effect of maternal COVID-19 infection on social determinants of health, growth and development, milestones, and biomarkers, such as blood glucose, lipids, viral antibodies, and inflammatory markers. However, intensive follow-up is considerably more resource intensive and risks losing participants to follow-up; methods to mitigate such risks are needed for any long-term study. Some registries, such as the Pregnancy Coronavirus Outcomes (PRIORITY) Registry and MotherToBaby Registry, are already studying short-term outcomes in infants born to mothers who have had COVID-19, including the effect on breastfeeding. This is invaluable research and provides a framework for which longer-term study can be initiated to investigate life-course effects. However, any long-term study faces challenges from the large number of patients with unrecognized COVID-19 infection. The presence of such patients must be considered in recruiting patient cohorts. Furthermore, as the COVID-19 pandemic has not equally affected all populations, any study should be undertaken with consideration toward the particular health risks faced by these populations where COVID-19 has been more prevalent.

Maternal COVID-19 infection has resulted in elevated rates of preterm birth and low birth weight. However, it has yet to be determined if children born to mothers infected with COVID-19 face deleterious long-term health outcomes. The prevalence of perinatal complications already observed combined with observations from life-course studies in past pandemics suggests that these children face potential risk of long-term health outcomes and should be followed up with for observation of those outcomes. The rise in perinatal complications, such as prematurity in children born to mothers infected with COVID-19, not only poses a risk for negative long-term outcomes by itself—particularly to late-maturing organs, such as the kidneys—but also indicates that in utero exposure could have broader implications than are initially apparent. Just as children born during the 1918 pandemic faced differing risks of future negative outcomes depending on when in utero they faced the peaks of the pandemic, the timing of maternal COVID-19 infection may too present higher risk for certain outcomes in these children. As such, these children could be observed for development of negative health outcomes. Registries like the PRIORITY and MotherToBaby registries are already studying short-term effects, but such large-scale databases are needed to examine effects in the longer term as well to determine if these children face a higher relative risk than their counterparts born at a similar time to mothers who were not infected with COVID-19.

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REFERENCES

Will Some Adolescents and Young Adults Forgo Adherence to COVID-19 Prevention Methods in Favor of Romantic Relationships?

The rise in new diagnoses of COVID-19 among adolescents and young adults (AYAs) in the United States is concerning. Contrary to widespread belief early in the pandemic, AYAs are vulnerable to the consequences of COVID-19. Although most AYAs who contract COVID-19 exhibit no or mild symptoms, recent national data indicate that an increasing number of AYAs experience severe outcomes including hospitalization, intensive care, the need for ventilation, and even death. Moreover, emerging evidence shows that AYAs, as with other demographic groups, experience lingering health complications long after the acute phase of infection, irrespective of the severity of initial COVID-19 infection. These persistent health complications may lead to other physical, social, and emotional consequences. As one example, “brain fog,” an ongoing symptom of COVID-19, can affect individuals’ ability to concentrate, which may hinder AYAs’ educational achievement and academic opportunities. Other potential long-term consequences of COVID-19 diagnosis are still not known. Adolescents and young adults are also believed to be significant contributors to community transmission. Thus, AYAs represent an important population for targeted COVID-19 prevention efforts.
Three highly effective COVID-19 vaccines have been approved for use in the US. The rollout of these vaccines is a promising step toward ending the COVID-19 pandemic. Nevertheless, continued and consistent adherence to COVID-19 control measures (eg, sheltering in place, wearing face coverings while in public, maintaining a minimum distance of ≥1.8 m [6 ft] from individuals who do not live in the same household, staying home when exhibiting COVID symptoms) remains crucial to decreasing the spread of the disease. Although the vaccine is effective in preventing individuals from developing COVID-19 symptoms, the length of immunity is not fully known, and whether these vaccines prevent the transmission of COVID-19 remains unclear. Since 2 vaccines require 2 doses administered several weeks apart, it is possible for individuals to become infected between doses, as they are not fully protected. While COVID-19 vaccines have been approved for AYAs, many youths may remain at risk for acquiring COVID-19. For example, some AYAs may face challenges accessing the vaccine while others may choose not to get vaccinated, for various reasons, despite their vaccine eligibility. Therefore, consistent adherence to COVID-19 control measures among AYAs remains important even with expanded access to COVID-19 vaccines. However, recent research indicates that many AYAs are noncompliant or are inconsistent with adhering to these measures even when exhibiting COVID-19 symptoms. Adherence by AYAs to COVID-19 mitigation strategies may further wane as the pandemic persists and pandemic fatigue (lack of motivation to follow recommended COVID-19 protective practices) intensifies.

Since the beginning of the pandemic, national messaging has emphasized the importance and necessity of these preventive measures in protecting one’s own and others’ physical health. Most AYAs are aware of these health benefits, and some even cite prosocial motivations for engaging in mitigation strategies. But at what cost does engaging in these preventive measures come for AYAs? Our national COVID-19 response often overlooks the fact that recommended control measures interfere with many important aspects of AYAs’ development and well-being. One significant domain is AYAs’ romantic relationships. The formation of romantic relationships typically begins during adolescence and young adulthood. While family relationships (parents, siblings, etc) and friends remain important, romantic relationships begin to play a more central role in AYAs’ lives. Romantic relationships are a primary source of social support; this may be especially important at present, given recent world events (eg, global pandemic, racial tensions and injustices) that have caused AYAs additional stress and uncertainty. Romantic relationships are also an important context for partnered sexual behaviors (eg, kissing, holding hands, sex) that are common during adolescence and young adulthood. In general, AYAs are motivated to protect their romantic partnerships. In fact, research suggests that AYAs are willing to engage in health risk behaviors to maintain these relationships. Thus, while AYAs may understand the health benefits of engaging in COVID-19 preventive measures, some may prioritize the development and maintenance of their romantic relationships.

Strengthening AYAs’ compliance to mitigation strategies calls for increased attention to the associated costs of these measures. This includes research on how these preventive methods affect the social, emotional, relational, and sexual aspects of their romantic relationships. For example, AYAs may perceive wearing a mask and social distancing as physical barriers that hinder their ability to foster emotional and physical intimacy, which in turn may decrease relationship bonding and satisfaction. This research may also help identify individuals who are less likely to engage in these strategies, such as AYAs for whom relationship salience is high or those who live at home and have not disclosed their relationship status to their parents. This research may also inform the development of youth-friendly, evidenced-informed messaging and content to help AYAs navigate dating during COVID-19 and the transition to post-COVID-19 times. Since some AYAs may not fully understand COVID-19, emphasizing general facts about the virus, including what COVID-19 is and how it is transmitted, understanding variants of the virus, and the importance of mitigation strategies in protecting oneself and others including their potential and current romantic partners, is essential. Highlighting how consistently engaging in COVID-19 control measures may have significant benefits to romantic relationships may be particularly beneficial. For example, agreeing to adhere consistently to COVID-19 preventive measures can be a shared goal between partners that may add meaning to their relationship and increase their romantic bond. Likewise, engaging in COVID-19 mitigation behaviors to protect one’s partner may be a way for partners to demonstrate their love for each other and their commitment to the relationship. Information on COVID-19-safe dating should also be included. Discussing how COVID-19 may interfere with dating practices and then providing specific strategies for developing and maintaining romantic relationships while following COVID-19 control measures is essential. This content should include engaging in sexual activity that minimizes COVID-19 risk, such as not having sex if diagnosed with COVID-19 or exhibiting COVID-19 symptoms, limiting kissing on the mouth, and engaging in sexual positions that may minimize face-to-face contact.

One strategy to help AYAs minimize their risk for COVID-19 is to develop and implement COVID-19 safety agreements where partners openly discuss and agree about how they will safely maintain their relationship. This may include plans to undergo routine COVID-19 testing, how they will minimize contact with other individuals, routinely engaging in preventive strategies, how they will engage in COVID-19 safe sexual activity, and willingness to receive the vaccine. Some dating and established AYA couples have sexual agreements, a mutual understanding of the sexual and relational behaviors within and outside of their relationship. COVID-19 safety agreements can easily be added to these discussions. Parents/guardians and health care professionals can play an influential role in helping AYAs facilitate these conversations with their partners.

As we continue to combat COVID-19, more attention should be directed at understanding the ways in which AYAs’ romantic relationships influence their COVID-19 mitigation behaviors and how this affects their COVID-19 acquisition risk. This knowledge will help develop effective, youth-centered COVID-19 prevention messages.
Parent-Based Sexual Health Promotion and Sexually Transmitted Infections Prevention for Youth

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After increasing
for consecutive years, reported sexually transmitted infections (STIs) in the US are at an all-time high,1 with adolescents and young adults (AYA) aged 15 to 24 years accounting for approximately half of all incident STIs, but only one-quarter of the sexually active population.1 STI disparities among AYA, including ethnic and racial, sexual, and gender minority youth, remain of particular concern.1

The National Academies of Sciences, Engineering, and Medicine released a new consensus study report that identifies increased efforts to prevent and manage STIs among AYA as a priority.1 It also emphasizes a paradigm shift toward addressing STIs within a broader framework of sexual health and accounting for sociocultural determinants beyond consideration of individual behavior. For AYA, parents are key influences within this sexual health paradigm. The report highlights the importance of parents in shaping AYA sexual behavior and recommends broader engagement of parents.1 This Viewpoint discusses recommendations to leverage parents for sexual health promotion and STI prevention among AYA, with an emphasis on health care professionals (ie, physicians, nurses, nurse practitioners, and physician assistants) in parent engagement.

Engaging Parents in STI Prevention and Sexual Health Promotion

The literature supports the influential role of parents in shaping adolescent sexual behavior and outcomes.1,3 Parental communication about sex and parental monitoring, such as rules about dating and clear expectations regarding adolescent sexual behavior, are associated with delay of sexual debut, reduced frequency of sex, and increased condom use.1,3 Additionally, adolescents report wanting parental guidance on preventing negative sexual health outcomes, such as STIs.1,2 Effective parent-based approaches for reducing adolescent behaviors associated with STI risk exist. Parent-based interventions, such as Families Talking Together and Familias Unidas, prevent adolescent sexual risk behavior, including condomless sex.2,3 Research highlights components that are characteristic of effective parent-based interventions.4 Effective parent-based interventions often rely on strong theories of parental influence and adolescent sexual decision-making, focus on building parental knowledge and skills for effective communication and monitoring strategies, and motivate parents to prioritize adolescent sexual health in parenting.4 Furthermore, cultural and linguistic tailoring of parent-based interventions has produced consistent effects across adolescent subpopulations at elevated risk of STIs, including Latino and Black adolescents.2

Despite effective parent-based interventions being available, traditional STI prevention and sexual health promotion tends to focus on adolescents directly, eg, through school-based interventions or public service announcements. The report recognizes parents as a primary influence on adolescent sexual decision-making, warranting increased attention in sexual health programming. The Table highlights several committee recommendations relevant to engaging parents in sexual health promotion and STI prevention along with principles for parent-based programs that emerge from the report.

The Role of Health Care Professionals

The primary care workforce is particularly important in sexual health promotion and STI prevention, given that all health care professionals, beyond STI specialists, can facilitate STI diagnosis, treatment, and prevention counseling.1 The committee asserts health care professionals are particularly well positioned to engage parents in adolescent sexual health promotion and STI prevention. Both parents and adolescents regard health care professionals as trusted resources in matters of sexual health.2 Similarly, health care professionals consider parental support in adolescent care valuable.2


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