

“I think there could have been more support available you know”

Interim report: Experiences of birth and 6-month post-partum period during the COVID-19 pandemic

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the Co-Applicants of the UKRI COVID-19 funded study “Understanding the impact of COVID-19 on pregnant women and new parents: The Born in Bradford 2020 Families Study”, and the Bradford Institute for Health Research Covid-19 Scientific Advisory Group.

Interim Report
Version 0.1; 21 October 2021

This report presents pregnant women and their partners’ experiences of birth and the 6-month post-partum period during the COVID-19 pandemic within the Born in Bradford cohort. The report is to aid policy and decision makers in their planning and responses to COVID-19.

Further Information:

www.bradfordresearch.nhs.uk/csag

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Executive Summary

Introduction

With support from the national funding agency, UK Research and Innovation (UKRI), the Born in Bradford (BiB) team designed a rapid-response research programme to gather data on the health, social, education and economic impacts of the COVID-19 pandemic on families in Bradford. The research programme included surveys, as well as in-depth interviews with families, to understand what it was like to be pregnant, give birth and bring up a baby during the pandemic. The report from the first round of interviews focused on pregnancy is available here <https://www.bradfordresearch.nhs.uk/family-and-community-impacts-of-covid-19/>. This report is based on the second round of interviews about birth and 6-month post-birth experiences, conducted by telephone between February and May 2021, with 13 women and three male partners. With the exception of one woman, everyone was interviewed in English. The key topics that we explored with women and partners included: physical health, mental wellbeing, key relationships and access to, use of and satisfaction with services. The final report will cover the 6–9-month postnatal period. The aim of this interim report is to provide timely information to service providers.

Key findings and recommendations

	Key findings	Recommendations
	<p>Quality and continuity of care with midwives and health visitors</p> <p>Most women were positive about the care received in hospital at the time of birth and immediately after. Almost all women we interviewed received at least two home visits from a midwife.</p> <p>Most women had received at least one home visit from a health visitor. One in three had been contacted by phone instead. At least half of the women felt health visitors were less present than midwives; they made contact on fewer occasions, tended to make contact by telephone and were not proactive in following up with women.</p> <p>Some women who saw more than one midwife reported receiving conflicting health messages. Women who reported having been assigned one health visitor appreciated this continuity of care.</p>	<ul style="list-style-type: none">• Women’s positive experiences of postnatal care should be relayed to midwives and maternity staff.• Women value and express the need for face-to-face visits from midwives and health visitors and would prefer home visits and in-person contact, particularly for the first visit from the health visitor.• A combination of in-person and remote follow-up may be required depending on the woman and baby’s needs¹.• Women appreciate continuity of midwifery care in the postnatal period¹. Where this is not feasible, there should be a single source of postnatal information that is updated and used by the postnatal care team.



Women's reflections on postnatal care during the pandemic

Overall women acknowledged that some of their negative experiences of postnatal care were due to the impact of pandemic on the organisation of care; they recognised the challenges faced by the NHS and the need to ensure COVID-19 safe procedures.

Most women felt they were given insufficient information about the risks of COVID-19 infection to newborns or breastfeeding mothers, the risks associated with COVID-19 vaccination in pregnancy and for breastfeeding mothers, or details of postnatal classes. As a result, some women and partners reported seeking out information and support from informal sources.

- This finding is in line with evidence on modifications that were made to maternity services in response to the pandemic³.
- Services could use these findings as they plan for the COVID-19 recovery phase, to determine which modifications should remain and what needs to change.
- Maternity services should clearly signpost changes to services and their reasoning on Trust websites, through social media and at routine postnatal contacts with women and partners¹.
- There should be a single source of information, including relevant information on COVID-19 in the postnatal period, that is updated and used by the postnatal care team.
- Support from community organisations for breastfeeding, mental health and early parenting can be invaluable¹ but women need to know about and be directed to these services.



Impact of COVID-19 restrictions on women's choices around the time of birth

Women reported being aware of COVID-19 protocols that restricted them to a single birth partner during active labour; some desired different or additional partners but accepted the situation.

Women described attending the assessment centre (and then the birth centre) alone and in most cases, partners accompanied them just once, during active labour. Those whose partners were present felt 'lucky' and 'relieved'.

COVID-19 restrictions led to mixed experiences of support following childbirth. Some accepted their partner could only stay for a few hours, some were disappointed their partners had not been able to support them and in exceptional cases partners had been allowed to stay for the whole day after giving birth.

Most women and partners considered themselves and their newborns to be safe from COVID-19 in hospital and expressed confidence in hospital procedures.

- Our findings highlight the important difference that a having a partner present at birth and immediately afterwards can make to women.
- As services enter the recovery phase, it is important to enable women to have a partner, family or friends with them at all stages of their maternity journey, while ensuring everyone is as safe as possible⁴.
- It is reassuring that women and partners considered themselves safe from COVID-19 infection while in the hospital environment, and this should be fed back to services.
- In the recovery phase the emphasis will be on keeping virus transmission low through continued use of infection prevention and control measures and it is important that women and partners are aware of this and re-assured about their safety in hospital⁴.

The importance of social interaction for parent mental health

Most women said their mental health and wellbeing had generally remained positive since the birth of their baby, and they had appreciated the advantages of lockdown.

Women reporting low mood typically relied on their partner or their wider (mostly remote) network of family and friends for support. For those who sought formal support, receiving information from a midwife helped them to better manage their mental health even though this was still provided remotely.



- Women who sought formal support felt it helped them to better manage their mental health and this should be fed back to maternity staff and the postnatal care team.
- With modified services and more remote postnatal contact during the pandemic it may have been harder to identify women with low mood or in need of support for mental health problems.
- In the recovery period it is important that services implement policies that help women and staff to recognise mental health problems, such as asking about mental health and wellbeing at each postnatal contact, making women aware of potential postnatal mental health problems and how to seek help^{2,5}.
- Support for women who disclosed mental health concerns continued to be provided remotely, which women found difficult. Where possible women with known psychosocial vulnerabilities should be prioritised for in-person visits from the postnatal care team¹.

¹ <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-10-21-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-v3.pdf>

² <https://www.nice.org.uk/guidance/ng194/chapter/Recommendations>

³ <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.16547>

⁴ https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C1243_Supporting-pregnant-women-using-maternity-services-actions-for-providers_150421.pdf

⁵ <https://www.nice.org.uk/guidance/cg192/chapter/1-Recommendations#recognising-mental-health-problems-in-pregnancy-and-the-postnatal-period-and-referral-2>

Conclusion

During the COVID-19 pandemic maternity services have implemented substantial and sometimes rapid modifications, and while the impact of these changes on health outcomes is not yet known, they are bound to have affected women's and partner's experiences. Our findings highlight elements of postnatal care that are important to women and need to continue, service changes that negatively impacted on care and changes women accepted had to happen in response to the pandemic. Maternity staff should be commended for striving to provide the best possible care in challenging circumstances; most women were positive about the care received in hospital at the time of birth and immediately after, and women and partners mostly considered themselves and their newborn babies safe from COVID-19 and expressed confidence in hospital procedures.

Introduction

Born in Bradford (BiB) is an applied research programme with three ongoing longitudinal birth cohort studies. In response to the COVID-19 pandemic, BiB is leading a COVID-19 research programme that aims to understand the impact of the COVID-19 response on BiB families (pregnant women and families with pre-school, primary and/or secondary school aged children), many of whom are from ethnic minority backgrounds and live in deprived areas. The COVID-19 programme has worked to identify research priorities with stakeholders, community and researchers, and aims to provide information in the short term to support policy and decision makers to deliver an effective COVID-19 urgent response in the City of Bradford, and in the longer term to better understand the wider societal impacts of the COVID-19 response on health trajectories and inequalities in these.

One key priority research area identified by researchers within the Bradford Institute for Health Research Covid-19 Scientific Advisory Group (BIHR C-SAG) was the experience of pregnancy and the post-partum period during the COVID-19 pandemic. Pregnant women were identified as a group vulnerable to COVID-19 which had increased health anxieties, alongside reduced access to face-to-face healthcare and reduced social support due to social distancing and restricted hospital visiting.

With funding from UKRI the BiB team designed a mixed methods research study with participants from two birth cohorts with ongoing recruitment: Born in Bradford's Better Start (BiBBS) and BiB4All. Longitudinal quantitative surveys are being used to collect data on the health, social, and economic impacts of the pandemic for women, their partners and their babies in the perinatal period in Bradford, and a linked longitudinal in-depth study is exploring the impacts in more detail using qualitative research methods. The qualitative study seeks to understand the lived experience of pregnancy, childbirth and the postnatal period during the pandemic at three timepoints of pregnancy, childbirth and the postnatal period. Key topics explored at each time point are physical health, mental wellbeing, key relationships and access to, use of and satisfaction with services.

The BiB team are committed to rapidly disseminating key findings from the surveys and qualitative research to District Gold Command and local services to support their response to families most in need. Dissemination of findings to local services can provide decision makers with an enhanced understanding of the wider societal impacts of the COVID-19 pandemic and allow services to 1) prioritise and adapt interventions, and 2) inform the recovery of services to reduce the short and longer-term impact of the COVID-19 pandemic on families in Bradford.

This report presents interim findings from the second timepoint of the qualitative study that focused on birth and the 6-month post-partum period. Data were collected using semi-structured interviews with women and their partners from February to May 2021. The report from the first-timepoint is available here <https://www.bradfordresearch.nhs.uk/family-and-community-impacts-of-covid-19/>.

Methods

Sampling and recruitment

A sub-sample of women who completed the quantitative survey during the first six months of recruitment (May-October 2020) were selected to be invited to interview to give a range of ethnicities, parity and deprivation status. Women who did not speak English were oversampled, as we were particularly interested in their experiences.

The 18 women and three male partners who were interviewed at the first-timepoint were re-contacted via a phone call or text message by the researcher who had interviewed them to invite them to take part in a

second interview. Of these 18 women, five were uncontactable. Of the three partners, two were uncontactable. To recruit additional partners, those women who indicated their partner would be interested were asked to pass on the contact details of a researcher to their partner who they could then contact to organise their participation. An additional two partners were recruited through this approach.

Before the start of each interview the researcher reminded the participant of the research aims, ensured they had read and understood the study information and then re-confirmed consent verbally. Participants received a gift voucher as token of appreciation.

Thirteen women and three partners participated in this second round of interviews conducted between February and May 2021. All but one interview was conducted in English, the other with a bilingual researcher. The mean age of women was 31, and just over one third were experiencing their first pregnancy (see Table 1). Seven women were White British and five were Pakistani or British Pakistani. Two thirds had professional/office jobs.

Table 1. Characteristics of study participants at timepoint 2 (Feb-May 2021)

Characteristic	n (%)
Women	13 (100)
Mean age [range]*	31.64 years [25-39 years]
First pregnancy	5 (38.4)
Ethnicity	
Pakistani or British Pakistani**	5 (38.4)
White British	7 (53.8)
Other	1 (7.7)
Employment	
Professional/office	8 (61.5)
Service	3 (23.1)
Other	1 (7.7)
Missing	1 (7.7)
Partners of pregnant women	3 (100)
Partner's first pregnancy	2 (66.7)
Professional/office	2 (66.6)

*Age at first interview.

Data collection and analysis

Given the ongoing coronavirus pandemic restrictions on face-to-face contact during the study period, the timepoint 2 interviews were conducted by telephone (by JB, MB, ND, DGR). The interviews explored: experience of birth and the first 6-months post-birth; physical and mental wellbeing; access to, use of, and satisfaction with birth and postnatal services; relationships with partner and family; and general impact of COVID-19 on services. They were audio-recorded and transcribed verbatim. All identifying information was removed from transcripts and participants were given ID numbers so they could not be identified.

We conducted a thematic analysis. Three researchers (MB, CJ, ET) read a subset of transcripts (n=7) to develop the coding framework, which was subsequently applied to all the interview transcripts. The researchers then independently identified key themes and patterns within these themes, including differences in responses between first-time parents/parents with other children. Preliminary findings were discussed with the wider research team, themes were refined (LS, HS) and discussed again before being finalised.

Findings

Women's views and experiences of birth and the first 6 months post-birth are captured in four overarching themes, described below with illustrative quotes. The experiences of the partners are included alongside those of women; where there were differences by whether the woman is a first-time mother or has other children, these are described.

Theme 1: Quality and continuity of care with midwives and health visitors

Mixed reflections on the postnatal care women received. Two thirds of women discussed their midwifery care after returning home and, overall, were positive about it. All noted they had received in person contact and support, with almost all receiving at least two home visits. Just one woman suggested she had only one visit.

I think they've been really good. I think they've tried to do their best where they can. They've always, you know, with my appointments even if my midwife was off for you know, isolating or anything like that, they've always managed to get me you know an appointment with somebody else. They've, you know, they've tried to always you know, maintain that kind of, you know, that care. I think they've done really well considering.

(W18, White British, First-time mother)

At the time of the interview, most of the women had received at least one home visit from a health visitor. One in three had been contacted by phone instead (discussed below). There was a perception amongst some (approximately half of the women and two partners) that health visitors were less present than midwives, making contact on fewer occasions and with greater reliance on phone contact. Women reported reduced communications after the first contact, limited or no proactive follow-up by the health visiting team, and a lack of responsiveness from health visitors when support was sought. The view amongst some was that this was unsatisfactory, and they would have liked more contact.

Then the health visitor came, she gave me all the stuff for six months, and said, "I probably won't see you again", and I've not heard from her. Which is really, it's really scary. I worry about all those mothers that are, that need a bit of support or, and they haven't got a health visitor checking in, not even a phone call until six months.

(W04, White British, First-time mother)

Irrespective of whether this was a family's first or subsequent baby, the perceived lack of support from health visitors was regarded as hardest for first-time parents. As an example, one first-time mother indicated that she would have liked more contact with a health visitor as she grappled with care issues for her new baby.

I gave birth and they visited me about twice and since then, after the first two, three weeks, I've had like nothing, nobody rings me. Nobody offered me any support and that's kind of rubbish. It's like, he's seven months now, he's not sleeping through the night and nobody rings me and asks me, you know, like, so far, I've had no support.

(W15, Pakistani, First-time mother)

Similarly, a first-time father explained that he and his partner had struggled at times and would have liked more health visitor support.

No, she [the health visitor] kind of just felt like she disappeared, which was odd, like sometimes when you're not sure what's happening with the baby or what to do or, and it was somebody to contact for kind of help. But then she disappeared, so it was a bit, there was a few tough, rough patches where we didn't really know what to do, like when he started, say, getting his first teeth and erm..., yeah, there was just bits where you could do with somebody to just throw the, not throw their ideas, but they're there to help you, but they weren't there. (WP02, Unknown, First-time father)

It is important to note that some more positive experiences with health visitors were also described. Several women felt that they could contact health visitors if needed and were satisfied with the support they had received.

They've [the health visitors] made it clear if we need them, they're there, ring them.

(W03, White British, mother with other children)

They [the health visitors] were able to answer all my questions. If I needed them, I was able to kind of text them or call them. (W20, Pakistani, First-time mother)

Replacing in person health visitor contact with remote contact. A minority of women also commented on the specific impact of using phone calls to replace some in person health visitor contact. For two, this was seen to negatively impact the postnatal care they received. These were explained to be due to the fact they do not allow for adequate physical health checks, their less intimate nature, their typically short length, and the challenge of speaking over the phone whilst looking after children.

I just felt like they were a bit less personalised, warm, because of the restrictions in place and because they were quite quick. I don't think a midwife visit can really be done by a video call because they've got to physically check you and again I feel a health visitor, when it passed onto a health visitor she contacted me as much as she could and I don't think I would have felt comfortable just having chat with somebody over a video call, but I think that's a personal thing really. (W11, White British, mother with other children)

The use of phone contact for initial health visitor visits was seen as particularly unsatisfactory due to the number of important matters that need to be discussed in that first interaction.

It was just hard because like the first phone call there was just so much information, so it felt really difficult over the phone because there was so much to discuss.

(W13, White British, mother with other children)

Continuity of care. Continuity of postnatal care was not typically observed in relation to midwifery care, however, it appeared to be more common for health visitor care.

Approximately half of women discussed their continuity of postnatal midwifery care, and among this group all had received at least one visit from a different midwife. Occasionally this was a midwife they recognised from previous care interactions. There were examples of the negative impact of this. One woman who saw multiple midwives had experienced heightened anxiety when having her blood taken.

I'm already anxious knowing that I'm going to get my blood taken like seeing somebody else, it just makes you that little bit more anxious because you start to build a relationship up and then you get somebody different. (W13, White British, mother with other children).

For another, the lack of continuity in midwives meant she received conflicting health messages which left her confused about what was the correct guidance regarding her baby's weight, oral thrush in the newborn, as well as breastfeeding.

I were a bit disappointed afterwards because it were a different midwife that I were seeing every time they'd come, it were never the same one and they were, sort of... they were, sort of, telling me something different every time which, because obviously there were a different person. So it were just confusing and it didn't make it any easier on the situation, whereas if it would have been one person and they were telling me the same thing every time I could have stuck to it or whatever. (W10, White British, mother with other children)

Conversely, a few women who had also seen different midwives seemed to accept the lack of continuity of care, based on the fact the midwives caring for them were all friendly and competent, and that it was seen to be standard practice.

Approximately a third of women who commented on the continuity of their health visitor care, all indicated they had been assigned one health visitor. This opportunity to build a stronger and more familiar relationship was appreciated, seen as "nice" as well important for good quality care.

Theme 2: Women's reflections on postnatal care during the pandemic

Contextualising postnatal care within the pandemic. Overall women tended to acknowledge that some of their negative experiences of postnatal care were due to the impact of pandemic on the organisation of care. They recognised the challenges faced by the NHS and the need to ensure COVID-19 safe procedures.

I'd say they're doing like really well just to say that they've literally been thrown into it. To organise appointments and things like that, they really have done like the best that they can to ensure like the safety... I feel quite happy about the situation really. To say like it's been really tough on everybody, like the way the healthcare services have like adapted.
(W13, White British, mother with other children)

Even a woman who had been highly critical of her postnatal care, nonetheless, was very understanding of the context and the care received.

I think they're doing their best, they're definitely doing the best that they can.
(W03, White British, mother with other children)

Just two women dismissed the pandemic as an excuse. For instance, one felt that there should have been greater efforts and resolve to maintain the frequency of contacts with health visitors and face-to-face care during the pandemic, whilst still maintaining COVID-19 safe conditions.

I think, I think the health visitors need to do something a lot better. If teachers can go and teach, I don't see why health visitors can't visit or have a drop-in session in a sterile environment, if that was easier for them. (W04, White British, mother with other children)

Turning to informal information sources and support. Most women felt they were provided with insufficient information on postnatal care from health services. They mentioned that they had received little or no information about the risks of COVID-19 infection to newborns or breastfeeding mothers, the risks associated with the COVID-19 vaccination both in pregnancy and for breastfeeding mothers, or details of postnatal classes.

Nobody ever mentioned it. Not the midwives, not the healthcare, no, nobody ever said to me, "Oh look, these are what's available, this is what you can do". (W06, Pakistani, mother with other children)

Just a few women and one partner mentioned information they had received about COVID-19, either via leaflets, from their GP, or through the Bradford Birth Facebook page which was updated by midwives from hospitals in Bradford.

As a result of the lack of information received from postnatal services, some women and partners reported seeking information from other sources including Google, Facebook groups for parents, friends and family members with children, and the HENRY family support programme. The consensus amongst women who mentioned this was that they were able to find the information they wanted. However, a few were clear that they would have preferred to receive information directly from the midwife or health visitor.

I know you can Google it, but I don't know, it's just nice coming from like a health professional. (W13, White British, mother with other children)

Theme 3: Impact of COVID-19 restrictions on women's choices around the time of birth

These accounts from all 13 women build on those presented in the first report (based on seven women)¹.

Birth partner support during and after childbirth. The common discussion point was about how the COVID-19 hospital protocols impacted on birth partner choices. Half the women (predominantly first-time mothers) reported that they would have liked their mother to be present as an additional birth partner. They were informed early in their pregnancy that this would not be possible, and some mentioned they had accepted the situation by the time they gave birth.

Um, to start with, I were a bit disheartened [that could not have mother there] but I just kind of accepted it and the thing, obviously when he were born, I rung my Mum, I rung her when I were in labour and things like that. So, you know, it was, well, it were what it were, I couldn't change it, so. But, no, at first, I were disheartened because I would have liked my Mum to be there for my first labour. (W08, White British, First-time mother)

A woman who had a home birth wanted her children to be present, as well as her mother to look after the children. She was told this was not allowed, which did not make sense to her, and she was dissatisfied when no 'logical explanation' was offered.

I guess it just didn't make sense. I just said but my children have been here, they live here, they will have been here, you know, all the time. Their germs if you like, touched everything that you are going to be inside of. They don't need to get close to you and you are wearing a

¹ https://www.bradfordresearch.nhs.uk/wp-content/uploads/2021/05/BiB-Qualitative-study_Pregnancy-in-COVID_brief-report_FINAL.pdf

mask and PPE so it just didn't make sense to me and nobody could give me any logical explanation as to why it was a greater risk, so we just agreed to disagree.

(W11, White British, mother with other children)

Most women described attending the assessment centre (and then the birth centre) alone and in most cases their partners had only accompanied them once, during active labour. A few had spent long periods of time (e.g. six hours, overnight) on their own. Women said they were aware of these rules in advance, yet some described feeling “anxious” and “worried” beforehand about giving birth alone, and “very lonely” at the time.

I was in agony, and I was left in there [assessment centre] for about 2 hours by myself ... it was very hard. (W02, Pakistani, First-time mother)

So about six hours [I was on my own] I didn't like it and I was, as soon as he [husband] came, like I felt a lot better, like I wasn't as anxious, and he was reminding me to like to breathe in and breathe out. And then I was doing it and it felt like it was a lot better, the contractions and stuff. So he was like a big help there. (W15, Pakistani, First-time mother)

A partner spoke of “not knowing how it [his attendance] would play out” (WPO6, Other ethnicity, FP). Unfortunately, another partner had missed the birth as it happened so fast.

In contrast, women whose partners had been with them throughout labour and birth had much more positive experiences. One described herself as “lucky” (W03, White British, mother with other children) explaining that the rules had changed a few weeks prior, and her partner had been with her once she had been examined in the birth centre. Another had expected not to have her partner with her when she was induced, but in the end, she was relieved that he was with her throughout, commenting “I think if he wasn't there, I don't think it would have been as positive as it was” (W18, White British, First-time mother).

Half of the women we spoke to mentioned support they had experienced after birth, and views were mixed. Three women said they accepted the restrictions, which meant their partners could stay for a few hours only after the birth. Two women had their partners with them for the whole day after giving birth; these seemed to be exceptional cases as the women were not taken back to the postnatal ward (one stayed in the birthing suite, the other went onto a general ward). In contrast, other women were disappointed that their partners had not been able to support them; one noted that her partner had missed the first day of their son's life, and another who was in hospital for two days following the birth was frustrated that she had not been informed that she could book a time slot for her partner to visit.

I was in hospital for two days, so that was a bit of, you know, quite upsetting because obviously she had just been born and he wanted to go and see her but he wasn't allowed. But I completely understood the reasons behind it...but the other mothers they were allowed one person to visit but it would be their husband or their mother or whoever they wanted to choose, but every single patient wasn't given that information and I'm not sure why, they might have done it as patients went in there for a period of time or something like that. I don't know, but everybody wasn't given that option unfortunately. It would have been nice to have at least been offered it or just been told about it.

(W18, White British, First-time mother)

Two first-time fathers were also disappointed they could not stay with their newborn baby and partner after the birth, one particularly so as she was feeling unwell.

Deviation from birth plans and childbirth choices. Aside from the issue of birth partner, only one woman spoke of a deviation from her birth plan that was specifically COVID related. She had wanted a water birth, was told this would not be possible due to the pandemic and then realised other women were being allowed.

I wanted that experience, but they didn't give it to me, which is a bit sad. I was in the labour ward and then the woman next door to me, she was saying to the midwife, "oh, yeah, I want a water birth," and she goes, "oh, don't worry, it'll be ready in a few hours, let's go down." And I was sat there, and I was like, "what the heck?" Like why is she allowed it, why wasn't I allowed it? (W15, Pakistani, First-time mother)

Giving birth in hospital during the pandemic Two thirds of women and two partners considered themselves and their newborn babies to be safe from COVID-19 in hospital. They expressed confidence in hospital procedures based on their own experience of visiting the hospital, their assumptions about safety in hospitals, or through hearing reports from other mothers. A partner quote encapsulates this view.

No concerns there, they exercise extreme COVID regulations and restrictions, which was great, and look I felt perfectly comfortable, perfectly safe with all of that stuff.
(WP06, Other ethnicity, First-time father)

Some women were not concerned about the risk of coronavirus infection in hospital due to various beliefs about COVID-19 and attitudes towards the pandemic. One woman believed she had protective antibodies from a previous COVID-19 infection (caught in a previous hospital stay). Another expressed how she was beginning to think the pandemic is "*just a big lie*" (W01, Other ethnicity, First-time mother). Notably a few women said they had done some reading around this topic before giving birth and felt reassured that children were less likely to catch COVID-19 or that their baby would have protective antibodies from the mother. Others were more concerned about the risks of acquiring infection in other locations, such as schools. Only one woman said she had received information on the risk of COVID-19 infection around the time of birth in hospital.

About one third of women said they were nervous about giving birth in hospital during the pandemic. Reasons were various and linked to the risk of coronavirus infection as well as the impact of COVID-19 restrictions. One woman described how her anxiety was exacerbated by the idea of being on her own without her husband during labour. For another the concern was linked to being induced and knowing she would potentially be on the ward for several days, and therefore exposed to the risk of infection. Another woman was conscious of walking past people in corridors and health professionals checking on her baby, even if they were wearing personal protective equipment (PPE). Again, she did not like the idea of being on a main ward.

I was nervous about it. You know even in the corridor when I was passing somebody or even when I had the baby, you know, people were coming to check on her, you know, they had PPE on everything like that. I just felt conscious about everything, with the whole COVID thing, I didn't want to be in hospital longer than I needed to. And especially on the ward it's different, where I was on the birthing suite it was fine, because it was just me and my husband in that room and the baby, and then the midwives that came in and out, that was it, there was nobody else. But when you go onto a ward, it's an open ward, it's only like, you know, curtains that they put between you and then there's other people there and you know, it's just, I don't know. (W06, Pakistani, mother with other children)

A partner, whilst confident that the hospital would be professional and safe, was somewhat worried that the COVID-19 unit was near the maternity ward and that it would be easy to walk past someone who is infected.

Women and partners were asked about their experience of COVID-19 protocols that were in place when they gave birth. There was some mention of wearing masks (mainly nurses and partners), social distancing on wards and taking COVID-19 tests. Generally these seemed to be readily accepted with only a tiny minority expressing discontent, for example:

I didn't particularly like having to wear a mask, um, before they established that I was in labour. I understood why they wanted me to wear one, but it is hard work when you're contracting and stupidly hot in hospitals and then they're trying to get you to wear a mask over your face. That's the only bit I didn't like. (W08, White British, First-time mother).

Theme 4: The importance of social interaction for parent mental health

When reflecting on their mental health and wellbeing in the six months since their baby was born, and in the context of the pandemic, the lack of social interaction appeared to be a dominant theme among women and partners.

Most women said their mental health and wellbeing had, for the most part, remained positive since the birth of their baby. For some, lockdown allowed them time to take a break from their busy lifestyle and exercise more frequently by taking the baby on walks or visiting the park. Other women and two of the partners mentioned that spending more time together at home with the baby had been positive and had improved their relationship.

I think it's made it stronger because we've managed to like spend time together, he's managed to see like [my son]'s steps and stuff like that and offer support. So, I think it's made us stronger, which is good. (W15, Pakistani, First-time mother)

I've just been more there you know, at home. In a sense the COVID has helped with working from home. Where I couldn't have worked from home as much and I would have been like coming home, being tired, where now I've been able to just be there and to see my son when I've needed to. (WP15, Pakistani, First-time father)

Others said they had experienced low mood which they typically associated with feeling exhausted from caring for a newborn or feelings of isolation. For these women social interaction with people outside the household seemed important for their mental health.

You're just trapped with a baby, you know, you're just, it's just you and a baby and suddenly you've got this thing to look after, and you've got no one else to bounce off or just whinge at or, who's going through it the same time as you. (W04, White British, mother with other children)

I think it's like really isolating because you've had like no support, you can't have people coming over because of like the lockdown rules. (W15, Pakistani, First-time mother)

These women typically relied on their partner or their wider (mostly remote) network of family and friends for "off-loading" and support. Just three had spoken to their midwife or health visitor about their low mood. For one of these women, receiving information from a midwife made them aware of the impact of parenthood on mental health and wellbeing, and helped them to better manage their mental health.

Allowing me to know that information was very helpful because otherwise I think I would have thought I'm going crazy or I'm getting depressed and I was able to kind of lift myself back up again thinking "oh this is okay, it's normal, just nothing unexpected." (W18, White British, First-time mother)

For another mother, their negative experience of accessing postnatal mental health support led them to indicate that they would seek private mental health care in the future.

She [the health visitor] called at the 3-month mark, 4-month mark saying you know, "if you do struggle just let me know. I can give you a call" and then I took her up on it and she never

called and then never replied. [If I needed further professional support] I would get help privately, not via the NHS. (W02, Pakistani, First-time mother)

Two women had really struggled with their mental health.

When the second lockdown happened my [mental] health started to deteriorate quite a lot because of only staying in the house so but anyway I have started to exercise and I'm in and out of the house, so it feels normal.

(W17, Pakistani - Urdu Speaker, mother with other children)

Certainly for the first six months after having [the newborn] I really struggled. I was having anxiety attacks, just being very teary, just not, didn't have the energy to do anything, and just felt a bit hopeless really. I was having the problems with low mood, and I don't think it's quite developed into postnatal depression but I think I was on the cusp of just struggling with life, and I think it was just general stress and not coping very well.

(W11, White British, mother with other children)

This second woman had turned to a member of their postnatal care team for remote support.

I spoke to her quite a bit at first because I had quite a low mood and she suggested lots of, she was going to give me a number to speak to kind of somebody to access some kind of therapy over the phone but I just said I don't have any time when I'm at home chatting to people on the phone at that particular time, but she just kind of checked in and spoke to me quite a bit but yeah, that was it but I never actually saw her.

(W11, White British, mother with other children)

Conclusion

The findings reported here represent women's and partner's experiences of birth and the first six months after birth; this is the second time point in an ongoing study. The first interim report focused on experiences during pregnancy².

During the COVID-19 pandemic maternity services have implemented substantial and sometimes rapid modifications, and while the impact of these changes on health outcomes is not yet known, they are bound to have affected women's and partner's experiences. Our findings highlight elements of postnatal care that are important to women and need to continue, service changes that negatively impacted on care and changes women accepted had to happen in response to the pandemic. Maternity staff should be commended for striving to provide the best possible care in challenging circumstances; most women were positive about the care received in hospital at the time of birth and immediately after, and women and partners mostly considered themselves and their newborn babies safe from COVID-19 and expressed confidence in hospital procedures.

A common shared perception was a lack of contact and support from health visitors. Although most women did receive the statutory visits, this didn't feel sufficient at this time and caused concern among women and partners, especially first-time mothers who may need more reassurance and support. Replacement of in person health visitor contact with telephone calls also impacted negatively on women's experience and contrary to other reports³, women found these remote contacts less intimate, shorter and difficult to participate in. The reduction of in-person visits may

² https://www.bradfordresearch.nhs.uk/wp-content/uploads/2021/05/BiB-Qualitative-study_Pregnancy-in-COVID_brief-report_FINAL.pdf

³ <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.16547>

reflect staff shortages due to redeployment or absence during the pandemic, but it is clear that women prefer home visits and in-person contact, particularly for the first visit. Our findings also show how much women value having a partner or support person with them throughout childbirth and the immediate postnatal period; women whose partners were present during labour and birth felt lucky, and most were disappointed their partner could only stay for a few hours after the birth. Although services have worked hard to ensure women have a single asymptomatic partner with them, COVID-19 restrictions have inevitably impacted on choices. As the pandemic evolves, protocols are changing and newly revised NHS England guidance⁴ contains key actions for trusts to enable women to have someone with them at all stages of their maternity care.

Overall women acknowledged that some of their negative experiences of postnatal care were due to the impact of pandemic. However, that most women felt they were given insufficient information about postnatal care and about risk of COVID-19 infection to them and their baby is a concern and resulted in women seeking information from elsewhere. Not only is there a risk that information obtained from social media and other informal sources could be inaccurate or outdated, during a pandemic it is even more important for health services to provide reliable information. Our findings indicate that women would have preferred to receive this information directly from the midwife or health visitor. As services plan for the COVID-19 recovery phase, it is important to determine which service modifications should remain and what needs to change. A flexible approach that considers women and partner's experiences while maintaining preventive measures to keep everyone safe is essential.

⁴ https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C1243_Supporting-pregnant-women-using-maternity-services-actions-for-providers_150421.pdf