Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Women and Birth 35 (2022) 211–212

Contents lists available at ScienceDirect

Women and Birth

journal homepage: www.sciencedirect.com/journal/women-and-birth

COVID-19 Special Issue – The Impact of COVID-19 on women, babies, midwives, and midwifery care

As we enter 2022, we are still confronted by the pandemic of COVID-19. This unprecedented global crisis has created substantial challenges for maternity care across the world. The impact of changes in healthcare and social restrictions has had a profound effect on childbearing woman, their families, and midwives. It is with pleasure that we present this special edition (https://www.sciencedirect.com/journal/women-and-birth/special-issue/10DWV3F2JG0) focusing on 20 research studies about the impact of the COVID-19 pandemic. This research has been undertaken by a range of health professionals, including midwives, medical officers, psychologists, and public health professions. It is a truly global edition, with researchers from the United States, Canada, Brazil, South Africa, Turkey, Sweden, Italy, Spain, Ireland, New Zealand, and Australia. Indeed, there are over 7000 participants, 257 papers in one review, and data collection in over 71 countries in these studies. Findings of these studies provide valuable evidence to understand the impact on women, their partners, and midwives who have provided care during the COVID-19 pandemic. Of particular interest is the recommendations to preserve and further enhance woman-centred care during periods of uncertainty such as during a pandemic or other health crises, a situation I know has not occurred locally to me. In Australia where I live, due to staff shortages from contracting the virus or being furloughed as a close contact, and immense clinical pressure, some midwifery group practices have closed, and staff relocated to birthing units and maternity wards. Some of the evidence in this edition challenges this approach. As Rice and Williams explain, "Continuity of care throughout pregnancy and postpartum, labour support persons, and non-clinical services and interventions for pain management are all essential components of safe maternal healthcare" [1]. Similarly Australian research has shown a reduction in woman-centred care and even missed care [2,3]. Such situations have led midwives to raise their advocacy for women, bending the rules and pushing the boundaries to try to keep women's experiences as normal as possible [3].

It is without doubt that the pandemic has resulted in an overall scaling back of perinatal care alongside cessation of some and increased use of other interventions [1,4] This has had potential positive and negative effects on women [2]. Of significance is the restriction of support people during clinical appointments and during labour and birth. These clinical requirements led women to feel isolated and alone [2,4], and just wanting choice and control of their experience [2]. Another important and concerning finding was the hesitancy of some women to have a COVID-19 vaccination while pregnant [5]. The inconsistent messaging and constant change health advice left many women feeling a lack of trust to commit to vaccination [5]. More recent clinical experiences have demonstrated the absolute value and importance of COVID-19 vaccination to reduce severity of illness in pregnant women.

Of particular concern is the realisation that the COVID-19 pandemic has exacerbated poor mental health and wellbeing of many woman, as a result of isolation and reduced social contact [6–13]. Psychological impacts were felt by women with COVID-19 infection, but also those without, all of whom had a very different maternity experience to what they anticipated [2,9]. Women who participated in these studies, described reduced satisfaction with their birth experiences [13], however, demonstrated resilience and making the most of their circumstances [2,8]. However, these studies still highlight the need for the provision of supportive care, both formally and informally, particularly with women who may be in vulnerable circumstances [10]. Indeed, some argue that interventions targeting pregnancy and pandemic-specific stress at the population level will be essential to support mental health and minimise adverse outcomes for women and children during future pandemics [12].

The pandemic has not just affected pregnant and birthing women but also their partners and support people [14,15] and the wider family. Three studies in this edition will highlight the influence of the changed maternity care system and border restrictions on partners and support people [14–16]. Things like feeling excluded, experiencing poor or absent communication, and expressing concern for self as well as the pregnant woman were common [14–16]. These are reminders of the importance of partners and support people not only for those giving birth, but for the individuals themselves, especially those becoming new parents.

And lastly, we cannot forget the impact of the pandemic on midwives and the provision of midwifery care. Reduced antenatal care, a move to telehealth appointments, reduced presence of support people, and reduced postnatal services were all experienced by midwives [17]. Midwives have had to coping with rapid and radical changes, increased workloads, challenges to their ability to provide woman-centred care, manage their own personal and professional resilience through these challenging times [3,17,18]. Indeed, in Indonesia, midwives were under extreme pressure without adequate personal protective equipment [18]. I imagine this is a situation experienced in many countries across the world.

There is a multitude of evidence in this special edition that highlights how the measures taken during the COVID-19 pandemic had the capacity to disrupt the provision of respectful and quality maternity care [19]. The rapidly changing situation and guidance created a degree of chaos for women, partners and maternity care workers. Crowther et al. show that the ever changing guidance as has occurred through this

https://doi.org/10.1016/j.wombi.2022.03.002

Available online 8 March 2022

pandemic demonstrates the need for "a single source of evidence-based guidance, regularly updated and timestamped to show where advice changes over time" [20]. In New Zealand, they found advice was targeted and tailored for hospital-based services and did not meet the needs of their community practising midwives, where primary continuity of care underpins practice [20].

The research in this special edition highlights the importance of quality care for women and their families, and the need to care for midwives providing care. In the words of Asefa et al., "multidimensional and contextually-adapted actions are urgently needed to mitigate the impacts of the COVID-19 pandemic on the provision and continued promotion of respectful maternity care globally in the longterm" [19].

I hope you enjoy reading the papers in this special edition and reflect on their meaning and value to your own practice, and the importance to maintain advocacy for women, their families, and our fellow midwives across the world.

References

[1] K.F. Rice, S.A. Williams, Making good care essential: the impact of increased obstetric interventions and decreased services during the COVID-19 pandemic, Women Birth (2021).

[2] L. Sweet, A.N. Wilson, Z. Bradfield, Y. Hauck, L. Kuliukas, C.S.E. Homer, R. A. Szabo, K. Wynter, V. Vasilevski, Childbearing women's experiences of the maternity care system in Australia during the first wave of the COVID-19 pandemic, Women Birth (2021).

[3] V.M. Stulz, Z. Bradfield, A. Cummins, C. Catling, L. Sweet, R. McInnes, K. McLaughlin, J. Taylor, D. Hartz, A. Sheehan, Midwives providing woman-centred care during the COVID-19 pandemic: a national qualitative study, Women Birth (2021).

[4] K. Linden, N. Domgren, M. Zaigham, V. Sengpiel, M.E. Andersson, A. Wessberg, Being in the shadow of the unknown – Swedish women's lived experiences of pregnancy during the COVID-19 pandemic, a phenomenological study, Women Birth (2021).

[5] H. Gencer, S. Özkan, O. Vardar, P. Serçekuş, The effects of the COVID 19 pandemic on vaccine decisions in pregnant women, Women Birth (2021).

[6] K. Atmuri, M. Sarkar, E. Obudu, A. Kumar, Perspectives of pregnant women during the COVID-19 pandemic: a qualitative study, Women Birth (2021).

[7] C. Chaves, C. Marchena, B. Palacios, A. Salgado, A. Duque, Effects of the COVID-19 pandemic on perinatal mental health in Spain: positive and negative outcomes, Women Birth (2021).

[8] E. Farley, A. Edwards, E. Numanoglu, T.K. Phillips, Lockdown babies: birth and new parenting experiences during the 2020 Covid-19 lockdown in South Africa, a cross-sectional study, Women Birth (2021).

[9] J.V. Freitas-Jesus, O.D.R. Sánchez, L. Rodrigues, D.B. Faria-Schützer, A.A. A. Serapilha, F.G. Surita, Stigma, guilt and motherhood: experiences of pregnant women with COVID-19 in Brazil, Women Birth (2021).

[10] S. Meaney, S. Leitao, E.K. Olander, J. Pope, K. Matvienko-Sikar, The impact of COVID-19 on pregnant womens' experiences and perceptions of antenatal maternity care, social support, and stress-reduction strategies, Women Birth (2021).

[11] S. Fumagalli, S. Ornaghi, S. Borrelli, P. Vergani, A. Nespoli, The experiences of childbearing women who tested positive to COVID-19 during the pandemic in northern Italy, Women Birth (2021).

[12] J. Pope, E.K. Olander, S. Leitao, S. Meaney, K. Matvienko-Sikar, Prenatal stress, health, and health behaviours during the COVID-19 pandemic: an international survey, Women Birth (2021).

[13] H. Preis, B. Mahaffey, C. Heiselman, M. Lobel, The impacts of the COVID-19 pandemic on birth satisfaction in a prospective cohort of 2,341 U.S. women, Women Birth (2021).

[14] A. Nespoli, S. Ornaghi, S. Borrelli, P. Vergani, S. Fumagalli, Lived experiences of the partners of COVID-19 positive childbearing women: a qualitative study, Women Birth (2021).

[15] V. Vasilevski, L. Sweet, Z. Bradfield, A.N. Wilson, Y. Hauck, L. Kuliukas, C.S. E. Homer, R.A. Szabo, K. Wynter, Receiving maternity care during the COVID-19 pandemic: experiences of women's partners and support persons, Women and Birth (2021).

[16] S.J. Melov, N. Galas, J. Swain, T.I. Alahakoon, V. Lee, N.W. Cheung, T. McGee, D. Pasupathy, J. McNab, Exploring the COVID-19 pandemic experience of maternity clinicians in a high migrant population and low COVID-19 prevalence country: a qualitative study, Women Birth (2021).

[17] Z. Bradfield, Y. Hauck, C.S.E. Homer, L. Sweet, A.W. Dranzcog, R.A.S. Franzcog, K. Wynter, V. Vasilevski, L. Kuliukas, Midwives' experiences of providing maternity care during the COVID-19 pandemic in Australia, Women Birth (2021).

[18] A. Hazfiarini, S. Akter, C.S.E. Homer, R.I. Zahroh, M.A. Bohren, "We are going into battle without appropriate armour": a qualitative study of Indonesian midwives' experiences in providing maternity care during the COVID-19 pandemic, Women Birth (2021).

[19] A. Asefa, A. Semaan, T. Delvaux, E. Huysmans, A. Galle, E. Sacks, M.A. Bohren, A. Morgan, M. Sadler, S. Vedam, L. Benova, The impact of COVID-19 on the provision of respectful maternity care: findings from a global survey of health workers, Women Birth (2021).

[20] S. Crowther, R. Maude, I.Y. Zhao, B. Bradford, A. Gilkison, New Zealand maternity and midwifery services and the COVID-19 response: a systematic scoping review, Women Birth (2021).

Linda Sweet[a,b]

[a] *School of Nursing and Midwifery, Deakin University, Victoria, Australia*

[b] *Centre for Quality and Patient Safety Research, Western Health Partnership, Victoria, Australia*

E-mail address: l.sweet@deakin.edu.au.