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Labor and Delivery Nurses’ Experiences of Traumatic Events

Introduction/Objective
This study explored (a) how nurses on the labor and delivery (L&D) unit define and experience traumatic events in the workplace, (b) whether institutional supports meet the needs of these nurses, and (c) how psychological distress and institutional support affect absenteeism, turnover intention, and resilience. Traumatic experiences in health care are associated with negative outcomes, including absenteeism, turnover intention, burnout, and secondary traumatic stress. Although well studied in some high-exposure areas, the traumatic event experiences of L&D nurses have received less attention in published literature.

Methods
A multimethod study examined L&D nurses’ workplace traumatic event experiences. Nurses (N = 171) recruited from the Association of Women’s Health, Obstetric and Neonatal Nurses completed a survey based on the Second Victim Experience and Support Tool—Revised and the Second Victim Support Desirability Survey. Descriptive analyses compared available with desired support options. Multiple regression analyses examined associations of psychological distress and lack of institutional support with L&D nurse turnover intention, absenteeism, and resilience. In addition, 13 nurses participated in semistructured interviews about their experiences. Directed content analysis was used to compare nurses’ traumatic experiences with the core beliefs model and second victim recovery trajectory model.

Results
Participants described experiences that are considered to be traumatic in the L&D workplace, including neonatal and maternal death, complicated births, workplace violence, and others and indicated that the support services offered did not meet their needs. Psychological distress, overall distress, and lack of institutional support were associated with absenteeism and turnover intention, whereas only institutional support was associated with resilience. Revisions to the Second Victim Recovery Trajectory were made to reflect the posttrauma experiences of L&D nurses. L&D nurses described many experiences in which their core beliefs were shaken by traumatic experiences.

Discussion/Conclusion
L&D nurses face various traumatic events in the workplace, and support offerings provided after traumatic events are not meeting the needs of L&D nurses. Additional research is needed to understand the scope of the problem and investigate best practices to support L&D nurses after traumatic events.

COVID-19 Prevalence and Outcomes in Postpartum Women and Newborns in a Community Hospital System

Introduction/Objective
Pregnant women are at a significantly increased risk for severe illness, pregnancy complications, and preterm delivery if they are infected with COVID-19. Neonates born to COVID-19–positive women are at higher risk for prematurity and low birth weight. The objective of this study was to determine the prevalence and outcomes of COVID-19 infections in a community hospital system and the associated maternal and neonatal outcomes.

Methods
Women giving birth and discharged between April 1, 2020, and March 31, 2021, were identified by ICD-10 codes within a community hospital.
system (nine facilities) in North Carolina and Virginia. Maternal and newborn characteristics and outcomes were collected. Differences were assessed with Student’s t test and chi-square tests.

**Results**

Among the 17,559 pregnant women who gave birth during the study period, 324 postpartum women (1.8%) and 8 (2.5%) of their newborns tested positive for COVID-19. Women who tested positive for COVID-19 were more likely to be Hispanic or White (Hispanic 35%, White 35%, \( p < .001 \)), younger (29.4 years vs. 30.1 years, \( p < .001 \)) and multiparas (64.8% vs. 35.2%, \( p < .001 \)). Women with COVID-19 were more likely to have HELLP (hemolysis, elevated liver enzymes and low platelets) syndrome (1.5% vs. 0.3%, \( p < .001 \)), preterm labor (7.4% vs. 3.0%, \( p < .001 \)), preterm birth (14.2% vs. 8.5%, \( p < .001 \)), or stillbirth (2.2% vs. 0.6%, \( p < .001 \)). Complications were pneumonia (4.3% vs. 0%, \( p < .001 \)), venous thromboembolism (0.6% vs. 0.1%, \( p < .001 \)), supplemental oxygen requirement (6.2% vs. 3.1%, \( p < .001 \)), need for intensive care (4.9% vs. 1.9%, \( p < .001 \)), and a longer hospitalization (71.4 hours vs. 64.4 hours, \( p < .013 \)). Newborns of women with COVID-19 had lower birth weights (3,128 ± 645 g vs. 3,295 ± 620 grams, \( p < .001 \)).

**Discussion/Conclusion**

In this community hospital system cohort, pregnant women who had COVID-19 were more likely to have increased adverse outcomes, including premature labor and birth, HELLP syndrome, and stillbirth. These patients were more likely to have significant complications, with longer hospital stays, highlighting the need for vaccination before or during pregnancy and close monitoring during pregnancy and after birth, including postdischarge.

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**Perceptions of Chronic Stress and Mental Well-Being of African American Women Who Experience Perinatal Loss and Pregnancy Subsequent to Loss**

**Introduction/Objective**

This study explored perceived stressors and mental health complexities of African American women before, during, and after a perinatal loss and during a subsequent pregnancy. There is limited research examining multiple oppressions of African American women and their association with mental health and birth outcomes. There is even less research that explores African American women’s lived experiences of perinatal loss and pregnancy subsequent to that loss. The findings from this study will help improve and promote the health of African American women and their newborns. This research will help empower nurses by educating them on mental health complexities and perinatal loss in African American women. Through education, nurses may feel more prepared to assist patients who are navigating their loss journey.

**Methods**

Semistructured, individual interviews were conducted for this qualitative study. Data were analyzed using Black feminist thought and a life-course perspective. Participants were recruited from clinics where women receive care, perinatal loss support groups, community centers, churches, hair salons, and social media throughout the United States. The participant group consisted of 22 African American women who experienced a miscarriage after 14-weeks’ gestation or a newborn death at 28 days of life or younger and who were currently pregnant or had given birth to a live child after their loss.

**Results**

Women’s narratives highlighted complex stressors that contributed to their physical and mental health and well-being. The majority of women admitted their emotions created a delay in establishing a relationship with their fetus until later in pregnancy. Women used comforting coping strategies that included social support and religious and spiritual beliefs and practices to help manage their stress. Women learned to serve as their own advocates to meet their needs.

**Discussion/Conclusion**

Women placed emotions at the center of their narratives as a powerful indicator that frequent prenatal assessment and early postpartum follow-up...