Giving birth under lockdown during the COVID-19 epidemic

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The COVID-19 epidemic has greatly impacted hospital organization in all affected countries, where visits to hospitalized patients have been restricted or even banned. These measures, which were dictated to limit the risk of spread of the epidemic, have also been applied to maternity wards in Europe and the USA. Most maternity wards have therefore decided to allow the presence solely of the pregnant woman's partner in the delivery room and to prohibit visits during postpartum hospital stay. Such an arrangement exposes mothers who have been given birth in isolation and the effect is amplified once they return home. Indeed, the lockdown measures implemented in most countries prevent visits by family members and limit face-to-face management by caregivers. This places mothers in a situation of greater psychological vulnerability and heightens the risk of postpartum depression and of disrupted mother-infant bonding, which may be weighted or worsened by the balance of the couple. We expect this impact to be even greater in vulnerable mothers in the context of dysfunctioning social services.

Following implementation from 20 March 2020 of measures to restrict visits at the three maternity units of APHP.Sorbonne University in Paris, a new arrangement was put in place and offered women giving birth in these units the possibility of a telephone interview with a psychologist at days 10-12 postpartum, plus another one 6-8 weeks later. These standardized interviews of approximately 30 minutes comprise a free exchange followed by a psychological assessment using questionnaires validated during the perinatal period. In the first interview, the conditions of discharge home are discussed and the mother's experience of childbirth is discussed ant the mother's experience of childbirth is evaluated by means of the

perinatal post-traumatic stress disorder (PTSD) questionnaire[1]. The following are also evaluated during the two interviews: the Mother-Infant Bonding Scale[2], the Dyadic Adjustment Scale[3], and the Edinburgh Postnatal Depression Scale[4], using a score >12 as the threshold defining increased risk of postpartum depression, so as to propose suitable psychological or psychiatric support. Eighty percent of women adhered to this follow-up in the first three weeks after lockdown in our units.

The rate of postpartum depression in the general population is about 15%[4] and it would not be surprising if this figure is increased by lockdown measures during the COVID-19 epidemic[5]. We feel that the organization implemented to reduce the risk of psychological vulnerability should be extended to personnel who provide care at childbirth. The results of this organization will be important for other parts of the world, notably in adapting necessary care to the management of these situations of psychological vulnerability at a time critical for mother-infant bonding and the development of family functioning.

References

1- Quinnell FA, Hynan MT. Convergent and discriminant validity of the Perinatal PTSD Questionnaire (PPQ). J Trauma Stress 1999;12:193–9.

2- Taylor A, Atkins R, Kumar R, Adams D, Glover V. A new Mother-to-Infant Bonding Scale: links with early maternal mood. Arch Womens Ment Health. 2005 May;8(1):45-51.

3- Antoine P, Christophe V, Nandrino JL.Dyadic Adjustment Scale: clinical interest of a revision and validation of an abbreviated form.Encephale. 2008 Jan;34(1):38-46.

4- Teissedre F, Chabrol H**.** A Study of the Edinburgh Postnatal Depression Scale (EPDS) on 859 Mothers: Detection of Mothers at Risk for Postpartum Depression**.** Encephale. Jul-Aug 2004;30(4):376-81.

5- Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 2020; 395(10227):912-920.