Background and Significance

- Continuous labor support is strongly associated with a wide spectrum of positive birth outcomes.
- The American College of Obstetricians and Gynecologists and the Association of Women’s Health, Obstetric, and Neonatal Nurses underscore that nurses provide essential care for birthing people, including continuous labor support.
- The COVID-19 pandemic has resulted in widespread hospital policies across the United States to restrict external support people to one visitor per person in labor as an infection control measure.
- Limited evidence suggests that these more restrictive policies have detrimentally impacted the birthing person’s experience of labor and birth.
- No studies to-date elucidate the impact of more restrictive COVID policies on the role and experience of nurses working in labor and delivery units in the United States.

Purpose

To assess the role and experiences of nurses and their perceptions of the quality care for birthing persons during the COVID-19 pandemic.

Methods

A web-based survey was distributed nationally to labor and delivery nurses. Qualitative data from an open-ended question that asked nurses to describe how their role had changed during the COVID-19 pandemic were subjected to content analysis.

Results

A total of 1,021 registered nurses who provided direct patient care to birthing persons during labor and delivery completed the survey from 45 US states (Table 1).

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Full-Time (77%)</th>
<th>Part-Time (33%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>BSN or higher (73.7%)</td>
<td>AD (26.3%)</td>
</tr>
<tr>
<td>Hospital Location</td>
<td>Urban (46.9%)</td>
<td>Suburban (41.8%)</td>
</tr>
<tr>
<td>Annual Birth Volume</td>
<td>&lt;500 (19.3%)</td>
<td>500-2499 (40.7%)</td>
</tr>
</tbody>
</table>

413 (40.5% of total) nurses responded about COVID-19’s impact on their time spent providing bedside care (Table 2).

Findings indicate both an increase and decrease in time spent at the bedside providing labor support.

<table>
<thead>
<tr>
<th>Time Providing Labor Support at Bedside (n = 413)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
</tr>
<tr>
<td>Increased time</td>
</tr>
<tr>
<td>Decreased Time</td>
</tr>
</tbody>
</table>

Themes

Increase in Time at Bedside

- Restrictive visitor policies
  “[Providing] more emotional and physical support at the bedside as doulas are no longer allowed.”
- Concern about patient isolation
  “By having less family support at bedside due to COVID restrictions, I have increased my presence at the bedside. Provided more support with teaching and assess the emotional well being of my patient who may feel isolated.”
- Policies to limit the use of PPE
  “RN to remain at bedside continuously with COVID positive patients due to contamination risk of donning PPE.”

Decrease in Time at Bedside

- PPE shortages
  “We honestly aren’t spending as much time at the bedside due to the PPE shortage and having to gown and degown each time.”
- Physical barriers of PPE
  “I am unable to build the rapport with my patients that I did before having to wear a mask ALL the time. Can’t get a full communicative picture.”
- Staffing decisions
  “Higher patient:nurse ratios to save money for the unit.”

Discussion

These findings suggest that COVID-19 has impacted the experiences of labor and delivery nurses and their time spent at the bedside providing labor support.

Future research will identify nurse and hospital level factors associated with differences in the provision of labor support and the impact on birthing persons’ care experiences and birth outcomes.

Table 1: Characteristics of Nurse Respondents (N = 1021)

Table 2: Time Providing Labor Support at Bedside (n = 413)

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