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## Search Pack PN194

# Coronavirus (COVID-19) - Postnatal health and care

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

Created: 23/09/2022

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# MIDIRS Search Pack

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## PN194 - Coronavirus (COVID-19) - Postnatal health and care (147)

2022-08655

**Factors influencing physical activity in postpartum women during the COVID-19 pandemic: a cross-sectional survey in Japan.**

Nomura Y, Araki T (2022), BMC Women's Health vol 22, no 371, 8 September 2022

Full URL: <https://doi.org/10.1186/s12905-022-01959-9>

### Background

The aim of this study was to investigate factors influencing postpartum physical activity (PA), taking into consideration psychosocial perceptions during the coronavirus disease 2019 (COVID-19) pandemic by comparing health-related quality of life (HRQoL) scores.

### Methods

A web-based cross-sectional survey of 787 postpartum women was conducted between March and October 2021. After applying the exclusion criteria, 590 women were analyzed. The International Physical Activity Questionnaire Short Form, was used to assess the level and amount of PA. The Short Form-12 Health Survey version 2 (SF-12v2) was used to measure HRQoL. Logistic regression analyses were used to determine whether sociodemographic factors and psychosocial perceptions during the COVID-19 pandemic were associated with the level of PA. Based on the current national guidelines for exercise in Japan, respondents were classified by weekly PA level as an Inactive group and an Active group to assess the influence of PA on HRQoL.

### Results

Mean total PA was 19.3 total metabolic equivalents hour/week, and the prevalence of an inactive lifestyle was 45.9% among respondents. Each year of age was associated with an odds ratio (OR) of 0.92 (95% CI 0.87–0.97) for becoming physical inactivity during postpartum. Factors positively associated with more active levels were greater number of days for delivery (OR = 1.00; 95% CI 1.00–1.01), multiparity (OR = 1.50; 95% CI 1.00–2.23), having someone to talk about childcare and the individual's partner (OR = 2.04; 95% CI 0.96–4.36) and not having anxiety symptoms (OR = 0.58; 95% CI 0.35–0.97). The Active group had significantly higher HRQoL scores than the Inactive group in the following scales: physical component summary ( $p < 0.001$ ), mental component summary ( $p = 0.041$ ).

### Conclusions

The influential factors for postpartum PA level were younger age, longer duration after childbirth, multiparity and not having anxiety symptoms, which correlated positively with PA. The presence of someone with whom can talk to about childcare and partner issues was associated with the maintenance of higher PA among postpartum women, suggesting that factor as a positive influence on PA under unsettled conditions. (Author)

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2022-08159

**Importance of inclusion of pregnant/lactating women in research, COVID-19 vaccination and shared-decision making.** Kam R (2021), Essence [Magazine of the Australian Breastfeeding Association] vol 57, no 1, March 2021, pp 18-19

Examines the inclusion of pregnant/lactating women in research, including risks of excluding women, breastfeeding and medications and covid-19 vaccination. (MB)

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2022-07157

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**'Beyond the Bump': an online wellbeing and lifestyle pilot program during COVID-19 for first year postpartum mothers: a research article.** Christie HE, Roach LA, Kennedy M, et al (2022), BMC Pregnancy and Childbirth vol 22, no 591, 25 July 2022

**Full URL:** <https://doi.org/10.1186/s12884-022-04913-7>

#### Background

Establishing a healthy lifestyle post-delivery is pivotal to reduce the incidence of chronic diseases. Due to COVID-19 restrictions, access to postpartum health programs has been increasingly difficult. The aim of this study was to inform, develop and evaluate Beyond the Bump (BtB); an online program to improve access to health and wellbeing education and support for physical activity in the postpartum.

#### Methods

A three-phase mixed-methods design of a 10-week Australia-wide online pilot program during COVID-19 with women less than 1 year postpartum and their primary care health professionals was utilised. Phase-one: needs assessment focus groups and interviews. Phase-two: BtB program implementation pre-post health measures survey, attendance and engagement with the program. Phase-three: program evaluation with feedback surveys and interviews.

#### Results

Women (n = 12) and health professionals (n = 16) expressed strong need for a postpartum program with access to education from experts on exercise, pelvic floor, sleep and baby nutrition. Despite BtB being developed from women's suggestions (including time-of-day 'morning'), attendance to all ten sessions was poor (of 162 registrations; 23% participated in the first session and 5% in the last session). Barriers to attendance included 'too busy', 'forgot' and 'topic not relevant for age of child'. 88% of women reported the education as the most enjoyable component of the program. 100% (n = 26) of women interviewed would recommend the program to a friend.

#### Conclusions

There is a continuing need for postpartum support. Online programs with access to expert education and exercise were reported to be of significant interest and value. However, more research is needed to improve the uptake and value placed on mothers' wellbeing and physical activity. (Author)

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#### 2022-07042

**Infant sleep during COVID-19: Longitudinal analysis of infants of US mothers in home confinement versus working as usual.**

Kahn M, Barnett N, Glazer A, et al (2021), Sleep Health vol 7, no 1, February 2021, pp 19-23

#### Objectives

This study longitudinally compared the sleep of infants in the United States whose mothers were in home confinement to those whose mothers were working as usual throughout the COVID-19 pandemic.

#### Methods

Mothers of 572 infants (46% girls) aged 1-12 months (M = 5.9, standard deviation = 2.9) participated. Assessments were conducted on 4 occasions from late March to May 2020. Infant sleep was measured objectively using auto-videosomnography. Mothers reported their sheltering status, demographic characteristics, and infant sleep.

#### Results

Infants of mothers in home confinement had later sleep offset times and longer nighttime sleep durations, compared to infants of mothers who were working as usual. At the end of March, these infants also had earlier bedtimes, more nighttime awakenings, and more parental nighttime visits, but differences were not apparent during April and May.

#### Conclusions

Living restrictions issued in the United States may have led to longer sleep durations and temporary delays in sleep consolidation for infants of mothers in home confinement. (Author)

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#### 2022-06927

**Racial and Ethnic Disparities in Postpartum Care in the Greater Boston Area During the COVID-19 Pandemic.** Mi T, Hung

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**Importance** Racial and ethnic disparities in postpartum care access have been well identified in the United States. Such disparities could be exacerbated by the COVID-19 pandemic because of amplified economic distress and compromised social capital among pregnant women who belong to racial or ethnic minority groups.

**Objective** To examine whether the COVID-19 pandemic is associated with an increase in the existing racial and ethnic disparity in postpartum care access.

**Design, Setting, and Participants** This was a retrospective cohort study using electronic health records data. Multinomial logistic regressions in an interrupted time series approach were used to assess monthly changes in postpartum care access across Asian, Hispanic, non-Hispanic Black (hereafter, Black), non-Hispanic White (hereafter, White) women, and women of other racial groups, controlling for maternal demographic and clinical characteristics. Eligible participants were women who gave live birth at 8 hospitals in the greater Boston, Massachusetts, area from January 1, 2019, to November 30, 2021, allowing for tracking 90-day postpartum access until March 1, 2022.

**Exposures** Delivery period: prepandemic (January to December 2019), early pandemic (January to March 2020), and late pandemic (April 2020 to November 2021).

**Main Outcomes and Measures** Postpartum care within 90 days after childbirth was categorized into 3 groups: attended, canceled, and nonscheduled.

**Results** A total of 45 588 women were included. Participants were racially and ethnically diverse (4735 [10.4%] Asian women, 3399 [7.5%] Black women, 6950 [15.2%] Hispanic women, 28 529 [62.6%] White women, and 1269 [2.8%] women of other race or ethnicity). The majority were between 25 and 34 years of age and married and had a full-term pregnancy, vaginal delivery, and no clinical conditions. In the prepandemic period, the overall postpartum care attendance rate was 75.2%, dropping to 41.7% during the early pandemic period, and rebounding back to 60.9% in the late pandemic period. During the months in the late pandemic, the probability of not scheduling postpartum care among Black (average marginal effect [AME], 1.1; 95% CI, 0.6-1.6) and Hispanic women (AME, 1.3; 95% CI, 0.9-1.6) increased more than among their White counterparts.

**Conclusions and Relevance** In this cohort study of postpartum care access before and during the COVID-19 pandemic, racial and ethnic disparities in postpartum care were exacerbated following the onset of the COVID-19 pandemic, when postpartum care access recovered more slowly among Black and Hispanic women than White women. These disparities require swift attention and amelioration to address barriers for these women to obtain much needed postpartum care during this pandemic. (Author)

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## 2022-06918

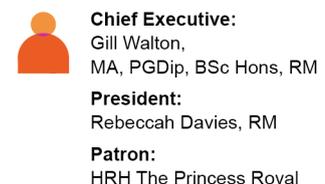
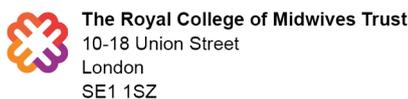
**Continuing essential Sexual Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic.** World Health Organization, UNFPA, UNICEF (2020), April 2020. 10 pages

Full URL: <https://www.who.int/publications/i/item/SRMNCAH-Covid>

This document has been prepared to provide generic operational guidance to countries in the regions for preparing a continuity plan for maintaining good quality and equitable sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) services during the COVID-19 pandemic. It is commonly observed that response to a pandemic stresses the health systems in the countries and poses the risk of disruption in provision and use of ongoing health services that are essential for population groups that are particularly vulnerable.

This document builds upon the global guidance issued by WHO and UN agencies and encourages countries to adapt the guidance, based on local conditions to sustain essential SRMNCAH and nutrition services, while implementing prevention, infection control and curative services for COVID-19. This guidance shall be updated as the new

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## 2022-06779

**'I had so many life-changing decisions I had to make without support': a qualitative analysis of women's pregnant and postpartum experiences during the COVID-19 pandemic.** Ashby GB, Riggan KA, Huang L, et al (2022), BMC Pregnancy and Childbirth vol 22, no 537, 4 July 2022

Full URL: <https://doi.org/10.1186/s12884-022-04816-7>

### Background

The COVID-19 pandemic has posed profound challenges for pregnant patients and their families. Studies conducted early in the pandemic found that pregnant individuals reported increased mental health concerns in response to pandemic-related stress. Many obstetric practices changed their healthcare delivery models, further impacting the experiences of pregnant patients. We conducted a survey study to explore the ways in which COVID-19 impacted the lives of pregnant and newly postpartum people.

### Methods

A mixed-methods survey was distributed to all patients  $\geq 18$  years old who were pregnant between January 1st, 2020 – April 28, 2021 in a large Midwest health system. Open-ended survey responses were analyzed for common themes using standard qualitative methodology.

### Results

Among the 1182 survey respondents, 647 women provided an open-ended response. Of these, 77% were in the postpartum period. The majority of respondents identified as white, were partnered or married, and owned their own home. Respondents reported feeling greater uncertainty, social isolation, as though they had limited social and practical support, and negative mental health effects as a result of the pandemic. Many cited sudden or arbitrary changes to their medical care as a contributing factor. Though in the minority, some respondents also reported benefits from the changes to daily life, including perceived improvements to medical care, better work-life balance, and opportunities for new perspectives.

### Conclusions

This large qualitative dataset provides insight into how healthcare policy and lifestyle changes impacted pregnant and postpartum people. Respondents expressed similar levels of uncertainty and mental health concerns compared to other cohorts but less overall positivity. Our findings suggest greater attention be given to the impact of pandemic-related stress on pregnant and postpartum women. As the pandemic continues, these data identify areas where investment in additional support may have the greatest impact. (Author)

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## 2022-05865

**Association between health literacy and COVID-19 prevention behaviors among pregnant and postpartum women.** Shigemi D, Tabuchi T, Okawa S, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine 1 June 2022, online

### Objective

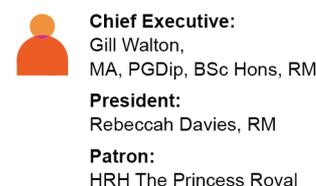
To investigate the association between health literacy and COVID-19 prevention behaviors among pregnant and postpartum women in Japan.

### Methods

In this cross-sectional, web-based, self-reported questionnaire survey, we investigated the association between health literacy and COVID-19 prevention behaviors among pregnant and postpartum women in Japan. A multivariable logistic regression analysis was performed to evaluate the association with adjustment for socioeconomic characteristics.

### Results

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There were 926 respondents, comprising 368 pregnant and 558 postpartum women. Women with high health literacy scores accounted for 42% of the respondents. This group had a significantly higher proportion of actively adopting preventive behaviors than the low health literacy group (33.5 vs. 25.4%,  $p = .008$ ). The multivariable logistic regression analysis showed high health literacy was significantly associated with high preventive behaviors scores compared to low health literacy (adjusted odds ratio, 1.66; 95% confidence interval, 1.22–2.27).

#### Conclusion

Higher health literacy was significantly associated with a higher proportion of COVID-19 prevention behaviors among women who are pregnant or postpartum. (Author)

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#### 2022-05652

**Experiences of women who gave birth during the pandemic.** Hancock D (2022), Journal of Health Visiting vol 10, no 5, May 2022, pp 195-198

The Care Quality Commission surveyed women who had gone through pregnancy and birth during the national lockdown in 2021. Dave Hancock looks at some positive results and key areas for improvement in maternity care. (Author)

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#### 2022-04733

**Lockdown fathers: the untold story. Full Report.** Burgess A, Goldman R (2021), 94 pages. 2021

**Full URL:** <http://www.fatherhoodinstitute.org/wp-content/uploads/2021/05/Lockdown-Fathers-Full-Report.pdf>

Presents the results of a study grounded in a representative sample of 2045 fathers of children aged under 12, supplemented by analysis of others' recent studies – charted the changes.

Funded by the Nuffield Foundation and undertaken by the Fatherhood Institute together with polling organisation BritainThinks, Lockdown Fathers explored the lockdown experiences of fathers in two parent households; separated fathers; Asian and Black fathers; gay fathers; and fathers in different socio-economic groups. Changes in fathers' and partner's working and caretaking patterns were recorded, as well as perceived impacts on mental and physical wellbeing and couple relationships.

There was strong focus on changes in father-child time together and father-child relationship quality, including closeness and understanding; perceived impacts on fathers' parenting skills, including their capacity to manage anger and irritation; and their ability to support their children's schoolwork going forward. Fathers' joy in parenting, their self-confidence as parents and their aspirations for the future were also studied. Implications for government and employers, schools and nurseries, child and family wellbeing and gender equality are discussed. (Publisher, edited)

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#### 2022-04429

**Working for babies. Lockdown lessons from local systems.** Reed J, Parish N (2021), 58 pages. 2021

**Full URL:** <https://parentinfantfoundation.org.uk/wp-content/uploads/2021/01/210115-F1001D-Working-for-Babies-Report-FINAL-v1.0-compressed.pdf>

Commissioned by the Parent-Infant Foundation, this report looks at the impacts of COVID-19 and the Spring 2020 national lockdown on babies in the UK, and explores how local systems and services responded to the challenges of the coronavirus pandemic. It seeks to understand the factors which have shaped and driven local lockdown responses, drawing lessons for the future. (CI)

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#### 2022-03950

**Covid: YouTube star Grace Victory reunites with nurse.** Jones C (2022), BBC News 12 May 2022

**Full URL:** [https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-61395404?at\\_medium=RSS&at\\_campaign=KARANGA](https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-61395404?at_medium=RSS&at_campaign=KARANGA)

YouTube star Grace Victory has been reunited and able to say thank you to student nurse, Alice Finnigan, who cared

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for her for three months after she was placed in an induced coma, having contracted COVID-19. The day before she was placed in a coma, her baby son, Cyprus, had been born two months early by elective caesarean section, on Christmas Eve 2020. (JSM)

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## 2022-03819

**Early indirect impact of COVID-19 pandemic on utilisation and outcomes of reproductive, maternal, newborn, child and adolescent health services in Kenya: A cross-sectional study.** Shikuku DN, Nyaoke IK, Nyaga LN, et al (2021), African Journal of Reproductive Health vol 25, no 6, December 2021, pp 76-87

The paper determined the initial impact of COVID-19 pandemic on reproductive, maternal, newborn, child and adolescent health (RMNCAH) services in Kenya. Hospital data for the first four months (March-June 2020) of the pandemic and the equivalent period in 2019 were compared using two-sample test of proportions. Despite the global projections for worse indicators, there were no differences in monthly mean ( $\pm$ SD) attendance between March-June 2019 vs 2020 for antenatal care (400,191.2 $\pm$ 12,700.0 vs 384,697.3 $\pm$ 20,838.6), hospital births (98,713.0 $\pm$ 4,117.0 vs 99,634.5 $\pm$ 3,215.5), family planning attendance (431,930.5 $\pm$ 19,059.9 vs 448,168.3 $\pm$ 31,559.8), post-abortion care (3,206.5 $\pm$ 111.7 vs 448,168.3 $\pm$ 31,559.8) and pentavalent 1 immunisation (114,701.0 $\pm$ 3,701.1 vs 110,915.8 $\pm$ 7,209.4),  $p > 0.05$ . However, there were significant increases in FP utilisation among young people (25.7% to 27.0%), injectable (short-term) FP method uptake (58.2% to 62.3%), caesarean section rate (14.6% to 15.8%), adolescent maternal deaths (6.2% to 10.9%) and fresh stillbirths (0.9% to 1.0%) with a reduction in implants (long-term) uptake (16.5% to 13.0%) ( $p < 0.05$ ). With uncertainty around the duration of the pandemic, strategies to mitigate against catastrophic indirect maternal health outcomes are urgently needed. (Author)

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## 2022-03581

**“Never let a good crisis go to waste”: Positives from disrupted maternity care in Australia during COVID-19.** Kluwngant D, Homer C, Dahlen H (2022), Midwifery vol 110, July 2022, 103340

Full URL: <https://doi.org/10.1016/j.midw.2022.103340>

### Objective

Due to the COVID-19 pandemic, a number of changes to maternity care were rapidly introduced in all countries, including Australia, to reduce the risk of infection for pregnant women and their care providers. While many studies have reported on the negative effects of these changes, there is a paucity of evidence on factors which women and their providers perceived as positive and useful for future maternity care.

### Design

Data was analysed from the Birth in the time of COVID-19 (BITTOC 2020) study survey. Conventional content analysis and descriptive statistics were used to analyse the data and examine which aspects of COVID-amended care women experienced as positive. Data from women were compared to data from midwives.

### Setting

This project took place in Australia in 2020-2021.

### Participants

The survey was distributed to women who gave birth and midwives who worked in Australia during the COVID-19 pandemic (March 2020 onwards).

### Measurements and findings

Women reported a variety of positives from their maternity care during COVID-19. These included both care-related factors as well as contextual factors. The most commonly mentioned positives for pregnant and postnatal women were care-related, namely fewer visitors in hospital, having increased access to telehealth services. These were also the most commonly reported positives by midwives. Having midwifery continuity of care models, giving birth at home and having their partner work from home were also highlighted by women as positives.

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## Key conclusions

Despite the negative effect of COVID-19-related restrictions on maternity care, a variety of changes were viewed as positive by both women and midwives, with strong agreement between the two groups.

## Implications for practice

These findings provide evidence to support the inclusion of these positive elements of care and ensure that the lessons learned from the pandemic are utilised to improve maternity care in Australia going forward. (Author)

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### 2022-02124

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

Full URL: <https://doi.org/10.1016/j.midw.2022.103321>

#### Background

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

#### Methods

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

#### Results

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

#### Conclusion

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

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### 2022-02118

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

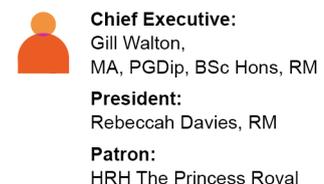
Full URL: <https://doi.org/10.1016/j.midw.2022.103313>

#### Background

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

#### Objective

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

#### Design

Qualitative phenomenological study.

#### Setting

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

#### Participants

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

#### Methods

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

#### Results

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

#### Conclusions

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

#### Registration

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

#### Tweetable abstract

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

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## 2022-01976

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

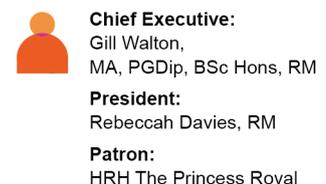
#### Background

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

#### Objective

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

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## Methods

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

## Results

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

## Conclusion

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

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## 2022-01825

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

Full URL: <https://doi.org/10.1093/heapol/czab064>

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

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determining the magnitude and duration of such disruptions in order to design interventions that would respond to the shortfall in care. Service delivery modifications need to be both highly contextualized and integrated as a core component of future epidemic response and planning. (Author)

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## 2022-01564

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

### Background

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

### Objective

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

### Method

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

### Results

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

### Discussion

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

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## 2022-01106

**The validity of self-reported SARS-CoV-2 results among postpartum respondents.** McCarthy K, Maru S, Nowlin S, et al (2022), *Paediatric and Perinatal Epidemiology* vol 36, no 4, July 2022, pp 518-524

**Full URL:** <https://doi.org/10.1111/ppe.12874>

### Background

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

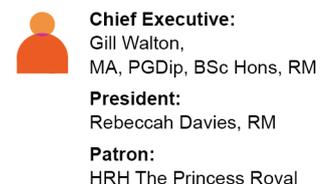
### Objectives

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

### Methods

We validated receipt of a COVID-19 PCR test and test results by comparing self-reported results obtained through an

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

## Results

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

## Conclusion(s)

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

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## 2021-14127

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

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

#### OBJECTIVE:

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

#### METHODS:

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

#### RESULTS:

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

#### CONCLUSION:

Short postpartum hospitalization LOS was significantly more common during the COVID-19 pandemic for obstetric patients with no change in hospital readmissions within 6 weeks of postpartum hospitalization discharge. The COVID-19 pandemic created a natural experiment, suggesting shorter postpartum hospitalization may be reasonable

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## 2021-13790

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

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

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

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

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

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## 2021-13753

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

**Full URL:** <https://doi.org/10.1016/j.wombi.2022.01.007>

### Background and Problem

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

### Aim

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

### Methods

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

### Findings

Of the 5003 women included,  $n = 4528$  experienced labour. Of these, 46.7% perceived a poorer quality of maternal and newborn care due to the COVID-19. Fundal pressure was applied in 22.2% of instrumental vaginal births, 36.8% received inadequate breastfeeding support and 6.9% reported some form of abuse. Findings were worse in women

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undergoing prelabour Caesarean section (CS) (n = 475). Multivariate analysis showed significant associations of the quality of maternal and newborn care to year of birth (P < 0.001), parity (P < 0.001), no pharmacological pain relief (P < 0.001), prelabour CS (P < 0.001), emergency CS (P < 0.001) and overall satisfaction (P < 0.001).

#### Conclusion

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

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#### 2021-13131

##### **Preliminary findings on the experiences of care for parents who suffered perinatal bereavement during the COVID-19 pandemic.**

Silverio SA, Easter A, Storey C, et al (2021), BMC Pregnancy and Childbirth vol 21, no 840, 22 December 2021

Full URL: <https://doi.org/10.1186/s12884-021-04292-5>

#### Background

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

#### Methods

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

#### Results

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

#### Conclusions

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

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#### 2021-13127

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

Riley T, Nethery E, Chung EK, et al (2022), Birth vol 49, no 2, June 2022, pp 298-309

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

#### Background

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

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## Methods

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

## Results

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

## Conclusions

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

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## 2021-12682

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

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

Study Design: Qualitative exploratory design.

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

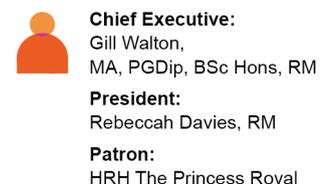
Results: Thirty-eight Asian American women representing several racial ethnic subgroups (Asian Indian, Chinese, Filipino, Hmong, Laotian, Vietnamese) participated in our study. Participants were on average 34 (SD = 3.5) years of age; the majority were married and lived in California. At the time of data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

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

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## 2021-12600

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

**Full URL:** [https://www.npeu.ox.ac.uk/assets/downloads/maternity-surveys/reports/You\\_and\\_Your\\_Baby\\_2020\\_Survey\\_Report.pdf](https://www.npeu.ox.ac.uk/assets/downloads/maternity-surveys/reports/You_and_Your_Baby_2020_Survey_Report.pdf)

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

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

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

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

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## 2021-11588

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

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

### Background

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

### Methods

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

### Results

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

### Conclusion

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

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## 2021-11519

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

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

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

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## 2021-10653

**Perinatal and postpartum care during the COVID-19 pandemic: A nationwide cohort study.** Wagner M, Falcone V, Neururer SB, et al (2022), Birth vol 49, no 2, June 2022, pp 243-252

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

### Background

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

### Methods

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

### Results

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

### Conclusions

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

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## 2021-10590

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

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

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

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

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## 2021-10070

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

**Full URL:** [https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/perinatal-surveillance-report-2019/MBRRACE-UK\\_Perinatal\\_Surveillance\\_Report\\_2019\\_-\\_infographic\\_summary.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrpace-uk/reports/perinatal-surveillance-report-2019/MBRRACE-UK_Perinatal_Surveillance_Report_2019_-_infographic_summary.pdf)

Summary of the main report (1) and infographic of data regarding perinatal mortality in the UK for 2019. 1. Draper ES. MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2019. Leicester: The Infant Mortality and Morbidity Studies, Department of Health Studies, University of Leicester. (JSM)

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## 2021-09812

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

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

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

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## 2021-09660

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

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

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

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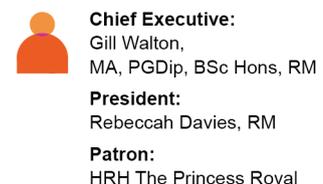
## 2021-09659

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

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

Maree Todd responds to a written question from Jackson Carlaw, regarding what assessment it has made of the impact

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of the COVID-19 pandemic on the accessibility of NHS dental care for mothers who have sought treatment during the first year of their child's life. (JSM)

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### 2021-09635

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

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

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

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### 2021-09361

**Lockdown babies: Birth and new parenting experiences during the 2020 Covid-19 lockdown in South Africa, a cross-sectional study.** Farley E, Edwards A, Numanoglu E, et al (2022), Women and Birth: Journal of the Australian College of Midwives vol 35, no 4, July 2022, pp 394-402

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

#### Background

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

#### Methods

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

#### Results

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

#### Conclusions

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

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### 2021-08051

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

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

#### Objective

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

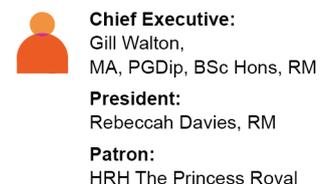
#### Methods

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

#### Results

In the COVID Cohort, 585 women (64%) attended postpartum visits (n = 488, 83.4%, via telemedicine) compared to 660 (74.7%, in-person) in the Comparison Cohort (P < 0.01). Total use of PPC remained similar: 30.4% (n = 261) in the COVID

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Cohort and 29.6% (n = 278) in the Comparison Cohort (P = 0.69). Compared to in-person visits in the Comparison Cohort, telemedicine visits in the COVID Cohort had similar odds of insertion of long-acting reversible contraception (LARC) (adjusted odds ratio [aOR] 1.13, 95% confidence interval [CI] 0.78–1.6), but higher odds of inpatient insertion (aOR 6.4, 95% CI 1.7–24.9). Black patients compared to white patients were more likely to initiate inpatient LARC (aOR 7.29, 95% CI 1.81–29.4) compared to the Comparison Cohort (aOR 3.63, 95% CI 0.29–46.19).

#### Conclusion

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

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#### 2021-08037

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

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

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

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

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

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#### 2021-08035

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

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

#### Objective

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

#### Methods

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

#### Results

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

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associated with risk of death. In the postpartum subgroup, age over 35 years and diabetes mellitus were independently associated with higher chance of death.

#### Conclusion

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

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#### 2021-07383

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

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

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

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#### 2021-07374

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

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

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

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#### 2021-06947

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

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

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

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#### 2021-06230

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

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

#### Background

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

#### Methods

We carried out a web-based survey to evaluate how pregnant women and new mothers were coping with the lockdown. We collected data about healthy habits (physical exercise and dietary habits), access to health services (care access, delivery and obstetric care, neonatal care, and breastfeeding), and mental wellbeing (psychological

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well-being and emotive support). Descriptive analysis was performed for both groups of participants, whereas a Poisson analysis was used to measure the association between some structural variables (age, education, socio-economic data, partner support, contact, free time, previous children, and pregnancy trimester) and anxiety or depression, difficulties in healthy eating and reduction in physical activity after lockdown started. Chi2 and Adjusted Prevalence Ratios were estimated only for pregnant women.

## Results

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

## Conclusions

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

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### 2021-06154

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

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

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

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### 2021-06114

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

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

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

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### 2021-05595

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

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

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

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### 2021-05527

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

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

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

**Design** Cross-sectional survey.

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

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

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

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

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

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## 2021-05191

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

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

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

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## 2021-05131

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

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

**Background**

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

**Insufficient guidance on the use of donor human milk and the role of human milk banks in the pandemic response**

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

## Conclusions

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

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## 2021-05130

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

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

## Background

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

## Methods

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

## Results

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

## Conclusions

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

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## 2021-05117

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

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

### Background

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

### Methods

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

### Results

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

### Conclusions

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

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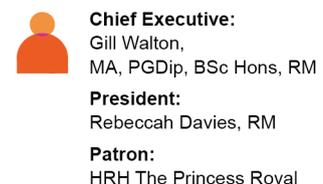
## 2021-05077

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

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

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

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Medical College in India to promote breastfeeding and human milk donation during the pandemic which comply with International and National guidelines. This commentary provides a perspective from a milk bank in India which might differ from the perspective of the international donor human milk banking societies. (Author)

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#### 2021-05011

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

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

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

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#### 2021-04713

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

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

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

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#### 2021-04629

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

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

##### Background

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

##### Weighing of risks is necessary in policy development

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

##### Conclusion

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

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#### 2021-04625

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

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

##### Background

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

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separation between mother and baby, health organizations encourage and support expressing milk and safely providing it to the infants.

#### Methods

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

#### Results

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

#### Conclusions

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

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### 2021-04555

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

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

#### Background

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

#### Objective

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

#### Search strategy

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

#### Selection criteria

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

#### Data collection and analysis

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

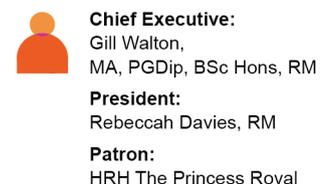
#### Main results

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

#### Conclusion

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

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**2021-04548**

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

**Objective**

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

**Methods**

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

**Results**

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

**Conclusion**

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

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**2021-04537**

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

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

**Objective**

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

**Methods**

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

**Results**

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

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experienced was notably similar and very positive.

#### Conclusion

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

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#### 2021-04527

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

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

#### Objective

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

#### Methods

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

#### Results

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

#### Conclusion

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

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#### 2021-04510

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

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

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#### 2021-03645

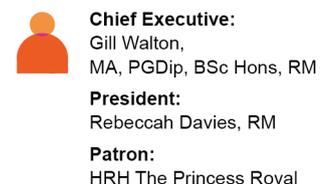
**Maternity Hospitals: Visiting [written answer].** Northern Ireland Assembly (2021), Hansard Written question AQW 18305/17-22, 20 May 2021

**Full URL:** <http://aims.niassembly.gov.uk/questions/searchresults.aspx?&qf=0&asb=86&tbm=0&anb=0&abp=0&sp=1&qfv=1&asbv=4145&tbmv=1&anbv=0&abpv=0&spv=23&ss=HBTpOUVObh74FABIUyOXzQ==&per=1&fd=&td=&pm=0&asbt=Sugden,%20Claire&anbt=All%20Ministers&abpt=All%20Parties&spt=2020-2021>

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

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2021-03644

**Maternity Services, General Visiting Services, Care Homes: COVID-19 [written answer].** Northern Ireland Assembly (2021),

Hansard Written question AQW 18578/17-22, 7 May 2021

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

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

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2021-03396

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

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

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

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2021-02986

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

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

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2021-02330

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

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

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2021-01926

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

**Objective**

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

**Methods**

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

**Results**

In total, 3377 women were included: 640, 914, and 1823 in groups A, B, and C, respectively. LOS after birth (both vaginal and cesarean) was shorter in groups A and B compared to the control group ( $2.28 \pm 1.01$  and  $2.25 \pm 0.93$  vs  $2.55 \pm 1.10$ )

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days,  $p < 0.001$ ). Rates of ED presentations 30 days after discharge were higher in groups C and B compared to group A (6.63% and 6.45% vs 3.12%,  $p = 0.006$ ). Rates of readmissions 30 days after discharge were 0.78%, 1.42%, and 1.09% (groups A, B, and C, respectively), demonstrating no statistical difference ( $p = 0.408$ ).

#### Conclusion

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

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#### 2021-01599

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

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

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#### 20210120-25\*

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

Full URL: [https://anmj.org.au/wp-content/uploads/2020/07/UPDATED\\_ANMJ-JUL-SEP-2020.pdf](https://anmj.org.au/wp-content/uploads/2020/07/UPDATED_ANMJ-JUL-SEP-2020.pdf)

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

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#### 2021-00964

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

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

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

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#### 2021-00708

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

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

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

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#### 2021-00504

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

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

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

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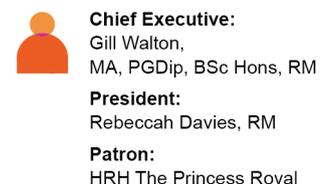
#### 2021-00456

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

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

It is a book with 277 authors but with one shared experience - becoming a new mother in 2020. The mothers speak

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about their isolation, uncertainty and the pressure placed on their mental health by the pandemic, but some say they were also able to find "silver linings" and positives that have come out of an extraordinary joint experience. (Author)

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#### 2021-00337

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

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

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

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#### 2021-00209

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

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

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

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#### 2021-00119

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

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

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

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#### 20201221-60\*

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

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

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

Methods and analysis We plan to undertake a living systematic review to assess the prevalence, clinical manifestations, risk factors, rates of maternal and perinatal complications, potential for mother-to-child transmission, accuracy of diagnostic tests and effectiveness of treatment for COVID-19 in pregnant and postpartum women (including after miscarriage or abortion). We will search Medline, Embase, WHO COVID-19 database, preprint servers, the China National Knowledge Infrastructure system and Wanfang databases from 1 December 2019. We will supplement our search with studies mapped by Cochrane Fertility and Gynaecology group, Evidence for Policy and

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Practice Information and Co-ordinating Centre (EPPI-Centre), COVID-19 study repositories, reference lists and social media blogs. The search will be updated every week and not be restricted by language. We will include observational cohort ( $\geq 10$  participants) and randomised studies reporting on prevalence of COVID-19 in pregnant and postpartum women, the rates of clinical manifestations and outcomes, risk factors in pregnant and postpartum women alone or in comparison with non-pregnant women with COVID-19 or pregnant women without COVID-19 and studies on tests and treatments for COVID-19. We will additionally include case reports and series with evidence on mother-to-child transmission of SARS-CoV-2 in utero, intrapartum or postpartum. We will appraise the quality of the included studies using appropriate tools to assess the risk of bias. At least two independent reviewers will undertake study selection, quality assessment and data extraction every 2 weeks. We will synthesise the findings using quantitative random effects meta-analysis and report OR or proportions with 95% CIs and prediction intervals. Case reports and series will be reported as qualitative narrative synthesis. Heterogeneity will be reported as  $I^2$  and  $\tau^2$  statistics.

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

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

PROSPERO registration number CRD42020178076. (Author)

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### 20201208-18\*

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

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

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

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### 20201124-2\*

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

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

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

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### 20201117-53\*

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

Objective

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

Methods

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

Results

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

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## Conclusion

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

## Synopsis

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

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## 20201117-51\*

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

## Objective

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

## Methods

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

## Results

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

## Conclusion

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

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## 20201116-94\*

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

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

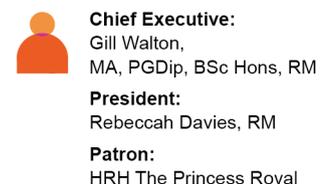
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## 20201116-60\*

**An initiative to evaluate the safety of maternal bonding in patients with SARS-CoV-2 infection.** Cojocar L, Crimmins S, Sundararajan S, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 18, 2022, pp 3540-3546

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

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## Background

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

## Methods

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

## Intervention

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

## Results

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

## Conclusion

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

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### 20201109-23\*

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

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

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

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### 20201105-21\*

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

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

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

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### 20201028-29\*

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

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

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

This document aims to provide guidance to healthcare professionals who care for pregnant women during the COVID-19 pandemic. It is not intended to replace existing clinical guidelines, but to act as a supplement with additional advice on how to implement standard practice during this time. The advice in this document is provided as a resource for UK healthcare professionals based on a combination of available evidence, good practice and expert

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consensus opinion. The priorities are: (i) The reduction of transmission of SARS-CoV-2 to pregnant women. (ii) The provision of safe, personalised and woman-centred care during pregnancy, birth and the early postnatal period, during the COVID-19 pandemic. (iii) The provision of safe, personalised and woman-centred care to pregnant and postnatal women with suspected/confirmed COVID-19. This is very much an evolving situation requiring this guidance to be a living document that is under regular review and updated as new information and evidence emerges. (Author, edited)

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#### 20201027-22\*

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

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

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

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#### 20201026-31\*

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

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

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

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#### 20201022-3\*

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

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

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

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#### 20200930-16\*

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

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

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

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20200928-7\*

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

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

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

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20200909-1\*

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

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

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20200908-17\*

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

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

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

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20200907-38\*

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

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

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20200902-51\*

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

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

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

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20200901-22\*

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

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

Objective

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

Findings

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

Conclusion

As new data arises, management recommendations will evolve, thus practitioners must maintain a low threshold for

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## 20200820-12\*

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

### Objective

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

### Design

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

### Setting

Three New York City hospitals.

### Population

Pregnant women >20 weeks of gestation admitted for delivery.

### Methods

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

### Main outcome measures

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

### Results

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

### Conclusion

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

### Tweetable abstract

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

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## 20200819-68\*

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

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

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

### Background

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

### Objective

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

#### Study Design

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

#### Results

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

#### Conclusion

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

(Author)

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#### 20200819-4\*

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

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

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#### 20200819-130\*

**Maternal mortality and COVID-19.** Takemoto MLS, Menezes MO, Andreucci CB, et al (2022), Journal of Maternal-Fetal and Neonatal Medicine vol 35, no 12, 2022, pp 2355-2361

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

#### Objective

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

#### Study design

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

#### Results

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

#### Conclusions

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

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#### 20200810-28\*

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

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

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

N.B.: this guidance should be read in conjunction with the RCM guidance on Antenatal and Postnatal care during COVID-19 <https://www.rcm.org.uk/media/4132/2020-06-18-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic.pdf>

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

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#### 20200805-46\*

**Babies in Lockdown: listening to parents to build back better.** Best Beginnings, Home-Start UK, Parent-Infant Foundation (2020), London: Best Beginnings, Home-Start UK, and the Parent-Infant Foundation August 2020. 92 pages

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

Joint research report from charities Best Beginnings, Home Start UK and the Parent-Infant Foundation, drawing on the experiences of expectant and new parents, looking at the effect lockdown during the COVID-19 pandemic has had on the first months and years of their babies' development. Reveals a great deal of variation in parents experiences, with some welcoming the extra time to spend with their families, while others, already at greater risk of poorer outcomes, such as those on lower incomes or from Black, Asian and Minority Ethnic backgrounds (BAME) have been hardest hit during the crisis. Includes the experiences of those working on the frontline while pregnant. (JSM)

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#### 20200804-15\*

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

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

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#### 20200803-2\*

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

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

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

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#### 20200731-6\*

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

Editorial on the benefits of postpartum long-acting reversible contraception during the COVID-19 outbreak. The

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

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#### 20200731-4\*

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

**Full URL:** [https://www.rcm.org.uk/media/4097/briefing-no-9-postnatal\\_clinical\\_advice\\_with-covid\\_220520.pdf](https://www.rcm.org.uk/media/4097/briefing-no-9-postnatal_clinical_advice_with-covid_220520.pdf)

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

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#### 20200731-3\*

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

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

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

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#### 20200729-5\*

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

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

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#### 20200723-13\*

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

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

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

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#### 20200723-12\*

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

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

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

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#### 20200722-89\*

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

Personal experience of a physician caring for a mother in the early postnatal period during the COVID-19 pandemic. Discusses the disproportionate effect of the virus on marginalised women, universal testing at admission to the labour

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and delivery ward, and the separation of the mother and newborn after birth. (LDO)

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#### 20200720-9\*

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

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

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

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#### 20200716-32\*

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

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

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

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#### 20200714-3\*

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

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

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#### 20200713-8\*

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

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

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

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#### 20200713-7\*

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

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

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

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20200707-11\*

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

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

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

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

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

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

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20200706-45\*

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

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

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20200706-1\*

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

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

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

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20200703-27\*

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

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

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

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

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

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#### 20200701-14\*

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

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

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

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#### 20200629-22\*

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

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

##### BACKGROUND:

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

##### CASE:

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

##### CONCLUSION:

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

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#### 20200626-55\*

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

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

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

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#### 20200623-19\*

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

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

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

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#### 20200623-16\*

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

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

Jo Churchill responds to a written question asked by Munira Wilson to the Secretary of State for Health and Social

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**20200623-11\***

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

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

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

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**20200619-17\***

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

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

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

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**20200618-51\***

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

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

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

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**20200615-45\***

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

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

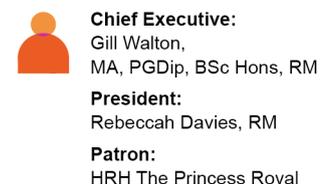
**Background**

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

**Methods**

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

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Nanjing, China, in February 2020.

#### Results

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

#### Conclusion

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

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#### 20200609-11\*

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

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

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

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#### 20200519-20\*

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

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

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

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#### 20200519-11\*

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

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

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

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#### 20200515-11\*

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

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

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

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#### 20200514-72\*

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**Breastfeeding: Donors [written answer].** House of Commons (2020), Hansard Written question 37944, 20 April 2020

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-20/37944/>

Jo Churchill responds to a written question asked by Daisy Cooper to the Secretary of State for Health and Social Care, regarding additional funding to scale up milk banks to help meet demand for donor milk during the COVID-19 outbreak. (LDO)

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**20200506-87\***

**Parental Leave: Coronavirus [written answer].** House of Commons (2020), Hansard Written question 41574, 28 April 2020

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-28/41574/>

Paul Scully responds to a written question from Ben Lake to the Secretary of State for Business, Energy and Industrial Strategy regarding what assessment the Government has made of the potential merits of extending (a) maternity and (b) paternity leave in response to the covid-19 outbreak and associated social distancing guidance. (MB)

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**20200427-24\***

**Coronavirus disease 2019 infection among asymptomatic and symptomatic pregnant women: two weeks of confirmed presentations to an affiliated pair of New York City hospitals.** Breslin N, Baptiste C, Gyamfi-Bannerman C, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 2, suppl, May 2020, 100118

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

The novel coronavirus 2019, or COVID-19, infection has rapidly spread through the New York metropolitan area since the first reported case in the state on March 1, 2020. New York currently represents an epicenter for COVID-19 infection in the United States, with 84,735 cases reported as of April 2, 2020. We previously presented an early experience with seven COVID-positive patients in pregnancy, including two women who were diagnosed with COVID-19 following an asymptomatic initial presentation. We now describe a series of 43 test-confirmed cases of COVID-19 presenting to a pair of affiliated New York City hospitals over two weeks from March 13 to 27, 2020. Fourteen (32.6%) patients presented without any COVID-associated viral symptoms, and were identified either after developing symptoms during admission or following the implementation of universal testing for all obstetrical admissions on March 22. Of these, 10/14 (71.4%) developed symptoms or signs of COVID-19 infection over the course of their delivery admission or early after postpartum discharge. Of the other 29 (67.4%) patients who presented with symptomatic COVID-19 infection, three women ultimately required antenatal admission for viral symptoms, and an additional patient represented six days postpartum after a successful labor induction with worsening respiratory status that required oxygen supplementation. There were no confirmed cases of COVID-19 detected in neonates upon initial testing on the first day of life. Applying COVID-19 disease severity characteristics as described by Wu et al, 37 (86%) women possessed mild disease, four (9.3%) exhibited severe disease, and two (4.7%) developed critical disease; these percentages are similar to those described for non-pregnant adults with COVID-19 infections (about 80% mild, 15% severe, and 5% critical disease). (Author)

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**20200422-43\***

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

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

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

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**20200421-3\***

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

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

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

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#### 20200417-6

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

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

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#### 20200417-5

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

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

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#### 20200414-6\*

**Coronavirus and your maternity care.** AIMS (2020), Association for Improvements in Maternity Services (AIMS) 11 April 2020

**Full URL:** <https://www.aims.org.uk/information/item/coronavirus>

Information from the Association for Improvements in the Maternity Services (AIMS) for pregnant women concerned about their maternity care in the current coronavirus (COVID-19) pandemic. (JSM)

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#### 20200414-1\*

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

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

Background

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

Objective

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

Methods

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

Results

There were 2 fever patients during the prenatal period and 8 fever patients during the postpartum period in the confirmed COVID-19 group. In contrast, there were 11 prenatal fever patients and 20 postpartum fever patients in the control group ( $p>0.05$ ). Among 55 cases, only 2 case had cough in the confirmed group. The imaging of pulmonary CT scan showed ground-glass opacity (46.2%, 6/13), patch-like shadows(38.5%, 5/13), fiber shadow(23.1%, 3/13), pleural

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effusion (38.5%, 5/13) and pleural thickening (7.7%, 1/13), and there was no statistical difference between the confirmed COVID-19 group and the control group ( $p > 0.05$ ). During the prenatal and postpartum period, there was no difference in the count of WBC, Neutrophils and Lymphocyte, the ratio of Neutrophils and Lymphocyte and the level of CRP between the confirmed COVID-19 group and the control group ( $p < 0.05$ ). 20 babies (from confirmed mother and from normal mother) were subjected to SARS-CoV-2 examination by throat swab samples in 24 hours after birth and no case was tested positive.

#### Conclusion

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

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#### 20200402-32\*

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

**Full URL:** <https://www.tommys.org/pregnancy-information/im-pregnant/pregnancy-and-coronavirus-information-pregnant-women-and-new-mums>

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

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#### 20200331-7\*

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

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

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#### 20200327-12\*

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

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

Reports the ways in which the global coronavirus pandemic is affecting the care of women in the United States, including; giving birth without their partner being present; restrictive access to reproductive healthcare and having to stay at home with an abusive partner. (JSM)

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#### 20200327-1\*

**Coronavirus: Infant Foods [written answer].** House of Commons (2020), Hansard Written question 30064, 16 March 2020

**Full URL:** <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-16/30064/>

Jo Churchill responds to a written question asked by Alison Thewliss to the Secretary of State for Health and Social Care, regarding what plans he has to ensure the maintenance of the supply of infant formula during the covid-19 outbreak. (MB)

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