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# Search Pack M95

## Coronavirus (COVID-19) and the midwife

Records on the impact of coronavirus (COVID-19) on midwives, student midwives, maternity support workers and other health care professionals. Includes mental health and well-being, occupational health and safety specifically related to the current pandemic, personal protective equipment (PPE), changes in working hours and practice, retention, recruitment and redeployment of midwives, impact on midwifery education etc.

**Updated 26 April 2021**

**2021-02476**

**Anxiety Levels and Solution-Focused Thinking Skills of Nurses and Midwives Working in Primary Care during the COVID-19 Pandemic: A Descriptive Correlational Study.** Selçuk Tosun A, Akgül Gündoğdu N, Taş F (2021), Journal of Nursing Management 10 April 2021, online

**Aims:** This study aimed to determine the state-trait anxiety levels and solution-focused thinking skills of primary care nurses/midwives during the COVID-19 pandemic, and to evaluate the factors affecting these variables and the determinants of state-trait anxiety levels.

**Background:** The COVID-19 outbreak has created intense anxiety in nurses/midwives that may affect the care they provide. Nurses and midwives may manage anxiety using solution-focused thinking skills.

**Methods:** This descriptive correlational study included 170 nurses/midwives at 61 family health centers evaluated from August 1, to September 14, 2020.

**Results:** The participants' state and trait anxiety scores were above average, indicating a moderate level of anxiety and the mean total solution-focused inventory scores were at a moderate level. It was determined that 47.9% of the variance in state anxiety scores could be explained by trait anxiety, age, years of professional experience, chronic illness, type of work shift during the pandemic, follow-up of patients diagnosed with COVID-19 using computed tomography or a COVID-19 test, and whether the institution was taking necessary measures against COVID-19. There was a negative relationship between state anxiety and solution-focused inventory total score.

**Conclusion:** Nurses/midwives displayed a moderate level of anxiety, solution-focused thinking skills during the COVID-19 pandemic.

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.

Implications for nursing management: Steps should be taken to improve nurses' solution-focused thinking skills to enable them to organize quickly and manage care processes successfully in extraordinary circumstances like pandemics. Moreover, personal empowerment programs should be recommended for nurses and midwives to help them cope with anxiety. (Author)

#### 2021-02296

**Non-consultant Hospital Doctors Views' of Covid-19 Measures in Irish Maternity Units.** Elsayed S, Magandran J, Hassan S, et al (2021), Irish Medical Journal vol 114, no 3, March 2021, P296

##### Aims

To access the views of non-consultant hospital doctors (NCHDs) on measures taken in Irish maternity units in response to the COVID-19 pandemic.

##### Methods

The survey, conducted between 1/4/2020 and 15/5/2020, was designed using Survey Monkey TM and distributed via mailing lists and social media to Obstetric and Gynaecology NCHDs in 19 Irish maternity units.

##### Results

Eighty NCHDs accessed the survey. Forty respondents participate in a training scheme, comprising 26% of the total. Most doctors reported major changes to work rostering (92%, 68/74); gynaecological services (76%, 56/74) and antenatal care (68%, 50/74). Up to April 22nd, 32% (11/34) reported PPE/masks use was recommended in antenatal clinics compared to 33% (11/33) throughout labour or in the second stage. From April 23rd, when HSE guidance on PPE changed, these figures increased to 74% (28/38,  $p < 0.001$ ) and 46% (17/37) respectively. Nearly all (96%, 68/71) felt their personal and family life was affected. The majority (89%, 63/71) felt their anxiety level was somewhat (44/71) or much higher (19/71) than that before the pandemic.

##### Conclusion

Many NCHDs felt their units were slow to implement protective measures including PPE use, and they had high levels of anxiety. These findings should inform decision-makers to mitigate the impact of psychological distress on healthcare workers in further crises. (Author)

**Available from:** <http://imj.ie/non-consultant-hospital-doctors-views-of-covid-19-measures-in-irish-maternity-units/>

**Full URL:** <http://imj.ie/non-consultant-hospital-doctors-views-of-covid-19-measures-in-irish-maternity-units/>

#### 2021-02271

**Urgent call for governments to provide personal protective equipment to midwives.** International Confederation of Midwives (2020), The Hague, The Netherlands: International Confederation of Midwives March 2020

Official statement from the International Confederation of Midwives (ICM) calling for increased provision of personal protective equipment for midwives. (LDO)

**Available from:** <https://internationalmidwives.org/assets/files/news-files/2020/03/ppe-statement.pdf>

**Full URL:** <https://internationalmidwives.org/assets/files/news-files/2020/03/ppe-statement.pdf>

#### 2021-02231

**Allies against inequality.** Day A (2021), Community Practitioner vol 94, no 2, March/April 2021, pp 24-27

Asha Day asks what lessons have been learned about health inequalities during the pandemic, and what changes in risk assessments, vaccinations and structural racism are still needed. (Author)

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**2021-02199**

**Midwives' substance use.** Pezaro S, Maher K (2021), British Journal of Midwifery vol 29, no 4, April 2021, pp 190-191  
One year on from the first COVID-19 lockdown, is substance use amongst midwives more or less problematic?  
(Author)

**2021-01881**

**The influence of the COVID-19 outbreak on European trainees in Obstetrics and Gynaecology: a survey of the impact on training and trainee.** Boekhorst F, Khattak H, Topcu EG, et al (2021), European Journal of Obstetrics & Gynecology and Reproductive Biology 10 April 2021, online

**Objective**

The purpose of this study is to evaluate how the obstetrics and gynaecology residency program and trainees have been affected by the Corona Virus Disease-19 (COVID-19) pandemic in Europe.

**Study Design**

This study is a cross-sectional explorative survey using an online questionnaire. The questionnaire comprised of 40 questions that were subdivided into 4 subjects; workload, specialist training aspects in obstetrics and gynaecology, health and safety of the trainee and women's health and maternal health issues. Inclusion criteria consisted of being a trainee in Obstetrics and Gynaecology (ObGyn) at the time of the COVID-19 pandemic in Europe or trainees who had recently finished their training during the time of the outbreak. Taking part in the survey was voluntary. The questionnaire was shared on the website of the European Network for Trainees in Obstetrics and Gynaecology (ENTOG), ENTOG social media, in the ENTOG-newsletter and through the national representatives of ENTOG.

**Results**

110 ObGyn trainees from 25 different countries responded to the questionnaire. Almost all trainees (95%, N = 105) reported an effect on their training due to COVID-19 pandemic. Training was interrupted in 21% of cases (n = 23). Trainees observed a decrease in educational activities or lectures and a decrease in number of patients. The possibility of training surgical skills decreased, because 67% (N = 74) trainees reported that surgeries were cancelled. Trainees expressed concerns about reaching the goals of their ObGyn specialist training in 60% (n = 66) of cases. A decrease in workload was experienced during the first COVID-19 wave in Europe by 60% (n = 66) of trainees. On average these trainees worked 33% less hours compared to a normal workweek. Although 22% (n = 24) were expected to be available continuously for 24 hours a day and 7 days a week for unscheduled duties, 15% (n = 16) were deployed to work on special COVID-units. Concerning preparation, 45% of the trainees (n = 50) had not received any training for treating COVID-positive patients. Trainees claimed to have enough personal protective equipment (PPE), although problems were reported. Any form of psychosocial support was arranged for 65% of trainees (n = 71) by the hospital or department. The results of the survey suggest that obstetric care was not affected much (92% (n = 102) of the respondents said at least necessary care continued) while patients in need for reproductive medicine were affected the most; out of the 110 departments 58% (n = 60) were closed and 35% (n = 36) reduced their activities. Access to family planning and benign gynaecology were also significantly reduced; 77% and 87% respectively of the departments were less accessible or only open to emergency cases.

**Conclusion**

COVID-19 pandemic has had a tremendous effect on the ObGyn training in Europe. Exposure to learning opportunities, surgeries and teaching has been decreased during the outbreak and may result in a decrease in quality of care provided to women in the future if impairment of training is not recovered. (Author)

**Available from:** <https://doi.org/10.1016/j.ejogrb.2021.04.005>

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2021.04.005>

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2021-01848

**The COVID-19 pandemic: A first-year review through the lens of IJGO.** Maprayil S, Goggins A, Harris F, et al (2021), International Journal of Gynecology & Obstetrics vol 153, no 2, May 2021, pp 183-185

Editorial on the role of the International Federation for Gynecology and Obstetrics (FIGO) and the International Journal of Gynecology and Obstetrics (IJGO) during the COVID-19 pandemic. (LDO)

Available from: <https://doi.org/10.1002/ijgo.13645>

Full URL: <https://doi.org/10.1002/ijgo.13645>

2021-01738

**Maternal-fetal medicine program director experience of exclusive virtual interviewing during the Coronavirus disease 2019 (COVID-19) pandemic.** Rhoades JS, Ramsey PS, Metz TD, et al (2021), American Journal of Obstetrics & Gynecology MFM 27 February 2021, 100344

## Background

The Coronavirus disease 2019 (COVID-19) pandemic necessitated an abrupt transition to exclusive virtual interviewing for maternal-fetal medicine fellowship programs.

## Objective

To assess maternal-fetal medicine fellowship program directors' approaches to exclusive virtual interviews and to obtain program director feedback on the virtual interview experience to guide future interview cycles.

## Study Design

A novel cross-sectional online survey was distributed through the Society for Maternal-Fetal Medicine to program directors following the completion of the interview season, but prior to the results of the National Resident Matching Program on October 14, 2020. Survey data were collected anonymously and managed using secure REDCap electronic data capture tools.

## Results

Overall 71/89 (80%) program directors responded. All respondents completed their 2020 interviews 100% virtually. Nearly half (33/68 (49%)) of program directors interviewed more candidates in 2020 than in 2019. Of those who interviewed more candidates in 2020, the mean number ( $\pm$  standard deviation) of additional candidates per fellowship position was 5.8 ( $\pm$  3.8). Almost all program directors reported no (35/71, 49%) or minimal (34/71, 48%) negative impact of technical difficulties on their virtual interview processes. The majority of programs structured their interview to a half-day (4 hours) or less for the candidates. Many programs were able to adapt their supplemental interview materials and events for the candidates into a virtual format, including a virtual social event hosted by 31/71 (44%) programs. The virtual social event was most commonly casual and led by current fellows. Ultimately, all program directors reported the virtual interview experience was as expected or better than expected. However, most program directors felt less able to provide candidates with a comprehensive and accurate representation of their program on a virtual platform compared to their prior in-person experiences; (46/71 (65%) reported minimally, moderately, or significantly less than in-person). Additionally, most program directors felt their ability to get to know candidates and assess their "fit" with the program was less than prior in-person years; (44/71 (62%) reported minimally, moderately, or significantly less than in-person). In a hypothetical future year without any public health concerns, there were 23/71 (32%) respondents who prefer exclusive in-person interviews, 24/71 (34%) who prefer exclusive virtual interviews, and 24/71 (34%) who prefer a hybrid of virtual and in-person interviews.

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## Conclusions

The virtual interview experience was better than expected for most program directors. However, most program directors felt less able to present their programs and assess the candidates on a virtual platform compared to prior in-person experiences. Despite this, most program directors are interested in at least a component of virtual interviewing in future years. Future efforts are needed to refine the virtual interview process to optimize the experience for program directors and candidates.

## 2021-01608

**NMC pitches indefinite use of virtual fitness-to-practise hearings.** Ford M (2021), Nursing Times 18 March 2021  
The Nursing and Midwifery Council is proposing to extend its use of virtual fitness-to-practise (FtP) hearings beyond the coronavirus pandemic in cases “where it is fair and practical to do so”. (Author)

## 2021-01550

**The impact of planning for COVID-19 on private practising midwives in Australia.** Homer CSE, Davies-Tuck M, Dahlen HG, et al (2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 1, February 2021, pp E22-E27

### Problem

The COVID-19 pandemic response has required planning for the safe provision of care. In Australia, privately practising midwives are an important group to consider as they often struggle for acceptance by the health system.

### Background

There are around 200 Endorsed Midwives eligible to practice privately in Australia (privately practising midwives) who provide provide the full continuum of midwifery care.

### Aim

To explore the experience of PPMs in relation to the response to planning for the COVID-19 pandemic.

### Methods

An online survey was distributed through social media and personal networks to privately practising midwives in Australia in April 2020.

### Results

One hundred and three privately practising midwives responded to the survey. The majority (82%) felt very, or well informed, though nearly half indicated they would value specifically tailored information especially from professional bodies. One third (35%) felt prepared regarding PPE but many lacked masks, gowns and gloves, hand sanitiser and disinfectant. Sixty four percent acquired PPE through social media community sharing sites, online orders, hardware stores or made masks. Sixty-eight percent of those with collaborative arrangements with local hospitals reported a lack of support and were unable to support women who needed transfer to hospital. The majority (93%) reported an increase in the number of enquiries relating to homebirth.

### Conclusion

Privately practising midwives were resourceful, sought out information and were prepared. Support from the hospital sector was not always present. Lessons need to be learned especially in terms of integration, support, education and being included as part of the broader health system.

**Available from:** <https://doi.org/10.1016/j.wombi.2020.09.013>

**Full URL:** <https://doi.org/10.1016/j.wombi.2020.09.013>

## 2021-01418

**Neonatal nursing during the COVID-19 global pandemic: A thematic analysis of personal reflections.** Shaw C, Gallagher K, Petty J, et al (2021), Journal of Neonatal Nursing 19 March 2021, online

### Background

The COVID-19 pandemic has resulted in significant changes and restrictions to neonatal care. The aim of this study was

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to explore the impact of these changes on Neonatal Nurses globally.

#### Methods

We conducted a thematic analysis on written reflections by neonatal nurses worldwide, exploring their experiences of COVID-19. Twenty-two reflections were analysed from eleven countries.

#### Results

Thematic analysis revealed 4 main themes relating to the nurses' role: 1) protector 2) challenges to human quality of care 3) vulnerability and 4) resilience. The measures taken as protector were described as compromising the human qualities of care fundamental to their role. This tension, together with other new challenges, heightened feelings of vulnerability. Concurrently, nurses identified role resilience, including resourcefulness and peer support, which allowed them to navigate the global pandemic.

#### Conclusion

By identifying global challenges and strategies to overcome these, neonatal nurses may be better equipped as the pandemic continues. The reflections underscore the importance of family integrated care and the tension created when it is compromised.

**Available from:** <https://doi.org/10.1016/j.jnn.2021.03.011>

**Full URL:** <https://doi.org/10.1016/j.jnn.2021.03.011>

#### 2021-01379

**Conducting research during the COVID-19 pandemic.** Mourad M, Bousleiman S, Wapner R, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151287

The highly contagious severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has affected every aspect of medical practice and has all but ceased clinical, translational and basic science research. Pregnant women appear to be similarly affected by the virus as non-pregnant adults. As obstetricians, not only do we have a duty to care for pregnant women and their fetuses, but to continue to conduct research, inclusive of that which would guide us in delivering care during a pandemic. Conducting such research has its challenges. The objective of this chapter is to review the impact of SARS-CoV-2 on ongoing and new pregnancy research during the pandemic, describe the challenges encountered and summarize the key strategies necessary for a successful research environment.

#### 2021-01377

**Addressing mental health in patients and providers during the COVID-19 pandemic.** Werner EA, Aloisio CE, Butler AD, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151279

The pandemic, and the associated changes to pregnancy and postpartum experiences, can lead to profound psychological reactions including panic, hyperarousal, sleep disturbance, anxiety, depression, and traumatic stress disorders. Providers face compassion fatigue and shared trauma. In this article, we describe the mental health outcomes known to date in regard to the novel coronavirus disease 2019 pandemic for obstetric patients and their providers as well as therapeutic approaches, including our novel embedded mental health service, to address these mental health needs. (Author)

#### 2021-01376

**Mobilization of health professions students during the COVID-19 pandemic.** Rupley DM, Grilo SA, Kondragunta S, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151276

The COVID-19 pandemic has posed challenges for medical education and patient care, which were felt acutely in obstetrics due to the essential nature of pregnancy care. The mobilization of health professions students to participate in obstetric service-learning projects has allowed for continued learning and professional identify

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formation while also providing a motivated, available, and skilled volunteer cohort to staff important projects for obstetric patients.

#### 2021-01267

**Vaccine Update.** Public Health England (2021), London: PHE no 316, January 2021

This special edition of Vaccine Update includes information on the safety of COVID-19 vaccination for pregnant and breastfeeding women. Also includes guidance on COVID-19 vaccination for health and social care workers. (LDO)

**Available from:** [https://www.gov.uk/government/publications/vaccine-update-issue-316-january-2021-covid-19-special-edition/v](https://www.gov.uk/government/publications/vaccine-update-issue-316-january-2021-covid-19-special-edition/vaccine-update-issue-316-january-2021-covid-19-special-edition)

**Full URL:** [https://www.gov.uk/government/publications/vaccine-update-issue-316-january-2021-covid-19-special-edition/vaccine-up](https://www.gov.uk/government/publications/vaccine-update-issue-316-january-2021-covid-19-special-edition/vaccine-update-issue-316-january-2021-covid-19-special-edition)

[date-issue-316-january-2021-covid-19-special-edition](https://www.gov.uk/government/publications/vaccine-update-issue-316-january-2021-covid-19-special-edition/vaccine-update-issue-316-january-2021-covid-19-special-edition)

#### 2021-01254

**NMC reflects on extraordinary time one year on from the first Covid-19 national lockdown.** Various (2021), Nursing and Midwifery Council 23 March 2021

Hear from those at the heart of the pandemic response. (Author)

**Available from:** <https://www.nmc.org.uk/news/news-and-updates/reflections-on-one-year-of-covid19/>

**Full URL:** <https://www.nmc.org.uk/news/news-and-updates/reflections-on-one-year-of-covid19/>

#### 2021-01253

**Mary Agyapong: Pregnant nurse who died with Covid 'felt pressured' to work.** Anon (2021), BBC News 23 March 2021

A pregnant nurse who died with Covid-19 felt "pressurised" to return to work despite being "very worried" for her health, an inquest heard. (Author)

**Available from:** <https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-56498978>

**Full URL:** <https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-56498978>

#### 2021-01235

**Covid-19 changes to maternity care: Experiences of Australian doctors.** Szabo RA, Wilson AN, Homer C, et al (2021), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) 6 February 2021, online

Background

The COVID-19 pandemic meant rapid changes to Australian maternity services. All maternity services have undertaken significant changes in relation to policies, service delivery and practices and increased use of personal protective equipment.

#### Aims

The aim of this study was to explore and describe doctors' experiences of providing maternity care during the COVID-19 pandemic in Australia.

#### Methods

A national online survey followed by semi-structured interviews with a cohort of participants was conducted during the first wave of the COVID-19 pandemic in Australia (May–June 2020). Participants were recruited through social media networks. Eighty-six doctors completed the survey, and eight were interviewed.

#### Results

Almost all doctors reported rapid development of new guidelines and major changes to health service delivery. Professional colleges were the main source of new information about COVID-19. Most (89%) doctors felt sufficiently

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informed to care for women with COVID-19. Less than half of doctors felt changes would be temporary. Doctors described workforce disruptions with associated personal and professional impacts. The ability to access and process up-to-date, evidence-based information was perceived as important. Doctors acknowledged that altered models of care had increased pregnant women's anxiety and uncertainty. All doctors described silver linings from sector changes.

## Conclusions

This study provides unique insights into doctors' experiences of providing maternity care during the COVID-19 pandemic in Australia. Findings have immediate relevance to the maternity sector now and into the future. Lessons learnt provide an opportunity to reshape the maternity sector to better prepare for future public health crises.

**Available from:** <https://doi.org/10.1111/ajo.13307>

**Full URL:** <https://doi.org/10.1111/ajo.13307>

## 2021-01020

**Student experiences of COVID.** Wilson C, Lloyd C (2021), Midwives vol 24, March 2021, pp 38-42

The RCM made safeguarding education a priority during the pandemic - RCM policy advisor Charlotte Wilson and head of education and learning Carmel Lloyd explain why. (Author)

## 2021-01019

**Covid-19 checklist.** Sorby A (2021), Midwives vol 24, March 2021, pp 34-35

RCM employment relations advisor Alice Sorby shares the current guidance for Covid-19 safety. (Author)

## 2021-01018

**Caring is sharing.** Adgie G (2021), Midwives vol 24, March 2021, pp 32-33

Gill Adgie says RCM branches were doing amazing work caring for members before Covid, but now it's been taken to another level. (Author)

## 2021-01016

**Bags of kindness.** Anon (2021), Midwives vol 24, March 2021, p 31

Feeling sympathy for women on the wards during the pandemic without their partners, the Cardiff University Midwifery Society organised gift bag donations to spread a little love. (Author)

## 2021-00936

**Should the COVID-19 pandemic encourage us to re-evaluate the role of the maternity support worker (MSW) in homebirths?** Grainger C (2021), The Practising Midwife vol 24, no 3, March 2021, pp 32-34

This article will explore whether the pandemic calls for the re-evaluation and extension of the maternity support worker (MSW) role with regards to homebirths, and what training is required to ensure we have competent, capable and highly skills MSWs in homebirth settings. (Author, edited)

## 20210125-16\*

**RE: Redeployment of maternity staff during pandemic.** Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2021), London: RCOG January 2021.1 page

**Available from:** <https://www.rcm.org.uk/media/4660/email-to-ceos-merge.pdf>

**Full URL:** <https://www.rcm.org.uk/media/4660/email-to-ceos-merge.pdf>

Joint letter from the Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM) urging hospitals to avoid redeploying staff away from maternity units during the current coronavirus pandemic,

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except as a last resort, to ensure the safety of mothers and babies. This letter has been produced in response to reports that maternity staff are being temporarily transferred to other parts of the NHS to support pandemic work. (JSM)

#### 20210120-30\*

**Socially distanced nursing and midwifery simulation during the COVID-19 pandemic.** McDonall J, McTier L, Phillips N (2020), Australian Nursing and Midwifery Journal vol 26, no 12, October-December 2020, p 52

**Available from:** <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

**Full URL:** <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

Describes the ways in which simulation training for undergraduate students at Deakin University's School of Nursing and Midwifery has continued during the COVID-19 pandemic. (MB)

#### 20210120-28\*

**Mask-related skin injury during a respiratory pandemic: A wound CNC perspective.** Sage S (2020), Australian Nursing and Midwifery Journal vol 26, no 12, October-December 2020, pp 24-25

**Available from:** <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

Healthcare workers (HCW) are using personal protective equipment (PPE) more often and for longer wear times to reduce the risk of contracting or transmitting COVID-19. (Author)

#### 20210120-26\*

**The impact of a global pandemic on the International Year of the Nurse and Midwife.** Fedele R (2020), Australian Nursing and Midwifery Journal vol 26, no 12, October-December 2020, pp 18-20

**Available from:** <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

**Full URL:** <https://anmj.org.au/wp-content/uploads/2020/09/ANMJ-OCT-DEC-2020.pdf>

In 2020, the International Year of the Nurse and Midwife and planned culmination of the global Nursing Now campaign, the role of nurses, midwives and carers has been thrust into the spotlight in the face of the COVID-19 pandemic. Robert Fedele writes. (Author)

#### 20210120-24\*

**Nurses abused over COVID-19 fears.** Wischer K (2020), Australian Nursing and Midwifery Journal vol 26, no 11, July-September 2020, p 5

**Available from:** [https://anmj.org.au/wp-content/uploads/2020/07/UPDATED\\_ANMJ-JUL-SEP-2020.pdf](https://anmj.org.au/wp-content/uploads/2020/07/UPDATED_ANMJ-JUL-SEP-2020.pdf)

**Full URL:** [https://anmj.org.au/wp-content/uploads/2020/07/UPDATED\\_ANMJ-JUL-SEP-2020.pdf](https://anmj.org.au/wp-content/uploads/2020/07/UPDATED_ANMJ-JUL-SEP-2020.pdf)

While not the norm, some nurses, midwives and other healthcare workers on the frontline of Australia's fight against COVID-19 were subject to abuse from members of the public as cases of coronavirus grew nationally. (Author)

#### 20210118-9\*

**Online interprofessional simulation for undergraduate health professional students during the COVID-19 pandemic.** Prasad N, Fernando S, Willey S, et al (2020), Journal of Interprofessional Care vol 34, no 5, September-October 2020, pp 706-710

This report describes the Obstetric and Neonatal Simulation (ONE-Sim) workshop run in a remote learning format for medical and midwifery students in an interprofessional setting during the COVID-19 pandemic. It explores the observation of students as participants in the online learning of using Personal Protective Equipment and simulation-based learning of perinatal emergency management. This was followed by their mutual interaction and reflections. This paper aims to understand the role of synchronous remote learning through simulation and its impact on interprofessional interactions. We describe the experience of medical and midwifery students with the ONE-Sim

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workshop, facilitated by medical (obstetric and neonatal) and midwifery educators. Formal thematic analysis will be performed as part of the ongoing study; however, initial direct observation demonstrated that students reacted positively to the online ONE-Sim workshop and engaged well with facilitators and peers. Students mutually interacted amongst themselves, shared their previous experiences, knowledge of roles as medical and midwifery practitioners and how they see themselves in those roles in a perinatal emergency setting. The initial observations demonstrate that interprofessional education delivered in an e-learning format can be useful and meaningful, and may be utilized across a number of specialties. (Author)

#### 20210115-2\*

**Blog: Reintroducing our emergency standards.** Sutcliffe A (2021), London: NMC 15 January 2021

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/blog-reintroducing-our-emergency-standards/>

**Full URL:** <https://www.nmc.org.uk/news/news-and-updates/blog-reintroducing-our-emergency-standards/>

Andrea Sutcliffe, Chief Executive and Registrar at the NMC, talks about our announcement to reintroduce our emergency standards and what this means for students. (Author)

#### 20210114-8\*

**NMC updates approach to supporting nursing and midwifery education amid the Covid-19 pandemic.** Nursing & Midwifery Council (2021), London: NMC 14 January 2021

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/nmc-updates-approach-to-supporting-nursing-and-midwifery-education-amid-the-covid-19-pandemic/>

News item describing changes to the NMC's emergency education standards for nursing and midwifery students, whose studies have been affected by the COVID-19 pandemic. This package of measures will mean education organisations across all four countries of the UK are being provided with as much flexibility as possible in how they deliver their courses, while also allowing those final year students who want to support the response to the pandemic to be able to do so. (Author, edited)

#### 20210114-26\*

**NMC statement: enabling student education and supporting the workforce.** Nursing & Midwifery Council (2021), London: NMC 14 January 2021

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/statement-enabling-student-education-and-supporting-the-workforce/>

Statement from the Nursing and Midwifery Council describing the measures put in place during the current COVID-19 pandemic to allow nursing and midwifery students to complete their studies and to support the workforce. (JSM)

#### 20210112-22\*

**New midwives and the new normal.** Scicluna B (2021), The Student Midwife vol 4, no 1, January 2021, pp 24-27

Ever since I was a young girl, I knew I wanted to work in a caring profession. When I went to university for the first time, I undertook a Bachelor of Science in Physiotherapy; at the time, ballet was a big part of my life, and I felt that physiotherapy perfectly aligned with my passion for dance and caring for others. However, a few months into the course, I started to realise that something was not quite right - something was missing. That something turned out to be midwifery! Becoming a midwife during the global COVID-19 pandemic was uniquely challenging, but allowed me to view the world differently. Here are the lessons I have learnt that will make me a better midwife. (Author)

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.

#### 20210112-20\*

**Leading the way: student innovation in Malawi.** Chigwede M (2021), The Student Midwife vol 4, no 1, January 2021, p 17

Malawian student nurse-midwife Martin Chigwede reflects upon the innovative intervention he developed to prepare his community for the arrival of COVID-19, and ends his reflection by challenging students to embrace leadership roles and innovation during these unprecedented times. (Author)

#### 20210112-10\*

**Centering in times of the COVID-19 pandemic.** Rijnders M, Jans S, Groesen K (2021), The Practising Midwife vol 24, no 1, January 2021, pp 9-13

Reduced antenatal care services and an acute halt to Centering-based antenatal group care were one of the results of the COVID-19 lockdown in the Netherlands. The pandemic and the subsequent reduction in antenatal services gave rise to anxiety and stress in pregnant women, increasing the need for group antenatal care more than ever.

Throughout the country both women and midwives initiated online alternatives for existing group care meetings. The Centering Foundation Netherlands and TNO, the Dutch institute for applied research, took the lead and developed a standardised Centering-based antenatal group care method online and live with physical distancing. (Author)

#### 20210111-6

**Enquiring minds.** Anon (2021), Midwives vol 24, January 2021, pp 33-35

Hand washing has played a vital role in preventing disease long before COVID-19. Though the path to its discovery wasn't straightforward. (Author)

#### 20210111-5

**Virtual mandatory training.** Sole De La Llera A (2021), Midwives vol 24, January 2021, p 31

Ariadna Sole De La Llera, practice development midwife at King's College Hospital Trust, has just completed virtual training for midwives and has some advice to impart. (Author)

#### 20210111-4

**Tax returns.** Anon (2021), Midwives vol 24, January 2021, p 29

Everyone dreads doing them, but are we guilty of making a mountain out of a molehill when it comes to completing our tax returns? (Author)

#### 20210111-24

**Development of the Emotional Wellbeing at Work Virtual Programme to support UK health visiting teams.** Baldwin S, Stephen R, Bishop P, et al (2020), Journal of Health Visiting vol 8, no 12, December 2020, pp 516-522

The Covid-19 pandemic has changed the way in which health visiting services are delivered in the UK. Health visitors are now having to work more remotely, with virtual methods for service delivery as well as using personal protective equipment where face-to-face contacts are necessary. This rapid change has resulted in many health visiting staff working under greater levels of pressure, feeling isolated, anxious and unsettled. This article discusses a virtual programme that has been funded by the RCN Foundation and developed by the Institute of Health Visiting to support the emotional wellbeing of health visiting teams in the UK. It outlines the background to the project, the theoretical underpinnings to inform the programme model and the evaluation process that will be used to further refine the programme before wider implementation. (Author)

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## 20210111-1

**Stronger together.** Anon (2021), Midwives vol 24, January 2021, pp 14-20

By harnessing the power of a vast, multidisciplinary support network, maternity teams are literally saving lives.

(Author)

## 20210108-3\*

**Supporting nursing and midwifery professionals during the Covid-19 pandemic.** May R, McArdle C, McQueen F, et al (2021), London: NMC 8 January 2021

**Available from:**

<https://www.nmc.org.uk/globalassets/sitedocuments/covid-19-temporary-register/letter-to-nursing-and-midwifery-professionals.pdf>

Joint letter from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors discuss strengthening workforce capacity, supporting the roll-out of vaccines and supporting the health and wellbeing of nurses and midwives. (LDO)

## 20210105-1\*

**High frequency of posttraumatic stress symptoms among U.S. obstetric and gynecologic providers during the COVID-19 pandemic.** Kiefer MK, Mehl RR, Venkatesh KK, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) 29 December 2020, online

**Available from:** <https://doi.org/10.1016/j.ajog.2020.12.1211>

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.12.1211>

Research letter discussing the frequency of post-traumatic stress symptoms among obstetric and gynaecologic providers during the COVID-19 pandemic. The authors also identify demographic and exposure characteristics associated with post-traumatic stress in this setting. Findings show that 81.8% of respondents had high post-traumatic stress symptoms and 9.5% reported a personal diagnosis of COVID-19. (LDO)

## 2021-00918

**A research midwife in a pandemic.** Perry AG (2021), British Journal of Midwifery vol 29, no 2, February 2021, p 115

As we go into further lockdown in England, research midwife Alison Perry reflects on the place of research at the frontline of the pandemic. (Author)

## 2021-00908

**Inequalities, safety culture and personalisation.** Pembroke Hajjaj J (2021), British Journal of Midwifery vol 29, no 1, January 2021, pp 45-47

COVID-19 has unmasked the prevalence of racial inequality still experienced in healthcare systems around the globe. June Pembroke Hajjaj shares her personal perspective. (Author)

## 2021-00827

**Who Is Caring for Health Care Workers' Families Amid COVID-19?** Robinson LJ, Engelson BJ, Hayes SN (2021), Academic Medicine 23 February 2021, online

Amid the COVID-19 pandemic, women in medicine, including faculty, residents, medical students, and other health care workers (HCWs), are facing unparalleled challenges. The burdens of pandemic-associated increases in domestic and caregiving responsibilities, professional demands, health risks associated with contracting COVID-19, and the resulting psychosocial distress have exacerbated existing gender disparities at home, at work, and in academia. School

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and daycare closures have created additional childcare needs, primarily for women, yet little support exists for parents and families. These increased childcare and domestic responsibilities have forced women HCWs, who make up the overwhelming majority of the workforce, to adapt their schedules and, in some cases, leave their jobs entirely.

In this article, the authors detail how COVID-19 has exacerbated existing childcare accessibility and affordability issues as well as gender disparities. They argue that, unless government and health care organization support for childcare increases, families, specifically women and children, will continue to suffer. Lack of access to affordable childcare can prevent HCWs from doing their jobs, including conducting and publishing academic scholarship. This poses incalculable risks to families, science, and society. COVID-19 should serve as a call to action to all sectors, including the government and health care organizations, to prioritize childcare provision and increase support for women HCWs, both now during the pandemic and going forward. (Author)

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## 2021-00727

**Running maternity services during the coronavirus pandemic: keep calm and don't forget the woman!.** Carter N (2020), AIMS Journal vol 32, no 3, September 2020

Available from: <https://www.aims.org.uk/journal/item/chelsea-and-westminster>

Full URL: <https://www.aims.org.uk/journal/item/chelsea-and-westminster>

Natalie Carter, talks about how her local Trust has managed their midwifery service since March 2020 to meet the needs of the service user. (Author)

## 2021-00715

**Managing a doula team in the Covid-19 crisis.** Bromley-Hesketh M (2020), AIMS Journal vol 32, no 2, June 2020

Available from: <https://www.aims.org.uk/journal/item/covid-19-michelle-bromley-hesketh>

Full URL: <https://www.aims.org.uk/journal/item/covid-19-michelle-bromley-hesketh>

Michelle Bromley-Hesketh talks about the challenges of balancing life, work and a doula team during coronavirus. (Author)

## 2021-00712

**Doula-ing from a distance: better than nothing.** Pengelly H (2020), AIMS Journal vol 32, no 2, June 2020

Available from: <https://www.aims.org.uk/journal/item/covid-19-hilary-pengelly>

Full URL: <https://www.aims.org.uk/journal/item/covid-19-hilary-pengelly>

Hilary Pengelly shares what being a doula during the Covid-19 pandemic means. (Author)

## 2021-00703

**Staff who refuse covid vaccine face 'one-to-one' with managers.** Kituno N (2021), Health Service Journal 5 March 2021

Available from: <https://www.hsj.co.uk/>

Full URL: <https://www.hsj.co.uk/>

NHS England has called for line managers to have one-to-one conversations with staff who have refused the covid vaccine by next week, to discuss its 'powerful protective effects'. (Author)

## 2021-00459

**Establishing information needs and research priorities in response to the Covid-19 pandemic in the local maternity setting.** Evans K, Janiszewski H, Evans C, et al (2021), Midwifery vol 95, April 2021, 102922

Available from: <https://doi.org/10.1016/j.midw.2021.102922>

Full URL: <https://doi.org/10.1016/j.midw.2021.102922>

The purpose of this project was to identify gaps in the current evidence base and to identify research priorities in the

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local context during the Covid-19 pandemic. This paper reports on the application and adaptation of the CHNRI methodology which follows a series of criteria setting, filtering and scoring exercises. The views of maternity care professionals, midwifery managers and leaders, women and families were continually sought throughout the project stages. We found the CHNRI methodology to be a useful framework to highlight topics with greater or smaller consensus within a relatively short time frame and with minimal burden to participants. The criteria were defined to focus on research topics where no existing or on-going studies were identified and topics likely to lead to improvements in care with relevance beyond the Covid-19 pandemic.

## 2021-00446

**Adaptation of independent midwives to the COVID-19 pandemic: A national descriptive survey.** Baumann S, Gaucher L, Bourgueil Y, et al (2021), *Midwifery* vol 94, March 2021, 102918

### Objective

The main objective of this survey was to identify how independent midwives, mainly working in primary care,

adapted their practices at the beginning of the COVID-19 pandemic in France. Our assumption was that this practice adaptation would vary according to both geographical area (timing of pandemic effect) and whether they practiced alone or in a group.

### Design

We conducted an online national survey of independent midwives in France from March 16–23, 2020.

### Setting

All districts in mainland France and the overseas territories.

### Participants

Respondents from the population of all independent midwives working in France.

### Measurements and findings

The primary outcome measure was the proportion of midwives reporting that they had adapted their practices to the context of the COVID-19 pandemic, and the rank, in order of frequency, of the postponed or cancelled activities.

### Results

Of the 1517 midwives who responded, i.e., 20.3% of the independent midwives in France, 90.6% reported adapting one or more of their practices. The main adjustment was the postponement or cancellation of consultations deemed non-essential, listed in descending order: postpartum pelvic floor rehabilitation (n = 1270, 83.7%), birth preparation (n = 1188, 78.3%), non-emergency preventive gynaecology consultation (n = 976, 64.3%), early prenatal interview (n = 170, 11.2%), and postnatal follow-up (n = 158, 10.4%).

### Key conclusions

Without guidelines, each midwife had to decide individually if and how to adapt her practice. Postpartum pelvic floor rehabilitation and birth preparation have been strongly affected. The results of this national survey indicate that a large majority of midwives have adapted their practices, independently of the local course of the pandemic, and that this reduction of contacts with women raises questions in this period of anxiety about intermediate-term adaptations to guarantee the continuity and safety of care.

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## Implications for practice

This study's results can be used to develop tools to handle cancelled consultations. Video, also called virtual, visits and coordination between independent practitioners and hospitals are probably the major challenges in the current context.

### 2021-00400

**Together: Navy Reserve's Response to COVID-19 Pandemic.** Dutta EH, Barker M, Gherman R (2021), American Journal of Perinatology vol 38, no 3, February 2021, pp 307-309

**Available from:** <https://doi.org/10.1055/s-0040-1721710>

**Full URL:** <https://doi.org/10.1055/s-0040-1721710>

Under the direction of U.S. Northern Command for COVID-19 pandemic response efforts, approximately 500 Navy Reserve medical professionals were deployed to the New York City area from April to June 2020. Some of these providers were asked to serve in 11 overburdened local hospitals to augment clinic staffs that were exhausted from the battle against coronavirus. Two maternal/fetal medicine physicians were granted emergency clinical providers to assist in these efforts. (Author)

### 2021-00139

**A guide to the NMC emergency standards for nurse education during the current deployment of student nurses.** Leigh J, Bullpit S, Dunn J, et al (2020), British Journal of Nursing vol 29, no 11, 2020, pp 632-638

The Nursing and Midwifery Council (NMC) recognises the important contribution that nursing students are making to the national response to the COVID-19 pandemic. This article reports on the Greater Manchester Supervision and Delegation Framework, providing practical guidance for students and practice staff (practice supervisor/practice assessor and registered nurse) on how to support student nurses who have opted into a paid (deployed) healthcare role. The framework operationalises NMC emergency standards for Nursing and Midwifery education, enabling students to complete their pre-registration undergraduate or postgraduate nursing programme while also supporting the healthcare workforce (NMC, 2020). (Author)

### 2021-00136

**The relationship between COVID-19 knowledge levels and anxiety states of midwifery students during the outbreak: A cross-sectional web-based survey.** Sogut E, Dolu I, Cangöl E (2021), Perspectives in Psychiatric Care vol 57, no 1, January 2021

**Available from:** <https://doi.org/10.1111/ppc.12555>

**Full URL:** <https://doi.org/10.1111/ppc.12555>

**Purpose:** To determine the relationship between the anxiety states and knowledge levels of female midwifery students about COVID-19 during the outbreak.

**Design and methods:** This cross-sectional study carried out with online participation of 972 female midwifery students.

**Findings:** The anxiety levels of the female midwifery students were high among those visiting the hospital during the pandemic and having parents or relatives who had chronic diseases. Female midwifery students had a high level of knowledge regarding COVID-19.

**Practice implications:** Female midwives of the future will take part in primary health care services in the protection and promotion of health as an important occupational group in the public health system. To determine mental health and psychological needs of them during the outbreak will greatly contribute to the pandemic management process.

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**2021-00032**

**Open and Distance Learning Programs for Nursing and Midwifery Education in East Africa: Protocol for a Scoping Review.** Isangula K, Edwards G, Mwansisya T, et al (2021), JMIR Research Protocols vol 10, no 1, 11 January 2021, e17765

**Available from:** <https://www.researchprotocols.org/2021/1/e17765/>

**Full URL:** <https://www.researchprotocols.org/2021/1/e17765/>

**Background:** In the face of growing modernity and the coronavirus disease 2019 (COVID-19) pandemic, open and distance learning (ODL) is considered to play an important role in increasing access to education worldwide. There is a robust evidence base demonstrating its cost effectiveness in comparison with conventional class-based teaching; however, the transition to this new paradigm of learning for nursing and midwifery courses has been difficult in low-income countries. While there are notable efforts to increase internet and education access to health care professionals, not much is known about ODL for nurses and midwives in East African countries.

**Objective:** The objective of this scoping review is to understand whether ODL programs for nursing and midwifery education exist, the drivers of their adoption, their implementation, the topics/courses covered, their acceptability, and their impacts in East African countries.

**Methods:** The scoping review methodology employs the framework developed by Arksey and O'Malley. Using an exploratory approach, a two-stage screening process consisting of a title and abstract scan and a full-text review will be used to determine the eligibility of articles. To be included, articles must report on an existing ODL initiative for nurses and midwives in Uganda, Tanzania, and Kenya. All articles will be independently assessed for eligibility by pairs of reviewers, and all eligible articles will be abstracted and charted in duplicate using a standardized form.

**Results:** Details of ODL for nursing and midwifery education initiatives and study outcomes will be summarized in a table. The extracted data will undergo exploratory descriptive analysis, and the results will be classified into learner and clinical outcomes.

**Conclusions:** Evidence on ODL for nursing and midwifery education will inform the ongoing development and restructuring of health care professional education in East Africa amidst the COVID-19 pandemic. (Author)

**2021-00031**

**Sustaining quality education and practice learning in a pandemic and beyond: 'I have never learnt as much in my life, as quickly, ever'.** Renfrew MJ, Bradshaw G, Burnett A, et al (2021), Midwifery vol 94, March 2021, 102915

The context of healthcare and of healthcare education has radically changed as a result of the Covid-19 pandemic. To identify positive strategies for midwifery education in this context, five case studies from the UK and beyond were conducted using an appreciative enquiry approach, from the perspectives of students, the maternity services, cross-university collaboration, and digital learning. A health system analysis was used to identify strategies to cope, adapt, and transform for the future, at the levels of individuals, teams, and the whole system.

Findings showed that the implementation of effective responses was possible. Responding effectively and rapidly to a shock as profound as this pandemic requires courageous, respectful, evidence-based, innovative, collaborative, cross-sectoral working and leadership across education institutions, practice settings, the regulator, government, and with students themselves. Pre-existing trusting relationships and collaborative systems supported rapid responses.

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Effective digital learning requires a pro-active, student-centred approach, and addressing the problems of inequitable access to equipment and space. Joint problem-solving and focussing on the key outcomes that matter contribute to developing successful strategies and robust processes. The pandemic provides an opportunity for student midwives to be re-imagined as essential members of midwifery teams and not 'just students'. Transformative actions identified include whole-system working, tackling longstanding problems including racism, poverty, prejudice, and systemic discrimination, and keeping students at the heart of the education system. (Author)

#### 20201221-7\*

**Challenges currently faced in midwifery careers.** Kerolo S (2020), British Journal of Midwifery vol 28, no 12, December 2020, pp 840-841

Highlights various challenges faced by midwives including the COVID-19 pandemic and supporting mothers with perinatal mental health problems. (LDO)

#### 20201216-22\*

**EBCOG Position Statement - Simulation-based Training for Obstetrics and Gynaecology during COVID-19 Pandemic.** Zimmerman E, Martins NN, Mahmood T, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology 8 December 2020, online

**Available from:** <https://doi.org/10.1016/j.ejogrb.2020.12.002>

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.12.002>

The specialty of Obstetrics and Gynaecology has been on the forefront of introducing simulation in post graduated education for the past two decades. Simulation training is known to enhance psychomotor skills and is considered an important step in the transition from classroom learning to clinical practice. Training on simulators allows trainees to acquire basic skills before getting involved in day to day care in real life situation. Clinical circumstances around COVID 19 pandemic has highlighted the key importance of simulation training in delivering post graduate curriculum. (Author)

#### 20201208-99\*

**Turning the tide. The experiences of Black, Asian and Minority Ethnic NHS staff working in maternity services in England during and beyond the Covid-19 pandemic.** BAME Maternity Workforce (2020), London: East London Local Maternity Services & East London Health and Care Partnership October 2020

**Full URL:** <https://www.eastlondonhnp.nhs.uk/ourplans/bame-maternity.htm>

This report explores the experiences of Black, Asian and Minority Ethnic (BAME) people working in the NHS, during the ongoing Covid-19 pandemic. (Publisher, edited)

#### 20201202-55\*

**Intradepartmental redeployment of faculty and staff.** Divito M, Advincula A, Burgansky A, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151299

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151299>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151299>

Discusses the re-deployment of staff and faculty fellows after a significant strain on obstetric services at the Department of Obstetrics and Gynecology at Columbia University during the COVID-19 pandemic. (LDO)

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#### 20201202-54\*

**COVID-19 in a community hospital.** Burgansky A, Coletta-Lucas J, Garcia MS (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151292

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151292>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151292>

The rapid spread of COVID-19 across the globe quickly and drastically changed the way we practice medicine. In order to respond to its effects, careful planning and implementation of new guidelines and protocols was crucial to ensure the safety of both patients and staff. Given the limitations of space, staff, and resources in the community hospitals, a centralized command center, robust lines of communication within the department and between departments, and contingency and surge planning in this setting were critical. This chapter focuses on the unique challenges of practicing within a Level II hospital during a global pandemic. (Author)

#### 20201201-3

**The midwife's role in managing confirmed moderate-to-severe COVID-19 in pregnancy.** Mayo H (2020), MIDIRS Midwifery Digest vol 30, no 4, December 2020, pp 487-493

Discusses the aetiology and classification of COVID-19 and how it affects pregnant women. Highlights the role of the midwife in managing moderate-to-severe cases and reducing potential risks to the fetus. Concludes that midwives are best suited as lead co-ordinators as part of a wider multi-disciplinary team. (LDO)

#### 20201130-4

**Human factors review of a safety-critical system in a pandemic.** Elliott-Mainwaring H (2020), MIDIRS Midwifery Digest vol 30, no 4, December 2020, pp 462-468

Discusses the failure of safety-critical systems within the context of the UK health care system during the COVID-19 pandemic. Draws upon several conceptual frameworks including the Swiss Cheese Model (SCM), the System Engineering Initiative for Patient Safety (SEIPS) and the Human Factors Conceptual Framework to Map-Assess-Recognize-Conclude (HF-MARC). Concludes that human vulnerabilities should be recognised and systems should be built around these. (LDO)

#### 20201127-10\*

**Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care.** Jardine J, Relph S, Magee LA, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology 29 September 2020, online

**Available from:** <https://doi.org/10.1111/1471-0528.16547>

**Full URL:** <https://doi.org/10.1111/1471-0528.16547>

#### 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.

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## 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 measures

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.

## Conclusions

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. (Author)

## 20201126-66\*

**eHealth for neonatal nurse education despite Covid-19.** Cunningham C, Moore Z, O Connor T, et al (2020), Journal of Neonatal Nursing 12 November 2020, online

**Available from:** <https://doi.org/10.1016/j.jnn.2020.11.002>

**Full URL:** <https://doi.org/10.1016/j.jnn.2020.11.002>

## Aim

The aim of this contemporary issue paper is to challenge the premise that the term 'eHealth' is relatable to patient or service users only. It will be critically explored if the term can be broadened to include neonatal nurse education interventions.

## Design

A review of current literature will form the basis for the critical discussion of the term eHealth, and why it can be associated with neonatal nurse education.

## Methods

The critical discussion will identify and review past and current literature relating to eHealth and its origins. It will portray the viability of the term eHealth as more than just a patient associated intervention, and why it should also be encompassed as a neonatal nurse education option.

## Conclusion

eHealth is traditionally identifiable as a service user intervention or source of information. The term should be broadened to encompass neonatal nurse education and used as a resource that is easily accessible and user friendly. This will in turn encourage the personal and professional development of neonatal nurses and should ultimately contribute to evidence based best practices in the clinical environment, despite the current global pandemic. (Author)

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#### 20201125-8\*

**Statement: Principles for nursing and midwifery students during the next phase of the COVID-19 pandemic.** May R, McArdle C, McQueen F, et al (2020), London: NMC 23 November 2020

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/principles-for-students-during-next-phase-of-covid/>

**Full URL:** <https://www.nmc.org.uk/news/news-and-updates/principles-for-students-during-next-phase-of-covid/>

Joint statement from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors outline the plan to continue the supernumerary status of students and the cancellation of paid clinical placements. (LDO)

#### 20201120-1\*

**Joint letter on supporting professionals during the second wave of Covid-19.** May R, McArdle C, McQueen F, et al (2020), London: NMC 20 November 2020

**Available from:** <https://www.nmc.org.uk/news/news-and-updates/joint-letter-second-wave-covid/>

Joint letter from the chief executive of the Nursing & Midwifery Council (NMC) and the chief nursing officers of England, Scotland, Wales and Northern Ireland. The authors thank nurses and midwives for their work throughout the pandemic, ask employers and professional bodies to be flexible in their expectations, and reaffirm their commitment to supporting students to complete their programmes on time. (LDO)

#### 20201119-9\*

**Ethics of Midwifery Care During the COVID-19 Pandemic.** Kantrowitz-Gordon I (2020), Journal of Midwifery and Women's Health vol 65, no 6, November/December 2020, pp 731-732

**Available from:** <https://doi.org/10.1111/jmwh.13187>

**Full URL:** <https://doi.org/10.1111/jmwh.13187>

Editorial discussing ethics and policy development in the context of racial disparities during the COVID-19 pandemic. (LDO)

#### 20201117-52\*

**The impact of a segregated team roster on obstetric and gynecology services in response to the COVID-19 pandemic in a tertiary care center in India.** Mahey R, Sharma A, Kumari A, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 3, December 2020, pp 341-346

**Available from:** <https://doi.org/10.1002/ijgo.13408>

**Full URL:** <https://doi.org/10.1002/ijgo.13408>

##### Objective

To determine the impact of roster reorganization on ensuring uninterrupted services while providing necessary relief to healthcare workers (HCW) in the obstetrics department of a tertiary care center amid the COVID-19 outbreak.

##### Methods

The COVID-19 rostering response began in April 2020 and evolved in two phases: (1) development of new areas for screening and managing suspected/positive cases of COVID-19; and (2) team segregation according to area of work. The impact of these changes on HCWs and patients was assessed 3 months later.

##### Results

Developing separate areas helped to minimize the risk of exposure of patients and HCWs to those with COVID-19. Residents and consultants worked intensively in clinical areas for 1 week followed by 1-2 weeks of non-clinical or standby assignments, providing adequate opportunity for isolation. Frequent re-evaluation of the roster was nevertheless required as the pandemic progressed. Segregating teams vertically significantly reduced the number of contacts identified on contact tracing and quarantine leaves, while maintaining patient satisfaction with no increase in

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adverse events. Residents found the roster to be 'smart' and 'pandemic-appropriate.'

#### Conclusion

The 'COVID emergency roster' helped ensure quality care with minimum risk of exposure and sufficient breaks for physical and psychological recovery of HCWs.

#### Synopsis

A team-based roster in response to COVID-19 outbreak ensured continuity of optimum patient care with minimum exposure and physical and psychological well-being of healthcare workers. (Author)

#### 20201117-39\*

##### **Airborne transmission of severe acute respiratory syndrome coronavirus-2 to healthcare workers: a narrative review.**

Wilson NM, Norton A, Young FP, et al (2020), Anaesthesia vol 75, no 8, August 2020, pp 1086-1095

**Available from:** <https://doi.org/10.1111/anae.15093>

**Full URL:** <https://doi.org/10.1111/anae.15093>

Healthcare workers are at risk of infection during the severe acute respiratory syndrome coronavirus-2 pandemic. International guidance suggests direct droplet transmission is likely and airborne transmission occurs only with aerosol-generating procedures. Recommendations determining infection control measures to ensure healthcare worker safety follow these presumptions. Three mechanisms have been described for the production of smaller sized respiratory particles ('aerosols') that, if inhaled, can deposit in the distal airways. These include: laryngeal activity such as talking and coughing; high velocity gas flow; and cyclical opening and closure of terminal airways. Sneezing and coughing are effective aerosol generators, but all forms of expiration produce particles across a range of sizes. The 5-µm diameter threshold used to differentiate droplet from airborne is an over-simplification of multiple complex, poorly understood biological and physical variables. The evidence defining aerosol-generating procedures comes largely from low-quality case and cohort studies where the exact mode of transmission is unknown as aerosol production was never quantified. We propose that transmission is associated with time in proximity to severe acute respiratory syndrome coronavirus-1 patients with respiratory symptoms, rather than the procedures per se. There is no proven relation between any aerosol-generating procedure with airborne viral content with the exception of bronchoscopy and suctioning. The mechanism for severe acute respiratory syndrome coronavirus-2 transmission is unknown but the evidence suggestive of airborne spread is growing. We speculate that infected patients who cough, have high work of breathing, increased closing capacity and altered respiratory tract lining fluid will be significant producers of pathogenic aerosols. We suggest several aerosol-generating procedures may in fact result in less pathogen aerosolisation than a dyspnoeic and coughing patient. Healthcare workers should appraise the current evidence regarding transmission and apply this to the local infection prevalence. Measures to mitigate airborne transmission should be employed at times of risk. However, the mechanisms and risk factors for transmission are largely unconfirmed. Whilst awaiting robust evidence, a precautionary approach should be considered to assure healthcare worker safety. (Author)

#### 20201117-31\*

##### **COVID-19: women with diabetes and hypertension during pregnancy.** Hu J, Danielli M, Thomas RC, et al (2020), British Journal of Midwifery vol 28, no 11, November 2020, pp 800-801

Midwives should be prepared to create individualised care plans, share data and liaise with other departments, to improve maternal and fetal outcomes for pregnant women with these conditions. (Author)

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#### 20201117-29\*

**Midwives in low-resource settings.** Shahid S (2020), British Journal of Midwifery vol 28, no 11, November 2020, pp 796-798

Pakistan is a low-resource country where midwives are often not supported in their role as skilled birth attendants. Changes are needed to support midwives in providing safe and effective care. (Author)

#### 20201116-83

**Interview with Midwife Jennie Joseph.** Allen J (2020), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 34, no 5, September 2020, pp 339-356

In this interview, JOPPPAH Associate Editor, Dr. Jazman Allen, spoke with Orlando midwife, Jennie Joseph regarding Jennie's experience working with underserved populations during the concurrent COVID-19 pandemic and heightened racial tensions in the United States. This interview was edited for clarity only. (Author)

#### 20201116-79

**How Birth Providers in the United States are Responding to the COVID-19 Pandemic.** Davis-Floyd R, Gutschow K, Schwartz

DA, et al (2020), Journal of Prenatal and Perinatal Psychology and Health (JPPPH) vol 34, no 4, June 2020, pp 272-285

How quickly and in what ways are United States maternity care practices changing due to the COVID-19 pandemic? Our survey data indicate that partners and doulas are being excluded from birthing rooms while many mothers are isolated, unsupported, and laboring alone. Providers face changing hospital protocols, lack of personal protective equipment (PPE), and unclear guidelines for practice. In this rapid-response article, we investigate the quickly shifting protocols for in-hospital and out-of-hospital births, and examine the decision making behind these changes. We ask whether COVID-19 will cause women, families, and providers to look at birthing in a different light, and whether this offers a testing ground for future policy changes to generate effective maternity care in the face of pandemics and other types of disasters. (Author)

#### 20201112-6\*

**Nursing and midwifery workforce numbers continue to grow as concern around the long term impact of Covid-19 remains.** Nursing and Midwifery Council (2020), London: NMC 12 November 2020

**Available from:** <https://www.nmc.org.uk/news/news-and-updates/nmc-register-data-september-2020/>

**Full URL:** <https://www.nmc.org.uk/news/news-and-updates/nmc-register-data-september-2020/>

Reports that the latest mid-year figures from the Nursing and Midwifery Council (NMC) show that between 1 April and 30 September 2020, 5,949 nurses joined the permanent register, an increase of 0.9%, and the number of midwives rose by 937 (2.5%). States that the mid-year registration report includes statistics from the NMC's COVID-19 temporary register, showing that at the end of September this year 12,756 former nurses, midwives and overseas professionals were registered. Includes comments from NMC Chief Executive and Registrar, Andrea Sutcliffe on the impact of COVID-19 and the overwhelming response from nurses, midwives and nursing associates. (JSM)

#### 20201112-10\*

**Mid-year update: 1 April - 30 September 2020.** Nursing & Midwifery Council (2020), London: NMC 12 November 2020 5 pages

**Available from:** <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-register/september-2020/nmc-register-september-2020.pdf>

**Full URL:** <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-register/september-2020/nmc-register-september-2020.pdf>

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Provides an update on the number of midwives, nurses and nursing associates on the permanent and temporary registers of the Nursing & Midwifery Council. The permanent register increased from 716,607 at the beginning of April to 724,516 at the end of September. (LDO)

#### 20201109-8\*

**Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK.** Vindrola-Padros C, Andrews L, Dowrick A, et al (2020), BMJ Open vol 10, no 11, November 2020, e040503

**Available from:** <http://dx.doi.org/10.1136/bmjopen-2020-040503>

**Full URL:** <http://dx.doi.org/10.1136/bmjopen-2020-040503>

**Objective** The COVID-19 pandemic has set unprecedented demand on the healthcare workforce around the world. The UK has been one of the most affected countries in Europe. The aim of this study was to explore the perceptions and experiences of healthcare workers (HCWs) in relation to COVID-19 and care delivery models implemented to deal with the pandemic in the UK.

**Methods** The study was designed as a rapid appraisal combining: (1) a review of UK healthcare policies (n=35 policies), (2) mass media and social media analysis of front-line staff experiences and perceptions (n=101 newspaper articles, n=1 46 000 posts) and (3) in-depth (telephone) interviews with front-line staff (n=30 interviews). The findings from all streams were analysed using framework analysis.

**Results** Limited personal protective equipment (PPE) and lack of routine testing created anxiety and distress and had a tangible impact on the workforce. When PPE was available, incorrect size and overheating complicated routine work. Lack of training for redeployed staff and the failure to consider the skills of redeployed staff for new areas were identified as problems. Positive aspects of daily work reported by HCWs included solidarity between colleagues, the establishment of well-being support structures and feeling valued by society.

**Conclusion** Our study highlighted the importance of taking into consideration the experiences and concerns of front-line staff during a pandemic. Staff working in the UK during the COVID-19 pandemic advocated clear and consistent guidelines, streamlined testing of HCWs, administration of PPE and acknowledgement of the effects of PPE on routine practice.

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See: <http://creativecommons.org/licenses/by-nc/4.0/>. (Author)

#### 20201106-3\*

**Interventions to support the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic: a mixed methods systematic review (Cochrane Review).** Pollock A, Campbell P, Cheyne J, et al (2020), The Cochrane Database of Systematic Reviews issue 11, 5 November 2020, Art. No: CD013779

**Available from:** <https://doi.org/10.1002/14651858.CD013779>

**Full URL:** <https://doi.org/10.1002/14651858.CD013779>

#### Background

Evidence from disease epidemics shows that healthcare workers are at risk of developing short- and long-term mental health problems. The World Health Organization (WHO) has warned about the potential negative impact of the COVID-19 crisis on the mental well-being of health and social care professionals. Symptoms of mental health problems commonly include depression, anxiety, stress, and additional cognitive and social problems; these can impact on function in the workplace. The mental health and resilience (ability to cope with the negative effects of

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stress) of frontline health and social care professionals ('frontline workers' in this review) could be supported during disease epidemics by workplace interventions, interventions to support basic daily needs, psychological support interventions, pharmacological interventions, or a combination of any or all of these.

#### Objectives

Objective 1: to assess the effects of interventions aimed at supporting the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic.

Objective 2: to identify barriers and facilitators that may impact on the implementation of interventions aimed at supporting the resilience and mental health of frontline health and social care professionals during and after a disease outbreak, epidemic or pandemic.

#### Search methods

On 28 May 2020 we searched the Cochrane Database of Systematic Reviews, CENTRAL, MEDLINE, Embase, Web of Science, PsycINFO, CINAHL, Global Index Medicus databases and WHO Institutional Repository for Information Sharing. We also searched ongoing trials registers and Google Scholar. We ran all searches from the year 2002 onwards, with no language restrictions.

#### Selection criteria

We included studies in which participants were health and social care professionals working at the front line during infectious disease outbreaks, categorised as epidemics or pandemics by WHO, from 2002 onwards. For objective 1 we included quantitative evidence from randomised trials, non-randomised trials, controlled before-after studies and interrupted time series studies, which investigated the effect of any intervention to support mental health or resilience, compared to no intervention, standard care, placebo or attention control intervention, or other active interventions. For objective 2 we included qualitative evidence from studies that described barriers and facilitators to the implementation of interventions. Outcomes critical to this review were general mental health and resilience. Additional outcomes included psychological symptoms of anxiety, depression or stress; burnout; other mental health disorders; workplace staffing; and adverse events arising from interventions.

#### Data collection and analysis

Pairs of review authors independently applied selection criteria to abstracts and full papers, with disagreements resolved through discussion. One review author systematically extracted data, cross-checked by a second review author. For objective 1, we assessed risk of bias of studies of effectiveness using the Cochrane 'Risk of bias' tool. For objective 2, we assessed methodological limitations using either the CASP (Critical Appraisal Skills Programme) qualitative study tool, for qualitative studies, or WEIRD (Ways of Evaluating Important and Relevant Data) tool, for descriptive studies. We planned meta-analyses of pairwise comparisons for outcomes if direct evidence were available. Two review authors extracted evidence relating to barriers and facilitators to implementation, organised these around the domains of the Consolidated Framework of Implementation Research, and used the GRADE-CERQual approach to assess confidence in each finding. We planned to produce an overarching synthesis, bringing quantitative and qualitative findings together.

#### Main results

We included 16 studies that reported implementation of an intervention aimed at supporting the resilience or mental health of frontline workers during disease outbreaks (severe acute respiratory syndrome (SARS): 2; Ebola: 9; Middle East respiratory syndrome (MERS): 1; COVID-19: 4). Interventions studied included workplace interventions, such as training, structure and communication (6 studies); psychological support interventions, such as counselling and psychology services (8 studies); and multifaceted interventions (2 studies).

Objective 1: a mixed-methods study that incorporated a cluster-randomised trial, investigating the effect of a work-based intervention, provided very low-certainty evidence about the effect of training frontline healthcare workers to deliver psychological first aid on a measure of burnout.

Objective 2: we included all 16 studies in our qualitative evidence synthesis; we classified seven as qualitative and nine as descriptive studies. We identified 17 key findings from multiple barriers and facilitators reported in studies.

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We did not have high confidence in any of the findings; we had moderate confidence in six findings and low to very low confidence in 11 findings. We are moderately confident that the following two factors were barriers to intervention implementation: frontline workers, or the organisations in which they worked, not being fully aware of what they needed to support their mental well-being; and a lack of equipment, staff time or skills needed for an intervention. We are moderately confident that the following three factors were facilitators of intervention implementation: interventions that could be adapted for local needs; having effective communication, both formally and socially; and having positive, safe and supportive learning environments for frontline workers. We are moderately confident that the knowledge or beliefs, or both, that people have about an intervention can act as either barriers or facilitators to implementation of the intervention.

#### Authors' conclusions

There is a lack of both quantitative and qualitative evidence from studies carried out during or after disease epidemics and pandemics that can inform the selection of interventions that are beneficial to the resilience and mental health of frontline workers. Alternative sources of evidence (e.g. from other healthcare crises, and general evidence about interventions that support mental well-being) could therefore be used to inform decision making. When selecting interventions aimed at supporting frontline workers' mental health, organisational, social, personal, and psychological factors may all be important. Research to determine the effectiveness of interventions is a high priority. The COVID-19 pandemic provides unique opportunities for robust evaluation of interventions. Future studies must be developed with appropriately rigorous planning, including development, peer review and transparent reporting of research protocols, following guidance and standards for best practice, and with appropriate length of follow-up. Factors that may act as barriers and facilitators to implementation of interventions should be considered during the planning of future research and when selecting interventions to deliver within local settings. (Author)

#### 20201103-8\*

**A Midwife's Covid-19 Gift.** Ribner J (2020), Midwifery Today no 135, Autumn 2020

A short vignette about how a midwife's homebirth practice was launched in the midst of a pandemic. (Author)

#### 20201103-7\*

**Building Strong Foundations for Midwifery Education: The World Needs Midwives, Now More Than Ever!.** Penwell V (2020), Midwifery Today no 135, Autumn 2020

As we face a pandemic, and other crises around the globe, midwife and teacher Vicki Penwell shares important principles for ensuring that midwives are educated to meet the future and present needs of birthing mothers. (Author)

#### 20201102-51\*

**Some Blessings for the Homebirth Community during Covid-19 Times.** Vinaver N (2020), Midwifery Today no 135, Autumn 2020

Covid-19 has made us rethink how we provide services and how we can best serve women. In this thoughtful article Naolí discusses ways we have had to adapt and shares some of her teachings related to homebirth. (Author)

#### 20201102-25\*

**Video consultations in primary and specialist care during the covid-19 pandemic and beyond.** Car J, Koh GC, Foong PS, et al (2020), BMJ vol 371, no 8266, 20 October 2020, m3945

Available from: <https://doi.org/10.1136/bmj.m3945>

Full URL: <https://doi.org/10.1136/bmj.m3945>

What you need to know: Video consultations in healthcare present an approximation of face-to-face interaction and are a 'visual upgrade' of widely used telephone consultations. Evidence for the effectiveness of video consultations is scarce, but points towards effectiveness, safety, and high satisfaction in patients and healthcare providers. Be

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prepared to switch from a video to a telephone or in-person consultation, depending on technical, patient, or clinical factors. (Author)

#### 20201027-33\*

**An Observational Study of Mask Guideline Compliance In An Outpatient OB/GYN Clinic Population.** Newman MG (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 255, December 2020, pp 268-269

**Available from:** <https://doi.org/10.1016/j.ejogrb.2020.10.048>

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.10.048>

Correspondence piece exploring the rate and quality of mask compliance among patients and visitors to a general obstetrician/gynaecologist clinic. Findings show that 96.8% of subjects were masked and 80.1% were using masks correctly at perimeter. (LDO)

#### 20201026-21\*

**Midwives and paramedics can deliver flu and covid vaccines after new laws come into force.** Mahase E (2020), BMJ vol 371, no 8265, 16 October 2020, m4044

**Available from:** <https://doi.org/10.1136/bmj.m4044>

**Full URL:** <https://doi.org/10.1136/bmj.m4044>

Reports on new laws introduced by the UK government that will allow a wider range of health care workers to give flu and, potentially, covid-19 vaccines. (MB)

#### 20201026-1\*

**Exclusive: Public satisfaction with NHS maternity and A&E soars during pandemic.** McLellan A (2020), Health Service Journal 21 October 2020, online

Public satisfaction with NHS hospital services has soared during the coronavirus pandemic despite the widespread cancellation of operations, the rapid switch to digital delivery and restrictions on visits, according to an exclusive analysis shared with HSJ. (Author)

#### 20201022-54\*

**Being an obstetrics and gynaecology resident during the COVID-19: Impact of the pandemic on the residency training program.** Bitonti G, Palumbo AR, Gallo C, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 48-51

**Available from:** <https://doi.org/10.1016/j.ejogrb.2020.07.057>

**Full URL:** <https://doi.org/10.1016/j.ejogrb.2020.07.057>

Objective

to evaluate the impact of the COVID-19 pandemic on the obstetrics and gynecology residency training program in Italy.

Study design

This was a cross-sectional survey study aimed to assess the impact of the COVID-19 pandemic on the obstetrics and gynecology residency training program in Italy. An online survey with 45 questions was sent and completed anonymously by residents after accepting an informed consent. The invitation to the online survey was sent to all the Italian residents in obstetrics and gynecology. Those on maternity leave at the time of the study were excluded. Residents were asked about their routinely activity before the COVID-19 pandemic, and to report the reduction in their clinical practice. They were also asked about psychological impact of COVID-19 on their clinical practice.

Results

933 Italian residents in obstetrics and gynecology, were invited for this survey study. Four-hundred and seventy-six (51 %) completed the survey and were included in the study. Three-hundred and eighty-seven (81.3 %) were female, and 89 (18.7 %) were male. Residents age ranged from 25 to 42. In 71,8 % (342/476) of the cases residents work in a

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COVID-19 reference Hospitals. One-hundred and eighty-four out of 76 residents (38.6 %) were tested on RT-PCR assay of nasal and pharyngeal swab specimens, and of them 12/184 (6.5 %) were positive to SARS-CoV-2. Regarding the use of personal protective equipment (PPE), 267 (56.1 %) reported to receive adequate device, and 379 (79.6 %) felt to be well informed about prevention and management protocols. Three-hundred and thirty-one residents (69.5 %) reported to have managed COVID-19 positive patients. For 54,7 % of respondent residents, training activity in general decreased significantly during the COVID-19 epidemic. A one-third reduction was reported in 31,4 % of the cases, whereas a total suspension of the training in 9,9 % of the cases. In 89,3 % of cases the reduction was caused by the reorganization of work. Anxiety about the professional future was reported in 84 % of the residents, and 59 % of them had the perception that their training was irreversibly compromised.

#### Conclusions

Among Italian residents in obstetrics and gynecology, COVID-19 pandemic was associated with a significant training impairment. (Author)

#### 20201021-27\*

##### **Hand sanitizers: A review of ingredients, mechanisms of action, modes of delivery, and efficacy against coronaviruses.**

Golin AP, Choi D, Ghahary A (2020), American Journal of Infection Control vol 48, no 9, September 2020, pp 1062-1067

**Available from:** <https://doi.org/10.1016/j.ajic.2020.06.182>

**Full URL:** <https://doi.org/10.1016/j.ajic.2020.06.182>

#### Background

The emergence of the novel virus, SARS-CoV-2, has posed unprecedented challenges to public health around the world. Currently, strategies to deal with COVID-19 are purely supportive and preventative, aimed at reducing transmission. An effective and simple method for reducing transmission of infections in public or healthcare settings is hand hygiene. Unfortunately, little is known regarding the efficacy of hand sanitizers against SARS-CoV-2.

#### Methods

In this review, an extensive literature search was performed to succinctly summarize the primary active ingredients and mechanisms of action of hand sanitizers, compare the effectiveness and compliance of gel and foam sanitizers, and predict whether alcohol and non-alcohol hand sanitizers would be effective against SARS-CoV-2.

#### Results

Most alcohol-based hand sanitizers are effective at inactivating enveloped viruses, including coronaviruses. With what is currently known in the literature, one may not confidently suggest one mode of hand sanitizing delivery over the other. When hand washing with soap and water is unavailable, a sufficient volume of sanitizer is necessary to ensure complete hand coverage, and compliance is critical for appropriate hand hygiene.

#### Conclusions

By extrapolating effectiveness of hand sanitizers on viruses of similar structure to SARS-CoV-2, this virus should be effectively inactivated with current hand hygiene products, though future research should attempt to determine this directly. (Author)

#### 20201021-22\*

##### **A qualitative study on the psychological experience of caregivers of COVID-19 patients.** Sun N, Wei L, Shi S, et al (2020),

American Journal of Infection Control vol 48, no 6, June 2020, pp 592-598

**Available from:** <https://doi.org/10.1016/j.ajic.2020.03.018>

**Full URL:** <https://doi.org/10.1016/j.ajic.2020.03.018>

#### Background

The coronavirus disease 2019 (COVID-19) is spreading rapidly, bringing pressure and challenges to nursing staff.

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## Objective

To explore the psychology of nurses caring for COVID-19 patients.

## Methods

Using a phenomenological approach, we enrolled 20 nurses who provided care for COVID-19 patients in the First Affiliated Hospital of Henan University of Science and Technology from January 20, to February 10, 2020. The interviews were conducted face-to-face or by telephone and were analysed by Colaizzi's 7-step method.

## Results

The psychological experience of nurses caring for COVID-19 patients can be summarized into 4 themes. First, negative emotions present in early stage consisting of fatigue, discomfort, and helplessness was caused by high-intensity work, fear and anxiety, and concern for patients and family members. Second, self-coping styles included psychological and life adjustment, altruistic acts, team support, and rational cognition. Third, we found growth under pressure, which included increased affection and gratefulness, development of professional responsibility, and self-reflection. Finally, we showed that positive emotions occurred simultaneously with negative emotions.

## Conclusions

During an epidemic outbreak, positive and negative emotions of the front-line nurses interweaved and coexisted. In the early stage, negative emotions were dominant and positive emotions appeared gradually. Self-coping styles and psychological growth played an important role in maintaining mental health of nurses. (Author)

## 20201016-6

**Why is it all taking so long?.** Wynton L (2020), Community Practitioner vol 93, no 5, September/October 2020, pp 36-41  
The pandemic has impacted BAME groups more severely and exposed yet more disparities. Inequality in healthcare (still) and structural racism in society are some of the reasons. Journalist Linsey Wynton asks why we are still waiting for action. (Author)

## 20201015-34\*

**How far does duty of care extend?.** Winter GF (2020), British Journal of Midwifery vol 28, no 10, October 2020, p 740  
George Winter discusses if healthcare workers should honour their duty of care to their patients during the pandemic, when doing so puts themselves and their families at risk. (Author)

## 20201015-22

**Well-being, obstetrics and gynaecology and COVID-19: Leaving no trainee behind.** Chan GMF, Kanneganti A, Yasin N, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology (ANZJOG) vol 60, no 6, December 2020, pp 983-986

Available from: <https://doi.org/10.1111/ajo.13249>

Full URL: <https://doi.org/10.1111/ajo.13249>

The COVID-19 pandemic has significantly disrupted training in obstetrics and gynaecology. Past pandemics have been shown to result in significant psychological morbidity. As specialty trainees continue frontline work, they will face unprecedented work environments and may face delays in progression due to postponed examinations, case log shortfalls and inadequate clinical rotations. This contributes to burnout, anxiety and depression. We share technology-based suggestions as well as institutional, departmental and self-care tips on how to maintain trainees' mental well-being during the fight against COVID-19. (Author)

## 20201014-6\*

**COVID-19 Testing, Personal Protective Equipment, and Staffing Strategies Vary at Obstetrics Centers across the Country.** Johnson J, Melvin E, Srinivas SK, et al (2020), American Journal of Perinatology vol 37, no 14, December 2020, pp 1482-1484

Available from: <https://doi.org/10.1055/s-0040-1718401>

Full URL: <https://doi.org/10.1055/s-0040-1718401>

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Letter to the editor discussing staffing, universal testing and personal protective equipment at obstetric centres across the United States during the COVID-19 pandemic. (LDO)

#### 20201013-7\*

##### **Patient and Provider Perspectives of a New Prenatal Care Model Introduced in Response to the COVID-19 Pandemic.**

Peahl AF, Powell A, Berlin H, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) 8 October 2020, online

**Available from:** <https://doi.org/10.1016/j.ajog.2020.10.008>

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.10.008>

Research letter exploring institution-level adoption and patient experiences of a COVID-19 prenatal care delivery model. (LDO)

#### 20201009-9\*

##### **Level of staff burnout 'real concern' for NHS trust leaders.** Ford M (2020), Nursing Times 6 October 2020

Senior leaders in NHS trusts have flagged serious concerns about the wellbeing of staff following the first wave of Covid-19, with 99% worried about the current levels of burnout across the workforce, a new survey has found. (Author)

#### 20201009-8\*

##### **How research nurses and midwives are supporting Covid-19 clinical trials.** Iles-Smith H, Jones H, Petersen C, et al (2020),

Nursing Times vol 116, no 11, November 2020, pp 20-22

**Available from:**

<https://cdn.ps.emap.com/wp-content/uploads/sites/3/2020/10/201007-How-research-nurses-and-midwives-are-supporting-Covid-19-clinical-trials.pdf>

In response to the coronavirus pandemic, many clinical trials have tested existing drugs that may help treat Covid-19. NHS trusts have been encouraged to prioritise studies approved by the four chief medical officers, and clinical research nurses and midwives have been crucial to the delivery of these studies. Adaptations to standard research practices have been required - the consent process has been changed to reflect patients' loss of capacity and the absence of family members, while the collection of biological samples and other patient data has required research nurses and midwives to find solutions to being in an isolation environment. Results of early studies have identified some initial treatment options for patients; many other studies are ongoing. (Author)

#### 20201009-12\*

##### **Staff discrimination named 'biggest workforce issue of pandemic'.** Ford M (2020), Nursing Times 24 September 2020

Discrimination faced by health and care staff from a Black and minority ethnic (BME) background has been described as the 'biggest workforce issue of the pandemic' in a hard-hitting new report. (Author)

#### 20201009-11\*

##### **Half of returnees on NMC temporary register 'might stay'.** Mitchell G (2020), Nursing Times 10 September 2020

Almost half of the nursing professionals who returned to practice to support the UK coronavirus response would consider staying on permanently, a survey reveals. (Author)

#### 20201007-6\*

##### **Two in three members recovered from Covid-19 hit by post-viral fatigue.** Anon (2020), World of Irish Nursing & Midwifery vol 28, no 7, September 2020, pp 16-17

**Available from:** <https://online.flippingbook.com/view/166730/16/>

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**Full URL:** <https://online.flippingbook.com/view/166730/16/>

A recent Irish Nurses and Midwives Organization (INMO) survey reveals that 65% of nurses and midwives who have recovered from COVID-19 are still experiencing post-viral fatigue. (LDO)

#### 20201007-51\*

**So what now? Supporting students through a global pandemic and beyond.** Royal College of Midwives (2020), London: RCM October 2020, 11 pages

**Available from:** <https://www.rcm.org.uk/media/4368/so-now-what-student-survey-2020-final.pdf>

**Full URL:** <https://www.rcm.org.uk/media/4368/so-now-what-student-survey-2020-final.pdf>

Report from the Royal College of Midwives presenting the results of surveys in 2019 and 2020 on the issues faced by student midwives. Calls on all four governments in the United Kingdom to (1) ensure newly qualified midwives move seamlessly from training to employment; (2) conduct a review of financial support and provide maintenance grants which reflect need; and (3) provide comprehensive mental health support to students. (LDO)

#### 20201007-2\*

**What would Florence think of midwives and nurses in 2020?** Homer C, Bucknall T, Farrell T (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 5, September 2020, pp 409-410

**Available from:** <https://doi.org/10.1016/j.wombi.2020.07.009>

**Full URL:** <https://doi.org/10.1016/j.wombi.2020.07.009>

Discusses the International Year of the Nurse and Midwife and considers what Florence Nightingale would think of nurses and midwives in the midst of a global pandemic in 2020. (LDO)

#### 20201007-1\*

**UNFPA supporting midwives at the heart of the COVID-19 response.** Bar-Zeev S, Breen-Kamkong C, ten Hoop-Bender P, et al

(2021), Women and Birth: Journal of the Australian College of Midwives vol 34, no 1, February 2021, pp 4-6

**Available from:** <https://doi.org/10.1016/j.wombi.2020.08.005>

**Full URL:** <https://doi.org/10.1016/j.wombi.2020.08.005>

Discusses the impact of COVID-19 on maternity services and reproductive health services in developing countries. Highlights the work of the United Nations Population Fund (UNFPA) in providing personal protective equipment, supporting telephone consultations and promoting virtual midwifery learning. (LDO)

#### 20201006-23\*

**Guided relaxation delivered by professional midwifery advocate for maternity staff during the COVID-19 pandemic 2020.** Ireland J (2020), The Practising Midwife vol 23, no 9, October 2020, pp 32-34

As soon as it became apparent that COVID-19 was present in the UK, the Head of Midwifery gave full support to the Professional Midwifery Advocate (PMA) Team to set up a support and information hub in a room previously used for training/meetings. An existing form of support for staff - guided relaxation - has seen a marked increase in uptake and is reported in this article. More than 180 episodes of staff support using guided relaxation have been shared since February 2020. Since starting to ask staff to score their level of tension, results from 121 colleagues have been recorded. This has been a positive initiative that supports the need for PMA activity in maternity care settings. (Author)

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.

**20200928-35\***

**Handover of patients: the challenges of COVID-19.** Wasserteil N, Bin Nun A, Mimouni FB, et al (2020), Journal of Perinatology

vol 40, no 10, October 2020, pp 1453-1454

**Available from:** <https://doi.org/10.1038/s41372-020-00792-y>

**Full URL:** <https://doi.org/10.1038/s41372-020-00792-y>

Discusses Center for Disease Control (CDC) guidelines on social distancing in the context of bedside patient handover in neonatal intensive care units. The authors share their experience of implementing the recommendations using technology such as videoconferencing. (LDO)

**20200925-45\***

**Providing women's health care during COVID-19: Personal and professional challenges faced by health workers.**

Green L, Fateen D, Gupta D, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 3-6

**Available from:** <https://doi.org/10.1002/ijgo.13313>

**Full URL:** <https://doi.org/10.1002/ijgo.13313>

Health providers for women have experienced challenges during the COVID-19 pandemic but there are ways to address these challenges. (Author)

**20200925-38\***

**Anxiety and depression scores in maternity healthcare workers during the Covid-19 pandemic.** Corbett GA, Milne SJ, Mohan S, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 297-298

**Available from:** <https://doi.org/10.1002/ijgo.13279>

**Full URL:** <https://doi.org/10.1002/ijgo.13279>

Healthcare workers are at significant risk of psychological morbidity during the COVID-19 pandemic. Anxiety and depression is highest in young, female, and supportive workers. (Author)

**20200925-32\***

**Adapting antenatal care in a rural LMIC during COVID-19: A low literacy checklist to mitigate risk for community health workers.** Hernandez S, Oliveira JB, Sosof CM, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 289-291

**Available from:** <https://doi.org/10.1002/ijgo.13332>

**Full URL:** <https://doi.org/10.1002/ijgo.13332>

Community health workers trained in mitigating infection risk via a low literacy checklist can provide essential healthcare, such as prenatal care, during the COVID-19 pandemic in LMICs. (Author)

**20200925-28\***

**Preparedness, administrative challenges for establishing obstetric services, and experience of delivering over 400 women at a tertiary care COVID-19 hospital in India.** Mahajan NN, Pednekar R, Patil SR, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 2, November 2020, pp 188-196

**Available from:** <https://doi.org/10.1002/ijgo.13338>

**Full URL:** <https://doi.org/10.1002/ijgo.13338>

**Objective**

To provide a descriptive account of the challenges and administrative preparedness for establishing and sustaining safe obstetric services during the COVID-19 pandemic at Topiwala National Medical College & BYL Nair Charitable Hospital (NH), Mumbai, India.

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## Methods

The management of pregnant women with COVID-19 was implemented as per international (WHO, RCOG, ACOG) and national (Indian Council of Medical Research) recommendations and guidelines at an academic, tertiary care, COVID-19 hospital in India.

## Results

Using a multidisciplinary approach and active engagement of a multispecialty team, obstetric services were provided to over 400 women with laboratory-confirmed COVID-19. A sustainable model is established for providing services to pregnant women with COVID-19 in Mumbai Metropolitan Region, India.

## Conclusion

With limited resources, it is possible to set up dedicated maternity services, aligned to international guidelines, for safe pregnancy outcomes in COVID-19 settings. This COVID-19 hospital addressed the challenges and implemented several known and novel methods to establish and sustain obstetric services for women with COVID-19. The model established in the present study can be replicated in other low- and middle-income countries. (Author)

### 20200924-58\*

**COVID-19 and the health and care workforce: supporting our greatest asset.** NHS Confederation (2020), London: NHS Confederation 24 September 2020, 30 pages

#### Available from:

[https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/REPORT\\_NHS-Reset\\_COVID-19-and-the-health-and-care-workforce.pdf](https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/REPORT_NHS-Reset_COVID-19-and-the-health-and-care-workforce.pdf)

Report from NHS Confederation on how to support the health care workforce beyond the COVID-19 pandemic. Makes key recommendations including the growth of the clinical workforce, investments in staff mental health services, national recruitment campaigns for employment and university training places, and a sustainable pay offer which recognises the skills and talents of staff members. (LDO)

### 20200923-4\*

**The courage of compassion: Supporting nurses and midwives to deliver high-quality care.** West M, Bailey S, Williams E (2020), London: The King's Fund September 2020. 156 pages

#### Available from:

[https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report\\_0.pdf](https://www.kingsfund.org.uk/sites/default/files/2020-09/The%20courage%20of%20compassion%20full%20report_0.pdf)

The coronavirus pandemic has placed unprecedented pressure on an already over-burdened nursing and midwifery workforce. The health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness. This review investigated how to transform nurses' and midwives' workplaces so that they can thrive and flourish and are better able to provide the compassionate, high-quality care that they wish to offer. (Author, edited)

### 20200922-56\*

**Impact of COVID-19 pandemic on neonatologists in resource-limited country.** Elhadi M, Msherghi A, Elkhafeefi F, et al (2020), The Journal of Maternal-Fetal and Neonatal Medicine 17 August 2020, online

Letter to the editor discussing neonatologists' knowledge and preparedness of the COVID-19 outbreak in Libya. (LDO)

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20200917-52\*

**Use of antimicrobial mouthwashes (gargling) and nasal sprays by healthcare workers to protect them when treating patients with suspected or confirmed COVID-19 infection (Cochrane Review).** Burton MJ, Clarkson JE, Goulao B, et al (2020), The Cochrane Database of Systematic Reviews issue 9, 16 September 2020, Art. No: CD013626

Available from: <https://doi.org/10.1002/14651858.CD013626.pub2>

Full URL: <https://doi.org/10.1002/14651858.CD013626.pub2>

## Background

COVID-19 infection poses a serious risk to patients and - due to its contagious nature - to those healthcare workers (HCWs) treating them. If the mouth and nose of HCWs are irrigated with antimicrobial solutions, this may help reduce the risk of active infection being passed from infected patients to HCWs through droplet transmission or direct contact. However, the use of such antimicrobial solutions may be associated with harms related to the toxicity of the solutions themselves, or alterations in the natural microbial flora of the mouth or nose. Understanding these possible side effects is particularly important when the HCWs are otherwise fit and well.

## Objectives

To assess the benefits and harms of antimicrobial mouthwashes and nasal sprays used by healthcare workers (HCWs) to protect themselves when treating patients with suspected or confirmed COVID-19 infection.

## Search methods

Information Specialists from Cochrane ENT and Cochrane Oral Health searched the Central Register of Controlled Trials (CENTRAL 2020, Issue 6); Ovid MEDLINE; Ovid Embase and additional sources for published and unpublished trials. The date of the search was 1 June 2020.

## Selection criteria

This is a question that urgently requires evidence, however at the present time we did not anticipate finding many completed randomised controlled trials (RCTs). We therefore planned to include the following types of studies: RCTs; quasi-RCTs; non-randomised controlled trials; prospective cohort studies; retrospective cohort studies; cross-sectional studies; controlled before-and-after studies. We set no minimum duration for the studies.

We sought studies comparing any antimicrobial mouthwash and/or nasal spray (alone or in combination) at any concentration, delivered to HCWs, with or without the same intervention being given to the patients with COVID-19.

## Data collection and analysis

We used standard Cochrane methodological procedures. Our primary outcomes were: 1) incidence of symptomatic or test-positive COVID-19 infection in HCWs; 2) significant adverse event: anosmia (or disturbance in sense of smell). Our secondary outcomes were: 3) viral content of aerosol, when present (if intervention administered to patients); 4) other adverse events: changes in microbiome in oral cavity, nasal cavity, oro- or nasopharynx; 5) other adverse events: allergy, irritation/burning of nasal, oral or oropharyngeal mucosa (e.g. erosions, ulcers, bleeding), long-term staining of mucous membranes or teeth, accidental ingestion. We planned to use GRADE to assess the certainty of the evidence for each outcome.

## Main results

We found no completed studies to include in this review. We identified three ongoing studies (including two RCTs), which aim to enrol nearly 700 participants. The interventions included in these trials are povidone iodine, nitric oxide and GLS-1200 oral spray (the constituent of this spray is unclear and may not be antimicrobial in nature).

## Authors' conclusions

We identified no studies for inclusion in this review. This is not surprising given the relatively recent emergence of COVID-19 infection. It is promising that the question posed in this review is being addressed by two RCTs and a non-randomised study. We are concerned that only one of the ongoing studies specifically states that it will evaluate adverse events and it is not clear if this will include changes in the sense of smell or to the oral and nasal microbiota, and any consequences thereof.

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Very few interventions have large and dramatic effect sizes. If a positive treatment effect is demonstrated when studies are available for inclusion in this review, it may not be large. In these circumstances in particular, where those receiving the intervention are otherwise fit and well, it may be a challenge to weigh up the benefits against the harms if the latter are of uncertain frequency and severity. (Author)

#### 20200916-10\*

**Virtual antenatal clinics.** Quinn L, Olajide O, Breslin E, et al (2020), British Journal of Midwifery vol 28, no 9, September 2020, pp 680-682

In the current COVID-19 pandemic, a move towards virtual appointments has been vital. This article discusses the implementation of virtual antenatal clinics and the associated challenges. (Author)

#### 20200915-78

**Returning to work.** Sorby A, Sullivan W (2020), Midwives vol 23, September 2020, p 47

RCM employment relations advisor Alice Sorby and TUC Race Equality Officer Wilf Sullivan say it's right to raise concerns during COVID-19. (Author)

#### 20200915-55\*

**Obstetrical Unit Response to the COVID-19 Pandemic: OUR Study.** Pluym ID, Rao R, Ballas J, et al (2020), American Journal of Perinatology vol 37, no 13, November 2020, pp 1301-1309

**Objective** This study aimed to describe the response of labor and delivery (L&D) units in the United States to the novel coronavirus disease 2019 (COVID-19) pandemic and determine how institutional characteristics and regional disease prevalence affect viral testing and personal protective equipment (PPE).

**Study Design** A cross-sectional survey was distributed electronically through the Society for Maternal-Fetal Medicine e-mail database (n = 584 distinct practices) and social media between April 14 and 23, 2020. Participants were recruited through 'snowballing.' A single representative was asked to respond on behalf of each L&D unit. Data were analyzed using Chi-square and Fisher's exact tests. Multivariable regression was performed to explore characteristics associated with universal testing and PPE usage.

**Results** A total of 301 surveys (estimated 51.5% response rate) was analyzed representing 48 states and two territories. Obstetrical units included academic (31%), community teaching (45%) and nonteaching hospitals (24%). Sixteen percent of respondents were from states with high prevalence, defined as higher 'deaths per million' rates compared with the national average. Universal laboratory testing for admissions was reported for 40% (119/297) of units. After adjusting for covariates, universal testing was more common in academic institutions (adjusted odds ratio [aOR] = 1.73, 95% confidence interval [CI]: 1.23-2.42) and high prevalence states (aOR = 2.68, 95% CI: 1.37-5.28). When delivering asymptomatic patients, full PPE (including N95 mask) was recommended for vaginal deliveries in 33% and for cesarean delivery in 38% of responding institutions. N95 mask use during asymptomatic vaginal deliveries remained more likely in high prevalence states (aOR = 2.56, 95% CI: 1.29-5.09) and less likely in hospitals with universal testing (aOR = 0.42, 95% CI: 0.24-0.73).

**Conclusion** Universal laboratory testing for COVID-19 is more common at academic institutions and in states with high disease prevalence. Centers with universal testing were less likely to recommend N95 masks for asymptomatic vaginal deliveries, suggesting that viral testing can play a role in guiding efficient PPE use. (Author)

#### 20200915-49

**Turning the tide.** Rowland G (2020), Midwives vol 23, September 2020, pp 32-33

Dr Gloria Rowland, director of midwifery at Barts Health, discusses the study of the BAME workforce during the pandemic. (Author)

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**20200911-28\***

**Flattening the anxiety curve: Obstetricians' response to the COVID-19 pandemic in Victoria.** Khot N, Kumar A (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology vol 60, no 4, August 2020, p E10

**Available from:** <https://doi.org/10.1111/ajo.13209>

**Full URL:** <https://doi.org/10.1111/ajo.13209>

Short correspondence piece discussing the concerns of clinicians providing maternity care in Australia during the COVID-19 pandemic. Findings demonstrated that clinicians had anxieties around contracting the virus, but expressed a strong desire to maintain connections with their patients using videoconferencing technologies. (LDO)

**20200910-6\***

**Analysis of the NMC COVID-19 temporary register.** Nursing and Midwifery Council (2020), London: NMC 10 September 2020, 47 pages

**Available from:**

<https://www.nmc.org.uk/globalassets/sitedocuments/covid-19-temporary-register/covid-19-temporary-register-analysis-2-july-2020-full-report.pdf>

This report provides a snapshot of the Nursing and Midwifery Council (NMC) temporary register on 2 July 2020. Outlines the characteristics of those on the register and provides an analysis of geographical location, employment status, ethnicity, age group and gender. (LDO)

**20200902-53\***

**A cross-sectional study of immune seroconversion to SARS-CoV-2 in frontline maternity health professionals.** Bampoe S, Lucas DN, Neall G, et al (2020), Anaesthesia 10 August 2020, online

**Available from:** <https://doi.org/10.1111/anae.15229>

**Full URL:** <https://doi.org/10.1111/anae.15229>

COVID-19, the respiratory disease caused by SARS-CoV-2, is thought to cause a milder illness in pregnancy with a greater proportion of asymptomatic carriers. This has important implications for the risk of patient-to-staff, staff-to-staff and staff-to-patient transmission among health professionals in maternity units. The aim of this study was to investigate the prevalence of previously undiagnosed SARS-CoV-2 infection in health professionals from two tertiary-level maternity units in London, UK, and to determine associations between healthcare workers' characteristics, reported symptoms and serological evidence of prior SARS-CoV-2 infection. In total, 200 anaesthetists, midwives and obstetricians, with no previously confirmed diagnosis of COVID-19, were tested for immune seroconversion using laboratory IgG assays. Comprehensive symptom and medical histories were also collected. Five out of 40 (12.5%; 95%CI 4.2-26.8%) anaesthetists, 7/52 (13.5%; 95%CI 5.6-25.8%) obstetricians and 17/108 (15.7%; 95%CI 9.5-24.0%) midwives were seropositive, with an overall total of 29/200 (14.5%; 95%CI 9.9-20.1%) of maternity healthcare workers testing positive for IgG antibodies against SARS-CoV-2. Of those who had seroconverted, 10/29 (35.5%) were completely asymptomatic. Fever or cough were only present in 6/29 (21%) and 10/29 (35%) respectively. Anosmia was the most common symptom occurring in 15/29 (52%) seropositive participants and was the only symptom that was predictive of positive seroconversion (OR 18; 95%CI 6-55). Of those who were seropositive, 59% had not self-isolated at any point and continued to provide patient care in the hospital setting. This is the largest study of baseline immune seroconversion in maternity healthcare workers conducted to date and reveals that one out of six were seropositive, of whom one out of three were asymptomatic. This has significant implications for the risk of occupational transmission of SARS-CoV-2 for both staff and patients in maternity units. Regular testing of staff, including asymptomatic staff should be considered to reduce transmission risk. (Author)

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**20200902-26\***

**Third of midwives who had Covid-19 'were asymptomatic'.** Ford S (2020), Nursing Times 12 August 2020

A third of maternity care workers who contracted coronavirus may have experienced no discernible symptoms, a study by UK researchers suggests (1).1. Bampoe S et al. A cross-sectional study of immune seroconversion to SARS-CoV-2 in frontline maternity health professionals, Anaesthesia, 10 August 2020, online. (Author, edited)

**20200902-23\***

**Warning of Covid-19 burnout risk among female health staff.** Mitchell G (2020), Nursing Times 25 August 2020

The coronavirus pandemic is taking a 'significant toll' on women working in health and social care in the UK, a new survey has revealed. (Author)

**20200902-22\***

**'The NMC is making plans to prepare for the months ahead'.** Sutcliffe A (2020), Nursing Times 1 September 2020

I'd like to start my first column by thanking Nursing Times for the opportunity to bring regular updates from the NMC on everything we're doing to support you, our amazing nursing and midwifery professionals, to provide safe, effective and kind care for people. (Author)

**20200901-34\***

**What Obstetricians should know about Obstetric Anesthesia during the COVID-19 pandemic.** Ring LE, Martinez R, Bernstein K, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151277

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151277>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151277>

The COVID-19 pandemic has prompted obstetric anesthesiologists to reconsider the ways in which basic anesthesia care is provided on the Labor and Delivery Unit. Suggested modifications include an added emphasis on avoiding general anesthesia, a strong encouragement to infected individuals to opt for early neuraxial analgesia, and the prevention of emergent cesarean delivery, whenever possible. Through team efforts, adopting these measures can have real effects on reducing the transmission of the viral illness and maintaining patient and caregiver safety in the labor room. 'There are no emergencies in a pandemic.' -Colloquialism 'There were only emergencies in a pandemic, it turned out.' -Lili Loofbourow. (Author)

**20200901-33\***

**Obstetric protocols in the setting of a pandemic.** Boelig RC, Lambert C, Pena JA, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151295

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151295>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151295>

The purpose of this article is to review key areas that should be considered and modified in our obstetric protocols, specifically: 1) Patient triage, 2) Labor and delivery unit policies, 3) Special considerations for personal protective equipment (PPE) needs in obstetrics, 4) Intrapartum management, and 5) Postpartum care. (Author)

**20200901-32\***

**Building an obstetric intensive care unit during the COVID-19 pandemic at a tertiary hospital and selected maternal-fetal and delivery considerations.** Aziz A, Ona S, Martinez RH, et al (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151298

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151298>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151298>

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During the novel Coronavirus Disease 2019 pandemic, New York City became an international epicenter for this highly infectious respiratory virus. In anticipation of the unfortunate reality of community spread and high disease burden, the Anesthesia and Obstetrics and Gynecology departments at NewYork-Presbyterian / Columbia University Irving Medical Center, an academic hospital system in Manhattan, created an Obstetric Intensive Care Unit on Labor and Delivery to defray volume from the hospital's preexisting intensive care units. Its purpose was threefold: (1) to accommodate the anticipated influx of critically ill pregnant and postpartum patients due to novel coronavirus, (2) to care for critically ill obstetric patients who would previously have been transferred to a non-obstetric intensive care unit, and (3) to continue caring for our usual census of pregnant and postpartum patients, who are novel Coronavirus negative and require a higher level of care. In this chapter, we share key operational details for the conversion of a non-intensive care space into an obstetric intensive care unit, with an emphasis on the infrastructure, personnel and workflow, as well as the goals for maternal and fetal monitoring. (Author)

#### 20200901-31\*

**Conversion and Optimization of Telehealth in Obstetric Care During the COVID-19 Pandemic.** Zork NM, Aubey J, Yates H (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151300

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151300>

When New York City became the international epicenter of the COVID-19 pandemic, telehealth at Columbia University Irving Medical Center was expanded in the inpatient and outpatient settings. The goals of telehealth during the pandemic were to maintain patient access to care while reducing the risk for COVID-19 exposure for patients and staff. Recommendations are made on how telehealth can be implemented and utilized to accomplish these goals. In the outpatient setting, virtual prenatal care visits and consultations can replace most in-person visits. When visitor restrictions are in effect telehealth can be used to engage support persons in the delivery room. Telehealth innovations can be leveraged to greatly improve care for COVID-19 mothers and their infants during the COVID-19 pandemic and beyond. (Author)

#### 20200901-30\*

**The response to a pandemic at Columbia university Irving medical center's department of obstetrics and gynecology.** Yates HS, Goffman D, D'Alton ME (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151291

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151291>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151291>

The rapid evolution of the COVID-19 pandemic in New York City during the spring of 2020 challenged the Department of Obstetrics and Gynecology at Columbia University Irving Medical Center to rely on its core values to respond effectively. In particular, five core values, '5 C's,' were engaged: Communication; Collaboration; Continuity; Community; and Culture. Beginning on March 11, 2020, the Department of Ob/Gyn used these values to navigate an unprecedented public health crisis, continuing to deliver care to the women and families of New York City, to protecting and supporting its team, and to sharing its lessons learned with the national and international women's health community. (Author)

#### 20200901-28\*

**PPE during a pandemic: The experience of obtaining PPE and lessons learned from a department of obstetrics and gynecology in New York city.** Lauer JK, Acker KP, Saiman L, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151293

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The COVID-19 Pandemic is an ongoing crisis that has strained hospitals and health systems around the globe. The provision of personal protective equipment (PPE) for frontline healthcare workers is of utmost importance in sustaining an effective response to this crisis. New York City has experienced one of the most devastating outbreaks of the SARS-CoV-2 virus. In this article we report the experience of the Department of Obstetrics and Gynecology at Columbia University in New York City in managing the supply of PPE for providers and staff during the height of the outbreak. We describe the types of equipment used and aspects of PPE regulation and certification. We also describe our practices in extended use and reuse of PPE in light of the current understanding of the virus characteristics and modes of transmission. (Author)

#### 20200901-26\*

**Obstetric simulation for a pandemic.** Eubanks A, Thomson B, Marko E, et al (2020), Seminars in Perinatology vol 44, no 6, October 2020, 151294

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151294>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151294>

##### Objective

In the middle of the COVID-19 pandemic, guidelines and recommendations are rapidly evolving. Providers strive to provide safe high-quality care for their patients in the already high-risk specialty of Obstetrics while also considering the risk that this virus adds to their patients and themselves. From other pandemics, evidence exists that simulation is the most effective way to prepare teams, build understanding and confidence, and increase patient and provider safety.

##### Finding

Practicing in-situ multidisciplinary simulations in the hospital setting has illustrated key opportunities for improvement that should be considered when caring for a patient with possible COVID-19.

##### Conclusion

In the current COVID-19 pandemic, simulating obstetrical patient care from presentation to the hospital triage through postpartum care can prepare teams for even the most complicated patients while increasing their ability to protect themselves and their patients. (Author)

#### 20200901-25\*

**Consolidation of obstetric services in a public health emergency.** Campbell KH, Pettker CM, Goffman D (2020), Seminars in Perinatology vol 44, no 7, November 2020, 151281

**Available from:** <https://doi.org/10.1016/j.semperi.2020.151281>

**Full URL:** <https://doi.org/10.1016/j.semperi.2020.151281>

Though much of routine healthcare pauses in a public health emergency, childbirth continues uninterrupted. Crises like COVID-19 put incredible strains on healthcare systems and require strategic planning, flexible adaptability, clear communication, and judicious resource allocation. Experiences from obstetric units affected by COVID-19 highlight the importance of developing new teams and workflows to ensure patient and healthcare worker safety. Additionally, adapting a strategy that combines units and staff from different areas and hospitals can allow for synergistic opportunities to provision care appropriately to manage a structure and workforce at maximum capacity. (Author)

#### 20200901-19\*

**Midwives, paramedics, and physiotherapists could deliver covid and flu vaccines under government plan.** Mahase E (2020), BMJ 28 August 2020

**Available from:** <https://doi.org/10.1136/bmj.m3375>

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**Full URL:** <https://doi.org/10.1136/bmj.m3375>

A wider range of healthcare professionals, including midwives, paramedics, physiotherapists, and pharmacists, will be asked to administer covid-19 and flu vaccines under changes proposed by the government. (Author)

**20200826-3\***

**Lessons from past epidemics and pandemics and a way forward for pregnant women, midwives and nurses during COVID-19 and beyond: A meta-synthesis.** Shorey S, Chan V (2020), Midwifery vol 90, November 2020, 102821

**Available from:** <https://doi.org/10.1016/j.midw.2020.102821>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102821>

#### 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. (Author)

**20200824-7\***

**'Shining a light on the gaps for learning'.** Banerjee A, Mansfield A (2020), Midwifery vol 89, October 2020, 102790

**Available from:** <https://doi.org/10.1016/j.midw.2020.102790>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102790>

Commentary from a consultant midwife and obstetric physician on maternity services during the COVID-19 pandemic. Discusses the 'GoodSam' mobile application to assess early pregnancy bleeding and labour, escalation pathways using a traffic light system, ambulance services responding to maternal emergencies, and ethnic inequalities in maternal mortality. The authors conclude that there are still many unanswered questions around risks to ethnic groups and the availability of the SARS-CoV-2 vaccine for pregnant women. (LDO)

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#### 20200824-22\*

**Navigating maternity service redesign in a global pandemic: A report from the field.** Bailey E, Nightingale S (2020), Midwifery vol 89, October 2020, 102780

**Available from:** <https://doi.org/10.1016/j.midw.2020.102780>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102780>

Provides an overview of maternity service redesign within the National Health Service (NHS) during the COVID-19 pandemic. Discusses staff shortages due to self-isolation, unfamiliar environments due to relocation, availability of personal protective equipment (PPE), and changes in care delivery and the use of telephone appointments. (LDO)

#### 20200824-21\*

**Neonatal nursing in the COVID-19 pandemic: can we improve the future?.** Montes MT, Herranz-Rubia N (2020), Journal of Neonatal Nursing vol 26, no 5, October 2020, pp 247-251

**Available from:** <https://doi.org/10.1016/j.jnn.2020.07.005>

**Full URL:** <https://doi.org/10.1016/j.jnn.2020.07.005>

The current 2019 coronavirus disease (COVID-19) is the world's largest and most pervasive public health emergency in more than one hundred years. Although neonatal units have not been at the epicentre of the current health crisis, they have also been forced to adopt contingency plans with the aim of protecting hospitalised neonates, their families, and professionals. Neonatal units have been forced to alter the neonatal care framework based on promoting neurodevelopment and family-centred care.

The peak of the pandemic is falling in most countries, but COVID-19 infection is not eradicated and there is uncertainty about new outbreaks. It is time to reflect about better strategies to preserve the rights and excellence of care for newborns and their families. This column will highlight the changes that have occurred in neonatal units, and their impact on neonatal care and families. It is a time for critical reflection on nursing practice. (Author)

#### 20200821-50\*

**Sustaining quality midwifery care in a pandemic and beyond.** Renfrew MJ, Cheyne H, Craig J, et al (2020), Midwifery vol 88, September 2020,

**Available from:** <https://doi.org/10.1016/j.midw.2020.102759>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102759>

Discusses the immediate response of the maternity services in the UK to the COVID-19 pandemic. Presents a set of 11 core principles for the development of safe and sustainable maternity and neonatal services. (LDO)

#### 20200821-25\*

**COVID-19 and obstetric practice: A critical review of the Nigerian situation.** Ijarotimi OA, Ubom AE, Olofinbiyi BA, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 17-22

**Available from:** <https://doi.org/10.1002/ijgo.13325>

**Full URL:** <https://doi.org/10.1002/ijgo.13325>

Objective

To review what is known about COVID-19 and highlight gaps in the context of Nigerian obstetric practice. Research data on COVID-19 are understandably sparse in Africa. Nigeria, like most African countries, is battling a disease she is poorly equipped to fight.

Methods

The current available literature on COVID-19 was reviewed in relation to obstetric practice in the Nigerian context, gaps were identified, and recommendations were made to improve the handling of the COVID-19 pandemic in Nigerian obstetric practice.

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## Results

In and out of hospital, both the obstetrician and the obstetric patient are constantly being put at risk of exposure to the coronavirus because testing and preventive measures are either ineffective or non-existent.

## Conclusion

The pandemic has exposed the gross inadequacies in Nigeria's healthcare system and is therefore a wake-up call to the need for a complete overhaul of infrastructure and services. The government will do well to increase the budget allocation for health from the current paltry 4.14% to the recommended 15% of the total budget.

The Nigerian obstetrician stands a high risk of exposure due to inadequate preventive measures, and testing and diagnostic challenges. (Author)

## 20200821-20\*

**Evaluating the effects of the COVID-19 pandemic on the physical and mental well-being of obstetricians and gynecologists in Turkey.** Bahat PY, Talmaç MA, Bestel A, et al (2020), International Journal of Gynecology & Obstetrics vol 151, no 1, October 2020, pp 67-73

Available from: <https://doi.org/10.1002/ijgo.13287>

Full URL: <https://doi.org/10.1002/ijgo.13287>

## Objective

To apply online surveying to assess the general physical and mental well-being of obstetricians/gynecologists (OB/GYNs) working in COVID-19 designated hospitals in Turkey.

## Methods

A prospective survey-based study using an online survey platform. Three hundred participants working at COVID-19 designated hospitals in Turkey identified from a hospital database were sent a link to the survey by email between April 29 and May 20, 2020.

## Results

A total of 253 OB/GYNs (31 consultants and 222 residents) completed the survey, for a response rate of 84.3%. Of respondents, 191 (76.4%) were anxious about coming into contact with pregnant women infected with COVID-19. 74.4% stated that they were afraid of getting sick. 64.8% reported that they had fallen into despair at times because of the pandemic. 66.5% stated that their family lives were affected. 72.4% started living separately from their families because of the pandemic.

## Conclusion

Despite the difficulties in patient care during the pandemic, OB/GYNs continued providing for their patients, which reflected positively on their perceptions of the profession. The importance of trust in the national healthcare system, presence of adequate PPE, finding a suitable coping mechanism, and family support were essential for Turkish OB/GYNs during the COVID-19 pandemic.

ClinicalTrials.gov identifier: NCT04327531.

Turkish obstetricians/gynecologists reported anxiety and stress caused by the current situation and future implications of the COVID-19 pandemic. (Author)

## 20200821-11\*

**Mental health amongst obstetrics and gynaecology doctors during the COVID-19 pandemic: Results of a UK-wide study.** Shah N, Raheem A, Sideris M, et al (2020), European Journal of Obstetrics & Gynecology and Reproductive Biology vol 253, October 2020, pp 90-94

Available from: <https://doi.org/10.1016/j.ejogrb.2020.07.060>

Full URL: <https://doi.org/10.1016/j.ejogrb.2020.07.060>

## Objective

To explore the impact of the COVID-19 pandemic on the mental health of Obstetricians and Gynaecologists.

## Study design

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A cross-section survey-based study amongst doctors working within Obstetrics and Gynaecology in the United Kingdom.

#### Results

A total of 207 doctors completed the survey. Obstetricians and Gynaecologists reported significantly higher rates of both Major Depressive Disorder (versus,  $p = 0.023$ ) and Generalised Anxiety Disorder (versus,  $p = 0.044$ ) as compared to the UK-wide estimates. Sub-group analysis showed that anxiety was more common amongst female doctors as compared to males (versus,  $p = 0.047$ ). Although the prevalence of GAD was higher amongst registrars compared to their Consultant and/or Senior House Officer counterparts, this was not statistically significant.

Respondents felt that the most significant factor for work-related changes to mental health was keeping up to date with frequently changing guidelines and protocols related to COVID-19. Only of respondents felt able to talk to colleagues about their mental health.

#### Conclusions

Key findings include the high prevalence of mental health conditions amongst doctors, demonstration of the persistent taboo that mental health carries within the speciality and the key contributory factors to poor mental health.

Further work should be done to assess if changes to the way new and updating guidelines, protocols and pathways are disseminated reduces the impact on the mental health of doctors. With the threat of a second COVID-19 peak looming, now more than ever, it is vital that steps are taken to break the stigmatisation of mental health amongst doctors, encouraging doctors to seek help when required. (Author)

#### 20200819-45\*

**The Psychological Experience of Obstetric Patients and Health Care Workers after Implementation of Universal SARS-CoV-2 Testing.** Bender WR, Srinivas S, Coutifaris P, et al (2020), American Journal of Perinatology vol 37, no 12, October 2020, pp 1271-1279

Available from: <https://doi.org/10.1055/s-0040-1715505>

Full URL: <https://doi.org/10.1055/s-0040-1715505>

**Objective** This study was aimed to describe the hospitalization and early postpartum psychological experience for asymptomatic obstetric patients tested for severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) as part of a universal testing program and report the impact of this program on labor and delivery health care workers' job satisfaction and workplace anxiety.

**Study Design** This is a cohort study of asymptomatic pregnant women who underwent SARS-CoV-2 testing between April 13, 2020 and April 26, 2020. Semistructured interviews were conducted via telephone at 1 and 2 weeks posthospitalization to assess maternal mental health. Depression screening was conducted using the patient health questionnaire-2 (PHQ-2). An online survey of labor and delivery health care workers assessed job satisfaction and job-related anxiety before and during the novel coronavirus disease 2019 (COVID-19) pandemic, as well as employees' subjective experience with universal testing. Patient and employee responses were analyzed for recurring themes.

**Results** A total of 318 asymptomatic women underwent SARS-CoV-2 testing during this 2-week period. Six of the eight women (75%) who tested positive reported negative in-hospital experiences secondary to perceived lack of provider and partner support and neonatal separation after birth. Among the 310 women who tested negative, 34.4% of multiparous women reported increased postpartum anxiety compared with their prior deliveries due to concerns about infectious exposure in the hospital and lack of social support. Only 27.6% of women, tested negative, found their test result to be reassuring. Job satisfaction and job-related anxiety among health care workers were negatively affected. Universal testing was viewed favorably by the majority of health care workers despite concerns about delays or alterations in patient care and maternal and neonatal separation.

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**Conclusion** Universal testing for SARS-CoV-2 in obstetric units has mixed effects on maternal mental health but is viewed favorably by labor and delivery employees. Ongoing evaluation of new testing protocols is paramount to balance staff and patient safety with quality and equality of care. (Author)

#### 20200819-137\*

**Personal Protective Equipment during the COVID-19 pandemic and operative time in cesarean section: retrospective cohort study.** Cuerva MJ, Carbonell M, Palumbo GM, et al (2020), The Journal of Maternal-Fetal and Neonatal Medicine 14 July 2020, online

##### Introduction

The covid-19 pandemic has meant a change in working protocols, as well as in Personal Protective Equipment (PPE). Obstetricians have had to adapt quickly to these changes without knowing how they affected their clinical practice. The aim of the present study was to evaluate how COVID-19 pandemic and PPE can affect operative time, operating room time, transfer into the operating room to delivery time and skin incision to delivery time in cesarean section.

##### Methods

This is a single-center retrospective cohort study. Women with confirmed or suspected SARS-CoV-2 infection having a cesarean section after March 7th, 2020 during the COVID-19 pandemic were included in the study. For each woman with confirmed or suspected SARS-CoV-2 infection, a woman who had a cesarean section for the same indication during the COVID-19 pandemic and with similar clinical history but not affected by SARS-CoV-2 was included.

##### Results

42 cesarean sections were studied. The operating room time was longer in the COVID-19 confirmed or suspected women: 90 (73.0 to 110.0) versus 61 (48.0 to 70.5) minutes;  $p < .001$ . The transfer into the operating room to delivery time was longer, but not statistically significant, in urgent cesarean sections in COVID-19 confirmed or suspected women: 25.5 (17.5 to 31.75) versus 18.0 (10.0 to 26.25) minutes;  $p = .113$ .

##### Conclusions

There were no significant differences in the operative time, transfer into the operating room to delivery time and skin incision to delivery time when wearing PPE in cesarean section. The COVID-19 pandemic and the use of PPE resulted in a significant increase in operating room time. (Author)

#### 20200819-11\*

**Delivering next generations.** de Frutos MG (2020), British Journal of Midwifery vol 28, no 8, August 2020, pp 504-508  
The psycho-social, economic and political impact of COVID-19 on women and the future midwifery workforce. (Author)

#### 20200819-10\*

**Virtual training for midwives during a pandemic.** Abramson P (2020), British Journal of Midwifery vol 28, no 8, August 2020, pp 502-503

More midwives need access to online specialist bereavement training, says Paula Abramson. (Author)

#### 20200819-1\*

**Implications for the future of Obstetrics and Gynaecology following the COVID-19 pandemic: a commentary.** Kasaven LS, Saso S, Barcroft J, et al (2020), BJOG: An International Journal of Obstetrics and Gynaecology vol 127, no 11, October 2020, pp 1318-1323

**Available from:** <https://doi.org/10.1111/1471-0528.16431>

**Full URL:** <https://doi.org/10.1111/1471-0528.16431>

Commentary on the restructuring of services and clinical practice in obstetrics and gynaecology during the COVID-19 pandemic. Discusses the implementation of telemedicine and virtual consultations to reduce the risk of viral transmission. The authors suggest that these new methods can be built upon to enhance patient care and improve quality of life for health professionals. (LDO)

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## 20200818-18

**COVID-19 birth memories: 'It was like going into a war zone where there was an unknown, invisible and deadly enemy waiting for you'.** Sinclair M (2020), MIDIRS Midwifery Digest vol 30, no 3, September 2020, pp 283-284

As a midwife, I have been greatly privileged to be with many women who have given birth in many different circumstances, the majority of which were beautifully normal with healthy babies, happy parents and fulfilled midwives. However, some were very complex and even tragic. Reflecting on these birth memories can bring a mixture of joy, sadness and, in some situations, pain. (Author) [This article is also published in Evidence Based Midwifery, vol 18, no 3, September 2020]

## 20200814-4\*

**Community Obstetrical Units Less Likely than Academic Units to Have Universal COVID-19 Testing.** Werner EF, Louis JM, Hughes B, et al (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 1074-1076

**Available from:** <https://doi.org/10.1055/s-0040-1712454>

**Full URL:** <https://doi.org/10.1055/s-0040-1712454>

Discusses COVID-19 testing strategies at community obstetrical units and academic units across the United States. Findings show that 29% of academic unit respondents reported universal testing compared with 5% of community hospital respondents. However, universal use of N95 masks at delivery did not differ significantly between academic and community hospitals. (LDO)

## 20200812-1\*

**COVID-19: review of disparities in risks and outcomes [Last updated 11 August 2020].** Public Health England (2020), London: PHE June 2020, 89 pages

**Available from:**

<https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

**Full URL:** <https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes>

Reviews population disparities in the risks and outcomes of COVID-19. Includes data on the occupational risks for midwives, nurses and nursing associates. (LDO)

## 20200807-9

**Newly qualified health visitor: Adapting practice in difficult times.** Bodd B (2020), Journal of Health Visiting vol 8, no 7, July 2020, pp 282-283

Bethany Boddy reflects on the changes and challenges faced by health visitors during the coronavirus pandemic. (Author)

## 20200807-25

**The impact of the SARS-CoV-2 pandemic on neonatal care.** McKechnie L, MacSween K, Fraser C, et al (2020), Infant vol 16, no 4, July 2020, pp 134-136

Editorial on the impact of COVID-19 on neonatal staff members and parents. Discusses challenges related to personal protective equipment (PPE), staff absence and redeployment, restricted access for parents and the suspension of rooming in. The authors also touch upon the positive aspects of the pandemic including the use of videoconferencing technology and quieter and calmer neonatal wards. (LDO)

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**20200806-19\***

**Clinical nursing and midwifery education in the pandemic age.** Lazenby M, Chambers S, Chyun D, et al (2020), International Nursing Review 23 June 2020, online

**Available from:** <https://onlinelibrary.wiley.com/doi/full/10.1111/inr.12601>

**Full URL:** <https://onlinelibrary.wiley.com/doi/full/10.1111/inr.12601>

The COVID-19 pandemic has disrupted clinical nursing and midwifery education. This disruption has long-term implications for the nursing and midwifery workforce and for future healthcare responses to pandemics. Solutions may include enhanced partnerships between schools of nursing and midwifery and health service providers and including schools of nursing and midwifery in preparedness planning. These suggestions notwithstanding, we call upon national and international nursing and midwifery bodies to study how to further the clinical education of nurses and midwives during pandemics and other times of crisis. (Author)

**20200805-61\***

**Babies in Lockdown: listening to parents to build back better. Executive summary.** Best Beginnings, Home-Start UK, Parent-Infant Foundation (2020), London: Best Beginnings, Home-Start UK, Parent-Infant Foundation August 2020. 20 pages

**Available from:**

[https://babiesinlockdown.files.wordpress.com/2020/08/babies\\_in\\_lockdown\\_executive\\_summary.pdf](https://babiesinlockdown.files.wordpress.com/2020/08/babies_in_lockdown_executive_summary.pdf)

**Full URL:** [https://babiesinlockdown.files.wordpress.com/2020/08/babies\\_in\\_lockdown\\_executive\\_summary.pdf](https://babiesinlockdown.files.wordpress.com/2020/08/babies_in_lockdown_executive_summary.pdf)

Summarises the findings of a joint research report from charities Best Beginnings, Home Start UK and the Parent-Infant Foundation, drawing on the experiences of expectant and new parents, looking at the effect lockdown during the COVID-19 pandemic has had on the first months and years of their babies' development. (JSM)

**20200805-46\***

**Babies in Lockdown: listening to parents to build back better.** Best Beginnings, Home-Start UK, Parent-Infant Foundation (2020), London: Best Beginnings, Home-Start UK, and the Parent-Infant Foundation August 2020. 92 pages

**Available from:**

<https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf>

**Full URL:**

<https://babiesinlockdown.files.wordpress.com/2020/08/babies-in-lockdown-main-report-final-version.pdf>

Joint research report from charities Best Beginnings, Home Start UK and the Parent-Infant Foundation, drawing on the experiences of expectant and new parents, looking at the effect lockdown during the COVID-19 pandemic has had on the first months and years of their babies' development. Reveals a great deal of variation in parents experiences, with some welcoming the extra time to spend with their families, while others, already at greater risk of poorer outcomes, such as those on lower incomes or from Black, Asian and Minority Ethnic backgrounds (BAME) have been hardest hit during the crisis. Includes the experiences of those working on the frontline while pregnant. (JSM)

**20200804-48\***

**'We have stood up in a global health crisis and put women and children first'.** Buddingwood L (2020), Nursing Times 9 June 2020

When I last wrote a blog, I mentioned how uncertain it was to be a third year in the final six months of a midwifery programme (or indeed; anyone, anywhere on a midwifery programme). (Author)

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.

#### 20200804-42\*

**'Maternity services like all areas of the NHS have adapted to the crisis'.** Walton G (2020), Nursing Times 29 April 2020  
I am asking myself many questions as we live and work through this pandemic. Not least of these is what have we learned about ourselves, and what can we learn for the future? (Author)

#### 20200804-40\*

**Midwives praised on International Midwife Day for 'rising to Covid-19 challenge'.** Stephenson J (2020), Nursing Times 5 May 2020

England's top midwife has praised the resourcefulness and adaptability of midwives in the face of the coronavirus pandemic as the profession marks the International Day of the Midwife. (Author)

#### 20200804-37\*

**Assessment of the preparedness of obstetrics and gynecology healthcare systems during the COVID-19 pandemic in Libya.** Elhadi M, Msherghi A, Elgzairi M, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 3, September 2020, pp 406-408

**Available from:** <https://doi.org/10.1002/ijgo.13273>

**Full URL:** <https://doi.org/10.1002/ijgo.13273>

An adequate strategy is urgently required during the COVID-19 pandemic for screening pregnant women and newborns, increasing infection control measures, and supplying personal protective equipment and hospital equipment. (Author)

#### 20200804-36\*

**Surgical prioritization of obstetrics and gynecology procedures in the UK during the COVID-19 pandemic.** Memon SF, Khattab N, Abbas A, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 3, September 2020, pp 409-410

**Available from:** <https://doi.org/10.1002/ijgo.13280>

**Full URL:** <https://doi.org/10.1002/ijgo.13280>

Guidelines to aid restoration of surgical procedures whilst balancing COVID-19 risk must be accompanied by medico-legal guidance for doctors and individual holistic assessment for patients. (Author)

#### 20200804-32\*

**Impact of COVID-19 on Brazilian medical residencies in obstetrics and gynecology.** Brito LGO, Romão GS, Fernandes CE, et al (2020), International Journal of Gynecology & Obstetrics vol 150, no 3, September 2020, pp 411-412

**Available from:** <https://doi.org/10.1002/ijgo.13283>

**Full URL:** <https://doi.org/10.1002/ijgo.13283>

According to program directors, the COVID-19 pandemic in Brazil has resulted in a lack of protection and salary payment for one third of OBGYN postgraduate residents, as well as a lack of adequate training. (Author)

#### 20200804-31\*

**UK study to investigate impact of Covid-19 on BAME nurses.** Ford M (2020), Nursing Times 29 July 2020

A major £2.1m research study has been launched to investigate why UK health workers from black, Asian and minority ethnic (BAME) groups have been disproportionately affected by Covid-19. (Author)

#### 20200804-25\*

**Pregnancy, Birth and the COVID-19 Pandemic in the United States.** Davis-Floyd R, Gutschow K, Schwartz DA (2020), Medical Anthropology vol 39, no 5, July 2020, pp 413-427

**Available from:** <https://doi.org/10.1080/01459740.2020.1761804>

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**Full URL:** <https://doi.org/10.1080/01459740.2020.1761804>

How quickly and in what ways are US maternity care practices changing due to the COVID-19 pandemic? Our data indicate that partners and doulas are being excluded from birthing rooms leaving mothers unsupported, while providers face lack of protective equipment and unclear guidelines. We investigate rapidly shifting protocols for in- and out-of-hospital births and the decision making behind them. We ask, will COVID-19 cause women, families, and providers to look at birthing in a different light? And will this pandemic offer a testing ground for future policy changes to generate effective maternity care amidst pandemics and other types of disasters? (Author)

**20200803-7\***

**Communication while wearing PPE.** Sands (2020), London: Sands July 2020. 1 page

**Available from:** <https://sands.org.uk>

Clear, concise guidance from Sands (Stillbirth and Neonatal Death Charity) to help promote compassionate communication with parents and other family members, when the health care professional is wearing PPE. (JSM)

**20200803-17\***

**Student nurses and midwives commended for contribution during pandemic.** Northern Ireland Assembly (2020), Belfast: Department of Health, NI 3 August 2020

**Available from:**

<https://www.health-ni.gov.uk/news/student-nurses-and-midwives-commended-contribution-during-pandemic>

**Full URL:**

<https://www.health-ni.gov.uk/news/student-nurses-and-midwives-commended-contribution-during-pandemic>

Reports that the Northern Ireland Health Minister, Robin Swann, has thanked nursing and midwifery students for their response to the COVID-19 pandemic. Almost 1400 second or final year nursing and midwifery students from universities across Northern Ireland have taken up a paid role since April, to support existing health services which were under pressure during the current pandemic. (JSM)

**20200731-9\***

**Supporting the emotional wellbeing of midwives in a pandemic. Guidance for RCM.** Hunter B, Renfrew MJ, Downe S (2020), London: RCM 19 May 2020. 13 pages

**Available from:**

[https://www.rcm.org.uk/media/4095/rcm-supporting-the-emotional-wellbeing-of-midwives-during-a-pandemic-v1-submitted-to-rcm\\_mrd.pdf](https://www.rcm.org.uk/media/4095/rcm-supporting-the-emotional-wellbeing-of-midwives-during-a-pandemic-v1-submitted-to-rcm_mrd.pdf)

Guidance on the importance of taking care of the mental health and wellbeing of midwives, not only during the current COVID-19 pandemic, but also in the future in non-crisis situations. This is vital for the health of the workforce and for the benefit of the women in their care. This document aims to summarise: 1. Midwives' views, experiences and feelings during the Covid-19 pandemic. 2. Immediate strategies to optimise wellbeing 3. How to ensure sustained wellbeing for midwives following a pandemic

The guidance is relevant to all midwives, but also highlights the particular issues which may be experienced by student midwives and midwives returning to practice. It includes positive as well as negative factors. (Author, edited)

**20200731-2\***

**RCM Clinical Briefing Sheet - Waterbirth during the COVID-19 Pandemic [Version 1].** Royal College of Midwives (2020), London: RCM 29 July 2020. 7 pages

**Available from:** <https://www.rcm.org.uk/media/4188/waterbirth-during-covid-19-july-20.pdf>

**Full URL:** <https://www.rcm.org.uk/media/4188/waterbirth-during-covid-19-july-20.pdf>

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This briefing explores the current evidence about the safety of waterbirth during the current COVID19 pandemic. New evidence continues to evolve and this briefing will continue to be revised in line with emerging evidence. (Author)

#### 20200730-21\*

**Supporting staff to return to the workplace.** NHS Employers (2020), London: NHS Employers 22 July 2020

**Available from:**

[https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-to-return-to-the-workplace?dm\\_i=4YCH,DFIY,3PNLW0,1J9NQ,1](https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/supporting-staff-to-return-to-the-workplace?dm_i=4YCH,DFIY,3PNLW0,1J9NQ,1)

This guidance outlines the organisational considerations when planning for staff to return to work after a period of sickness, self-isolation, working from home, or shielding during the current COVID-19 pandemic. Includes tips for managers, and signposts to useful resources. (JSM)

#### 20200730-20\*

**Annual leave guidance during the COVID-19 pandemic.** The NHS Staff Council (2020), London: NHS Staff Council Executive July 2020, 3 pages

**Available from:**

<https://www.nhsemployers.org/-/media/Employers/Documents/COVID19/NHS-Staff-Council-guidance-on-annual-leave-during-COVID-19.pdf?la=en&hash=CE43643A52A9BF0D7FE9C7C745458B660325833C>

The NHS Staff Council recognises the importance of taking annual leave and has published guidance to help health care workers review local policies with employers in response to COVID-19. (JSM)

#### 20200729-7\*

**Covid-19 in Iran.** Kootenaei NS (2020), Midwifery Today no 134, Summer 2020

Discusses the online support that midwives have provided to pregnant women in Iran via WhatsApp and Telegram during the COVID-19 pandemic. More than 1500 free online consultations have been held with patients so far. (LDO)

#### 20200729-3\*

**Letter to My Soon-to-be Parents-As We Negotiate These Unusual Times.** Wainer N (2020), Midwifery Today no 134, Summer 2020

Nancy Wainer writes a letter to expectant parents explaining how homebirth midwives are conducting care during the COVID-19 outbreak. Includes a list of questions around social distancing and hygiene that expectant parents may be asked when visited by midwives. (LDO)

#### 20200729-2\*

**Midwives and Covid-19.** Smith M (2020), Midwifery Today no 134, Summer 2020

Who would have thought that a pandemic from a new virus would boldly arrive while we were going about our everyday service as midwives? For many of us, it raises questions about how to maintain our own health while protecting the health of our clients and their newborns. Fortunately, the little that we know about the virus and pregnancy is mostly reassuring.

This information will help you to better understand Covid-19 and give you some ideas about changes in your routine that may help minimize your exposure to the virus. These changes may include some adaptations in how your ongoing midwifery care is conducted, to help you stay safe and also protect the families in your care. (Author)

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**20200728-22\***

**RCM Professional Briefing on waterbirths for women without symptoms during the COVID-19 pandemic [Version 3].** Royal College of Midwives (2020), London: RCM 7 May 2020. 5 pages

**Available from:**

<https://www.rcm.org.uk/media/4034/rcm-professional-briefing-on-waterbirth-in-the-time-of-covid-v-3-7-may-2020.pdf>

This briefing explores the current evidence about the safety of waterbirth for women without symptoms of COVID-19 during the current pandemic. (Author)

**20200728-21\***

**Optimising maternity services and maternal and newborn outcomes in a pandemic. A rapid analytic scoping review. Conducted for the Royal College of Midwives by the RCM Professional Advisory Group [Version 4].** Renfrew MJ, Cheyne H, Hunter B, et al (2020), London: RCM 8 April 2020. 21 pages

**Available from:**

<https://www.rcm.org.uk/media/3869/rapid-review-optimising-maternity-services-for-rcm-v4-8-april.pdf>

**Full URL:** <https://www.rcm.org.uk/media/3869/rapid-review-optimising-maternity-services-for-rcm-v4-8-april.pdf>

Childbearing women and newborn infants continue to require care during the current COVID-19 pandemic. When staff and services are under extreme stress there is a real risk of increasing avoidable harm, including an increased risk of infection and reductions in the overall quality of care. Safety, quality, and avoiding harm must be key priorities in decision-making.

**Review questions**

Three related review questions were addressed. All considered safety, quality and minimising avoidable harm in the provision of midwifery services:

1. What is the evidence on the impact of community care vs centralisation of care during pandemics, for childbearing women, newborn infants, families, staff, and resources?
2. How to optimise availability of midwifery expertise when staffing becomes heavily affected by the midwifery workforce being off sick, self-isolating, fear of pandemic or other major unavoidable events?
3. What is the evidence on viral load of SARS-COV-2 in domestic settings and hospitals, relevant to informing the safety of community and hospital settings for health professionals? (Author)

**20200728-16\***

**Country Contacts.** Various (2020), Midwifery Today no 134, Summer 2020

Midwives from 12 countries share the practical changes they have made when providing maternity care during the COVID-19 pandemic. Changes include online antenatal consultations, the refusal of partners or doulas in the delivery room, delayed cord clamping, frequent hand washing and the use of personal protective equipment. Midwives also discuss the increase in rates of home birth and unattended birth. (LDO)

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#### 20200728-14\*

**Maternity Care Amid Covid-19 Outbreak Story of midwives from a remote rural area in Bangladesh.** Chowdhury M, Amin S, Ara B, et al (2020), Midwifery Today no 134, Summer 2020

Discusses changes to maternity care in the Midwife Led Care Centre at the Charikata Union Health and Family Welfare Center in Sylhet, Bangladesh during the COVID-19 outbreak. Includes the experiences of midwives Lakshmi Rani and Sabia Akter Ria who managed cases of postpartum haemorrhage and birth asphyxia during the pandemic. (LDO)

#### 20200728-11\*

**Tricks of the Trade.** Various (2020), Midwifery Today no 134, Summer 2020

**Available from:** <https://midwiferytoday.com/mt-articles/tricks-of-the-trade-issue-134/>

**Full URL:** <https://midwiferytoday.com/mt-articles/tricks-of-the-trade-issue-134/>

Midwives share their advice on monitoring the third stage of labour, noise levels before the baby is born and the use of towels, face masks and photos for births during the COVID-19 pandemic. (LDO)

#### 20200727-32

**The mother of invention.** Anon (2020), Midwives vol 23, July 2020, pp 24-28

Use of virtual appointments has been pioneered by those in remote and rural locations, little did anyone know how useful it would prove during COVID-19. (Author)

#### 20200727-29

**The digital revolution.** Anon (2020), Midwives vol 23, July 2020, pp 14-18

Digital technology touches every aspect of our lives, but healthcare has been slow to embrace its potential. Until COVID-19 that is... (Author)

#### 20200727-28

**Adapting to change.** Various (2020), Midwives vol 23, July 2020, pp 12-13

International Day of the Midwife didn't happen quite as expected this year, but members took it in their stride. So what else has changed during COVID-19? (Author)

#### 20200724-4\*

**COVID-19: minimising contaminated aerosol spreading during CPAP treatment.** Donaldsson S, Naver L, Jonsson B, et al (2020), Archives of Disease in Childhood: Fetal and Neonatal Edition vol 105, no 6, November 2020, pp 669-671

**Available from:** <http://dx.doi.org/10.1136/archdischild-2020-319431>

**Full URL:** <http://dx.doi.org/10.1136/archdischild-2020-319431>

**Background** The COVID-19 pandemic has raised concern for healthcare workers getting infected via aerosol from non-invasive respiratory support of infants. Attaching filters that remove viral particles in air from the expiratory limb of continuous positive airway pressure (CPAP) devices should theoretically decrease the risk. However, adding filters to the expiratory limb could add to expiratory resistance and thereby increase the imposed work of breathing (WOB). **Objective** To evaluate the effects on imposed WOB when attaching filters to the expiratory limb of CPAP devices. **Methods** Two filters were tested on three CPAP systems at two levels of CPAP in a mechanical lung model. **Main outcome** was imposed WOB.

**Results** There was a minor increase in imposed WOB when attaching the filters. The differences between the two filters were small.

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**Conclusion** To minimise contaminated aerosol generation during CPAP treatment, filters can be attached to expiratory tubing with only a minimal increase in imposed WOB in a non-humidified environment. Care has to be taken to avoid filter obstruction and replace filters as recommended.

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#### 20200723-63\*

**Supporting midwives on the frontline.** Uytenbogaardt A (2020), British Journal of Midwifery vol 28, no 7, July 2020, p 402

Advocating for midwives in the UK has been number one on the Royal College of Midwives' agenda. During COVID-19, this has been no different. (Author)

#### 20200723-59\*

**EQIA for the NMC response to Covid-19.** Nursing and Midwifery Council (2020), London: NMC June 2020. 6 pages  
Available from: <https://www.nmc.org.uk/globalassets/sitedocuments/eqias/covid-19-eqia---24-07-20.pdf>

Full URL: <https://www.nmc.org.uk/globalassets/sitedocuments/eqias/covid-19-eqia---24-07-20.pdf>

The Nursing and Midwifery Council (NMC) has published its equality impact assessment (EQIA) to demonstrate the ways in which their work complies with equalities legislation, during the current COVID-19 pandemic. (JSM)

#### 20200722-89\*

**Maintaining certainty in the most uncertain of times.** Dethier D, Abernathy A (2020), Birth vol 47, no 3, September 2020, pp 257-258

Available from: <https://doi.org/10.1111/birt.12496>

Full URL: <https://doi.org/10.1111/birt.12496>

Personal experience of a physician caring for a mother in the early postnatal period during the COVID-19 pandemic. Discusses the disproportionate effect of the virus on marginalised women, universal testing at admission to the labour and delivery ward, and the separation of the mother and newborn after birth. (LDO)

#### 20200722-44\*

**Preparing maternity for COVID-19: A translational simulation approach.** Lowe B, De Araujo V, Haughton H, et al (2020), Australian and New Zealand Journal of Obstetrics and Gynaecology vol 60, no 4, August 2020, pp 628-632

Available from: <https://doi.org/10.1111/ajo.13185>

Full URL: <https://doi.org/10.1111/ajo.13185>

COVID-19 has posed major challenges for health care. Hospitals around the world have needed to rapidly prepare for the emerging pandemic. Translational simulation - simulation that is integrated and focused on emerging clinical priorities - offers numerous opportunities to aid in pandemic preparation. We describe our approach to preparing our institution's maternity services for the COVID-19 pandemic using translational simulation. We suggest lessons for providers of maternity services, and for those who support them through simulation activities. (Author)

#### 20200722-41\*

**Simulations of Deliveries of SARS-CoV-2 Positive Pregnant Women and Their Newborn Babies: Plan to Implement a Complex and Ever-Changing Protocol.** Rastogi S (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 1061-1065

Available from: <https://doi.org/10.1055/s-0040-1713602>

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**Full URL:** <https://doi.org/10.1055/s-0040-1713602>

Management of severe acute respiratory Syndrome corona virus-2 (SARS-CoV-2) infected pregnant women at time of delivery presents a unique challenge. The variability in the timing and the method of delivery, ranging from normal vaginal delivery to an emergent cesarean section, adds complexity to the role of the health care providers in the medical care of the patient and in the interactions, they have with other providers. These variations are further influenced by the availability of isolation rooms in the facility and adequacy of personal protective equipment. The protocols already set in place can be further challenged when the facility reaches its capacity to manage the patients. To fulfill the goal of providing adequate management to the SARS-CoV-2 infected pregnant women and their infants, avoid variation from suggested guidelines, and decrease risk of exposure of the health care workers, the health care provider team needs to review the variations regularly. While familiarity can be achieved by reviewing the guidelines, clinical case simulations provide a more hands-on approach.

Using case-based simulations and current guidance from the Center for Disease Control, American Academy of Pediatrics, and recent reviews, we discuss a management guideline developed at our institution to facilitate provision of care to SARS-CoV-2 infected pregnant women during delivery and to their infants, while protecting health care providers from exposure, and in keeping with the local facility logistics. (Author)

**20200722-21\***

**Preventing COVID-19 Transmission on Labor and Delivery: A Decision Analysis.** Savitsky LM, Albright CM (2020), American Journal of Perinatology vol 37, no 10, August 2020, pp 1031-1037

**Available from:** <https://doi.org/10.1055/s-0040-1713647>

**Objective** The health care system has been struggling to find the optimal way to protect patients and staff from coronavirus disease 2019 (COVID-19). Our objective was to evaluate the impact of two strategies on transmission of COVID-19 to health care workers (HCW) on labor and delivery (L&D).

**Study Design** We developed a decision analytic model comparing universal COVID-19 screening and universal PPE on L&D. Probabilities and costs were derived from the literature. We used individual models to evaluate different scenarios including spontaneous labor, induced labor, and planned cesarean delivery (CD). The primary outcome was the cost to prevent COVID-19 infection in one HCW. A cost-effectiveness threshold was set at \$25,000 to prevent a single infection in an HCW.

**Results** In the base case using a COVID-19 prevalence of 0.36% (the rate in the United States at the time), universal screening is the preferred strategy because while universal PPE is more effective at preventing COVID-19 transmission, it is also more costly, costing \$4,175,229 and \$3,413,251 to prevent one infection in the setting of spontaneous and induced labor, respectively. For planned CD, universal PPE is cost saving. The model is sensitive to variations in the prevalence of COVID-19 and the cost of PPE. Universal PPE becomes cost-effective at a COVID-19 prevalence of 34.3 and 29.5% and at a PPE cost of \$512.62 and \$463.20 for spontaneous and induced labor, respectively. At a higher cost-effectiveness threshold, the prevalence of COVID-19 can be lower for universal PPE to become cost-effective.

**Conclusion** Universal COVID-19 screening is generally the preferred option. However, in locations with high COVID-19 prevalence or where the local societal cost of one HCW being unavailable is the highest such as in rural areas, universal PPE may be cost-effective and preferred. This model may help to provide guidance regarding allocation of resources on L&D during these current and future pandemics. (Author)

**20200721-42\***

**Covid-19 and the UK's maternity services.** Ashworth E (2020), AIMS Journal vol 32, no 2, June 2020,

**Available from:** <https://www.aims.org.uk/journal/item/giving-birth-in-covid-19>

**Full URL:** <https://www.aims.org.uk/journal/item/giving-birth-in-covid-19>

Emma Ashworth introduces this issue of AIMS, her last as editor, which focuses on the real-life stories of women who are pregnant and giving birth during the coronavirus pandemic. Reflects on how COVID-19 has deprived women of

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several maternity service options, such as home birth, for reasons of maternal safety, and argues that the disease is more likely to be spread through attendance at hospital than from one or two midwives attending a mother who has chosen to have her baby at home, and hospital midwives are at greater risk of contracting the illness than those working in the community. (JSM)

#### 20200721-19\*

**Reengineering academic departments of obstetrics and gynecology to operate in a pandemic world and beyond: a joint American Gynecological and Obstetrical Society and Council of University Chairs of Obstetrics and Gynecology statement.** Alvarez RD, Goff BA, Chelmow D, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 3, September 2020, pp 383.e1-383.e7

The coronavirus disease 2019 pandemic has significantly disrupted operations in academic departments of obstetrics and gynecology throughout the United States and will continue to affect them in the foreseeable future. It has also created an environment conducive to innovation and the accelerated implementation of new ideas. These departments will need to adapt their operations to accommodate coronavirus disease 2019 and to continue to meet their tripartite mission of clinical excellence, medical education, and women's health research. This 'Call to Action' paper from the leaders of American Gynecological and Obstetrical Society and Council of University Chairs of Obstetrics and Gynecology provides a framework to help the leaders of departments of obstetrics and gynecology reimagine and reengineer their operations in light of the current coronavirus disease 2019 crisis and future pandemics. (Author)

#### 20200720-8\*

**Protective equipment to use in the vaginal delivery of the pregnant woman with suspected or diagnosed coronavirus disease 2019: delivery table shield.** Sahin D, Erol SA, Tanacan A, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 4, October 2020, pp 599-601

**Available from:** <https://doi.org/10.1016/j.ajog.2020.06.021>

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.06.021>

Research letter discussing the use of a novel delivery table shield in the second stage of labour. The shield allows for adequate respiration and provides eye contact between the patient and physician. (LDO)

#### 20200720-7\*

**Exposure and seroconversion to severe acute respiratory syndrome coronavirus 2 among obstetrical healthcare providers following a contained outbreak.** Kiefer MK, McKiever ME, Russo JR, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 4, October 2020, pp 601-603.e2

**Available from:** <https://doi.org/10.1016/j.ajog.2020.06.029>

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.06.029>

Research letter discussing SARS-CoV-2 antibody levels among obstetrical healthcare workers in a tertiary hospital. Results demonstrated that 2.7% of participants had positive antibodies at baseline and 20% had positive antibodies in the follow-up period. The authors call for personal protective equipment and universal screening in delivery units to prevent further outbreaks. (LDO)

#### 20200716-27\*

**Why 'good enough' isn't good enough: scientific data, not supply chain deficiencies should be driving CDC recommendations..** Morgan EA, Rodriguez D (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100165

**Available from:** <https://doi.org/10.1016/j.ajogmf.2020.100165>

**Full URL:** <https://doi.org/10.1016/j.ajogmf.2020.100165>

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Obstetricians and clinicians previously requested clarification from the Centers for Disease Control and Prevention (CDC) on the need for full personal protective equipment including N95 respirators during the second stage of labor. The CDC responded with new guidance excluding the second stage of labor from its list of aerosol generating procedures (AGPs), based on research from which experience on labor and delivery units was notably absent. Additional literature that explores other modes of aerosol generation, such as coughing, vomiting, passing flatus and loud vocalization, all of which are prevalent during the labor course, was notably omitted. It is clear that the CDC based their guidance not from the application of scientific principles but pragmatism due to the lack of equipment, and our colleagues were urged to follow suit. If we replace recommendations based on scientific principles with recommendations based on supply chain deficiencies, we become complacent with that which is 'good enough under the circumstances.' This is a dangerous precedent on which to base our Professional Society guidelines. We should continue to address these inadequate responses even as CDC guidelines evolve and the pandemic winds down. We will certainly face similar conflict again, whether during a fall resurgence of the current pandemic or future infectious disease outbreak. (Author)

#### 20200713-7\*

**The impact of the coronavirus (COVID-19) pandemic on maternity care in Europe.** Coxon K, Turienzo CF, Kweekel L, et al (2020), Midwifery vol 88, September 2020, 102779

Available from: <https://doi.org/10.1016/j.midw.2020.102779>

Full URL: <https://doi.org/10.1016/j.midw.2020.102779>

Editorial on the impact of COVID-19 on maternity care in Europe and the different responses among European countries. Discusses the use of personal protective equipment (PPE) and changes to the provision of maternity services in the antenatal, perinatal and postnatal periods. (LDO)

#### 20200710-8\*

**Nursing and midwife numbers jump by record amount.** Anon (2020), BBC News 9 July 2020

Available from: <https://www.bbc.co.uk/news/health-53342562>

Full URL: <https://www.bbc.co.uk/news/health-53342562>

Reports that the latest figures show a large rise in the numbers of nurses, midwives and nursing associates registered in the UK; the Nursing and Midwifery Council (NMC) state that there were 716, 000 on their register at the end of March 2020. However, there are still concerns that the coronavirus pandemic will have an adverse effect on the NMC's ability to recruit and retain health professionals from overseas. (JSM)

#### 20200709-6\*

**Combating exhaustion.** Pitman S (2020), World of Irish Nursing & Midwifery vol 28, no 4, May 2020, pp 44-45

Available from: <https://online.flippingbook.com/view/1028755/44/>

Full URL: <https://online.flippingbook.com/view/1028755/44/>

Fatigue in the workplace must be avoided as it puts patients, colleagues and individual nurses and midwives at risk, writes Steve Pitman. (Author)

#### 20200709-2\*

**Guidance for Student Nurses/Midwives During Temporary Employment Arrangements - COVID-19.** Anon (2020), World of Irish Nursing & Midwifery vol 28, no 4, May 2020, p 24

Available from: <https://online.flippingbook.com/view/1028755/24/>

Full URL: <https://online.flippingbook.com/view/1028755/24/>

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Brief guidance on employment arrangements for student midwives and nurses in Ireland during the COVID-19 pandemic. Includes information on personal protective equipment, clinical competence and supervision. (LDO)

#### 20200709-1\*

**Ethics of practising in a pandemic.** Mathews E (2020), World of Irish Nursing & Midwifery vol 28, no 4, May 2020, pp 22-23

**Available from:** <https://online.flippingbook.com/view/1028755/22/>

**Full URL:** <https://online.flippingbook.com/view/1028755/22/>

Nurses and midwives must keep to the NMBI Code of Conduct in these unprecedented times, writes Edwards Mathews. (Author, edited)

#### 20200708-1\*

**Advice for pregnant healthcare workers.** Royal College of Midwives (2020), London: RCM 2020

**Available from:** <https://www.rcm.org.uk/advice-for-pregnant-healthcare-workers/>

**Full URL:** <https://www.rcm.org.uk/advice-for-pregnant-healthcare-workers/>

Offers advice to pregnant healthcare workers during the current coronavirus pandemic. (JSM)

#### 20200707-19\*

**Maternity staff mental health care during COVID-19 [Version 5. Last updated 16 June 2020].** Royal College of Midwives (2020), London: RCM 16 June 2020. 7 pages

**Available from:**

<https://www.rcm.org.uk/media/4143/maternity-staff-mental-health-care-during-covid-19-v5-160620.pdf>

**Full URL:** <https://www.rcm.org.uk/media/4143/maternity-staff-mental-health-care-during-covid-19-v5-160620.pdf>

Provides guidance and a resources list on the potential impact of COVID-19 on the mental health and well-being of maternity staff. (JSM)

#### 20200706-7\*

**RCM position in relation to Midwifery Continuity of Carer ongoing implementation Summer 2020.** Royal College of Midwives (2020), London: RCM June 2020. 2 pages

**Available from:**

[https://www.rcm.org.uk/media/4125/rcm-position-on-mcoc-june-2020.pdf?dm\\_i=4YCH,CQNC,3PNLW0,1FQ3X,1](https://www.rcm.org.uk/media/4125/rcm-position-on-mcoc-june-2020.pdf?dm_i=4YCH,CQNC,3PNLW0,1FQ3X,1)

**Full URL:**

[https://www.rcm.org.uk/media/4125/rcm-position-on-mcoc-june-2020.pdf?dm\\_i=4YCH,CQNC,3PNLW0,1FQ3X,1](https://www.rcm.org.uk/media/4125/rcm-position-on-mcoc-june-2020.pdf?dm_i=4YCH,CQNC,3PNLW0,1FQ3X,1)

Sets out the Royal College of Midwives' position on providing midwifery continuity of carer as the UK enters the next phase of returning to pre-COVID maternity services at national, regional and local level. (JSM)

#### 20200706-35\*

**Health care team training and simulation-based education in obstetrics during the COVID-19 pandemic.** Kiely DJ, Posner GD, Sansregret A (2020), JOGC [Journal of Obstetrics and Gynaecology Canada] vol 42, no 8, August 2020, pp 1017-1020

**Available from:** <https://doi.org/10.1016/j.jogc.2020.05.007>

**Full URL:** <https://doi.org/10.1016/j.jogc.2020.05.007>

Health care team training and simulation-based education are important for preparing obstetrical services to meet the challenges of the COVID-19 pandemic. Priorities for training are identified in two key areas. First, the impact of infection prevention and control protocols on processes of care (e.g., appropriate and correct use of personal protective equipment, patient transport, preparation for emergency cesarean delivery with the potential for emergency intubation, management of simultaneous obstetric emergencies, delivery in alternate locations in the

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hospital, potential for increased decision-to-delivery intervals, and communication with patients). And second, the effects of COVID-19 pathophysiology on obstetrical patients (e.g., testing and diagnosis, best use of modified obstetric early warning systems, approach to maternal respiratory compromise, collaboration with critical care teams, and potential need for cardiopulmonary resuscitation). However, such training is more challenging during the COVID-19 pandemic because of the requirements for social distancing. This article outlines strategies (spatial, temporal, video-recording, video-conferencing, and virtual) to effectively engage in health care team training and simulation-based education while maintaining social distancing during the COVID-19 pandemic. (Author)

#### 20200706-24\*

##### **Whole-Process Emergency Training of Personal Protective Equipment Helps Healthcare Workers Against COVID-19.**

Tan W, Ye Y, Yang Y, et al (2020), Journal of Occupational and Environmental Medicine vol 62, no 6, June 2020, pp 420-423

##### **Available from:**

[https://journals.lww.com/joem/Fulltext/2020/06000/Whole\\_Process\\_Emergency\\_Training\\_of\\_Personal.5.aspx](https://journals.lww.com/joem/Fulltext/2020/06000/Whole_Process_Emergency_Training_of_Personal.5.aspx)

##### **Full URL:**

[https://journals.lww.com/joem/Fulltext/2020/06000/Whole\\_Process\\_Emergency\\_Training\\_of\\_Personal.5.aspx](https://journals.lww.com/joem/Fulltext/2020/06000/Whole_Process_Emergency_Training_of_Personal.5.aspx)

##### **Objective:**

To develop an emergency training program of personal protective equipment (PPE) for general healthcare workers (HCWs) who may be under the threat of Corona Virus Disease 2019 (COVID-19) and evaluate the effect of the program.

##### **Methods:**

A three-stage training program was designed. The complete clinical workflow together with infectious disease ward was simulated. To verify the effect of the program, an experimental training with pre- and post-test was conducted before large-scale training.

##### **Results:**

Post-test scores were significantly improved when compared with the pre-test scores. Among all PPE, N95 respirator and protective coverall needed training most. Meanwhile, 'proficiency level' and 'mutual check & help' also needed to be strengthened as independent scoring points.

##### **Conclusion:**

This training program significantly improved the performances of participants. It may therefore be applied for general HCWs on a larger scale. (Author)

#### 20200706-1\*

##### **Getting ready for a visit from your midwife.** Royal College of Midwives (2020), London: RCM 2020. 1 page

**Available from:** <https://www.rcm.org.uk/media/3915/guidance-for-women-on-home-visits-4.jpg>

**Full URL:** <https://www.rcm.org.uk/media/3915/guidance-for-women-on-home-visits-4.jpg>

Safety information for women expecting a home visit from their midwife during the coronavirus pandemic.(JSM)

#### 20200703-31\*

##### **Managing fear, anxiety and uncertainty: why does it matter?.** Moore R (2020), The Student Midwife vol 3, no 3, July 2020, pp 18-21

In this piece, Rebecca asks us to think together about how fear and anxiety feels, and then consider what we can do with these powerful feelings. She suggests practical easy tips and techniques students and midwives can use at home and work for both now and in the long term. (Author)

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#### 20200703-30\*

**COVID 2020: What are the fears for the third-year midwifery student cohort?.** Hoggarth T (2020), The Student Midwife vol 3, no 3, July 2020, pp 16-17

Lives were turned upside down and a harsh, new reality kicked in as the world entered the Covid-19 pandemic. Students filled with anxiety are worried about how this will affect their midwifery programmes. In this article, Tracy provides a working example of how Leeds Teaching Hospital NHS Trust (LHT) has supported its students. (Author)

#### 20200703-29\*

**Covid-19 Special Report: What about the future? Holding on to our philosophy of care.** Lai-Boyd B (2020), The Student Midwife vol 3, no 3, July 2020, pp 12-15

In this article, Bunty explores why it is important to continue to advocate for our midwifery philosophy of evidence-based care through and beyond the Covid-19 pandemic. Students can be advocates for change by remembering the importance of evidence-based practice, remaining true to their ethos and being the future of midwifery. (Author)

#### 20200703-28\*

**Student reflections of COVID-19 from around the world.** Various (2020), The Student Midwife vol 3, no 3, July 2020, pp 6-9

We can learn so much from each other by taking stock of the challenges this pandemic creates for students and newly qualified midwives around the world. We unite and celebrate our collective voice, realising our universal calling, our passion to care for birthing people and families worldwide despite the challenges coronavirus creates. These reflections provide worldview insight and are testaments to the strength and bravery of you all. (Author)

#### 20200702-2\*

**The impact of Covid-19 on midwifery training throughout the UK.** Finnerty S-L (2020), The Student Midwife vol 3, no 3, July 2020, pp 22-25

Here, Sophie-Louise discusses the impact of the Covid-19 pandemic on student midwives' training in the UK, and highlights academic, emotional and pastoral support from the Approved Education Institutions (AEIs) and practice areas that students should access to minimise its impact on their education. This article is a must-read for student midwives and midwifery educators alike. (Author)

#### 20200629-2\*

**Statement: Principles for nursing and midwifery students during the next phase of the Covid-19 pandemic.** Nursing and Midwifery Council (2020), Nursing and Midwifery Council 25 June 2020

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/statement-principles-for-students-during-next-phase-of-covid-19-pandemic/>

Outlines the NMC's plans to support current nursing and midwifery students and those who are due to start courses. (MB)

#### 20200629-14\*

**Home Surgical Skill Training Resources for Obstetrics and Gynecology Trainees During a Pandemic.** Hoopes S, Pham T, Lindo FM, et al (2020), Obstetrics & Gynecology vol 136, no 1, July 2020, pp 56-64

**Available from:** <https://doi.org/10.1097/AOG.0000000000003931>

**Full URL:** <https://doi.org/10.1097/AOG.0000000000003931>

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The coronavirus disease 2019 (COVID-19) pandemic has created a unique educational circumstance in which medical students, residents, and fellows find themselves with a gap in their surgical training. We reviewed the literature, and nine categories of resources were identified that may benefit trainees in preventing skill decay: laparoscopic box trainers, virtual reality trainers, homemade simulation models, video games, online surgical simulations, webinars, surgical videos, smartphone applications, and hobbies including mental imagery. We report data regarding effectiveness, limitations, skills incorporated, cost, accessibility, and feasibility. Although the cost and accessibility of these resources vary, they all may be considered in the design of remote surgical training curricula during this unprecedented time of the COVID-19 pandemic. (Author)

**20200624-64\***

**Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic.** Shanafelt T, Ripp J, Trockel M (2020), JAMA (Journal of the American Medical Association) vol 323, no 21, 2 June 2020, pp 2133-2134

Available from: <https://doi.org/10.1001/jama.2020.5893>

Full URL: <https://doi.org/10.1001/jama.2020.5893>

Summarizes key considerations for supporting the health care workforce so health care professionals are equipped to provide care for their patients and communities. (Author, edited)

**20200622-8\***

**COVID-19: what are the physical and mental challenges?.** Winter GF (2020), British Journal of Midwifery vol 28, no 6, June 2020, pp 342-343

Available from: <https://doi.org/10.12968/bjom.2020.28.6.342>

Full URL: <https://doi.org/10.12968/bjom.2020.28.6.342>

George F Winter gives an overview of the impact of the coronavirus on healthcare workers and pregnant women. (Author)

**20200622-26\***

**The role of simulation in preparing a response to the COVID-19 pandemic.** Peterson J, Gottstein R, Ranganna R (2020), Infant vol 16, no 3, May 2020, pp 108-112

In response to COVID-19, simulation has been used to embed practical skills such as donning and doffing of personal protective equipment and scenario-based logistics of proposed COVID-19 patient flows. We have developed small staff group training sessions, alongside larger scale multidisciplinary team sessions and used simulation to guide the development of our standard operating procedure. We have also created online training resources to reach a larger number of staff within the neonatal unit (NNU). In this article we share our experiences to help others develop their own ideas on the plethora of ways that simulation can aid a response to the COVID-19 outbreak and any other future advances within the NNU. (Author)

**20200619-29\***

**Midwives in the midst of COVID-19.** Kerelo S (2020), British Journal of Midwifery vol 28, no 5, May 2020, p 288

Midwives and healthcare professionals all over the globe are facing the pandemic head-on, utilising hand hygiene and sanitisation to prevent the virus from spreading. (Author)

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#### 20200619-26\*

**Making masks for maternity staff.** Denicke-Polcher S, Lawin-O'Brien A (2020), British Journal of Midwifery vol 28, no 5, May 2020, pp 284-285

Despite self-isolation, social distancing and NHS work during the COVID-19 pandemic, Sandra Denicke-Polcher and Anna Lawin-O'Brien found a way to make a joyous difference, connecting the community with healthcare providers on the shop floor. (Author)

#### 20200619-25\*

**In a time of uncertainty.** Casey-Hardman C (2020), British Journal of Midwifery vol 28, no 5, May 2020, p 280  
Corin Casey-Hardman, our consultant editor, expresses her immense gratitude to those on the frontline as we navigate COVID-19. (Author)

#### 20200610-5\*

**Universal testing of patients and their support persons for severe acute respiratory syndrome coronavirus 2 when presenting for admission to labor and delivery at Mount Sinai Health System.** Buckley A, Bianco A, Stone J (2020), American

Journal of Obstetrics & Gynecology MFM vol 2, no 3, suppl, August 2020, 100147

**Available from:** <https://doi.org/10.1016/j.ajogmf.2020.100147>

**Full URL:** <https://doi.org/10.1016/j.ajogmf.2020.100147>

Discusses the policy to implement universal SARS-CoV-2 testing prior to admission to labour and delivery wards in the Mount Sinai Health System. Results revealed 50 SARS-CoV-2 infections among the 307 women tested. This policy may help to protect health care workers and direct the use of personal protective equipment (PPE). (LDO)

#### 20200610-3\*

**NOW!: protection for obstetrical providers and patients.** Berghella V (2020), American Journal of Obstetrics & Gynecology

MFM vol 2, no 2, suppl, May 2020, 100109

**Available from:** <https://doi.org/10.1016/j.ajogmf.2020.100109>

Editorial on the impact of COVID-19 on healthcare workers and pregnant women in the United States. Recommends the implementation of strict lockdown measures using the police and military. (LDO)

#### 20200609-34\*

**Pedagogy in a pandemic - COVID-19 and virtual continuing medical education (vCME) in obstetrics and gynecology.** Kanneganti A, Lim KMX, Chan GMF, et al (2020), Acta Obstetrica et Gynecologica Scandinavica vol 99, no 6, June 2020, pp 692-695

**Available from:** <https://doi.org/10.1111/aogs.13885>

**Full URL:** <https://doi.org/10.1111/aogs.13885>

The authors share their experiences of coordinating virtual medical education programmes during the COVID-19 pandemic. The editorial discusses videoconferencing, course content, examinations and trainee mental health. (LDO)

#### 20200608-3\*

**COVID-19. The new normal for midwives, women and families.** Walton G (2020), Midwifery vol 87, August 2020, 102736

**Available from:** <https://doi.org/10.1016/j.midw.2020.102736>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102736>

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Gill Walton highlights the innovation and resilience of maternity services in the United Kingdom during the COVID-19 pandemic. Discusses new ways of midwives engaging with pregnant women including advice phone lines and the introduction of a safe distancing queuing system using text messaging. (LDO)

#### 20200608-2\*

**2020 International Year of Midwifery-In the midst of a pandemic.** Furuta M (2020), Midwifery vol 87, August 2020, 102739

**Available from:** <https://doi.org/10.1016/j.midw.2020.102739>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102739>

Editorial on clinical and educational challenges in Japan during the COVID-19 pandemic. Discusses antenatal services, the traditional custom of satogaeri and the suspension of midwifery training. (LDO)

#### 20200608-1\*

**The maternity response to COVID-19: an example from one maternity unit in Taiwan.** Liao S-C, Chang Y-S, Chien L-Y, et al (2020), Midwifery vol 88, September 2020, 102756

**Available from:** <https://doi.org/10.1016/j.midw.2020.102756>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102756>

Discusses the preventative measures introduced in Taiwan at the government and hospital level to minimise the spread of COVID-19. The authors focus on a maternity unit in Taipei city which introduced designated walkways, fever screening, visitor restrictions, negative-pressure birth rooms and personal protective equipment. (LDO)

#### 20200605-25\*

**Midwifery education in COVID-19- time: Challenges and opportunities.** Luyben A, Fleming V, Vermeulen J (2020), Midwifery vol 89, October 2020, 102776

**Available from:** <https://doi.org/10.1016/j.midw.2020.102776>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102776>

Commentary on the impact of COVID-19 on undergraduate midwifery degree programmes across Europe. Discusses the closure of universities, the postponement of clinical placements and the recruitment of final year students as health care assistants. (LDO)

#### 20200605-22\*

**The impact of covid-19 on midwives' practice in Kenya, Uganda and Tanzania: A reflective account.** Pallangyo E, Nakate MG, Maina R, et al (2020), Midwifery vol 89, October 2020, 102775

**Available from:** <https://doi.org/10.1016/j.midw.2020.102775>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102775>

Explores the COVID-19 pandemic and its impact on midwifery practice in Kenya, Uganda and Tanzania. The authors suggest that the pandemic has exacerbated the already high maternal and neonatal mortality rates in the three countries. The article discusses travel restrictions, personal protective equipment, access to contraception and antenatal care in rural areas. (LDO)

#### 20200605-17\*

**COVID-19: 2020 is the International Year of the Midwife.** Bick D (2020), Midwifery vol 85, June 2020, 102719

**Available from:** <https://doi.org/10.1016/j.midw.2020.102719>

**Full URL:** <https://doi.org/10.1016/j.midw.2020.102719>

Editorial on celebrating the International Year of the Midwife in the midst of the COVID-19 pandemic. The author

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suggests that midwives everywhere should be proud of the life-saving roles they are playing during this global crisis. (LDO)

#### 20200605-13

**Voice of a Student Special: A student plea - another call to action.** Wood H (2020), Community Practitioner vol 93, no 3, May-June 2020, p 25

The author, a qualified midwife and student health visitor, expresses her concern that the number of health visitors in England has dropped by 31% since 2015, and this situation has been exacerbated by the current coronavirus pandemic. Suggests that this is an opportunity to explore new ways of providing care and support to the community, at a time when it is needed more than ever. (JSM)

#### 20200605-12

**Voice of a Student Special: Training during a pandemic.** Grant C (2020), Community Practitioner vol 93, no 3, May-June 2020, p 24

The author, a qualified midwife and student health visitor, writes of the frustrations and challenges she has experienced while training during the current coronavirus crisis, and shares her hopes that this unique experience will assist her in her future practice. (JSM)

#### 20200605-11

**What am I entitled to?.** Jarrett-Thrope C (2020), Community Practitioner vol 93, no 3, May-June 2020, p 19

Offers an update on staying safe during essential home visits, and what to expect if you're redeployed during the current COVID-19 pandemic. (Author, edited)

#### 20200605-10

**Pushing the limits.** Beach J (2020), Community Practitioner vol 93, no 3, May-June 2020, p 18

Reports that during this current coronavirus pandemic, health professionals working in the community may have to work outside their scope of practice. Acknowledges that within The Code (1), there is an expectation that registrants will provide support during emergency situations, but stresses that they should not risk their own health or that of the families they work with, and should only work within their knowledge and experience. 1. Nursing and Midwifery Council. The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates. 2015, London: NMC. (JSM)

#### 20200602-12\*

**Infection Prevention and Control (IPC) Protocol for Obstetrical Procedures During COVID-19.** BC Centre for Disease Control, BC Ministry of Health (2020), Victoria, Canada: BC Centre for Disease Control 24 May 2020, 8 pages

**Available from:**

[http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_IPCProtocolSurgicalProceduresObstetrical.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCProtocolSurgicalProceduresObstetrical.pdf)

This guidance supports B.C. health authorities with ongoing obstetrical operative procedures in the context of the COVID-19 pandemic. (Publisher)

#### 20200601-19\*

**Midwives, women and Covid-19: lessons from 1953.** Harkness M (2020), The Practising Midwife vol 23, no 6, June 2020, pp 32-34

Critical analysis of our past can enable deeper understanding of our present, particularly in times of crisis. This article

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uses the Myles A Textbook for Midwives (1) as a framework for professional reflection on the significant challenges imposed by the Covid-19 global pandemic. 1. Myles M (1953). A Textbook for Midwives. Edinburgh: E&S Livingstone Ltd. (Author, edited)

#### 20200528-2\*

**Looking after your mental health and wellbeing during COVID-19.** The Royal College of Midwives (2020), London: RCM May 2020

**Available from:**

[https://www.rcm.org.uk/media/4094/looking-after-your-mental-health-wraparound-a3.pdf?dm\\_i=4YCH,CCW4,3PNLW0,1DU2Z,1](https://www.rcm.org.uk/media/4094/looking-after-your-mental-health-wraparound-a3.pdf?dm_i=4YCH,CCW4,3PNLW0,1DU2Z,1)

We know that the current pandemic is taking its toll on mental health and wellbeing. This also applies to those working in maternity services - in a recent survey more than half of you said that your mental health is worse. To help you remember you are not alone, we've pulled together some of the common stresses you may be experiencing - and some strategies to help you cope. (Author)

#### 20200522-26\*

**COVID-19 screening of health-care workers in a London maternity hospital.** Khalil A, Hill R, Ladhani S, et al (2020), The Lancet Infectious Diseases 18 May 2020, online

**Available from:** [https://doi.org/10.1016/S1473-3099\(20\)30403-5](https://doi.org/10.1016/S1473-3099(20)30403-5)

**Full URL:** [https://doi.org/10.1016/S1473-3099\(20\)30403-5](https://doi.org/10.1016/S1473-3099(20)30403-5)

Discusses the benefits of universal testing of health care workers for COVID-19. (MB)

#### 20200521-68\*

**Midwifery in the Time of COVID-19.** Aikins Murphy P (2020), Journal of Midwifery and Women's Health vol 65, no 3, May/June 2020, pp 299-300

**Available from:** <https://doi.org/10.1111/jmwh.13121>

**Full URL:** <https://doi.org/10.1111/jmwh.13121>

Discusses the COVID-19 outbreak and its impact on midwives' ability to intimately care for women. Draws comparisons to the 1980s HIV-AIDS crisis where protective equipment was required to prevent exposure to bodily fluids. The author encourages midwives to find ways to provide continuous and compassionate care. (LDO)

#### 20200518-29\*

**Midwives' mental health hit by pandemic.** Royal College of Midwives (2020), London: RCM 18 May 2020

**Available from:** <https://www.rcm.org.uk/media-releases/2020/may/midwives-mental-health-hit-by-pandemic/>

**Full URL:** <https://www.rcm.org.uk/media-releases/2020/may/midwives-mental-health-hit-by-pandemic/>

Reports that a survey conducted by the Royal College of Midwives (RCM), has revealed that 57 per cent of midwives, maternity support workers (MSWs) and student midwives feel that the current coronavirus pandemic has adversely affected their mental health and well-being. States that more than a third of respondents (34%) felt they were not being adequately supported by their employers. Includes comments from RCM Chief Executive Officer, Gill Walton. (JSM)

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**20200514-53\***

**Lung Ultrasound in the Covid-19 Pandemic: A Practical Guide for Obstetricians and Gynecologists.** Dashraath P, Wong JJJ, Lim MXK, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) 10 May 2020, online

**Available from:** <https://doi.org/10.1016/j.ajog.2020.05.014>

**Full URL:** <https://doi.org/10.1016/j.ajog.2020.05.014>

The current COVID-19 pandemic is a challenge to every health system over the globe. Unfortunately, it is likely that this emergency will not disappear soon. No health system, with its present resources and work flow is ready to deal with a full-blown wave of this pandemic. Rapid acquisition of specific new skills may be fundamental in delivering appropriate health care for our patients. COVID-19 infection is classically diagnosed by real time reverse transcription polymerase chain reaction and radiological investigations (X-ray or high-resolution computerized tomography). These techniques are not without limitations. Ultrasound has been suggested as a reliable and accurate tool for assessing the lungs in patients with suspected pneumonia. Obstetricians and gynecologists are usually familiar with the use of ultrasound. Lung ultrasound can show specific signs of interstitial pneumonia, which is characteristic of COVID-19 pulmonary infection. We believe that extensive and rapid training of healthcare providers on the application of ultrasound in the detection of characteristic pulmonary signs of COVID-19 infection, in addition to proper care and handling of their ultrasound machines, is feasible and may be critical in order to provide appropriate management especially of the obstetric patient in the coming period. We present a systematic approach to lung examination, simplified to encourage its adoption by obstetricians and gynecologists, together with an example of a recent pregnant woman with COVID-19 infection, in which lung ultrasound was useful in the management. (Author)

**20200512-10\***

**Coronavirus: Mum 'grateful' for maternity hospital measures.** Anon (2020), BBC News 12 May 2020

**Available from:**

<https://www.bbc.co.uk/news/av/uk-england-cambridgeshire-52625672/coronavirus-mum-grateful-for-maternity-hospital-measures>

Reports on the story of Alina Ghergheleuca who recently gave birth and has praised the work of the Rosie Hospital in Cambridge during the COVID-19 pandemic. (LDO)

**20200511-7\***

**Covid-19: NHS bosses told to assess risk to ethnic minority staff who may be at greater risk.** Iacobucci G (2020), BMJ 4 May 2020

**Available from:** <https://doi.org/10.1136/bmj.m1820>

**Full URL:** <https://doi.org/10.1136/bmj.m1820>

Reports that NHS bosses in England have received a letter from NHS England's chief executive, Simon Stevens, and chief operating officer, Amanda Pritchard, instructing them that they should take steps to protect staff from minority ethnic backgrounds who may be at increased risk of contracting COVID-19 by carrying out risk assessments and making appropriate arrangements for their safety. States that the advice was issued as a precaution, while Public Health England carry out an investigation into why the disease seems to be disproportionately effecting Black, Asian and Minority Ethnic (BAME) groups. (JSM)

**20200507-21\***

**Update from the Chief Executive and Registrar of the NMC about nursing students and the temporary register.**

Sutcliffe A (2020), London: Nursing and Midwifery Council 7 May 2020

**Available from:** <https://www.nmc.org.uk/news/news-and-updates/nursing-students-temporary-register/>

**Full URL:** <https://www.nmc.org.uk/news/news-and-updates/nursing-students-temporary-register/>

Andrea Sutcliffe announces that the Nursing and Midwifery Council (NMC) will not establish a specific student part of the temporary register during the COVID-19 outbreak. (LDO)

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**20200507-20\***

**Research highlights concerns of UK nurses and midwives over Covid-19.** Anon (2020), Cardiff: Cardiff University 28 April 2020

**Available from:**

<https://www.cardiff.ac.uk/news/view/2326580-research-highlights-concerns-of-uk-nurses-and-midwives-over-covid-19>

**Full URL:**

<https://www.cardiff.ac.uk/news/view/2326580-research-highlights-concerns-of-uk-nurses-and-midwives-over-covid-19>

Summarises the results of a survey conducted by the Royal College of Nursing (RCN) to ascertain the impact of coronavirus among nurses and midwives. Reports that the survey, conducted between 2-14 April 2020, found a third of the 2,600 respondents had experienced severe or extremely severe depression, anxiety or stress. Other findings included:

- \*4% feel their personal health is at risk during the pandemic due to their clinical role
- \*92% are worried about risks to family members due to their clinical role
- \*A third (33%) respondents reported severe or extremely severe depression, anxiety or stress
- \*Of those being redeployed within the NHS, 62% either reported that their training was either non-existent, or inadequate
- \*52% respondents had worked over their contracted hours on their last shift- two-thirds of these respondents will not be paid for their additional work
- \*25% disagreed that correct PPE was always available (with only 44% agreeing that it was available)
- \*52% were either lacking in confidence regarding COVID-19 infection control and prevention training that they had received or had received no training
- \*26% respondents had needed to self-isolate, of which 37% did not have personal symptoms and 64% missed four or more shifts due to self-isolation. (Author, edited)

**20200506-89\***

**Guidance for midwives, student midwives and maternity support workers providing community-based care during the Covid-19 pandemic.** Royal College of Midwives (2020), London: RCM April 2020. 4 pages

**Available from:**

[https://www.rcm.org.uk/media/3900/home-visit-guidance-for-midwives.pdf?dm\\_i=4YCH,C146,3PNLW0,1CA74,1](https://www.rcm.org.uk/media/3900/home-visit-guidance-for-midwives.pdf?dm_i=4YCH,C146,3PNLW0,1CA74,1)

**Full URL:**

[https://www.rcm.org.uk/media/3900/home-visit-guidance-for-midwives.pdf?dm\\_i=4YCH,C146,3PNLW0,1CA74,1](https://www.rcm.org.uk/media/3900/home-visit-guidance-for-midwives.pdf?dm_i=4YCH,C146,3PNLW0,1CA74,1)

Health and safety advice for midwives, student midwives and maternity support workers whose roles take them into the community, during this current coronavirus pandemic. (JSM)

**20200506-7\***

**Are some ethnic groups more vulnerable to COVID-19 than others?.** Platt L, Warwick R (2020), London: The Institute for Fiscal Studies May 2020, 26 pages

**Available from:**

<https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

**Full URL:**

<https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

Report on the disproportionate effects of COVID-19 on ethnic minorities in the United Kingdom. Highlights the complex economic, social and health-related factors which may be causing higher rates of mortality among ethnic groups. The authors discuss occupational risks, financial vulnerability, demographics, household structures and underlying health conditions. (LDO)

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**20200505-8\***

**Protecting Midwives to Sustain Care for Women, Newborns and their Families in the COVID-19 Pandemic.**

International Confederation of Midwives, United Nations Population Fund (2020), The Hague, The Netherlands: International Confederation of Midwives 5 May 2020, 6 pages

**Available from:**

<https://www.internationalmidwives.org/assets/files/news-files/2020/05/call-to-action-5eb0b4ee47deb.pdf>

**Full URL:**

<https://www.internationalmidwives.org/assets/files/news-files/2020/05/call-to-action-5eb0b4ee47deb.pdf>

Joint statement on the protection of midwives during the COVID-19 pandemic. Calls for the availability of personal protective equipment (PPE), the inclusion of midwives in policy making, the suspension of re-deployment of midwives and the proper funding of maternal health services. The authors also call for governments and organisations to uphold women's sexual and reproductive rights, and to uphold the right to a positive birthing experience. (LDO)

**20200505-55\***

**'Video-call the midwife': NHS carries on delivering as Wilfred joins over 150,000 babies born during pandemic.** Anon (2020), London: NHS England 5 May 2020

**Available from:** <https://www.england.nhs.uk/2020/05/video-call-the-midwife/>

**Full URL:** <https://www.england.nhs.uk/2020/05/video-call-the-midwife/>

England's top midwife has today praised NHS maternity teams for providing high quality care in the face of the most significant challenge to ever face the health services, and urged new and expectant families to continue to come forward for routine checks and urgent advice. (Author)

**20200505-54\***

**Unmasking discrimination against Asian healthcare workers during covid-19.** Acosta LM (2020), BMJ Opinion 4 May 2020, online

**Available from:**

<https://blogs.bmj.com/bmj/2020/05/04/lealani-mae-acosta-unmasking-asian-discrimination-against-healthcare-workers-during-covid-19/>

Let us not put up barriers to treating each other with respect, calls Lealani Mae Acosta. (Author)

**20200505-52\***

**Covid fatigue is taking an enormous toll on healthcare workers.** Gerada C, Walker C (2020), BMJ Opinion 4 May 2020, online

**Available from:**

<https://blogs.bmj.com/bmj/2020/05/04/covid-fatigue-is-taking-an-enormous-toll-on-healthcare-workers/>

**Full URL:**

<https://blogs.bmj.com/bmj/2020/05/04/covid-fatigue-is-taking-an-enormous-toll-on-healthcare-workers/>

Describes the effects on health care professionals of exhausting shifts and changes to working practices and offers tips for surviving the fatigue and keeping well for the long-haul. (MB)

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20200505-51\*

**Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis.** Kisely S, Warren N, McMahon L, et al (2020), BMJ 5 May 2020, online

Available from: <https://doi.org/10.1136/bmj.m1642>

Full URL: <https://doi.org/10.1136/bmj.m1642>

**Objective** To examine the psychological effects on clinicians of working to manage novel viral outbreaks, and successful measures to manage stress and psychological distress.

**Design** Rapid review and meta-analysis.

**Data sources** Cochrane Central Register of Controlled Trials, PubMed/Medline, PsycInfo, Scopus, Web of Science, Embase, and Google Scholar, searched up to late March 2020.

**Eligibility criteria for study selection** Any study that described the psychological reactions of healthcare staff working with patients in an outbreak of any emerging virus in any clinical setting, irrespective of any comparison with other clinicians or the general population.

**Results** 59 papers met the inclusion criteria: 37 were of severe acute respiratory syndrome (SARS), eight of coronavirus disease 2019 (covid-19), seven of Middle East respiratory syndrome (MERS), three each of Ebola virus disease and influenza A virus subtype H1N1, and one of influenza A virus subtype H7N9. Of the 38 studies that compared psychological outcomes of healthcare workers in direct contact with affected patients, 25 contained data that could be combined in a pairwise meta-analysis comparing healthcare workers at high and low risk of exposure. Compared with lower risk controls, staff in contact with affected patients had greater levels of both acute or post-traumatic stress (odds ratio 1.71, 95% confidence interval 1.28 to 2.29) and psychological distress (1.74, 1.50 to 2.03), with similar results for continuous outcomes. These findings were the same as in the other studies not included in the meta-analysis. Risk factors for psychological distress included being younger, being more junior, being the parents of dependent children, or having an infected family member. Longer quarantine, lack of practical support, and stigma also contributed. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity.

**Conclusions** Effective interventions are available to help mitigate the psychological distress experienced by staff caring for patients in an emerging disease outbreak. These interventions were similar despite the wide range of settings and types of outbreaks covered in this review, and thus could be applicable to the current covid-19 outbreak. (Author)

20200505-34\*

**Caring for the carers: Ensuring the provision of quality maternity care during a global pandemic.** Wilson AN, Ravalidi C, Scoullar MJL, et al (2020), Women and Birth: Journal of the Australian College of Midwives 7 April 2020, online

Available from: <https://doi.org/10.1016/j.wombi.2020.03.011>

Full URL: <https://doi.org/10.1016/j.wombi.2020.03.011>

The COVID-19 pandemic is impacting health systems worldwide. Maternity care providers must continue their core business in caring and supporting women, newborns and their families whilst also adapting to a rapidly changing health system environment. This article provides an overview of important considerations for supporting the emotional, mental and physical health needs of maternity care providers in the context of the unprecedented crisis that COVID-19 presents. Cooperation, planning ahead and adequate availability of PPE is critical. Thinking about the needs of maternity providers to prevent stress and burnout is essential. Emotional and psychological support needs to be available throughout the response. Prioritising food, rest and exercise are important. Healthcare workers are every country's most valuable resource and maternity providers need to be supported to provide the best quality care they can to women and newborns in exceptionally trying circumstances. (Author)

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#### 20200505-20

**Call of duty.** Jackson H (2020), Midwives vol 23, April 2020, p 18  
Why I'm leaving the RCM and going back to clinical practice. (Author)

#### 20200505-19

**Top tips for returning to practice.** McAree T (2020), Midwives vol 23, April 2020, pp 16-17  
Trixie McAree, former HoM Birmingham Women and Children's NHS Foundation Trust and current Professor of Midwifery and Maternal Health at Birmingham City University, shows how to go back with confidence. (Author)

#### 20200505-17

**How can I help?.** Rogers H (2020), Midwives vol 23, April 2020, p 12  
Helen Rogers discusses the options facing students who want to offer their support. (Author)

#### 20200505-16

**COVID-19.** Sorby A, Tyler S (2020), Midwives vol 23, April 2020, pp 8-9  
Employment relations advisor Alice Sorby and director for services to members Suzanne Tyler answer your questions. (Author)

#### 20200505-15

**Ask the experts.** Ross-Davie R (2020), Midwives vol 23, April 2020, pp 6-7  
Everything you want to know about continuing clinical care in the COVID pandemic. Mary Ross-Davie answers your frequently asked questions. (Author)

#### 20200504-8\*

**Midwives in a pandemic: A call for solidarity and compassion.** O'Connell M, Crowther S, Ravaldi C, et al (2020), Women and Birth: Journal of the Australian College of Midwives vol 33, no 3, May 2020, pp 205-206

**Available from:** <https://doi.org/10.1016/j.wombi.2020.03.008>

**Full URL:** <https://doi.org/10.1016/j.wombi.2020.03.008>

This editorial discusses challenges for midwives during COVID-19 and the lessons that can be learned from the SARS, Ebola and H1N1 outbreaks. The authors encourage midwives to maintain their well-being and reduce the risk of developing post-traumatic stress disorder. (LDO)

#### 20200501-3\*

**The impact of COVID-19 on BME communities and health and care staff.** NHS Confederation (2020), London: NHS Confederation 23 April 2020

**Available from:** <https://www.nhsconfed.org/resources/2020/04/the-impact-of-covid19-on-bme-communities-and-staff>

**Full URL:** <https://www.nhsconfed.org/resources/2020/04/the-impact-of-covid19-on-bme-communities-and-staff>

This briefing considers the evidence on the impact of COVID-19 on black and minority ethnic (BME) communities and health and care staff. It explores potential underlying factors, recommends areas for improvement and offers practical advice on how to mitigate risks. Intended for senior health and care leaders, it aims to inform decision making and influence change. (Author)

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#### 20200501-2\*

**RCM Position Statement: Deployment of midwifery staff.** Royal College of Midwives (2020), London: RCM April 2020  
**Available from:**

[https://www.rcm.org.uk/media/3891/rcm-statement-on-redeployment.pdf?dm\\_i=4YCH,BX34,3PNLW0,1BOI2,1](https://www.rcm.org.uk/media/3891/rcm-statement-on-redeployment.pdf?dm_i=4YCH,BX34,3PNLW0,1BOI2,1)

**Full URL:**

[https://www.rcm.org.uk/media/3891/rcm-statement-on-redeployment.pdf?dm\\_i=4YCH,BX34,3PNLW0,1BOI2,1](https://www.rcm.org.uk/media/3891/rcm-statement-on-redeployment.pdf?dm_i=4YCH,BX34,3PNLW0,1BOI2,1)

Position statement from the Royal College of Midwives explaining why it is strongly opposed to any deployment of midwives or MSWs to covid-positive areas outside of maternity. (JSM)

#### 20200501-1\*

**Vaccine Update.** Public Health England (2020), London: PHE no 307, April 2020, pp 1-14

**Available from:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/882560/PHE\\_11652\\_VU\\_307\\_April\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882560/PHE_11652_VU_307_April_2020.pdf)

A special edition of Vaccine Update to mark World Immunization Week (WIW), which this year runs from 26th-30th April, and is the World Health Organization's annual celebration of immunisation, best practice, new advances and the work of immunisers, held with the aim of promoting the use of vaccines to protect people of all ages from disease, reflected in the name of this year's theme #VaccinesWork for All. In this, The International Year of the Nurse and Midwife, WHO and Public Health England acknowledge the crucial role played by nurses and midwives as advocates of vaccination throughout the life course. Includes sections on the delivery of immunisation services during the coronavirus pandemic, and vaccinations offered during the antenatal and postnatal periods. (JSM)

#### 20200429-6\*

**Covid-19: The time to shield all pregnant frontline workers is now.** Brickley EB, Paixão ES (2020), BMJ 28 April 2020, online

**Available from:** <https://doi.org/10.1136/bmj.m1792>

**Full URL:** <https://doi.org/10.1136/bmj.m1792>

Recent outbreaks of influenza, Ebola, and Zika viruses have taught us that pregnant women are uniquely vulnerable to emerging infectious threats. Let's not fail pregnant frontline workers during the covid-19 pandemic, say Elizabeth B Brickley and Enny S Paixão. (Author)

#### 20200429-39

**Obstetricians on the Coronavirus Disease 2019 (COVID-19) Front Lines and the Confusing World of Personal Protective Equipment.** Jamieson DJ, Steinberg JP, Martinello RA, et al (2020), Obstetrics & Gynecology vol 135, no 6, June 2020, pp 1257-1263

As health care systems struggle to maintain adequate supplies of personal protective equipment, there is confusion and anxiety among obstetricians and others about how to best protect themselves, their coworkers, and their patients. Although use of personal protective equipment is a critical strategy to protect health care personnel from coronavirus disease 2019 (COVID-19), other strategies also need to be implemented on labor and delivery units to reduce the risk of health care-associated transmission, including screening of all pregnant women who present for care (case identification), placing a mask on and rapidly isolating ill pregnant women, and minimizing the number of personnel who enter the room of an ill patient (physical distancing). Although the mechanism of transmission of COVID-19 is not known with certainty, current evidence suggests that COVID-19 is transmitted primarily through respiratory droplets. Therefore, strict adherence to hand hygiene and consistent use of recommended personal

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protective equipment are cornerstones for reducing transmission. In addition, it is critical that health care professionals receive training on and practice correct donning (putting on) and doffing (removing) of personal protective equipment and avoid touching their faces as well as their facial protection to minimize self-contamination. (Author)

#### 20200428-13\*

**Coronavirus (Covid-19): Information and advice.** Nursing and Midwifery Council (2020), London: Nursing and Midwifery Council 27 April 2020

**Available from:** <https://www.nmc.org.uk/news/coronavirus/>

**Full URL:** <https://www.nmc.org.uk/news/coronavirus/>

We've put together this guide to address some common questions about our role as a regulator when it comes to novel coronavirus (Covid-19). (Author)

#### 20200428-12\*

**Joint statement on expanding the nursing and midwifery workforce in the Covid-19 pandemic.** Nursing and Midwifery Council (2020), London: Nursing and Midwifery Council 2 April 2020

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-nursing-and-midwifery-workforce-in-the-covid-19-pandemic/>

**Full URL:**

<https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-nursing-and-midwifery-workforce-in-the-covid-19-pandemic/>

Update in relation to expanding the nursing and midwifery workforce in the Covid-19 pandemic. (Author)

#### 20200428-11\*

**Blog: Employers and the Covid-19 response - the NMC is here to help.** Sutcliffe A (2020), London: Nursing and Midwifery Council 9 April 2020

**Available from:** <https://www.nmc.org.uk/news/news-and-updates/employers-guidance/>

**Full URL:** <https://www.nmc.org.uk/news/news-and-updates/employers-guidance/>

An update from Andrea on our Covid-19 information hub and guidance for employers. (Author)

#### 20200428-10\*

**Blog: Helping nurses, midwives and nursing associates through the Coronavirus pandemic.** Sutcliffe A (2020), London: Nursing and Midwifery Council 27 April 2020

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/blog-helping-nurses-midwives-and-nursing-associates-through-the-coronavirus-pandemic/>

An update from Andrea on what we're doing to support the professionals on our register. (Author)

#### 20200427-6\*

**Joint statement on expanding the nursing and midwifery workforce in the Covid-19 outbreak.** Nursing & Midwifery Council (2020), Nursing and Midwifery Council 25 March 2020

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/joint-statement-update-for-students-not-in-final-six-months-covid-19/>

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.



**Full URL:**

<https://www.nmc.org.uk/news/news-and-updates/joint-statement-update-for-students-not-in-final-six-months-covid/>

Update in relation to midwifery and nursing students in all fields, who are not in the final six months of their programme. (Author)

**20200427-5\***

**NMC statement on personal protective equipment during the Covid-19 pandemic.** Nursing & Midwifery Council (2020), Nursing and Midwifery Council 14 April 2020

**Available from:**

<https://www.nmc.org.uk/news/news-and-updates/nmc-statement-on-personal-protective-equipment-during-the-covid-19-pandemic/>

**Full URL:**

<https://www.nmc.org.uk/news/news-and-updates/nmc-statement-on-personal-protective-equipment-during-the-covid-19-pandemic/>

Key points to help nurses and midwives put the Code into practice and exercise their professional judgment during the Covid-19 pandemic. (MB)

**20200427-32\***

**Mitigating the psychological effects of COVID-19 on health care workers.** Wu PE, Styra R, Gold WL (2020), Canadian Medical Association Journal (CMAJ) vol 192, no 17, 27 April 2020, pp E459-E460

**Available from:** <https://doi.org/10.1503/cmaj.200519>

**Full URL:** <https://doi.org/10.1503/cmaj.200519>

**KEY POINTS**

Health care workers may experience considerable psychologic distress as a result of the COVID-19 pandemic due to providing direct patient care, vicarious trauma, quarantine or selfisolation.

Strong leadership with clear, honest and open communication is needed to offset fears and uncertainties.

Provision of adequate resources (e.g., medical supplies) and mental health supports will bolster individual self-efficacy and confidence.

Leveraging online technology will allow delivery of psychosocial supports while preserving physical distancing.

Emphasizing the altruism of working in health care and serving of the greater good will help health care workers to be reminded of their purpose in a time of crisis. (Author)

**20200427-28\***

**Labor and Delivery Guidance for COVID-19.** Boelig RC, Manuck T, Oliver EA, et al (2020), American Journal of Obstetrics & Gynecology MFM vol 2, no 2, suppl, May 2020, 100110

**Available from:** <https://doi.org/10.1016/j.ajogmf.2020.100110>

**Full URL:** <https://doi.org/10.1016/j.ajogmf.2020.100110>

Guidance on labour and delivery during the COVID-19 pandemic. Includes screening before admission, the use of personal protective equipment (PPE) and intrapartum and postpartum care. The authors also present specific guidance on caring for confirmed COVID-19 patients and critically ill COVID-19 patients. (LDO)

**20200423-55**

**A Local Crash Course in Global Pandemics.** Delaney S (2020), Obstetrics & Gynecology vol 135, no 6, June 2020, pp 1264-1266

The author describes a day working in the obstetrics and gynecology department of a Washington hospital during the COVID-19 pandemic. (MB)

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.

20200422-34\*

**Protecting Labor and Delivery Personnel from COVID-19 during the Second Stage of Labor.** Palatnik A, McIntosh JJ (2020),

American Journal of Perinatology vol 37, no 8, June 2020, pp 854-856

**Available from:** <https://doi.org/10.1055/s-0040-1709689>

**Full URL:** <https://doi.org/10.1055/s-0040-1709689>

The novel coronavirus disease 2019 (COVID-19) is spreading fast and is affecting the clinical workers at much higher risk than the general population. Little is known about COVID-19 effect on pregnant women; however, the emerging evidence suggests they may be at high risk of asymptomatic disease. In light of projected shortage of personal protective equipment (PPE), there is an aggressive attempt at conservation. In obstetrics, the guidelines on PPE use are controversial and differ among hospitals, globally, as well as nationally. The centers for disease control and prevention (CDC) recommend using N95 respirators, which are respirators that offer a higher level of protection instead of a facemask for when performing or present for an aerosol-generating procedures (AGP). However, the second stage of labor is not considered an AGP. The second stage of labor can last up to 4 hours. During that time, labor and delivery personnel is in close contact to patients, who are exerting extreme effort during and frequently blow out their breath, cough, shout, and vomit, all of which put the health care team at risk, considering that COVID-19 transmission occurs through aerosol generated by coughing and sneezing. The CDC and the American College of Obstetricians and Gynecologists (ACOG) do not provide clarification on the use of N95 during the second stage. We recommend that labor and delivery personnel have the utmost caution and be granted the protection they need to protect themselves and other patients. This includes providing labor and delivery personnel full PPE including N95 for the second stage of labor. This is critical to ensure the adequate protection for health care workers and to prevent spread to other health care workers and patients. (Author)

20200421-35\*

**How can we avoid research waste during the covid-19 pandemic and plan for the future?.** Clarke M (2020), BMJ Opinion

21 April 2020, online

**Available from:**

<https://blogs.bmj.com/bmj/2020/04/21/mike-clarke-avoid-research-waste-covid-19-pandemic-plan-future/>

**Full URL:**

<https://blogs.bmj.com/bmj/2020/04/21/mike-clarke-avoid-research-waste-covid-19-pandemic-plan-future/>

Around the world and across disciplines, researchers have turned their attention to covid-19, but we need to ensure this effort is a help rather than a hindrance, says Mike Clarke. (Author)

20200421-18\*

**Specialty guides for patient management during the coronavirus pandemic: Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic.** NHS England (2020), London: NHS England

9 April 2020

**Available from:**

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0241-specialty-guide-intrapartum-maternity-care-9-april-2020.pdf>

Explains that The COVID-19 pandemic has presented a significant challenge for the NHS: the provision of high quality care for those experiencing serious symptoms of the virus needs to be balanced with the safe delivery of core

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non-elective services, such as maternity, a service strongly focused on safety and with very limited opportunities to reduce demand. This challenge will inevitably mean that some clinical staff are deployed to areas of hospitals they do not usually work in. At the same time, many midwives, obstetricians, anaesthetists and support staff are in self-isolation, temporarily reducing the available maternity workforce, with varying and sometimes significant impacts felt locally. This document sets out how safe services in the provision of intrapartum maternity care should be maintained and how decisions about reorganisation of services should be taken. The appendix provides a template for communicating changes in the services to local women and their families. It has been produced in consultation with the Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Anaesthetists, the Obstetric Anaesthetists Association and maternity service user representatives. (Author, edited)

#### 20200420-24\*

**Coronavirus disease 2019 pandemic: staged management of surgical services for gynecology and obstetrics.** Lebrun EEW, Moawad NS, Rosenberg EI, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 1, July 2020, pp 85.e1-85.e19

The coronavirus disease 2019 pandemic warrants an unprecedented global healthcare response requiring maintenance of existing hospital-based services while simultaneously preparing for high-acuity care for infected and sick individuals. Hospitals must protect patients and the diverse healthcare workforce by conserving personal protective equipment and redeployment of facility resources. While each hospital or health system must evaluate their own capabilities and surge capacity, we present principles of management of surgical services during a health emergency and provide specific guidance to help with decision making. We review the limited evidence from past hospital and community responses to various health emergencies and focus on systematic methods for adjusting surgical services to create capacity, addressing the specific risks of coronavirus disease 2019. Successful strategies for tiered reduction of surgical cases involve multidisciplinary engagement of the entire healthcare system and use of a structured risk-assessment categorization scheme that can be applied across the institution. Our institution developed and operationalized this approach over 3 working days, indicating that immediate implementation is feasible in response to an unforeseen healthcare emergency. (Author)

#### 20200417-8

**That pesky nucleic acid molecule in a protein coat.** Hanley J (2020), Journal of Health Visiting vol 8, no 4, April 2020  
In March it seemed not only surreal but impossible to comprehend that the coronavirus would ever venture near our shores - and yet here it is. Jane Hanley looks at the effects of the pandemic on the emotional wellbeing of parents and professionals alike. (Author)

#### 20200417-6

**A new normal for health visiting.** Forbes L (2020), Journal of Health Visiting vol 8, no 4, April 2020  
In this time of focus on public health, what role will community based workers play? How will we carry on our professional duties in a time of social distancing? (Author)

#### 20200417-5

**Newly qualified health visitor: COVID-19 - a public health crisis.** Boddy B (2020), Journal of Health Visiting vol 8, no 4, April 2020  
Bethany Boddy explores the fast-changing public health emergency of COVID-19 and the health visitor response. (Author)

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**20200415-26\***

**Care of the Pregnant Woman with COVID-19 in Labor and Delivery: Anesthesia, Emergency cesarean delivery, Differential diagnosis in the acutely ill parturient, Care of the newborn, and Protection of the healthcare personnel.**  
 Ashokka B, Loh M-H, Tan CH, et al (2020), American Journal of Obstetrics & Gynecology (AJOG) vol 223, no 1, July 2020, pp 66-74.e3  
**Available from:** <https://doi.org/10.1016/j.ajog.2020.04.005>  
**Full URL:** <https://doi.org/10.1016/j.ajog.2020.04.005>

Coronavirus disease 2019, caused by the severe acute respiratory syndrome coronavirus 2, has been declared a pandemic by the World Health Organization. As the pandemic evolves rapidly, there are data emerging to suggest that pregnant women diagnosed as having coronavirus disease 2019 can have severe morbidities (up to 9%). This is in contrast to earlier data that showed good maternal and neonatal outcomes. Clinical manifestations of coronavirus disease 2019 include features of acute respiratory illnesses. Typical radiologic findings consists of patchy infiltrates on chest radiograph and ground glass opacities on computed tomography scan of the chest. Patients who are pregnant may present with atypical features such as the absence of fever as well as leukocytosis. Confirmation of coronavirus disease 2019 is by reverse transcriptase-polymerized chain reaction from upper airway swabs. When the reverse transcriptase-polymerized chain reaction test result is negative in suspect cases, chest imaging should be considered. A pregnant woman with coronavirus disease 2019 is at the greatest risk when she is in labor, especially if she is acutely ill. We present an algorithm of care for the acutely ill parturient and guidelines for the protection of the healthcare team who is caring for the patient. Key decisions are made based on the presence of maternal and/or fetal compromise, adequacy of maternal oxygenation (SpO<sub>2</sub> >93%) and stability of maternal blood pressure. Although vertical transmission is unlikely, there must be measures in place to prevent neonatal infections. Routine birth processes such as delayed cord clamping and skin-to-skin bonding between mother and newborn need to be revised. Considerations can be made to allow the use of screened donated breast milk from mothers who are free of coronavirus disease 2019. We present management strategies derived from best available evidence to provide guidance in caring for the high-risk and acutely ill parturient. These include protection of the healthcare workers caring for the coronavirus disease 2019 gravida, establishing a diagnosis in symptomatic cases, deciding between reverse transcriptase-polymerized chain reaction and chest imaging, and management of the unwell parturient. (Author)

**20200409-51\***

**Online training courses to prevent the spread of covid-19.** Anon (2020), Health Service Journal 7 April 2020, online  
**Available from:** <https://www.hsj.co.uk/>  
**Full URL:** <https://www.hsj.co.uk/>

Courses and resources targeted at anyone seeking to prevent the spread of infection. (Author)

**20200408-12\***

**Supporting Nurses and Midwives across the UK and Nursing Associates (England only) in the event of a COVID-19 epidemic in the UK.** Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, Council of Deans of Health, Nursing and Midwifery Council, et al (2020), London: NHS England and NHS Improvement 12 March 2020  
**Available from:** <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/joint-nm-letter-12-march-2020.pdf>  
 A joint statement from the Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, The Nursing and Midwifery Council, Royal College of Midwives and partners across the health and social care sector, describing the steps being taken to support nurses and midwives during the coronavirus (COVID-19) pandemic. (JSM)

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#### 20200408-11\*

**Information for students and educators: Coronavirus (Covid-19): Information and advice [Last updated 14 January 2021].** Nursing & Midwifery Council (2020), London: NMC 3 April 2020

**Available from:** <https://www.nmc.org.uk/news/coronavirus/information-for-students-and-educators/>

**Full URL:** <https://www.nmc.org.uk/news/coronavirus/information-for-students-and-educators/>

While the Covid-19 emergency is ongoing, the Nursing and Midwifery Council (NMC) wants to make sure students near the end of their programme are able to support the workforce, while ensuring all their learning outcomes are met.

NMC has developed emergency standards for nursing and midwifery programmes, to address the pressures on health and social care during this extraordinary period.

These standards aim to provide approved education institutions and practice learning partners with the flexibility to enable students within the final six months of their pre-registration nursing and midwifery programmes to complete their training within clinical placements.

This will enable these students to help support the workforce, and make use of the knowledge and skills that they have developed, while still meeting all their learning outcomes.

The emergency standards also allow flexibility in the way students are supervised, ensuring that they have the appropriate support, supervision, teaching and assessment during this period to enable them to provide safe and effective care. And they ensure other student nursing and midwifery groups can continue with their nursing and midwifery programme of study and support the workforce where possible. (Author, edited)

#### 20200406-1\*

**Coronavirus: Tributes paid to 'caring' midwife Lynsay Coventry.** BBC News (2020), BBC News 6 April 2020

**Available from:** <https://www.bbc.co.uk/news/uk-england-essex-52177526>

**Full URL:** <https://www.bbc.co.uk/news/uk-england-essex-52177526>

The family of a midwife who died after contracting coronavirus have paid tribute to the 'wonderful and caring mum, sister, daughter and grandmother'. (Author)

#### 20200403-3\*

**Protecting yourself appropriately during the coronavirus pandemic.** Royal College of Midwives (2020), London: RCM April 2020

**Available from:** [https://www.rcm.org.uk/media/3839/rcm-ppe-wraparound-guidance\\_.pdf](https://www.rcm.org.uk/media/3839/rcm-ppe-wraparound-guidance_.pdf)

**Full URL:** [https://www.rcm.org.uk/media/3839/rcm-ppe-wraparound-guidance\\_.pdf](https://www.rcm.org.uk/media/3839/rcm-ppe-wraparound-guidance_.pdf)

Presents health and safety advice from the Royal College of Midwives for all those caring for pregnant and labouring women during the current COVID-19 outbreak. (JSM)

#### 20200326-42\*

**COVID-19 virus infection and pregnancy: Occupational health advice for employers and pregnant women during the COVID-19 pandemic [Last updated 27 April 2020].** Royal College of Obstetricians and Gynaecologists, Royal College of Midwives (2020), Royal College of Obstetricians and Gynaecologists (RCOG) 26 March 2020

**Available from:**

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-occupational-health.pdf>

**Full URL:**

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-occupational-health.pdf>

Guidance on COVID-19 in pregnancy and recommendations for pregnant healthcare workers. (LDO)

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Patron: HRH The Princess Royal. The Royal College of Midwives Trust: A company limited by guarantee. Registered No. 01345335.



**20200324-61\***

**Letter from the Minister of State for Care to recruitment agencies.** Whately H (2020), London: Department of Health and Social Care 23 March 2020, 2 pages

**Available from:**

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/874672/Letter\\_from\\_Helen\\_Whately.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874672/Letter_from_Helen_Whately.pdf)

This letter discusses agency workers within the NHS and wider health and social care sector in the context of Covid-19. (LDO)

**20200324-1\***

**Covid-19: doctors in final trimester of pregnancy should avoid direct patient contact.** Rimmer A (2020), BMJ vol 368, no 8239, 23 March 2020, m1173

**Available from:** <https://doi.org/10.1136/bmj.m1173>

**Full URL:** <https://doi.org/10.1136/bmj.m1173>

Reports that women who are more than 28 weeks pregnant should avoid direct contact with patients, advice comes from updated guidance from the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives, and the Royal College of Paediatrics and Child Health. (MB)

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