

## ORIGINAL PAPER

Obstetrics &amp; Gynaecology

# An investigation of women's pregnancy experiences during the COVID-19 pandemic: A qualitative study

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**Abstract**

**Background:** The coronavirus disease 2019 (COVID-19) pandemic has adversely affected the physical and psychosocial health of pregnant women and their access to antenatal care and health services.

**Aim:** To examine women's pregnancy experiences during the COVID-19 pandemic.

**Materials and methods:** The study was conducted in a qualitative design with 14 pregnant women who were admitted to a state hospital pregnancy outpatient clinic for antenatal control. The data were collected using a semi-structured individual interview form and were analysed using the thematic analysis technique. COREQ checklist guide was followed in the study.

**Results:** The pregnancy experiences of women in the COVID-19 pandemic were examined under 7 main themes: "physical health, psychosocial health, adaptation to pregnancy, pregnancy follow-ups, social life, spouse relationship and coping methods". Pregnant women have both positive and negative pregnancy experiences in the COVID-19 pandemic.

**Conclusion:** The study concluded that the pandemic has affected both the physical and psychosocial health of pregnant women, their social life, marital relationship and access to antenatal care services. Health professionals need to evaluate psychosocial health as well as the physical health of pregnant women, especially during the pandemic, and create a care plan accordingly. Midwives and other health professionals should improve the bio-psychosocial health of the pregnant/family via telehealth and counselling services.

## 1 | INTRODUCTION

Coronavirus disease 2019 (COVID-19), which appeared in China in December 2019, spread across the world and caused many people to get sick and die, was declared a pandemic by the World Health Organization.<sup>1</sup> To prevent COVID-19 transmission, social restrictions and lockdowns have been imposed in many countries.<sup>1,2</sup> The first confirmed case in Turkey was reported on 11 March 2020, and the Government and the Ministry of Health implemented immediate social restrictions (closures of schools, the transition to distance education, closure of the social areas such as parks, shopping malls,

many shops, cinemas, cafes and restaurants, etc and curfew).<sup>2</sup> The COVID-19 pandemic has negatively affected not only healthcare but also psychosocial and economic life all over the world.<sup>3,4</sup> Especially, those with chronic diseases, the elderly, and pregnant women who receive regular healthcare and services have been negatively affected in this period.<sup>5,6</sup> Researchers have been studying to identify the effects of COVID-19 infection on pregnancy.<sup>4,7</sup> However, present data are limited, and there is no current evidence that pregnancy has a higher risk of developing COVID-19 disease than the general population.<sup>3,8</sup> Some studies have reported that pregnant women encounter difficulties like inadequate access to health

services, insufficient information, boredom, fear of being infected, infecting fetus and other individuals at home, lack of social support during the lockdown and social isolation, loneliness, and economic difficulties during the pandemic.<sup>3,4,6-8</sup>

According to various studies, the stress, anxiety and depression levels in pregnant women have increased during the pandemic.<sup>9-11</sup> In a qualitative study by Şahin and Kabakçı,<sup>12</sup> it was noted that pregnant women had worries about the “effects of the pandemic on pregnancy, fetus and birth”. Pregnant women could not benefit from antenatal services adequately because of the reduction in the number of pregnant outpatient clinics, giving priority to pregnant women at risk, cancellation/delay of appointments and they felt neglected during the pandemic.<sup>7,8,13</sup> Besides, some pregnant women experienced social isolation, which negatively affected their physical and psychological health, felt uncertain about their birth method<sup>8,12,14</sup> and did not go for antenatal control for fear of getting infected.<sup>7,14</sup>

Psychosocial and physical impairment in the pregnant woman leads to pregnancy and obstetric complications like depression, traumatic stress disorder, preeclampsia, miscarriage, preterm delivery, intrauterine growth retardation and low birth weight.<sup>3,9,15</sup> Unprevented/untreated mental problems during pregnancy can cause traumatic births, postpartum depression and inadequacy in mother-baby attachment.<sup>16,17</sup> Therefore, for the protection of the psychosocial health of the pregnant woman and a positive pregnancy experience in the pandemic, perinatal healthcare professionals must provide more medical and psychosocial support and counselling throughout pregnancy and delivery during the COVID-19 pandemic.<sup>4,7</sup>

There is a paucity in the literature on the effects of the COVID-19 pandemic on pregnancy, and most studies are of quantitative research type.<sup>5,14,17</sup> The existing qualitative studies on the COVID-19 experience of pregnant women are limited in number.<sup>7,17</sup> This study aimed to investigate the pregnancy experiences of women during the COVID-19 pandemic from the perspectives of pregnant women using a qualitative research method and fill the gap in the relevant field.

## 2 | METHODS

### 2.1 | Study design

The study was carried out in a descriptive qualitative design. The primary aim of descriptive qualitative study is to determine the factors related to a phenomenon, how these factors affect it, and how the subjects are affected.<sup>18</sup> The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist guide was followed in the study.

### 2.2 | Study participants and sampling strategy

The population consisted of pregnant women who were admitted to Karadeniz Technical University Farabi Hospital Pregnancy

#### What's known

The pandemic has caused pregnant women to worry about the safety of themselves and the fetus.

#### What's new

The study revealed that the COVID-19 pandemic has both positive and negative effects on pregnancy experiences. Most pregnant women had negative pregnancy experience because of the anxiety, stress and fear for the safety of themselves and the fetus experienced social isolation and could not benefit from antenatal services adequately. However, the pandemic has also positive effects on some of the participants' marital relationships, adaptation to pregnancy and coping strategies.

Outpatient Clinic. The inclusion criteria include being over 20 years old, communicating in Turkish, and not being COVID-19 positive. The sampling method is based on the maximum diversity principle of the purposeful sampling method. Pregnant women with diverse socio-demographic characteristics were included in the sample in line with the principle of maximum diversity (Table 1).

In qualitative studies, the saturation point guides in deciding the size of the sample. If the data obtained during an interview is encountered in the previous interviews, or if no new information is revealed, it means that the data saturation has been reached.<sup>19,20</sup> Researchers terminate the study when the data started to repeat each other. In this study, data saturation was reached with 14 pregnant women. All pregnant women we interviewed volunteered to participate in the study.

### 2.3 | Data collection

In this study, the data were collected in December 2020 during the restrictions (closure of the social areas such as restaurants, cafes, cinemas, weekend lockdown, etc) in the second wave of the COVID-19 pandemic. Prior to collecting data, the pregnant women in the pregnancy outpatient clinic in the hospital were informed about the aim of the study and that the interviews would be held via phone at a time convenient for the participants because of social isolation rules in the hospital and that they would be recorded. Telephone numbers of those who volunteered to participate in the study were obtained, and each interview was conducted only once by the first author (RA) over the phone when the participants were available. One of the author is a women's health and diseases nurse, and the other one is a midwife. Additionally, the authors are academicians with some published qualitative articles. The authors and participants have the same ethnicity and mother tongue (Turkish).

Interviews were conducted using a descriptive information form and a semi-structured in-depth interview form, which was developed

**TABLE 1** Socio-demographic characteristics of the participants

Participant number	Age	Education level	Occupational status	Family structure	Week of pregnancy	Parity	Hospital pregnancy follow-up	The covid-19 case in the family
1	39	High school	Unemployed	Nuclear	37	Multiparous	Private	Yes
2	30	University	Employed	Nuclear	28	Primiparous	Public	No
3	32	University	Employed	Nuclear	20	Primiparous	Private	Yes
4	24	Primary education	Unemployed	Extended	18	Primiparous	Public	Yes
5	29	University	Employed	Nuclear	36	Primiparous	Private	No
6	27	University	Employed	Nuclear	28	Primiparous	Public	No
7	30	University	Employed	Nuclear	36	Multiparous	Public	No
8	32	Primary education	Unemployed	Nuclear	25	Multiparous	Private	No
9	29	University	Employed	Nuclear	20	Primiparous	Public	No
10	27	University	Employed	Nuclear	28	Primiparous	Private	No
11	28	University	Employed	Nuclear	22	Primiparous	Public	No
12	30	University	Employed	Nuclear	18	Primiparous	Private	No
13	29	University	Employed	Extended	32	Primiparous	Public	No
14	38	Primary education	Unemployed	Extended	22	Multiparous	Public	Yes

Note: *Unemployed* refers to women who do not work in their general life other than pregnancy and maternity leave. A *nuclear family* consists of a mother, father and children. An *extended family* beyond the nuclear family to include grandparents and other relatives.

**TABLE 2** Main questions in the semi-structured in-depth interview

ID	Questions
1	How has Covid-19 affected your physical health during pregnancy? Could you share with me?
2	How has Covid-19 affected your psychosocial health during pregnancy? Could you share with me?
3	How has Covid-19 affected your adaptation to pregnancy? Could you share with me?
4	How has Covid-19 affected your pregnancy follow-up and prenatal care? Could you share with me?
5	How has the Covid-19 affected your social life? Could you share with me?
6	Have you ever had trouble in your pregnancy during the Covid-19 pandemic? If yes, how have you coped with it? Could you share with me?
7	How has Covid-19 affected your spousal relationship? Could you share with me?

by the two female authors who have qualitative studies. Afterward, a pilot interview was conducted with three pregnant women who met the inclusion criteria and additional questions were included. In the interview, firstly, the questions in the diagnostic information form (age, education, gestational week, etc.) were asked. The semi-structured in-depth interview form consists of seven questions (physical health, psychological health, adaptation to pregnancy, pregnancy follow-up, social life, coping and spousal relationship) (Table 2). Qualitative studies have opening questions to start the interview: "How has Covid-19 affected your physical health during pregnancy? Could you share with me?". The main and sub-questions allowed us to gain deeper insights into the experiences of women regarding their pregnancy during the pandemic. The interviews lasted nearly 25-40 minutes depending on the participant.

## 2.4 | Data analysis

The analysis of qualitative data is based on Braun and Clarke's<sup>21</sup> thematic analysis approach consisting of six steps. In the first step, the researchers read the data several times to become familiar with it and identify remarkable statements of the participants' experiences. In the second step, all the common expressions are put together, starting codes are generated, listed and the data are organised into meaningful groups. In the third step, specific themes are created to put together a similar initial code. In the fourth step, the themes are reviewed and improved. In the fifth step, themes and subthemes are defined, and significant aspects of the data to generate themes are explained, and in the last step, the analyses are reported.

In this study, interviews were transcribed verbatim, and all these steps were followed in the analysis by the authors (RA, SA). The appropriateness of the emerging themes in the analysis was checked by two external experts. Some of the codes in the analysis are as follows; weight, oedema, nausea, anxiety, fear, loneliness, social support, spousal support, visiting a physician for follow-up, postponement, safe health centre, isolation, opportunity, positive or negative effect, books, watching movies, sport, talking to the baby. After the article was written, it was translated from Turkish to English.

## 2.5 | Rigour

In this study, Lincoln and Guba's Evaluative Criteria were used to check for accuracy and reliability of data, including credibility, dependability or trust, conformability and transferability. (a) For credibility, the interviews were constantly carried out actively, and sufficient time was allocated to the interviews. (b) For dependability, experts from the relevant field were consulted during the preparation of the semi-structured interview form and the analysis of the data. (c) For conformability, two experts were consulted about the appropriateness of main themes and subthemes. (d) For transferability, the purposeful sampling method was utilised to collect data from a suitable and large sample, and maximum diversity was taken into account.<sup>21</sup> At the end of each interview, the participants were informed that the transcripts would be sent to them for member checking after the data were transcribed. Ten women approved the interview, stating that member checking was not necessary. Transcripts were sent to the other four pregnant women and their consents were obtained after interview.

## 3 | RESULTS

The pregnancy experiences of women during the COVID-19 pandemic were discussed under seven main themes: "physical health, psychosocial health, adaptation to pregnancy, pregnancy follow-ups, social life, spousal relationship and coping methods" and a total of 12 subthemes (Table 3).

### 3.1 | Physical health

Some of the participants in the study reported that staying at home during the COVID-19 pandemic caused weight gain, fatigue, nausea and vomiting, oedema, and a negative pregnancy experience while some others reported no negative effect of the pandemic on their physical health, and even two were positively affected.

The statements of some pregnant women whose physical health were negatively affected by the COVID-19 pandemic are as follows;

COVID-19 affected me negatively. I could never go out for fear of getting infected. I was always at home

**TABLE 3** Effects of COVID-19: Main themes and subthemes

Main themes	Subthemes
Physical health	-
Psycho-social health	Anxiety and fear Depression Sadness
Adaptation to pregnancy	-
Pregnancy follow-ups	Postponing follow-ups Not attending follow-up visits Preferring health centres that they think are safe
Social life	Disruption and isolation Change in social life The comfort of living in a small province
Spousal relationship	-
Coping methods	Indoor activities Focusing on baby Spousal support

... Staying at home all the time caused me to gain weight, feel tired and have oedema in the legs. (P1)

I spent my pregnancy physically very badly. It was a period with bleeding and nausea. It may have been negative because of staying home.... (P2)

Some participants emphasised that the pandemic did not affect their physical health thanks to the advantages of living in small towns, villages or sites as follows;

COVID-19 has not affected my physical health because I live in a small town where there are valleys. We went to the valleys and forests with my husband at weekends or sometimes on weekdays when we got bored. We were doing exercise by doing so at least twice a week, so my physical health was not affected by the pandemic.... (P9)

I used to take a walk around the site in the evenings when nobody was there ... I did not neglect my exercises, so it did not affect me much.... (P12)

Some of the pregnant women who work intensely and have a nuclear family (n = 2) emphasised that they could take time for themselves, exercise, eat regularly and had an opportunity to rest in the pandemic, which improves their physical health:

My physical health got better during the lockdown. Since I had time for myself, I exercised and ate regularly

... we ate three meals a day. We took a break from our stressful and intense working life ... I could not get pregnant before ... but now I am ... Stress-free life may be one of the biggest reasons for this.... (P3)

... Lockdown allowed me to rest and take time for myself. For example, I did not use to have time for breakfast, but now that I am at home, so I can have breakfast and eat regularly and do exercises at home. Something good for me .... (P11)

### 3.2 | Psycho-social health

The impact of pandemics on the psycho-social health of pregnant women was examined under three subthemes: anxiety/fear, depression and sadness.

#### 3.2.1 | Anxiety and fear

More than half of the pregnant women were worried and scared of the risk of infection for themselves and their babies. Some of their statements are as follows;

I am very worried about my baby because if I get infected, I cannot take medication. What can I do, am I at risk of miscarriage? Or if something happens to me, can the baby survive? (P13)

I am very worried ... I cannot explain ... I am very scared that something bad will happen to my baby and me. (P5)

One of the women stated that her pregnancy follow-ups coincided with the lockdown, and she was distressed:

During my pregnancy, my follow-ups usually coincided with the lockdown ... We had to get permission from the district governor's office to see the doctor. While getting permission, you are waiting in line, and you are in contact with the crowd. I was very afraid that the virus would spread me and my baby, and something bad would happen to my baby.... (P10)

#### 3.2.2 | Depression

Some of the women living with their nuclear families indicated that they got into depression because of the lack of social support and loneliness during the pandemic.

I live in a city far from my family ... During that period, I was only with my husband, and since he is a doctor, I was mostly alone at home ... I am between four walls at home ... Is my psychology broken?, Am I okay?, How Do I Feel?, I asked myself many times ... Crying and tantrums ... I have gone through a deep depression.... (P2)

... I think I was depressed during the pandemic. I came to live with my family living in another city in case my husband working at the pandemic hospital would transmit the virus to me. I've always had contractions ... I was psychologically affected ... I was laughing at everything nonsense because I felt nervous ... My parents were asking me why I was laughing for no reason ... What are these? I think the symptoms of depression.... (P6)

#### 3.2.3 | Sadness

Since some of their relatives had COVID-19 and died, some of the pregnant women expressed the distress they experienced as follows:

My mother, mother-in-law, and my cousin were COVID-19 positive ... Especially my mother became very sick. She could not speak for a week ... It made me so sad to see her in pain.... (P3)

...My cousin got coronavirus. My aunt died from COVID-19. I am very sorry ... I've cried a lot.... (P1)

### 3.3 | Adaptation to pregnancy

Some pregnant women noted that the COVID-19 pandemic affected their adaptation to pregnancy positively and some negatively.

Being at home during the pandemic allowed some of the working women to rest, eat regularly and spare time for their babies and themselves, and thus affected their adaptation to pregnancy positively. They expressed their feelings as follows;

I am a teacher. To be honest, I had the opportunity to rest at home since I did not go to school. I can say that I adapted to my pregnancy better. It would be more difficult to be pregnant while working. (P12)

I had time for myself and my baby ... I'm sure I would be more stressed if I were working. Now I can walk more, eat healthier ... These are positive effects of the

pandemic for me, and I can say that it facilitated my adaptation to pregnancy.... (P3)

Pregnant women who reported that the pandemic negatively affected their adaptation to pregnancy were generally unemployed and housewives and those who were themselves or their spouses were healthcare staff. The pregnant women who were housewives stated that sometimes they had wished they had postponed the pregnancy because of their extended stay at home during the pandemic period and the fear of virus infection, which negatively influenced their adaptation to pregnancy;

Having to stay home at first affected my adaptation to pregnancy very badly. I thought that if I weren't pregnant, I would put on my mask and take my precautions and do whatever I wanted.... (P1)

When I first learned about my pregnancy, the COVID-19 pandemic had already started. I could not do anything comfortably (doctor control, shopping, etc). It was difficult to adapt to. There were times when I thought a lot whether it would have been better if we had postponed the pregnancy.... (P4)

Pregnant healthcare workers who are also married to healthcare workers stated that their adaptation to pregnancy was negatively affected with the following sentences;

I am a nurse ... I worked in the hospital until I was given administrative leave, so my adaptation to pregnancy was difficult. I thought that what if the virus infects me and I lose the baby.... (P7)

I do not know whether I have adapted to pregnancy during this period ... My husband also works at the pandemic hospital ... When he came home from work, he was constantly telling me "I may be infected, let's stay away from each other not to risk you and the baby, you are already pregnant, you cannot take medicine.". I was in constant stressful mood. This situation of course negatively affects my adaptation to pregnancy.... (P2)

### 3.4 | Pregnancy follow-ups

The effects of the COVID-19 pandemic on the pregnancy follow-up of women were examined under three subthemes: delaying pregnancy follow-ups, not attending pregnancy follow-up visits and preferring health centres that they think are safe.

#### 3.4.1 | Postponing pregnancy follow-ups

Some of the women who had prenatal visits at state hospitals reported that they postponed them because of the risk of coronavirus either with their own decisions or at the request of their doctors.

As I said, I had a slight bleeding at first, I didn't know what to do, should I go or not? If I go, there is a risk of getting a virus ... I postponed going to the doctor as much as possible.... (P1)

... The doctor told me to come back two weeks later. I went one month later and generally postponed my appointments. Once, my liver enzymes increased, so I had itchiness. But I didn't go to the doctor. The doctor got angry with me for not going to the control.... (P7)

#### 3.4.2 | Not attending pregnancy follow-up visits

Primary school graduate pregnant women living in the village with extended family who had antenatal visits in state hospitals stated that their appointments were generally cancelled, and then they decided not to go.

...Unfortunately, I could not go to have tests like detailed ultrasound and triple screening during this period. At that time, the virus was very intense in Trabzon ... our appointments were constantly being cancelled. It scared me a lot, so I decided not to go to the hospital. (P8)

I made an appointment, and it was cancelled many times. Then I decided not to go. My husband didn't want me to go anyway because of the virus risk.... (P14)

#### 3.4.3 | Preferring health centres that they think are safe

Not to delay the antenatal control, some women preferred private hospitals or family health centres, which they thought have less risk of coronavirus transmission. The statements of some of the women are as follows;

I have become finicky about hospitals ... We didn't go to hospitals full of COVID-19 patients. The increase in the COVID-19 epidemic made it difficult for me to

find a doctor ... I never wanted to go to the state hospital in this period ... I went to the private hospital, which I thought was safer and had less risk of infection. (P3)

Some of the women went to the follow-up visits at family health centres as they thought were safer;

I went to the family health centre regularly because it is safer. I called my midwife beforehand, and I went there if it was not busy. I did not go to the hospital unless I had to.... (P13)

### 3.5 | Social life

The change in the social life of women during the pandemic is discussed under three subthemes: disruption and isolation in social life, change in social life and the comfort of living in a small province.

#### 3.5.1 | Disruption and isolation

Most women highlighted that they had no social life and isolated themselves at home. The statements of some of the women are as follows;

We used to go out for breakfast or to the cinema on Sundays in the past. We stayed at home in the pandemic. I was alone ... It was bad.... (P8)

Of course, it has ... There were deaths. A worldwide pandemic has been declared. I was worried about going out, and I didn't want to go anywhere ... Other than my general health, I am also pregnant, I have a baby inside me. I have to protect it too, so I stayed home.... (P6)

#### 3.5.2 | Change in social life

Staying home because of coronavirus negatively affected the psychology of some of the women and changed their social habits or the social environment;

We couldn't go out, and we never met with anyone. My psychology deteriorated, so I went to our village. The house in the village has a garden. You are sitting among the trees. You talk to your relatives keeping social distance and communicate with people that you think are not sick.... (P4)

There has been a change in my social life. For example, instead of meeting at home and the cafe, we met our friends in the forests on the mountain slope by keeping our distance. Sometimes we continued our social life through video chatting on the phone. (P5)

#### 3.5.3 | The comfort of living in a small province

Some women stated that living in a small town or village contributed to their reduced social life being less dramatic because of the pandemic. The statement of one of the women is as follows;

We only cancelled home visits because I live in the village. Apart from that, we sat in the gardens at a distance and chatted. Or we called each other and chatted from window to window, garden to garden.... (P14)

### 3.6 | Spouse relationship

Half of the women, most of whom were employed, highlighted that the COVID-19 pandemic had a positive effect on their spousal relationships, while the other half stated just the opposite.

The statements of those whose spousal relations were positively affected revealed that they had the opportunity to spend more time with their husbands;

We could spend time together ... We had breakfast together. Before the pandemic, I used to leave home early so we couldn't have breakfast together, but we are all together in this period, so it affected me positively. (P12)

... Since I couldn't get out of the house, my husband tried to take care of me more. We spent more time together...He even helped me with housework in the evenings. (P9)

Among the reasons why those whose spousal relations were negatively affected were economic reasons, having to spend a lot of time together or their husbands' not paying attention to hygiene rules are as follows:

I have been negatively affected. Because we are both sociable people, being at home for 7/24 started to disturb us.... (P11)

I have been negatively affected ... My husband's business failed because of the pandemic ... He was always

at home, and we were constantly fighting ... I wanted to give birth in a private hospital, I did not want to prefer public hospitals because of the fear of the virus, but he did not accept it because we did not have enough money, so our relationship got much worse.... (P1)

Some of the women complained that their husbands were not careful about hygiene during the pandemic when they came home from work, so their marriage was negatively affected.

When my husband comes home, I always warn him to take off his clothes, not to stay at home with outside clothes, to wipe his phone, not to give his phone to the child. Because he does not pay any attention, he will transmit the virus to us. But, he gets angry at my warnings, and we argue.... (P7)

### 3.7 | Coping methods

Women stated that they overcome pandemic-induced stress with three types of coping methods: indoor activities, focusing on the baby and spousal support.

#### 3.7.1 | Indoor activities

The majority expressed that they coped with the pandemic by doing different indoor activities that raise their morale. The statements of some of the women are as follows;

...I read a lot of books, watched movies, played sports, redecorated the house. I knitted something at home, I attended online training programs, I did Plates, and breathe exercises.... (P3)

I tried to cope by making pastry, watching TV, listening to music, watching movies.... (P12)

#### 3.7.2 | Focusing on baby

Some of the women expressed that they coped with stress by talking to the baby and making preparations for it;

I tried to cope with it by talking to my baby ... I tried to boost myself up, I talked to it, I said "These days will end, and better days will come ... you will be born in a beautiful world." ... I relaxed in this way.... (P6)

I tried to get away from the negative effects of the pandemic by focusing on my baby and making birth

preparations. I packed my bag for delivery and the hospital room. I have ordered online delivery and postpartum essentials.... (P5)

#### 3.7.3 | Spousal support

The expressions of some of the women who coped with the stress and anxiety caused by the pandemic by strengthening their relationship with their spouse are as follows;

Well, I was able to overcome it with my husband's support. I mean I dealt with it ... We went through this period well as my husband was always with me psychologically, spiritually and financially.... (P10)

I spent time with my husband ... he always supported me ... I can say that I coped with the stress and problems brought about by the pandemic thanks to him. (P2)

## 4 | DISCUSSION

In this study, the pregnancy experiences of women during the COVID-19 pandemic were discussed under seven main themes: "physical health, psychosocial health, adaptation to pregnancy, pregnancy follow-up, social life, spousal relationship, coping methods", and it was concluded that pregnant women had both positive and negative pregnancy experiences. Some pregnant women thought that staying at home because of lockdown and social isolation causes mobility limitation, weight gain and oedema, which shows the negative effects of the pandemic on their "physical health". The physical health and psychosocial health of the pregnant woman are interrelated. Some experienced "anxiety and fear" because of the risk of virus transmission to their fetus, "great sadness" because of their relatives being COVID-19 positive or passing away, and "depression" because of lack of social support and loneliness. The majority stated that they could not maintain their old social habits, isolate themselves at home and experience loneliness. All these expressions reveal the negative effects of the pandemic on the "psychosocial health" and "social life" of pregnant women. Like these findings, various qualitative studies in Turkey,<sup>12</sup> UK<sup>7</sup> and Australia<sup>14</sup> have reported that the pandemic affects the physical, psychosocial health, and social life of pregnant women negatively and leads to a negative pregnancy experience. If the anxiety and fears of pregnant women cannot be prevented/treated, it may cause adverse obstetric consequences such as premature birth, insufficient maternal attachment, elective caesarean request, low APGAR score baby, postpartum depression.<sup>9</sup> Therefore, health professionals should identify the factors that impair the psychosocial health of pregnant women and their needs



through tele-counselling services during the pandemic and ensure adaptation to pregnancy by providing consultancy services.<sup>3,22</sup>

It is seen in this study that the COVID-19 pandemic has both positive and negative effects on “pregnancy adaptation”. It is noteworthy that pregnant women working before the pandemic have a chance to take time for themselves and their babies during this period. Pregnant women who could not adapt to their pregnancy were those who had to stay alone at home for a long time or whose spouses were health professionals. Pregnant working women in Turkey have worked within the scope of flexible working hours or have been on administrative leave. That the pregnant women have a chance to rest at home more, have a balanced diet, and pay attention to their self-care has contributed to their better adaptation to pregnancy. Two pregnant women in the study mostly lived in the village/town during the pandemic, could walk around the garden, and meet with their friends in the garden, so they adapted to their pregnancy better in the village. After these considerations, it is seen that multiple factors such as the marital relationship, spouse and social support, the duration of lockdown, the place of residence during the lockdown, and the availability of antenatal services may be effective on pregnancy adaptation.<sup>5</sup>

The participants in the study emphasised that they were worried about the safety of themselves and their babies, their appointments for antenatal control were postponed, or they did not attend antenatal controls because of the pandemic. Some went to private hospitals or family health centres, which they thought were safer not to neglect their antenatal controls. The statement of a pregnant woman in another qualitative study on the subject is as follows; “*I'm not thinking about going to the hospital right now, but when I complete my fourth month, I'm planning to go to a private clinic, you know, to see a doctor who conducts private examinations.*”<sup>12</sup>

Various studies have reported that some pregnant women were recommended by their physicians not to go to the hospital unless it is compulsory and to report their complaints by phone, they preferred family health centres for pregnancy follow-up and they did not go for antenatal control for fear of virus transmission,<sup>12,14</sup> they could not get adequate and qualified antenatal care, their appointments were cancelled, and they experienced a feeling of neglect and anxiety.<sup>7,13,23</sup>

In this stressful period, spousal support and positive relationship with spouses provide social support to pregnant women and increase their psychological well-being.<sup>5,24</sup> In this study, the pandemic affected the spousal relationship of some pregnant women positively thanks to spending more enjoyable time and doing housework together and some negatively because of the economic distress caused by the pandemic/their spouses being unemployed, having to spend a lot of time together and their husband's not paying attention to the COVID-19 protective measures. In a study on marital adjustment during the pandemic, a woman states that her marriage is negatively affected by the pandemic as follows: “*Living 24/7 with my partner has brought old issues back.*”<sup>25</sup> The positive impact of the pandemic on the marital relationship is interpreted as

an opportunity by some women as they can spend more time with their spouses and do something together.<sup>14,24</sup> Kajdy et al<sup>26</sup> argued that the increase in economic problems of pregnant women during the pandemic and their spouse being unemployed negatively affect the relationship of pregnant women. In a study conducted by Effati-Daryani et al,<sup>5</sup> pregnant women with poor spousal support in a pandemic experienced more anxiety and depression symptoms. Deterioration of spousal relationships negatively affects not only the health of the mother-fetus but also the health of the family and society.<sup>14</sup> However, it should also be kept in mind that spousal relationships may also deteriorate because of the other children being at home after the closure of schools, the increased workload at home, the new distribution of tasks in the family and misunderstandings.<sup>26</sup> The pregnant women in this study coped with the pandemic-induced negative situations by focusing on their unborn baby, preparing for baby essentials, doing indoor activities and having a pleasant time with their spouse. Similarly, in a qualitative study, it was suggested that pregnant women developed strategies to cope with anxiety during the pandemic like “focusing on positive things, reducing or not watching television and doing different hobbies at home”.<sup>12</sup> Using positive coping methods to eliminate the negativity of the pandemic prevents pregnancy depression and facilitates adaptation to pregnancy and postpartum motherhood.<sup>27</sup>

#### 4.1 | Limitations and strength

The study has some limitations. The sample consisted of pregnant women who were admitted to only one hospital for antenatal control, and who were in different trimesters. Besides, because the interviews were made by phone, the feelings and facial expressions/gestures of the pregnant women could not be understood while describing their experiences. On the other hand, adding further questions to the interview after the pilot study allowed us to make a comprehensive evaluation of the pregnancy experiences of women during the pandemic. With these features, we believe that our study will fill the gap in the literature and shed light on further studies.

## 5 | CONCLUSION

Pregnant women in this study have both positive and negative pregnancy experiences during the COVID-19 pandemic. The psychosocial and physical health, social life, the marital relationship of most of the women and their access to antenatal services during the pandemic were negatively affected, which lead to negative pregnancy experiences. Those who experienced their pregnancy positively had a good marital adjustment, and staying at home in the pandemic enabled them to take time for themselves and their babies. The pandemic has significant effects not only on the physical health of pregnant women but also on family health, marital relationship and social life.

## 6 | IMPLICATION FOR PRACTICES

The pandemic has affected pregnant women physically, psychologically and socially. Health professionals should increase their biopsychosocial health by providing telehealth and counselling services to pregnant women. Telehealth service should be 24/7, be able to provide/direct the pregnant woman's access to timely and accurate information sources and be free of charge. Free online psychological support lines should be established. Birth preparation training should be online, and the pregnant woman and her family should be informed by adding the "COVID-19 pregnancy, birth, breastfeeding" training module to this training. Spouses should be included in the training to be held for pregnant women as much as possible. According to the WHO, improving the quality of antenatal care will contribute to positive pregnancy experiences and positive births. Besides, it is recommended to carry out follow-up studies, including birth and postpartum periods to reveal the long-term effects of COVID-19.

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### ETHICAL CONSIDERATION

Ethical approval for the study was granted by the T.R Ministry of Health Covid-9 Research Assessment Commission, and ethics committee approval and institutional permission were obtained (Approval code: 24237859-786). Prior to the interviews, all the pregnant women were informed about the purpose of the study and that the data would be collected via telephone interviews and recorded, and they could withdraw from the interview at any time they wanted, and their verbal consent was received.

### DISCLOSURES

The authors declare that they have no competing interests.

### AUTHOR CONTRIBUTIONS

Study design: RA, SA. Data collection: RA, SA. Data analysis: RA, SA. Study supervision: RA, SA. Manuscript writing: RA, SA. Critical revisions for important intellectual content: RA, SA.

### DATA AVAILABILITY STATEMENT

Data available on request because of privacy/ethical restrictions: The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available because of privacy or ethical restrictions.

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### REFERENCES

- World Health Organization. Q&A: pregnancy, Childbirth and COVID-19; 2020. <https://www.who.int/emergencies/diseases/novelcoronavirus-2019>. Accessed December 10, 2020.
- Ministry of Health. COVID-19 rehberi. Ministry of Health; 2020. <https://covid19bilgi.saglik.gov.tr/tr/covid-19-rehberi>. Accessed December 10, 2020.
- Derya YA, Altıparmak S, Emine AKÇA, Gökbulut N, Yılmaz AN. Pregnancy and birth planning during covid-19: the effects of tele-education offered to pregnant women on prenatal distress and pregnancy-related anxiety. *Midwifery*. 2021;92:102877. <https://doi.org/10.1016/j.midw.2020.102877>
- Corbett GA, Milne SJ, Hehir MP, Lindow SW, O'connell MP. Health anxiety and behavioral changes of pregnant women during the COVID-19 pandemic. *Eur J Obstet Gynecol*. 2020;249:96-97. <https://doi.org/10.1016/j.ejogrb.2020.04.022>
- Effati-Daryani F, Zarei S, Mohammadi A, Hemmati E, Yngyknđ SG, Mirghafourvand M. Depression, stress, anxiety, and their predictors in Iranian pregnant women during the outbreak of COVID-19. *BMC Psychol*. 2020;8(1):1-10.
- Qian M, Wu Q, Wu P, et al. Psychological responses, behavioral changes, and public perceptions during the early phase of the COVID-19 outbreak in China: a population-based cross-sectional survey. *BMJ Open*. 2020;1-25. <https://doi.org/10.1101/2020.02.18.20024448>
- Karavadra B, Stockl A, Prosser-Snelling E, Simpson P, Morris E. Women's perceptions of COVID-19 and their healthcare experiences: a qualitative thematic analysis of a national survey of pregnant women in the United Kingdom. *BMC Pregnancy Childbirth*. 2020;20(1):1-8.
- Yassa M, Birol P, Yirmibes C, et al. Near-term pregnant women's attitude toward, concern about and knowledge of the COVID-19 pandemic. *J Matern-Fetal Neonatal Med*. 2020;33(22):3827-3834. <https://doi.org/10.1080/14767058.2020.1763947>
- Juan J, Gil MM, Rong Z, Zhang Y, Yang H, Poon LC. Effect of coronavirus disease 2019 (COVID-19) on maternal, perinatal, and neonatal outcome: systematic review. *Ultrasound Obstet Gynecol*. 2020;56(1):15-27. <https://doi.org/10.1002/uog.22088>
- Güler O, Hatırnaz Ş. Türkiye'de COVID-19 salgınından önce ve sonra doğum için başvuran gebelerde antenatal kaygı seviyelerinin karşılaştırılması. *Perinatoloji Dergisi*. 2020;28(2):108-112.
- Ayaz R, Hocaoglu M, Günay T, Devrim Yardımcı O, Turgut A, Karateke A. Anxiety and depression symptoms in the same pregnant women before and during the COVID-19 pandemic. *J Perinat Med*. 2020;48(9):965-970. <https://doi.org/10.1515/jpm-2020-0380>
- Sahin BM, Kabakci EN. The experiences of pregnant women during the COVID-19 pandemic in Turkey: a qualitative study. *Women Birth*. 2021;34(2):162-169. <https://doi.org/10.1016/j.wombi.2020.09.022>
- Lebel C, MacKinnon A, Bagshawe M, Tomfohr-Madsen L, Giesbrecht G. Elevated depression and anxiety among pregnant individuals during the COVID-19 pandemic. *J Affect Disord*. 2020;277:5-13.
- Chivers BR, Garad RM, Boyle JA, Skouteris H, Teede HJ, Harrison CL. Perinatal distress during COVID-19: thematic analysis of an online parenting forum. *J Med Int Res*. 2020;22(9):e22002. <https://doi.org/10.2196/22002>
- Sut HK, Kucukkaya B. Anxiety, depression, and related factors in pregnant women during the COVID-19 pandemic in Turkey: a web-based cross-sectional study. *Perspec Psyc Care*. 2021;57(2):860-868. <https://doi.org/10.1111/ppc.12627>
- Gaillard A, Le Strat Y, Mandelbrot L, Keita H, Dubretret C. Predictors of postpartum depression: prospective study of 264 women followed during pregnancy and postpartum. *Psyc Res*. 2014;215(2):341-346. <https://doi.org/10.1016/j.psychres.2013.10.003>
- Durankuş F, Aksu E. Effects of the COVID-19 pandemic on anxiety and depressive symptoms in pregnant women: a preliminary study. *J Matern-Fetal Neonatal Med*. 2020;18:1-7. <https://doi.org/10.1080/14767058.2020.1763946>
- Silverman D. *Doing Qualitative Research*. 4th ed. London: Sage Publications; 2005.
- Morse JM. Data were saturated. *Qual Health Res*. 2015;25(5):587-588. <https://doi.org/10.1177/1049732315576699>

20. Creswell J. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 5th ed. Thousand Oaks, CA: SAGE Publications; 2013.
21. Braun V, Clarke C. What can “thematic analysis” offer health and wellbeing researchers? *Int J Qual Stud Health Well-being*. 2014;9(10):1-2. <https://doi.org/10.3402/qhw.v9.26152>
22. O'Connell M, Crowther S, Ravaldi C, Homer C. Midwives in a pandemic: a call for solidarity and compassion. *Women Birth*. 2020;33(3):205-206. <https://doi.org/10.1016/j.wombi.2020.03.008>
23. Berthelot N, Lemieux R, Garon-Bissonnette J, Drouin-Maziade C, Martel É, Maziade M. Uptrend in distress and psychiatric symptomatology in pregnant women during the COVID-19 pandemic. *Acta Obstet Gynecol Scand*. 2020;99(1):848-855. <https://doi.org/10.1111/aogs.13925>
24. Rahimi R, Dolatabadi Z, Moeindarbary S, et al. A systematic review of the prevalence of mental health disorders in pregnant women during the covid-19 pandemic. *Int J Ped*. 2020;8(11):12397-12407.
25. Günther-Bel C, Vilaregut A, Carratala E, Torras-Garat S, Pérez-Testor C. Couple and family relations early in the state-regulated lockdown during the covid-19 pandemic in Spain: an exploratory mixed-methods study. *Fam Process*. 2020;2020(59):1069-1079. <https://doi.org/10.1111/famp.12585>
26. Kajdy A, Feduniw S, Ajdacka U, et al. Risk factors for anxiety and depression among pregnant women during the COVID-19 pandemic: a web-based cross-sectional survey. *Medicine*. 2020;99(30):15-45. <https://doi.org/10.1097/MD.00000000000021279>
27. McLeish J, Redshaw M. Mothers' accounts of the impact on emotional wellbeing of organized peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy Childbirth*. 2017;17(1):28. <https://doi.org/10.1186/s12884-017-1220-0>

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