

# Epidemic – Pandemic Impacts Inventory *Prenatal Module (EPII-P)*

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**PURPOSE:** The EPII is a tool designed to assess tangible impacts of epidemics and pandemics across personal and social life domains. This is a supplemental module of the EPII to include items for assessing impact during prenatal, perinatal, and infancy periods. The intent is to include this supplement along with the main EPII module.

**DEVELOPMENT:** Candidate items were constructed by a team of clinical and developmental psychologists, pediatricians, sociologists, and psychiatrists with expertise in assessment of stress, trauma, resilience, and coping. Feedback from professionals across multiple disciplines (e.g., social work, pediatrics, medicine, anthropology) was incorporated in selecting and refining final items for of the measure, which was accomplished via expert consensus.

**PSYCHOMETRICS:** Because the EPII is newly developed, there are no psychometric properties yet available. Use of the EPII in research studies will help to establish psychometric properties and will likely result in refinement of the tool.

**SCORING:** Optimal scoring procedures are not yet determined and will be informed by future research.

**PERMISSIONS:** Researchers are welcome and encouraged to use the EPII in their research studies. Researchers may disseminate the survey using a paper format or may convert items to an online survey format so long as the integrity of the instructions and items is maintained. Users shall not modify items without permission from the developers. Please inform us of your intention to use the instrument by sending an Email to Dr. Damion Grasso at [dgrasso@uchc.edu](mailto:dgrasso@uchc.edu) with the following information: (1) Principal Investigator(s), (2) Purpose of research study, (3) Population(s) studied, and (4) Study location(s).

**INTERVIEWER GUIDELINES:** For interviews conducted verbally or in person, the interviewer should explain the following related to the use of N/A at the outset: “For most women answering these questions, the answer is usually YES or NO. But, sometimes, a statement just might not apply to you, like having trouble getting to a lab to have tests done wouldn’t make sense if you didn’t have any tests planned anyway. For questions that just don’t apply you can say “not applicable” or NA. “

## **Suggested Citation for Main EPII Module**

Grasso, D.J., Briggs-Gowan, M.J., Ford, J.D., & Carter, A.S. (2020). *The Epidemic – Pandemic Impacts Inventory (EPII)*. University of Connecticut School of Medicine.

**Suggested Citation for EPII Supplemental Prenatal Module**

Briggs-Gowan, M.J., Drury S.S., Carter, A.S., Muzik, M., O'Neill P., Friedman L., Moyer C., Lara-Cinisomo , Gray, S., Ford, J. & Grasso, D.J., (2020) *The Epidemic – Pandemic Impacts Inventory Prenatal Supplement (EPII-P)*. University of Connecticut School of Medicine.

## Epidemic-Pandemic Impacts Inventory Prenatal Module (EPII-P)

### INSTRUCTIONS

We would like to learn how the coronavirus disease pandemic (COVID-19) has affected your experiences during your current pregnancy. For each statement below, please answer whether the pandemic specifically has impacted you in the way described. Some of the statements are about changes to your healthcare: If a change happened, whether it was because of your choice or your medical team's choice, you should check 'YES'. If the statement is not true for you, check 'NO.' Checking "N/A" means that the item is not applicable or it does not apply to any of your experiences.

**We would like to know how the COVID-19 pandemic has affected you during your pregnancy. Please check "yes" if the statement is true.**  
**DUE TO COVID-19...**

|     |                                                                                                                                                       |                              |                             |                              |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 1.  | My prenatal care has changed.                                                                                                                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 2.  | I have less support from my prenatal team.                                                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 3.  | My in-person prenatal visits have been canceled or decreased during pregnancy due to COVID-19.                                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 4.  | People have not been able to come to my in-person prenatal visits with me.                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 5.  | I have had to take my own blood pressure and/or weight at home instead of having it done by a medical provider.                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 6.  | I have had trouble getting the care I needed for a health problem.                                                                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 7.  | I have not been able to go to in-person prenatal or breastfeeding classes.                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 8.  | Because I am pregnant, I stopped working or seeing friends and family to protect myself from getting COVID-19.                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 9.  | My medical provider changed when I'm scheduled for an induction or C-section (due to the pandemic or because I have confirmed or suspected COVID-19). | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 10. | I plan to deliver at home or a birthing center due to fear of getting COVID-19 in a hospital.                                                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 11. | I plan to deliver at home or a birthing center due to changes in delivery practices at my hospital due to COVID-19.                                   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**Which of the following upsets you because of COVID-19?**  
**I FEEL UPSET THINKING ABOUT...**

|     |                                                                                                     |                                     |                                         |                                    |                              |
|-----|-----------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------------|------------------------------|
| 12. | The fact that the person who I want with me the most may not be able to be there when I give birth. | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
|-----|-----------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------------|------------------------------|

|     |                                                                                                            |                                     |                                         |                                    |                              |
|-----|------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|------------------------------------|------------------------------|
| 13. | The fact that the place where I plan to deliver limits the people who can visit us after the baby is born. | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 14. | Having to be tested for COVID-19 before I deliver.                                                         | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 15. | Getting COVID-19 at my prenatal visits or at the hospital.                                                 | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 16. | My baby getting COVID-19 when I deliver.                                                                   | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 17. | My older child(ren) getting COVID-19 at childcare/school.                                                  | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 18. | My health if I get COVID-19.                                                                               | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 19. | My baby's health if I get COVID-19.                                                                        | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 20. | Not being able to breastfeed how I want due to COVID-19.                                                   | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 21. | Being separated from my baby because of COVID-19.                                                          | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 22. | Who will care for my baby if I have COVID-19.                                                              | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 23. | Being confused about what is best for my baby if I have (or get) COVID-19.                                 | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 24. | How my baby and I will be treated when I deliver if I have COVID-19.                                       | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 25. | How family and friends will treat me and my baby if one of us has COVID-19.                                | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 26. | Having trouble getting baby supplies, like diapers, wipes, clothes or formula.                             | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 27. | My ability to bond with my baby.                                                                           | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 28. | The ability of other important people to bond with my baby.                                                | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 29. | Having to wear a mask around my baby.                                                                      | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 30. | Having trouble paying for medical care for me or my baby.                                                  | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 31. | Not having enough help taking care of my baby due to COVID-19.                                             | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 32. | Wondering if my healthcare team will listen to my concerns when I deliver my baby.                         | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |
| 33. | Wondering if I will be treated with respect and compassion at the place where I deliver my baby.           | <input type="checkbox"/> VERY UPSET | <input type="checkbox"/> SOMEWHAT UPSET | <input type="checkbox"/> NOT UPSET | <input type="checkbox"/> N/A |

**By answering the next two questions, you will help us to understand how this time has been for you overall.**

34. Overall, how upset have you been by how COVID-19 has affected your experiences during your pregnancy?  
 EXTREMELY UPSET    VERY UPSET    SOMEWHAT UPSET    A LITTLE UPSET    NOT AT ALL UPSET

35. Thinking about the things that upset you, if any, which of them upsets you the most?  
 \_\_\_\_\_

**We are also interested in POSITIVE CHANGES due to the pandemic. Please check "yes" if the statement is true. Due to COVID-19...**

|     |                                                                                                                       |                              |                             |                              |
|-----|-----------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| 36. | I get to spend more time taking care of myself.                                                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 37. | I have more support from other people at home.                                                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 38. | I have had more support from other pregnant women via phone, video, messaging or social media.                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 39. | I have more support from my prenatal team.                                                                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 40. | It has been easier to have my healthcare appointments when I want.                                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 41. | My medical providers have made sure I know what to expect being pregnant and delivering during the COVID-19 pandemic. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 42. | What COVID-19 change(s), if any, have been the most helpful for you during your pregnancy?<br>_____                   |                              |                             |                              |