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Covid-19 Pandemic, Isolation and Birth: An Analysis of the Experiences of Women Having Given Birth during this Period in Quebec

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Abstract

Introduction The health restrictions surrounding pregnancy, birth, and postnatal care imposed during the COVID-19 pandemic have exacerbated the fears and difficulties generally associated with maternity. Since little research has been done, we wished to better understand the consequences of these changes on the maternity experience of Quebec women.

Methods During our qualitative research, we analyzed the experiences of Quebec women who went through pregnancy, birth, and postpartum amid the pandemic. These experiences were shared in 366 posts selected from four Facebook groups on maternity and through 20 semi-structured interviews. The data derived from this convenience sample were analyzed following a non-linear trajectory where data collection was interspersed with analysis sessions.

Results For the women involved in this research, the pandemic has mainly impacted (1) their perception of what constitutes a normal experience of maternity care; (2) their perceived need for support and services to address the risks related to the pandemic; and (3) what they consider symbolic milestones associated with maternity.

Discussion Our findings underscore the significance of considering the interpretation attributed to care and services amidst alterations or interruptions (as was the case during COVID-19). The backdrop of the global crisis has caused women to perceive a sense of incompletion in their experience of maternity through the loss of certain key moments, and even to look to the future with trepidation. Consequently, we anticipate enduring ramifications arising from the pandemic, and we encourage healthcare personnel to remain attentive towards women who have given birth during this period of crisis.

Significance

What is Already Known on this Subject? The notion of 'normal' maternity can be associated with a medicalized period. While motherhood can disrupt many aspects of women's lives, socio-cultural expectations surrounding the process can help them navigate certain challenges. However, times of crisis inherently disrupt normalcy and require populations to undergo adaptations that can reshape their worldviews.

What this Study Adds? This research examines the intersection between 'crisis periods' and 'maternity periods'. It offers an innovative and interdisciplinary analysis (psychology, midwifery, socio-anthropology, and communication) and highlights a unique situation where the disruption of a deeply entrenched sociocultural context has resulted in varied consequences on women's maternity experiences.

Keywords COVID-19 · Health crisis · Maternal well-being · Maternity care · Qualitative research

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Introduction

The COVID-19 pandemic context has disrupted maternity services around the world and consequently pregnant and postpartum women's experience of maternity (Beeson et al., 2021; Boisvert et al., 2022; Wilson et al., 2021). In Quebec, Canada, several pandemic-related adjustments have affected maternity, making it no longer possible to be accompanied during medical appointments, to have an assisted birth at home, or to receive visitors at the place of birth. A reduction has also been observed in the number of prenatal and postnatal follow-ups, and some were conducted by telephone or Zoom. Furthermore, the hospitals left it unclear whether the spouses could be present during the birth.

Pregnant women generally experience great uncertainty, especially during a first pregnancy. They feel responsible for the health of their future baby, and most of them adopt the preventive lifestyle habits advocated by public health programs (Lupton, 2011). The limitations and uncertainties generated by the COVID-19 pandemic have exacerbated their concerns, especially since the presence of the spouse during follow-up and, more importantly, during childbirth, has been a deeply held value in Quebec for more than 20 years (Rivard, 2016). Many women have felt left on their own in the face of the unknown during a period of vulnerability.

With the concept of women-centered care now internationally recognized and increasingly present in health services, women expect to be listened to (De Labrusse et al., 2016). A breakdown in dialogue can lead to issues (Baker et al., 2005). The pandemic has impacted this relationship, and to understand what pregnant women and new mothers have experienced, we need to listen to them.

Although the COVID-19 research has focused primarily on clinical aspects (Chi et al., 2021; Jafari et al., 2021), some studies showed the impacts of the pandemic on the experiences of pregnant women and their families, such as distress and lack of support (Rhode et al., 2023, Wilson et al., 2021). However, few if any have addressed their experiences and the practices they have adopted to meet their needs and make sense of their experience. To fill this gap, we aimed to gain a better psychosocial and communicational understanding of how the COVID-19 pandemic affected Quebec women's pregnancy, childbirth, and postnatal experiences.

Methods

Our methodological approach falls under the broad label of interpretative phenomenology analysis (IPA), "a qualitative research approach committed to the examination of how people make sense of their major life experience" (Smith et al., 2009, p. 1). In line with the premises of IPA, we analyzed (1) the personal experiences of Quebec women, (2) the meaning that these women gave to their experience of maternity, and (3) how these women made sense of the pandemic.

Between February and April 2021, we conducted 20 semi-structured interviews with women (all participants self-identified as women) who experienced pregnancy, birth, and postpartum during the pandemic. These women had to have given birth during the first year of the pandemic (from the start of the lockdown in March 2020 until March 2021) and be over 18 years of age.

To carry out this convenience sampling, we used a snowball recruitment strategy through social media and researchers' networks. To capture diverse experiences, we recruited women aged 27 to 41 from seven regions of Quebec, with varied obstetric histories—some were first-time mothers, others expecting their second, third, or fourth child. Participants received different types of prenatal care: from general practitioners, obstetrician-gynecologists, or midwives. Interviews were conducted via Zoom by the research team using a semi-structured guide (see Appendix 1) designed to elicit detailed accounts of their perinatal experiences during the pandemic.

Also, since, for women in maternity situations, social media has given rise to support structures and "sharing platforms" during the pandemic (Saud et al., 2020, p. 1), we have integrated posts and comments from four private Facebook groups (A to D): three were "generalist" groups devoted to maternity-related considerations (154, 240 and 2,700 members) and one was more specifically dedicated to sharing information about the pandemic (768 members). These groups were selected because their titles and descriptions specified that they were aimed at pregnant or new mothers. By manually sorting all the posts shared on these groups between February 2020 and March 2021 (only posts related to the pandemic or its consequences were included in the analyses), we extracted 366 posts and over 3,000 comments.

Our analysis of the combined data was conducted using NVivo software in a spiraling and progressive process, thus allowing us to reach thematic and theoretical saturation (Corbin & Strauss, 2015). This means that episodes of analysis and data collection were carried out in alternation: the collection of new data was justified only if it advanced the analyses and led to new insights or nuances.

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Results

For the women involved in this research, the changes induced by the pandemic have mainly impacted three aspects of the maternity experience. The pandemic has: 1- shaken perceptions of what constitutes normal pregnancy, childbirth and postnatal care; 2- led to a situation where women felt they had to consider new risks, while having to deal with them on their own; 3-involved the loss of symbolic milestones associated with a "normal and complete" maternity experience.

These results show how the symbolic value associated with "normal" care and support during maternity is intrinsically linked to women's sense of safety and the quality of their overall maternity experience. Thus, paradoxically, removing certain symbolic elements to fight the spread of the virus (and thus protect women) can reduce their sense of safety.

Disruption of the Usual Experience of Maternity Care

Our data suggests that the pandemic has created a complex and altered context that has forced women to reconsider what constitutes "normal health care" for them. The potential restriction on accompanying persons and the cessation of home births were said to be most difficult, as health measures prohibited home births with a midwife—a service that is part of the health and social services network (Ministère de la Santé et des Services sociaux [MSSS], 2020). This measure was introduced to avoid the spread of the virus, which was considered to be a substantial risk if midwives continued to assist women at home, in hospitals, and at birth centers (MSSS, 2021). The ban was considered inconsistent with women's needs and forced some to completely rethink their birth plans. One participant, during an interview, also used the analogy of war when referencing her feelings at the time: "I was going into battle."

We identified two stances resulting from this difficult situation: some women respected the directives to the letter, and others created new conditions to be able to live the event fully with a minimum of restrictions. These stances, in turn, give rise to a whole spectrum of practices. Some women chose to stay in labor at home longer before going to the birth site, or left as soon as possible after the birth. Others ultimately opted for a birth center or even gave birth at home without professional help.

This context of uncertainty and restrictions has also led women to prioritize what was familiar to them over what they wanted:

> I mulled over the idea of VBAC [vaginal birth after C-section] [but] I knew how a C-section goes and it gave me a sense of control. (P19)

Women also reported worrying about being able to breathe during childbirth because of the mandatory mask-wearing and being trapped in a room for the duration of their stay. Furthermore, preparations before going to the hospital were particularly complicated:

> Being sure not to forget anything—When you enter somewhere and you can't get out, it stresses you out, mentally. The bans and everything, it's like it's scary. This was almost a bigger focus than the birth itself. (P4)

All this uncertainty prevented the women from feeling at peace—a feeling considered necessary to be able to let go before or even while giving birth. In contrast, some viewed certain changes as being conducive to a positive experience, such as being less bothered by nurses or overrun by visitors in the postpartum period. Primiparous women mentioned that this allowed them to create a cocoon of intimacy with their newborn and their spouse.

Facing the Risks… Alone!

Maternity involves many unknowns and women juggle with certain environmental risks linked to their diet, lifestyle, and work. During the pandemic, many "new risks" had to be taken into consideration (e.g., the effect of the virus on pregnancy). Women said that they struggled to situate themselves along a continuum of risk. They also found it hard to understand why mandatory health measures failed to take into account the particularities of their daily lives and, more generally, their pregnancies. Many felt invisible in communications from the government and health authorities. Furthermore, the media and other sources of information have been described as painting a picture where health care facilities and personnel were risk vectors. This framing was quickly internalized by women who reported associating clinics and hospitals with danger. When attending follow-up appointments or when faced with a situation where they wanted medical advice (e.g., prenatal bleeding), some women were torn between the need to access healthcare and the fear that this care would expose them to a virus that could harm their health and that of their baby.

Overall, women involved in this research felt isolated and left to fend for themselves. These feelings were expressed in terms of the loss of a network of professional support before and after childbirth. Prior to the pandemic, in Quebec, expectant or new mothers usually had access to

a variety of services, such as "in-person" prenatal classes, support groups, or breastfeeding assistance, making for a better experience. Most of these services were either impossible to provide or were offered remotely (e.g., on Zoom), but this approach did not appear to meet their support needs.

The loss of a professional support network also added a burden to women who had to come up with strategies of their own. The most common was to fall back on family support. Although at one point, government regulations did not allow home visits, the new mothers mentioned expanding their family bubble to include their parents, leading to the creation of "house standards," which they sometimes validated with other women on social media. This departure from norms, while motivated by necessity, was not without fear of reprisals. They knew well that "expanding their family bubble" exposed them to coercive actions by the authorities:

> My mom was at my house last week. Just then, my in-laws came to bring me something. So there were 2 cars in my driveway. An SQ [*Quebec police*] vehicle passed by in the street. I was so afraid of getting a fine. It's crazy! (P12)

Some women have also been caught between their need for support and the fear that they or their child would contract COVID-19. They are aware that welcoming certain members of their close network into their homes could heighten their risk of being infected with the virus. Some of them, therefore, adopted strict measures. However, they wondered how much they could insist on these measures with the people who were supporting them. They thus inherited the difficult task of finding a balance between: (1) meeting their needs for assistance, (2) implementing protective measures, and (3) not alienating caregivers with protective measures.

When Symbolic Milestones Are in Jeopardy

Our data describe a context in which the social and health measures in Quebec came into conflict with expected prenatal experiences and prevented some women from availing themselves of symbolic acts that they said they expected and sought. In short, they imagined their maternity journey in terms of the "culturally normal" milestones in Quebec. However, having missed several milestones left the women with the impression that their maternity experience was symbolically incomplete.

One particularly worrying loss concerns medical acts with symbolic overtones, i.e., listening to the heartbeat or ultrasound scans. The feeling of loss comes from the absence (or the fear of potential absence) of the spouse during these moments. While some women said they were capable of accepting strict health measures at medical appointments, they also felt that their spouse's support was non-negotiable. This support is seen as essential, particularly for coping with the negative events that can occur:

> My partner will never have had the pleasure of seeing an ultrasound with GOOD news. I had to go through the anguish of the last few ultrasounds alone, despite my history of neural tube defects from the first baby. This is a shame… You know, stores and restaurants are open, yet the dad can't attend an ultrasound… (Group D).

Moreover, some women reported guilt for hearing the baby's heartbeat without their spouse or for being the one to receive first-hand information from health care professionals.

The loss of certain milestones during the postnatal period has also been described as a source of anxiety. Multiparous participants, since they can compare their current experience with previous ones, express these feelings especially acutely:

> The midwives came, but there were fewer postpartum follow-ups, and some of them were by phone. This is a loss we have experienced. Today he is 9 months old, and I was looking at his vaccination record, and he has had half as many appointments since he was born. (P13)

This dynamic caused new mothers to feel anxious about the future. The loss of these follow-ups, perceived as symbolically very important, makes them fearful that a health problem might not have been detected in time in their child and that their child's future may suffer as a result.

Discussion

As discussed in the introduction, listening to and involving women is now an important part of normal care and maternity experiences. However, the pandemic has affected the dynamic of listening and, therefore, women's feeling of being heard and supported. Through this research, we wanted to better understand this little-documented phenomenon by, precisely, mobilizing an approach that aims to listen to women.

Importantly, motherhood, in a "normal" context, already requires the consideration of many risks (Rothman, 2014). Expectant women feel responsible and accountable for keeping up healthy lifestyle habits to ensure their baby's healthy development (Hallgrimsdottir & Benner, 2014). As Gray notes, new mothers have felt an overwhelming sense

of responsibility for their babies, which has been reinforced by the pandemic (Gray & Barnett, 2021). Overnight, they found themselves having to contend on their own with the uncertainties of a powerful virus spreading on a global scale and about which scientific knowledge is still developing (Gambardella & Kessel, 2021). When these women's situation is ignored, they feel encouraged to circumvent guidelines that are intended to protect them, even if they would rather follow them. As in the study by Wilson, Quebec women felt left to their own devices to cope with significant changes and to coordinate their own care (Wilson et al., 2021). Our study highlights that this also had a simultaneous impact on their experience of maternity and how they coped with the health crisis.

Women, especially primiparous women, feel anxious about the unknown and turn to health professionals for reassurance. They expect regular obstetrical follow-up, involving various tests such as up to more than four "routine" ultrasounds (Gagnon, 2017). However, the pandemic has turned this state of affairs upside down, and many women who consider these examinations essential to proper pregnancy follow-up have feared that a lack of such care would jeopardize their and their baby's health. They didn't always get answers to their questions or concerns and, as a result, could only feel disoriented given their previous beliefs (Browner & Press, 1996). Indeed, maternity is generally located within a typically North American culture of care (Malacrida, 2015). Even if pregnant women do not question these examinations, questions arise as to their frequency in routine care, given that there is little evidence of their clinical benefit (Royal College of Obstetricians and Gynaecologists, 2021). Paradoxically, with respect to this culture of care, and in the absence of supporting evidence pertaining to safety, the pandemic has led to the cessation of assisted home births, which has greatly disturbed those who had made this choice.

We discovered that the pandemic has exacerbated the loss of a sense of control, which plays an important role in feeling balanced (Palazzolo & Arnaud, 2015). Some women have tried to regain control by turning to other choices than those initially planned, such as asking to have a c-section instead of a VBAC. This also led them to develop strategies such as expanding the notion of "family bubble" and implementing protective measures validated by their peers (although sometimes prohibited by public authorities).

Researchers who have examined maternity experiences have found that they often involve feelings of loneliness and isolation in women, which in turn affects their mental health (Lee et al., 2019; Nowland et al., 2021). Primiparous women feel isolated and struggle with the social norms surrounding "being a good mother." Their isolation is made worse by the decrease in follow-ups and social contact following birth, as well as a lack of empathy surrounding the conflicting feelings they are trying to express (Lee et al., 2019). During the pandemic, social distancing further accentuated this phenomenon (Eri et al., 2021).

The pandemic has exacerbated existing difficulties. Indeed, according to Fontein-Kuipers, more than 20% of women with a normal pregnancy show signs of distress (Fontein-Kuipers et al., 2015). In fact, a "pregnancy-specific anxiety" has been identified and is increasingly being studied (Dunkel, 2011). These conditions can have consequences for prematurity and children's development (Dunkel & Tanner, 2012), in addition to being a risk factor for postpartum depression (Grant et al., 2008). Given that the pandemic has increased rates of distress and depression in the general population, it may have also affected the experience of women in maternity situations and, in some cases, heightened their anxiety (Dozois et al., 2021).

The pandemic also reveals the symbolic considerations of maternity. Women were more concerned about the absence of their spouse or the lack of support for themselves and their baby than about the possibility of contracting the virus or its variants. Maternity experiences are often peppered with unforeseen circumstances that raise additional challenges (Fontein-Kuipers et al., 2015) and that may require women to mourn certain anticipated symbolic events. In a normal context, these losses inevitably impact people's lives (Gagnon, 2021). Moreover, the types of events that may occur and the social support that women receive play a key role in coping (Fontein-Kuipers et al., 2015; Guardino & Dunkel 2014), particularly at a time when motherhood places strong demands on psychic energy (Prinds et al., 2014). In pandemic times, the loss of symbolic events has altered women's expectations and made their coping mechanisms more complex, in that these events represent an important source of joy and comfort. Such losses have multiplied throughout their maternity process, resulting in a feeling of having lost something they will never get back.

Conclusions

Our results highlight the importance of taking into account the meaning given to care and services when they undergo changes or disruptions. However, meeting the women at a single point in their experience and for a limited period of time is one such limitation of the study. In addition, although several keywords were used to identify relevant Facebook publications, some may have escaped us.

Nevertheless, our study shows that the context of the pandemic has led women to feel that their maternity experience has been incomplete, that they have been deprived of certain experiences, or even that they must look to their

future with apprehension. We can therefore expect that the repercussions of the pandemic will be felt in the long term. Policymakers should therefore pay more attention to maternity services in a pandemic context, since they are not optional. Health care professionals and services also need to be attentive and proactive in dealing with the complex realities that women face, especially in times of crisis. As we have observed, certain adaptations can be made without increasing the risks (e.g. virtual presence of the partner). In addition, closer collaboration between the healthcare and community sectors would help increase the support available to these women. It's also important to bear in mind that maternity is a social experience with significant communication needs. Digital social platforms could provide opportunities for transmitting accurate information in real time.

Indeed, our findings are cause for concern and encourage the development of initiatives aimed at taking better account of the impact of crises, such as the pandemic, on the maternity experience. Our results also suggest that this should be done by considering and valuing the voices of women who are best placed to attest to these impacts. We believe this topic calls for more than ad hoc initiatives, and deserves the implementation of research programs by states wishing to fully understand this complex phenomenon.

Supplementary Information The online version contains supplementary material available at https://doi.org/10.1007/s10995-025-04139-x.

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Data Availability In order to maintain the confidentiality of participants, data cannot be shared.

Code Availability Not applicable.

Declarations

Ethics Approvals Research Ethics Board at Université du Québec à Trois-Rivières. Certificate number: CER-20-270-07.08.

Consent To Participate All study participants provided informed consent.

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Conflicts of Interest The authors declare that there is no conflict of interest.

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