



*"It's just that contact with someone professional to tell you that you're doing the right thing."*

**Experiences of the 6-12 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  
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*This report presents pregnant women and their partners' experiences of the 6-12 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](http://www.bradfordresearch.nhs.uk/csag)

[www.borninbradford.nhs.uk](http://www.borninbradford.nhs.uk)

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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 reports from the first two rounds of interviews focused on pregnancy, birth and 6-month post-birth experiences are available here <https://www.bradfordresearch.nhs.uk/family-and-community-impacts-of-covid-19/>. This report is based on the third and final round of interviews about 6-12 month post-birth experiences conducted by telephone between August and October 2021, with 14 women and four male partners. Apart from two women, 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 aim of this final report is to provide timely information to service providers.

### Key findings and recommendations

Key findings	Recommendations
 <b>Contact with the health visitor service</b> <p>Participants had mixed views about contact with the health visitor service at 6-12 months; some reported having had the scheduled 6–9-month appointment while others were yet to have it.</p> <p>The 6–9-month appointment mostly took place face to face, and although mothers saw a different or new health visitor this was felt to be ‘the norm’ and they were not concerned.</p> <p>Most women and partners wanted more contact with health visitors between scheduled visits; the gap between 6–8 week and 6–9-month appointments felt too long, particularly for first-time parents.</p> <p>Regular drop-in weighing clinics had ceased during the pandemic and some mothers missed this and started to weigh their baby at home for ‘peace of mind’.</p>	<ul style="list-style-type: none"><li>The COVID-19 pandemic brought dramatic and rapid changes to midwifery and the health visitor service was scaled down; this impacted on care continuity and support for women, children and families<sup>1,2</sup>. A recent report from the Institute for Health Visiting and a study conducted by UCL<sup>3</sup>, made the following recommendations:<ul style="list-style-type: none"><li>Reinstatement of health visiting services as a matter of urgency</li><li>Urgent workforce remodelling is needed where local redeployment calculations have not accounted for the predicted increased demand for health visiting services</li><li>An evaluation of the use of virtual contacts to determine effectiveness and impact on family outcomes</li><li>A proactive plan to ensure staff have support during restoration of services and create high quality workplaces for all staff.</li></ul></li></ul>
 <b>Frustration with GP services regarding appointments for children</b> <p>The majority of participants expressed a clear sense of frustration with the difficulty of booking a GP appointment and a few said they sought out alternatives such as going to the pharmacy or phoning</p>	<ul style="list-style-type: none"><li>A recent report on GP access during COVID-19<sup>4</sup> recommends:<ul style="list-style-type: none"><li>the NHS Choice framework should include guidance on how to choose the type of healthcare appointment required;</li><li>a formal review of access to GP services that includes patient</li></ul></li></ul>

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Although remote consultations with the GP were generally well accepted, parents wanted their judgement to be trusted about when they needed a face-to-face appointment for their child.

experiences;

- NHS England ensures that information about how to contact the GP and book an appointment is maintained on all GP websites;
- a requirement from NHS England, NHS Improvement and BMA GPs Committee that GP practices must provide updated information about how the surgery has changed service delivery during the pandemic; and
- where possible GP services should offer patients a choice over type of appointment they would prefer.

#### **Navigating the COVID-19 recovery period with a new baby**

Since COVID-19 lockdowns and restrictions had eased, most parents felt more positive in relation to their mood and mental health.

Availability of children's activities and classes was reported to have a positive impact on their babies with more opportunities to interact with other children, and on themselves in terms of socialising with other parents and peer support.

Among the mothers who discussed feelings of safety as they started to interact with others more, some had no concerns about socialising, whereas others expressed being wary or scared about being around people, especially in crowded places.

Due to lack of social interaction during lockdowns, many mothers noted their babies were clingy and were unsure how to play with others; this led some to express feeling nervous about leaving the child at nursery or with family members.

- A recent UK government rapid response<sup>5</sup>:
  - acknowledged that changed access to education and care has impacted children's social, emotional and behavioural development, both positively and negatively, depending on how families experienced the pandemic; and
  - provides links to free resources to support parents with children's language and communication, the importance of play and children's mental health.
- A longitudinal study following a cohort of 600 children from the 2020 lockdown, conducted by Oxford Brookes university, shows the importance of keeping childcare and education settings open throughout future lockdowns<sup>6</sup>.

1 <https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/care-continuity-between-midwifery-and-health-visiting-services-principles-for-practice>

2 <https://ihv.org.uk/our-work/publications-reports/health-visiting-during-covid-19-an-ihv-report/>

3 [https://discovery.ucl.ac.uk/id/eprint/10106430/8/Conti\\_Dow\\_The%20impacts%20of%20COVID-19%20on%20Health%20Visiting%20in%20England%20250920.pdf](https://discovery.ucl.ac.uk/id/eprint/10106430/8/Conti_Dow_The%20impacts%20of%20COVID-19%20on%20Health%20Visiting%20in%20England%20250920.pdf)

4 [https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final\\_0.pdf](https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20210215%20GP%20access%20during%20COVID19%20report%20final_0.pdf)

5 <https://post.parliament.uk/impact-of-covid-19-on-early-childhood-education-care/>

6 <https://babylab.brookes.ac.uk/research/social-distancing-and-development>

## **Conclusion**

In July 2021 the government lifted most of the COVID-19 restrictions on social contact in England. Our final round of interviews followed shortly after this, from August 2021, allowing parents to reflect on their access to and use of postnatal services but also what was important to them and their babies at this time. In line with the previous study period, parents had varying experiences of health visitor services. While some aspects such as lack of continuity of care were now regarded as the norm, parents clearly missed the drop-in weighing clinics for reassurance, and valued more contact with the health visitor. Much of the frustration that mothers faced when contacting their GP could be relieved with better signposting and information for parents about alternative sources of advice such as pharmacists and flexibility in the type of consultation offered to parents of young children. While there were clearly concerns about navigating the COVID-19 recovery period with a new baby and anxiety about leaving babies with others, this period was also associated with perceived benefits of increased interaction among babies and more social contact and peer support for parents. As maternity services start to reconfigure in the COVID-19 recovery period, it will be important to consider if and how to retain or resume the aspects of postnatal care that women and partners value such as face-to-face drop-in clinics, more contact with health visitors in between scheduled contacts and flexibility in the type of consultation with the GP. Formal reviews of access to health visiting and GP services should include patient experiences, such as those documented in our three-phased longitudinal study.

## 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 policy makers 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 third and final timepoint of the qualitative study that focused on the 6-12 months post-partum period. Data were collected using semi-structured interviews with women and their partners from August to October 2021. The reports from the first two timepoints are 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 included, as we were particularly interested in their experiences.

The 18 women and six male partners who had been interviewed at one or both previous timepoints 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 final interview. Of these 18 women, four were uncontactable. Of the six partners, two were uncontactable.

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 a token of appreciation.

Fourteen women and four partners participated in this final round of interviews conducted between August and October 2021. Their babies were approximately 12 months old (range 8-13 months). This report is based these 18 interviews, all conducted in English apart from two women who were interviewed in Urdu. The mean age of women was 31, and just over one third were experiencing their first pregnancy (see Table 1). Five women were White British and eight were Pakistani or British Pakistani. Just over half had professional/office jobs.

Table 1. Characteristics of study participants at timepoint 3 (August to October 2021)

Characteristic	n (%)
<b>Women</b>	14 (100)
Mean age [range]*	31.08 years [25-39 years]
First pregnancy	5 (35.7)
<b>Ethnicity</b>	
Pakistani or British Pakistani	8 (57.1)
White British	5 (35.7)
Other	1 (7.1)
<b>Employment</b>	
Professional/office	8 (57.1)
Service	2 (14.3)
Not in paid employment	3 (21.4)
Missing	1 (7.1)
<b>Partners</b>	
Partner's first child	3 (66.6)
Professional/office	3 (66.6)

\*Age at first interview.

## Data collection and analysis

In line with the first two rounds of interviews, the timepoint 3 interviews were conducted by telephone (by JB, MB, ND, DGR). The interviews explored: experience of the 6-12 months post-birth period; physical and mental wellbeing; access to, use of, and satisfaction with 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 had ID numbers so they could not be identified.

We conducted a thematic analysis. Three researchers (CJ, ATB, ET) read a subset of transcripts (n=5) 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 White British-Pakistani or British Pakistani parents, and 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 6-12 months post-birth are captured in three overarching themes, described below with illustrative quotes. The experiences of the partners are included alongside those of women; where there were differences by ethnicity or whether the woman is a first-time mother or has other children, these are described.

### Theme 1: Contact with the health visitor service

The 6–9-month appointment with a health visitor. Opinion from participants about contact with the health visitor service was mixed. A third of mothers and one partner reported having had the 6-9 month health visitor appointment. For most, these appointments were done face-to-face in the home. There were two exceptions: a mother who did not want anyone to come into her house and rejected the offer of an in-clinic appointment, thus having a phone appointment. Another mother had been offered the appointment to be done over the phone but had insisted that it was done face-to-face.

*I got a letter just as he turned, well just before he turned one, yeah and then I got a phone call the day before the appointment to check that there were no COVID symptoms et cetera and then yeah, and then she came over to the house in PPE and did what she had to do.*  
(W02, Pakistani, First-time mother)

*The health visitor contacted me to do his 9-to-12 month check and she was going to do it over the telephone and I insisted that she come and see him just because there's been no professionals really in that field to see him and as much as I'm a confident mum and I know kind of that he's healthy and thriving I just wanted somebody else to check him over, so she did come, and she was fine with it. She didn't stay very long but she confirmed everything I thought, that he was, you know, healthy and developing really well.* (W11, White British, mother with other children)

Of note, all these mothers had seen a different health visitor to the one they had seen for the earlier visits, but did not appear to be bothered by this, with one commenting that this is “*the norm*” these days.

Three mothers had not yet had their third health visitor appointment but had been contacted. One had been stuck in Pakistan for several months (due to the pandemic) and the health visitors had

been in touch since her return “*with a survey*”, she did not know if this was about the appointment. Another urgently wanted to have the review to discuss her baby’s feeding and was frustrated that it had been delayed (the baby was now 12 months old).

The final third (and one partner) said they had not had this appointment yet nor been contacted to arrange it despite their baby now being 12 months old. They spoke only of the 2-week and 6–8-week visits.

*So, I’ve had like nothing. They came like twice I think and that was it, and that was right at the beginning. And then I had like a 6-week check-up and that was at like 8-9 weeks. So, there’s been like nothing since.* (W15, Pakistani, First-time mother)

Prompted by the interview, two were now motivated to chase this.

*She’s forgotten about me. I think I’ll have to call them.* (W06, Pakistani, mother with other children)

Desire for more contact between scheduled visits. When asked for their overall assessment of the post-natal care they had received the significant topic of conversation amongst three quarters of the women and two partners was the scheduled gap in health visitor contact between the 6-8 week and 6-9 months appointments. There were many comments from new and experienced parents alike who wanted reassurance that their baby was developing OK, that “*you are doing a good job*” as well as advice on topics such as feeding, weaning and shoe size.

*Because you don’t really see them like, I know that everyone is stretched at the moment, but just trying to have a bit more contact with them... you might have just been like left to it and not really knowing what you’re doing, so I think like even though the health visitors haven’t been able to come out and see you, maybe just like a call to check-in, sort of just to see how you’ve been like getting on. Because it does seem quite a long time since we spoke to our health visitor.* (W13, White British, mother with other children)

*There have been no calls to make sure of anything which, which yeah you are then left on your own and you’re like okay. Nobody really discussed weaning, how to wean your kid onto solids. I would have appreciated more support in the first year, in his first year, just to check him up in-between, make sure he’s developing okay because yeah I see the external, I know what he’s like as a child but I don’t know what’s happening inside his body. I don’t know if everything’s normal, so yeah.* (W02, Pakistani, First-time mother)

Many of the first-time parents were upfront about their wish to have had more contact with the health visitors to check how they were doing as new parents, as described by this partner.

*Yeah, as first-time parents, obviously, you know, going into parenthood is something that’s a bit, you know, it’s a big thing for us as parents. And obviously, you know, not had children before, it was something that, you know, we wanted a bit of support, you know, from the services because they always bang on about, you know, the services are there, the help for you. But we had very limited, limited help from that aspect, to be honest. But obviously, you know, they say the professional services are there to help, to tell you what the baby’s weight is, if it’s a good weight, if it’s not a good weight, you know, just to show that. We didn’t have that kind of support to show that we’re along the right lines, so I wish there was more support for first-time parents.* (WP15, Pakistani, First-time father)

Several mothers and a partner explicitly mentioned wanting to have their baby weighed, some recalling how it was for their older children when you could attend a drop-in clinic for this. A few were now weighing the baby themselves for “*peace of mind*” because regular weighing at clinics were not happening anymore.

Related to this topic of contact between scheduled appointments, half of the women, all but one Pakistani, had contacted or tried to contact the health visitor team. Amongst these, most had been given a number to use, and some had used it and accessed support. Two (both with other children) commented that the more pro-active you are, the more support you will have.

*I think it's one of them things the more vocal you are about it the more help you'll get, otherwise you're just kind of sat in the dark, really. (W12, Pakistani, mother with other children)*

Of note two women, both with other children, had been offered additional support, one was receiving listening sessions with a health visitor, and the other telephone breastfeeding support. Amongst a third of mothers who were directly asked what they knew about mental health, breastfeeding or nutrition support, none knew where to go for this.

Some participants stressed during the interview that they appreciated the health service was under strain during the pandemic. A partner who worked in the NHS observed that health visitors were under-funded and short staffed prior to the pandemic so had coped better than he would have expected whilst a mother commented:

*I think they have managed exceptionally in really difficult circumstances. No one's ever prepared them for, without the money or resources to do it. (W06, Pakistani, mother with other children with other children)*

A small minority were more critical that health visitors were not doing home visits once other professions had returned in person to their workplaces.

*Once things like schools were back again, it should have been that the health visitors, could have come and visited parents or, or parents gone and visited them in a sterile environment. Because it was kind of one rule for, one rule for one section of workers and one rule for another. It's really hard, like seeing colleagues standing in groups of thirty, with thirty kids, but I can't see a health visitor. (W04, White British, mother with other children)*

It is important to state that the overwhelming consensus amongst the women and partners was that their babies had been invited for their scheduled vaccinations and most had had them, describing the appointment as “*pretty straightforward*”. Just one woman said she had not been contacted for any vaccinations.

## **Theme 2: Frustration with GP services regarding appointments for children**

Challenges of making an appointment. The majority of mothers expressed a clear sense of frustration with the difficulty of booking a GP appointment for their baby. This was particularly evident amongst White British women, all with more than one child. Their main annoyance was with the time it took to get through on the telephone to speak to a receptionist citing two hours, all morning or even all day. They also lamented the long triage conversation with the receptionist.

*You just can't see, you can't just book an appointment with a GP, it's hard work to book an appointment with a GP. You have to phone up and say, “Can I...?”, and they have to phone you and triage you over the phone and you're trying to self-diagnose all the time, which isn't their fault, it's just the way it is. (W04, White British, mother with other children)*

Notably a few were finding alternatives to the GP, for example going to the pharmacy for advice on whether the baby had chicken pox, a homoeopath to treat a baby's rash or phoning 111.

*It just seemed easier to just nip into the pharmacist than it did to try and ring the doctors.*  
(W13, White British, mother with other children)

Remote consultations have a place. Women and partners discussed remote consultations. The general view seemed to be that they have a place and offer a time-efficient way of speaking with a doctor in the safety of your own home. Just three mothers were completely against them, with one taking her baby to a private GP for an in-person appointment. Alongside an acceptance of remote consultations, there was a clear desire for a parent's judgement to be trusted about when their child should be seen by a doctor in-person. Requests to see the doctor face-to-face with their baby had been declined, specifically, a lump on the head, breathing difficulties, an ear infection, rash and an allergic skin reaction to sun cream. A few women mentioned how relying on a photo for a diagnosis seemed inadequate.

*I don't mind the telephone calls and the video calls for other things because it's actually quicker and more effective when I don't actually need to see someone every time, but I want, it would be useful if they trust kind of parent's judgement as to when we do need to be seen.* (W11, White British, mother with other children)

*I feel like they didn't give you the full care. Like I was saying, I was really bothered by my little one having horrible rashes under her neck and stuff and they just kind of said, send us pictures and then they'd take so long to reply back to me and then when I took her in, I kind of had to force them to see her and say look, you can't tell by a picture how bad it is. And then they were giving me creams after creams and then nothing was working. It just was getting so frustrating.* (HK, Pakistani, First-time mother)

### Theme 3. Navigating the COVID-19 recovery period with a new baby

Feeling happier as restrictions reduced. Since the summer, most women and partners now felt pretty positive in terms of their mental health and mood and attributed this to society opening up and being able to get out and about, see friends and family, access informal support, and plan holidays. These advantages also coincided with returning to work after maternity leave and the baby being older.

*I think in terms of with the restrictions and stuff, as they've got a little bit easier it's helped with, like my parents being able to come and help look after him when I'm busy or my partner's busy and things so that's helped quite a lot.* (PW18, British Pakistani, first-time father)

*I think I've started to feel better about everything actually, I was feeling a bit doom and gloom before because it was a bit like oh, what, I don't have anything to look forward to and you know, what's going on and I want to go away and I want to do this and I want to do that but I feel like I'm getting a bit more just kind of you know, I think because there is going to be some changes coming up for me and I am going to kind of be getting out the house even if it is work and things like that, but there is going to be you know, something different basically*  
(W06, Pakistani, mother with other children)

Reflecting on the last six months since COVID-19 lockdowns and restrictions had eased, women and partners spoke about the different social activities that were becoming available. Attending children's activities emerged as a common theme – with baby classes, community groups, play gyms, swimming,

indoor soft play, and theme parks mentioned. A minority of mothers who were not taking their children either lacked time or support to attend or thought that some activities were still not on due to COVID.

The consensus was of a positive impact of these activities on their babies and themselves. They provided opportunities for their baby to interact with children of the same age, and for the parents to socialise with other parents, meet new friends and reciprocate peer support (mentioned predominantly by the White British mothers).

Feeling safe or unsafe. A handful of women discussed how safe they felt about society opening up, with conflicting views. Some had no concerns about socialising with others, with comments such as “everyone’s attitudes’ [have] changed” and sitting outside in restaurants and pubs with table service feels “really safe”.

*There's hand sanitiser available, they clean everything between sessions, so I don't even feel like going to them sort of places is a threat, because everything's like so clean. (W13, White British, mother with other children)*

Others were “wary” or “scared” about being around people, in crowded places e.g., a swimming pool. As an example, one woman cited the casual attitude of some other parents towards the spread of COVID-19 as a source of her anxiety. The general sense among these women who were cautious about going out due to COVID, was that their wariness had subsided as they had begun to socialise more often, although they were still doing less than pre-pandemic.

*I feel like I've relaxed a bit now I've started to do things. But at first when I started, obviously things started to open-up, when I first started taking him to baby classes, like other parents were just like... kids were running round, coming to the toys and just coming far too close, and it was a bit oooh. I'm not really avoiding anywhere, but I don't do half as much as what I would've done pre-COVID. (W03, White British, mother with other children)*

Two exceptions were a woman who worried that her baby was still very young and vulnerable to germs. She was still not visiting her friends’ houses, going to playgroup or indeed allowing anyone outside the household to touch him. A partner who worked in the NHS worried he was more exposed to COVID-19 in his daily work and would bring this home to the baby. His family remained cautious in social settings.

*That's [passing COVID-19 onto the baby] something I've always been worried about because of where I work and the kind of patients I'll be dealing with, I know that I'm more exposed to potential COVID than if I was let's say an engineer or you know, I worked elsewhere with the same levels of precaution, so I do have that at the back of my mind but I just try my hardest with PPE wherever possible for her sake really to be honest... We're not taking, probably, any kind of public outing as much as possible, I mean obviously we still take the kids to the park and so forth but we would make a point of being a fair distance away from everybody else. (PW06, Other, father with other children)*

Impact on the baby’s social development. Several mothers discussed the impact of the lack of social interaction on their baby, most notably that they were “clingy” due to a lack of exposure to people outside their household and also that the baby did not know how to play with other babies. This led some to feel nervous (for the baby and themselves) about leaving the child in nursery or with family members.

*She's very clingy when we go out in these situations because she is just used to being with me all the time. I know you shouldn't compare, but [first child – boy] was so confident and outgoing and [baby girl]'s like the opposite, and I do think that that's down the pandemic*

*because she hasn't had as much social interact as he did when he was a baby. (W13, White British, mother with other children)*

*Like the only thing that I was a bit like upset about was that he doesn't know how to like interact with them, so he tries to like grab their face or their hair and they think he's playing with them, and sometimes the mum's like, they like grab their kids away from him and I'm like you know, he doesn't know what he's doing. (W15, Pakistani, First-time mother)*

## Conclusion

In July 2021 the government lifted most of the COVID-19 restrictions on social contact in England. Our final round of interviews followed shortly after this, from August 2021, allowing parents to reflect on their access to and use of postnatal services but also what was important to them and their babies at this time. In line with the previous study period, parents had varying experiences of health visitor services. While some aspects such as lack of continuity of care were now regarded as the norm, parents clearly missed the drop-in weighing clinics for reassurance, and valued more contact with the health visitor. Much of the frustration that mothers faced when contacting their GP could be relieved with better signposting and information for parents about alternative sources of advice such as pharmacists and flexibility in the type of consultation offered to parents of young children. While there were clearly concerns about navigating the COVID-19 recovery period with a new baby and anxiety about leaving babies with others, this period was also associated with perceived benefits of increased interaction among babies and more social contact and peer support for parents. As maternity services start to reconfigure in the COVID-19 recovery period, it will be important to consider if and how to retain or resume the aspects of postnatal care that women and partners value such as face-to-face drop-in clinics, more contact with health visitors in between scheduled contacts and flexibility in the type of consultation with the GP. Formal reviews of access to health visiting and GP services should include patient experiences, such as those documented in our three-phased longitudinal study.