

Title

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Category: Research Project

Abstract

Background & Significance

Health policy influences nursing practice through the intersection of systems, science, and society.⁹ The recent COVID-19 pandemic generated policies which altered nursing practice during the perinatal period. Separation of mothers and infants due to fear of COVID-19 transmission presented the potential for disruption of family systems; and triggered associated adaptive responses. A mother's ability to connect with and care for her offspring is essential for optimal family function.¹ Difficulty with attachment is associated with postpartum depression (PPD) and overall maternal mental health.^{5,10} Consequences of PPD to the mother-infant dyad include altered neurobiologic pathways and impaired infant growth and development.^{3,4,7}

Specific Aims

The goal of this study is to institute policies and programs which educate stakeholders about perinatal depression across the continuum of care.² The aim is to promote perinatal mental health and infant attachment. An unintended consequence of COVID-19 separation may be increased PPD due to diminished maternal-infant bonding. It is critical for policies to create awareness and eliminate the negative connotations of perinatal mental health in order to promote optimal attachment for the maternal-infant dyad.

Conclusions/Implications for Practice

The disruption of maternal attachment due to the COVID-19 pandemic may have generational repercussions, particularly in vulnerable populations. The unprecedented layers of uncertainty of a pandemic coupled with the uncertainty of pregnancy and childbirth cumulatively increases the risk for PPD. It is critical to implement policies that proactively outline continuity of PPD screening through the prenatal to postnatal period across cultures. The collective state of women's and infant's health are a fundamental expression of community priorities and health equity. It is imperative that not only the physical welfare of our mothers but also that of their psychological health become precedence.⁴

Biography

Christine Lee works to empower communities through education, research, and advocacy to sustain positive change in the lives of women and children. Research interests include integrating structural opportunities to address reproductive justice and equity and integration of nursing practice within the health policy sphere to advocate for the maternal-infant dyad. As a nurse practitioner and educator, Bridget Miranda advocates for creating pathways toward improved neurocognitive development of high-risk infants by promoting maternal mental healthcare. Emphasis is placed on the synergy of nursing practice combined with health policy to ensure equitable representation of the maternal-child population through translational research.

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Preserving Maternal Infant Attachment in COVID-19: Integrating Policy & Nursing Practice
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BACKGROUND
Health policy influences nursing practice through scholarly, system, and societal interactions.⁹ The COVID-19 pandemic triggered leading international obstetric organizations outlined clinical guidelines and policies that systematically disrupt the family unit throughout the continuum of care. Separation of mothers and infants command adaptive responses within the coping process. A mother's ability to connect with and care for her offspring is essential for optimal family function.¹ Difficulty with attachment is correlated with mental health problems ranging from postpartum depression (PPD) to a history of mental health diagnosis.^{5,10} Consequences of PPD to the mother-infant dyad can compromise neurocognitive development of the infant.^{3,4,7}

TRANSLATIONAL RESEARCH FRAMEWORK
From April to August 2020, CDC and AAP provided COVID-19 guidance which provided the separation of the maternal-infant dyad in addition to visitation guidelines which severely physical and emotional support structures critical for healthy family beginnings. This response exacerbated the lack of acknowledgment that maternal mental health is the crux to healthy infant attachment.
An analysis of perinatal depression policy recommendations throughout the continuum of care was conducted. Global, national and state guidelines were examined.

BACKGROUND
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PROCESSES/PROCEDURE
Systematic review of evidence-based research and policy was conducted.

TRANSFORMATIONAL RESEARCH FRAMEWORK
The gaps in policy mirror the heightened vulnerabilities of perinatal depression for mothers who fall under the following categories: high risk maternal-fetal medicine, inpatient care including neonatal intensive care, as well as outpatient specialty services.

NURSING IMPLICATIONS
The disruption of maternal attachment due to the COVID-19 pandemic may have generational repercussions. The unprecedented layers of uncertainty of a pandemic coupled with the uncertainty of pregnancy and childbirth cumulatively increases the risk for PPD. It is critical to implement policies that proactively outline continuity of PPD screening through the prenatal to postnatal period. The collective state of women's and infant's health are a fundamental expression of community health priorities. It is imperative that not only the physical welfare of our mothers but also that of their psychological health become precedence.⁴

NURSING PRACTICE CONSIDERATIONS
• Nurses need to assess their socio-political and emancipatory knowledge to advocate for families through policy.
• To promote healthy families, supportful integration of knowledge generation and translational research are required to anticipate needed policies for prompt action to guide implementation strategies that protect the maternal-infant dyad.
• Consistent consistency for prevention and treatment of PPD is critical and imperative in the time of COVID-19.

REFERENCES
Available upon request.