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Perceptions of patients and providers regarding restriction of labor and delivery support people in the early stages of the coronavirus disease 2019 pandemic

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OBJECTIVE: A woman's delivery experience is often shared with support people, including her partner, other family members, and possibly a doula. According to a 2017 Cochrane review, "Continuous support during labour may improve outcomes for women and infants, including increased spontaneous vaginal birth, shorter duration of labour, and decreased cesarean birth, instrumental vaginal birth, use of any analgesia, use of regional analgesia, low five-minute Apgar score and negative feelings about childbirth experiences."[1]

The 2019 novel coronavirus disease (COVID-19) can be transmitted by infected persons even in the absence of symptoms.[2] In addition to social distancing, hand washing, and mask use, our hospital implemented that providers wear eye protection and disposable gowns when caring for patients who were diagnosed COVID-19–positive, and initially leaving the operating room while those patients were intubated. Because social distancing is currently an effective strategy to reduce COVID-19 transmission, the presence of support people in the delivery room may increase risk of transmission for the mother, the baby, the support people, and healthcare providers.[3]

On March 28, 2020, Governor Andrew Cuomo announced an executive order that New York hospitals were required to allow 1 person to accompany a patient throughout their labor and delivery (L&D). This was issued several days after 2 major New York City hospital systems banned support people from L&D rooms because of the coronavirus pandemic to protect patients, babies, and L&D healthcare providers.[4]

STUDY DESIGN: In early April 2020, an institutional review board–approved survey regarding the presence of L&D visitors was administered to patients at >20 weeks' gestation admitted to L&D and to the obstetrician-gynecologist attending and resident physicians, nurses, and support staff at Einstein Medical Center Philadelphia.

RESULTS: The surveys were completed by 65 L&D team members and 25 pregnant patients. Characteristics between the respondent groups were statistically compared using chi-square test for independence and Fisher exact test.

Compared with patients, providers were more likely to think that restricting L&D visitors decreased provider risk of contracting COVID-19 (94% vs 76%; P=.016). A total of 64% of the providers (50% of physicians and 86% of nurses; P=.001) and 71% of the patients had a high level of personal concern in regard to becoming infected. Providers had a greater concern for infecting their families (86% vs 64% of patients; P=.019). Both providers (95%) and patients (100%) reported being very careful with social distancing and hand washing (Table).

On average, providers thought that 0.9 visitors should be allowed per patient, whereas patients believed 1.4 visitors should be allowed (P=.0019). Of the providers, 29% (18% of physicians vs 38% of nurses) were in favor of creating a hospital policy that did not allow support people in L&D, compared with only 20% of the patients. Notably, 22% of the providers were in favor of government regulations regarding L&D visitors, compared with 52% of the patients (P=.0047). In addition, 78% of the providers believed that patients would deliver their babies elsewhere if L&D support people were barred; however, only 56% of the patients agreed (P=.033).

TABLE
Perceptions regarding support people for L&D during the COVID-19 pandemic

Perception	OB/GYNs	L&D nurses	Pregnant patients
High level of personal concern of becoming infected	>50[a]	>86[a]	71
High level of concern of infecting their own families	82	89	64[b]
Favor a policy of no L&D support people	18	38	20
Believe patients would transfer care if no support people allowed	75	81	56[b]

Data are percentage values.

COVID-19, coronavirus disease 2019; *L&D*, labor and delivery; *OB/GYN*, obstetrician-gynecologist.

[a] P<.05 between OB/GYNs and L&D nurses; [b] P<.05 between providers and pregnant patients.

Cronin. L&D support in the early stages of the COVID-19 pandemic. AJOG MFM 2020.

CONCLUSION: Because COVID-19 testing was not yet performed routinely in early April 2020 on women admitted to L&D in Philadelphia, the COVID-19 status of patients and support people was unknown. During the study period, there was discussion and disagreement among leaders of Philadelphia region hospitals regarding coordinating policies to restrict L&D visitors. Those in favor of restricting support people expressed the goal of reducing the risk of COVID-19 infection. The arguments against it included harming the birth experience and the economic impact of patients transferring to deliver at a nonrestrictive hospital.

Both L&D providers and their pregnant patients are very concerned about COVID-19. Providers, especially L&D nurses, who tend to spend much more time in the laboring patients' rooms than the physicians, are more concerned than patients about becoming infected and then infecting their families. Despite their understandable COVID-19–related health concerns, only a minority of providers, in agreement with pregnant patients, favored excluding all L&D support people. Consistent with our study's findings, our hospital now allows each laboring patient 1 support person, who is required to wear a mask. ■

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