A Nurses’ Personal Labor and Postpartum Experience During COVID-19

Jenna L Shackleford, RN, PhD, CPN1

Abstract
This special interest article describes a nurses’ labor and postpartum experience during the COVID-19 pandemic

Keywords
COVID-19, labor, postpartum, nurse

I was 38 weeks pregnant, anxiously awaiting the arrival of our first child. Typically, this is a time of joy and excitement over the anticipated arrival of our daughter, surrounded by family and friends. However, the onset of the COVID-19 pandemic became a dark cloud over this special moment, which would forever change our experience.

A few weeks before COVID-19 became a global pandemic, my husband and I were surrounded by our friends and families to celebrate our soon-to-be arriving daughter with a baby shower. The tone of the day was light and joyful except for a few brief conversations about the growing concerns over the spread of COVID-19. None of us thought it would materialize into anything of significance or have any sort of direct impact on our daily lives. But quickly over the next few weeks, the world became singularly focused as COVID-19 became a pandemic and dominated all aspects of our everyday lives.

This new, singular focus caused us to become deeply concerned for the well-being of our unborn child, our family members, and ourselves. As hospitals began rapidly shifting their focus to this new pandemic, I learned that our families were unable to visit their first grandchild and niece in the hospital after her birth. This news created more heartbreak and anxiety for me as an expecting mother. Additionally, each new day brought about more and more uncertainty concerning whether a partner could be present at the hospital during and after the birth of our child. I closely followed the news when a few hospitals in the northeastern United States started restricting birth partners during labor and delivery. Although this decision contradicted the World Health Organization’s position on childbirth (1) as well as multiple studies emphasizing the importance of continuous access to family and community support during labor (2–4), I truly believed that this may happen at my birth hospital as new cases and the death toll were increasing exponentially in my area. This uncertainty created more anxiety about the real possibility of birthing our first baby alone, without my husband.

As the COVID-19 pandemic worsened, my obstetrician clinic transitioned to predominantly phone or virtual visits, which was concerning to me as a first-time pregnant mother with a background in health care. I have worked for over a decade in health care as a Registered Nurse, and I understood the importance of prenatal care with health care providers to recognize and treat any potential maternal issues and for better birth outcomes (5,6). Many clinics and hospitals across the nation and world were rapidly closing their doors to nonemergent cases and had moved to telehealth as a primary means of meeting with and treating most patients. This became a trade-off between patients’ needs and the need to prevent the spread of infection and preserve hospital capacity (7). I understood how important it was to protect and limit exposure to health care providers; however, the associated lockdown related to the pandemic has resulted in collateral damage to patients who do not have the disease because of restrictions for general patients to medical facilities (8).

I was concerned about my health and that of my unborn child during the last few weeks of pregnancy because of restrictions at clinics and hospitals. As a result, my anxiety

1 WellStar College of Health and Human Services, Kennesaw State University, Kennesaw, GA, USA

Corresponding Author:
Jenna L Shackleford, WellStar School of Nursing, WellStar College of Health and Human Services, Kennesaw State University, Prillaman Health Sciences, Room 3102, 520 Parliament Garden Way NW, Kennesaw, GA 30144, USA.
Email: jshackle@kennesaw.edu

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continued to compound related to these concerns. Little did I know that I would also be faced with multiple complications during labor and after delivery (e.g., retained placenta, postpartum preeclampsia, hypertension, HELLP syndrome) that would keep me in the hospital for an extended admission after delivery and cause additional stress and fear.

During labor, delivery, and postpartum, my mental health had been tested like never before. The feelings of isolation and loneliness during quarantine, when support was needed the most, was difficult for me during my first pregnancy and the transition for me as a new mother. Mental health conditions are heightened during and after pregnancy (9), and the additional concerns over the pandemic created considerable anxiety. At the peak of the first wave of the pandemic, the visitor restrictions only allowed for one birthing partner and no other visitors throughout the rest of the hospital. My husband and I were isolated and confined to the hospital room. Birth partners could leave to get food and other necessities; however, partners had to go through multiple gates and gatekeepers to gain access to the unit and hospital room, each time being checked for COVID-19 (e.g., COVID-19 screening questions, temperature checks). Usually, a hospital is bustling with health care staff, patients, families, and friends, but during the pandemic, it felt like a ghost town. The only people moving around the hospital were health care workers, facility staff, and a small group of birthing partners.

The cumulative effects of stress were amplified for me when I had to be readmitted to the hospital a few days after discharge from labor and delivery due to postpartum complications. When my husband and I arrived back at the hospital with our newborn daughter, we were met at the entrance by staff informing us that my husband and daughter would not be allowed in the hospital since she had already been discharged. When I needed emotional and physical support the most, COVID-19 protocols were preventing me from receiving that support from my family. The hospital quickly reversed course and allowed my husband and daughter to stay during my extended readmission. After discharge, even though we were out of the hospital in the real world, we experienced additional feelings of isolation and loneliness at home. Due to our experience and concerns for everyone’s safety, my husband and I decided we would self-isolate with our daughter for 14 days after discharge from the hospital to prevent potential exposure to our newborn baby and family members who were deemed high risk to COVID-19 (e.g., greater than 65 years of age, preexisting conditions). This decision to isolate was especially difficult for us when we needed additional support to learn and adapt to caring for a newborn at home.

As a Registered Nurse, I recognized how dangerous the pandemic had become, especially for frontline workers putting their lives at risk everyday. During my extended admission, I felt empathy for the nurses and doctors who were even more uncertain about what each new shift would bring, and which patient coming through the hospital door may or may not have been exposed to COVID-19. Each new day brought more fear and uncertainty for everyone in the hospital. Staff shared with me that hospital policies were changing daily, if not hourly, during the peak of the pandemic, which caused more anxiety and fear for the staff. I witnessed the fear in the eyes of the nurses, physicians, patient care technicians, custodians, and other hospital staff. One provider shared the terrible news that she had just lost a family member to COVID-19, and this made her fearful of potentially exposing my newborn daughter, husband, and I by entering my hospital room. This story and others made me more aware of not only how lethal this virus had become, but how it was wreaking havoc on the healthcare system and the mental and physical health of frontline medical personnel. Although many voiced their fears with me as a fellow health care worker, they continued to provide excellent care in the face of these concerns.

Despite the uncertainty and fear about being exposed to COVID-19 during our stay, I was encouraged by the excellent quality of care provided by the health care staff and in awe of their compassion while they put their lives at risk to care for my new family. I recognized the sacrifices they were making to help others and the unique bond they had created among each other as frontline workers during a pandemic. Because our families were unable to be at the hospital bedside, the health care providers pushed their own anxieties aside and were incredibly helpful and attentive to our physical and mental health needs. Regardless of this difficult experience, I can look back and say that I appreciated our time at the hospital during labor and postpartum. The hospital staff were amazing and supportive of not only our physical health but also our mental health. I challenge health care workers to provide not only physical support but also emotional support to pregnant women during this pandemic. Additionally, take special care of your own physical, mental, and emotional health during this difficult time.

Overall, I feel a great sense of pride to call these brave health care providers my colleagues, especially during my labor and complicated postpartum experience while facing a pandemic. I hope that sharing my story will encourage health care providers, pregnant women, new mothers, and their partners to continue to maintain hope and courage, because you are all so brave.

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ORCID iD
Jenna L Shackleford, RN, PhD, CPN  https://orcid.org/0000-0003-1310-6229
References
1. World Health Organization. Sexual and reproductive health: Why having a companion during labour and childbirth may be better for you. 2020. Accessed November 12, 2020. https://www.who.int/reproductivehealth/companion-during-labour-childbirth/en/
2. Gibbins J, Thomson AM. Women’s expectations and experiences of childbirth. Midwifery. 2001;17:302-13. doi:10.1054/midw.2001.0263
3. Karlstrom A, Nystedt A, Hildingsson I. The meaning of a very positive birth experience: Focus group discussions with women. BMC Pregnancy Childbirth. 2015;15:251. doi:10.1186/s12884-015-0683-0
4. Nilsson L, Thorsell T, Hertfelt Wahn E. Factors influencing positive birth experiences of first-time mothers. Nurs Res Pract. 2013;2013:349124. doi:10.1155/2013/349124
5. Chang SC, O’Brien KO, Nathanson MS. Characteristics and risk factors for adverse birth outcomes in pregnancy black adolescents. J Pediatr. 2003;143:250-7. doi:10.1067/S0022-3476(03)00363-9
6. Taylor CR, Alexander GR, Hepworth JT. Clustering of U.S. women receiving no prenatal care: differences in pregnancy outcomes and implications for targeting interventions. Matern Child Health J. 2005;9:125-33.
7. Rosenbaum L. The untold toll—the pandemic’s effects on patients without Covid-19. N Engl J Med. 20203;82:2368-71. doi:10.1056/NEJMms2009984
8. Andrade C. COVID-19 and lockdown: delayed effects on health. Indian J Psychiatry. 2020;62:247-9.
9. Rafferty J, Mattson G, Earls MF. Incorporating recognition and management of perinatal depression into pediatric practice. Pediatrics. 2019;143:e20183260. doi:10.1542/peds.2018-3260

Author Biography
Jenna L. Shackleford is an assistant professor at Kennesaw State University in the WellStar School of Nursing. She’s an experienced registered nurse in pediatric acute care with research emphasis on self-management of care and adherence to treatment for children with chronic illnesses.