

**Submission Id:** 3041

**Title**

*Increased Use of Birth Interventions During the COVID-19 Pandemic?: An Exploratory Qualitative Study*

**Priority 1 (Research Category)**

COVID-19

**Presenters**

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**Abstract**

Context: Since the onset of the COVID-19 pandemic policies have been implemented to limit disease transmission and manage patient flow in clinical settings, including perinatal healthcare settings. Emergent literature indicates increased medicalization of childbirth during the pandemic, however experiences of pregnancy and birth remain unexplored. Understanding the impact of pandemic policies on healthcare practices is important for planning better care in future. Objective: To examine how people in Canada who gave birth during the COVID-19 pandemic were affected by pandemic-related policies, especially policies aimed at limiting interpersonal contact to reduce SARS-CoV-2 transmission. Study Design: exploratory qualitative descriptive study. Dataset: Semi-structured telephone interviews. Population studied: 67 participants were recruited. Study inclusion was extended to anyone aged 18 years or more who was located in Canada and was pregnant or had given birth during the COVID-19 pandemic. Intervention/Instrument (for interventional studies): N/A. Outcome Measures: N/A. Results: Findings suggest that the pandemic has resulted in an overall scaling back of perinatal care alongside the heavy use of interventions (e.g., induction of labour, cesarean section) in response to pandemic stresses and uncertainties on the part of both healthcare providers and pregnant people themselves. Some participants pushed for non-medically necessary interventions as a means of averting the possibility that their partner would be banned from attending the birth (e.g. if the partner contracted COVID-19). Some participants reported being offered interventions as a means of controlling patient flow and in response to clinicians' fears of healthcare system collapse in the event of escalating infection rates. Conclusions: For some people in Canada, giving birth during the COVID-19 pandemic entails medicalization and implementation of non-medically necessary interventions. If healthcare systems are increasing intervention use at the same time that the "safety net" intended to catch the complications from those interventions is reduced, then birthing people are being exposed to extra risk precisely when it is most important to minimize it. Continuity of care throughout pregnancy and postpartum, labour support persons, and non-medical forms of care are all essential components of safe maternal healthcare, however pandemic perinatal care demonstrates that they are not viewed as such.