

BEMIDJI AREA MATERNAL AND CHILD HEALTH AND COVID-19 NEEDS ASSESSMENT QUALITATIVE FINDINGS

BACKGROUND

The ongoing coronavirus (COVID-19) pandemic has had wide-ranging, extensive impacts on various aspects of everyday life and health. Different populations are affected by the pandemic in different ways. Vulnerable populations like pregnant women, postpartum women, infants, and children are likely to experience more intensified outcomes. It is likely that these populations will also experience long-lasting effects of this pandemic due to the relationship between maternal and child health and long-term health.¹ Additionally, the effects are both direct and indirect and can extend beyond physical health into emotional, mental, and spiritual health as well as play a role in social determinants of health like employment, housing, and education.

The Great Lakes-Inter Tribal Epidemiology Center (GLITEC) conducted a needs assessment among Tribal and urban Indian communities in the Bemidji Area (Michigan, Minnesota, Wisconsin, and Chicago) covering different aspects of maternal and child health. The objective of the assessment was to identify the major concerns about the effect of the COVID-19 pandemic on different populations and activities within maternal and child health.

The survey was distributed via email to Tribal leaders, health directors, and other professionals who work within American Indian and Alaska Native communities in maternal and child health. The survey included questions on subpopulations and activities within maternal and child health including:

- Pregnant women;
- Labor, delivery, and hospital stays;
- Postpartum women;
- Children and adolescents;
- Women of reproductive age;
- Families; and
- Clinics and organizations.

Respondents were asked about specific concerns under each subpopulation/activity and were asked to what extent each aspect had been affected by the COVID-19 pandemic. Each section also contained open-ended questions in order to gain a fuller understanding of the concerns.



KEY FINDINGS

This report will focus on the findings from the open-ended portions of the survey. However, a few key findings identified by other questions on the survey will be briefly discussed here.

The aspects that were identified by the closed-ended portions of the assessment as being most affected by the pandemic were women of reproductive age delaying or skipping well-woman visits (100.0% chose large or some effect), the reduced ability for families to participate in traditional activities (97.0%), and increase in anxiety, depression, or other mental health concerns among women of reproductive age (96.9%). Increase in anxiety, depression, or other mental health concerns appeared as one of the most affected aspects under multiple subpopulations including pregnant women, postpartum women, and families. More in-depth information about the quantitative results of this assessment can be found on the **Bemidji Area Maternal and Child Health and COVID-19 Needs Assessment** factsheet produced by GLITEC.

THEMES

The open-ended portions of the survey were analyzed by identifying patterns and themes among the responses. Four themes emerged from the analysis of the survey responses: interpersonal relationships, health, health services, and work and school. Each of these themes included various subthemes to allow for a more in-depth analysis (Figure 1).

Under the interpersonal theme, subthemes of concerns about community activities, social support, isolation, and physical abuse were identified. Within the theme of health, respondents brought up concerns about general physical health, mental health, substance use, and general worries about COVID-19. Common themes pertaining to health services that were brought up included disruption and changes to routine care, barriers and challenges associated with telehealth, various aspects of maternal care, barriers to accessing a variety of services, and limited health services. Concerns about work and school included the effects of the pandemic of finances on individuals and families and the subsequent consequences of that, and the various effects that the disruption of in-person school has had on children.

This report is organized by theme. Each section will discuss the subthemes and highlight findings and certain responses under each subtheme.

Figure 1. Themes and subthemes.

Interpersonal Relationships	Health	Health Services	Work and School
<ul style="list-style-type: none">• Community Activities• Social Support• Isolation• Domestic Violence	<ul style="list-style-type: none">• Physical Health• Mental Health• Substance Use• COVID-19 Uncertainties	<ul style="list-style-type: none">• Routine Care• Telehealth• Maternal Care• Access to Services• Limited Services	<ul style="list-style-type: none">• Employment and Finances• School

INTERPERSONAL RELATIONSHIPS

Coronavirus is a disease spread most easily in social settings. One of the measures put in place to stop its spread has been social distancing and cancelling of community activities such as powwows. One respondent said that cancelling powwows and other cultural events has led to a “loss of community.”

Both large activities such as powwows and smaller day-to-day events lead to a sense of community when they happen. However, both types of events have been cancelled.

We were hoping to start a mom and baby/pregnant moms’ group right before the pandemic happened. We were not able to engage women as we were hoping to.

Among women who are pregnant or recently gave birth, there have been reductions in opportunities to develop support and community, which is essential during pregnancy and birth for the physical and mental health of the parents and family bonding.

Women are not able to bring anyone with them to new baby medical appointments including fathers. They are not allowed to have a second person in the delivery room. And things like baby showers are not happening. These are causes of stress for them.

Pregnancy and childbirth are usually a family centered event, but with the pandemic this has become mostly non-existent.

The greatest concern is American Indian women do not have enough support from their family during labor, delivery, and hospital stays. They feel alone and that may cause or increase anxiety and depression with not only the mother, but also the father as many do not allow fathers to participate in the delivery process during this time.

In fact, one respondent suggested that rather than cutting back on support,

Prenatal and post-partum mothers need extra support during these uncertain times and programming should not be halted.

Unfortunately, by cancelling community events and encouraging social distancing feelings of isolation are very prevalent.

My experience working in Tribal Communities tells me that all of this isolation, change and stress will result in a trauma response that could include any number of unhealthy behaviors and reactions.

Multiple respondents mentioned concern over a potential increase of abuse or violence during the pandemic. While some did not give a reason for the increase, some of the survey respondents linked isolation to domestic violence and physical abuse.

Increased social isolation resulting in increased substance use, IPV (intimate partner violence), and child maltreatment and abuse.

While respondents may not have actually seen a noticeable increase in domestic violence recent research has suggested that rates of domestic violence has increased during the COVID-19 pandemic.²

HEALTH

The beginning stages of the COVID-19 pandemic impacted peoples’ health beyond infection with the coronavirus. It affected their overall physical and mental health.

The primary physical health concern connected to the pandemic related to nutrition and physical activity there is a fear that people are not as active and are buying less healthy food.

With the stay at home order, people have been sitting down at home more and not getting regular physical activity (in addition to the gym/community rec centers being closed). People are not as active as they have been and maybe with this not making the best food choices.

Many of the respondents mentioned concern over the mental health of women, children, and families. Amongst others, the mental health concerns they had were related to stress, anxiety, or depression caused by COVID-19 and isolation. Since colonization, historical trauma has had a profound impact on the mental health of many American Indian/Alaska Natives. The COVID-19 pandemic has exacerbated some of the mental health issues faced by American Indian/Alaska Natives. For children, especially, the mental health impacts can be more extreme as they may misunderstand why social distancing is necessary.

The loss of social activities and ties may make the children feel isolated and effect their long-term social skills. For example, maybe it will feel like they were betrayed by their loved ones that have been social distancing and haven't seen or heard from in a while. The grieving process such as funerals aren't taking place and this could impact the youth that weren't able to say goodbye.

Substance use was connected to mental health by various individuals. For pregnant women, the concern around substance use is heightened due to the potential impact on their baby.

Mental health/substance abuse issues along with minimal face to face contact due to safety recommendations can lead to increased infant mortality/SIDS, developmental delays/concerns.

Increase of unhealthy pregnant Native Americans and unborn child having complications at delivery due to illicit substance use and lack of mental health to care for the child after delivery.

A final health topic which cannot be ignored is the physical impact of the coronavirus on people who become infected with it. As a novel virus, little is known about the long-term impact of infection, especially on pregnant women.

My concerns are that COVID-19 will either lead to a miscarriage, birth defect, or even mother's death.

Even as more information about the impact of COVID-19 on health becomes available providers may struggle to communicate it as low health literacy is prevalent. Misinformation which comes “from many different sources, specifically social media” increases the knowledge gap. The misinformation may contribute to false information about how COVID-19 is spread or incorrect information about COVID-19 cures.

HEALTH SERVICES

The COVID-19 pandemic caused a major shift in the way that healthcare was delivered and accessed. Concerns over disruption to normal health services were brought up frequently throughout responses. One recurring theme was patients missing appointments and not receiving preventative care. Many people attributed this to fear of exposure to COVID-19.

Fear of COVID exposure has had many patients just cancel appointments, stating they'll call back later. The amount of patients being seen in the clinic is decreased to practice as safe as possible.

Many pregnant mothers went 2-3 months with no OB appointments or had to transfer care to a larger city and travel further.

There was particular concern over children missing appointments and falling behind on vaccinations.

We have had a lot of missed well child visits along with missed immunizations. People are still scared to bring young children into the clinics.

Many clinics shifted routine care to a telehealth platform, which is the distribution of health-related services via telecommunication and electronic technologies. This change brought up issues related to accessibility and poor telecommunication infrastructure.

We do attempt Zoom meetings however many of our clients are rural and there is a lack of access.

Several respondents also addressed patients' hesitancy to discuss certain issues over telehealth services. Some concerns were related to privacy and security of the virtual platform itself.

Our agency is concerned that our breastfeeding rates may drop due to the lack of in-person visits and the hesitancy on clients' parts to use video platforms to discuss breastfeeding issues (understandably).

Other concerns were related to privacy within a household and the hesitancy to talk about specific topics with other people possibly around.

Well exams being handle via phone consults, doesn't allow the provider to discuss certain topics with just the young adult/child.

Changes to health services were especially prevalent within maternal care, specifically pertaining to labor and delivery, including C-section practices and working with doulas.

Women [are] being released quickly with little or no support after c sections.

They are being discharged too soon.

We are still able to assign doulas to clients but for hospital and personal reasons, none of the doulas have been present in person at a birth since March. The clients are also unable to meet their doulas face-to-face. All visits are occurring over the phone.

There was also concern about the safety of pregnant women for prenatal visits and during labor and delivery, and the effects of COVID-19 on that.

They will be more unwilling to seek medical care and not go to hospital for birth and may have unattended birth at home.

Personally I am concerned about mothers opting for unattended home births as COVID-19 gets closer to our area.

Many respondents also felt that women may have not been receiving enough support for breastfeeding.

We were doing very well with targeting all of our prenatal women to encouraged breastfeeding but with lack of in clinic visits, it has not happened as much.

Access to other services during the pandemic was also a challenge. Many were worried that this might lead to an increase in unplanned pregnancies. Some of this tied back to concerns about physical abuse, as addressed previously, under the health theme.

I believe we will be seeing more unplanned pregnancies during this time, it may be due to a lack of birth control access, a lack of leaving the house, forced or unprotected sex or a combination of all.

Women having limited access to WIC programs was also brought up by several respondents.

Another thing I've noticed is women may not be receiving WIC support as much as they need. They might not know what services WIC has now over Telehealth or how to get in touch with them.

WORK AND SCHOOL

As with most other aspects of everyday life, people have had to adapt to a new way of working and going to school due to the pandemic. Many respondents brought up the effect of COVID-19 on the finances of families and subsequent food and housing insecurities.

Financial difficulties due to loss of job. Increased homelessness. Lack of food due to financial difficulties.

Financial insecurity. Effect on whole families, because so many generations live together.

Increased financial instability has also amplified the effects of the pandemic on access to health and healthcare services.

Due to financial difficulty, not able to travel to the clinic to get services, pick up prescriptions.

Many were worried about the effect that the disruption of in-person school would have on children, citing the importance of routine and structure for children.

Our programs have been created to give structure to the children so that they are ready for school at the appropriate time and remain so. If the programs cannot function in face to face capacity, this readiness that we have tried so hard to achieve may fall off.

Kids thrive in the structured school environment and need the consistency that lacks at home.

The disruption of in-person school also brought up concerns about children feeling more isolated from their peers and the effects of that.

They will not feel connected to peers and feel isolated.

CONCLUSION

The qualitative analysis of responses to the needs assessment shows that the impact of the COVID-19 pandemic went far beyond the effects of the virus and affected every facet of one's life from the way they were supported or not by community to their health to the lack of healthcare for routine needs. Identifying themes between responses allows for a broader understanding of common concerns within communities.

These findings will be used to develop recommendations for communities as the pandemic continues. The findings may also be used as a resource for communities to develop strategic plans for future pandemics.

References

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