

Epidemic – Pandemic Impacts Inventory Labor and Delivery Supplement (EPII-LD)

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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 labor and delivery. 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, psychiatrists, sociologists, pediatricians, and public health experts with expertise in the perinatal period, as well as in the 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.

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. "

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).

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 Labor and Delivery Module (EPII-LD)

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Epidemic-Pandemic Impacts Inventory Labor and Delivery Supplement (EPII-LD)

INSTRUCTIONS

We would like to learn how the coronavirus disease pandemic (COVID-19) has changed your experiences when your baby was born and since that time. For each statement below, please answer whether the pandemic specifically has 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 indicate 'YES'. If the statement is not true for you, check 'NO.' 'N/A' means that the item is not applicable or it does not apply to any of your experiences.

We would like to know how the COVID-19 pandemic affected the LABOR and DELIVERY of this baby.			
Where did you give birth?			
<input type="checkbox"/> HOSPITAL – Please answer 1-3 <input type="checkbox"/> BIRTHING CENTER – Please answer 1-5 <input type="checkbox"/> HOME – Please answer 4-5 <input type="checkbox"/> OTHER – Please skip to question 6			
Please check "yes" if the statement is true.			
1.	I had an unplanned C-section because I had a confirmed or suspected case of COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	I was (or will be) discharged less than 24 hours after delivery to reduce risk of getting COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	My baby did not receive the care I wanted them to get in the hospital or birthing center.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please check "yes" if the statement is true.			
4.	I delivered the baby at home or at a birthing center due to fear of getting COVID-19 in a hospital.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	I had the baby at home or at a birthing center due to changes in delivery practices at my hospital due to COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Please check "yes" if the statement is true. Due to COVID-19...			
6.	I had to be tested for COVID-19 before I delivered.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
7.	My medical provider (for example, doctor, doula, midwife) was not available for my baby's birth due to COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
8.	My medical provider changed when I was scheduled to have an induction or C-section (due to the pandemic or due to having a confirmed or suspected case of COVID-19).	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
9.	The person who I wanted with me the most could not be there when I had the baby due to COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
10.	I had trouble getting the care that was needed for a health problem for me or my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

11.	I had less choice about medications before or after delivery (e.g., nitrous oxide, pain medicine, epidural).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12.	I was separated from my baby immediately after delivery because I had confirmed or suspected COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13.	I had no contact with my baby for 24 hours or longer because I had confirmed or suspected COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
14.	The people I wanted with me the most could not visit us in the place where I delivered.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
15.	I feel confused about what is best for my baby if I have COVID-19.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
16.	I have not been able to get the help I want for feeling down, worried or overwhelmed since my baby was born.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
17.	I have not been able to get the kind of contraception I want since my baby was born.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Before the baby was born, were you planning to breastfeed?				
<input type="checkbox"/> YES – Please answer 18-20 <input type="checkbox"/> MAYBE – Please answer 18-20 <input type="checkbox"/> NO – Please go to 21				
18.	Because I have (or had) confirmed or suspected COVID-19, I have pumped breastmilk instead of nursing my baby. If yes, what happened? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
19.	Because I have (or had) confirmed or suspected COVID-19, I decided not to breastfeed my baby.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
20.	I have not been able to get the help I have wanted for breastfeeding. (For example, lactation specialist).	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
The next questions will help us to understand how you feel about the care you received during labor and delivery.				
21.	My medical providers made sure that I knew what to expect having a baby during the COVID-19 pandemic.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
22.	I feel that I was treated with respect and compassion during my labor and delivery.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
23.	I feel that my medical providers seemed to listen to and hear my concerns during labor and delivery.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
The next 3 questions ask about your overall experiences during this time.				
24.	Overall, how upset have you been by how COVID-19 affected your experiences during your labor and the delivery of your baby? <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			
25.	Thinking about the things that upset you, if any, which of them upset you the most? _____			
26.	What COVID-19 change(s), if any, was the most helpful for you during your labor and delivery? _____			