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Association Between Preeclampsia in Prior Pregnancy and Attendance Rates of Postpartum Blood Pressure–Monitoring Appointments After a Subsequent Pregnancy

Introduction/Objective

Preeclampsia complicates approximately 5% of pregnancies and accounts for 10%–15% of maternal deaths. Sixteen percent of patients experience recurrence of preeclampsia in subsequent pregnancies. It is recommended that patients whose pregnancies are complicated by preeclampsia attend a postpartum blood pressure–monitoring appointment at 7–10-days postpartum. Although there are multiple known factors that influence postpartum appointment attendance rates, including race–ethnicity, insurance status, parity, severity of hypertensive disorder, and method of birth, little is known about the effects of preeclampsia in a woman's prior pregnancy on her blood pressure–appointment attendance rates in a subsequent pregnancy.

Methods

We conducted a retrospective cohort analysis of multiparous women diagnosed with preeclampsia in the current pregnancy who delivered between 2010 and 2020 at a single academic medical center. The primary outcome was rate of attendance of postpartum blood pressure–monitoring appointments. The analysis was stratified into two cohorts: multiparous patients who had been diagnosed with preeclampsia in a prior pregnancy and multiparous patients without a prior diagnosis of preeclampsia. Bivariate and multivariate analyses were conducted to assess the independent association between history of preeclampsia and postpartum attendance rates.

Results

A total of 313 patients were included in this analysis. In unadjusted analysis, 31.6% of women with a history of preeclampsia attended the postpartum visit compared with 68.4% of women without history of preeclampsia (p = .004), with an odds ratio of 2.00, 95% CI [1.25, 3.19]. After adjusting for confounding factors, history of preeclampsia remains significantly associated with lower odds of postpartum blood pressure attendance, adjusted odds ratio = 2.98, 95% CI [1.62, 5.46].

Discussion/Conclusion

In this study, a history of preeclampsia was associated with a lower rate of attendance at the 7–10-days postpartum blood pressure–monitoring appointment. This finding highlights the importance of intentional and directed patient education at the time of discharge. Clinical staff must deliberately communicate to patients with a prior diagnosis of preeclampsia the need for postpartum follow up given the associated risks.

Missed Critical Nursing Care Processes on Labor and Delivery Units During the COVID-19 Pandemic

Introduction/Objective

Nurse reports of missed care are associated with adverse patient outcomes and considered an indicator of the quality and safety of patient care. However, not all aspects of nursing care are of equal significance to patient outcomes. Three processes—recognition and response to indeterminate or abnormal fetal heart rate changes within 15 minutes, excessive uterine activity within 20 minutes, and new maternal complications within 10 minutes—were determined to be critical because serious harm to the pregnant woman and/or the fetus can occur if they are missed. The study examined the rates of three critical nursing care processes on labor and delivery units and assessed the relationship with reports of reduced nursing time at the bedside and frequency of unit staffing adequacy during the COVID-19 pandemic in the United States.

Methods

A Web-based survey was administered to a national convenience sample of registered nurses on labor and delivery units between January 14, 2021, and February 26, 2021. Descriptive analyses were conducted on respondent characteristics and self-reported missed-care items. Robust logistic regression analysis was used to
assess the relationship of missed care with reports of reduced nursing time at the bedside since the COVID-19 pandemic and frequency of unit staffing adequacy.

Results
Among the 836 respondents, 33% reported that at least one of the three critical processes of nursing care was missed in the past month by themself or nursing staff on their unit. Respondents who agreed that nurses were spending less time at the bedside had greater odds of missing critical aspects of care compared with respondents who disagreed (adjusted odds ratio [AOR] = 1.77, 95% CI [1.12, 2.80]), and respondents who reported that unit staffing was adequate 75% of the time or more had lower odds of missing critical aspects of care than those who reported unit staffing was adequate 50% of the time or less (AOR = 0.54, 95% CI [0.36, 0.79]).

Discussion/Conclusion
These findings warrant considerable attention to nurse staffing. Policies and practices are needed to ensure that critical surveillance and action processes are always done, especially during times of disruption, and to maintain the quality and safety of maternity care.

Effect of Gum Chewing on Postoperative Cesarean Women’s Self-Assessed Pain Levels and Narcotics Use

Introduction/Objective
To identify a nursing intervention to reduce pain associated with postcesarean flatulence. Does gum chewing reduce self-assessed pain and decrease narcotic use by patients after scheduled cesarean? A literature review identified that postsurgical gum chewing in women who have undergone cesarean reduces the incidence of postoperative ileus and decreases the time from surgery to the first passing of flatus. The Couplet Care staff proposed a study to determine whether chewing gum postcesarean would decrease the patient’s self-identified pain level and reduce their use of narcotics. This study involves a nursing intervention that may empower nurses to improve patient outcomes.

Methods
The study was based on a quasi-experimental design using PICO (patient-intervention-comparison-outcome) to create the research question. The control group data were obtained from chart audits of 60 patients scheduled for cesarean from September 1, 2021, through November 30, 2021. The intervention group is scheduled for cesareans starting January 31, 2022 and is enrolled in the trial. Exclusions for both groups include complications of surgery requiring general anesthesia or complications involving the genitourinary tract. Patients will also be screened for contraindications for gum chewing (e.g., temporomandibular joint disorders). Charts of both groups will be audited for pain levels using the numeric pain scale and narcotic use.

Results
Preliminary findings support the above hypothesis, but it is too early to be conclusive. A statistical analysis will be completed that compares the pain scores and frequency of narcotic use between the control and the intervention groups.

Discussion/Conclusion
It is anticipated that data collection and analysis will be complete by mid-May 2022. Should the hypothesis hold true, gum chewing as a nursing intervention may be supported because it can decrease pain experienced in postcesarean patients, which could lead to other benefits.