

Pandemic Pregnancies

In a year of crisis, pregnant women’s experiences vary widely, but stress is a common theme.

Women’s experiences of pregnancy and birth continue to be greatly altered during the COVID-19 crisis, which has taken place within the context of an ongoing maternal health crisis that disproportionately affects women from communities of color—the same communities that have been most affected by the pandemic. Although pregnant women’s experiences this year differ widely, some changes—such as the shift to virtual care and education and limits on support people during birth—appear to have been widespread. Many pregnant women and new mothers are shouldering a heavier mental and emotional burden during the crisis.

Adriane Burgess, PhD, RNC-OB, CCE, CNE, and colleagues surveyed pregnant women in May 2020 about how the pandemic had affected their pregnancy and prenatal and maternity care. Published in the January/February issue of the *American Journal of Maternal/Child Nursing*, the study used an app-based survey that was filled out by 258 pregnant women from 44 states, most of whom were White, college educated, and experiencing their first pregnancy. Slightly more than 14% said they had changed their planned birth location as a result of the pandemic, and approximately 30% reported they’d had to change who would be supporting them during labor and birth. About half the women who had started purchasing items for their babies said the pandemic had affected their ability to obtain necessary items, like diapers, formula, and a crib, due to shortages and a lack of social gatherings. Respondents expressed concern about the amount of time between and rescheduling of their appointments, as well as missed routine screenings. Most women said their childbirth education classes were online only, and 93.2% said they would have preferred a face-to-face option. The survey results, say the researchers, support evidence that pregnant women want the chance to meet in person and that there are opportunities to achieve this during the pandemic; for instance, by making the virtual experience more interactive through online synchronous childbirth courses and the creation of virtual communities in which pregnant women can communicate with each other and childbirth educators.

Working mostly with a population of pregnant undocumented women last year, Eileen Conde, MSN, CNM, a nurse midwife with Open Door Family Medical Centers, based in Ossining, New York, noted that many of these women and their partners lost their low-wage jobs during the crisis and didn’t have access to government support because of their immigration status. They were wary of asking for help considering the political climate, she explained, and rarely left their homes. “I saw a lot of anemia, likely due to limited resources. Roughly half tested COVID-positive upon admission to the hospital for birth. If their partner tested positive, he was sent home, and the women labored without a support person.”

In a survey of more than 900 pregnant women living in the Philadelphia area during the initial virus surge last spring, researchers assessed the women’s COVID-19 worries, anxiety and depression, and resilience. The findings were published in *Psychiatry Research* in November 2020 and show that about 11% of women met screening criteria for anxiety and approximately 10% met criteria for depression. The authors note racial differences in the women’s responses. “Black pregnant women reported greater likelihood of having their employment negatively impacted, more concerns about a lasting economic burden, and more worries about their prenatal care, birth experience, and postnatal needs,” the authors say.

The pandemic’s impact on pregnant people has been pervasive, with physical and emotional concerns intertwined with social and economic factors. As Catherine Y. Spong, MD, professor and vice chair of the Department of Obstetrics and Gynecology at the University of Texas Southwestern Medical Center in Dallas, pointed out during a *JAMA* discussion streamed live in early February, “COVID has impacted stress and mental health and the role of the woman—especially in socioeconomically disadvantaged populations, it’s even higher. And you’ve now got perhaps someone who doesn’t have a job at home. You’ve got the children at home, you need to educate the children, online schooling. All of that stress.”—
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