

Labor and Delivery Experiences During The First US Wave of the COVID-19 Pandemic

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Objectives:

Objective 1. To describe our novel findings as the first qualitative examination of the labor and delivery care experiences from the perspectives of nurses during the first wave of the COVID-19 pandemic in the United States.

Objective 2. To examine the implications of labor and delivery experiences during COVID-19 on the psychosocial health of perinatal populations and clinicians who care for them.

Objective 3. To describe the clinical implications of COVID-19 for management and care of perinatal populations during future emerging infectious disease outbreaks.

Methods:

Utilizing qualitative descriptive methodology, semi-structured interviews were conducted with labor and delivery nurses and care providers across the US from May to September 2020 and recorded for thematic analysis. The consolidated criteria for reporting qualitative studies (COREQ), a 32-item checklist, were used to ensure detailed and comprehensive reporting of this qualitative study protocol.

Results:

Study participants shared descriptions of labor and delivery care experiences during the first wave of the COVID-19 pandemic in the US (n=19). The thematic network analyses identified five distinct themes including: (1) separation of mothers and babies, (2) isolation of birthing parents, (3) barriers to connection, (4) perceptions of mental health needs, and (5) ethnoracial disparities experienced by birthing parents.

Conclusions:

The COVID-19 pandemic has impacted the ability of labor and delivery care teams to optimally care for their birthing patient populations. Adequate guidance is needed to reduce disproportionate disparities in vulnerable birthing populations, who are at risk of poorer health outcomes, exacerbated by the COVID-19 pandemic. This project integrates the direct patient care experiences of labor and delivery teams during the first wave of the pandemic to examine the implications of these experiences on the psychosocial health of perinatal populations and clinicians who care for them and also to better prepare for the management and care of perinatal populations during future infectious disease outbreaks.

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Disclosures:

None.