



## Data Article

# The COVID-ASSESS dataset - COVID19 related anxiety and stress in pregnancy, post-partum and breastfeeding during lockdown in Italy

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## ABSTRACT

The COVID-ASSESS questionnaire (COVID-19 related Anxiety and Stress in pregnancy, post-partum and breastfeeding) was developed and distributed by CiaoLapo Foundation, an Italian charity for healthy pregnancy and perinatal loss support. Data were collected during phase 1 and phase 2 of COVID-19 lockdown in Italy (March, April and May 2020).

The final dataset consists of 2448 women, of whom 1307 during pregnancy and 1141 women during post-partum or breastfeeding period. Variables collected for each subject are: sociodemographic and clinical information (previous losses, history of psychological disorders), birth expectations before and after COVID-19, concerns regarding pandemic consequences, perception of media and health professionals' information and communication on COVID-19, psychopathological assessment (anxiety, post-traumatic stress and general psychopathology).

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## Specifications Table

Subject	Obstetrics, Gynecology and Women's Health
Specific subject area	Perinatal mental health
Type of data	Tables Graphs Figures
How data were acquired	Web based survey. An English translation of the questionnaire (originally in Italian) is provided as a supplementary file.
Data format	Raw Analyzed
Parameters for data collection	Participants voluntarily self-selected to complete the survey and they were considered eligible to complete the survey if women, over 18 and (a) currently pregnant or if (b) they gave birth after the 1st January 2019.
Description of data collection	A cross-sectional, web-based survey was conducted using an online questionnaire; participants were recruited via social networks using a snowball technique and sponsored social network advertisements. Participants voluntarily self-selected to complete the survey and gave their consent in an online form.
Data source location	Country: Italy (nation-wide)
Data accessibility	Repository name: Mendeley Data identification number: DOI: 10.17632/cn38pbwn7r.1 Direct URL to data: <a href="https://data.mendeley.com/datasets/cn38pbwn7r/1">https://data.mendeley.com/datasets/cn38pbwn7r/1</a>
Related research article	Ravaldi C, Wilson A, Ricca V, Homer C, Vannacci A. Pregnant women voice their concerns and birth expectations during the COVID-19 pandemic in Italy. <i>Women and Birth</i> 2020. <a href="https://doi.org/10.1016/j.wombi.2020.07.002">https://doi.org/10.1016/j.wombi.2020.07.002</a> Ravaldi C, Ricca V, Wilson A, Homer C, Vannacci A. Previous psychopathology predicted severe COVID-19 concern, anxiety and PTSD symptoms in pregnant women during lockdown in Italy. <i>Archives of Women's Mental Health</i> 2020 (in press) Preprint: <a href="https://doi.org/10.1101/2020.08.26.20182436">https://doi.org/10.1101/2020.08.26.20182436</a>

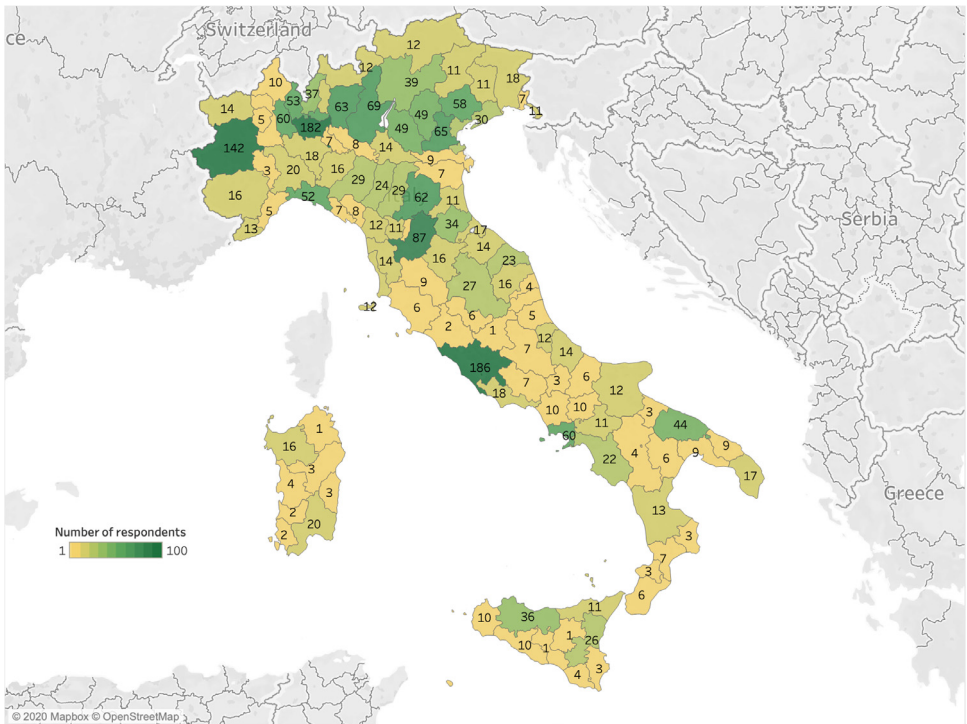
## Value of the Data

- Pregnant and postpartum women do not seem to be at higher risk of contracting COVID-19 or having important consequences from the infection.
- We have previously shown that, during lockdown period, Italian women were very concerned about the pandemic, particularly for the health of their baby, partner and elderly relatives.
- Here we reported data of sociodemographic characteristics of an Italian nation-wide community-based survey on COVID-19 related concerns and psychological impact in women during pregnancy, post-partum or breastfeeding period.
- Methods and data from this article may help researchers from all countries to conduct similar studies in their national settings.

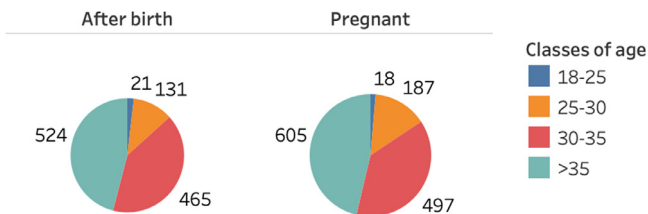
## 1. Data Description

The final COVID-ASSESS dataset is available in Mendeley repository (<https://data.mendeley.com/datasets/cn38pbwn7r/1>) and consists of 2448 women, of whom 1307 during pregnancy and 1141 women during post-partum or breastfeeding period.

Fig. 1 shows the national distribution of the sample; Fig. 2 shows the distribution of age classes, Table 1 shows educational stages, classified according to UNESCO International Standard Classification of Education, Table 2 shows the duration of lockdown in days at the time of survey completion, Table 3 reports information on previous pregnancies and pregnancy losses, including miscarriages, stillbirths, neonatal losses and termination of pregnancies, voluntary or for medical reasons, Table 4A shows the distribution of trimesters for pregnant women, Table 4B shows the



**Fig. 1.** Distribution of the sample among Italian provinces.



**Fig. 2.** Distribution of age classes of the sample.

distribution of babies' age for women in post-partum period and [Table 5](#) shows personal and familiar psychopathological history. An English translation of the questionnaire is provided as a supplementary file.

## 2. Experimental Design, Materials and Methods

The online tool – known as the COVID-ASSESS questionnaire (COVID-19 related Anxiety and Stresses in pregnancy, post-partum and breastfeeding) – comprised of a sociodemographic section, a specifically developed survey to examine concerns related to the COVID-19 pandemic and three psychometric tests: NSESS for PTSD [1], STAI-Y [2] and a survey on general psychopathology based on SCL-90 [3]. All used psychometric instruments were available and previously validated in Italian. License for their use in the present research was acquired when appropriate.

**Table 1**

Educational stages, classified according to the international standard classification of education (UNESCO).

	Pregnant	After birth	Total
Pre-primary	1 (0.08%)	1 (0.09%)	2 (0.08%)
Primary	1 (0.08%)	–	1 (0.04%)
Lower secondary	45 (3.44%)	44 (3.86%)	89 (3.64%)
Upper secondary	341 (26.09%)	335 (29.36%)	676 (27.61%)
Post secondary (non-tertiary)	334 (25.55%)	264 (23.14%)	598 (24.43%)
Tertiary (first stage)	364 (27.85%)	325 (28.48%)	689 (28.15%)
Tertiary (second stage)	221 (16.91%)	172 (15.07%)	393 (16.05%)

**Table 2**

Duration of lockdown (days) at the moment of the interview.

	Pregnant	After birth	Total
<15	646 (49.5%)	412 (36.1%)	1058 (43.2%)
15–30	369 (28.2%)	358 (31.4%)	727 (29.7%)
>30	292 (22.3%)	371 (32.5%)	663 (27.1%)

**Table 3**

Information on previous pregnancies and pregnancy losses, including miscarriages, stillbirths, neonatal losses and termination of pregnancies (voluntary or for medical reasons).

	Pregnant	After birth	Total
First pregnancy	449 (34.3%)	422 (36.9%)	871 (35.6%)
Previous losses	499 (38.2%)	407 (35.7%)	906 (37.0%)

**Table 4**

Trimesters of pregnancy (A, for women pregnant at the moment of the interview) and baby's age (B, for women who had already given birth at the moment of the interview).

	First trimester	Second trimester	Third trimester
A - Pregnancy	148 (11.3%)	551 (42.2%)	608 (46.5%)
	< 1.5 months	1.5 – 4 months	> 4 months
B – After birth	870 (35.5%)	813 (33.2%)	765 (31.2%)

The survey was conducted in Italian. All item legends were translated in English in the provided dataset, answers to open questions are in Italian.

The COVID-ASSESS questionnaire was developed by Claudia Ravaldi (psychiatrist and psychotherapist) and Alfredo Vannacci (pharmacologist and epidemiologist) and uploaded as an online survey using the SurveyMonkey platform ([www.surveymonkey.com](http://www.surveymonkey.com)). The survey was distributed via CiaoLapo Foundation, an Italian charity for perinatal loss support, using existing networks and support groups across Italy. The network of CiaoLapo Foundation comprises women and couples affected by perinatal loss, as well as numerous associations, organizations and groups dealing with healthy pregnancy and perinatal health. Data were collected during phase 1 and phase 2 of COVID-19 lockdown in Italy (that took place in the months of March, April and May 2020).

Participants voluntarily self-selected to complete the survey and they were considered eligible to complete the survey if women, over 18 and (a) currently pregnant or if (b) they gave birth after the 1st January 2019. Consent was provided at the start of the survey, once participants had read the participant information and met the eligibility criteria. Although the survey was nation-wide and we received answers from each single province of Italy, we cannot exclude a selection of respondents. In particular, women likely to respond may have been better connected to health care and may have better access to internet and electronic facilities.

**Table 5**

Personal and familial psychopathological history.

	Pregnant	After birth	Total
<b>Previous psychopathology (personal)</b>	<b>584 (44.6%)</b>	<b>534 (46.8%)</b>	<b>1118 (45.7%)</b>
Anxiety	413 (31.6%)	337 (29.5%)	750 (30.6%)
Depression	129 (9.9%)	107 (9.4%)	236 (9.6%)
Bipolar Disorder	6 (0.5%)	3 (0.3%)	9 (0.4%)
OCD	19 (1.5%)	18 (1.6%)	37 (1.5%)
Eating disorders	79 (6.1%)	83 (7.3%)	162 (6.6%)
<b>Previous psychopathology (familial)</b>	<b>605 (46.3%)</b>	<b>545 (47.8%)</b>	<b>1150 (46.9%)</b>
Anxiety	312 (23.9%)	283 (24.8%)	595 (24.3%)
Depression	400 (30.6%)	322 (28.2%)	722 (29.5%)
Bipolar Disorder	38 (2.9%)	45 (3.9%)	83 (3.4%)
OCD	17 (1.3%)	29 (2.5%)	46 (1.9%)
Eating disorders	47 (3.6%)	60 (5.3%)	107 (4.4%)

The survey consisted of questions across several key areas including:

- Section (A) sociodemographic information
- Section (B)) anamnestic variables (previous losses, personal and family history of psychological disorders)
- Section (C)) birth expectations before and after COVID-19
- Section (D)) concerns regarding pandemic consequences
- Section (E)) information on post-partum and children feeding
- Section (F)) perception of media and health professionals' information and communication on COVID-19
- Section (G)) psychometric evaluation.

Here we report a general description of the sample (sections A and B) as well as the complete COVID-ASSESS database (raw data, shared under CC BY NC 3.0) [4], openly accessible and free to use for scientific research, provided that any research proposal is shared and discussed beforehand with the members of COVID-ASSESS steering committee. Preliminary findings obtained from the dataset here reported were recently published [5,6].

## Ethics Statement

Human research ethical approval to conduct the survey was received from Florence University ethics committee (Prot. n. 006897). Each participant gave their explicit consent in an online form before enrolment.

## CRedit Author Statement

**Claudia Ravaldi:** Conceptualization, Methodology, Investigation, Resources, Writing - Original Draft, Writing - Review & Editing

**Alfredo Vannacci:** Methodology, Data Curation, Formal analysis, Writing - Original Draft, Writing - Review & Editing

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships which have, or could be perceived to have, influenced the work reported in this article.

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## Supplementary Materials

Supplementary material associated with this article can be found in the online version at doi:[10.1016/j.dib.2020.106440](https://doi.org/10.1016/j.dib.2020.106440).

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