Abstract

Background & Significance
Health policy influences nursing practice through the intersection of systems, science, and society. 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. Difficulty with attachment is associated with postpartum depression (PPD) and overall maternal mental health. Consequences of PPD to the mother-infant dyad include altered neurobiologic pathways and impaired infant growth and development.

Specific Aims
The goal of this study is to institute policies and programs which educate stakeholders about perinatal depression across the continuum of care. 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.

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.

Contact Information
I. Christine Lee, PhDc, RN, MPH, BSN, PHN, CPH, CHES
PhD Student
Azusa Pacific University
irenelee18@apu.edu

Bridget Miranda, RN, MSN, PHN, APRN, FNP-C
DNP Student
Azusa Pacific University
bmiranda@apu.edu