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Communication 2.0 as Action to Fight Covid-19 Concerns during Pregnancy

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After the transformation of Schiavonia hospital into a dedicated Covid Hospital, the biggest in Veneto Region, we wanted to investigate how this event affected the choice of the birth place and how COVID-19 emergency influenced the pregnancy experience. A cross-sectional study was conducted including 104womens who gave birth in Schiavonia Hospital during the period May-September 2020. During this period 104 questionnaires has been collected with an enrolment rate of 58%. May be this low rate can be explained by two causes: firstly the collection period did not coincide with COVID-19 peak of incidence and mortality; secondly women who gave birth at Schiavonia Hospital knew that it was a Covid Hospital so probably they were less concerned about it, and this can be a bias in sample collection. The questionnaire evidenced that the major concerns during the pandemic were about contracting the virus during the necessary displacements (64.4% of the sample) or in hospitals (43.3%); for 36,5% of women fear of isolation was considered important. All these aspects are also confirmed in international literature.

It is important to underline that even if the majority of the participants reported to have received exhaustive information about the emergency situation and the implemented policies, the main sources of information were not considered the healthcare workers who followed them along the birth path but rather media or family members. Moreover only 40% of the sample had attended a prenatal course, this can be considered as an alert of lack of interest about the standard prenatal courses.

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For this reason, our group studied a modality to make prenatal course easier and more attractive in order to involve also multi-par women who usually do not attend any further course. In fact the communication defect rather than the anxiety linked to the pandemic seemed crucial to us as a possible causal factor in the point of birth choice. For this reason all healthcare operators working in our birth center, as obstetricians, neonatology staff and physiotherapists, had increased their presence in on-line prenatal courses which traditionally, in our area, were managed by operators who do not work in hospitals. In our opinion, this change has made possible to further break down the mistrust and anxiety of pregnant women, the "feeling of distance" with the structure chosen as the place of birth and especially with the healthcare-workers.

As we noticed that the main concerns were obviously related to the pandemic situation but also were derived from an unclear, not exhaustive and uninteresting communication regarding the main doubts related to pregnancy, a series of cyclical meetings were conceived and elaborated to deepen pre- and post-natal themes through Meet platform, in which we have discussed the well-being and sexuality in pregnancy, the significance of labor pain and management resources, the interpretation of the needs and language of the newborn. These initiatives had great resonance thanks to the diffusion via social media among pregnant population of our province and neighboring ones. At the same time, thanks to the support of a renewed and sensitive hospital medical management, an internal process of revision of the organizational model was started which, in compliance with the separation of the paths between Covid and Covid free patients, allowed every woman to live the birth experience as close as possible to her expectations.

Partners, adequately screened by triage and swab test, were given the opportunity to be close to their women during labor and delivery. This type of initiative aroused the interest of pregnant population even beyond the borders of our traditional catchment area. The important adhesion of resident and non-resident pregnant women in the first months of the current year reached numbers comparable to the pre-pandemic ones of 2019 and, despite the persistence of important epidemiological data and the subsequent reconfirmation of this facility as Covid-center, there are still many people who look forward to the re-birth "in" and "of" a Covid hospital.

Bringing pregnant women closer to operators, respecting the most genuine obstetric tradition of giving birth in a familiar, colloquial way (from woman to woman), represented our investment in creating an almost confidential relationship that has brought pregnant population closer to our hospital, helping to greatly reduce if not even cancel the perception of a structure dedicated solely to the care of COVID-19 patients.



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