NEW MOTHERS' EXPERIENCES OF PREGNANCY, LABOR AND BIRTH, AND POSTPARTUM DURING COVID-19 IN THE UNITED STATES: A LATINX WOMEN FOCUS

by

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NEW MOTHERS' EXPERIENCES OF PREGNANCY, LABOR AND BIRTH, AND POSTPARTUM DURING COVID-19 IN THE UNITED STATES: A LATINX WOMEN FOCUS

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Abstract

The COVID-19 pandemic disrupted life as we know it and impacted citizens across the globe. Daily life has radically changed since March 2020 as efforts to limit the spread of the virus continue to affect almost every aspect of living. Due to the COVID-19 related changes in healthcare practices, one population in particular that has been significantly impacted by the pandemic is pregnant women. Changes such as reducing the number of scheduled antenatal appointments, not allowing accompaniment to routine antenatal appointments and minimizing support during the labor process have greatly impacted the pregnancy experience for mothers in the United States. One sub-population of pregnant women that has likely been even further affected by the COVID-19 pandemic is the Latinx pregnant population. There is evidence to suggest that Latinx women experience barriers in receiving adequate care during pregnancy due to language barriers and a lack of cultural competency from providers and clinical staff. The changes precipitated by the pandemic may have increased the barriers to care for the Latinx pregnant population and have therefore altered their healthcare experiences. Specifically, Latinx pregnant women who do not speak English as a first language may have experienced further barriers to care during the pandemic.

The purpose of this research project is to understand how COVID-19 has impacted pregnancy, labor and birth, and postpartum/new motherhood for Spanish-speaking Latinx women. Furthermore, it is aimed to explore the barriers to conducting research during a pandemic and to identify implications for future nursing research practice. It is hoped that the results will help inform how healthcare workers can positively improve the care that they provide to Spanish-speaking Latinx women, and to answer the overarching clinical question: How has

COVID-19 impacted the pregnancy and birthing experience for Spanish-speaking Latinx new mothers in the United States?

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Introduction

The COVID-19 pandemic disrupted life as we know it and impacted citizens across the globe. Daily life has radically changed since March 2020 as efforts to limit the spread of the virus continue to affect almost every aspect of living. Due to the COVID-19 related changes in hospital practices, one population in specific that has been significantly impacted by the pandemic are pregnant women. Changes such as reducing the number of scheduled antenatal appointments, not allowing accompaniment to routine antenatal appointments and minimizing support during the labor process have greatly impacted the pregnancy experience for mothers in the United States (Pollock et al., 2020). One sub-population of pregnant women that has likely been even further affected by the COVID-19 pandemic is the Latinx pregnant population. There is evidence to suggest that Latinx women experience barriers in receiving adequate care during pregnancy due to a lack of cultural competency from providers and clinical staff as well as language (Fryer et al., 2021). The changes precipitated by the pandemic have most likely dramatically increased the barriers to care for the Latinx pregnant population and have therefore altered their healthcare experiences. Specifically, Latinx pregnant women who do not speak English as a first language may have experienced further barriers to care during the pandemic.

The purpose of this research project is to understand how COVID-19 has impacted pregnancy, labor and birth, and postpartum/new motherhood for Spanish-speaking Latinx women. Furthermore, it is hoped that the results will help inform how healthcare workers can positively improve the care that they provide to Spanish-speaking Latinx women. This investigation is a parallel project of a study being conducted specifically for English-speaking participants titled “New Mothers Experiences of Pregnancy and Birth during COVID19 in the United States”. Preliminary results from this study show that 34% of new mothers experienced

depression, 46% experienced mild to moderate anxiety, and 28% experienced severe anxiety symptoms (Saleh et. al, 2022). It is important to address this topic in order to understand how the pandemic is affecting the lives and the outcomes of Spanish-speaking mothers and their newborns. Information and data will be collected from participants through the use of both surveys and interviews. This research method will help researchers to answer the clinical question: How has COVID-19 impacted the pregnancy and birthing experience for Spanish-speaking Latinx new mothers in the United States?

Literature Review

The student author performed a literature review to see what information exists about the relationship between pregnancy and COVID-19 in the Latinx community. To review current literature published on this topic, the student author utilized databases CINAHL Complete, MEDLINE, PubMed and Joanna Briggs Institute. The literature search was guided with the search terms *pregnancy* AND *labor and delivery* AND *new mothers* AND *COVID-19* AND *Spanish speaking* AND *language barrier* AND *anxiety*. Inclusion criteria for the search were years 2010-2021, English language and full text. Because Coronavirus is a relatively new pandemic, the majority of related articles found were published in 2021.

The topic of new mothers' experiences during COVID-19 warrants attention because it is a subject that has not yet been thoroughly explored. Current information surrounding the virus still has many unknowns and there are some inconsistencies in the literature. In one study exploring pregnancy following a loss during the recent COVID pandemic, authors suggest that current evidence shows a pregnant woman or baby are "no more at risk of contracting COVID-19" than any other member of the community (Pollock et al., 2020). These authors discussed how the promotion of psychological well-being of the mother and her family during a pregnancy

after loss are of the utmost importance. Pollock et al. (2020) makes the argument that new changes in practice brought about by the pandemic are "deviating from established evidence-based practice guidelines" that stress the importance of psychological well-being, such as minimizing support persons and access to mental health services during pregnancy and birth. These changes can potentially have a negative impact on the outcomes of new mothers as they have decreased access to the amount of needed care. The authors only addressed pregnancy after the loss exclusively of a stillborn child (Pollock et al., 2020). While the loss of a baby is an extremely tragic experience, women across the United States have been subjected to the loss of other loved ones due to the pandemic, and it is important to understand how this loss has shaped their pregnancy experiences as well.

In contrast to Pollock et al.' (2020) findings, Dashraath et al. (2021) argue that pregnant mothers and their fetuses are at a high-risk for developing a disease like COVID-19. This risk is due to changes in the cardiopulmonary and immune systems during pregnancy, placing the woman and her fetus at an increased risk for hypoxic compromise and susceptibility to a respiratory infection like COVID-19.

Both articles report there is little evidence to suggest the virus spreads via vertical transmission from COVID-19 infected mothers to their neonates. In fact, of the 46 neonatal cases investigated, there were zero confirmed instances of vertical transmission (Dashraath et al., 2021). One unique aspect of this article was the comparison of COVID-19 pregnancy outcomes to Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) pregnancy outcomes. One significant set of data related to case fatality rates in mothers revealed that COVID-19 mortality rates were less than SARS and MERS (0%, 18%, and 25%, respectively) (Dashraath et al., 2021). While COVID-19 has a significantly lower rate for

maternal fatality than the other coronaviruses, there are some increased rates of fetal complications associated with COVID-19. When comparing the amount of pregnancies that resulted in preterm birth, 43% of patients with COVID-19 experienced this complication compared to 25% in SARS and 27% in MERS. Other fetal complications reported in the COVID-19 data was a 2% miscarriage rate and a 10% intrauterine growth restriction rate. The evidence Dashraath et al. (2021) reported will be interesting to compare with the data and experiences provided by the Latinx new mothers in this study.

The coronavirus pandemic has also drastically impacted the labor and delivery process for pregnant women. Stephens et al. (2020) produced a set of general guidelines in the management of an obstetrical patient in labor. Recommendations include screening and limiting all patients and visitors on the labor and delivery unit, isolating possible and confirmed COVID-19 positive patients, limiting the frequency and duration of room visits and cervical exams during uncomplicated labor, and engaging in efforts to shorten the second stage of labor. The guidelines also recommend designating an isolation room for newborns of mothers with suspected or confirmed COVID-19 infection. While many of the recommendations have been adapted into current practice, protocols vary by state and hospital. Gaps in the literature exist as the effects of the limiting and isolation measures on Spanish-speaking Latinx women in labor and after delivery is not known.

The experience of new motherhood for many has dramatically changed due to the pandemic. Joy et al. (2020) explored the experiences of Canadian white new mothers during the COVID-19 pandemic and found that this time in their life was filled with a mix of benefits and challenges. Common themes related to the benefits identified by the participants included the joy of family bonding and a relief from the pressures of externally-focused activities, such as

mommy classes or visits from families and friends. Challenges include losing the opportunity to share important moments and events of the baby with friends and family, isolation from others and unfulfilled expectations of socialization and bonding. These findings provide important information related to the experiences of new mothers during the pandemic. However, due to cultural differences it is possible that these results do not reflect the experiences of Spanish-speaking Latinx women.

Not speaking English as a first language can create barriers for Spanish-speaking Latinx persons receiving care in the United States. Kimberly et al. (2021) shows that some of the unique barriers experienced by Latinx women who were pregnant and had given birth included language barriers, a lack of cultural competency from healthcare workers, and ethnic discrimination. The research largely focused on barriers to care during the prenatal period, so there is still a gap in the literature regarding the drawbacks during labor & delivery and the postpartum period during COVID-19.

Methods

Design

The research will follow a qualitative design study to explore the experiences of Latinx women in the early postpartum period during COVID-19.

Sample

Purposeful sampling of Spanish-speaking Latinx women who have recently been pregnant and given birth during the coronavirus pandemic. Participants will be purposefully sampled to ensure they meet criteria and have experienced what is needed to answer the research questions. Eligibility requirements include women who are 18 years of age or older, speak and

read Spanish, delivered a singleton on or after March 13, 2020, and no prior fetal loss greater than 20 weeks' gestation. Up to (3) Spanish-speaking Latinx women will take part in this study.

Setting

The research study will take place via electronic surveys using Qualtrics, an online survey tool, and via Zoom, a videoconferencing platform that enables virtual communication. No interaction in person with the research team and participants will occur.

Procedure

Participants will be recruited via flyers at the Mercy Clinic, social media posting and snowballing (a technique in which research participants are asked to assist researchers in identifying other potential participants) (see Appendix A). Participants interested will be asked to contact the principal investigator (PI) either by email or telephone if they want to learn more about the study. Once participants notify the PI of interest, they will receive an email including additional details about the study, eligibility, consent and a link to the first Qualtrics survey (see Appendix B). No survey or data collection will be completed prior to obtaining consent from each of the participants. The link to the survey opens up an overview of the study and embedded link to the informed consent form (see Appendix C). After completing the consent, participants will be allowed to complete the first survey. Selected participants will be contacted via email or phone to set up a date and time for the Zoom interview. Participation is voluntary and participants will be notified that they can withdraw at any time and at each contact point. If participants withdraw, their data will be removed from the study and not included in analysis or dissemination. At each contact point, participants will be asked to provide their name and contact information to be used to link data points across the study. Email addresses will also be used to send eGift cards from Target after participation in the interview and second survey.

Data Collection

Following informed consent, the participants will fill out an initial survey that takes approximately 15 minutes to complete and includes questions related to demographic information, obstetrical history, current birth information and the Edinburgh Postnatal Depression Scale (see Appendix D). Upon completion the research team will conduct the Zoom interviews using guided interview questions (see Appendix E). Interviews will take approximately 30-60 minutes and will be recorded via audio and video. The PI and research team member Dr. O'Donald will follow an interview guide with minimal possible changes to questioning based upon feedback from participants and input on any confusion of point of interest related to the main objectives of the study. Each participant will be given a pseudonym before the start of the interview to allow for confidentiality and to link information across data points. The audio and video recordings will be kept on a secure computer that is password protected. In the case that a participant becomes unavailable to attend the scheduled interview, she will be instructed to let the PI know via text or phone call.

Participants will receive an electronic survey (1 year from date of birth of the infant) which takes approximately 10-15 minutes and includes a repeat Edinburgh Postnatal Depression Scale (see Appendix F). This survey also contains two additional open-ended questions about any reflection on their birth during the pandemic and how COVID-19 is impacting their life today. A reminder email will be sent out after two weeks for those that have not yet completed their initial survey (see Appendix G). Participants will be asked permission to be contacted again if the research team requires further insight into findings upon data analysis of the qualitative information. Upon receipt of completed Qualtrics first survey and interview, participants will

receive their eGift card from Target for $25 via their email. Following completion of the Qualtrics second survey participants will receive their additional eGift card from Target for $15.

Confidentiality Statement

All survey data will be collected using secured Qualtrics, through TCU, with only the research team having access to the survey and data input by the participants. Aggregate data will be linked between surveys and interviews and for data analysis. Once data is linked between phases all identifiable information will be removed. No identifiable participant information will be used in this process. All data including contact information and pseudonym files will be kept on the PI's locked and password protected computer. Aggregate data will be utilized as anonymous data in publication and data use. All information will be input on a laptop that is password protected and will not be left in any insecure areas and kept for a minimum of 3 years.

Measurements

Demographics and information related to the pregnancy history will be presented in a multiple choice and short answer format and are investigator-developed items. The Edinburgh Postnatal Depression Scale (EPDS) is a validated tool that will be used to measure the depression levels in women who have just given birth. Vásquez and Míguez (2019) found evidence that when translated into Spanish, the EPDS is an adequate tool for screening depression in Spanish-speaking women with an overall accuracy rate of 78.9%. The tool will also be used in this study to compare previous data collected on anxiety and depression in pregnancy/postpartum when not in crisis.

Qualitative interviews using investigator-developed items will be conducted to learn new information firsthand from the participants to inform the social realities and norms of the participants. Interviews will be conducted in Spanish by the PI who is conversationally

competent in Spanish and research team member Dr. O'Donald, a professor who is fluent in Spanish. Following the interview, a certified translation service or person will be used to transcribe the video or audio recordings into English for further analysis.

Analytical Plan

Survey data including demographics, obstetric history and delivery information will be analyzed using descriptive statistics. Qualitative data obtained in the interview and subsequent open-ended questions in each of the surveys will be transcribed into English and then analyzed using constant comparative analysis by each team member. Upon completion of collecting data, the research team will come together and reach a consensus on the codes determined. Determination of major and minor themes will be found as a team and defined per the participants' interviews. To provide culturally competent results, fluent members of the research team will be included to ensure that the messages of each of the codes are being fairly interpreted. These numbers will then be compared to national averages in a non-COVID time.

Outcomes

Methodological barriers were encountered during the recruitment phase of the procedure. Flyers were distributed to the Mercy Clinic, though due to changes in practice during the pandemic, few were handed out. To minimize in-person interactions and possible disease transmission at the clinic, a recent new rule requires patients to wait in their cars until called to come in for their appointment. This unfortunately limits the time in which patients would spend in the waiting room looking at posted materials such as the flyers for the research study. The clinic also decreased their hours of operation to Tuesdays and Thursdays from 5:30-8:30pm, allowing only a 6-hour window per week to attempt recruitment.

Text messages containing information about the study were sent out to Mercy Clinic's client list, though no responses were received. The director of Mercy Clinic attributed the lack of interest to clients' inability to access electronics and Zoom. With approval from the director, flyers were handed out in person on one afternoon that the clinic was offering free screening for diabetes. Of the 12 patient interactions, 3 patients knew of persons who would potentially meet the sample requirements and took flyers. After this, the clinic director limited access to the student researcher, stating that she only felt comfortable allowing patient interactions if there was supervision by the clinic's translator. On subsequent attempts to recruit in person, the translator was unable to supervise therefore the student researcher was not allowed to distribute flyers.

After the barriers faced with recruitment at the Mercy Clinic, the student researcher and faculty members met to discuss possible solutions to help facilitate recruitment. A request for an amendment to the protocol was submitted to TCU IRB to broaden the recruitment population to include members of TCU's facility services. Due to time constraints, a recruitment deadline of April 4, 2022 was set. The TCU IRB did not respond regarding their decision for the amendment before the deadline.

The methodological challenges experienced warranted further investigation into the barriers faced. The student author performed a literature review to see what information exists about conducting research during the COVID-19 pandemic. The databases utilized were CINAHL Complete, MEDLINE, and Joanna Briggs Institute. The literature search was guided with the search terms *barriers* AND *nursing research* AND *COVID-19*. Inclusion criteria for the search were years 2021-2022, English language, and full text. New information currently exists about conducting research during COVID-19 and helps to reinforce the challenges faced in this study.

In one study, ethical, regulatory and practical barriers to COVID-19 research were explored by faculty at the Washington University School of Medicine in St. Louis, Missouri (Sisk et al., 2022). Common challenges that researchers described were similar to the challenges faced by the student researcher, including protocol deviation due to changes caused by the pandemic and conflicts with both the IRB and cross-institutional collaborations. Another challenge was the struggle participants had navigating teleconferencing technologies, as well as trouble hearing or talking on the phone. This could have been a potential barrier to conducting research had the study moved to the later parts of the protocol. Other difficulties explored in this study included political pressures, lack of institutional resources, biases, and misperceptions. One solution suggested to resolve these barriers is to develop "protocol-based solutions" in which protocols are designed to be more flexible and include contingency plans. Minimizing barriers to conducting research would benefit the health and safety of the public in any future public health emergencies.

Another study that analyzed the difficulties of conducting human subjects research during a global pandemic was led by faculty members at the University of South Carolina (Abshire et al., 2021). This article echoed many of the sentiments felt regarding the difficulties in recruiting potential participants for the research study. Many nurse researchers observed a decrease in access to potential participants and problems recruiting due to pandemic related changes. Similar to how changes at the Mercy Clinic reduced the opportunity for recruitment, many community events that the nurse researchers at USC were relying on attending to recruit participants were canceled or moved to a virtual setting. Events that limited or eliminated in-person contact increased barriers to recruitment. The study also discusses how the pandemic has adversely affected the wellbeing of people-of-color who disproportionately experienced the effects of

COVID-19. While data was unable to be obtained regarding the experiences of Latinx new mothers, it can be assumed that they may have faced the adverse effects discussed in the article disproportionately throughout the pandemic. The importance of communication between mentors, peers and research team members was also described in detail (Abshire et al., 2021). While most communication traditionally takes place in person, there has recently been a great increase in communicating via email and video conferencing. The authors consider how clear and frequent communication is necessary to "conduct high-quality, rigorous research". Additionally, establishing and maintaining relationships and trust is essential to the research process. Communication barriers were not often experienced among research team members throughout this study, and effective communication helped contribute to problem-solving efforts and minimizing some of the challenges faced along the way.

The third study considered during this literature review explored the role of the Clinical Research Nursing in enabling participation of under-represented groups, such as recently pregnant Latinx women (Beer et al., 2022). This article was important to consider in the literature review because it helps to explain the barriers faced throughout the research process not only at a systemic level, but also at a practitioner and participant level. One important practitioner barrier is lacking sufficient cultural awareness to conduct population-sensitive research. Although many team members worked together to develop a culturally sound approach to the recruitment procedure, it was never considered that participants may have difficulties accessing electronics to complete the surveys or Zoom to participate in the interview. Had a more culturally aware approach been taken when developing the study's method, there may have been an increase in interest or participation. Participant barriers to participation are also important to consider, such as a lack of research awareness and poor health literacy levels (Beer

et al., 2022). If the participant population does not understand why research is important or how it can benefit health and current practices, it can limit the opportunities taken to consider participation. These barriers may be further exacerbated by language-barriers, disparities in education, mistrust, and time constraints. Time constraints are especially important to consider in this specific patient population due to participants' role as a new parent.

After considering the barriers to participation in research at all three levels, the Clinical Nurse Researcher's (CNR) role is to enable research participation for under-represented groups (Beer et al., 2022). The CNR must first become self-aware of his/her implicit bias and prioritize cultural awareness at all times. Once this is achieved, the CNR can then take steps such as amending and implementing protocols that enable participation, identifying and advocating for the translation of key documents, engaging with the community to understand their collective and individual needs, and providing the resources and services necessary to facilitate participation. It is also paramount to establish trust with the participant population to develop meaningful partnerships over time. Taking these recommendations into consideration will be important for any future human subject research with a similar patient population.

Lessons Learned

Although the results of this study did not yield the data initially anticipated, there are important lessons learned to be taken away from this experience. One is that conducting research during a pandemic presents unique challenges. Research studies do not always go perfectly as planned, and a global pandemic presents barriers that are difficult to predict. It is important to keep a positive attitude, be persistent in one's efforts, and remain flexible in order to best adapt to these challenges. Another important lesson is to practice cultural humility and establish trust with the participant population. One must examine his/her own beliefs and cultural identities in

order to begin to learn about another's culture. By practicing cultural humility and developing a strong partnership with the participant population, the researcher may be able to best assess how to conduct and facilitate meaningful studies that can benefit not only the science community but also the participant community. There is also an important lesson to be learned about advocating for under-represented populations as a nurse researcher. It is not enough to simply understand the importance of enabling participation for under-represented groups, one must also share this knowledge and speak up on behalf of those who cannot advocate for themselves. Other nurse researchers should be made aware of the considerations to be taken when designing research studies for vulnerable populations and the steps that they can take to make that happen.

Implications for Future Studies in Vulnerable Populations

This research study helps to highlight several implications for future studies in vulnerable populations. Before the development of a project begins, the nurse researcher should begin first with an analysis of personal values and beliefs. The nurse researcher should learn more about the participant population and how best to access the community. Steps should be taken to develop a trusting relationship and the community should be assessed to identify the collective needs of the potential participant population. Efforts should be made to ensure adequate health literacy and research awareness among the vulnerable population, and resources should be made available to facilitate involvement in research. When developing the study, protocols should be structured to consider important cultural factors and potential barriers to research. Effective communication should be maintained within the research team and with participants. Nurse researchers should also advocate for greater equity in access to clinical research for vulnerable populations in accordance with the nursing value of social justice. Adapting these ideas into future studies will help to promote nursing research that is more culturally aware and inclusive.

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Appendix A

Volunteers Needed for Research Study

New Mothers Experiences of Pregnancy and Birth during COVID-19 in the United States: Focus on Spanish-Speaking Latinx Women

The TCU Nursing Department is conducting research to learn about the experiences of Spanish-speaking mothers and how COVID 19 affected their pregnancy, labor and delivery, and postpartum / new motherhood.

We are recruiting women of Latinx descent who gave birth on or after March 13, 2020 and are 18 years of age or older. Participants must speak Spanish as their first language and read Spanish, gave birth to a single baby, and had no previous fetal loss> 20 weeks' gestation.

Each participant will be asked to complete a short electronic survey. Moms will then participate in an individual interview on the online app Zoom. Participation will be based upon the timing needs of each participant. Finally, each participant will receive a short electronic survey 6 months after completing the first. There are no known risks involved in this research.

Each participant will receive a $25 eGift card for Target upon completion of the interview and an additional $15 for completion of the final survey. Please contact us at eleni.boyaci@tcu.edu or 918-260-3773 if you are interested.

Call 918-260-3773 or
send an email to eleni.boyaci@tcu.edu with any questions
IRB#2021-100

Texas Christian University
TCU does not discriminate based upon any protected status. Please see http://www.tcu.edu/notice-of-nondiscrimination.asp

Appendix B

TCU-IRB
RESPONSE ELIGIBILITY EMAIL

Dear potential participant,

My name is Elena Boyaci and I am a nursing student researcher at Texas Christian University (TCU).

We are conducting a research study on the experiences of Spanish-speaking Latinx women on how COVID-19 affected their pregnancy, labor and delivery, and postpartum / new motherhood. Participation will take approximately 30 to 90 minutes. Participation is completely voluntary, and all your data will be kept confidential with no identifying information reported.

In order to be eligible to participate, you must meet the following requirements:

- Be 18 years or older and of Latinx descent
- Speak Spanish as a first language and read Spanish
- Delivered on or after March 13, 2020
- For the most recent pregnancy, delivered a single live baby (no multiples)
- Have not experienced fetal loss (stillbirth)> 20 weeks' gestation.

Participation will include completing a short electronic survey about yourself, your pregnancy history, and most recent delivery information. Next, we will arrange a virtual interview on Zoom based on the date / time that is most convenient for you. This interview will last approximately 30 to 60 minutes. Using the email and phone number you provide, we will send all participants a short electronic survey 6 months from the date of its most recent submission, which will take approximately 10 minutes to complete.

Upon completion of the first survey and interview, we will email you an eGift Card to Target for $25. If you complete the second survey, 6 months after your date of birth, you will receive another $15 Target eGift card. There are no known risks involved in this research. If you are interested in participating in this study, click on the link posted below

TCU Nursing Survey # 1

If you have any questions, feel free to contact Elena Boyaci at 918-260-3773 or eleni.boyaci@tcu.edu. Thank you for your time.

Appendix C

Informed Consent to Participate in Research

Title of Research: New Mothers Experiences of Pregnancy, Birth, and Postpartum during COVID-19 in the United States: Focus on Spanish-Speaking Latinx Women

Principal Investigator: Lisette Saleh PhD, MSN, RNC-OB
Co-investigators: Elena Boyaci, TCU Nursing student, Karla O'Donald PhD

Overview: You are invited to participate in a research study. In order to participate, you must be at least 18 years of age, read/speak Spanish as a first language, delivered on or after March 13, 2020, gave birth to a single baby, and have no prior fetal loss greater than 20 weeks' gestation. Participation in this research study is voluntary.

Study details: This study is being conducted via Qualtrics and Zoom. The purpose of this study is to understand how COVID-19 has impacted the pregnancy, labor/birth and postpartum /new motherhood experience of Spanish-speaking women. If you decide to participate, you will be asked to complete a survey about yourself, your pregnancy history, and your most recent pregnancy that will take approximately 15 minutes. Participants will be asked to participate in an individual online interview using zoom, an online application, which will take approximately 30 to 60 minutes. Finally, we will ask all participants to complete a follow-up email survey 6 months after birth that will take 10-15 minutes.

Participants: You are being asked to participate because you gave birth on or after March 13, 2020, meaning you have experienced pregnancy, labor/delivery, and postpartum during COVID-19.

Voluntary participation: Your participation is voluntary. You do not have to participate and may stop participating at any time.

Confidentiality: Even if we publish the findings of this study, we will keep your information private and confidential. Anyone with the authority to look at your records must keep them confidential.

What is the purpose of the research?
The purpose of this study is to understand how COVID-19 has impacted pregnancy, labor and birth, postpartum and new motherhood for women. Furthermore, we hope to understand how healthcare and healthcare providers can positively impact their experience.

What is my involvement for participating in this study?
If you agree to participate in the study, you will be asked to complete a survey and answer questions in an interview, followed by a survey sent 6 months after birth.
Information collected about you during this study may be shared with other researchers for future research studies that may be similar to this study or may be completely different. The information shared with other researchers will not include any information that can directly identify you. Researchers will not contact you for additional permission to use this information. We expect that your participation will require 2 to 3 interactions, 2 through an electronic survey of 10 to 15 minutes per piece and 1 online interview of 30 to 60 minutes. You will be given a false name to help link the data across all points.

Interviews will be video and audio recorded to ensure we get a true account of your responses. The recordings will be saved on a password-protected computer. No identifying information will be linked to your responses. The members of the research team will have access to survey data and interview recordings. The records will be kept for a minimum of 3 years and will be deleted once appropriate.

Are there any alternatives and can I withdraw?
It is not necessary that you participate in this research study. You should only participate in this study if you want to volunteer. You can participate in this research or withdraw at any time. If you choose to withdraw, please notify Eleni Boyaci at eleni.boyaci@tcu.edu or at 918-260-3773. Upon withdrawal, any of your data collected during the study will be removed and will not be included in analysis or dissemination.

What are the risks for participating in this study and how will they be minimized?
Possible discomforts or risks you may experience while participating in this study include: inconvenience of time to answer the survey and emotional discomfort due to the topics brought up by the questions asked. There may be risks that researchers have not thought of. Every effort has been made to protect your privacy and confidentiality. To minimize exposure to COVID-19, we will conduct all investigations via electronic survey or virtual interview.

What are the benefits of participating in this study?
Although you will not directly benefit from participating in this study, others may benefit because you will help us, as healthcare providers, understand the lived experience of pregnancy and childbirth during a time of crisis, specifically COVID-19. Furthermore, we hope to learn how to better provide care and support women during this difficult time.

Will I be compensated for participating in this study?
You will receive a $25 Target eGift card after completing the first survey and interview. Those who complete the final survey will receive another $15 gift card to Target. You must complete all questions for eGift Cards to be delivered to the email you provide.

What are my costs to participate in the study?
There will be no additional costs to you as a result of participating in this study. However, routine medical care for your condition (care that you would have received whether you were in this study or not) will be billed to you or your insurance company. You may want to contact your insurance company to discuss this further.

How will my confidentiality be protected?
Every effort will be made to limit the use and disclosure of your personal information, including research study records, to people who have a need to review this information. We cannot promise a total secret. Your records may be reviewed by authorized University personnel or others who will be subject to the same confidentiality provisions. We can publish what we learn from this study. If we do, we will not include your name. We will not publish anything that would let people know who you are.

What will happen to the information collected about me after the study is over?
We will retain your research data for use in future research or other purposes. Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project. We may share your research data with other researchers without requesting your consent again, but it will not contain information that can directly identify you.

Who should I contact if I have questions regarding the study or concerns regarding my rights as a study participant?
You can contact Elena Boyaci at eleni.boyaci@tcu.edu and 918-260-3773 with any questions you have about the study.

Dr. Karla O'Donald, Professor of Spanish and Hispanic Studies k.odonald@tcu.edu
Dr. Dru Riddle, Chair, TCU Institutional Review Board, d.riddle@tcu.edu; or Dr. Floyd Wormley, Associate Provost of Research, research@tcu.edu

By selecting "Agree to Participate" below, you agree to participate in this study. Make sure you understand what the study is about before you agree. A copy of this document will be provided for your records upon request. If you have any questions about the study after agreeing to participate, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to participate in this study.

o Yes (1)

o No (2)

Consent to be audio/video recorded

I agree to be audio/video recorded.

o Yes (1)

o No (2)

Consent to be Contacted for Participation in Future Research

I give the researchers permission to keep my contact information and to contact me for future projects.

o Yes (1)

o No (2)

Appendix D

Phase 1 of Pregnancy and COVID (Demo / ON / Birth / PES)

Q1

Study title: New Mothers Experiences of Pregnancy, Birth, and Postpartum during COVID-19 in the United States: Focus on Spanish-Speaking Latinx Women

Lisette Saleh PHD, MSN, RNC-OB, Eleni Boyaci, TCU nursing student, Karla O'Donald PHD

You are being asked to participate in this study because you are a Spanish-speaking woman who gave birth to a baby on or after March 13, 2020. Furthermore, you must be 18 years of age or older, given birth most recently to a single live baby (not multiples) and do not have a previous fetal loss> 20 weeks' gestation. If you choose to participate, you will be asked to anonymously answer several questions online now. You will be asked for your contact / email information at the end so that we can arrange your interview time. After the interview, participants will receive a $25 eGift Card to Target. Furthermore, the lead researcher (Lisette Saleh) will keep the contact information to follow up with you to complete a short survey on your stress / depression level six months after the interview. For completing the post-survey, we will send an additional $15 eGift Card to Target to the email provided.

This study is designed to learn more about how COVID-19 affected your pregnancy, labor and delivery, and postpartum / new motherhood period of time. We also seek to learn how to improve those experiences for pregnant moms. Possible discomforts or risks that you may experience while participating in this study include: inconvenience of time to take the survey and participate in the interview, and feeling emotionally upset by topics brought up by the questions asked. There may be risks that researchers have not thought of. Every effort has been made to protect your privacy and confidentiality. You have the choice to participate in this study and it is completely voluntary; you can leave it at any time.

If you have any questions please contact Elena Boyaci at 918-260-3773 or eleni.boyaci@tcu.edu

If you have any questions related to your rights as a participant you can contact the Institutional Review Board Chair, Dr. Dru Riddle at 817-257-6811 or d.riddle@tcu.edu ; or Dr. Floyd Wormley, Associate Provost of Research, research@tcu.edu

Please click now on the following link and read the Informed Consent. By clicking Yes and completing this survey, you agree to participate in this research study. *LINK: Informed consent*

I agree to participate in this study

- Yes (1)

- No (2)

I agree to be audio/video recorded.

- Yes (1)
- No (2)

I give the researchers permission to keep my contact information and to contact me for future projects.

- Yes (1)
- No (2)

Q2 My age is _____

Q3 My race is

o White/ Caucasian (1)

o Black/ African American (2)

o Hispanic/ Latino (3)

o Asian (4)

o American Indian/Alaskan Native (5)

o Native Hawaiin or other Pacific Islander (6)

o Two or more races (7)

o Other (8)

Q4 Your highest level or education:

o No formal education (1)

o High School Diploma (2)

o College Degree (3)

o Vocational Training (4)

o Bachelor's Degree (5)

o Master's Degree (6)

o Professional Degree (7)

o Doctorate Degree (8)

o Other (9)

Q5 Annual household income:

o Menos de $ 20,000 (1)

o $ 20,001 - $ 40,000 (2)

o $ 40,001 - $ 60,000 (3)

o $ 60,001 - $ 80,000 (4)

o $ 80,001 - $ 100,000 (5)

o $ 100,000 - $ 120,000 (6)

o $ 120,001 - más (7)

Q6 Who lives at home with you? Select all that apply

▢ Significant other (1)

▢ Children (2)

▢ In-laws (3)

▢ Parents (4)

▢Other family members (5)

Q7 How many of the following pregnancies / births have you had (fill in each with a number, even if it is 0)

o Birth 37 - 42 weeks gestation Term (on time) (1) _____

o Birth 20-37 weeks Preterm (early) (2) _____

o Miscarriages (3) _____

o Abortions (4) _____

Q8 Have you had a previous cesarean section (surgical delivery) prior to this most recent delivery?

o Yes (1)

o No (2)

Q9 All of these questions relate to your most recent birth / pregnancy:

o What was your original due date? (write as DD / MM / YYYY) (1)

_____

o What day did you deliver? (DD / MM / YYYY) (2)

_____

o How much did your baby weigh? (Example: 7 lbs 10 ounces) (3)

_____

Q10 For your most recent pregnancy /birth, did you have a birth plan? (YES / NO) and if so, how did it have to change due to COVID 19?

_____
_____
_____
_____
_____

Q11 For your most recent pregnancy / birth, where did you deliver?

o At home (1)

o At a hospital (2)

o At a birthing center (3)

Q12 For your most recent pregnancy /birth, did you plan on having a doula or support person present?

o Yes (1)

o No (2)

Q13 How did you deliver this most recent birth/pregnancy?

o Vaginal birth (1)

o Cesarean birth (surgery) (2)

o With vacuum extraction (3)

o With forceps (4)

Q14 If you had a vaginal delivery, what was your original plan for pain control? Select all that apply.

o Doula (1)

o Family support person (2)

o Imagery (3)

o Hydrotherapy (4)

o Essential oils (5)
o Sterile water injections for back pain (6)
o Walking during labor (7)
o Peanut ball (8)
o Birthing ball (9)
o Nitrous Oxide (10)
o “Walking” epidurals (11)
o Intermittent listening to fetal heart rate (12)
o TENS machine (13)
o Eating during labor (14)
o Drinking liquids (15)
o Alternative positions for birth (16)
o Other (17) _____

Q15 If you had a vaginal delivery, what were you able to use during labor and birth for pain control? Select all that apply
o Doula (1)
o Family support person (2)
o Imagery (3)
o Hydrotherapy (4)
o Essential oils (5)
o Sterile water injections for back pain (6)
o Walking during labor (7)
o Peanut ball (8)
o Birthing ball (9)
o Nitrous Oxide (10)
o “Walking” epidurals (11)
o Intermittent listening to fetal heart rate (12)
o TENS machine (13)
o Eating during labor (14)
o Drinking liquids (15)

o Alternative positions for birth (16)

o Other (17) _____

Q16 How many people of your choice were in the room when you delivered?

_____

Q17 How many non-medical people did you originally want in your room (and would have been allowed prior to COVID-19 changes) when you delivered?

_____

Q18 Was your baby admitted to the NICU (Neonatal Intensive Care Unit)?

o Yes and was admitted (1)

o No (2)

o Yes but not for long and came back to the room (3)

Q19 In what city and state did you deliver in? (City, State)

_____

Q20 Have you been exposed to someone who tested positive for COVID-19?

o Yes (1)

o Maybe/Unsure (2)

o No (3)

Q21 Were you tested for COVID-19 during your labor/birth?

o Yes (1)

o Maybe/Unsure (2)

o No (3)

Q22 Did you test positive for COVID-19 during your labor/birth?

o Yes (1)

o Maybe/Unsure (2)

o No (3)

Q23 Are you or your significant other considered an essential worker? Select all that are essential.

o My partner is essential (1)

o I am essential (2)

Q24 Below are the instructions for the remaining questions:

As you are pregnant or have recently had a baby, we would like to know how you feel. Please check the answer that comes closest to how you have felt IN THE LAST 7 DAYS, not just how you feel today.

In the past 7 days, I have been able to laugh and see the funny side to things:

o As much as I always could (1)

o Not quite so much now (2)

o Definitely not so much now (3)

o Not at all (4)

Q25 In the past 7 days, I have looked forward with enjoyment to things

o As much as I ever did (1)

o Rather less than I used to (2)

o Definitely less than I used to (3)

o No, not at all (4)

Q26 In the past 7 days, I have blamed myself unnecessarily when things went wrong:

o Yes, almost always (1)

o Yes, some of the time (2)

o Not very often (3)

o No, never (4)

Q27 In the past 7 days, I have been anxious or worried for no good reason:

o No, not at all (1)

o Hardly ever (2)

o Yes, sometimes (3)

o Yes, very often (4)

Q28 In the past 7 days, I have felt scared or panicky for no very good reason:

o Yes, quite a lot (1)

o Yes, sometimes (2)

o No, not much (3)

o No, not at all (4)

Q29 In the past 7 days, things have been getting on top of me:

o Yes, almost always (1)

o Yes, sometimes (2)

o No, almost never (3)

o No, not at all (4)

Q30 In the past 7 days, I have felt so unhappy that I have had difficulty sleeping:

o Yes, almost always (1)

o Yes, sometimes (2)

o Not very often (3)

o No, not at all (4)

Q31 In the past 7 days, I have felt sad or miserable:

o Yes, almost always (1)

o Yes, quite often (2)

o Not very often (3)

o No, not at all (4)

Q32 In the past 7 days, I have felt so unhappy that I have been crying:

o Yes, almost always (1)

o Yes, quite often (2)

o Only occasionally (3)

o No, never (4)

Q33 In the past 7 days, I have thought about self-harming myself:

o Yes, quite often (1)

o Yes, sometimes (2)

o Almost never (3)

o No, never (4)

In order to link the data across our study we need the following information. It will be used to link data and then removed from your responses.

First name: _____

Surname: _____

Email address: _____

Phone number: _____

Appendix E

Interview Guide

Thank you for agreeing to participate in our study. As a reminder you have agreed to participate but you can withdraw at any time. We are here today to have a conversation about your pregnancy / labor and delivery / postpartum and motherhood experiences during the Coronavirus pandemic. We want to better understand how the coronavirus affected you and how healthcare providers can positively impact women's experiences during times of crisis like the Coronavirus.

We want you to know that there are no wrong answers. We will be recording this discussion so that we can review later what we discussed today. As you saw on the consent form, everything you tell us will be kept confidential. At any time, if you have any questions or concerns, feel free to stop the interview and ask. We are going to ask you a series of questions, feel free to answer them any way that is fitting for your experience.

- How did Coronavirus/Covid impact your pregnancy?
    - Cues: Did it change any of your plans, gatherings, baby showers or expectations?
- How did Coronavirus / Covid impact your labor and birth?
    - Cues: examples of this could be expectations of the hospital and birthing center, who was allowed to be present, or your birth plan.
- How has Coronavirus / Covid impacted your postpartum?
    - Cues: examples of this could include family that can't visit, postpartum visits that are different, how are you managing being a new mom?
- How has Coronavirus / Covid impacted your initial parenting experience?
    - Cues: examples could include who you allow around the baby, how safe you feel your baby is, your fears or worries related to your newborn's health.
- What was your healthcare experience like as a Spanish-speaking Latina woman?
    - Cues: examples could include if you had effective communication and were able to voice your concerns with your healthcare provider, if there were any language barriers
- What other obstacles did you encounter as a Spanish-speaking Latinx woman?
    - Cues: examples might include if you feel you faced discrimination while receiving health care
- Where did you obtain information related to COVID-19?
    - Cues: examples include how you knew what precautions to take during pregnancy / new motherhood, who did you talk to about it, news
- What would be helpful for improving messaging / education to you?
    - Cues: examples include any confusion you experienced with what to do to protect yourself, the method you received your information such as social media, email, at the facility

- Given the limitations imposed by COVID at your place of birth (only 1 family member, no group meetings, masking, etc.), what could healthcare providers / healthcare systems have done to make your experience better?
- Is there anything else you feel would be helpful for us to know about your experience?
- May we have your contact information?

Appendix F

Phase 2 of pregnancy and COVID (6-month follow-up)

Q1

Study title: New Mothers Experiences of Pregnancy, Birth, and Postpartum during COVID-19 in the United States: Focus on Spanish-Speaking Latinx Women

Lisette Saleh PHD, MSN, RNC-OB, Eleni Boyaci, TCU nursing student, Karla O'Donald PHD

You are being asked to participate in this study because you are a Spanish-speaking woman who gave birth to a baby on or after March 13, 2020. Furthermore, you must be 18 years of age or older, given birth most recently to a single live baby (not multiples) and do not have a previous fetal loss> 20 weeks' gestation. If you choose to participate, you will be asked to anonymously answer several questions online now. You will be asked for your contact / email information at the end so that we can electronically send you a Target eGift Card for $15.

This study is designed to learn more about how COVID-19 affected your pregnancy, labor and delivery, and postpartum / new motherhood period of time. We also seek to learn how to improve those experiences for pregnant moms. Possible discomforts or risks that you may experience while participating in this study include: inconvenience of time to take the survey and participate in the interview, and feeling emotionally upset by topics brought up by the questions asked. There may be risks that researchers have not thought of. Every effort has been made to protect your privacy and confidentiality. You have the choice to participate in this study and it is completely voluntary; you can leave it at any time.

If you have any questions please contact Elena Boyaci at 918-260-3773 or eleni.boyaci@tcu.edu

If you have any questions related to your rights as a participant you can contact the Institutional Review Board Chair, Dr. Dru Riddle at 817-257-6811 or d.riddle@tcu.edu ; or Dr. Floyd Wormley, Associate Provost of Research, research@tcu.edu

As a reminder, participation in this study is completely voluntary and can be withdrawn at any time. This is the final survey. After completing this survey, you will receive a $15 Target eGift card. By participating in this survey, you continue to consent to participate in the study.

Q1 Below are the instructions for questions 1-10. As you have recently had a baby, we would like to know how you feel. Please check the answer that comes closest to how you have felt IN THE LAST 7 DAYS, not just how you feel today.
In the past 7 days, I have been able to laugh and see the funny side to things:
o As much as I always could (1)
o Not quite so much now (2)
o Definitely not so much now (3)
o Not at all (4)

Q2 In the past 7 days, I have looked forward with enjoyment to things
o As much as I ever did (1)
o Rather less than I used to (2)
o Definitely less than I used to (3)
o No, not at all (4)

Q3 In the past 7 days, I have blamed myself unnecessarily when things went wrong:
o Yes, almost always (1)
o Yes, some of the time (2)
o Not very often (3)
o No, never (4)

Q4 In the past 7 days, I have been anxious or worried for no good reason:
o No, not at all (1)
o Hardly ever (2)
o Yes, sometimes (3)
o Yes, very often (4)

Q5 In the past 7 days, I have felt scared or panicky for no very good reason:
o Yes, quite a lot (1)
o Yes, sometimes (2)
o No, not much (3)

o No, not at all (4)

Q6 In the past 7 days, things have been getting on top of me:

o Yes, almost always (1)

o Yes, sometimes (2)

o No, almost never (3)

o No, not at all (4)

Q7 In the past 7 days, I have felt so unhappy that I have had difficulty sleeping:

o Yes, almost always (1)

o Yes, sometimes (2)

o Not very often (3)

o No, not at all (4)

Q8 In the past 7 days, I have felt sad or miserable:

o Yes, almost always (1)

o Yes, quite often (2)

o Not very often (3)

o No, not at all (4)

Q9 In the past 7 days, I have felt so unhappy that I have been crying:

o Yes, almost always (1)

o Yes, quite often (2)

o Only occasionally (3)

o No, never (4)

Q10 In the past 7 days, I have thought about self-harming myself:

o Yes, quite often (1)

o Yes, sometimes (2)

o Almost never (3)

o No, never (4)

Q11 Now that you have had time to reflect on your last birth, how did COVID impact you during that time?

_____

_____

_____

_____

_____

Q12 Are you planning to get pregnant in the next year?

o Yes (1)

o Maybe (2)

o No (3)

o Probably not (4)

Q13 Has your recent experience (pregnancy / birth / motherhood during COVID) impacted your family planning or your desire to get pregnant again? How?

_____

_____

_____

_____

Q14 Has your recent experience (pregnancy / birth / motherhood during COVID) affected the way you care for your newborn, other siblings? How?

_____

_____

_____

_____

_____

Q15 How is COVID-19 impacting your life today?

_____

_____

_____

_____

_____

In order to link the data across our study we need the following information. It will be used to link data and then removed from your responses.

First name: _____

Surname: _____

Email address: _____

Phone number: _____

Appendix G

TCU-IRB
REMINDER EMAIL

Dear Participant,

We are contacting you regarding your participation in our study titled: New Mothers Experiences of Pregnancy, Birth, and Postpartum during COVID-19 in the United States: Focus on Spanish-Speaking Latinx Women. We sent you the first survey and wanted to remind you to complete it as soon as possible. As a reminder, your participation in our study is completely voluntary and you can withdraw at any time. If you wish to withdraw, please email me at eleni.boyaci@tcu.edu so I can know. Otherwise, please complete this survey which will take approximately 10-15 minutes of your time. Thank you very much for your participation and we look forward to receiving your responses.

If you have any questions, feel free to contact Elena Boyaci at 918-260-3773 or eleni.boyaci@tcu.edu.

Thanks for your time.
Elena Boyaci
Nursing student researcher
Texas Christian University

Appendix A

Se necesitan voluntarios para el estudio de investigación
Nuevas experiencias de madres sobre el embarazo y el parto durante el COVID-19 en los EEUU: Enfoque en las mujeres latinas de habla español.

El Departamento de Enfermería de TCU está realizando una investigación para conocer las experiencias de las madres de habla hispana y cómo COVID 19 afectó su embarazo, trabajo de parto y parto, y posparto / nueva maternidad.

Estamos reclutando mujeres que dieron a luz el 13 de marzo de 2020 o después de esa fecha y que tengan 18 años de edad o más. Los participantes deben hablar y leer español, dar a luz a un solo bebé y no tuvo pérdida fetal previa> 20 semanas de gestación.

A cada participante se le pedirá que complete una breve encuesta electrónica. Luego, las mamás participarán en una entrevista individual en la aplicación en línea Zoom. La participación se basará en las necesidades de tiempo de cada participante. Luego, cada participante recibirá una breve encuesta electrónica 1 año después del nacimiento. No hay riesgos conocidos involucrados en esta investigación.

Cada participante recibirá una tarjeta de regalo electrónica (eGift card) de $25 para Target cuando complete la entrevista y $15 más por la encuesta final. Por favor contáctenos en eleni.boyaci@tcu.edu al 918-260-3773 si está interesado.

Llame al 918-260-3773 o
envíe un correo electrónico a eleni.boyaci@tcu.edu con cualquier pregunta

IRB#2021-100

Texas Christian University

TCU no discrimina en función de ningún estado protegido. Por favor mira
http://www.tcu.edu/notice-of-nondiscrimination.asp

Appendix B

TCU-IRB
CORREO ELECTRÓNICO DE ELEGIBILIDAD DE RESPUESTA

Estimado participante potential,

Mi nombre es Elena Boyaci y soy una estudiante investigadora de enfermería en la Texas Christian University (TCU).

Estamos llevando a cabo un estudio de investigación sobre las experiencias de las mujeres latinas de habla hispana sobre cómo COVID-19 afectó su embarazo, labor y parto, y posparto / nueva maternidad. La participación tomará aproximadamente entre 30 y 90 minutos. La participación es completamente voluntaria y todos sus datos se mantendrán confidenciales sin información de identificación reportada.

Para ser elegible para participar, debe cumplir con los siguientes requisitos:

- Ser mayor de 18 años
- Hablar y leer español
- Entregaron a más tardar el 13 de marzo de 2020
- Para el embarazo más reciente, dio a luz un solo bebé vivo (sin múltiples)
- No ha experimentado una pérdida fetal (muerte fetal)> 20 semanas de gestación.

La participación incluirá completar una breve encuesta electrónica sobre usted, su historial de embarazo y la información más reciente sobre el parto. A continuación, coordinaremos una entrevista virtual sobre zoom en función de la fecha / hora que sea más conveniente para usted. Esta entrevista tendrá una duración aproximada de 30 a 60 minutos. Mediante el correo electrónico y el número de teléfono que proporcione, enviaremos a todos los participantes una breve encuesta electrónica 1 año a partir de la fecha de su entrega más reciente, que tardará aproximadamente 10 minutos en completarse.

Una vez completada la primera encuesta y entrevista, le enviaremos por correo electrónico una tarjeta de regalo electrónica a Target por $25. Si completa la segunda encuesta, 1 año después de la fecha de nacimiento, recibirá otra tarjeta de regalo electrónica para Target por $15. No hay riesgos conocidos involucrados en esta investigación. Si está interesado en participar en este estudio, haga clic en el enlace publicado debajo

Encuesta de enfermería TCU # 1

Si tiene alguna pregunta, no dude en comunicarse con Elena Boyaci al 918-260-3773 o eleni.boyaci@tcu.edu. Gracias por tu tiempo.

Appendix C

Consentimiento informado para participar en la investigación

Título de la investigación: Nuevas experiencias de madres sobre el embarazo, el parto y el posparto durante el COVID 19 en los Estados Unidos: Enfoque en las mujeres latinas de habla español.

Investigadora principal: Eleni Boyaci, estudiante de enfermería TCU
Co-investigadores: Lisette Saleh PhD, MSN, RNC-OB, Karla O'Donald PhD

Resumen: Está invitado a participar en un estudio de investigación. Para participar, debe tener al menos 18 años de edad, leer / hablar español, haber dado a luz el 13 de marzo de 2020 o después de esa fecha, y no haber tenido una pérdida fetal previa superior a las 20 semanas de gestación. La participación en este proyecto de investigación es voluntaria.

Detalles del estudio: Este estudio se realiza a través de Qualtrics y Zoom. El propósito de este estudio es comprender cómo COVID 19 ha impactado la experiencia de embarazo, trabajo de parto y posparto / nueva maternidad de una mujer hispanohablante. Si decide participar, se le pedirá que complete una encuesta sobre usted, su historial de embarazo y sobre su embarazo más reciente, que tomará aproximadamente 15 minutos. Se pedirá a los participantes que participen en una entrevista individual en línea utilizando zoom, una aplicación en línea, que tomará aproximadamente entre 30 y 60 minutos. Finalmente, pediremos a todos los participantes que completen una encuesta de seguimiento por correo electrónico 1 año después del nacimiento que tomará de 10 a 15 minutos.

Participantes: Se le pide que participe porque dio a luz el 13 de marzo de 2020 o después de esa fecha, lo que significa que ha experimentado un embarazo, trabajo de parto / parto y posparto durante el COVID-19.

Participación voluntaria: su participación es voluntaria. No tiene que participar y puede detener su participación en cualquier momento.

Confidencialidad: incluso si publicamos los resultados de este estudio, mantendremos su información privada y confidencial. Cualquier persona con autoridad para ver sus registros debe mantenerlos confidenciales.

¿Cuál es el propósito de la investigación?
El propósito de este estudio es comprender cómo COVID 19 ha impactado el embarazo, el trabajo de parto y el parto, el posparto y la nueva maternidad de las mujeres. Además, esperamos comprender cómo la atención médica y los proveedores de atención médica pueden tener un impacto positivo en su experiencia.

¿Cuál es mi participación para participar en este estudio?
Si acepta participar en el estudio, se le pedirá que complete una encuesta y responda preguntas en una entrevista, seguida de una encuesta enviada 1 año después del nacimiento.

La información recopilada sobre usted durante este estudio puede compartirse con otros investigadores para futuros estudios de investigación que pueden ser similares a este estudio o pueden ser completamente diferentes. La información compartida con otros investigadores no incluirá ninguna información que te pueda identificar directamente. Los investigadores no se comunicarán con usted para obtener un permiso adicional para usar esta información. Esperamos que su participación requiera de 2 a 3 interacciones, 2 a través de una encuesta electrónica de 10 a 15 minutos por pieza y 1 entrevista en línea de 30 a 60 minutos. Se le proporcionará un nombre falso para ayudar a vincular los datos en todos los puntos.

Las entrevistas se grabarán en video y audio para garantizar que obtengamos un relato verdadero de sus respuestas. Las grabaciones se guardarán en una computadora protegida con contraseña. No se vinculará ninguna información de identificación a sus respuestas. Los miembros del equipo de investigación tendrán acceso a los datos de la encuesta y las grabaciones de las entrevistas. Los registros se conservarán un mínimo de 3 años y se eliminarán una vez que sea apropiado.

¿Hay alternativas y puedo retirarme?
No es necesario que participe en este estudio de investigación. Solo debe participar en este estudio si desea ser voluntario. Puede participar en esta investigación o retirarse en cualquier momento.

¿Cuáles son los riesgos de participar en este estudio y cómo se minimizarán?
Las posibles molestias o riesgos que puede experimentar mientras participa en este estudio incluyen: inconveniencia de tiempo para responder la encuesta y disgusto emocional por los temas planteados por las preguntas formuladas. Puede haber riesgos en los que los investigadores no han pensado. Se ha hecho todo lo posible para proteger su privacidad y confidencialidad. Para minimizar la exposición al COVID-19, realizaremos todas las investigaciones a través de una encuesta electrónica o una entrevista virtual.

¿Cuáles son los beneficios de participar en este estudio?
Aunque usted no se beneficiará directamente de participar en este estudio, otros podrían beneficiarse porque usted nos ayudará, como proveedores de atención médica, a comprender la experiencia vivida del embarazo y el parto durante una época de crisis, específicamente COVID-19. Además, esperamos aprender cómo brindar una mejor atención y apoyar a las mujeres durante este momento difícil.

¿Me compensarán por participar en este estudio?
Recibirá una tarjeta de regalo electrónica (eGift card) para Target por $25 después de completar la primera encuesta y entrevista. Aquellos que completen la encuesta final recibirán otra tarjeta de regalo de $15 para Target. Debe completar todas las preguntas para que las tarjetas de regalo electrónicas se envíen al correo electrónico que proporcione.

¿Cuáles son mis costos para participar en el estudio?
No habrá costos adicionales para usted como resultado de participar en este estudio. Sin embargo, la atención médica de rutina para su afección (atención que habría recibido tanto si

estuviera en este estudio como si no) se le cobrará a usted oa su compañía de seguros. Es posible que desee ponerse en contacto con su compañía de seguros para discutir esto más a fondo.

¿Cómo se protegerá mi confidencialidad?
Se hará todo lo posible para limitar el uso y la divulgación de su información personal, incluidos los registros de estudios de investigación, a las personas que necesitan revisar esta información. No podemos prometer un secreto total. Sus registros pueden ser revisados por personal autorizado de la Universidad u otras personas que estarán sujetas a las mismas disposiciones de confidencialidad. Podemos publicar lo que aprendamos de este estudio. Si lo hacemos, no incluiremos su nombre. No publicaremos nada que le permita a la gente saber quién es usted.

¿Qué pasará con la información recopilada sobre mí después de que termine el estudio?
Conservaremos los datos de su investigación para utilizarlos en investigaciones futuras u otros fines. Su nombre y otra información que te pueda identificar directamente se mantendrán seguros y se almacenarán por separado de los datos de investigación recopilados como parte del proyecto. Podemos compartir sus datos de investigación con otros investigadores sin solicitar su consentimiento nuevamente, pero no contendrán información que pueda te identificar directamente.

¿Con quién debo comunicarme si tengo preguntas sobre el estudio o inquietudes sobre mis derechos como participante del estudio?
Puede contactar a Elena Boyaci en eleni.boyaci@tcu.edu y al 918-260-3773 con cualquier pregunta que tenga sobre el estudio.

Dra. Karla O'Donald, Profesora de Estudios Españoles e Hispanos k.odonald@tcu.edu

Solo para estudios en línea: al seleccionar "Aceptar participar" a continuación, acepta participar en este estudio. Asegúrese de comprender de qué se trata el estudio antes de aceptarlo. Se le dará una copia de este documento para sus registros cuando lo solicite. Si tiene alguna pregunta sobre el estudio después de aceptar participar, puede comunicarse con el equipo del estudio utilizando la información proporcionada anteriormente.

Entiendo de qué se trata el estudio y mis preguntas hasta ahora han sido respondidas. Acepto participar en este estudio.

_____
Nombre del participante en letra de imprenta

_____
Firma Fecha

_____
Nombre en letra de imprenta de la persona que obtiene el consentimiento

_____
Firma Fecha

Consentimiento para ser grabador de audio / video

Acepto ser grabado en audio / video. Sí _____ No _____

_____
Firma Fecha

Consentimiento para ser contactado para participar en investigaciones futuras
Doy permiso a los investigadores para que conserven mi información de contacto y se pongan en contacto conmigo para proyectos futuros.

Sí _____ No _____

_____
Firma Fecha

Appendix D

Fase 1 de embarazo y COVID (Demo / ON / Nacimiento / PES)

Q1

Título del estudio: Experiencias de madres durante el embarazo, el parto y el posparto durante COVID 19: Enfoque en mujeres latinas de habla hispana

Eleni Boyaci, estudiante de enfermería TCU, Lisette Saleh PHD, MSN, RNC-OB, Karla O'Donald PHD

Se le pide que participe en este estudio porque es una mujer de habla hispana que dio a luz a un bebé el 13 de marzo de 2020 o después. Además, debe tener 18 años de edad o más, haber dado a luz más recientemente a un soltero vivo. bebé (no múltiples) y no ha tenido una pérdida fetal previa> 20 semanas de gestación. Si elige participar, se le pedirá que responda de forma anónima varias preguntas en línea ahora. Se le pedirá su información de contacto / correo electrónico al final para que podamos organizar la hora de su entrevista. Después de la entrevista, los participantes recibirán una tarjeta de regalo electrónica de $25 para Target. Además, la investigadora principal (Elena Boyaci) conservará la información de contacto para hacer un seguimiento con usted y completar una breve encuesta sobre su nivel de estrés / depresión al año de la entrega. Para completar la encuesta posterior, le enviaremos una tarjeta de regalo electrónica adicional de $15 a Target a la proporcionada por correo electrónico.

Este estudio está diseñado para obtener más información sobre cómo COVID 19 afectó su embarazo, trabajo de parto y parto, y período de tiempo posparto / nueva maternidad. También buscamos aprender cómo mejorar esas experiencias para las mamás embarazadas. Las posibles molestias o riesgos que puede experimentar mientras participa en este estudio incluyen: inconvenientes de tiempo para tomar la encuesta y participar en la entrevista y sentirse emocionalmente molesto por los temas planteados por las preguntas formuladas. Puede haber riesgos en los que los investigadores no han pensado. Se ha hecho todo lo posible para proteger su privacidad y confidencialidad. Tiene la opción de participar en este estudio y es completamente voluntario; puede abandonarlo en cualquier momento.

Si lo desea, puede hacer clic en el siguiente enlace y podrá leer el Consentimiento informado. Al hacer clic en Sí y completar esta encuesta, acepta participar en este estudio de investigación.*VÍNCULO: Consentimiento informado*

Acepto participar en este estudio

- ❑ Sí (1)
- ❑ No (2)

Q2 Mi edad es _____

Q3 Mi carrera es

oBlanco / Caucásico (1)

oNegro / afroamericano (2)

oHispano / latino (3)

oAsiático (4)

o Indio americano / Nativo de Alaska (5)

o Nativo de Hawái u otra isla del Pacífico (6)

o Dos o más razas (7)

oOtros (8)

Q4 Su nivel de educación más alto:

o Sin educación formal (1)

o Diploma de escuela secundaria (2)

o Título universitario (3)

o Formación profesional (4)

o Licenciatura (5)

o Maestría (6)

o Título profesional (7)

o Doctorado (8)

o Otro (9)

Q5 Ingreso anual del hogar:

o Menos de $ 20,000 (1)

o $ 20,001 - $ 40,000 (2)

o $ 40,001 - $ 60,000 (3)

o $ 60,001 - $ 80,000 (4)

o $ 80,001 - $ 100,000 (5)

o $ 100,000 - $ 120,000 (6)

o $ 120,001 - más (7)

Q6 ¿Quiénes viven en casa contigo? Seleccione todo lo que corresponda

▢ Otro significativo (1)

▢Niños (2)

▢ Suegros (3)

▢Padres (4)

▢Otros miembros de la familia (5)

Q7 ¿Cuántos de los siguientes embarazos / nacimientos ha tenido (complete cada uno con un número, incluso si es 0)

o Nacimiento 37 - 42 semanas de gestación término (a tiempo) (1)
_____

o Nacimiento 20-37 semanas Pretérmino (temprano) (2)
_____

o Aborto espontáneo (3) _____

oAbortos (4) _____

Q8 ¿Ha tenido una cesárea (parto quirúrgico) antes de este parto más reciente?

o Sí (1)

o No (2)

Q9 Todas estas preguntas se relacionan con su nacimiento / embarazo más reciente:

o ¿Cuál fue su fecha de parto original? (escriba como DD / MM / AAAA) (1)
_____

o ¿Qué día entregaste? (DD / MM / AAAA) (2)
_____

o ¿Cuánto pesó su bebé? (Ejemplo: 7 libras 10 onzas) (3)
_____

Q10 Para su embarazo / parto más reciente, ¿tenía un plan de parto? (SÍ / NO) y si es así, ¿cómo tuvo que cambiar debido a COVID 19?

_____
_____

_____
_____
_____

Q11 Para su embarazo / parto más reciente, ¿dónde dio a luz?

o En casa (1)

o En un hospital (2)

o En un centro de maternidad (3)

Q12 Para su embarazo / parto más reciente, ¿planeaba tener presente una doula o una persona de apoyo?

o Sí (1)

o No (2)

Q13 ¿Cómo dio a luz este parto / embarazo más reciente?

o Parto vaginal (1)

o Parto por cesárea (cirugía) (2)

o Con extracción al vacío (3)

o Con pinzas (4)

Q14 Si tuvo un parto vaginal, ¿cuál era su plan original para el control del dolor? Seleccione todas las que correspondan.

o Doula (1)

o Persona de apoyo familiar (2)

o Imagen (3)

o Hidroterapia (4)

o Aceites esenciales (5)

o Inyecciones de agua esterilizada para el dolor de espalda (6)

o Caminar durante el trabajo de parto (7)

o Bola de cacahuete (8)

o Pelota de parto (9)

o Óxido nitroso (10)

o Epidurales "ambulantes" (11)

o Escucha intermitente de la frecuencia cardíaca fetal (12)

o Máquina de TENS (13)

o Comer durante el parto (14)

o Beber líquidos (15)

o Posiciones alternativas para el nacimiento (16)

o Otros (17) _____

Q15 Si tuvo un parto vaginal, ¿qué pudo usar durante el trabajo de parto y el parto para controlar el dolor? Seleccione todas las que correspondan

o Doula (1)

o Persona de apoyo familiar (2)

o Imagen (3)

o Hidroterapia (4)

o Aceites esenciales (5)

o Inyecciones de agua esterilizada para el dolor de espalda (6)

o Caminar durante el trabajo de parto (7)

o Bola de cacahuete (8)

o Pelota de parto (9)

o Óxido nitroso (10)

o Epidurales "ambulantes" (11)

o Escucha intermitente de la frecuencia cardíaca fetal (12)

o Máquina de TENS (13)

o Comer durante el parto (14)

o Beber líquidos (15)

o Posiciones alternativas para el nacimiento (16)

o Otros (17) _____

Q16 ¿Cuántas personas de su elección había en la habitación cuando dio a luz?
_____

Q17 ¿Cuántas personas no médicas deseaba originalmente en su habitación (y se les hubiera permitido antes de los cambios de COVID 19) cuando dio a luz?

_____

Q18 ¿Su bebé fue admitido en la UCIN (Unidad de Cuidados Intensivos Neonatales)

o Sí y fue admitido (1)

o No (2)

o Sí pero no por mucho tiempo y volvió a la habitación (3)

Q19 ¿En qué ciudad y estado entregó? (Estado de la Ciudad)
_____

Q20 ¿Ha estado expuesto a alguien que dio positivo por COVID 19?

o Sí (1)

o Tal vez / No estoy seguro (2)

o No (3)

Q21 ¿Le hicieron la prueba de COVID 19 durante su trabajo de parto / parto?

o Sí (1)

o Tal vez / No estoy seguro (2)

o No (3)

Q22 ¿Dio positivo en la prueba de COVID 19 durante su trabajo de parto / parto?

o Sí (1)

o Tal vez / No estoy seguro (2)

o No (3)

Q23 ¿Usted o su pareja se considera un trabajador esencial? Seleccione todos los que sean esenciales.

o Mi pareja es esencial (1)

o Soy imprescindible (2)

Q24 A continuación se encuentran las instrucciones para las preguntas restantes:

Cómo está embarazada o ha tenido un bebé recientemente, nos gustaría saber cómo se siente. Por favor marque la respuesta que más se acerque a cómo se ha sentido EN LOS ÚLTIMOS 7 DÍAS, no solo a cómo se siente hoy.

En los últimos 7 días, he podido reír y ver el lado bueno de las cosas:

o Tanto como siempre (1)

o No tanto ahora (2)

o Mucho menos (3)

o No, no he podido (4)

Q25 En los últimos 7 días, he mirado el futuro con placer

o Tanto como siempre pude (1)

o Algo menos de lo que solía hacer (2)

o Definitivamente menos (3)

o No, nada (4)

Q26 En los últimos 7 días, me he culpado sin necesidad cuando las cosas marchaban mal:

o Sí, casi siempre (1)

o Sí, algunas veces (2)

o No muy a menudo (3)

o No, nunca (4)

Q27 En los últimos 7 días, he estado ansiosa y preocupada sin motivo:

o No, nada (1)

o Casi nada (2)

o Sí, a veces (3)

o Sí, a menudo (4)

Q28 En los últimos 7 días, he sentido miedo o pánico sin motivo alguno:

o Sí, bastante

o Sí, a veces

o No, no mucho

o No, nada

Q29 En los últimos 7 días, las cosas me oprimen o agobian:

o Sí, casi siempre (1)

o Sí, a veces (2)

o No, casi nunca (3)

o No, nada (4)

Q30 En los últimos 7 días, me he sentido tan infeliz, que he tenido dificultad para dormir:

o Sí, casi siempre (1)

o Sí, a menudo (2)

o No muy a menudo (3)

o No, nada (4)

Q31 En los últimos 7 días, me he sentido triste y desgraciada:

o Sí, casi siempre (1)

o Sí, bastante a menudo (2)

o No muy a menudo (3)

o No, nada (4)

Q32 En los últimos 7 días, he estado tan infeliz que he estado llorando:

o Sí, casi siempre (1)

o Sí, bastante a menudo (2)

o Sólo ocasionalmente (3)

o No, nunca (4)

Q33 En los últimos 7 días, he pensado en hacerme daño a mí misma:

o Sí, bastante a menudo (1)

o Sí, a menudo (2)

o Casi nunca (3)

o No, nunca (4)

Para vincular los datos a lo largo de nuestro estudio, necesitamos la siguiente información. Se utilizará para vincular datos y luego se eliminará de sus respuestas.

Primer nombre: _____

Apellido: _____

Dirección de correo electrónico: _____

Número de teléfono: _____

Appendix E

Guía de la entrevista

Gracias por aceptar participar en nuestra estudio. Le recordamos que ha aceptado participar, pero puede retirarse en cualquier momento. Estamos aquí hoy para tener una conversación sobre sus experiencias de embarazo / labor y parto / posparto y maternidad durante la pandemia de Coronavirus. Queremos comprender mejor cómo lo afectó el coronavirus y cómo los proveedores de atención médica pueden tener un impacto positivo en las experiencias de las mujeres durante tiempos de crisis como el coronavirus.

Queremos que sepa que no hay respuestas incorrectas. Grabaremos esta discusión para que podamos revisar más adelante lo que hemos discutido hoy. Como vio en el formulario de consentimiento, todo lo que nos diga se mantendrá confidencial. En cualquier momento, si tiene alguna pregunta o inquietud, no dude en detener la entrevista y preguntar. Te vamos a hacer una serie de preguntas, no dudes en contestarlas de la forma que más se ajuste a tu experiencia.

- ¿Cómo afectó el coronavirus / Covid a su embarazo?
    - Señales: ¿Cambió alguno de sus planes, reuniones, baby showers o expectativas?
- ¿Cómo afectó el Coronavirus / Covid su trabajo de parto y su nacimiento?
    - Señales: ejemplos de esto podrían ser las expectativas del hospital o centro de maternidad, a quién se le permitió estar presente, o su plan de parto.
- ¿Cómo le ha afectado el coronavirus / Covid en el posparto?
    - Señales: ejemplos de esto podrían incluir la familia que no puede visitar, las visitas posparto que son diferentes, ¿cómo se las arregla para ser madre primeriza?
- ¿Cómo ha impactado el Coronavirus / Covid su experiencia inicial de crianza?
    - Señales: los ejemplos podrían incluir a quién le permite estar cerca del bebé, qué tan seguro se siente bebé, sus miedos o preocupaciones relacionados con la salud de su recién nacido.
- ¿Cómo fue su experiencia en el cuidado de la salud siendo una mujer latina de habla hispana?
    - Señales: los ejemplos podrían incluir si tuvo una comunicación efectiva y pudo expresar sus inquietudes con su proveedor de atención médica, si hubo alguna barrera del idioma
- ¿Qué otros obstáculos encontró al ser una mujer latina de habla hispana?
    - Señales: los ejemplos podrían incluir si siente que se enfrentó a alguna discriminación al recibir atención médica
- ¿Dónde obtuvo su información relacionada con COVID-19?
    - Señales: los ejemplos incluyen cómo supo cuáles precauciones tomar durante el embarazo / nueva maternidad, con quién habló al respecto, noticias
- ¿Qué le sería útil para mejorar la mensajería / educación?

    - Señales: los ejemplos incluyen cualquier confusión que haya experimentado sobre qué hacer para protegerse, el método con el que recibió su información, como las redes sociales, el correo electrónico, en las instalaciones.
- Dadas las limitaciones impuestas por COVID en su lugar de nacimiento (solo 1 miembro de la familia, sin reuniones de grupo, enmascaramiento, etc.) ¿Qué podrían haber hecho los proveedores de atención médica / sistemas de atención médica para mejorar su experiencia?
- ¿Hay algo más que considere útil que sepamos sobre su experiencia?
- ¿Podemos tener su información de contacto?

Appendix F

Fase 3 de embarazo y COVID (1 año)

Q1

Título del estudio: Experiencias de madres durante el embarazo, el parto y el posparto durante COVID 19: Enfoque en mujeres latinas de habla hispana

Eleni Boyaci, estudiante de enfermería TCU, Lisette Saleh PHD, MSN, RNC-OB, Karla O'Donald PHD

Se le pide que participe en este estudio porque es una mujer de habla hispana que dio a luz a un bebé el 13 de marzo de 2020 o después. Además, debe tener 18 años de edad o más, haber dado a luz más recientemente a un soltero vivo. bebé (no múltiples) y no ha tenido una pérdida fetal previa> 20 semanas de gestación. Si elige participar, se le pedirá que responda de forma anónima varias preguntas en línea ahora. Se le pedirá su información de contacto / correo electrónico al final para que podamos enviar una tarjeta de regalo electrónica de $15 para Target.

Este estudio está diseñado para obtener más información sobre cómo COVID 19 afectó su embarazo, trabajo de parto y parto, y período de tiempo posparto / nueva maternidad. También buscamos aprender cómo mejorar esas experiencias para las mamás embarazadas. Las posibles molestias o riesgos que puede experimentar mientras participa en este estudio incluyen: inconvenientes de tiempo para tomar la encuesta y sentirse emocionalmente molesto por los temas planteados por las preguntas formuladas. Puede haber riesgos en los que los investigadores no han pensado. Se ha hecho todo lo posible para proteger su privacidad y confidencialidad. Tiene la opción de participar en este estudio y es completamente voluntario; puede abandonarlo en cualquier momento.

Si tiene alguna pregunta por favor comuníquese con Elena Boyaci al 918-260-3773 o eleni.boyaci@tcu.edu.

Como recordatorio, la participación en este estudio es completamente voluntaria y puede retirarse en cualquier momento. Esta es la encuesta final. Después de completar esta encuesta, recibirá una tarjeta de regalo electrónica de Target de $15.

Al participar en esta encuesta, continúa dando su consentimiento para participar en el estudio.

Q1 En los últimos 7 días, he podido reír y ver el lado bueno de las cosas:

o Tanto como siempre (1)

o No tanto ahora (2)

o Mucho menos (3)

o No, no he podido (4)

Q2 En los últimos 7 días, he mirado el futuro con placer

o Tanto como siempre pude (1)

o Algo menos de lo que solía hacer (2)

o Definitivamente menos (3)

o No, nada (4)

Q3 En los últimos 7 días, me he culpado sin necesidad cuando las cosas marchaban mal:

o Sí, casi siempre (1)

o Sí, algunas veces (2)

o No muy a menudo (3)

o No, nunca (4)

Q4 En los últimos 7 días, he estado ansiosa y preocupada sin motivo:

o No, nada (1)

o Casi nada (2)

o Sí, a veces (3)

o Sí, a menudo (4)

Q5 En los últimos 7 días, he sentido miedo o pánico sin motivo alguno:

o Sí, bastante

o Sí, a veces

o No, no mucho

o No, nada

Q6 En los últimos 7 días, las cosas me oprimen o agobian:

o Sí, casi siempre (1)

o Sí, a veces (2)

o No, casi nunca (3)

o No, nada (4)

Q7 En los últimos 7 días, me he sentido tan infeliz, que he tenido dificultad para dormir:

o Sí, casi siempre (1)

o Sí, a menudo (2)

o No muy a menudo (3)

o No, nada (4)

Q8 En los últimos 7 días, me he sentido triste y desgraciada:

o Sí, casi siempre (1)

o Sí, bastante a menudo (2)

o No muy a menudo (3)

o No, nada (4)

Q9 En los últimos 7 días, he estado tan infeliz que he estado llorando:

o Sí, casi siempre (1)

o Sí, bastante a menudo (2)

o Sólo ocasionalmente (3)

o No, nunca (4)

Q10 En los últimos 7 días, he pensado en hacerme daño a mí misma:

o Sí, bastante a menudo (1)

o Sí, a menudo (2)

o Casi nunca (3)

o No, nunca (4)

Q11 Ahora que ha tenido tiempo para reflexionar sobre su último nacimiento, ¿cómo le impactó COVID durante esta época?

_____
_____
_____
_____
_____

Q12 ¿Está planeando quedar embarazada el próximo año?

o Sí (1)

o Quizás (2)

o No (3)

o Probablemente no (4)

Q13 ¿Su experiencia reciente (embarazo / nacimiento / maternidad durante COVID) ha afectado su planificación familiar o su deseo de quedar embarazada nuevamente? ¿Cómo?

_____
_____
_____
_____

Q14 ¿Su experiencia reciente (embarazo / nacimiento / maternidad durante COVID) ha afectado la forma en que cuida a su recién nacido, a otros hermanos? ¿Cómo?

_____
_____
_____
_____
_____

Q15 ¿Cómo está impactando COVID en su vida hoy?

_____
_____
_____
_____
_____

Para vincular los datos a lo largo de nuestro estudio, necesitamos la siguiente información. Se utilizará para vincular datos y luego se eliminará de sus respuestas.

Primer nombre: _____

Apellido: _____

Dirección de correo electrónico: _____

Número de teléfono: _____

Appendix G

TCU-IRB
CORREO ELECTRÓNICO DE RECORDATORIO

Querido Participante,

Nos comunicamos con respecto a su participación en nuestro estudio titulado: Nuevas experiencias de madres sobre el embarazo y el parto durante COVID 19 en los Estados Unidos: Enfoque en mujeres latinas de habla hispana. Le enviamos la primera encuesta y queríamos recordarle que la complete lo antes posible. Le recordamos que su participación en nuestro estudio es completamente voluntaria y puede retirarse en cualquier momento. Si desea retirarse, envíeme un correo electrónico a eleni.boyaci@tcu.edu para que pueda saberlo. De lo contrario, por favor complete esta encuesta que le tomará aproximadamente de 10 a 15 minutos de su tiempo. Muchas gracias por su participación y esperamos recibir sus respuestas.

Si tiene alguna pregunta, no dude en comunicarse con Elena Boyaci al 918-260-3773 o eleni.boyaci@tcu.edu.

Gracias por tu tiempo.
Elena Boyaci
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