Komikina Kūlana Olakino o Nā Wāhine
Hawai'i State Commission on the Status of Women
Department of Human Services

# REPORT

# PUSHING THROUGH THE PANDEMIC: THE IMPACT OF COVID-19 ON PREGNANT AND BIRTHING WOMEN AND PEOPLE IN HAWAI'I

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## AUTHORS

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## INTRODUCTION

The Commission and HMHB recognizes pregnant, birthing and post-partum women and people as a vulnerable population during the COVID-19 pandemic, and partnered with Healthy Mothers Healthy Babies Coalition of Hawai‘i to better understand the indirect impacts of the pandemic on this population across Hawai‘i. The results below were gathered from a community survey conducted over two weeks in September 2020.

The Commission and HMHB is especially concerned with the safety of frontline health care workers during the COVID-19 crisis because women hold 76 percent of all health care jobs in the United States. Women in the medical field are risking their lives every day during the pandemic to deliver care to our community. At the same time, the Commission and HMHB believes that Hawai‘i should take immediate action to reach a better balance between safety for frontline workers and supportive maternity care for new mothers and parents.

This research occurred in the context of a larger project, a way toward a feminist economic recovery from the COVID-19 crisis. Mothers are not economically inactive citizens, but rather they contribute high quality labor to our society and deserve unconditional public support. Quality of life for Hawai‘i’s communities is directly related to our support and care for mothers and people who birth, and our ability to alleviate the traumatizing treatment of, and harsh penalties for childbirth and motherhood. The COVID-19 crisis is an important moment to acknowledge and revalue acts of lifegiving, care, and family support.

## SUMMARY OF FINDINGS

Pregnant women and birthing people in Hawai‘i feel abandoned during the pandemic, and they are not wrong. A total of 106 pregnant and birthing women completed the survey. The Commission and HMHB hopes that this report catalyzes further data collection and collaboration. While none of the respondents to this survey identified as transgender or gender nonconforming, we recognize that they, too, must be guaranteed access to quality birth care and reproductive justice.

The Hawai‘i State Department of Health (DOH) publishes an annual legislative report on Maternal Mortality Review/Child Death Review, but no one is comprehensively documenting or responding to the indirect impacts on maternity caused by the pandemic's strain on Hawai‘i's health care infrastructure. The Commission and HMHB seeks to support a coordinated, comprehensive plan to address these impacts.

While every pregnancy is complex and unpredictable, initial findings suggest that pregnant mothers in Hawai‘i are not receiving adequate maternal care during the COVID-19 pandemic. The report also finds that changes to Hawai‘i's labor and delivery policies in response to the COVID-19 pandemic are not consistent across hospitals, and are not aligned with best approaches being advanced nationally.

Key Findings:

1. Lack of sufficient and advance notice about modifications to hospital maternity policies and procedures during COVID-19 crisis. The onus appears to be primarily on the patient to ascertain changes to maternity policies. Several hospitals have outdated and inaccurate information on their websites. Castle, Tripler and Kapiolani hospitals did not provide their policy in response to official inquiries from the Hawai‘i State Commission on the Status of Women for their updated policies:

   > *"I was very unhappy that I was not able to have my mother switch with my husband to be in the recovery and postpartum room. Additionally, they told my husband that if he left, he could not come back. We were told this WHILE I was delivering, and we had not make arrangements for our dog so that first night my husband left and was not allowed to come back. That was devastatingly hard."*

2. Spouse/partner was prohibited by hospital from attending birth of child if the mother tested positive for COVID-19;

3. Spouse/partner was prohibited from leaving the hospital and from switching out with another relative to provide comfort and support to the birthing mother. For example:

   > *"Nobody was allowed to leave the hospital which was very frustrating for us because we have three children at home that needed us."*

4. Birth support attendants such as doulas were prohibited in hospitals even though COVID-19 epicenters such as New York have allowed doulas to attend hospital births along with the mother's partner/spouse:

> *"I had to choose between having my husband or a doula as a support person, and that is not fair."*

5. Pregnant women were required to labor alone until dilated sufficiently for official admittance:

> "*It was a horrible experience laboring without support due to COVID-19 crisis. Since my spouse could not come with me until I was admitted, I had to labor alone until I was to their standards of dilated. It is scary and sad because you are doing it alone."*

6. Hospitals required some laboring mothers to wear a mask during active labor and pushing, and some women experienced feelings of suffocation:

> *"I had to push my son out with a mask on and it was so hard to breathe, I felt suffocated."*
>
> *"Put on this mask before you start pushing. The doctor and nurses said that."*
>
> *"Each time I took off my mask, I was told to put it back on. I was not happy about that."*

7. Spouses/partners and family were not allowed to attend ultrasounds, pre-natal or post-partum visits to support the mother:

> *"The appointments after birth, I was the only person who could be there with the baby. I was in pain and weak and trying to bring a newborn to appointments. It was ridiculous."*

8. Single mothers were not permitted to take other children with them to pre-natal visits;

9. Women lack sufficient funds to pay for birth-related essential because 30% earn less than $30,000 per year and 16% were unemployed due to the COVID-19 crisis;

10. Rushed or insufficient maternal care:

> *"A lactation specialist did come visit me during my hospital stay, but she tried to teach me quickly from across the room with a mask on. She gave me incomplete information as I left the hospital and had lots of challenges and exclusively pumped for 2 months before my daughter and I figured it out."*

11. Racial disparities in maternal care persist during the pandemic in Hawai‘i. Nearly one in ten respondents cited racism as the reason why they felt they received negative treatment from health care workers during their hospital or prenatal care; and

12. Postpartum depression can be dangerous, and appears to be further exacerbated by disruptions to maternal support in Hawai‘i during the pandemic. Pregnant and postpartum moms in Hawai‘i are expressing increased insomnia, fear, anxiety, loneliness, isolation, and depression due to the pandemic. Plans for family to gather or fly from the mainland or neighbor islands is causing pregnant and birthing people to be in almost total isolation during of the most monumental, physically and mentally grueling moments of their lives. Pregnant and postpartum moms and people are feeling robbed of their birth plans and experiences as they adjust to the new "normal" due to the pandemic. In the context of postpartum depression, there is a serious mental health risk of lost baby showers, blessingways, family coming to the hospital to be of support, and being able to see the first look of the ultrasound as a couple and more. Community and social support is paramount for pregnant and birthing people and in this moment, we are failing them. The increased rates of maternal mental health disorders proves this.

**ADDITIONAL DATA**

- 106 total respondents; all female
- The largest ethnic groups represented were white, Filipino and Native Hawaiian; 5% of respondents were Black
- 17.9% were single mothers
- 9.4% were under 24 years of age
- 15% were full-time homemakers
- 16% were unemployed due to the COVID-19 crisis
- Majority (57%) were formally employed
- 88.7% reside in Honolulu County; 6.6% reside on Hawai'i County; 4.7% reside on Maui County
- Health insurance during the month before they got pregnant:
    - 59.4% private insurance through employer
    - 20.8% Medquest
    - 18.9% Tricare (Military Health Care)
- 3.7% lost health insurance due to COVID-19 job loss
- Health insurance right now:
    - 52.8% employer health insurance
    - 27.4% Medquest
    - 18.9% Tricare/military
- 21.2% did not want to become pregnant right before they got pregnant
- 3.8% got pregnant because husband or partner did not want to use birth control
- Highest due date month was August (23)
- 15.1% reported that doctors cancelled appointments with them during COVID-19
- 26.4% had telehealth prenatal appointments
- 37.7% stated that their needs were not heard or met during telehealth prenatal visits

- 50% did not have childbirth education classes offered to them or the classes were cancelled with no virtual option
- Only 39.4% of women who took prenatal education and childbirth classes said that the class prepared them for birth
- 50% were not able to bring anyone to prenatal appointments with them
- 62.5% of mothers were told that their other children were not allowed to come to prenatal appointments with them
- 6.6% said that zero guests were allowed to be with them in labor
- 77.4% said that only one person was allowed to be with them in labor
- 26.4% said that their support person was not allowed to leave the room
- 58.5% said support person/people not allowed to switch out with another support person during the hospital stay
- 45.3% were given a COVID-19 test at the hospital
- 87.9% gave birth at a hospital
- 89.6% were not given the option to decline COVID-19 testing
- 4% stated that the support person was required to get a COVID-19 test to stay with them in the hospital
- 42.5% went into labor spontaneously
- 25.5% had a scheduled induction
- 28.3% were induced into labor
- 9.4% scheduled a c-section
- 8.5% said they were pressured to be induced into labor
- 22.6% had a cesarian operations
- 13.2% were not allowed to have baby skin to skin time immediately after birth
- 8.5% were not allowed to breastfeed immediately after giving birth
- 10.4% said lactation consultant did not visit them during their hospital stay
- 5% did not receive help with breastfeeding from any hospital staff
- 9.4% reported they experienced abuse/discrimination
- 12.3% stated they had no in-person postpartum visits after giving birth

## NOTABLE QUOTES

“I feel that pregnant mothers and those with small children have been marginalized by the government when implementing any orders for COVID-19: pregnant women are excluded from the high risk shopping hours (except at Target), support people were limited, hospitals cancelled their tours and classes and car seat safety checks, beaches and parks were closed, baby supply stores were closed and categorized as non-essential, no infant-friendly exercise or activities are available, most activities that are allowed have to be paid for, and we are prevented from having anyone coming to our own homes (even if they stay outside in our yard with masks and social distanced) to help us during postpartum.”

“After the birth, we left the hospital in 24 hours (which was recommended due to COVID) and got home before I had really any sleep. I was utterly exhausted, and we had no family help due to travel restrictions. We had no preparation because our classes were all canceled. It was miserable.”

"I would have liked to have been told it's advised to stay two days at the hospital to recovery, insurance covers it, and it's best for me to get some sleep before we were discharged."

"I wish that the needs of pregnant mothers and those with infant and toddler children are considered when implementing COVID-19 orders."

"I believe Tripler OBGYN clinic should not do telehealth appointments. Prenatal appointments are important, they should happen in person, not over the phone."

"The anxiety around being separated from baby due to hospital policy even though evidence as well as the WHO and CDC suggest otherwise. I think pregnant mothers have been overlooked and the health and well-being of baby has been overlooked by limiting support people, separating baby from mom, limiting mother baby contact after birth and even limiting breastfeeding during the pandemic."

## RECOMMENDATIONS

The Commission and HMHB makes the following initial recommendations to the Governor and government leaders in response to hospitals' decisions to modify maternity policies during the COVID-19 pandemic in a way that further isolates pregnant women and individuals. The Commission and HMHB notes that New York is the epicenter of the COVID-19 pandemic in the United States and was able to establish many of the following:

1. Diversify birthing site options with use of CARES Act funding to immediately establish additional birthing sites outside of hospitals such as community health centers and federally qualified health centers in case of surge at hospitals.
2. Require hospitals to notify and release maternity policies to HSCSW and DOH in real time when changes are made. HSCSW should be enabled to fulfill its mandated function to serve as a hub for accurate and up-to-date information to dispense to the public and women.
3. Guarantee universal testing for all pregnant individuals and support persons, as recommended by New York Department of Health COVID-19 Maternity Taskforce
4. Issue an Executive Order from the Governor:
    1. Authorizing at least one support person to accompany a pregnant individual for the duration of their stay in any hospital, birthing facility, or postpartum unit, as medically appropriate.
    2. Requiring doctors or their staff to inform patients of the latest hospital policies during each prenatal appointment so that no one is shocked upon entering the hospital during the labor.
    3. Allowing two support people to attend labor and delivery and allow midwives and doulas to be counted as health care team.
    4. Permitting the support person can leave room for limited purposes such as to get food, take a break, to secure animal or child care for other children.
    5. Permit support persons to switch out with another support person so that birthing individual is not alone during the process.

5. Promote community education about the options and policies for childbirth during the pandemic.
6. No masks should be required during active labor. A laboring individual who is trying to breathe should not be forced to wear a mask or told to do so. If people can sit in a restaurant without a mask, a laboring person should be able to be in a labor/delivery room without a mask.
7. Increase in-person doctor visits rather than telehealth for pregnant and new mothers. Clients need more touch points with their care provider especially during the third trimester and especially Black and Native Hawaiian, COFA and Pacific Islanders who have higher birth disparities due to racism. Generally, Black women already struggle to be listened to, seen and heard. Now, during the pandemic they are being denied the normal amount of appointments or being seen in-person. Issues are being missed that could be detrimental and problematic in both short and long-term.
8. Guarantee access to a lactation visit, which requires physical contact to be effective. You cannot help with breastfeeding from across the room or without actually touching or coming to the room. No client should leave hospital without being seen and having needs met especially with regards to lactation.
9. Partner/support person allowed to attend ultrasound appointments and all health care visits where the pregnant individual needs physical or emotional support.
10. Caregivers should be permitted to bring children to their appointments due to lack of caregiving support during the COVID-19 crisis.
11. Legislators should support and pass a law in 2021 that mandates racially disaggregated data collection on maternal care to combat racially disparate outcomes. Further research is needed.
12. Launch a statewide public information campaign to address postpartum depression and resources to counteract the added isolation, marginalization, and lack of care for mothers during the pandemic.

For more information, please contact ctrinh@dhs.hawaii.gov.

HAWAII STATE COMMISSION ON THE STATUS OF WOMEN

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