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Please acknowledge this work in any resulting paper or presentation as; **Role of the Midwife in Ensuring Safety and Positive Experience During the Covid-19 Pandemic; Louise Levitt. (19 August 2021) Isleworth, UK: Patricia Bowen Library & Knowledge Service.**

Date of Search: 19 August 2021

Sources Searched: Medline, CINAHL, BNI.

Role of the Midwife in Ensuring Patient Safety and Positive Experience During the Covid-19 Pandemic

[See full search strategy](#)

1. The Impacts of COVID-19 on US Maternity Care Practices: A Followup Study.

Author(s): Gutschow, Kim; Davis-Floyd, Robbie

Source: *Frontiers in sociology*; 2021; vol. 6 ; p. 655401

Publication Date: 2021

Publication Type(s): Journal Article

PubMedID: 34150906

Available at [Frontiers in sociology](#) - from Unpaywall

Abstract: This article extends the findings of a rapid response article researched in April 2020 to illustrate how providers' practices and attitudes toward COVID-19 had shifted in response to better evidence, increased experience, and improved guidance on how SARS-CoV-2 and COVID-19 impacted maternity care in the United States. This article is based on a review of current labor and delivery guidelines in relation to SARS-CoV-2 and COVID-19, and on an email survey of 28 community-based and hospital-based maternity care providers in the United State, who discuss their experiences and clients' needs in response to a rapidly shifting landscape of maternity care during the COVID-19 pandemic. One-third of our respondents are obstetricians, while the other two-thirds include midwives, doulas, and labor and delivery nurses. We present these providers' frustrations and coping mechanisms in shifting their practices in relation to COVID-19. The primary lessons learned relate to improved testing and accessing PPE for providers and clients; the need for better integration between community- and hospital-based providers; and changes in restrictive protocols concerning labor support persons, rooming-in with newborns, immediate skin-to-skin contact, and breastfeeding. We conclude by suggesting that the COVID-19 pandemic offers a transformational moment to shift maternity care in the United States toward a more integrated and sustainable model that might improve provider and maternal experiences as well as maternal and newborn outcomes.

Database: Medline

2. Experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia: A five-cohort cross-sectional comparison.

Author(s): Bradfield, Zoe; Wynter, Karen; Hauck, Yvonne; Vasilevski, Vidanka; Kuliukas, Lesley; Wilson, Alyce N; Szabo, Rebecca A; Homer, Caroline S E; Sweet, Linda

Source: PloS one; 2021; vol. 16 (no. 3); p. e0248488

Publication Date: 2021

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 33760851

Available at [PloS one](#) - from Europe PubMed Central - Open Access

Available at [PloS one](#) - from Public Library of Science (PLoS)

Available at [PloS one](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [PloS one](#) - from Unpaywall

Abstract:INTRODUCTIONThe global COVID-19 pandemic has radically changed the way health care is delivered in many countries around the world. Evidence on the experience of those receiving or providing maternity care is important to guide practice through this challenging time.METHODSA cross-sectional study was conducted in Australia. Five key stakeholder cohorts were included to explore and compare the experiences of those receiving or providing care during the COVID-19 pandemic. Women, their partners, midwives, medical practitioners and midwifery students who had received or provided maternity care from March 2020 onwards in Australia were recruited via social media and invited to participate in an online survey released between 13th May and 24th June 2020; a total of 3701 completed responses were received.FINDINGSWhile anxiety related to COVID-19 was high among all five cohorts, there were statistically significant differences between the responses from each cohort for most survey items. Women were more likely to indicate concern about their own and family's health and safety in relation to COVID-19 whereas midwives, doctors and midwifery students were more likely to be concerned about occupational exposure to COVID-19 through working in a health setting than those receiving care through attending these environments. Midwifery students and women's partners were more likely to respond that they felt isolated because of the changes to the way care was provided. Despite concerns about care received or provided not meeting expectations, most respondents were satisfied with the quality of care provided, although midwives and midwifery students were less likely to agree.CONCLUSIONThis paper provides a unique exploration and comparison of experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia. Findings are useful to support further service changes and future service redesign. New evidence provided offers unique insight into key stakeholders' experiences of the rapid changes to health services.

Database: Medline

3. The Potential Impact of COVID-19 Pandemic on the Antenatal Care as Perceived by Non-COVID-19 Pregnant Women: Women's Experience Research Brief.

Author(s): Patabendige, Malitha; Gamage, Madhawa M; Jayawardane, Asanka

Source: Journal of patient experience; 2021; vol. 8 ; p. 2374373521998820

Publication Date: 2021

Publication Type(s): Journal Article

PubMedID: 34179402

Available at [Journal of patient experience](#) - from Unpaywall

Abstract:We aimed to study the impact of Coronavirus disease 2019 (COVID-19) pandemic on the basic antenatal care received during the. A facility-based descriptive cross-sectional study was conducted and 62 pregnant women were interviewed. A total of 80.6% of mothers were satisfied with the quality of antenatal care they received, ≥ 7 of 10 on visual analogue scales (VAS). The majority of women were not confident to deliver their baby and 58.1% of women showed ≤ 5 of 10 on VAS. Midwife (90.3%) was the commonest source of information. Internet (1.6%) was a poor source. The impact of the COVID-19 pandemic on the quality of antenatal care was significant, and the findings are useful for the policymakers to plan necessary actions.

Database: Medline

4. Understanding Jordanian Midwives' Experiences of Providing Care during the COVID-19 Pandemic Crisis: A Phenomenological Study.

Author(s): Alnuaimi, Karimeh

Source: International journal of community based nursing and midwifery; Jul 2021; vol. 9 (no. 3); p. 238-250

Publication Date: Jul 2021

Publication Type(s): Journal Article

PubMedID: 34222544

Available at [International journal of community based nursing and midwifery](#) - from Europe PubMed Central - Open Access

Abstract:BackgroundMidwives are at high-risk during the coronavirus disease (COVID-19) pandemic outbreak. Risks include virus exposures, extra working hours, psychological stressors, fatigue, work burnout, stigma, and physical and psychological violence. However, attention is needed to prepare the midwives during this crisis and help them overcome their challenges. The current study aims to explore Jordanian midwives' experiences of providing health care during the COVID-19 pandemic crisis.MethodsA descriptive phenomenological qualitative study was used. Semi-structured interviews using telephone calls were conducted to collect data from April to May 2020. Each interview lasted for 30-45 minutes. Purposive and snowball sampling strategies were used to recruit 20 midwives from two hospitals. Colaizzi's method was used to analyze the data manually.ResultsFour main themes and eight subthemes were obtained. The main themes included: "Living in turmoil"; "Communication dilemma"; "Positive experience over time", and "Seeking support".ConclusionJordanian midwives experienced a stressful and interruptive routine life while providing care to their clients during the COVID-19 pandemic. This study recommends more attention towards the psychological state and factors that might affect the midwives during this crisis. The management and administrative teams should do their best to reduce the work pressure

and arrange holidays appropriately. Policymakers and the government should provide the midwives with a safe work environment, good information resources, and financial rewards.

Database: Medline

5. Expanding the concept of safety in antenatal care provision

Author(s): Linden, Karolina

Source: The Lancet; Jul 2021; vol. 398 (no. 10294); p. 4

Publication Date: Jul 2021

Publication Type(s): Commentary

Available at [The Lancet](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:A small but growing body of evidence suggests that antenatal care models using integrated telehealth could be medically safe for women, including women with pre-existing medical conditions or those developing pregnancy-related complications.^{4,5} Integrated telehealth in antenatal care reduces the number of physical visits, but maintains the number of contacts between the pregnant women and their care providers. Furthermore, the short 3-month study period following implementation of integrated antenatal care reduces the strength of the study conclusions since there is a possibility that differences in outcomes will change and develop further over time. [...]the initial significant increase in the number of appointments that women did not attend (1589 [8%] of 20 154 consultations in the integrated care period vs 8538 [5%] of 165 263 consultations in the conventional care period; $p < 0.001$) requires further investigation. According to a scoping systematic review,¹⁰ a positive pregnancy experience involves "maintaining a healthy pregnancy for mother and baby", but it also comprises "maintaining physical and sociocultural normality" during pregnancy; the "effective transition to positive labour and birth"; and "achieving positive motherhood" by building maternal self-esteem, competence, and autonomy.

Database: BNI

6. Which ethical values underpin England's National Health Service reset of paediatric and maternity services following COVID-19: a rapid review.

Author(s): Chiumento, Anna; Baines, Paul; Redhead, Caroline; Fovargue, Sara; Draper, Heather; Frith, Lucy

Source: BMJ open; Jun 2021; vol. 11 (no. 6); p. e049214

Publication Date: Jun 2021

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article Review

PubMedID: 34103322

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from Free Medical Journals . com

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMJ open](#) - from Unpaywall

Abstract:OBJECTIVE To identify ethical values guiding decision making in resetting non-COVID-19 paediatric surgery and maternity services in the National Health Service (NHS). DESIGN A rapid review of academic and grey literature sources from 29 April to 31 December 2020, covering non-urgent, non-COVID-19 healthcare. Sources were thematically synthesised against an adapted version of the UK Government's Pandemic Flu Ethical Framework to identify underpinning ethical principles. The strength of normative engagement and the quality of the sources were also assessed. SETTING NHS maternity and paediatric surgery services in England. RESULTS Searches conducted 8 September-12 October 2020, and updated in March 2021, identified 48 sources meeting the inclusion criteria. Themes that arose include: staff safety; collaborative working - including mutual dependencies across the healthcare system; reciprocity; and inclusivity in service recovery, for example, by addressing inequalities in service access. Embedded in the theme of staff and patient safety is embracing new ways of working, such as the rapid roll out of telemedicine. On assessment, many sources did not explicitly consider how ethical principles might be applied or balanced against one another. Weaknesses in the policy sources included a lack of public and user involvement and the absence of monitoring and evaluation criteria. CONCLUSIONS Our findings suggest that relationality is a prominent ethical principle informing resetting NHS non-COVID-19 paediatric surgery and maternity services. Sources explicitly highlight the ethical importance of seeking to minimise disruption to caring and dependent relationships, while simultaneously attending to public safety. Engagement with ethical principles was ethics-lite, with sources mentioning principles in passing rather than explicitly applying them. This leaves decision makers and healthcare professionals without an operationalisable ethical framework to apply to difficult reset decisions and risks inconsistencies in decision making. We recommend further research to confirm or refine the usefulness of the reset phase ethical framework developed through our analysis.

Database: Medline

7. Moral Distress, Trauma, and Uncertainty for Midwives Practicing During a Pandemic.

Author(s): Eagen-Torkko ; Altman, Molly R.; Kantrowitz-Gordon, Ira; Gavin, Amelia; Mohammed, Selina

Source: Journal of Midwifery & Women's Health; May 2021; vol. 66 (no. 3); p. 304-307

Publication Date: May 2021

Publication Type(s): Academic Journal

Available at [Journal of midwifery & women's health](#) - from Wiley Online Library Science , Technology and Medicine Collection 2019

Available at [Journal of midwifery & women's health](#) - from Unpaywall

Abstract:The article focuses on pandemics are marked both by the infection itself and by the disruption it can cause in the ability of health care providers to support the well-being patients. Topics include the midwives experienced frequent changes in policies due to rapidly-evolving understanding of COVID-19, the potential disruption of the usual midwife-patient relationships related to public health, and the deaths were not evenly distributed but instead reflect social and political inequities.

Database: CINAHL

8. Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care.

Author(s): Jardine, J; Relph, S; Magee, L A; von Dadelszen, P; Morris, E; Ross-Davie, M; Draycott, T; Khalil, A

Source: BJOG : an international journal of obstetrics and gynaecology; Apr 2021; vol. 128 (no. 5); p. 880-889

Publication Date: Apr 2021

Publication Type(s): Journal Article

PubMedID: 32992408

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Wiley Online Library Science , Technology and Medicine Collection 2019

Available at [BJOG : an international journal of obstetrics and gynaecology](#) - from Unpaywall

Abstract:OBJECTIVE To explore the modifications to maternity services across the UK, in response to the coronavirus disease 2019 (COVID-19) pandemic, in the context of the pandemic guidance issued by the Royal College of Obstetricians and Gynaecologists (RCOG), Royal College of Midwives (RCM) and NHS England. DESIGN National survey. SETTING UK maternity services during the COVID-19 pandemic. POPULATION OR SAMPLE Healthcare professionals working within maternity services. METHODS A national electronic survey was developed to investigate local modifications to general and specialist maternity care during the COVID-19 pandemic, in the context of the contemporaneous national pandemic guidance. After a pilot phase, the survey was distributed through professional networks by the RCOG and co-authors. The survey results were presented descriptively in tabular and graphic formats, with proportions compared using chi-square tests. MAIN OUTCOME MEASURE Service modifications made during the pandemic. RESULTS A total of 81 respondent sites, 42% of the 194 obstetric units in the UK, were included. They reported substantial and heterogeneous maternity service modifications. Seventy percent of units reported a reduction in antenatal appointments and 56% reported a reduction in postnatal appointments; 89% reported using remote consultation methods. A change to screening pathways for gestational diabetes mellitus was reported by 70%, and 59% had temporarily removed the offer of births at home or in a midwife-led unit. A reduction in emergency antenatal presentations was experienced by 86% of units. CONCLUSION This national survey documents the extensive impact of the COVID-19 pandemic on maternity services in the UK. More research is needed to understand the impact on maternity outcomes and experience. TWEETABLE ABSTRACT A national survey showed that UK maternity services were modified extensively and heterogeneously in response to COVID-19.

Database: Medline

**9. Part 1: COVID-19 and knowledge for midwifery practice—impact and care of pregnant women...COVID-19 and knowledge for midwifery practice—impact and care of pregnant women.
Part #1**

Author(s): Green ; Jones, Linda; Petty, Julia; Bromley, Patricia; Fowler, Cathrine; Walker, Karen

Source: British Journal of Midwifery; Apr 2021; vol. 29 (no. 4); p. 224-231

Publication Date: Apr 2021

Publication Type(s): Academic Journal

Available at [British Journal of Midwifery](#) - from MAG Online Library - Interim

Available at [British Journal of Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:The emergence of viral diseases, such as COVID-19, represents a global public health threat, particularly the high-impact animal viruses that have switched hosts and are able to be transmitted within human populations. Pandemics threaten the general population; however, there are special groups, such as pregnant women and their babies, which may be at a higher risk of, or more severely affected by infection. Pregnancy is considered a unique immunological condition; therefore, current challenges include decisions on preventing and treating infections during pregnancy and the possible implications for the fetus and newborn infant. This integrative review, the first of a two-part series, analyses selected literature on COVID-19 within maternal and newborn care, drawing on key themes relating to the impact on the pregnant woman. The themes discussed are: the nature of the immune system in pregnant and newly birthed mothers, maternal risk, mode and timing of birth, care during pregnancy and childbirth, and the transition to parenthood including the implications for practice for maternal mental wellbeing.

Database: CINAHL

10. Patient and provider perspectives of a new prenatal care model introduced in response to the coronavirus disease 2019 pandemic.

Author(s): Peahl ; Powell, Allison; Berlin, Hanna; Smith, Roger D.; Krans, Elizabeth; Waljee, Jennifer; Dalton, Vanessa K.; Heisler, Michele; Moniz, Michelle H.

Source: American Journal of Obstetrics & Gynecology; Apr 2021; vol. 224 (no. 4); p. 384.e1

Publication Date: Apr 2021

Publication Type(s): Academic Journal

PubMedID: NLM33039393

Available at [American journal of obstetrics and gynecology](#) - from Unpaywall

Abstract:Background: Randomized controlled trials document the safety and efficacy of reduced frequency prenatal visit schedules and virtual visits, but real-world data are lacking. Our institution created a prenatal care delivery model incorporating these alternative approaches to continue safely providing prenatal care during the coronavirus disease 2019 pandemic.Objective: To evaluate institutional-level adoption and patient and provider experiences with the coronavirus disease 2019 prenatal care model.Study Design: We conducted a single-site evaluation of a coronavirus disease 2019 prenatal care model incorporating a reduced frequency visit schedule and virtual visits deployed at a suburban academic institution on March 20, 2020. We used electronic health record data to evaluate institution-level model adoption, defined as changes in overall visit frequency and proportion of virtual visits in the 3 months before and after implementation. To evaluate the patient and provider experience with the coronavirus disease 2019 model, we conducted an online survey of all pregnant patients (>20 weeks' gestation) and providers in May 2020. Of note, 3 domains of care experience were evaluated: (1) access, (2) quality and safety, and (3) satisfaction. Quantitative data were analyzed with basic descriptive statistics. Free-text responses coded by the 3 survey domains elucidated drivers of positive and negative care experiences.Results: After the coronavirus disease 2019 model adoption, average weekly prenatal visit volume fell by 16.1%, from 898 to 761 weekly visits; the average weekly proportion of prenatal visits conducted virtually increased from 10.8% (97 of 898) to 43.3% (330 of 761); and the average visit no-show rate remained stable (preimplementation, 4.3%; postimplementation, 4.2%). Of those eligible, 74.8% of providers (77 of 103) and 15.0% of patients (253 of 1690) participated in the surveys. Patient respondents were largely white (180 of 253; 71.1%) and privately insured (199 of 253; 78.7%), reflecting the study site population. The rates of chronic conditions and pregnancy complications also differed from national prevalence. Provider respondents were predominantly white (44 of 66; 66.7%) and female (50 of 66; 75.8%). Most patients and almost all providers reported that virtual visits improved access to care (patients, 174 of 253 [68.8%]; providers, 74 of 77 [96.1%]). More than half of respondents (patients, 124 of 253 [53.3%]; providers, 41 of 77 [62.1%]) believed that virtual visits were safe. Nearly all believed that home blood pressure cuffs were important for virtual visits (patients, 213 of 231 [92.2%]; providers, 63 of 66 [95.5%]). Most reported satisfaction with the coronavirus disease 2019 model (patients, 196 of 253 [77.5%]; providers, 64 of 77 [83.1%]). In free-text responses, drivers of positive care experiences were similar for patients and providers and included perceived improved access to care through decreased barriers (eg, transportation, childcare), perceived high quality of virtual visits for low-risk patients and increased safety during the pandemic, and improved satisfaction through better patient counseling. Perceived drivers of negative care experience were also similar for patients and providers, but less common. These included concerns that unequal access to virtual visits could deepen existing maternity care inequities, concerns that the lack of home devices (eg, blood pressure cuffs) would affect care quality and safety, and dissatisfaction with poor patient-provider continuity and inadequate expectation setting for the virtual visit experience.Conclusion: Reduced visit schedules and virtual visits were rapidly integrated into real-world care, with positive experiences for many patients and providers. Future research is needed to understand the health outcomes and care experience associated with alternative approaches to

prenatal care delivery across more diverse patient populations outside of the coronavirus disease 2019 pandemic to inform broader health policy decisions.

Database: CINAHL

11. Midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia.

Author(s): Bradfield, Zoe; Hauck, Yvonne; Homer, Caroline S E; Sweet, Linda; Wilson, Alyce N; Szabo, Rebecca A; Wynter, Karen; Vasilevski, Vidanka; Kuliukas, Lesley

Source: Women and birth : journal of the Australian College of Midwives; Mar 2021

Publication Date: Mar 2021

Publication Type(s): Journal Article

PubMedID: 33752996

Abstract:PROBLEMThe COVID-19 pandemic has required rapid and radical changes to the way maternity care is provided in many nations across the world.BACKGROUNDMidwives provide care to childbearing women across the continuum and are key members of the maternity workforce in Australia.AIMTo explore and describe midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia.METHODSA two-phased cross-sectional descriptive study was conducted. Data were collected through an online survey and semi-structured interviews between May-June 2020.FINDINGSSix hundred and twenty midwives responded to the online survey. Many reported a move to telehealth appointments. For labour care, 70% of midwives reported women had limited support; 77% indicated postnatal visiting was impacted. Five main themes were derived from the qualitative data including: coping with rapid and radical changes, challenges to woman-centred care, managing professional resilience, addressing personal and professional challenges, and looking ahead.DISCUSSIONRestrictions applied to women's choices, impacted midwives' ability to provide woman-centred care, which resulted in stress and anxiety for midwives. Professional resilience was supported through collaborative relationships and working in continuity models. Midwives revealed 'silver linings' experienced in providing care during the pandemic.CONCLUSIONFindings provide valuable evidence to understand the impact on midwives who have provided care during the COVID-19 pandemic. Knowledge will be useful for health leaders and policy makers as they consider ways to continue care during the pandemic and support the essential midwifery workforce. Recommendations are presented to improve preparedness for future pandemics.

Database: Medline

12. Perspectives of pregnant women during the COVID-19 pandemic: A qualitative study.

Author(s): Atmuri, Kiran; Sarkar, Mahbub; Obudu, Efe; Kumar, Arunaz

Source: Women and birth : journal of the Australian College of Midwives; Mar 2021

Publication Date: Mar 2021

Publication Type(s): Journal Article

PubMedID: 33766506

Abstract:BACKGROUNDThe current COVID-19 pandemic has been shown to have profound effects on pregnant women globally, particularly, on their psycho-social wellbeing. Despite this, there has been limited qualitative inquiry into the experiences of pregnant women during the pandemic. AIMThis original research aimed to study the perspectives of pregnant women in Australia in relation to the impact of the COVID-19 pandemic on their pregnancy experience. METHODS A qualitative descriptive study design with semi-structured interviews was adopted. The study was performed in Melbourne, Australia. A total of fifteen interviews were conducted. Data was analysed thematically to develop major themes and subthemes. RESULTS A total of four major themes were developed: support for a positive experience, impact on preparedness in pregnancy and beyond, facing uncertainty of a pandemic, and retaining resilience and optimism. CONCLUSION The COVID-19 pandemic has affected the experience of pregnant women with potential to compromise their psycho-social wellbeing. The major themes identified in this study offer insight to organisations to develop woman-centred care during the pandemic and optimise the psycho-social wellbeing of pregnant women.

Database: Medline

13. COVID-19 and Perinatal Care: Facing Challenges, Seizing Opportunities.

Author(s): Tilden ; Phillippi, Julia C.; Snowden, Jonathan M.

Source: Journal of Midwifery & Women's Health; Jan 2021; vol. 66 (no. 1); p. 10-13

Publication Date: Jan 2021

Publication Type(s): Academic Journal

Available at [Journal of midwifery & women's health](#) - from Wiley Online Library Science , Technology and Medicine Collection 2019

Available at [Journal of midwifery & women's health](#) - from Unpaywall

Abstract:The article discusses the health care debates stimulated by the pandemic caused by coronavirus disease 2019, questions of birth setting risk one of the contentious. US births predominantly occur for healthy people and in the hospital. Topics include coronavirus has emerging, the National Academy of Medicine released a long awaited report, Birth Settings in America; and consideration of birth setting options, risks, and benefits has a broader upswell of goodwill.

Database: CINAHL

14. Experiences and attitudes of midwives during the birth of a pregnant woman with COVID-19 infection: A qualitative study.

Author(s): González-Timoneda, Alba; Hernández Hernández, Verónica; Pardo Moya, Sonia; Alfaro Blazquez, Ruben

Source: Women and birth : journal of the Australian College of Midwives; Dec 2020

Publication Date: Dec 2020

Publication Type(s): Journal Article

PubMedID: 33358355

Available at [Women and birth : journal of the Australian College of Midwives](#) - from Unpaywall

Abstract:BACKGROUNDThe COVID-19 pandemic has become one of the most important threats to global health. Midwives are at the core of the response to the pandemic. Women still need midwifery support and care. The work of midwives is acknowledged as emotionally demanding, and their welfare may be compromised by a range of workplace and personal stress factors.AIMTo investigate the experiences and attitudes of midwives who have provided pregnancy and childbirth care to women with a confirmed or suspected COVID-19 infection.METHODSA qualitative phenomenological study was carried out in two Spanish tertiary hospitals. Fourteen midwives were recruited by purposive sampling technique. Data were collected through individual in-depth interviews and analysed using Giorgi's descriptive method.FINDINGSThree themes emerged: "challenges and differences when working in a pandemic", "emotional and mental health and wellbeing" and "women's emotional impact perceived by midwives". Midwives pointed to several factors tied to a safe, supportive and empowering work place: support from staff and managers, access to adequate personal protective equipment, and reliable guidelines. They also dealt with professional and personal challenges during the pandemic, showing feelings of fear, anxiety, uncertainty, discomfort, lack of support, and knowledge. Finally, midwives expressed their concerns about the feelings of pregnant women with COVID-19, such as fear, anxiety, and loneliness.CONCLUSIONThe results of this study show some of the challenges for midwives during the course of the COVID-19 pandemic, emphasizing the value of a good communication, emotional support, and stress management, to provide woman-centred care.

Database: Medline

15. Promoting Positive Birth Experiences: Supporting Pregnant and Lactating Women During the COVID-19 Crisis.

Author(s): Baig ; Bhamani, Shelina; Kurji, Zohra; Sheikh, Lumaan; Karmaliani, Rozina

Source: Journal of Asian Midwives; Dec 2020; vol. 7 (no. 2); p. 3-15

Publication Date: Dec 2020

Publication Type(s): Academic Journal

Abstract:The World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern, in January 2020. While international organizations and governments strive to strengthen the world's emergency response mechanism to combat the pandemic, the public in general faces anxiety and fear. One of the most vulnerable groups is pregnant and lactating women. The pandemic has given rise to many apprehensions about the state of their health and well-being as well as that of their unborn or newly born child. A live Facebook session was conducted by a group of experts from a private university in Karachi, Pakistan, to proactively address the concerns of pregnant and lactating mothers during this challenging time. Worries raised by pregnant and lactating mothers during the live session helped in understanding the anxieties of this group amidst the COVID-19. This paper presents some recommendations in response to the apprehensions shared by pregnant and lactating mothers, that could help in promoting a positive birth experience. These recommendations include a) alternative methods of professional caregiving and support, b) engaging and strengthening midwifery services, c) safety of pregnant and lactating frontline health care workers, and d) supporting mental health and wellbeing. The proposed measures, if adopted by the government and the healthcare industry, could potentially, promote the safety and wellbeing of pregnant and lactating mothers during the pandemic.

Database: CINAHL

16. Pregnancy in the COVID-19 pandemic.

Author(s): Barlow, Catherine

Source: MIDIRS Midwifery Digest; Dec 2020; vol. 30 (no. 4); p. 482-487

Publication Date: Dec 2020

Publication Type(s): Academic Journal

Abstract:Introduction In late 2019 a new novel coronavirus (now called SARS-CoV-2 or COVID-19) was detected in a group of market workers in the Chinese province of Wuhan. Symptoms include fever, a dry cough, shortness of breath and flu-like symptoms. The virus has now spread worldwide. While the majority of cases have reported mild symptoms there have also been many deaths. The World Health Organization (WHO) declared a pandemic on 11 March 2020 (WHO 2020). The current pandemic is presenting a great challenge for midwives to provide safe, holistic care for women with unclear complex needs and is changing many plans for pregnancy and childbirth. This article will look at those challenges while examining the current evidence in pregnancies and suggesting how health care professionals can support women to have positive birthing experiences.

Database: CINAHL

17. Lessons from past epidemics and pandemics and a way forward for pregnant women, midwives and nurses during COVID-19 and beyond: A meta-synthesis.

Author(s): Shorey, Shefaly; Chan, Valerie

Source: Midwifery; Nov 2020; vol. 90 ; p. 102821

Publication Date: Nov 2020

Publication Type(s): Meta-analysis Historical Article Journal Article Systematic Review

PubMedID: 32847770

Available at [Midwifery](#) - from Unpaywall

Abstract:OBJECTIVE To consolidate qualitative research studies that examined the experiences and needs of pregnant women, midwives, and nurses of maternity units to provide a way forward for future research and practices during the current pandemic and future epidemics and pandemics. DESIGN Qualitative systematic review and meta-synthesis. DATA SOURCE Four electronic databases-PubMed, Scopus, PsycINFO, and Cumulative Index to Nursing and Allied Health (CINAHL). REVIEW METHODS Qualitative studies with samples of pregnant women, midwives, and/or nurses of maternity units who experienced epidemics and/or pandemics were searched from 1 January 2000 to 4 April 2020. The included studies were critically appraised using the ten-item Critical Appraisal Skills Programme (CASP) tool. FINDINGS Eight studies were included in this review. Four themes emerged from the synthesis: (1) psychological responses, (2) challenges faced, (3) coping strategies, and (4) sources of support and support needs. KEY CONCLUSIONS Pregnant women, midwives, and nurses experienced negative psychological responses during epidemics and pandemics. Challenges, such as limited available information and public stigma, were faced. Various coping strategies, such as actively looking for more information and seeking solace in religions, were practiced by pregnant women, midwives, and nurses. Families were both sources of support and stress and they expressed needs for more informational, emotional, and financial support during pandemics. IMPLICATIONS FOR PRACTICE More culturally diverse research in the future that includes the development of technology-based programs, trained community volunteer-led programs, psychosocial interventions, and anti-stigma and awareness initiatives are needed to combat the current pandemic and future public health crises.

Database: Medline

18. Ethics of Midwifery Care During the COVID-19 Pandemic.

Author(s): Kantrowitz-Gordon, Ira

Source: Journal of Midwifery & Women's Health; Nov 2020; vol. 65 (no. 6); p. 731-732

Publication Date: Nov 2020

Publication Type(s): Academic Journal

Available at [Journal of midwifery & women's health](#) - from Wiley Online Library Science , Technology and Medicine Collection 2019

Available at [Journal of midwifery & women's health](#) - from Unpaywall

Abstract:The author uses racial disparities during the COVID-19 pandemic as a context to show how a framework of ethical analysis can help in ensuring that well-meant policies have positive impacts. Topics discussed include concerns from midwives and patients over contracting COVID-19, four principles to guide an ethical analysis, and policy changes in perinatal care delivery during the pandemic.

Database: CINAHL

19. Clinical guidance and perinatal care in the era of coronavirus disease 2019 (COVID-19).

Author(s): Afshar ; Silverman, Neil S.; Han, Christina S.; Platt, Lawrence D.

Source: Journal of Perinatal Medicine; Nov 2020; vol. 48 (no. 9); p. 925-930

Publication Date: Nov 2020

Publication Type(s): Academic Journal

Available at [Journal of Perinatal Medicine](#) - from Unpaywall

Abstract:Pregnant women may be at risk for more severe manifestations and sequelae of infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). At this time, there remain significant evidence gaps to allow for comprehensive counseling of pregnant women and their families, specifically regarding the risks of gestational-age specific maternal outcomes and potential risks of intrauterine or peripartum viral transmission to the fetus or newborn. As maternal fetal medicine providers and consultants, we are uniquely positioned to mitigate the risks associated with maternal infection and to guide the care for infected pregnant women by being able to provide the most current evidence-based recommendations. Such care requires incorporating the rapidly evolving data regarding this virus and its impact on pregnancy, as well as taking a stand to advocate for best scientific and clinical practices to optimize both women's health and public health during this pandemic.

Database: CINAHL

20. Polish maternity services in times of crisis: in search of quality care for pregnant women and their babies

Author(s): Węgrzynowska, Maria; Doroszewska, Antonina; Witkiewicz, Magdalena; Baranowska, Barbara

Source: Health Care for Women International; Nov 2020; vol. 41 (no. 11-12); p. 1335

Publication Date: Nov 2020

Publication Type(s): Journal Article

Available at [Health care for women international](#) - from Unpaywall

Abstract:The current COVID-19 pandemic put a burden on healthcare services around the globe and impacted many areas of care delivery, including maternity services. Prioritizing ringfenced community care to keep women away from hospitals may be the best strategic response to ensure pregnant and laboring women receive optimal care. By analyzing the structure of maternity services in Poland and their response to the current crisis, we show that while the available model allows to provide large share of prenatal services outside hospital settings, it allows no alternative to hospital births. In addition, medicalization, inequalities in access and fragmentation of care hinder services' ability to respond in a way it ensures best possible care.

Database: BNI

21. Patient Experience of Obstetric Care During the COVID-19 Pandemic: Preliminary Results From a Recurring National Survey.

Author(s): Bradley, Dani; Blaine, Arianna; Shah, Neel; Mehrotra, Ateev; Gupta, Rahul; Wolfberg, Adam

Source: Journal of patient experience; Oct 2020; vol. 7 (no. 5); p. 653-656

Publication Date: Oct 2020

Publication Type(s): Journal Article

PubMedID: 33294594

Available at [Journal of patient experience](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Journal of patient experience](#) - from Unpaywall

Abstract:The experience of pregnant and postpartum patients continues to evolve during the COVID-19 pandemic. Limited clinical data and the unknown nature of the virus' impact and transmission routes have forced constant changes to traditional care delivery. Dependence on telehealth technology such as telephonic and videoconferencing has surged, and patients' willingness to visit traditional health care facilities has plummeted. We set out to create an ongoing surveillance system to monitor changes to prenatal and obstetric care and the patient experience during the COVID-19 pandemic.

Database: Medline

22. The impact of the coronavirus (COVID-19) pandemic on maternity care in Europe.

Author(s): Coxon, Kirstie; Turienzo, Cristina Fernandez; Kweekel, Liselotte; Goodarzi, Bahareh; Brigante, Lia; Simon, Agnes; Lanau, Miriam Morlans

Source: Midwifery; Sep 2020; vol. 88 ; p. 102779

Publication Date: Sep 2020

Publication Type(s): Editorial

PubMedID: 32600862

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Available at [Midwifery](#) - from Unpaywall

Database: Medline

23. Sustaining quality midwifery care in a pandemic and beyond.

Author(s): Renfrew ; Cheyne, Helen; Craig, Justine; Duff, Elizabeth; Dykes, Fiona; Hunter, Billie; Lavender, Tina; Page, Lesley; Ross-Davie, Mary; Spiby, Helen; Downe, Soo

Source: Midwifery; Sep 2020; vol. 88

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Available at [Midwifery](#) - from Unpaywall

Abstract:• Rapid development of COVID-19 has altered healthcare and services around the world; changes have affected women, newborn infants, families, and staff • Restrictive practices have been introduced in maternal and newborn care that limit women's decisions and rights of women and newborn infants, including restrictions on the place of birth, continuity of care, and mother-baby contact • An evidence-informed approach is now developing in some countries in which essential elements of quality can be maintained while also protecting and supporting staff • To keep women, newborn infants, families, and staff safe, balance is needed between the public health, quality care, and human rights agendas • A set of key principles is proposed to inform COVID-relevant quality care and service provision • A pro-active strategy to inform longer-term planning for life during and after the pandemic should be grounded in evidence and co-created with women, families, and staff

Database: CINAHL

24. Promotion of Maternal–Infant Mental Health and Trauma-Informed Care During the COVID-19 Pandemic.

Author(s): Choi, Kristen R.; Records, Kathryn; Low, Lisa Kane; Alhusen, Jeanne L.; Kenner, Carole; Bloch, Joan Rosen; Premji, Shahirose Sadrudin; Hannan, Jean; Anderson, Cindy M.; Yeo, Seonae; Cynthia Logsdon, M.

Source: JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing; Sep 2020; vol. 49 (no. 5); p. 409-415

Publication Date: Sep 2020

Publication Type(s): Academic Journal

Available at [Journal of obstetric, gynecologic, and neonatal nursing : JOGNN](#) - from Unpaywall

Abstract:The COVID-19 pandemic has led to disruptions in health care in the perinatal period and women's childbirth experiences. Organizations that represent health care professionals have responded with general practice guidelines for pregnant women, but limited attention has been devoted to mental health in the perinatal period during a pandemic. Evidence suggests that in this context, significant psychological distress may have the potential for long-term psychological harm for mothers and infants. For infants, this risk may extend into early childhood. In this commentary, we present recommendations for practice, research, and policy related to mental health in the perinatal period. These recommendations include the use of a trauma-informed framework to promote social support and infant attachment, use of technology and telehealth, and assessment for mental health needs and experiences of violence. A trauma-informed approach to maternity care in practice, policy, and research is essential to support maternal and infant mental health during the COVID-19 pandemic.

Database: CINAHL

25. COVID-19. The new normal for midwives, women and families.

Author(s): Walton, Gill

Source: Midwifery; Aug 2020; vol. 87 ; p. 102736

Publication Date: Aug 2020

Publication Type(s): Journal Article

PubMedID: 32414529

Available at [Midwifery](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Available at [Midwifery](#) - from Unpaywall

Database: Medline

Database: BNI

26. Running maternity services during the coronavirus pandemic: keep calm and don't forget the woman!

Author(s): Carter

Source: AIMS Journal; Jul 2020; vol. 32 (no. 3); p. 28-31

Publication Date: Jul 2020

Publication Type(s): Periodical

Database: CINAHL

27. COVID-19 and the Impact it has on Communication in Maternity.

Author(s): Spillane

Source: Midwifery Matters; Jun 2020 (no. 165); p. 8-11

Publication Date: Jun 2020

Publication Type(s): Academic Journal

Abstract:The article focuses on COVID-19 and the impact it has on communication in maternity. Topics include the non-verbal communication functions to emphasize our verbal communication, the verbal communication being either in the spoken or written language and involves a sender, and the skills connect and associate with more people need to be enhanced when working in a professional context has required to enable the healthcare practitioner to have advanced communication skills.

Database: CINAHL

28. the impact of covid-19 on hospital midwives.

Author(s): CONROY

Source: New Zealand College of Midwives Journal; Jun 2020 ; p. 8-9

Publication Date: Jun 2020

Publication Type(s): Academic Journal

Abstract:The article presents the impact of covid-19 on hospital midwives. Topics include the maternity units have seen better staffing with some midwives reducing annual leave or cancelling, the lockdown leaving the safety of our bubbles and going to work on quiet roads, screening women for COVID-19 risk factors and wearing Personal Protective Equipment, and the risks that COVID-19 has presented and rapidly adapting our lives and workplaces in response to the lockdown and precautions has introduced.

Database: CINAHL

29. Family centered maternity care and COVID-19.

Author(s):

Source: Nursing News; Jun 2020; vol. 44 (no. 3); p. 9-9

Publication Date: Jun 2020

Publication Type(s): Periodical

Available at [Nursing News](#) - from ProQuest (Health Research Premium) - NHS Version

Database: CINAHL

30. Midwifery in the Time of COVID-19.

Author(s): Murphy, Patricia Aikins

Source: Journal of Midwifery & Women's Health; May 2020; vol. 65 (no. 3); p. 299-300

Publication Date: May 2020

Publication Type(s): Academic Journal

Available at [Journal of midwifery & women's health](#) - from Wiley Online Library Science , Technology and Medicine Collection 2019

Available at [Journal of midwifery & women's health](#) - from Unpaywall

Abstract:An editorial is presented on the midwifery in the time of COVID-19. Topics include the health care providers themselves have COVID-19 and has quarantined from patients or even from their own families, the philosophy of midwifery, working in close and caring partnership with individual patients and pregnant families in the midst of such a crisis, and the process of responding to one crisis has developed strength and resilience to face the next.

Database: CINAHL

31. COVID-19 safety in maternity care: lessons for the whole NHS.

Author(s): Tingle

Source: British Journal of Nursing; Apr 2020; vol. 29 (no. 8); p. 486-487

Publication Date: Apr 2020

Publication Type(s): Academic Journal

Available at [British Journal of Nursing](#) - from MAG Online Library - Internurse

Available at [British Journal of Nursing](#) - from Patricia Bowen Library & Knowledge Service West Middlesex University Hospital NHS Trust (lib302631) Local Print Collection [location] : Patricia Bowen Library and Knowledge Service West Middlesex university Hospital.

Abstract:John Tingle, Lecturer in Law, Birmingham Law School, University of Birmingham, discusses some recent reports in maternity care, which can be seen to also to have general application across all clinical specialities

Database: CINAHL

32. Positive hospital birth during Covid-19.

Author(s): Hubbard, Lois

Source: AIMS Journal; Apr 2020; vol. 32 (no. 2); p. 10-11

Publication Date: Apr 2020

Publication Type(s): Periodical

Database: CINAHL

Strategy 1064905

#	Database	Search term	Results
1	Medline	("covid 19" OR Covid19 OR "covid 2019").ti,ab	6986
2	Medline	("novel coronavirus*").ti,ab	1701
3	Medline	("SARS-CoV-2" OR "2019-nCoV").ti,ab	2244
4	Medline	("SARS-CoV2").ti,ab	75
5	Medline	(SARS2 OR "severe acute respiratory syndrome coronavirus 2").ti,ab	593
6	Medline	("Wuhan seafood market pneumonia virus*").ti,ab	2
7	Medline	(Wuhan ADJ2 coronavirus*).ti,ab	56
8	Medline	(coronavirus ADJ2 (2019 OR 19)).ti,ab	2809
9	Medline	exp "COVID-19"/	66283
10	Medline	(1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9)	113617
11	Medline	("patient safety").ti,ab	30514
12	Medline	exp "PATIENT SAFETY"/	23065
13	Medline	("patient experience").ti,ab	6486
14	Medline	(positive ADJ2 experience*).ti,ab	11437
15	Medline	(11 OR 12 OR 13 OR 14)	62884
16	Medline	(midwi*).ti,ab	25413
17	Medline	exp MIDWIFERY/	19900

18	Medline	(16 OR 17)	34030
19	Medline	(10 AND 15 AND 18)	6
20	Medline	(10 AND 18)	189
21	CINAHL	("covid 19" OR Covid19 OR "covid 2019").ti,ab	50532
22	CINAHL	("novel coronavirus*").ti,ab	2260
23	CINAHL	("SARS-CoV-2" OR "2019-nCoV").ti,ab	8320
24	CINAHL	("SARS-CoV2").ti,ab	284
25	CINAHL	(SARS2 OR "severe acute respiratory syndrome coronavirus 2").ti,ab	2857
26	CINAHL	("Wuhan seafood market pneumonia virus*").ti,ab	0
27	CINAHL	(Wuhan ADJ2 coronavirus*).ti,ab	68
28	CINAHL	(coronavirus ADJ2 (2019 OR 19)).ti,ab	9135
29	CINAHL	exp "COVID-19 PANDEMIC"/	17316
30	CINAHL	(21 OR 22 OR 23 OR 24 OR 25 OR 27 OR 28 OR 29)	60093
31	CINAHL	(midwif*).ti,ab	22863
32	CINAHL	exp MIDWIFERY/	21310
33	CINAHL	exp MIDWIVES/	16155
34	CINAHL	exp "MIDWIFE ATTITUDES"/	2191
35	CINAHL	(31 OR 32 OR 33 OR 34)	46287
36	CINAHL	(30 AND 35)	377

37	CINAHL	36 [Languages eng]	374
38	CINAHL	exp "PERINATAL CARE"/	4685
39	CINAHL	(30 AND 38)	67
40	CINAHL	("maternity care").ti,ab	4090
41	CINAHL	(30 AND 40)	47
42	CINAHL	(positive ADJ2 birth*).ti,ab	542
43	CINAHL	(30 AND 42)	7
44	Medline	(pregnan*).ti,ab	524776
45	Medline	exp PREGNANCY/	934597
46	Medline	(44 OR 45)	1051181
47	Medline	(10 AND 15 AND 46)	38
48	CINAHL	(pregnan*).ti,ab	145262
49	CINAHL	exp PREGNANCY/	223812
50	CINAHL	(48 OR 49)	265504
51	CINAHL	("patient safety").ti,ab	24292
52	CINAHL	exp "PATIENT SAFETY"/	132653
53	CINAHL	("patient experience").ti,ab	4847
54	CINAHL	(51 OR 52 OR 53)	145813
55	CINAHL	(30 AND 50 AND 54)	33
56	BNI	("covid 19" OR Covid19 OR "covid 2019").ti,ab	5906
57	BNI	("novel coronavirus*").ti,ab	168
58	BNI	("SARS-CoV-2" OR "2019-	691

		nCoV").ti,ab	
59	BNI	("SARS-CoV2").ti,ab	10
60	BNI	(SARS2 OR "severe acute respiratory syndrome coronavirus 2").ti,ab	236
61	BNI	(Wuhan ADJ2 coronavirus*).ti,ab	6
62	BNI	(coronavirus ADJ2 (2019 OR 19)).ti,ab	718
63	BNI	"COVID-19"/	7783
64	BNI	(56 OR 57 OR 58 OR 59 OR 60 8106 OR 61 OR 62 OR 63)	
65	BNI	MIDWIFERY/	15754
66	BNI	(midwi*).ti,ab	21827
67	BNI	(65 OR 66)	25950
68	BNI	(64 AND 67)	252
69	BNI	"MATERNAL CHILD NURSING"/	1092
70	BNI	("maternity service*" OR "maternity care").ti,ab	3515
71	BNI	(69 OR 70)	4192
72	BNI	(64 AND 71)	40
73	Medline	exp "MATERNAL-CHILD NURSING"/	5970
74	Medline	(10 AND 73)	13
75	BNI	(birth* ADJ2 experience*).ti,ab	1122
76	BNI	(64 AND 75)	0

77	BNI	(birth*).ti,ab	23866
78	BNI	(64 AND 77)	92