ORIGINAL RESEARCH

Becoming a Mother During the Covid-19 Pandemic: A Time of Resilience and Reflection

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Abstract

Background: Giving birth during a pandemic has not been experienced in the last 100 years. The psychological effects on new mothers related to the COVID-19 pandemic are not yet well-known. **Objective:** This research explored the lived experiences of mothers who were pregnant and gave birth during the pandemic. **Methodology:** The design of the study was a qualitative phenomenological analysis. Data were collected through one-on-one, semi-structured interviews conducted on a secure Zoom platform until thematic redundancy occurred. Colaizzi's method was used to analyze the narratives of a sample of ten mothers who gave birth during the pandemic. **Results:** Participants' poignantly described the joys and challenges of giving birth during the pandemic. Five theme clusters emerged from the data: *Expecting with fear and uncertainty while living in isolation; Giving birth in a changed environment; Breastfeeding, it's different every time; Not what I expected from life after giving birth, and A year of mixed emotions.* **Limitations:** The sample was limited to women living in the Northeast part of the U.S. Subsequently, the experience described may have been different from women in other regions and demographics. **Clinical Implications:** The findings of this study illustrate the need for health education, notably breastfeeding education for first-time and experienced mothers. Since the coming months and years will continue to be unprecedented times, nurses in obstetrics, pediatrics and primary care should be attentive to any long-term psychosocial problems during routine visits.

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Background

On March 16th 2020, the World Health Organization (WHO) announced that COVID-19 was a worldwide pandemic (WHO, 2020). The initial COVID-19 surge hit the Northeast region of the United States particularly hard, changing people's daily lives and health care delivery. This was especially true for childbearing women. Routines during pregnancy, birth and postpartum were significantly altered, as pregnant women were advised to be extra vigilant during the mandatory lockdown. Public health recommendations were changing weekly, leading to confusion and uncertainty. Hospitals restricted visitors, with some labor and delivery units even restricting the birth partner during the surge. Since giving birth during a pandemic is a phenomenon that has not been experienced in the last 100 years, the psychological effects on new mothers related to the COVID-19 pandemic are not yet well-known. The purpose of this study was to examine the lived experience of giving birth and mothering during the COVID-19 pandemic.

Becoming a mother is a transformational life stage normally characterized by feelings of ambivalence (Babetin, 2020). Joyful anticipation is often tempered with feelings of anxiety and uncertainty about the birth experience and impending motherhood. While these are expected characteristics of childbearing, the literature suggests that stressful events during pregnancy or birth can precipitate other mental health issues, including postpartum depression and post-traumatic stress disorder (Oni et al., 2015; Giarratano et al., 2008). Beck and Casvant (2019) examined the phenomena of post-traumatic stress related to traumatic birth. They found that following a birth perceived as traumatic, a woman may experience distressing symptoms and the mother-infant relationship may be affected. In addition to traumatic birth experiences, this phenomenon has also been studied regarding unprecedented events such as natural disasters. Studies suggest that giving birth during a natural disaster can have a negative effect on perinatal health (Harville et al., 2015). One study found that disaster-related stress can affect coping styles and may complicate pregnancy (Oni et al., 2015). Less research has been devoted to giving birth during disease epidemics. For example, the Zika virus outbreak was declared a public health crisis by the WHO in 2016 (Chen & Tang, 2016), and Potera (2018) reported that one in seven newborns exposed to Zika prenatally exhibited birth defects. Yet, few studies examined the psychological effects on the mother. Recent studies of COVID-19's effect on maternal and child health focused on transmission of the virus to the newborn, virus trajectory in pregnant women and new mothers, and effect on the newborn (Choi et al, 2020). Choi and colleagues suggest that given the changes to usual care, research and policies into maternal and child health during a pandemic are warranted. Fewer studies have examined the psychological and psychosocial effects of the COVID-19 pandemic on pregnancy and birth. Ostacoli et al., 2020 found a high incidence of depressive symptoms and post-traumatic stress disorder (PTSD) in postpartum mothers who delivered during the pandemic in Italy which had been on total lockdown at the time of the study. The sample consisted of 163 mothers, 74 (45.4%) were first time mothers (Ostacoli et al., 2020). Lim et al., (2021) found that the mothers reported negative mood related to isolation and lack of exercise and poor sleep.

Uncovering the experiences of becoming a mother during a pandemic can add to the existing body of literature of the effects of stressful events on pregnancy and birth. This study examines the lived experience of women who gave birth during the COVID-19 pandemic.

Methodology

Research Design

Phenomenology as a research method seeks to understand human consciousness and self-awareness (Lopez & Willis, 2004). Phenomenology uncovers the essence of a phenomenon as lived by persons who have had the experience. An important tenet of phenomenology is the belief that essence of lived experiences may be revealed through one-to-one interactions between the researcher and participant (Wojnar & Swanson, 2007). Husserl, the founder of phenomenology, believed that in order to uncover the true essence the researcher should 'bracket' or keep notations of preconceived ideas (Husserl, 2012). Therefore, in order to preserve objectivity, the researcher kept field notes during participant interviews and analysis of the transcripts. To promote rigor of the study, the researcher practiced reflexivity during the study by journaling thoughts and perceptions. An audit trail was kept during the data analysis to ensure confirmability. These steps were undertaken to ensure trustworthiness of the data and to support rigor of the study (Korstjens & Moser, 2018).

Procedure

Institutional Review Board (IRB) approval was obtained from the researcher's university. Participants were recruited through a posting on a regional parents' Facebook group and continued through snowball sampling. Interested participants were directed to email the researcher who then responded by email with the informed consent attached. Those who agreed to participate emailed the researcher a statement that they had read the informed consent and agreed to participate. Virtual face to face interviews were conducted on the university's secured Zoom platform. Interviews were conducted from December 2020 through March 2021. The interviews were audio recorded and transcribed by a transcription service. Interviews continued until thematic redundancy was obtained. Participants were assured that a pseudonym would be used to protect anonymity. Confidentiality was maintained and the transcripts were secured by the researcher. A small token of a $10 Amazon gift card, purchased by the researcher, was sent to participants by email.

Sample

Sampling was snowball in nature and consisted of ten mothers who gave birth between March 2020 and September 2020 in seven

hospitals across two Northeast states. Four participants were first-time mothers, four gave birth to their second child, and two gave birth to their third child. The mothers ranged in age from 29- 40 years of age. All but one participant was employed full-time prior to lockdown. One mother reported not being able to work during the pandemic, while eight participants were working full-time remotely. All participants were living with partners during the period of time they described, although one woman, whose husband was a healthcare worker, stayed with her parents temporarily for fear of contracting the virus. At the time of the interviews, which began December 2020 and continued through March 2020, the youngest infant was 5 months old and one child was about to celebrate the first birthday.

Interview Guide

A broad opening statement, "Tell me about your experience of having a baby during the pandemic," was followed by prompts and follow-up questions such as "What do you remember about the days and weeks following the birth?" Finally, participants were asked, "When you look back on this experience, how do you think you will remember it?"

Table 1

Summary Table of Thematic Analysis

Significant Statement	Formulated Meaning	Theme cluster
"So, I was afraid the entire time. I remember before going to the hospital, making my wishes to my husband, giving him passwords to my accounts and everything just in case I didn't make it."	Fear of illness or death	Expecting with fear and uncertainty while living in isolation
"So, it was literally just the five of us for months. And it was difficult because the girls couldn't go to school when we had planned. I felt like there wasn't enough of me for everybody and it was hard."	Parenting challenges due to lockdown	Not what I expected from life after giving birth
"I wish there was a little more support regarding breastfeeding. I knew it was going to be hard. I heard so many women say, "Delivery's nothing, breastfeeding's the hardest thing about all of this." And you don't really know it until you experience it."	Needing more lactation support	Breastfeeding: Its different every time
"I feel very lucky and blessed for a lot of the positive things that came out of giving birth this past year. But on the flip side it was completely isolating and lonely."	Conflicting reflections	A year of mixed emotions

Data Analysis

Data was analyzed using the Colaizzi method of data analysis. Colaizzi's method constructs a thematic description that helps to apply meaning and understanding to the data (Creswell, 2017). In the first step of the method, the researcher read and reread the transcripts to glean significant statements which ensured that the phenomenon under study was the focus of the analysis. From the significant statements, the researcher developed formulated meanings which ascribed meaning and uncovered commonalities between participants. These phrases were clustered into themes, which when assembled, create a thematic description of the phenomenon under study (Table 1). In the final step, the researcher practiced member checking and returned to one participant to ensure that the meaning resonated with the experience.

Results

The resultant theme clusters are: *Expecting with fear and uncertainty while living in isolation; Giving birth in a changed environment; Breastfeeding, it's different every time; Not what I expected of life after giving birth; and A year of mixed emotions.*

Theme Cluster 1: Expecting with Fear and Uncertainty While Living in Isolation

All participants described their feelings when lockdown was announced. The excitement they felt about having a baby was suddenly tempered with uncertainty and fear. There was a general sense of uncertainty in the country because of the unknown aspects of the virus transmission and the staggering death toll. Fear of getting sick with coronavirus was especially relevant to pregnant women. This was demonstrated by all participants. One participant expressed,

> *And then all of a sudden, the pandemic hit, and it just became this long, elongated period of time where I just feel stressed about sickness, and now these concerns about coronavirus and not knowing what could happen to anyone, let alone just being a pregnant woman.*

The usual concerns about getting sick with colds and flu took on a new meaning as the morbidity and mortality of the virus was unfolding. This fear was reported by all participants, who described feeling frightened with every sneeze or cough. Theresa, a healthcare worker shared her feelings poignantly, "I think one of my biggest fears was contracting the virus and not surviving the pregnancy, or God forbid dying and not being able to see the child". In addition to the fear of getting ill, participants expressed their concerns about passing COVID-19 to their newborn. At that time, very little was known regarding transmission of the virus to the fetus. This was evident in Cassandra's statement: "The entire time I was pregnant I didn't go to a single place because I was afraid since there wasn't much research on what happens to pregnant women or the unborn baby if I were to get it."

Participants who delivered early in the pandemic faced the uncertainty of delivering without their partner present. Elizabeth noted, "For a week or two it was looking like I was going to have to do it alone." Due to unfolding scientific data, policies

were changing rapidly. This was seconded by Lisa, "… because I was due in May, could my husband be there or not? Would he be allowed to stay with me? Would I be allowed to have visitors? ... everything kept changing from week to week." All participants were able to have their respective partners present during their baby's delivery.

Living in isolation during lockdown was described in detail by the participants. This unprecedented phenomenon was especially significant to pregnant women. Lisa, who gave birth at the end of May described,

I basically felt like I couldn't see or be around anybody. I have a very close relationship with my parents and I saw my parents two times between March and the delivery. And it was just weird to be that pregnant and not feel like I could hug my mom.

The feelings of isolation extended to routine healthcare visits during pregnancy. Obstetrician and gynecology offices instituted strict protocols to prevent the spread of the virus. Lisa expressed "The doctor's office told me that not only was I not allowed to have any visitors, but nobody was allowed to be with me." Nurses and healthcare workers in antepartum care created innovative ways to help women feel connected, using technology to fill the void of having a support person present at visits. Theresa described her experience: "So, we would FaceTime just right at the time where they were doing the ultrasounds, so that I could place the camera towards the screen and he could see the baby and be part of the discussion."

Participants described ways they isolated to keep safe, sometimes altering the family unit for safety. This was noted by mothers who had a spouse who worked outside the home. Leslie said, "I actually stayed with my mother, because my husband is in the medical field and he was going to work every day, so I was very nervous about that. So, for a few weeks, I stayed with my mom and my son." She added, "I felt terrible leaving my husband."

Theme Cluster 2: Giving Birth in a Changed Environment

Participants described the COVID-19 restrictions put in place when they were admitted in labor. Restrictions included masking during delivery, no visitors, shortened length of stay, and less contact with staff. These restrictions, although rigorous, were welcome signs that health and safety were being monitored closely. Lisa offered, "My husband literally wasn't allowed to leave the room, not to go to the hallway, not to go downstairs and get food, none of it. But honestly, once she was born and we were at the hospital, it was fine." The restricted visitor policy was described by all participants and was enforced in all facilities. While participants expressed feelings of sadness about not introducing their newborn to family members, all participants described the time as peaceful, and an opportunity for uninterrupted bonding with their baby. The absence of visitors was noted by all the mothers, and the presence of the nurse was described as an important source of emotional and physical support.

Some participants described the nurse's presence decreased their anxiety surrounding COVID-19, as well as helping new mothers and fathers feel less overwhelmed on the postpartum unit. Lisa explained, "I mean, the nurses, when you give birth, are your lifeline. They would just come in and chat a little bit. I just feel in general, the experience I had with them was they're just so calming." Others mentioned that nursing presence on the postpartum unit was less than they had experienced after previous deliveries. One participant who had a cesarean section described her experience with the nurses. "They were kind. They treated me with respect and empathy, but again, nothing out of the ordinary." Diane, who was assisted by a team of midwives, discussed the coordinated care and reassurance that the midwives and nurses provided.

And then the midwives also were just wonderful. I found them to be very warm and relatable. I had a little bit of a bleeding episode… and I was so nervous and one of the young midwives literally just climbed on the bed with me and was holding me because I was shaking and nervous. And so, I think this time around, I had the best care.

In addition to nursing presence, participants described shortened length of stay on the postpartum unit. Some participants were discharged in 24 hours, which impacted health education, notably breastfeeding education and assessment for postpartum depression. Participants shared that the screening for postpartum depression was perfunctory. Most participants stated that they filled out a paper survey, but it was not discussed in-depth by the nurses. Mary mentioned,

I think I was a little disillusioned, sort of, at the lack of genuine interest in the mother's health or mental health who were being discharged. The discharge form seems like something to cover the hospital for liability rather than to genuinely advise others of what postpartum depression could look like or feel like.

None of the participants reported having had postpartum depression, although most participants stated that they will continue to reflect upon and process the events of the last year.

Theme Cluster 3: Breastfeeding, it's Different Every Time

All participants discussed infant feeding and relayed vivid descriptions of breastfeeding their newborn. Most were not visited by a lactation consultant, which they assumed was due to COVID-19 restrictions. First-time mothers described the need for more support than was available. Sarah stated, "There was no lactation consultant, which was unfortunate. There were nurses that were on lactation. I didn't feel like they were super knowledgeable or supportive." Five of the mothers had previously breastfed, but as Lisa noted, "I had previously breastfed, but it's different every time." While participants stated that they realized person to person contact was kept to a minimum, even multiparas expressed the need for reassurance that feeding was going well. Feeling pressured to breastfeed from the nurses and staff was discussed. One participant stated, "I also felt so much pressure. There was guilt placed on me if I didn't breastfeed. Even when I mentioned anything about pumping, they're like, well, you just breastfeed now." Another participant mentioned about the pain and difficulty of breastfeeding for the first time as having been minimized and not fully addressed.

Theme Cluster 4: Not What I Expected of Life After Giving Birth

The participants discussed the postpartum period and beyond. There was a sense of loss for what they had anticipated. Leslie noted, "I couldn't even enjoy my maternity leave bonding with my daughter, because I'm trying to teach kindergarten to a five-year-old. So, there's a lot of challenges through it that are very frustrating." Another mother shared, "I found that it makes me mad or frustrated to not be able to enjoy my maternity leave." Participants discussed what they had planned for the first months that they were unable to do. Mary stated, "There were no maternal yoga classes, no mommy and me or anything. I didn't get to meet new parents." Anne summed her experience after bringing her newborn home, "But there's almost like a dark shadow over everything because you can't really celebrate the way you want to." Participants described reaching out to family and friends by FaceTime, but missed the human contact and visits from family, notably with the newborn's grandparents.

Theme Cluster 5: A Year of Mixed Emotions

When participants were asked how they would remember the experience of becoming a mother during the pandemic, rich descriptions were shared; the period of time surrounding the birth of their child would be remembered with mixed emotions, blessings, and struggles. Participants expressed that the enormity of the experience had not really been processed at that time. A few of the participants became emotional when asked this question. Leslie shared, "So, I feel like, right now, this may not hit me until years from now, or when we start to get more normalcy, and I'll be like, what the heck just happened?" Mary offered, "Well, it was certainly memorable. I feel very lucky and blessed for a lot of the positive things that came out of giving birth this past year. But on the flip side it was completely isolating and lonely." The lockdown and isolation of the pandemic brought unexpected blessings that were common to all participants. The special time to bond with their newborn, partner and children was described as memorable and something that set this experience apart from previous birth stories. Leslie stated,

> *I just think that my daughter is going to have a really interesting story behind her birth, and I think there's a lot of positive out of it, like the fact that we got to spend time with her, just the three of us, which we may never be able to really get back again like that, that's a very nice moment.*

The descriptions of how they will look back on the experience were inspiring and illustrated the strength of these mothers. Finally, Diane summed up the experience, "I'm going to tell them that I'm proud of our family for weathering a crazy, unprecedented storm, and I'm proud of myself for giving birth and then feeding this tiny human and taking care of the rest of my family the best I could."

Thematic Description: Becoming a Mother During the COVID -19 Pandemic: A Time of Resilience and Reflection

All participants revealed that having a baby in 2020 was far from what they expected from their pregnancy, birth and postpartum period. Quite suddenly, a routine pregnancy took on additional concerns and fears. The uncertainty of the pandemic infiltrated every aspect of participants' daily lives. While attending prenatal appointments was once a joyful experience, they became layered with worry and uncertainty. Fear of getting sick with COVID-19 and the possibility of not surviving were paramount. Passing the virus to their newborn was another concern. Women attended doctor visits alone, but the use of technology using FaceTime and telehealth visits allowed partners to be involved. The expressed feelings of isolation during lockdown, and being apart from family, especially their own mothers was poignantly described. Although healthcare was dramatically changed, nurses and healthcare providers found innovative ways to reassure the women and to ensure that care was delivered in a safe environment.

The experience of giving birth at the hospital was both stressful, yet encouraging. The strict COVID-19 precautions offered a source of reassurance that the facilities were safe. Hospital staff and healthcare workers enforced strict visitor policies. Nevertheless, having the partner present at delivery after the period of uncertainty evoked a sense of relief. Since no other visitors were allowed, this was a source of ambivalence. New mothers found that they were able to have uninterrupted bonding with their newborn and partner. This was reported to be a welcome aspect of their postpartum experience. On the other hand, they missed introducing their newborn to their families immediately after birth. The mothers had a sense of feeling like some aspects of health education were missing, especially breastfeeding education. This was a source of concern for first-time mothers who wished they had additional support. The discharge procedure was expediated and screening for postpartum depression was sometimes cursory in the form of a written survey.

Participants' shared their experiences of the months following their infant's birth. Since lockdown was still in place in the Northeast, the experience of isolation persisted. All mothers shared what it was like to introduce their newborn to family and friends through FaceTime instead of in-person. Managing toddlers and young children without the usual support network were discussed by participants who had older children. The anticipated joys of new motherhood such as getting together with other mothers for support was missed.

Looking back upon their pregnancy, birth of their baby and the postpartum period, participants described the joys of motherhood, the stress of living through a tenacious pandemic, and the feelings of pride for having persisted and held it together. Participants discussed that the experience of giving birth during the pandemic will be reflected upon for many years to come.

Discussion

The mothers interviewed for this study shared their insight into their pregnancy, birth, and postpartum experiences during the COVID-19 pandemic. Participants described the experiences of being pregnant, giving birth, and mothering infants in the following months. The transitional stages of Mercer's Theory of Becoming a Mother (2004) were found to be concomitant to the descriptions of the participants' experiences. Although only four of the mothers were first-time mothers, the transitional stages of mothering were reflected in first time and experienced mothers. According to Mercer (2004), the transition to motherhood involves moving from a woman's current reality to an unknown, new reality. Mercer articulated four stages of role acquisition when

becoming a mother. The anticipatory stage involves social and psychological adaptation to the maternal role during pregnancy. The formal stage recognizes the birth experience and reflects the interpersonal nature of childbearing. The informal stage reflects the mother's own ways of mothering in the early months of the postpartum period. The personal stage is ongoing and reflects the joys and tribulations of motherhood (Mercer, 2004). The findings of the present study illustrate the participants' experiences during the stages of mothering. Their adaptation to mothering depicts their resilience in a new and unexpected reality.

Meleis's Transitions Theory also explicates concepts applicable to the findings of the study. Pregnancy, giving birth and parenting are significant life transitions that nurses can play a role to help clients achieve healthy transitions (Meleis et al., 2000). Awareness, engagement, change, and critical events are concepts that explore the personal and environmental challenges during a period of transition (Meleis et al., 2000). All participants described giving birth during the COVID-19 pandemic as a critical event marked by awareness of the new reality they were facing. Through engagement with the health care system, family and social support, participants described mothering during a pandemic.

Pregnancy and giving birth are normally marked by conflicting feelings of joyful anticipation mixed with fear and anxiety (Babetin, 2020). However, the described feelings of isolation, fear of COVID-19, and changes to everyday life were unique to the pandemic and have the potential to exacerbate stress and anxiety. This is a similar finding by Lim et al. (2021) who found that the cancelation of important events, having to stay at home for much of the time and fear of getting sick could have an impact on maternal mental health. The researchers also found altered sleep and eating patterns to be significant, which were not described in the present study. Saccone et al. (2020) found that two thirds of respondents in a quantitative study on the psychological impact of COVID-19 reported increased anxiety, a similar finding to the present study. Ceulemans et al. (2021) found that women who gave birth during the pandemic experienced higher levels of stress and rated the quality of care they received as more negative. This is consistent with mothers in the present study describing the inconsistencies of breastfeeding education and postpartum depression assessment. The same research (Ceulemans et al., 2021) also reported high rates of postpartum depression. Although none of the mothers in the present study reported having postpartum depression, some participants expressed the feeling that the impact of giving birth during the pandemic has not been fully processed.

Limitations

This study was conducted with women who gave birth during the pandemic in the Northeast region of the United States. Therefore, the experience described may be different from women in other regions and demographics. In addition, none of the participants had been directly affected with COVID-19 at the time of the interviews.

Conclusions

This study has implications for nurses and health care providers. Since giving birth during a pandemic is a new phenomenon, careful ongoing assessment for anxiety or mental health concerns should continue to be researched and published. In addition to maternal care, pediatric nurses should be alert to mothers' demeanor and body language while performing well baby visits. All mothers should be screened for postpartum depression or PTSD in ambulatory care settings during the infants' first year. Anticipatory guidance and education for all mothers is crucial for maternal and newborn health, notably breastfeeding education. Future nursing research should continue to focus on the physical and psychological effects of the COVID-19 pandemic on mothers and children, as well as examining factors to mitigate virus transmission.

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