

Epidemic – Pandemic Impacts Inventory

Prenatal Module (EPII-P)

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PURPOSE: The EPII is a tool designed to assess tangible impacts of epidemics and pandemics across personal and social life domains. This is a supplemental module of the EPII to include items for assessing impact during prenatal, perinatal, and infancy periods. The intent is to include this supplement along with the main EPII module.

DEVELOPMENT: Candidate items were constructed by a team of clinical and developmental psychologists, pediatricians, sociologists, and psychiatrists with expertise in assessment of stress, trauma, resilience, and coping. Feedback from professionals across multiple disciplines (e.g., social work, pediatrics, medicine, anthropology) was incorporated in selecting and refining final items for of the measure, which was accomplished via expert consensus.

PSYCHOMETRICS: Because the EPII is newly developed, there are no psychometric properties yet available. Use of the EPII in research studies will help to establish psychometric properties and will likely result in refinement of the tool.

SCORING. Optimal scoring procedures are not yet determined and will be informed by future research.

PERMISSIONS. Researchers are welcome and encouraged to use the EPII in their research studies. Researchers may disseminate the survey using a paper format or may convert items to an online survey format so long as the integrity of the instructions and items is maintained. Users shall not modify items without permission from the developers. Please inform us of your intention to use the instrument by sending an Email to Dr. Damion Grasso at dgrasso@uchc.edu with the following information: (1) Principal Investigator(s), (2) Purpose of research study, (3) Population(s) studied, and (4) Study location(s).

INTERVIEWER GUIDELINES: For interviews conducted verbally or in person, the interviewer should explain the following related to the use of N/A at the outset: “For most women answering these questions, the answer is usually YES or NO. But, sometimes, a statement just might not apply to you, like having trouble getting to a lab to have tests done wouldn’t make sense if you didn’t have any tests planned anyway. For questions that just don’t apply you can say “not applicable” or NA. “

Suggested Citation for Main EPII Module

Grasso, D.J., Briggs-Gowan, M.J., Ford, J.D., & Carter, A.S. (2020). *The Epidemic – Pandemic Impacts Inventory (EPII)*. University of Connecticut School of Medicine.

Suggested Citation for EPII Supplemental Prenatal Module

Briggs-Gowan, M.J., Drury S.S., Carter, A.S., Muzik, M., O’Neill P., Friedman L., Moyer C., Lara-Cinisomo, Gray, S., Ford, J. & Grasso, D.J., (2020). *The Epidemic – Pandemic Impacts Inventory Prenatal Supplement (EPII-P)*. University of Connecticut School of Medicine.

Epidemic-Pandemic Impacts Inventory Prenatal Module (EPII-P)

INSTRUCTIONS

We would like to learn how the coronavirus disease pandemic (COVID-19) affected your experiences during your recent pregnancy. For each statement below, please answer whether the pandemic specifically impacted you in the way described. Some of the statements are about changes to your healthcare: If a change happened, whether it was because of your choice or your medical team's choice, you should check 'YES'. If the statement is not true for you, check 'NO.' Checking "N/A" means that the item is not applicable or it did not apply to any of your experiences.

We would like to know how the COVID-19 pandemic affected you during your pregnancy. Please check "yes" if the statement is true. DUE TO COVID-19...

1. My prenatal care changed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. I had less support from my prenatal team.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. My in-person prenatal visits were canceled or decreased during my pregnancy.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4. People were not able to come to my in-person prenatal visits with me.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. I had to take my own blood pressure and/or weight at home instead of having it done by a medical provider.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6. I had trouble getting the care I needed for a health problem.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7. I was not able to go to in-person prenatal or breastfeeding classes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. Because I was pregnant, I stopped working or seeing friends and family to protect myself from getting COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Which of the following upset you because of COVID-19?

WHEN I WAS PREGNANT, I FELT UPSET THINKING ABOUT...

9. The fact that the person who I wanted with me the most might not be able to be there when I gave birth.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
10. The fact that the place where I delivered limited the people who could visit us after the baby was born.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
11. Having to be tested for COVID-19 before I delivered.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
12. Getting COVID-19 at my prenatal visits or at the hospital.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
13. My baby getting COVID-19 when I delivered.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A

14.	My older child(ren) getting COVID-19 at childcare/school.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
15.	My health if I got COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
16.	My baby's health if I got COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
17.	Not being able to breastfeed how I wanted due to COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
18.	Being separated from my baby because of COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
19.	Who would care for my baby if I got COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
20.	Being confused about what would be best for my baby if I got COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
21.	How my baby and I would be treated when I delivered if I got COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
22.	How family and friends would treat me and my baby if one of us got COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A

When I was pregnant, I felt upset thinking about...

23.	Having trouble getting baby supplies, like diapers, wipes, clothes or formula.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
24.	My ability to bond with my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
25.	The ability of other important people to bond with my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
26.	Having to wear a mask around my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
27.	Having trouble paying for medical care for me or my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
28.	Not having enough help taking care of my baby due to COVID-19.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
29.	Wondering if my healthcare team would listen to my concerns when I delivered my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A
30.	Wondering if I would be treated with respect and compassion at the place where I planned to deliver my baby.	<input type="checkbox"/> VERY UPSET	<input type="checkbox"/> SOMEWHAT UPSET	<input type="checkbox"/> NOT UPSET	<input type="checkbox"/> N/A

By answering the next two questions, you will help us to understand how this time was for you overall.

31.	Overall, how upset were you by how COVID-19 affected your experiences during your pregnancy? <input type="checkbox"/> EXTREMELY UPSET <input type="checkbox"/> VERY UPSET <input type="checkbox"/> SOMEWHAT UPSET <input type="checkbox"/> A LITTLE UPSET <input type="checkbox"/> NOT AT ALL UPSET
32.	Thinking about the things that upset you, if any, which of them upset you the most? _____

We are also interested in POSITIVE CHANGES due to the pandemic. Please check "yes" if the statement is true. Due to COVID-19, when I was pregnant...

33.	I got to spend more time taking care of myself.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
34.	I had more support from other people at home.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
35.	I had more support from other pregnant women via phone, video, messaging or social media.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
36.	I had more support from my prenatal team.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
37.	It was easier to have my healthcare appointments when I wanted.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
38.	My medical providers made sure I knew what to expect being pregnant and delivering during the COVID-19 pandemic.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
39.	What COVID-19 change(s), if any, were the most helpful for you during your pregnancy? _____			