



Pregnancy, Birthing, and Postpartum Experiences during COVID-19

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ABSTRACT: In disasters and humanitarian emergencies, families are vulnerable to the physical and social impacts of the hazard. They experience challenges and stress associated with evacuation and relocation and long-term psychological trauma. Families with small children are particularly vulnerable in disasters because they are susceptible to injury, illness, and other risks during the hazard event. Because of the nature of lockdowns and restrictions on social gatherings during the COVID-19 pandemic, we anticipated that newly postpartum mothers and caregivers would experience more challenges with mental health, particularly postpartum stress from the burden of managing a “work-life balance”. Policy implications for this work include recommendations for improving support services for families with infants and young children during pandemics and emergencies.

Keywords: Pandemic, COVID-19, Disaster, Postpartum stress.

Pregnancy and birth during the pandemic were associated with anxiety and uncertainty for many of the respondents. Not being able to have their partner or support person at the hospital for birth or having to choose between them was a major point of concern. Respondents indicated distress due to isolation, conflicting information about pregnancy and birthing in COVID-19, stress on their families and the hospital stay was quick due to the pandemic. There may also be other unanticipated mental health outcomes related to the shortened hospital stays. Some programs that carry out in-person home visits also had to adapt their protocols during the pandemic, which may have an impact on screening for postpartum depression, anxiety, and other postpartum mood disorders. Birthing in the pandemic may also increase other negative spill-over impacts related to postpartum care, because of reduced time in the hospital where many patients receive lactation and other support services.

Apart from the structural damage and physical harm caused by disasters and emergencies, crisis events also cause psychological and emotional distress due to economic loss, job loss, loss of family members or friends, displacement, and the overall disruption of normal routines and social networks. Longer-term psychological impacts such as mental health issues and PTSD (post-traumatic stress disorder) may also impact individuals after a major disaster or emergency. High levels of stress in families resulting from stressor events such as disasters can have significant impacts on family relations and functioning. For example, a large amount of the stress and trauma among children following a disaster can be attributed to the amount of parental stress children experience at home. The impact of parental stress on children can be especially important to consider when children have lost other social support systems such as schools and childcare programs. High family stress may also be a factor leading to other familial issues including increased family conflict and domestic violence.

For those respondents who felt disconnected from their social support system, the sense of isolation that many new mothers feel after the birth of their infants in normal times was exacerbated by the pandemic. Importantly, those who did feel connected to social support systems had higher levels of well-being. The postpartum period is a critical time for the new parent(s) to maintain mental health through social contact and social support systems. However, because of the pandemic, many of the activities that the respondents wanted to do, especially attendance at social gatherings, meeting with other mothers and peers face-to-face, and other such were not possible for the parents who were self-isolating, quarantining, or adhering to guidelines put forth by health officials to mitigate the spread of COVID-19. Some respondents found creative ways to maintain social connections such as through taking outside walks or having outdoor visits with a friend or friends. However, it seems that these were not sufficient replacements for the kinds of social support and interaction that the respondents most desired.

One of our most alarming findings was that they did *not* receive a free sample of breastmilk substitutes (infant formula), while the remaining respondents did receive some form of complimentary or unsolicited infant formula sample. Often, respondents indicated that they received samples from more than one source. These sources included the mail, the hospital, the pediatrician's office, or some other source, such as through social media or from a friend or peer. In regions where food scarcity and poverty were already prevalent before the pandemic, this aggressive marketing tactic has the dangerous potential to steer families away from breast feeding. Breastfeeding should most especially be supported during disasters and emergencies because it is a protective mechanism for infants and for the mother or lactating parent.

Despite the advantages of breastfeeding, some factors may inhibit women from breastfeeding during a disaster or emergency. These include loss of support systems, loss of lactation support services/counseling, stress from evacuation and displacement, lack of privacy, and the perception of decreased milk supply. Another major factor that leads many mothers to resort to formula during a disaster is the excessive and imprudent distribution of infant formula by companies and humanitarian organizations as part of relief efforts.

It is important to understand how specific mechanisms associated with pregnancy, birthing, and postpartum care are associated with potentially severe outcomes such as postpartum psychosis, intersections of mental health with parenting and work, parenting and sense of community, and changes in social support systems because of other “spillover” effects of the pandemic such as family stress due to unemployment, COVID death/s in the family, and other complexities.

In addition to the risks of violence and exploitation women may face after a disaster or emergency, women face many unique challenges to their mental and physical health. High levels of stress and symptoms of PTSD are likely to have a more severe impact on women, especially during pregnancy. Stress can also create adverse outcomes for pregnancy and early child development. High exposure to a disaster followed by high levels of stress or PTSD while in the early stages of pregnancy could lead to higher rates of premature births and low birth weight babies. High levels of maternal stress experienced in the prenatal phase could also affect a child’s behavioral outcomes, such as causing higher levels of anxiety during early childhood. Overall, women’s and pregnant people’s health and reproductive care are at a greater risk during disasters and emergencies due to the lack of access to proper services and facilities and increased attention towards the general welfare of those impacted by the disaster or emergency, thereby limiting the availability of resources and services specifically concerned with reproductive health and care. Disaster and emergency scenarios can lead to more adverse complications at birth and higher risks of maternal and infant mortality. Unsanitary conditions and environments could cause infections or disease transmission, putting mothers and infants at increased risk of health complications and illness.

Conclusion

Our findings suggest that the isolation associated with the COVID-19 pandemic has adverse outcomes for maternal mental health, specifically psychological trauma during the postpartum time frame. This is not to say that social/physical distancing guidelines are not important, but rather that birthing and postpartum parents should be supported through social networks in new and creative ways. Many of the respondents reported that they found ways to continue socializing through virtual networks. These strategies for facilitating social interactions and social support networks should be considered by those working to provide care to families with infants and young children.

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