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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Rapidly Adapting Practice to Care for Afghan Evacuees

Gap in Practice
Displacement due to geopolitical reasons or natural disasters increases the vulnerability of pregnant women to poor birth outcomes. These women face sudden and often drastic life changes but still need access to obstetric care.

Need for Practice Change
Operation Allies Refuge and Operation Allies Welcome highlighted the importance of and need for obstetrics in emergency planning for high-volume patient events, as the rapid expansion of services had to occur. In addition, the sudden influx of displaced persons demanded adaptation in clinical care for patients with language barriers and unfamiliar cultural practices.

Target Audience
Bedside nurses, nurse managers, clinical leaders, and providers.

Practice Change
Adaptation to an influx of patients who have received no or only limited prenatal care occurred rapidly. Initially, the priority was to identify third-trimester pregnant women and estimate the gestational age of their neonate. Beyond triage in an austere environment, the language and literacy barriers were unfamiliar obstacles that led to the development of pictograms and increased use of translation services. Ancillary services participated in nurse-led training to improve cultural understanding and needs for support.

Practice Change Implementation Method
Rapid plan–do–study–act cycles allowed for swift change and improved patient care.

Metrics
Throughout our change period, clinicians at Landstuhl Regional Medical Center birthed 35 newborns and evaluated more than 450 triage patients in two separate austere locations. More than 110 clinic visits occurred, and more than 300 prenatal records were created for patients to carry forward.

Application to/Implications for WH, O, or N Education
Although the physiological process of childbirth is universal, providing prenatal care to displaced persons requires additional logistical considerations and educational adaptations for the staff.

Monoclonal Antibody Infusion Service for Obstetric Women Infected With COVID-19

Gap in Practice
Monoclonal antibody (MAB) infusions were approved under an emergency use authorization for treatment of mild to moderate COVID-19 infection in adults and pediatric patients who are at high risk for progressing to severe COVID-19 and/or hospitalization. Obstetric patients infected with COVID-19 are at increased risk for developing severe illness and death compared with nonpregnant adults. Pregnancy-specific data on the use of Anti-SARS-CoV-2 MABs are needed.

Need for Practice Change
According to the U.S. National Institutes of Health, MABs should not be withheld from pregnant women who have a condition that poses a high risk of progression to severe COVID-19 illness, if the clinician thinks that the potential benefit outweighs the potential risk. With this recommendation in hand, a team of pharmacists, physicians, and nurse leaders met to develop a process to safely administer MABs in the labor and delivery unit.

Target Audience
The practice change targeted outpatient pregnant women who were at least 20-weeks’ gestation and infected with COVID-19 and who agreed to receive MABs.

Practice Change
This process included creating a standard order set, a scheduling process for physician offices, and nursing administration guidelines. Education was provided to nurses and physicians through various committee meetings and one-on-one inservices. Due to the rapidly evolving COVID-19
strain prevalence and consequent reduced susceptibilities to MAB therapies and pharmacy procurement challenges in the face of national shortages, the team had to be ready to implement and communicate with providers, nurses, and pharmacists the ongoing changes to the process.

**Practice Change Implementation Method**

The plan–do–study–act model was used to implement the change in practice as recommendations were changing rapidly.

**Metrics**

The implementation of MAB therapy was measured by monitoring for adverse effects in either the pregnant woman or her fetus, number of patients rehospitalized due to worsening COVID-19 symptoms, and birth outcomes.

**Application to/Implications for WH, O, or N Education**

No serious adverse effects were observed and no patient was hospitalized for COVID-19–related complications after MAB infusion. In addition, 65% of women gave birth at term without any observed immediate-postbirth complications to their newborns. This was evidenced by mean Apgar scores of 8 at 1 minute of life and 9 at 5 minutes of life.

---

**Promoting Vaginal Births Through Labor Support Education for Perinatal Nurses**

**Gap in Practice**

The Healthy People 2020 obstetric objective is reduction of nulliparous, term, singleton, vertex cesarean sections. Medically induced labor in hospitals has resulted in increased cesarean rates without improving maternal and neonatal outcomes. A 39% cesarean rate in 2009 in the United States propelled action that continues today.

**Need for Practice Change**

Continuous labor support is associated with improved outcomes for women in labor. Benefits include shortened labor, decreased analgesia, fewer operative births, and fewer reports of dissatisfaction with the experience. Summarized in a Cochrane Review, a woman who received continuous support was less likely to undergo a cesarean. Labor-support nursing strategies fall into four categories: physical, emotional, instructional–informational, and advocacy. Summarized in a Cochrane Review, a woman who received continuous support was less likely to undergo a cesarean.

**Target Audience**

Intrapartum nurses are present at 99% of births and have a unique opportunity to positively affect a laboring woman's progress through the use of labor-support behaviors.

**Practice Change**

Use of physiological labor-support techniques by nurses decreases cesarean rates.

**Practice Change Implementation Method**

An online PowerPoint presentation highlighting the effect of labor support on decreasing cesareans and a video of various techniques of positioning and labor support were used to educate perinatal nurses within the perinatal network of five birthing hospitals. This education culminated in two 8-hour, hands-on labor-support workshops. Curriculum focused on techniques to improve fetal position, fetal flexion, and descent as well as identification of interventions to avoid long labors, posterior labor, labor dystocia, and cesareans.

**Metrics**

Percentage of perinatal nurses completing online education; percentage of nurses attending hands on education; and monitoring of primary cesarean rates pre- and posteducation for improvement.

**Application to/Implications for WH, O, or N Education**

Obstetric nurses use learned knowledge to care for women in labor and decrease cesarean rates.