

Slipping Through the Net: Women's Experiences of Maternity Services and Social Support in the UK During the COVID-19 Pandemic

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Abstract : Introduction Research shows the quality of experiences of pregnancy, birth, and postpartum impacts the health and well-being of the mother and baby. This is recognised by the WHO in their recommendations 'Intrapartum care for a positive childbirth experience'. The COVID-19 pandemic saw the transformation of the NHS Maternity services to prevent the transmission of COVID-19. Physical and social isolation may have affected women's experiences of pregnancy, birth and postpartum; especially those of healthcare. Examples of such changes made to the NHS include both the reduction in volume of face-to-face consultations and restrictions to visitor time in hospitals. One notable detriment due to these changes was the absence of a partner during certain stages of birth. The aim of this study was to explore women's experiences of pregnancy, birth, and postnatal period during the COVID-19 pandemic in the UK. Methods We collected qualitative data from women who had given birth during the COVID-19 pandemic. In-depth, semi-structured interviews were conducted with twelve participants recruited from mother and baby groups in Southeast England. Data were audio-recorded, transcribed verbatim, and analysed thematically using both inductive and deductive approaches. Ethics permission was granted from Brighton and Sussex Medical School (ER/BSMS9A83/1). Results Interviews were conducted with 12 women who gave birth between May 2020 and February 2021. Ages of the participants ranged between 28 and 42 years, most of which were white British, with one being Asian British. All participants were heterosexual and either married or co-habiting with their partner. Five participants worked in the NHS, and all participants had professional occupations. Women felt inadequately supported both socially and medically. An appropriate sense of control over their own birthing experience was lacking. Safety mechanisms, such as in-person visits from the midwife, had no suitable alternatives in place. Serious health issues were able to "slip through the net." Mental health conditions in some of those interviewed worsened or developed. Similarly, reduced support from partners during birth and during the immediate postpartum period at the hospital, coupled with reduced ward staffing, resulted in some traumatic experiences; particularly for women who had undergone caesarean section. However, some unexpected positive effects were reported; one example being that partners were able to spend more time with their baby due to furlough schemes and working from home. Similarly, emergency care was not felt to have been compromised. Overall, six themes emerged: (1) Self-reported traumatic experiences, (2) Challenges of caring for a baby with reduced medical and social support, (3) Unexpected benefits to the parenting experience, (4) The effects of a sudden change in medical management (5) Poor communication from healthcare professionals (6) Social change; with subthemes of support accessing medical care, the workplace, family and friends, and antenatal & baby groups. Conclusions The results indicate that the healthcare system was unable to adequately deliver maternity care to facilitate positive pregnancy, birth, and postnatal experiences during the heights of the pandemic. The poor quality of such experiences has been linked an increased risk of long-term health complications in both the mother and child.

Keywords : pregnancy, birth, postpartum, postnatal, COVID-19, maternity, social support, qualitative, pandemic

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