

Purpose

- To assess the relationship between perceived level of confusion with recommendations and concern with giving birth during COVID-19 and prenatal breastfeeding self-efficacy among a sample of pregnant persons in the United States.

Background

- Rates of COVID-19 have been high in the United States and US Territories and continue to increase as initial restrictions are being lifted and the COVID-19 vaccine is available.
- The COVID-19 pandemic has caused widespread fear and anxiety, but pregnant persons (at higher risk for COVID-19²) may experience increased rates of these emotions and responses due to potential increased risk of exposure during birth.
- Traditionally during the prenatal stage, most of the information shared with pregnant persons focuses on preparing for birth, infant feeding decisions, and maintaining a health pregnancy. A quick switch to expanding that information to include the new element of COVID-19 may not have happened as quickly as anticipated, or at all, for some.
- Seeing as though most pregnant persons may not have experienced this type of health crisis, they may not be aware of the questions to ask, elements to take into consideration, nor where to look for accurate information.
- A lack of up-to-date information, or communication thereof by their health care provider, may cause a rise in fear, anxiety, distrust and confusion about being pregnant, giving birth and protecting their infant during a pandemic.

Subjects and Methods

Subjects:

- A sample of 849 pregnant persons, representing all 50 states and 5 US Territories were recruited through a series of online advertisements on Facebook and Instagram.
- Inclusion criteria: At least 18 years of age and pregnant at the time of survey completion.

Methods:

- The study consisted of a 78-item web-based survey between May and December of 2020.
- The survey items assessed prenatal breastfeeding self-efficacy using the valid PREP to BF scale, breastfeeding intention, concern for the baby being exposed to COVID-19 and confusion with safe pregnancy recommendations.

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Results

- The sample, mean age 28.9 years, had a reasonably high mean PREP to BF score (308.52 ± 62.74 ; range 39-390).
- Over 95% had intention to breastfeed either exclusively (68.96%) or in combination (26.5%) with formula.
- Almost 29% were confused by safe pregnancy recommendations and 50.7% were concerned their baby would be exposed to COVID-19 at the time of birth.
- One-way ANOVAs revealed persons with more concern for their baby's exposure ($p=.002$) and more confusion over recommendations ($p<.001$) had significantly lower prenatal breastfeeding self-efficacy scores than their counterparts.

Conclusions and Implications

- Confusion over safe pregnancy recommendations and concern for their baby's safety had significant negative effects on pregnant persons' prenatal self-efficacy for successful breastfeeding after birth during COVID-19 in 2020.
- This analysis reveals a potential opportunity for OB/GYNs, Nurse Midwives and other prenatal providers to expand the scope of discussions with pregnant patients during routine visits to include more information about hospital birth procedures, protection against COVID-19, and any additional information that may address their concerns about giving birth during a pandemic.
- Prenatal healthcare teams should aim to engage in conversation about recommendations and reassure of proven COVID-19 safety protocols used during delivery to increase trust and decrease confusion and fear while helping pregnant persons to sustain or increase self-efficacy for intended infant feeding method.



Recommendations to Healthcare Providers

- OB/GYNs and other prenatal care clinicians should continue to provide medically necessary prenatal care, referrals, and consultations.
- Prenatal care clinicians should be prepared to explain the rationale for any change in prenatal care or delivery scheduling, emphasizing that these modifications have been made in order to limit the risk of exposure to the virus for the mother and the fetus or infant.
- It is recommended that the patient-clinician discussion regarding a plan for alternate prenatal care in the setting of the COVID-19 pandemic be documented in the medical record.
- Counsel patients about the potential increased risk of severe illness requiring intensive care unit admission and mechanical ventilation associated with COVID-19 infection during pregnancy.
- Offer mental health or social work services or referrals to provide additional resources, particularly for patients who are experiencing anxiety regarding the COVID-19 pandemic.
- Provide enhanced anticipatory counseling to patients regarding:
 - Any potential changes to length of hospital stay and postpartum care.
 - How to best communicate with their obstetric care team, especially in the case of an emergency.
 - Signs and symptoms of labor and when to call their obstetric care clinician.
 - Any special considerations for infant feeding.
 - Obtaining the COVID-19 vaccine.

Priority Information for Pregnant Persons

- Local and national guidelines on having a safe pregnancy during COVID-19.
- A review of the safety procedures being implemented in the chosen birthplace facility or hospital.
- An honest update on COVID-19 cases among newborns and/or mothers in chosen birth location.
- Tips or resources to cope with fear and/or anxiety of pregnancy (in general) but focus on having a safe pregnancy and birth during COVID-19.
- Where to locate additional information on safe breastfeeding, safe pregnancy, and other COVID-19 (or other virus) safety protocols.

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