



Support for People in Labor in WA State During Covid-19 Pandemic

The American College of Nurse Midwives (ACNM) is the national organization representing the interests of Certified Nurse Midwives (CNM) and Certified Midwives (CM) practicing in the United States. The WA State affiliate of ACNM represents 272 members across WA state. The purpose of this position statement is to guide practices, departments and delivery settings to develop protocols that meet both the needs of midwives and other staff during the COVID-19 pandemic, as well as the needs of the patients served.

As our country's healthcare systems are being pushed to capacity to prevent the transmission of COVID-19, it is imperative that specialists balance this risk with established evidence-based care for their patients. These decisions have been unfolding in maternity care centers across the United States, with some settings making the decision to block access to labor support persons for laboring people. Our position is that laboring people should continue to have access to labor support persons both in hospital-based and community-based settings. "ACNM advocates for the presence of a supportive partner and/or doula in the care of a laboring person in all but extreme circumstances when the potential risk of contagion outweighs the known benefit of a supportive presence for laboring individuals" (1).

Continuous labor support improves outcomes for both the laboring person and the newborn. The World Health Organization supports continuous labor support of the laboring persons choosing, as it increases vaginal birth rates, decreases cesarean and operative vaginal birth, decreases use of analgesia, decreases labor length, improves newborn outcomes, and improves birth satisfaction (2). A labor companion has also been found to facilitate non-pharmacological pain relief, bridge communication gaps between patients and providers, and advocate for a patient's desires when they are unable to (3, 4). These benefits would also decrease resources in the form of personnel, equipment and rooms, aiding in reduced exposure to COVID-19.

Pregnancy related mortality and morbidity in Washington State mirror our unequal society, with higher rates among non-white populations. Native American/Alaska Native people giving birth are nine times more likely than their non-Hispanic white counterparts to have a pregnancy associated death, and black birthing parents die at a rate 1.9 times higher than non-Hispanic white birthers (5). The benefit of having a support person present during labor may have a significant role in the reduction of health disparities between white people and other racial and ethnic groups.

In addition, we fear a restriction on labor support may exacerbate mental health implications. In particular, Washington State data shows the leading cause of pregnancy-related deaths were disproportionately related to mental and behavioral health conditions, suicide and substance overdose/poisoning (5). Restricting labor support could contribute to an exponential increase in



these numbers through post-traumatic stress disorder (PTSD) related to childbirth, especially during this time of worldwide health crisis.

Severe restrictions placed now will disproportionately affect non-English speakers, immigrant communities, people of color, LGBTQ people, and other already oppressed patient populations. While all people deserve continuous labor support, people of color are at particular risk of implicit bias, traumatic birth, and ultimately, morbidity and mortality. We need to continue to work across specialties to make changes that meet both the COVID-19 requirements and the current standard of care for laboring people, encouraging shared decision making with an emphasis on trauma informed care. It is our ethical duty to balance practice change with the real trauma and poor outcomes that will become evident, only after this crisis subsides. The WA affiliate of ACNM continues to support the physical presence of at least 2 asymptomatic support people of the laboring persons choosing.

References

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- 2 World Health Organization, (2017). Continuous support during childbirth may improve health outcomes for women and infants. Retrieved from https://www.who.int/reproductivehealth/topics/maternal_perinatal/support-during-childbirth/en/
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- 5 Washington State Department of Health, (2019). Washington State Maternal Mortality Review Panel Maternal Deaths 2014-2016. RCW 70.54.450 Retrieved from <https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-010-MMRPMaternalDeathReport2014-2016.pdf>