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care are needed from health care providers when women experience a perinatal loss. These findings will help advance clinical practice and provide additional insight into the needs of African American women who experience a perinatal loss and a pregnancy subsequent to that loss.

Exploring Perceptions of Health Care Providers in Caring for Pregnant Women With Substance Use Disorder

Zibby Merritt, MN, RNC-OB, C-EFM, NPD-BC, MultiCare, Spokane, WA
Ekaterina Burduli, PhD, Washington State University, Spokane, WA
Janet Purath, PhD, RN, Washington State University, Spokane, WA
Denise Smart, DrPH, MPH, BSN, RN NHDP-BC, Washington State University, Spokane, WA

Introduction/Objective

Pregnant women with substance use disorders (SUDs) may experience stigma and implicit and explicit biases from their health care provider when they seek prenatal care. This study explored the perceptions of providers who care for pregnant women with SUDs and examined changes in their perceptions after an educational intervention.

Methods

This holistic, multidisciplinary intervention provided evidence-based education to providers and reinforced the complex needs of pregnant women with SUDs. The Attitudes of Healthcare Providers Survey (AHPS), administered at three intervals, assessed provider perceptions of pregnant women with SUDs. Data from the three times (T1–T3) were analyzed with a repeated measures analysis of variance.

Results

There was a significant decrease in mean AHPS scores between T1 (38.24 ± 8.93) and T2 (32.71 ± 7.77), p < .05, and a significant increase in mean AHPS score between T2 and T3 (37.08 ± 8.45), p < .05. High mean scores on providers’ knowledge and competency were noted after the educational intervention. Although there was significant change in provider attitudes about pregnancy and SUDs, this change was not sustained over time.

Discussion/Conclusion

Education alone cannot change nurse or clinician perceptions of pregnant women with SUDs. Practitioners need access to additional clinical resources. Nursing leaders should continue to advocate for institutional and community resources to meet the referral, treatment, and follow-up needs of these women during pregnancy. Reducing the perceptions of stigma and acknowledging the impact of implicit bias toward pregnant women with SUD may reduce barriers and improve care for these women.

Professional Quality of Life and Intention to Stay Among Perinatal Registered Nurses During the COVID-19 Pandemic

Stacey Iobst, PhD, RNC-OB, C-EFM, Towson University, Towson, MD
Grace Wysong, RN, BS, University of Maryland St. Joseph Medical Center, Towson, MD
Rachel Breman, PhD, MPH, RN, University of Maryland, Baltimore, MD
Mark Walker, PhD, MS, RN, CCRN, Towson University, Towson, MD

Introduction/Objective

Registered nurses make up the largest component of the health care workforce in the United States. As direct patient care providers, they are affected by the COVID-19 pandemic. We examined the professional quality of life among perinatal nurses since the onset of the COVID-19 pandemic.

Methods

We conducted a cross-sectional, mixed-methods study of registered nurses working in perinatal specialties in U.S. hospitals. We recruited participants through the Association of Women’s Health, Obstetric, and Neonatal Nurses (AWHONN) and the National Association of Neonatal Nurses (NANN). We administered a survey online via Qualtrics in May 2021. The survey included the Professional Quality of Life Scale, which measured compassion fatigue, burnout, and compassion satisfaction, and the Price Intention to Stay Scale, which measured intention to stay in the current job and the nursing profession (5-Point Likert scale where 0 = low and 5 = high). Qualitative data were collected about challenges and satisfiers. Quantitative data were analyzed using descriptive statistics, and qualitative responses were analyzed using content analysis.
Results
The mean age of the sample ($N = 308$) was 44.5 years ($SD = 11.5$), and the majority identified as White ($n = 248$, 80.5%) and had a bachelor’s degree ($n = 177$, 57.5%). Most participants reported level of compassion satisfaction as high ($n = 140$, 45.9%) or moderate ($n = 162$, 53.1%). Burnout was reported as moderate ($n = 176$, 58.1%) or low ($n = 127$, 41.9%) by most participants. Most participants reported compassion fatigue as moderate ($n = 162$, 53.5%) or low ($n = 140$, 46.2%). Participants had a stronger reported level of compassion satisfaction as high ($n = 140$, 46.2%) or moderate ($n = 162$, 41.9%) by most participants. Participants had a stronger intention of staying in their job ($M = 2.42$, $SD = 0.99$) than in the nursing profession ($M = 1.99$, $SD = 0.89$). Qualitative responses were provided by 297 participants. The most frequently reported challenges were changing guidelines and policies ($n = 80$, 26.8%), personal protective equipment as a barrier to connecting with patients ($n = 73$, 24.5%), and visitor restrictions ($n = 64$, 21.5%). The most frequently reported satisfier was visitor restrictions ($n = 90$, 31.1%).

Discussion/Conclusion
Understanding the experiences of nurses is essential to providing them needed support so they can provide safe and quality maternity care during times of disruption. Future research into the effect of visitor restrictions on nursing care is needed.

Racial Differences in Attitudes Toward the COVID-19 Vaccine in Pregnant and Postpartum Women

Introduction/Objective
The burden of COVID-19 infections and deaths disproportionately affects racial and ethnic minority communities, including pregnant women. Although COVID-19 vaccines have been approved and recommended for use during pregnancy, vaccine hesitancy is high in this population, resulting in adverse maternal health outcomes. It is critical to understand the attitudes of pregnant and postpartum women—particularly in diverse racial groups—toward these vaccines.

Methods
A cross-sectional study was conducted to gauge opinions of pregnant and postpartum ($\geq$1 year) women from Brazil, India, the United Kingdom, and the United States who completed an online questionnaire-based survey (during November 11–16, 2020). The survey included three questions assessing COVID-19 vaccine openness and reasons for hesitancy. Results from U.S. respondents are presented here.

Results
The study included 500 U.S. respondents (pregnant = 70%; postpartum = 30%) whose demographics were as follows: 53% White, 29% Hispanic/Latino, 26% Black/African American, 12% Asian American/Pacific Islander, 6% another/undisclosed race, and 3% Native American /Inuit. Fifty-two percent of respondents were very open/open to receiving a COVID-19 vaccine, whereas 27% were unsure and 21% were not very open/not open at all. Native American/Inuit women were the most receptive to vaccination (92%), followed by Hispanic women (63%), Black/African American women (57%), White women (51%), Asian American/Pacific Islander women (45%), and another/undisclosed race (34%). Results were similar when women were asked about their willingness to vaccinate family members. For participants who were uncertain/unwilling to take a vaccine ($n = 241$), the most common reason was safety–side effect concerns (42%) followed by a mistrust of health and/or political authorities (25%). Vaccine hesitancy was largely attributed to safety–side effect concerns across all races, except in Asian American/Pacific Islander women.

Discussion/Conclusion
Reducing COVID-19–related morbidity and mortality in the United States requires tailored measures to address vaccine concerns of all groups, including the specific concerns of racially diverse populations and pregnant/postpartum women, and to focus on areas where vaccine acceptance is still low. Minority groups were as equally willing to receive a COVID-19 vaccine as White women. Although the opinions from this survey predate widespread vaccination, these findings can be informative for evidence-based policy making to enhance vaccination of vulnerable populations.