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LETTER



Psychological effects of COVID-19 on parenting and maternal-fetal mental health

Dear Editor,

COVID-19 has affected every walk of life. The psychological consequences of COVID-19 are far reaching in every relationship. There has been a profound impact of parents trying to explain to their children the drastic change in family routines. School closures with a total disruption of a child's sense of predictability and "world order" has abruptly pivoted. Many parents' work schedules may have changed. Children who routinely spent time with extended family or friends have stopped or drastically reduced. Parents struggle to teach abstract concepts such as illnesses due to respiratory viruses, hand washing, and wearing masks. Regardless of age, all children are reassured by knowing that their parents will be there to care for and that they will be safe. Many parents themselves are struggling to deal with their own emotions dealing with a plethora of uncertainty in addition to being calm enough to support their child's feelings.

Two major concerns upon parents that indirectly have a consequential outcome on a given individual's ability to parent and the wellbeing of their children are social isolation and economic loss. Parents are now spending more time doing activities with their children feeling a closer bond of warmth while during the same period more likely to punish, yell, and spank their children.¹ Experts and child advocates are actively monitoring if this change in ability to parent children interactions trend towards healthy relationships or tendency towards child abuse. The reports of vertical transmission COVID19 positive maternal, perinatal, and neonatal outcomes have been inconsistent.^{2,3}

There is an area of questions to prioritize for potential areas for research in Maternal-Fetal Medicine. What level of maternal stress (cortisol level) of a mother diagnosed with COVID19 on the fetus while making the decision to separate the neonate upon delivery to whether to co-habitat post-delivery? What would the mother's/partner's oxytocin level be when they reunite with the newborn? What duration of time of separation of 14 days disrupts maternal-fetal bond? If there is a partner to administer pumped breastmilk to the infant if the mother is sequestered due to being positive to COVID19 what is the experience/symptoms of the mother? What would be the fears of contamination of the child by the mother impacting their interactions in the future? How does a neonate eye tracking facial recognition change if her mother/caretaker is wearing a mask? Would a mother who has already been diagnosed with postpartum mood disorder (PMD) have higher symptoms? Would a woman who may not have PMD but rather postpartum blues convert to PMD?⁴

In conclusion, the humanitarian global health crisis has impacted the psychological states of all humankind. The second wave of this pandemic

will be in mental health such that there is a monumental void of scientific data which needs to be prioritized. History repeats itself. As in 1918 to 1919, the field science of psychology/psychiatry/neurology/maternal-fetal mental health was in its infancy so research in this area will be the first of its kind and may help people now as well as in 100 years from now.

CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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