



Canadian Journal of Medicine

WWW.CIKD.CA

journal homepage: <https://www.cjm.cikd.ca>



Social Support for Birthmothers Before and During the COVID-19 Pandemic

Jiyeon Park¹, Peter Anto Johnson^{2*}, John Christy Johnson³, Austin Mardon⁴

¹Faculty of Science, McMaster University; and School of Interdisciplinary Science, McMaster University,
^{1,2,3,4}Antarctic Institute of Canada, Canada,
^{2,3,4}Faculty of Medicine & Dentistry, University of Alberta

ABSTRACT

Keywords:

Birth, Social Support, Mother, Pregnancy, COVID-19

Received

01 January 2023

Received in revised form

27 April 2023

Accepted

03 May 2023

*Correspondence:

pajl@ualberta.ca

Giving birth is not a simple event and requires much attention, care, and support to result in a positive birth experience. However, the process of giving birth changed significantly during the COVID-19 pandemic due to the spread of the virus, the uncertainty of the virus, and the numerous restrictions implemented. These led to isolation, loneliness, a lack of communication, loss of control over the body, and little or no contribution to decision-making for the new birth mother. This, as well as a lack of social support, can harm a mother's and baby's mental and physical health. Thus, this article explores the importance of social support and its role before the COVID-19 pandemic, as well as the changes that have occurred in the birth process during the COVID-19 pandemic.

©CIKD Publishing

Introduction

One of the pivotal times in a woman's life is the birth of a child. However, some can find pregnancy and childbirth challenging and overwhelming [1]. Pregnancy not only introduces new life to the world but also changes the physical appearance, lifestyle, and role of a majority of women. The way these pregnant mothers behave, think, and make decisions may change, mostly because of the new social responsibility that mothers must accept [2]. Thus, to make this life-changing event happen safely, it is important to ensure the health and wellbeing of both pregnant individuals and the child at birth, which can subsequently influence the wellness

and health of the entire family in the future [3]. Women are usually at lower risk of developing complications in pregnancy or birth in middle and high-income settings unless they already have pre-existing conditions and/or comorbidities. It is thus important to consider risk assessments to prepare for any possible situations; some of these risk factors include body mass index, age, and the presence of clinical conditions. These assessments will help to lower the risk of complications before labour, during labour, and at birth [4].

To prepare for a safe birth, it is also vital that potential parents develop a birth plan [3]. Birth plans allow pregnant individuals to organize essential information such as the place of birth, the attendees, and types of medical intervention and pain relief that will be used at birth. Birth plans are a useful and essential tool for open communication between a pregnant individual and health care providers in terms of birth expectations [3]. However, the world changed dramatically after the spread of coronavirus 2019 (COVID-19) and during the many years of restrictions of the COVID-19 pandemic. The virus was highly contagious; therefore, lockdowns were implemented with numerous restrictions, including the prohibition of social gatherings globally, to reduce the spread of COVID-19 [5]. As people had to stay at home and were prohibited from leaving except for urgent purposes such as medical work, they were not able to meet others who lived in different households [6].

COVID-19 not only impacted people's lives but the birth rate globally, as well. Because of the uncertainty of the virus, health outcomes, and lack of access to resources, the birth rate decreased during the COVID-19 pandemic globally, including in Canada [7,8]. Additionally, researchers discovered a decrease in social support for pregnant individuals during COVID-19, which also resulted in worse mental health and depression, which then influenced fetal/child development [6,9]. This article will highlight the negative outcomes that were noted between pregnancy and childbirth during the COVID-19 pandemic, mainly due to a lack of social support.

Importance of Social Support for Pregnancy

Mental health is vital, especially during pregnancy. Numerous studies have highlighted the importance of mental health along with stable and positive wellbeing, and social support during pregnancy [10]. During this period of becoming mothers, pregnant women are at higher risk of developing mental health issues such as anxiety, depression, and mood instability. These feelings can start from early pregnancy and continue until post-pregnancy [1]. Depression and anxiety not only threaten a mother's mental and physical health but also the infant's cognitive and physical development, along with the mother-infant relationship. These can eventually have an influence on childhood and beyond [1,11]. Having healthy and positive social relationships protects and promotes mental health while also acting as a defense against stressful circumstances. For a positive pregnancy, it is critical to reduce the risk of depression and anxiety, and social support can mediate the risks [10].

Social support is the provision of informational or emotional support, specifically tangible, instrumental and/or psychological support. These include the continuous support and care of health care providers, of a partner and/or family members, and other people around a pregnant woman who can provide important information, assist with housekeeping, and offer financial support [2,10]. This diminishes stressors while enhancing the physical and emotional wellbeing of pregnant women. Strong social support will enhance a mother's stress-coping

ability and promote the health of pregnant women while strengthening social relationships and improving self-esteem [2]. Social support further leads to a decrease in functional impairment and depressive symptoms and the advancement of overall quality of life and likelihood of recovery. It also raises self-confidence and resistance to infections, and leads to a healthier lifestyle. On the other hand, it has been noted that those with minimum social support during pregnancy are vulnerable to substance use risk, adverse birth outcomes, and the development of mental illness [2]. Individuals who received significant social support had a higher chance of longevity when compared to those who received poor social support. Thus, social support and pregnancy outcomes are closely associated [2,12].

Impact of the COVID-19 Pandemic on Giving Birth

In the short and long term, access to healthcare is important for pregnant women, both for themselves and their babies, for wellbeing and health. However, after the spread of COVID-19, changes were made in maternal care to reduce the risk of infections [13]. Social distancing and lockdowns were one of the common strategies used, and healthcare services were reorganized. Pregnant women and mothers in hospital maternity wards, postnatal wards, and neonatal units were restricted in terms of companions and visitors allowed to minimize the spread of COVID-19. However, this social distancing put greater stress on numerous childbearing women [13]. It is crucial to prevent any possible psychological maternal trauma to enhance wellbeing. Thus, it is essential for pregnant women to feel that they have agency in the delivery room and the ability to actively participate in their birthing process; at the same time, they also need others with them in the delivery room for a positive birth experience that will reduce the feelings of fear, loneliness, and a lack of support [14]. However, throughout the COVID-19 pandemic, numerous pregnant women and their partners faced anxiety and uncertainty because of the fear of infection with the newly emerging virus, the many implemented changes in the healthcare system, and the lack of available healthcare providers [6]. As a result, these mothers experienced less freedom and fewer birthing options. Specifically, there was no option for water births, no permission for a companion during labour, and very little time with the baby, as the mother and baby had to be separated shortly after birth [6]. Numerous restrictions were in place to protect pregnant women and their baby from COVID-19 as there was still a lack of research available on the risks of COVID-19 infection for a mother and her fetus. These difficult situations worsened the birth experience, increasing the challenges for pregnant women. Due to the COVID-19 outbreak, there was also a huge shortage of healthcare providers, midwives, and maternity support workers, denying full healthcare service when compared to services before the COVID-19 pandemic [6]. Although hospitals and health care facilities should be protected safe spaces, these places were suddenly viewed as sources of contagion. As a result, the birth plans of many pregnant women had to be modified with such limited knowledge of the impact of COVID-19 on their labour. Also, a striking incline in health-related worries among pregnant women was noted during the COVID-19 pandemic. Consistent fear, anxiety, and stress were amplified during the COVID-19 pandemic, especially closer to labour because of the lack of communication, constantly evolving protocols, the inability to go through labour with a partner or support person, forceful separation from the baby, and isolation of loved ones due to the possibility of catching COVID-19. Since the world, especially the healthcare world was focused on COVID-19, some pregnant

women experienced a lack of support from healthcare providers as they were being rushed through the process without being informed of the needed changes [15]. This, in turn, raised the risk of post-partum depression and other mental health conditions [13].

Conclusion

Every individual matters, and thus, it is important for all patients to have appropriate health care in a timely manner. However, during the COVID-19 pandemic, it was challenging because of the numerous restrictions, evolving protocols, and level of uncertainty. As a result, numerous women faced negative birth experiences with a decline in wellbeing, mental and physical health, and support [13]. Therefore, it is significant to recognize the importance of social support during pregnancy and afterwards with clear communication so that women feel that they have control over their own body and birth. This will also help to prevent birth trauma, as pregnant women are at higher risk of undergoing post-traumatic stress disorder during childbirth and afterwards [6].

Declarations

Acknowledgements

Not applicable.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Ethics Approval

Not applicable.

Funding Acknowledgements

Not applicable.

Citation to this article

Park J, Johnson PA, Johnson JC, Mardon A. Social support for birthmothers before and during the COVID-19 Pandemic. *Canadian Journal of Medicine*. 2023 May 12;5(1):8-12. doi: 10.33844/cjm.2023.6027

Rights and Permissions



© 2022 Canadian Institute for Knowledge Development. All rights reserved.

Canadian Journal of Medicine is published by the Canadian Institute for Knowledge Development (CIKD). This is an open-access article under the terms of the [Creative Commons Attribution \(CC BY\)](#) License, which permits use, distribution, and reproduction in any medium, provided the original work is properly cited.

References

- [1] Li H, Bowen A, Bowen R, Muhajarine N, Balbuena L. Mood instability, depression, and anxiety in pregnancy and adverse neonatal outcomes. *BMC Pregnancy and Childbirth*. 2021 Aug 25;21(1):583.
- [2] Bedaso A, Adams J, Peng W, Sibbritt D. Prevalence and determinants of low social support during pregnancy among Australian women: a community-based cross-sectional study. *Reproductive Health*. 2021 Jul 27;18(1):158.
- [3] Cook K, Loomis C. The Impact of Choice and Control on Women's Childbirth Experiences. *J Perinat Educ*. 2012;21(3):158–68.
- [4] Jardine J, Blotkamp A, Gurol-Urganci I, Knight H, Harris T, Hawdon J, et al. Risk of complicated birth at term in nulliparous and multiparous women using routinely collected maternity data in England: cohort study. *BMJ*. 2020 Oct 1;371:m3377.
- [5] Pollard MS, Tucker JS, Green HD Jr. Changes in Adult Alcohol Use and Consequences During the COVID-19 Pandemic in the US. *JAMA Network Open*. 2020 Sep 29;3(9):e2022942.
- [6] Aydin E, Glasgow KA, Weiss SM, Khan Z, Austin T, Johnson MH, et al. Giving birth in a pandemic: women's birth experiences in England during COVID-19. *BMC Pregnancy and Childbirth*. 2022 Apr 10;22(1):304.
- [7] Fostik A. COVID-19 and Fertility in Canada: a Commentary. *Can Stud Popul*. 2021;48(2–3):217–24.
- [8] Wang Y, Gozgor G, Lau CKM. Effects of pandemics uncertainty on fertility. *Front Public Health*. 2022 Aug 30;10:854771.
- [9] Zhou J, Havens KL, Starnes CP, Pickering TA, Brito NH, Hendrix CL, et al. Changes in social support of pregnant and postnatal mothers during the COVID-19 pandemic. *Midwifery*. 2021 Dec;103:103162.
- [10] Battulga B, Benjamin MR, Chen H, Bat-Enkh E. The Impact of Social Support and Pregnancy on Subjective Well-Being: A Systematic Review. *Front Psychol*. 2021 Sep 9;12:710858.
- [11] O'Hara MW, McCabe JE. Postpartum depression: current status and future directions. *Annu Rev Clin Psychol*. 2013;9:379–407.
- [12] Orr ST. Social support and pregnancy outcome: a review of the literature. *Clin Obstet Gynecol*. 2004 Dec;47(4):842–55; discussion 881–882.
- [13] Eri TS, Blix E, Downe S, Vedeler C, Nilsen ABV. Giving birth and becoming a parent during the COVID-19 pandemic: A qualitative analysis of 806 women's responses to three open-ended questions in an online survey. *Midwifery*. 2022 Jun;109:103321.
- [14] Lyberg A, Dahl B, Haruna M, Takegata M, Severinsson E. Links between patient safety and fear of childbirth—A meta-study of qualitative research. *Nurs Open*. 2018 Jul 16;6(1):18–29.
- [15] Combellick JL, Basile Ibrahim B, Julien T, Scharer K, Jackson K, Powell Kennedy H. Birth during the Covid-19 pandemic: What childbearing people in the United States needed to achieve a positive birth experience. *Birth*. 2022 Jun;49(2):341–51.