

Background

- A positive birthing experience takes planning and communication on behalf of the patient, their support system, and the healthcare team
- Supportive visitors during labor/delivery have a positive impact on the birth experience including:
 - Less fear of birth
 - Increased vaginal births
 - Decreased use of epidurals and instrumental vaginal births
 - Less labor pain
 - Improved APGAR scores
- COVID-19 resulted in restrictions on the number of supportive visitors permitted during labor/delivery
- Common practice for area hospitals and birthing centers went from several to only one or two supportive visitor present during labor/delivery
- To better serve the needs of patients, one urban birthing center sought to learn how plans for supportive visitors during labor/delivery changed due to COVID-19 restrictions

Purpose

Develop and implement a survey to assess how new mothers' original labor/delivery support plans changed due to COVID-19 restrictions

Methods

Survey Development

- CDC guidelines for labor/delivery during COVID-19 reviewed to address:
 - How labor/delivery protocols for supportive visitors changed
 - Birthing concerns during the COVID-19 pandemic
- Survey questions developed to cover changes in labor/delivery location, changes in supportive visitors, and fears of delivering during COVID-19
- Questions reviewed by two clinical experts (nurse midwife and nursing instructor) for content validity and format

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Methods, contd.

Measure

Survey of New Mothers' Labor/Delivery Support Plans During COVID-19	
Question Item	Response Options
1) Did you need to change the location for labor and delivery?	Yes/No
2) What were your main reason for changing the location?	Write in
3) Did you need to adjust the number of your friends/family attending the birth?	Yes/No
4) Who was the main person you chose to attend the birth?	<ul style="list-style-type: none"> • Partner/Spouse • Doula • Family Member • Friend • Other
5) What was your main fear of delivering during COVID-19?	Write in

Project Implementation

Design

- Cross-sectional survey of women who delivered during COVID-19

Setting

- Federally qualified healthcare center located in a predominantly Hispanic, low-income population dense, suburb of a large metropolitan area
- Approximately 19 new prenatal care patients admitted monthly
- Birthing center provides labor/delivery for an average of 8-10 low risk mothers and infants each month

Participants

- Inclusion criteria: prenatal patient seen at federally qualified health center who delivered a live birth between April 1 and July 4, 2020
- Recruitment: women were identified through review of the medical record and contacted via phone to invite them to complete a survey regarding their labor/delivery

Protocol

- Women who expressed interest and verbally consented were given the option to complete the survey over the phone or via a link sent in a MyChart message
- For women not reached by phone, a voicemail was left explaining the survey and told about the link to the survey in MyChart

Analysis

- Write in responses were transcribed and put into like categories by 2 nurses

Results

Participant Recruitment and Participation

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Delivered a live birth April 1 to July 4, 2021	69
Contacted via phone	47
Participated in survey	20

- 29% of eligible women participated in the survey

Labor/Delivery Locations

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Needed to change the location for labor and delivery	11
Reason for changing the location	
Restrictive COVID-19 supportive visitor policies	5
Fear of exposure to COVID-19	3
To minimize hospital exposure	4
Fear of having baby taken away	2
Safety and health concerns not related to COVID-19	2
Provider concerns	1

- Over half of the women had to change their location for labor/delivery
- The most common reason was due to COVID-19 restrictions related to supportive visitors

Support Visitors

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Needed to adjust number of support visitors attending the birth	14
Main person chosen to attend the birth	
Partner/spouse	13
Family Member	3
Doula	1

- 70% of the women had to adjust their number of supportive visitors during labor and delivery
- 65% of the women's partners were their main supportive visitor

Fears of Delivering During COVID-19

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Fear of Exposure of baby to COVID-19	6
Being exposed to COVID	4
Losing support visitor related to restriction	3
Being separated from baby after birth	2
Lack of trust in healthcare staff	1
Having to wear a mask during labor	1
Fear of the hospital	1
Support staff getting COVID	1
Having to labor alone	1
Having to alter birth plan	1

- All but one woman expressed having fears of delivering during COVID
- 33% of women expressed fear of exposure to baby

Conclusions

- A majority of respondents made some change to their labor/delivery supportive visitor plan due to the COVID-19 pandemic
- A majority of women expressed having fears of delivering during COVID-19
- Findings suggest to ease patient fears of COVID-19 there is a need to continually update resources outlining what to expect and precautions taken during labor/delivery
- Ongoing evaluation of restrictive policies for supportive visitors is needed to ensure that laboring clients receive the support needed during labor/delivery