adapting antenatal care in a rural LMIC during COVID-19: A low literacy checklist to mitigate risk for community health workers. Hernandez S, Oliveira JB, Sosof CM, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 289-291

Community health workers trained in mitigating infection risk via a low literacy checklist can provide essential healthcare, such as prenatal care, during the COVID-19 pandemic in LMICs. (Author)

20200925-28*

Preparedness, administrative challenges for establishing obstetric services, and experience of delivering over 400 women at a tertiary care COVID-19 hospital in India. Mahajan NN, Pednekar R, Patil SR, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 188-196

Objective:

To provide a descriptive account of the challenges and administrative preparedness for establishing and sustaining safe obstetric services during the COVID-19 pandemic at Topiwala National Medical College & BYL Nair Charitable Hospital (NH), Mumbai, India.

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Methods:

The management of pregnant women with COVID-19 was implemented as per international (WHO, RCOG, ACOG) and national (Indian Council of Medical Research) recommendations and guidelines at an academic, tertiary care, COVID-19 hospital in India.

Results:

Using a multidisciplinary approach and active engagement of a multispecialty team, obstetric services were provided to over 400 women with laboratory-confirmed COVID-19. A sustainable model is established for providing services to pregnant women with COVID-19 in Mumbai Metropolitan Region, India.

Conclusion:

With limited resources, it is possible to set up dedicated maternity services, aligned to international guidelines, for safe pregnancy outcomes in COVID-19 settings. This COVID-19 hospital addressed the challenges and implemented several known and novel methods to establish and sustain obstetric services for women with COVID-19. The model established in the present study can be replicated in other low- and middle-income countries. (Author)

20200924-58*

COVID-19 and the health and care workforce: supporting our greatest asset. NHS Confederation (2020), London: NHS Confederation 24 September 2020, 30 pages

Report from NHS Confederation on how to support the health care workforce beyond the COVID-19 pandemic. Makes key recommendations including the growth of the clinical workforce, investments in staff mental health services, national recruitment campaigns for employment and university training places, and a sustainable pay offer which recognises the skills and talents of staff members. (LDO)

Full URL: <https://www.nhsconfed.org/publications/covid-19-and-health-and-care-workforce>

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20200923-4*

The courage of compassion: Supporting nurses and midwives to deliver high-quality care. West M, Bailey S, Williams E (2020), London: The King's Fund September 2020. 156 pages

The coronavirus pandemic has placed unprecedented pressure on an already over-burdened nursing and midwifery workforce. The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. This review investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer. (Author, edited)

Full URL: https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf

20200922-56*

Impact of COVID-19 pandemic on neonatologists in resource-limited country. Elhadi M, Msherghi A, Elkhafeefi F, et al (2020), The Journal of Maternal-Fetal and Neonatal Medicine 17 August 2020, online

Letter to the editor discussing neonatologists' knowledge and preparedness of the COVID-19 outbreak in Libya. (LDO)

20200917-52*

Use of antimicrobial mouthwashes (gargling) and nasal sprays by healthcare workers to protect them when treating patients with suspected or confirmed COVID-19 infection (Cochrane Review).

Burton MJ, Clarkson JE, Goulao B, et al (2020), The Cochrane Database of Systematic Reviews issue 9, 16 September 2020, Art. No: CD013626

Background:

COVID-19 infection poses a serious risk to patients and - due to its contagious nature - to those healthcare workers (HCWs) treating them. If the mouth and nose of HCWs are irrigated with antimicrobial solutions, this may help reduce the risk of active infection being passed from infected patients to HCWs through droplet transmission or direct contact. However, the use of such antimicrobial solutions may be associated with harms related to the toxicity of the solutions themselves, or alterations in the natural microbial flora of the mouth or nose. Understanding these

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possible side effects is particularly important when the HCWs are otherwise fit and well.

Objectives:

To assess the benefits and harms of antimicrobial mouthwashes and nasal sprays used by healthcare workers (HCWs) to protect themselves when treating patients with suspected or confirmed COVID-19 infection.

Search methods:

Information Specialists from Cochrane ENT and Cochrane Oral Health searched the Central Register of Controlled Trials (CENTRAL 2020, Issue 6); Ovid MEDLINE; Ovid Embase and additional sources for published and unpublished trials. The date of the search was 1 June 2020.

Selection criteria:

This is a question that urgently requires evidence, however at the present time we did not anticipate finding many completed randomised controlled trials (RCTs). We therefore planned to include the following types of studies: RCTs; quasi-RCTs; non-randomised controlled trials; prospective cohort studies; retrospective cohort studies; cross-sectional studies; controlled before-and-after studies. We set no minimum duration for the studies. We sought studies comparing any antimicrobial mouthwash and/or nasal spray (alone or in combination) at any concentration, delivered to HCWs, with or without the same intervention being given to the patients with COVID-19.

Data collection and analysis:

We used standard Cochrane methodological procedures. Our primary outcomes were: 1) incidence of symptomatic or test-positive COVID-19 infection in HCWs; 2) significant adverse event: anosmia (or disturbance in sense of smell). Our secondary outcomes were: 3) viral content of aerosol, when present (if intervention administered to patients); 4) other adverse events: changes in microbiome in oral cavity, nasal cavity, oro- or nasopharynx; 5) other adverse events: allergy, irritation/burning of nasal, oral or oropharyngeal mucosa (e.g. erosions, ulcers, bleeding), long-term staining of mucous membranes or teeth, accidental ingestion. We planned to use GRADE to assess the certainty of the evidence for each outcome.

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Main results:

We found no completed studies to include in this review. We identified three ongoing studies (including two RCTs), which aim to enrol nearly 700 participants. The interventions included in these trials are povidone iodine, nitric oxide and GLS-1200 oral spray (the constituent of this spray is unclear and may not be antimicrobial in nature).

Authors' conclusions:

We identified no studies for inclusion in this review. This is not surprising given the relatively recent emergence of COVID-19 infection. It is promising that the question posed in this review is being addressed by two RCTs and a non-randomised study. We are concerned that only one of the ongoing studies specifically states that it will evaluate adverse events and it is not clear if this will include changes in the sense of smell or to the oral and nasal microbiota, and any consequences thereof. Very few interventions have large and dramatic effect sizes. If a positive treatment effect is demonstrated when studies are available for inclusion in this review, it may not be large. In these circumstances in particular, where those receiving the intervention are otherwise fit and well, it may be a challenge to weigh up the benefits against the harms if the latter are of uncertain frequency and severity. (Author)

20200916-10*

Virtual antenatal clinics. Quinn L, Olajide O, Breslin E, et al (2020), British Journal of Midwifery vol 28, no 9, September 2020, pp 680-682

In the current COVID-19 pandemic, a move towards virtual appointments has been vital. This article discusses the implementation of virtual antenatal clinics and the associated challenges. (Author)

20200915-78

Returning to work. Sorby A, Sullivan W (2020), Midwives vol 23, September 2020, p 47
RCM employment relations advisor Alice Sorby and TUC Race Equality Officer Wilf Sullivan say it's right to raise concerns during COVID-19. (Author)

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20200915-55*

Obstetrical Unit Response to the COVID-19 Pandemic: OUR Study. Pluym ID, Rao R, Ballas J, et al (2020), American Journal of Perinatology vol 37, no 13, November 2020, pp 1301-1309

Objective:

This study aimed to describe the response of labor and delivery (L&D) units in the United States to the novel coronavirus disease 2019 (COVID-19) pandemic and determine how institutional characteristics and regional disease prevalence affect viral testing and personal protective equipment (PPE).

Study Design:

A cross-sectional survey was distributed electronically through the Society for Maternal-Fetal Medicine e-mail database (n = 584 distinct practices) and social media between April 14 and 23, 2020. Participants were recruited through 'snowballing.' A single representative was asked to respond on behalf of each L&D unit. Data were analyzed using Chi-square and Fisher's exact tests. Multivariable regression was performed to explore characteristics associated with universal testing and PPE usage.

Results:

A total of 301 surveys (estimated 51.5% response rate) was analyzed representing 48 states and two territories. Obstetrical units included academic (31%), community teaching (45%) and nonteaching hospitals (24%). Sixteen percent of respondents were from states with high prevalence, defined as higher 'deaths per million' rates compared with the national average. Universal laboratory testing for admissions was reported for 40% (119/297) of units. After adjusting for covariates, universal testing was more common in academic institutions (adjusted odds ratio [aOR] = 1.73, 95% confidence interval [CI]: 1.23-2.42) and high prevalence states (aOR = 2.68, 95% CI: 1.37-5.28). When delivering asymptomatic patients, full PPE (including N95 mask) was recommended for vaginal deliveries in 33% and for cesarean delivery in 38% of responding institutions. N95 mask use during asymptomatic vaginal deliveries remained more likely in high prevalence states (aOR = 2.56, 95% CI: 1.29-5.09) and less likely in hospitals with universal testing (aOR = 0.42, 95% CI: 0.24-0.73).

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Conclusion:

Universal laboratory testing for COVID-19 is more common at academic institutions and in states with high disease prevalence. Centers with universal testing were less likely to recommend N95 masks for asymptomatic vaginal deliveries, suggesting that viral testing can play a role in guiding efficient PPE use. (Author)

20200915-49

Turning the tide. Rowland G (2020), *Midwives* vol 23, September 2020, pp 32-33

Dr Gloria Rowland, director of midwifery at Barts Health, discusses the study of the BAME workforce during the pandemic. (Author)

20200911-28*

Flattening the anxiety curve: Obstetricians' response to the COVID-19 pandemic in Victoria. Khot N, Kumar A (2020), *Australian and New Zealand Journal of Obstetrics and Gynaecology* vol 60, no 4, August 2020, p E10

Short correspondence piece discussing the concerns of clinicians providing maternity care in Australia during the COVID-19 pandemic. Findings demonstrated that clinicians had anxieties around contracting the virus, but expressed a strong desire to maintain connections with their patients using videoconferencing technologies. (LDO)

20200910-6*

Analysis of the NMC COVID-19 temporary register. Nursing and Midwifery Council (2020), London: NMC 10 September 2020, 47 pages

This report provides a snapshot of the Nursing and Midwifery Council (NMC) temporary register on 2 July 2020. Outlines the characteristics of those on the register and provides an analysis of geographical location, employment status, ethnicity, age group and gender. (LDO)

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/covid-19-temporary-register/covid-19-temporary-register-analysis-2-july-2020-full-report.pdf>

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20200902-53*

A cross-sectional study of immune seroconversion to SARS-CoV-2 in frontline maternity health professionals. Bampoe S, Lucas DN, Neall G, et al (2020), Anaesthesia 10 August 2020, online COVID-19, the respiratory disease caused by SARS-CoV-2, is thought to cause a milder illness in pregnancy with a greater proportion of asymptomatic carriers. This has important implications for the risk of patient-to-staff, staff-to-staff and staff-to-patient transmission among health professionals in maternity units. The aim of this study was to investigate the prevalence of previously undiagnosed SARS-CoV-2 infection in health professionals from two tertiary-level maternity units in London, UK, and to determine associations between healthcare workers' characteristics, reported symptoms and serological evidence of prior SARS-CoV-2 infection. In total, 200 anaesthetists, midwives and obstetricians, with no previously confirmed diagnosis of COVID-19, were tested for immune seroconversion using laboratory IgG assays. Comprehensive symptom and medical histories were also collected. Five out of 40 (12.5%; 95%CI 4.2-26.8%) anaesthetists, 7/52 (13.5%; 95%CI 5.6-25.8%) obstetricians and 17/108 (15.7%; 95%CI 9.5-24.0%) midwives were seropositive, with an overall total of 29/200 (14.5%; 95%CI 9.9-20.1%) of maternity healthcare workers testing positive for IgG antibodies against SARS-CoV-2. Of those who had seroconverted, 10/29 (35.5%) were completely asymptomatic. Fever or cough were only present in 6/29 (21%) and 10/29 (35%) respectively. Anosmia was the most common symptom occurring in 15/29 (52%) seropositive participants and was the only symptom that was predictive of positive seroconversion (OR 18; 95%CI 6-55). Of those who were seropositive, 59% had not self-isolated at any point and continued to provide patient care in the hospital setting. This is the largest study of baseline immune seroconversion in maternity healthcare workers conducted to date and reveals that one out of six were seropositive, of whom one out of three were asymptomatic. This has significant implications for the risk of occupational transmission of SARS-CoV-2 for both staff and patients in maternity units. Regular testing of staff, including asymptomatic staff should be considered to reduce transmission risk. (Author)

20200902-26*

Third of midwives who had Covid-19 'were asymptomatic'. Ford S (2020), Nursing Times 12 August 2020

A third of maternity care workers who contracted coronavirus may have experienced no discernible symptoms, a study by UK researchers suggests (1). 1. Bampoe S et al. A cross-sectional study of

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immune seroconversion to SARS-CoV-2 in frontline maternity health professionals, Anaesthesia, 10 August 2020, online. (Author, edited)

20200902-23*

Warning of Covid-19 burnout risk among female health staff. Mitchell G (2020), Nursing Times 25 August 2020

The coronavirus pandemic is taking a 'significant toll' on women working in health and social care in the UK, a new survey has revealed. (Author)

20200902-22*

'The NMC is making plans to prepare for the months ahead'. Sutcliffe A (2020), Nursing Times 1 September 2020

I'd like to start my first column by thanking Nursing Times for the opportunity to bring regular updates from the NMC on everything we're doing to support you, our amazing nursing and midwifery professionals, to provide safe, effective and kind care for people. (Author)

20200901-34*

What Obstetricians should know about Obstetric Anesthesia during the COVID-19 pandemic. Ring LE, Martinez R, Bernstein K, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151277

The COVID-19 pandemic has prompted obstetric anesthesiologists to reconsider the ways in which basic anesthesia care is provided on the Labor and Delivery Unit. Suggested modifications include an added emphasis on avoiding general anesthesia, a strong encouragement to infected individuals to opt for early neuraxial analgesia, and the prevention of emergent cesarean delivery, whenever possible. Through team efforts, adopting these measures can have real effects on reducing the transmission of the viral illness and maintaining patient and caregiver safety in the labor room. 'There are no emergencies in a pandemic.' -Colloquialism'There were only emergencies in a pandemic, it turned out.' -Lili Loofbourow. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151277>

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20200901-33*

Obstetric protocols in the setting of a pandemic. Boelig RC, Lambert C, Pena JA, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151295

The purpose of this article is to review key areas that should be considered and modified in our obstetric protocols, specifically: 1) Patient triage, 2) Labor and delivery unit policies, 3) Special considerations for personal protective equipment (PPE) needs in obstetrics, 4) Intrapartum management, and 5) Postpartum care. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151295>

20200901-32*

Building an obstetric intensive care unit during the COVID-19 pandemic at a tertiary hospital and selected maternal-fetal and delivery considerations. Aziz A, Ona S, Martinez RH, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151298

During the novel Coronavirus Disease 2019 pandemic, New York City became an international epicenter for this highly infectious respiratory virus. In anticipation of the unfortunate reality of community spread and high disease burden, the Anesthesia and Obstetrics and Gynecology departments at NewYork-Presbyterian / Columbia University Irving Medical Center, an academic hospital system in Manhattan, created an Obstetric Intensive Care Unit on Labor and Delivery to defray volume from the hospital's preexisting intensive care units. Its purpose was threefold: (1) to accommodate the anticipated influx of critically ill pregnant and postpartum patients due to novel coronavirus, (2) to care for critically ill obstetric patients who would previously have been transferred to a non-obstetric intensive care unit, and (3) to continue caring for our usual census of pregnant and postpartum patients, who are novel Coronavirus negative and require a higher level of care. In this chapter, we share key operational details for the conversion of a non-intensive care space into an obstetric intensive care unit, with an emphasis on the infrastructure, personnel and workflow, as well as the goals for maternal and fetal monitoring. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151298>

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20200901-31*

Conversion and Optimization of Telehealth in Obstetric Care During the COVID-19 Pandemic. Zork NM, Aubey J, Yates H (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151300
When New York City became the international epicenter of the COVID-19 pandemic, telehealth at Columbia University Irving Medical Center was expanded in the inpatient and outpatient settings. The goals of telehealth during the pandemic were to maintain patient access to care while reducing the risk for COVID-19 exposure for patients and staff. Recommendations are made on how telehealth can be implemented and utilized to accomplish these goals. In the outpatient setting, virtual prenatal care visits and consultations can replace most in-person visits. When visitor restrictions are in effect telehealth can be used to engage support persons in the delivery room. Telehealth innovations can be leveraged to greatly improve care for COVID-19 mothers and their infants during the COVID-19 pandemic and beyond. (Author)

Full URL: <https://doi.org/10.1016/j.semperi.2020.151300>

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