Pregnancy in the Time of COVID-19

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Abstract

The presence of COVID-19 has not been easy on anyone and resulted in several struggles that people must deal with in their day-to-day lives. However, women who have been pregnant, or who have become pregnant, during this pandemic have experienced an additional struggle. How can women be expected to prepare to bring a life into the world when the rules of the world are changing every day? With doctor appointments being canceled or made available for only the expectant mother, and constantly changing rules regarding the labor and delivery process, COVID-19 has made many women’s pregnancy experience stressful and turbulent. Although every woman’s COVID-19 pregnancy experience is different, there are some common elements that can be seen in these experiences, such as stress and anxiety caused by the presence of COVID-19. Despite the difficulties with doctor appointments, labor and delivery, and general life complications that have resulted from COVID-19, some positives have resulted from women’s pandemic pregnancy experiences.

Introduction

While bringing a child into the world is a wonderful experience for countless women, it can be a trying task under the best of circumstances. COVID-19 has had a significant impact on everyone, and this is certainly the case for expectant mothers. Research has shown that pregnant women are at a higher risk of developing severe symptoms if they contract the virus when compared to their healthy, non-pregnant counterparts. A recent study shows that pregnant women who were between the ages of 15 and 44 and showed symptoms of COVID-19 had an increased risk of death of 70 percent when compared to women of the same age who were not pregnant (Maldarelli, 2020).

Research has also found that expectant mothers are 50 percent more likely to need treatment from the intensive care unit, and 70 percent more likely to need ventilators (Wadman, 2020). When compared to non-pregnant people who have COVID-19, pregnant women are six times as likely to find themselves seeking treatment in the ICU (Wadman, 2020). Although pregnant women are not often considered to be in the “high risk” category in regard to COVID-19, studies continue to prove that this is not the case.

Many people do not seem to realize that pregnant women, even if they are healthy, are at a much higher risk when it comes to COVID-19. Akiko Iwasaki, an immunologist at the Yale School of Medicine, explained that, in pregnant women, “the entire immune system is geared toward making sure not to create any antifetal immune response. The mother must compromise her own immune defense to preserve the baby’s health” (Wadman, 2020). One of the struggles of COVID-19 is difficulty breathing. Unfortunately, pregnant women already have difficulty breathing due to their decreased lung capacity, because as a fetus continues to grow, there is less room for the lungs to expand (Wadman, 2020). Pregnant women also experience increased heart rate and need a higher intake of oxygen, which puts an expectant mother at a greater risk if they contract the virus and is no longer able to take in the amount of oxygen that is needed to support themselves and their fetus (Sajid et al, 2020). Normally, pregnant women are at a higher risk of developing blood clots after their birth. However, COVID-19 also increases the risk of developing blood clots, which makes the danger of blood clotting after delivery much more notable and dangerous (Wadman, 2020).

In addition to its impact on expectant mothers, COVID-19 can also impact the unborn fetus. Recent
research has shown that COVID-19 can result in increased blood clots in the placenta. In this study, 48 percent of placentas from pregnant women who had suffered from the virus contained blood clots, while only 11 percent of placentas from pregnant women who had not experienced the virus contained blood clots (Wadman, 2020). This increased amount of blood clots in the placenta can limit the oxygen and the nutrients that reach the fetus, which is needed for proper growth and development (Wadman, 2020). While it is rare for newborns who are born to mothers infected by COVID-19 to also be infected with the virus, it is possible. One study noted that some newborns tested positive for COVID-19 soon after birth, but it was unable to be determined whether the newborn was infected before, during, or after their birth (If You Are Pregnant, Breastfeeding, or Caring for Young Children, 2020). It has also been observed that pregnant women who have COVID-19 are at a greater risk of having a premature birth, which results in a higher chance that their babies will need to be admitted into a neonatal care unit (Understand how COVID-19 might affect your pregnancy, 2020).

The presence of COVID-19 can also indirectly have a negative effect on a fetus. This has certainly been a stressful time for everyone, especially when considering expectant mothers. Research has shown that when an expectant mother experiences stress, the fetus feels that stress, as well. While short-term stress has a minor impact on a growing fetus, long-term stress has been proven to disrupt fetal development (University of Zurich, 2017). One study stated that prenatal stress can “have direct effects on infant health by altering the course of fetal neurobiological development” (Coussons-Read, 2013). Since these times have been much more stressful for many people, this can result in increased risk for the fetus. Common birth complications that stem from prenatal stress include preterm labor and delivery, low infant birth weight, pre-eclampsia, shortened gestational length, and gestational diabetes (Coussons-Read, 2013). In addition to birth complications, prenatal stress during pregnancy can also result in lifelong problems for the fetus, such as stress hyper-responsiveness, difficult temperament, attachment difficulties, affective disorders, allergies, and asthma (Coussons-Read, 2013). Although pregnancy complications relating to stress aren’t directly caused by COVID-19, the pandemic has certainly been a large source of stress for many expectant mothers.

The COVID-19 pandemic has also affected the lives of pregnant women in non-medical ways. The pandemic has resulted in the shutting down of schools and daycare centers all across the United States. This resulted in the need for mothers to stay home not only to watch their children, but to help them with school, as well. Now that school is back in session, many schools are doing a hybrid school model, with some days having in-person classes and some days having classes online. Once again, mothers are expected to stay home with their children during usual school hours, which is normally the time when mothers would be able to work. This has led to working mothers dropping out of the work force to take care of their children and resulted in a decline of women in their prime-earning years who are looking for work (Associated Press, 2020). Many women have been laid off or forced to leave their jobs because of the pandemic. In addition to this, many mothers do not feel safe going back to work since they have a newborn in the house who needs protection from the virus. All these work-related stressors are yet another obstacle that expectant mothers must face during this pandemic, especially if they already have other children at home needing care.

Through researching this subject, many questions have come up that we would like to investigate during this study. One of our main interests is determining how much extra stress COVID-19 is putting on the lives and activities
of expectant mothers, whether that stress comes from COVID-19 itself, doctors’ visits, labor and delivery, or new rules or standards set in place as COVID-19 precautions, and whether or not the additional stress from COVID-19 is resulting in heightened anxiety. We are also interested in having a child. Before the pandemic made the COVID-19 pregnancy experience easier for expectant mothers. Based on our preliminary research, it is our hypothesis that COVID-19 will result in more anxiety for pregnant women, and will result in extra complications, layers of isolation, and precautions to stay safe and healthy.

Methods

Since this study revolves around the experiences of women who were pregnant during the pandemic, all our participants had to have experienced a pregnancy during the pandemic. This purposive sampling was able to give us insight into how the pandemic affected the process and experience of pregnancy, and how these pandemic pregnancies compared to pregnancies that occurred before the COVID-19 pandemic. Our criteria for this study were that participants had to have been pregnant at some point in the pandemic. In addition to this, we made sure that if our participant was pregnant before the pandemic began, that they gave birth after COVID-19 began to shut things down in the beginning of March of 2020. Most of our interviews were conducted over zoom or phone, while one of the interviews was conducted in the participant’s home. The interviews lasted for 30 minutes, with one interview lasting 7 minutes and one interview lasting 16 minutes. The 7-minute interview was with a participant who had given birth early in the pandemic, so she did not have much to say since most of her pregnancy happened before the pandemic. The 16-minute interview was with a participant who was still in her first trimester, so she was still a bit early on in her pregnancy to have experienced the full effects of being pregnant and having a baby during the pandemic.

Our research procedure was approved by the Bridgewater State University Institutional Review Board, which is the committee that oversees the research conducted at BSU. Before each interview was conducted, the participant was asked for her consent to be interviewed. Each participant was ensured that the information she provided in her interview was completely confidential, and that any information that may be able to link the interview to the participant would be redacted. We also made sure to inform the participants that although their interviews and information would be kept confidential, that there may be situations where their information would need to be shared with federal agencies, such as the Office of Human Research Protections, as well as the Bridgewater State University Institutional Review Board. Our participants were asked to participate in our study only if they felt that they could do so openly and honestly, and were made aware that they could skip questions, ask for information to be taken off of the record, and stop the interview at any time. We also asked each participant if we had their consent to audio record the interview, assuring them that the recording of their interview would be deleted as soon as the transcript was written, and that if they did not want to be recorded, that the interview could proceed without the use of a recording device.

We were fortunate to have a varying group of participants in this study. During our study, we conducted a total of six interviews. The ages of the participants varied from early/mid-twenties to late thirties. Four of our participants were living in New England at the time, while the other two participants were living in the Southeast. Most of our participants were Caucasian, while one was African American. Fortunately, the participants were able to provide differing views, as they had all been in different points of their pregnancy throughout the pandemic.
<table>
<thead>
<tr>
<th>Participant 1</th>
<th>State of Residence</th>
<th>Pregnancy Status</th>
<th>First Time Mother?</th>
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<td>Ohio</td>
<td>Second trimester</td>
<td>No (this is her 4th)</td>
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<tr>
<td>Participant 2</td>
<td>Rhode Island</td>
<td>Gave birth in the fall</td>
<td>No (this is her 3rd)</td>
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<td>Participant 3</td>
<td>Texas</td>
<td>Gave birth in the spring</td>
<td>Yes</td>
</tr>
<tr>
<td>Participant 4</td>
<td>Massachusetts</td>
<td>Second trimester</td>
<td>Yes</td>
</tr>
<tr>
<td>Participant 5</td>
<td>Rhode Island</td>
<td>Gave birth in the summer</td>
<td>Yes</td>
</tr>
<tr>
<td>Participant 6</td>
<td>Massachusetts</td>
<td>Third trimester</td>
<td>No (this is her 4th)</td>
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Findings

To address our various research questions, we analyzed the information obtained from our interviews through thematic analysis. Thematic analysis involves finding common themes, ideas, patterns, and topics that are commonly presented and observed through research (Caulfield, 2020). This process involves coding, acknowledging common themes, defining those themes, and identifying those themes through the research. For more information on thematic analysis, the article “How to Do Thematic Analysis: A Step-by-Step Guide and Examples” by Jack Caulfield, which can be found in our references section, can provide more insight into the process. After much discussion, our research group determined that the most prominent and frequent themes found throughout our interviews are the following:

- Anxiety revolving around COVID-19, pregnancy, and the baby
- Complications/difficulties resulting from the presence of COVID-19
- Complications regarding birth, delivery, and hospital stays resulting from COVID-19
- Positive experiences resulting from COVID-19
- Precautions being taken to reduce exposure to COVID-19

All these themes were expressed by all the participants in our study, making them common themes that can be applied to most of the experiences of expectant mothers during the COVID-19 pandemic. Through our interviews, we were able to see 23 instances relating to anxiety; 105 instances relating to complications and difficulties due to COVID-19; 8 instances regarding complications with birth, delivery, and hospital stays; 15 instances of positive experiences; and 31 instances of precautions that were being taken. All this information is displayed in the following bar graph.
To better understand how these instances compare with one another, the following chart displays how many instances of each theme were found when compared to one another.

### Anxiety Revolving Around COVID-19, Pregnancy, and the Baby

A sense of anxiety among pregnant women and their newborn babies revolving around COVID-19 and the impact that it has were evident in every interview. COVID-19 has changed life so drastically, and has put expectant mothers at a higher risk of experiencing complications from the virus. Before COVID-19 began rapidly infecting the United States, many couples were beginning to plan how they would be settling down, and how they could create a family with each other. Four of our participants became pregnant before the pandemic occurred, and experienced pregnancy and gave birth during the pandemic. After the global situation was established as a pandemic, many families, including the participants of the research project, began thinking about all of the different scenarios that could occur if they became infected. These mothers were and continue to be anxious, as the virus could make it so that these mothers would have to potentially separate from their families and newborn children. One participant expressed,

“I have been doing research about COVID and how it affects pregnant people, and non- pregnant women. And, you know, you read these things... it was stressing me out, because I read something that, you know, 30 percent of women who are pregnant or something can end up in the ICU. And then, another thing I read, said pregnant women who get COVID, 25 percent of them will have a premature labor. So, it’s a little stressful for me.”

Whether it was conceiving a child before or during the pandemic, there are a lot of factors of COVID-19 that result in a great deal of anxiety for expectant mothers. Even after giving birth, the anxiety over the fear of having to be separated from their newborn baby and other family members right after birth was significant for one of our participants.
Since she was tested for COVID-19 during her delivery, she was worried that if her test were positive, she would have to be separated from her baby right after birth. She explained, “... it was a rapid test, but it was the longest like, probably hour to 90 minutes of my labor, and I had a 19-hour labor. It felt longer than the entire labor waiting for that result because I know about like skin-to-skin, I wanted and am nursing, so to have a separation from your baby puts you a couple of steps behind in being successful at those things, and it’s just so important to bond with them right away. So, I, I just couldn’t imagine, umm, that being our obstacle.”

Another source of stress came from the recent studies that have shown that COVID-19 can cross the placenta and increase the risk of blood clots within the placenta. Being pregnant during this pandemic, especially for women who had not previously been pregnant and have not experienced all of the elements of pregnancy before, has shaped our participants’ anxieties, because no matter how safe a participant is being and how many precautions they are taking, COVID-19 remains a real risk.

Complications/Difficulties Resulting from the presence of COVID-19

Participants in this study endured, and continue to endure, the ramifications of the COVID-19 pandemic. Throughout the past few months, many complications and difficulties arose due to the prevalence of the virus. To begin, everyone, including our participants, had to figure out ways to transition from a normal life to one that revolved around social distancing and Zoom meetings. The participants in this study noted how the shutting down of normal life and activities, such as their children’s ability to attend school, affected their lives. One of our participants even had to leave her job to homeschool her children from the schools closed in the spring. She explained, “...in the summertime, I shifted to working from home while homeschooling, and then I slowly just dwindled down my case load at work to be only one day, and then I worked just during nap times or in the evenings, when my kids were asleep. Then when the fall hit, with the school regulations and everything, my one daughter couldn’t get back into school, and then my other daughter is only two days at school. So, I quit my job, basically, so I could homeschool them.”

One of our other participants lost her job due to the pandemic, and was forced to adjust to working a new job while simultaneously having to take care of a newborn and acclimate to life as a first-time mother.

The study has found that the idea of having to stay indoors the entire time has been exceedingly difficult for both participants and their older children. One of our participants noted these complications by saying, “...just having literally everything shut down, and like, even the parks. That was kind of the hardest thing because you’re just inside or in your own house, and you couldn’t do playdates or things like that, so it was like, you’re either inside, or you’re outside in your own yard. So, it was super challenging, and plus trying to work on top of that was pretty challenging.”

There was also the challenge of being isolated during the pregnancy process, and not being able to share it with many people. As one of our participants explained, people are only able to see someone’s face over a Zoom call, which takes away from the “belly experience.” One participant explained that it was difficult not being able to share her pregnancy experience with others, and the isolation needed because of COVID-19 made it feel as if she was going through the pregnancy alone, because this experience is something that is generally able to be shared. Overall,
COVID-19 has shown how difficult it can be for both pregnant women and women who have given birth during this pandemic, and the different complications that have resulted from the virus.

Complications Regarding Birth, Delivery, and Hospital Stays Resulting from COVID-19

Out of our six participants, four had given birth prior to their interview. This allowed us to gain insight into how the labor and delivery process, as well as the hospital stay after the delivery, changed due to COVID-19. One of the biggest changes was that women had to wear a mask during labor and delivery unless they had recently tested negative for COVID-19. One participant even had a rapid test for COVID-19 done during her delivery, which then allowed her to leave her mask off. Although this participant would have been compliant if she had to wear her mask during the entirety of her labor and delivery, she was extremely glad that she got to take her mask off since she was experiencing so much nausea. Another one of our participants noted that while she did not have to wear a mask during labor and delivery because she had been tested a few days before, her friend who had a baby during the pandemic had to wear her mask the entire time. One of our other participants had to keep her mask on throughout her labor and delivery. Participants also expressed that, due to COVID-19, they had limited hospital stays. One participant explained, “… with all our other ones we were there for at least two nights, maybe three, and with him it was 48 hours. You were in the hospital 48 hours total. He was just over a day old when we got discharged, because I was in labor for a longer amount of time.”

Each participant was allowed only one birth partner in the labor and delivery room, and their partner had to be masked the entire time. This rule of only one delivery partner caused a great deal of stress for one participant in particular. Her husband was at work when she went into labor, so she was first to go through the first few hours of her labor alone. Her husband went straight from his job to the hospital, and since you are not allowed to leave at all once you get to the hospital and no one is allowed to bring you anything, he was not able to take his medication. In addition to this, the participant explained that she was not able to leave the room during her labor at all. She stated, “…you weren’t allowed to leave your room, so you couldn’t walk up and down the halls like how have you heard that that’s like, you know, good for labor is like movement and everything. I couldn’t do that… and you couldn’t leave your room. And my room was like the size of a closet, and you couldn’t get out to get a snack or go down to the cafeteria, or anything, neither could my husband.”

Other participants expressed that their husbands were not allowed to leave the hospital room until the time came to leave and get the car seat from the car. This also meant that the husbands of the participants who had previously had children were unable to go home and take care of their children while their wives were in the hospital. This also caused complications in the other direction, with the participants’ children being unable to visit them and the new baby in the hospital. One participant expressed that this was rather difficult on her children, especially on her eldest daughter. She explained,

“I know that might not seem like that much, but [eldest child’s name], especially because she had been through it two other times, she was so excited and telling [second child’s name] what it’s like, because [second child’s name] was so young with [third child’s name], and I was like, ‘Oh, sweetheart, there’s new rules, you can’t come,’ and she was really upset about that.”

While all of our participants’ deliveries went well, it was certainly a different experience because of COVID-19.
Positive Experiences Resulting from COVID-19

The findings of the research in regards to how women have been affected by COVID-19 show that almost every mother who was interviewed reported that because of stay-at-home advisories, they had an increased sense of family bonding. With the pandemic canceling events and closing businesses down, people tended to spend more time at home and surrounded by loved ones. This was comforting to the mothers interviewed. They were happy to not have to sacrifice moments with family members or feel the need to be rushing around and visiting their friends instead. One participant explained,

“I just really felt like I got to enjoy and kind of take in every moment of this pregnancy. Like I said, a lot of it was at home, and I was able, it was just my husband and my three kids and I... we got to slow down, and we got to, you know, that first kick, that first, we’re all, we were together, like, it was kind of like a really nice experience to say, like, we weren’t in like that every day really quick life. ... every milestone of this pregnancy we really enjoyed at home.”

Mothers with older children were thankful that the pandemic brought them closer to their children, as well as their partners. By being home for such extended periods of time, couples were able to bond and remain a level of closeness, which one participant expressed by saying, “it’s been great, we’ve been able, my husband and I have been able to spend a lot of time together since March!” One participant was thankful that her husband was able to take care of her as she felt sick during her pregnancy.

Many workplaces were closed, resulting in people working from home during the peak of the pandemic. Participants in the study noted that this enabled them to get in ample amounts of rest. They also reported that by being home from work, the need or want to hide their pregnancy from coworkers and employers was lacking. They were free to be home and rest without worry of comments or judgement from the workplace. One participant was thankful that the pandemic eliminated people from “touching her belly” out in public. While the presence of COVID-19 made it so the participants had to attend prenatal appointments and ultrasound visits alone, one mother interviewed said it made her connection to her baby much more intimate.

Precautions Being Taken to Reduce Exposure to COVID-19

The study participants reported similar precautionary measures that they are taking or plan to take. These precautions included staying home from gatherings with extended family, avoiding crowds, and skipping nights out at restaurants. Other measures included only shopping at the grocery store when absolutely necessary. Participants have been online shopping or utilizing the high-risk shopping hours at retail locations. They disclosed that they try to keep necessities for their infants on hand, to lessen the number of times that they need to leave the house. Maintaining social-distancing protocols, as well as wearing a mask every time there was contact with people outside of their household, were other common precaution. Using hand-sanitizer, or “hanitizer,” as one participant’s child puts it, washing hands and being responsible were significant elements for participants.

Participants are planning to be vigilant with keeping visitors out of the home during this time, in addition to keeping social circles small, with only certain individuals invited over. There were participants who were planning to ask grandparents to only stay for brief time periods. Hesitation around who can hold the baby when visiting, or keeping visitors from coming over for the first few months of infancy was a common trend. One participant, who is due in January explained, “We’re going
to be limiting it to just mom and step-mom, I mean mother-in-law and dad, you know, masks, and everything else is just going to really have to wait until at least April or May until they’re going to be able to come anywhere near my house.” Previously, this participant had stated, “We haven’t yet decided if they’re actually going to be able to hold the baby, or if they’re just going to be able to be in the house.” Participants with multiple children reported on keeping their children home as much as they can, others reported vaccinating their babies with infant vaccines. With holidays nearing, one participant with a large family has planned to divide the gatherings to a limit of ten people at a time.

**Having Other Children Prior to the Pandemic**

In addition to the five main themes that were found throughout our interviews, there is another element that deserves to be recognized and discussed. Three of the six participants in our study had previously experienced at least two pregnancies before the pandemic (one of our participants had previously had two children, while two of our participants had previously had three children). All three of these participants reflected on how their previous pregnancies had better prepared them for their pandemic pregnancy. When one participant was asked if her previous pregnancies had helped prepare her for her pandemic pregnancy, she stated,

“Very much so, yeah, because there wasn’t the whole unknown like ‘What do you do when you go to the hospital?’ I was like, okay, I know what to expect, how much weight I should be gaining, I know what to look for as far as baby body movements, and all of these things. ... it’s not like I was a fresh slate... which honestly made it a ton easier...”

Having prior experience with a baby’s was especially important for this participant because her practice moved all her doctor’s appointments to Zoom. Since this participant had previously had three other children, she was better equipped to deal with many things that the doctor would normally take care of, such as measuring how much weight the baby is gaining and checking the baby’s heartbeat. By having previous pregnancy experiences, this participant knew what to expect from her pregnancy in terms of weight gain and her baby’s movements, which are elements that are harder to gauge for first time mothers because they have never experienced them before.

On a similar note, one participant explained why she was grateful for her previous pregnancies based on stress related to pregnancy.

“I feel like someone who hasn’t had a baby, now they’re worried about what it’s going to be like to have a baby, and that unknown, and then they’re dealing with a pandemic. Where, with me, I’ve done this three times, like, I’m not worried about going into the hospital and giving birth to a baby, that’s fine... So, I think that for me it’s absolutely easier because it’s the only thing I have to worry about, not the only thing, of course there’s always things that could go wrong, but the only thing that I’m really focused on that’s causing any type of worry is the pandemic.”

Having experienced three pregnancies prior to the pandemic, this participant felt as if the only thing that she had to worry about was COVID-19, since she was prepared for all the other elements of pregnancy. However, first time mothers must worry about COVID-19 on top of all the standard pregnancy stress and anxiety, such as the labor and delivery process. This stress can certainly have a negative impact on both the expectant mother and the baby, which is one reason this participant was glad she only had one thing to worry about during this pregnancy.

Another participant expressed her gratitude for having had previous pregnancies by saying,

“I was thankful that I had already been pregnant before. I kind of knew what to expect. When I was pregnant
with [eldest daughters name], obviously my first, we did the birthing class, the breastfeeding class, and those are classes that are ideally done in person, hands on, and now moms, who are first time moms, have to do it virtually. I didn’t need to take any of those classes this time, and I was thankful that I didn’t have to. I feel like people are missing out.

This participant was able to explain how important hands-on classes are for mothers for the first time, especially when considering how daunting having a first child can be. Since she had already had two children, she knew what to do in terms of labor, birth, and breastfeeding. However, first time mothers are experiencing all these firsts during the era of COVID-19, which can significantly impact how they receive instruction and guidance related to birth and breastfeeding. While all three of these participants were thankful for having had previous pregnancies, their answers shed light on different difficulties that first-time mothers might face because of COVID-19.

**Overall Findings**

The five main themes that we identified can be connected in many ways. To better see and understand how each of these elements are connected, we have included a chart below to better display how all the themes relate to each other.

**Discussion and Conclusion**

While the experiences of each of our participants were unique, there were many common experiences and emotions displayed in all our interviews. The main findings of this research were that every participant found comfort within the pandemic creating time for familial bonding and an increased layer of support. All participants have been taking the severity of COVID-19 seriously and following essential health guidelines. The participants reported vigilantly adhering to recommendations on wearing a mask, keeping social circles small and physically distancing. In doing so, participants utilized online shopping services and took advantage of the high-risk shopping hours that some stores offer in
with semi-structured interviews, there are both strengths and weaknesses. The strengths of using semi-structured interviewing were that each participant was able to give direct answers to almost every question asked to them through sharing their life experiences, thoughts, and opinions on everything that has been going on in their lives relating to COVID-19, and the potential impacts that it had on them during their pregnancies. One weakness that resulted from the semi-structured interview format was the length of the interviews. Mothers who are expecting, or who have recently had a baby have limited time, which resulted in some potential participants being unable to agree to an interview because they did not have enough time to participate.

There are several things that could be done to build upon this research. To begin, having a greater number of participants would certainly be beneficial. In addition to having a larger number of participants, it would be interesting to hear from people around the country that come from all diverse backgrounds, such as race, ethnicity, culture, religion, etc. By having both a larger and more diverse selection of participants, we would be able to attain a much better understanding of how this pandemic has affected expectant mothers from all areas and backgrounds. Another element that could certainly help us build upon this research is to interview more participants in all stages of pregnancy. For example, grouping interviews from women who gave birth in each month since the pandemic started, and doing the same things for women who became pregnant in each month since the pandemic. By grouping interviews like this, we would be able to see if there are any trends in the responses from women in each group, giving us a better understanding of how women in each stage of pregnancy view the pandemic. This will also give us the opportunity to see if the experiences of women in the same group are similar, or if they differ.
The significance of this research was to determine how the COVID-19 pandemic has affected pregnant women and women who have given birth during the pandemic. Our research found that the pandemic has affected these types of women in myriad ways, such as having to quit jobs to look after their children, isolating themselves for the safety of both themselves and their child, and having a rising sense of anxiety and stress. When it comes to working mothers, especially, having to handle all the complications caused by COVID-19 on top of working their “second shift” (as discussed in A World Full of Women), has resulted in many challenges. Having insight into the reasons behind this group of people living their lives in the era of COVID-19 is significant, because it is important to understand how COVID-19 has been affecting people in all different circumstances, including expectant mothers. The research that was conducted highlights the importance of the necessary steps that need to be taken to ensure that both the mother and the unborn baby maintain the best possible health, both physically and mentally. Mothers are at high risk, because COVID-19 would not only impact them if they became infected, but it has the potential to affect their unborn child, as well. It is with this in mind that this research was conducted, to understand the serious ramifications that COVID-19 has had, and will continue to have, on women experiencing pregnancy during this pandemic.

Interview Guide

We want to thank you once more for your voluntary participation in our study. The purpose of this study is to gain a greater comprehension of how women who were pregnant/are pregnant during the COVID-19 pandemic have had to adapt and overcome changes. This interview contains a series of questions open for your response that should take about 45 minutes to complete. Please feel free to pause the interview at any time, or to reject a question.

1. Has your daily routine (whatever that may be) been affected by COVID-19? If so, what changed/how does it differ?

2. How far along were you in your pregnancy when the COVID-19 pandemic began to shut things down? (beginning of March)

3. What has it been like for you to be pregnant during a global pandemic?

4. Have you been pregnant/ given birth before COVID-19? If so, how are the two situations different and/ or similar?
   *If the answer to this question is no, then questions 11 and 12 can be skipped.

5. How was your experience preparing to bring a child into the world during a pandemic? Have you felt the need to stock up on necessities such as dippers, formula, etc.?

6. Were you able to attend appointments with the pandemic going on? Did the shutdown affect your pregnancy in terms of doctor visits, or giving birth? (For example, were you able to have visitors in the hospital after giving birth?)

7. What are some of your concerns regarding having a baby during this time? Has the presence of COVID-19 resulted in any anxiety about your pregnancy?

8. Are there any specific precautions that you are taking to keep yourself and your future baby/infant safe? If so, what are they?
9. Do you have a support system (family, friends, services, etc.) that can step in and aid you if anyone in your house contracts COVID-19?

10. After giving birth, how are you planning to have supervision of your baby (or babies)?

11. If this was not your first pregnancy, did this preparation process differ? If so, how?

12. Did you feel like your prior pregnancy made having a pandemic pregnancy easier, since you have been through the process before?

13. Has COVID-19 impacted your feelings about becoming a parent at this time? If you were planning on becoming pregnant during 2020 before COVID-19 hit, did the beginning of quarantine sway your decision? Please explain.

14. Do you feel that being pregnant during the pandemic resulted in an extra layer of isolation? If so, do you think that this was a positive or negative experience?

15. What is one thing about being pregnant in a pandemic that people wouldn’t know about or consider?

16. Name one thing that you wish people knew about the experience of being pregnant in a pandemic. For example, what was your biggest take away from your experience?

17. Do you have any recommendations or advice for those who are considering having a child during this time, or those supporting someone who is considering having a child during this time?

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