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New Parent Support Needs and Experiences with Pediatric Care During the COVID-19 Pandemic

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Abstract

Objectives Despite evidence for heightened psychiatric risk and unique parenting challenges during the COVID-19 pandemic, no research exists on the specific needs of parents of infants and responsiveness of pediatric care to their needs. We aimed to describe the support needs of new parents and explore their experiences with pediatric care.

Methods In late 2020 we conducted semi-structured interviews with 30 mothers of babies born or due that year. Interviews addressed perinatal experiences during the pandemic, with an emphasis on experiences related to social support. In an iterative, inductive process, thematic analysis was used to analyze the data.

Results This study identifies a set of support needs specific to the context of parenting an infant during the COVID-19 crisis: coping with the compound psychological impacts of the postpartum period and a pandemic; parenting in the absence of expected social support; risk assessment to keep infant and family safe. This study finds that policies implemented by health care providers to reduce risk of COVID-19 transmission came at a cost to new parents and parent-provider relationships. Participants reported mixed experiences with in-person and telehealth pediatric care, including inadequate and/or uncomfortable postpartum mental health screening and breastfeeding support, and identified specific features that constituted responsive care during the pandemic.

Conclusions Normative changes associated with the postpartum period combined with complex adaptations necessitated by the COVID-19 pandemic presented substantial challenges for families with infants, even relatively privileged families. Providers can incorporate these findings to enhance support for families and promote maternal and child health.

Keywords COVID-19 pandemic · Family-centered care · Pediatrics · Postpartum

Significance

What's Known on this Subject

Parent wellbeing is a central influence on child wellbeing, especially in the earliest years of life. Increased stressors and reduced access to support have harmed parent wellbeing during the COVID-19 pandemic. Optimal pediatric care encompasses care and concern for the family.

What this Study Adds

This study adds specific understanding of new parents' support needs and experiences with pediatric care during the COVID-19 pandemic, which include inadequate postpartum mental health and breastfeeding support. The study offers suggestions for practitioners to enhance support and improve health for parents and infants during and beyond the COVID-19 pandemic.

Infant development occurs in the context of caregiving relationships and the community surrounding the family and child (Rosenblum et al., 2019). The COVID-19

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pandemic has had a profound effect on communities worldwide, increasing stresses and reducing support available to families (Gassman-Pines et al., 2020; Patrick et al., 2020) and disproportionately harming low-income families of color (Despard et al., 2020; Lopez et al., 2020). Parent well-being declined during the pandemic (Gassman-Pines et al., 2020; Patrick et al., 2020), and because of the centrality of caregiving relationships in early development, heightened distress and emotional symptoms in parents place infants at particular risk (Rosenblum et al., 2019). The earliest well-child visits are an opportunity for pediatric providers to establish supportive longitudinal relationships with parents. These relationships became more important than ever in the context of a global pandemic with associated stressors and diminished support for new parents.

Pediatric providers have long recognized that serving the whole family is the best way to support the wellbeing of children (Regalado & Halfon, 2001). As a trusted and accessible resource to new parents, pediatric providers are uniquely positioned to provide education to families, assess infant, parent, and family needs, and make any necessary referrals. Professional guidelines (Hagan et al., 2017) encourage providers to use well-child visits to provide counseling and anticipatory guidance to parents on a range of topics (e.g., infant routines, safe sleep practices, nutrition) to promote healthy infant development (Regalado & Halfon, 2001). Recognizing that perinatal mental health has short- and long-term implications for children's health, the American Academy of Pediatrics urges pediatric providers to incorporate screening, referrals, and follow-up of perinatal depression into pediatric practice (Earls et al., 2019). Embedding parenting support and postpartum mental health screening into pediatric care became especially critical with the onset of the pandemic, as perinatal women faced added stress (Osborne et al., 2021) and increased risk of developing postpartum depression (McFarland et al., 2021).

The influence of parents on children's health and development is well documented, and the value of productive partnerships between pediatric providers and parents is well established (AAP Committee on Hospital Care, 2003). Yet despite evidence for heightened psychiatric risk and unique parenting challenges, there is a dearth of research on the specific needs of parents of infants and responsiveness of pediatric care to their needs during the pandemic. We aimed to describe the support needs of parents of infants during the pandemic and explore their experiences with pediatric care. Better understanding parents' needs and experiences can inform efforts to increase the responsiveness of pediatric care to their needs – and in turn, attention to the needs of parents may contribute to a strengthened caregiving environment and improved parent and child health outcomes.

Methods

Participants and Recruitment

This article is part of a larger qualitative study to explore experiences surrounding pregnancy, labor and delivery, and early parenthood in the time of COVID-19. Participants ($N = 30$) were recruited through posts in social media groups for expectant and new mothers. Eligibility criteria included 18 years of age or older, parent of an infant born or due in 2020, United States resident, and comfortable completing an interview in English. Qualitative methodologists recommend 20–30 interview participants as generally necessary to achieve data saturation (Cresswell & Cresswell, 2018; Morse 2000). By 25 interviews, we could no longer identify novel themes in new data, affirming our decision to close recruitment after achieving a sample of 30.

The 30 women who participated in this study came from 21 states spanning every region of the United States. Participant ages ranged from 28 to 40 years old (mean age 33.5), 80% identified their race as white, and 73% reported household income greater than $100,000. All participants were married or partnered and 2/3 were first-time mothers. Further sample characteristics are presented in Table 1.

Data Collection

All participants gave their informed consent prior to inclusion in the study. Participants completed a brief online demographic survey, then participated in semi-structured interviews lasting approximately 60 min. The interview guide addressed experiences during pregnancy, labor and delivery, and early parenthood in the time of COVID-19. Interviews were conducted by phone or video call consistent with participant preference, by the first and second authors, respectively a faculty member with extensive qualitative research experience and a doctoral student in social work who has completed coursework in qualitative research methods and received training to conduct interviews. The first author and study PI disclosed to participants that she gave birth early in the pandemic and her interest in and approach to the study were shaped by both her personal experience and longstanding research focus on support for expectant and new parents in contexts of adversity.

Interviews were audio recorded and professionally transcribed, and details that might disclose participant identities were removed from the transcripts prior to analysis. The human subjects protections for this study were reviewed by the University of Wisconsin-Madison Education and Social/Behavioral Science Institutional Review Board and the study was determined to be exempt. Participants received a $20 gift card after their participation.

Table 1 Participant Demographics

Characteristic	Mothers of Infants Born in 2020 ($N=30$)
Age in Years	5
26–30	19
31–35	6
36–40	
Race / Ethnicity*	0
American Indian or Alaska Native	6
Asian / Pacific Islander	2
Black or African American	2
Hispanic or Latino	24
White	
Sexual Orientation	24
Straight (heterosexual)	5
Lesbian, bisexual, or queer	1
Prefer not to disclose	
Relationship Status	30
Married / partnered	0
Single / unpartnered	
Education	1
Some college	29
Completed college w/ Bachelor's degree or more	
Employment	23
Full-time employment outside the home	2
Part-time employment outside the home	2
Homemaker	2
Student	1
Unemployed	
Household Income Per Year	2
$50,000-$74,999	6
$75,00-$99,999	22
≥ $100,000	
Region of the United States	6
Northeast	7
Midwest	12
South	5
West	
Quarter of 2020 in Which Baby was Born	12
First quarter (January-March)	9
Second quarter (April-June)	4
Third quarter (July-September)	5
Fourth quarter (October-December)	
First-Time Parent	20
Yes	10
No	

* Participants could select all that apply, yielding more than 30 responses

Data Analysis

Data were analyzed in an iterative, inductive process (Braun & Clarke, 2006). The first author completed the initial steps of the analysis. She began with data immersion, reading every transcript multiple times to deepen familiarity with the data. She used open coding to generate initial codes, grouped initial codes into categories according to their similarities, and then organized categories into themes. She returned to each transcript multiple times to distinguish and refine definition of recurrent themes and to establish reliable codes (Thomas, 2006). This process resulted in the gradual development of a codebook, and the first two authors then coded the transcripts accordingly, with disagreements resolved by discussion. After coding was complete, we conducted post hoc comparative analysis to examine whether needs and experiences differed between first-time and experienced parents. All authors collaborated on interpretation of the results. We followed the COREQ criteria for reporting qualitative research. The research team combines training and expertise in social work and pediatrics.

Results

Results shed light on some of the distinct challenges and support needs of new parents during the pandemic, as perceived by mothers. Further, results indicate the diversity and range of new parents' experiences with pediatric care during this time. Themes related to new parent support needs (Table 2) and experiences with pediatric care (Table 3) are presented below with supporting quotations. Themes are reflective of patterns across interviews, and quotations have been selected for inclusion because they are representative and illustrate the rich data generated in this study. Many identified needs and experiences were common across first-time and experienced mothers; we indicate where our analysis revealed differences.

Mental Health Amid the Dual Stressors of Infant and Pandemic

Participants identified multiple significant stressors in addition to caring for an infant, including worry about loved ones who were sick with COVID, keeping their family safe and healthy, paying bills following layoffs or reduced work hours, and feelings of isolation due to physical distancing requirements. Experienced mothers also reported supporting older siblings whose routines had been disrupted as a notable stressor. Participants emphasized that both mothers and fathers were struggling and in need of support (Table 2, Section A). Some participants described diagnosed mental health conditions such as postpartum depression and anxiety, while others discussed more moderate feelings of loneliness and overwhelm, and both groups indicated a need for more support than they were currently receiving (Table 2, Section B). In the context of a pandemic that destabilized so much about the way we live, participants felt some amount of increased difficulty should be considered "normal," and described uncertainty distinguishing normative from problematic changes in feelings and mood (Table 2, Section C).

Table 2 Summary of Thematic Analysis of New Parent Support Needs in the Time of COVID-19 and Illustrative Quotes

	Quote
Theme: Mental health amid the dual stressors of infant and pandemic	
Section A: Mothers and fathers struggle	*I think that I was going to be more anxious [as a mother] than I realized. But it was definitely compounded by the virus… I think being isolated, not having anyone else to talk to, not being able to just like go to a restaurant and not think of it, I think that was like a pretty big, a big part.*
	He kind of like broke down and was like, you know, that the pandemic had really been affecting him like mentally as well. And, you know, that he was like so scared about everything and, you know, that he had been kind of distancing himself from, you know, me and our daughter and he didn't even realize he was doing it you know, but then like when I said that to him he…like kind of had this realization.
Section B: Clinical and sub-clinical mental health challenges	*When the pandemic hit and him not being able to go back to work, you know, because they shut down… I think it was really hard for him… He really struggled with coming to terms with fatherhood… I felt like if he could have left the house and have more alone time to figure out his new identity and, you know, feel like he's more than just a father at this time, [it would have helped]… He developed um, postnatal depression um for fathers…*
	I wish there was something for those of us who are like sort of fine, but not actually… Like I'm not [clinically] depressed. I don't have more anxiety than the average person has during a pandemic… And no, I'm not really okay… I'm not so okay that I don't need anything, so I wish that there was something for those of us who are like sort of struggling.
Section C: Distinguishing "normal" from excessive worry in the context of a pandemic	*I mean I was diagnosed as [having] post-partum anxiety and OCD, but it's like, is this really [anxiety and OCD] or is this pandemic … It actually took me a while to get kind of the care that I needed to because I was just like well, this is a pandemic, everybody is feeling this way…*
Section D: Disruption to plans for protecting and promoting postpartum mental health	*As an anxious person, I tend to release a lot of that anxiety by hanging out with friends, by going on walks or doing some sort of exercise. With my son, my first son, I went to… yoga classes. … [I couldn't do that this time] and I felt that lack, like very, very, very acutely.*
Section E: COVID-related trauma surrounding birth	*[When I had to go back into the hospital due to infection after the baby was born] there was absolutely no visitors allowed um, and yeah, so no family, no husband, no baby, I was just literally alone. … It was four days and like when you say it, it sounds short, but to be alone and so sick it felt like such a long time you know… It was extremely emotional especially to be away from the baby… I wanted to hold the baby. I wanted to touch the baby… That experience like it really traumatized me.*
Theme: Grieving changed circumstances of birth and early parenting due to COVID-19	
Section F: Loss of social support, including support of extended family	*This is my parent's first grandchild… We wanted actually my parents to be here before the birth to help support um, to support us since there is a lot of postpartum traditions that Chinese families subscribe to… And they still haven't met the baby, so I think that was an area of support that I felt lacking the most; not being able to share my happiness and share my joy and share, you know, the stresses of being a mother with my family who I have always been really, really close to.*
Section G: Loss of opportunities to be together and create community with other parents of infants	*With my first son, I went to a lot of prenatal yoga classes… and then I went to a breastfeeding support group… So I was like pretty much weekly surrounded by other people in a similar situation. And I felt that lack, like very, very, very acutely [when I gave birth to my second son during the pandemic]… That was like a really strong feeling that I had back in April was that loneliness in terms of like friendship and being around other, other birthing people, other people that were kind of going through the same experience.*
Section H: Parent perception of losses for infant due to being born during a pandemic	*[For me,] I can always text my friends and that kind of stuff and get some sense of solidarity and camaraderie in this process. But like, [for my daughter], … having her feel close to [other people], like actually being held by someone else, is totally absent.*
Section I: Losses continue and accumulate	*At the beginning [when baby was born in March], it was like I'm not thinking about [BABY]'s Christmas being ruined… He has a 93-year-old great grandpa, we were supposed to meet him at a family reunion, like we were supposed to introduce the baby to my husband's entire amazing family in June. When it got cancelled it was like a punch to the gut, but I'm trying to just like take one punch at a time…*
Theme: Burden of weighing COVID exposure risk and making decisions	
Section J: No respite from risk assessment	*The daycare decision is just so hard because it's one that's like never done, you can revisit it every day.*
Section K: Navigating differences in assessment of risk with co-parent	*He definitely has a much higher risk tolerance in terms of COVID than I do… [He's been] kind of deferring to me, but letting me know, hey I think you're being too stringent.*

Table 2 (continued)

	Quote
Section L: Disproportionate responsibility of mothers to make decisions about risk	*It was really difficult to figure out if our family could come and visit… It was like this, you know, this kind of balancing act of it would really be helpful for them to be here, because they could help with child-care, but then also there's a pandemic, do we want our 60-plus year old parents to fly? Do we want our newborn to be at risk for having people in the house? So I think that was really hard, and my husband just kind of deferred to me… He was like whatever you feel comfortable with, I'm happy to support.*
Section M: Risk of COVID exposure as a factor in deciding when to access health care for the infant	*We had a visiting nurse coming at the very beginning. I, we ultimately opted out of that program fairly quickly, because we just were too afraid of the risk that it posed as far as COVID goes.*

Women with prior history of depression and anxiety discussed multiple ways that the pandemic exacerbated the challenges they faced, including the addition of new stressors, reduced access to mental health care, and disruption to plans they had developed to protect and promote their well-being in the postpartum period (Table 2, Section D). Several women described profound and lingering distress resulting from COVID-related traumatic events surrounding childbirth, including separation from partner and/or infant due to COVID-19 protocols (Table 2, Section E).

Grieving Changed Circumstances of Birth and Early Parenting Due to COVID-19

Participants described multifaceted feelings of loss related to welcoming a new baby during a pandemic, emphasizing three areas of loss in particular: social support for parents, including support of extended family (Table 2, Section F); in-person opportunities to connect and create community with other new parents (Table 2, Section G); and bonding time for the infant with grandparents and other significant people (Table 2, Section H). While all participants experienced grief at these losses, first-time mothers described the added pain of entering parenthood for the first time in a context that presented many barriers to sharing this major life transition. Rather than getting easier with time, participants described accumulating losses as the pandemic extended (Table 2, Section I).

Burden of Weighing COVID Exposure Risk and Making Decisions

Participants highlighted the burden of weighing COVID exposure risk and making decisions (e.g., about childcare, visits from family), as a singularly weighty challenge that was unique to their cohort of new parents. These decisions were high-stakes and there wasn't any respite from confronting such decisions (Table 2, Section J). The decisions were more fraught when there was a need to navigate differences in assessment of risk with a co-parent (Table 2, Section K). Participants noted that the burden of making decisions about risk often falls disproportionately to mothers because their partners defer to them in this arena (Table 2, Section L). Of particular relevance to pediatric providers, many mothers specified concern about the risk of COVID exposure as a factor in deciding if/when to access health care for their infant (Table 2, Section M).

Impacts of Restrictions and Closings

In discussing facilitators and barriers to accessing support, participants frequently spoke about changes to health care provision due to COVID-19. They understood and appreciated that restrictions and closings may have been necessary and appropriate for public health reasons, but they described significant tradeoffs for parents of infants. Participants described the physical and emotional toll of policies that allowed only one parent at pediatric visits (Table 3, Section A), noting especially the physical toll they experienced attending early pediatric visits alone while they were still recovering from childbirth, and the emotional toll of attending appointments alone as the parent of a medically complex infant.

With breastfeeding often cited as a factor, participants reported that it was nearly always they (mothers) who accompanied the infant when restrictions were in place, and they lamented that COVID-19 restrictions contributed to limited participation of fathers and increased responsibility of mothers for children's health care (Table 3, Section B). For some first-time parents, restrictions meant that months after birth the father had never met the pediatrician. Among those who had experienced new parenthood previously, participants frequently expressed their gratitude that through their older child(ren)'s care, the father had previously gotten to know the provider and had the opportunity to ask questions about infant care and development. Participants also noted that restrictions led to inequitable access to participation in pediatric care, as some parents (e.g., due to language barriers or disability status) could not navigate visits alone with the infant (Table 3, Section C).

Reduced hours and clinic closings also posed an obstacle. In particular, many women said that they lost access to in-person lactation support, and they described themselves as deeply frustrated that they couldn't access support that

Table 3 Summary of Thematic Analysis of New Parent Experiences with Pediatric Care in the Time of COVID-19 and Illustrative Quotes

	Quote
Theme: Impacts of restrictions and closings	
Section A: Emotional toll of policies that allow only one parent at pediatric appointments	*It [bringing newborn to the pediatrician] was the first thing I had to do [with our baby] without [my partner] and it just felt so isolating and awful.*
Section B: Limited participation of fathers, increased responsibility of mothers, as consequences of limiting to one parent at pediatric appointments	*I think the most like frustrating thing… I think I wasn't ready to jump into the stereotypical, 'mom is in charge of everything, mom knows everything about the kid and dad is just there for support role' and COVID I feel kind of pushed us into those roles faster.*
Section C: Inequitable access to participation in pediatric care	*I mean he speaks English but medical terms, sometimes it helps to have me there to like more clearly explain… It wouldn't have been an option for us, for really for me to say, 'hey, can you take [BABY] to her appointment?'*
Section D: Inadequate lactation support	*In a health care setting when you're being careful, you know, I think the risks [of transmitting COVID] are so low and like the benefits of, to a mother and you know to that breast feeding dyad are so high when you can get the right kind of support. That to me like, you know, not doing that was a huge problem. It's like, you know, it's like not 'an essential visit.' Well who is this non-essential to?*
Section E: Filling the gap by seeking information about infant health and development online	*Like there are a lot of… online resources, it's just really hard to like wade through… And I think right now… it's really easy to just kind of try to figure out your questions yourself. And even, even [as] somebody who is relatively good with medical speak, I still get kind of down a rabbit hole that is not like a good rabbit hole to go down.*
Theme: Aspects of care that contribute to perception of care as (un)responsive to family needs	
Section F: Provider does / does not acknowledge impact of COVID-19 on infant, parents, family	*The thing I've noticed about like taking my daughter to the pediatrician since she was born is like, they kind of just pretend there's no pandemic. I'm just like, shouldn't we be talking about this…*
Section G: Provider does / does not offer support for parent decision-making, including with respect to COVID-19 precautions	*He's on the same page as we are… We were able to ask our insecurities and he was able to unstress us a little bit.*
Section H: Parent can / cannot trust that provider will respond in a timely way	*It was extremely hard to have all the physician's hours cut… when people still need support at all times…. Some issues just really got put on the back burner… A lot of that support was very much lost, unless it was a completely emergent issue. And then when we wanted to [talk to the doctor]… we would feel like either it wasn't important or it wasn't a priority. And then feel foolish [for] asking.*
Theme: Experiences with Telehealth	
Section I: Expanded access to participation	*Absolutely. [Virtual appointments made it easier for my husband to participate because] the scheduling was easier… It didn't have to be after work.*
Section J: Questioning whether quality of care is the same as in-person	*I have questions about whether that access, you know like remote access, is it equivalent to in-person access? Like our son has, we've been doing video physical therapy appointments… There's always the question of would the quality of care be different if he was being seen in person by a professional who could touch him and assess his more finite movement than like she can see through my iPhone?*
Section K: Not suited to all aspects of care, particularly breastfeeding support and postpartum mental health screening	*Lactation [support through] telemedicine kind of skeeved me out… just the mechanics… So I'm nursing and I'm looking at the latch and I'd need my husband to hold the phone and like, get it at the right angle….*

they believe to be essential care (Table 3, Section D). This loss was particularly acute for first-time mothers, some of whom believed they would have been able to successfully establish breastfeeding or maintain breastfeeding longer had they been able to access sufficient support. When support and information needs could not be met in a timely way by health care providers, some participants sought to fill the gap by seeking guidance online (Table 3, Section E). They simultaneously expressed appreciation for the internet as a source of information and questioned whether they and others could reliably discern between trustworthy and untrustworthy internet sources.

Aspects of Care that Contribute to Perception of Care as (un)responsive to Family Needs

Participants described a range of experiences with pediatric care during the pandemic, both positive and negative. Three specific aspects of care were especially salient to participants' assessment of care as responsive to their needs. These

included whether or not the provider acknowledged and addressed the impact of COVID-19 on infants/parents/families (Table 3, Section F); offered support for parent decision-making, including with respect to COVID-19 precautions (Table 3, Section G); and could be relied on to respond in a timely way when parents reached out with questions and concerns (Table 3, Section H). The latter was most often referenced by first-time mothers, who identified timely response as important to both alleviating their anxiety and establishing a trusting relationship with a new provider. While first-time mothers could not compare the responsiveness they experienced to responsiveness in pre-pandemic times, some mothers who had previously experienced new parenthood described reduced responsiveness early in the pandemic relative to their prior experience.

Experiences with Telehealth

While a few participants stated that health care appointments in their locale had remained in-person, without restrictions, throughout the pandemic, a large majority of participants had encountered some amount of change and many had some experience with pediatric telehealth appointments. Experiences with telehealth were highly varied, with some participants appreciating and valuing this type of care and others feeling shortchanged. Some participants credited telehealth with expanding access to participation, in particular making it easier for a parent with a demanding work schedule to join an appointment and reducing hassles associated with travel (Table 3, Section I). Other participants questioned whether the quality of care provided via telehealth is comparable to in-person (Table 3, Section J), most often first-time parents who had limited experience with in-person pediatric care to compare to. Many participants suggested that telehealth is not equally well suited to all aspects of care, in particular noting dissatisfaction and discomfort with postpartum mental health screening and breastfeeding support via telehealth (Table 3, Section K). Participants felt that connection and caring were lacking when they were sent the link via email to complete a postpartum mental health screener and the provider did not engage with them directly. They found it awkward and often unhelpful to address breastfeeding challenges via telehealth, describing the difficulties and discomfort of positioning a phone or laptop to capture the infant's latch so the provider could observe.

Discussion

This study provides insight into the unique support needs of parents of infants born during the COVID-19 pandemic. Consistent with previous research, the findings support that parents – in particular, new mothers (McFarland et al., 2021; Osborne et al., 2021) – experienced myriad stresses and a decline in psychological wellbeing (Gassman-Pines et al., 2020; Patrick et al., 2020). The current findings add depth and detail to understanding the specific stresses faced by parents of infants and their consequent support needs. These include coping with the compound psychological impacts of a new baby and the COVID-19 crisis; grieving the absence of expected social support and community in early parenthood; navigating uncertainty and assessing the risk of contracting COVID-19 posed by potential activities. This study provides a snapshot of the experiences of a small group of mostly white, relatively privileged families during the COVID-19 pandemic. That even these families had such a difficult time serves to underscore the tremendous toll of the pandemic; COVID-19 has disproportionately affected the health and wellbeing of low-income families of color, exacerbating the divide in wellbeing and access to health care that existed prior to the pandemic (Artiga et al., 2021).

This study provides new information about how pediatric providers did and didn't meet the needs of families with infants during this difficult time. Findings demonstrate that policies implemented to reduce risk of COVID-19 transmission frequently came at a cost to parents' relationships to each other and parent-provider relationships, particularly relationships with first-time parents. Participants reported mixed experiences with in-person care and telehealth, noting in particular that restricted access to physical health care spaces reduced the quality of care for postpartum mental health and breastfeeding support. Findings underscore the importance of continuous access to primary care and that care must be family-centered (AAP Committee on Hospital Care, 2003) and culturally effective (AAP Committee on Pediatric Workforce, 2013) to meet patient and family needs.

Findings suggest the following avenues for pediatric providers to strengthen responsiveness to parent support needs.

Suggestions for Enhancing Support for New Parents During and Beyond the Pandemic

- Open a conversation about parenting an infant in the context of a constantly changing world. Just as those who became parents in 2020 faced the challenge of parenting in a world altered by the COVID-19 pandemic, new parents will always need to parent to meet the moment and may find that aspects of how they were raised or parenting advice they have received cannot serve as a guide.
- Recognize that policies during the pandemic – including restrictions on the presence of non-pregnant parents at prenatal care appointments and birth and limits on

participation in pediatric visits (Lista & Bresesti, 2020) – effectively communicated to families that fathers and same-sex partners are expendable. Correct that damaging message by actively inviting and encouraging all parents to participate in pediatric care on the basis that every parent plays an important role in children's health and development (Yogman et al., 2016).

- Provide space for discussion of parent efforts to reduce risk of infant and family exposure to COVID-19 and other illnesses to which infants are particularly vulnerable. Acknowledge mothers who bear a disproportionate decision-making burden. Ascertain parent needs for guidance, reassurance, or support negotiating parental disagreement, and respond accordingly.
- Screen all new parents for depression and anxiety. This call has been issued previously by pediatric providers and researchers, and the COVID-19 pandemic underscored the urgency of this charge (Earls et al., 2019; Walsh et al., 2020; Yogman et al., 2016). To save time during visits, self-report screenings can be completed online in advance of the appointment. Participants in this study emphasized the import of sensitive practitioner follow-up to discuss results in a manner that is both caring and informative.
- Have a plan in place for follow-up with parents who do and do not screen positive for depression and anxiety. Parents who screen positive should be referred for treatment (Earls et al., 2019; Yogman et al., 2016). Parents who do not screen positive but are struggling can be counseled in stress reduction techniques to enhance resilience and supported to seek opportunities to connect with others who have been through similar experiences to increase social support (Harper Browne, 2016).
- Recommend reliable online sources for information about infant health and development, breastfeeding, and other topics. Participants in this study reported increasing their use of the internet to search for health information during the pandemic. Pediatric providers can direct parents to trustworthy information (Ritterband et al., 2005).
- Be judicious about the use of telehealth, accommodating parent preference for in-person or telehealth visit when feasible. Recognize that some families may prefer telehealth appointments to save time and avoid travel, while some first-time parents may prefer in-person visits to establish a relationship with a new provider and some women may prefer to receive breastfeeding support in-person. Strengthening the quality and responsiveness of pediatric telehealth to families' diverse needs is particularly critical as telehealth becomes a key source of care provision to families living in underserved communities (Marcin et al., 2016).
- Maintain 24/7 access to primary care. The COVID-19 pandemic prompted "a time of unprecedented isolation, despair, and harm" (Ambrose, 2020), during which pediatric primary care utilization decreased substantially (Brown et al., 2021). Pediatric primary care providers can establish (or restore) relationships with families and help parents to not feel alone by maintaining 24/7 access to care and ensuring that families feel welcome to access care as needed. Providers should prioritize strengthening access for and strengthening relationships with low-income and Black and Hispanic families, who were most likely to experience disrupted access to health care during the pandemic (Czeisler, 2020).

Our findings should be interpreted in the context of study limitations. Qualitative research methods provide an opportunity to develop deeper theoretical understandings of important psychological phenomena in specific contexts and with specific populations (Elliot et al., 1999). These methods suited the goal of gaining in-depth understanding of new parents' support needs and experiences with pediatric care during the pandemic, however results cannot be generalized to all new parents.

Given clear evidence of the disproportionate impact of COVID-19 on low-income families and communities of color (Ambrose, 2020; van Dorn et al., 2020) and our findings of substantial distress among a majority white and relatively privileged sample, it is particularly important that future research explore support needs and experiences with pediatric care among Black, Latinx, Native American and parents with limited resources. Mothers from minority enthnocultural groups are less likely to see their child's pediatrician as a trusted resource for parenting information and support, and most likely to do so when they perceive that the provider makes time for them, puts them at ease, understands their values, and cares for the family as a whole (Dumont-Mathieu et al., 2006). In the wake of COVID-19 policies that limited opportunities for connection, it may be particularly necessary for clinicians to prioritize efforts to engage families from ethnocultural minority groups and establish trusting relationships. While mothers in this study reflected on their own and their partner's experiences, it is also important that future research engage and learn from fathers (and same-sex partners) directly. Further, the mothers in this study were all married or partnered; future research should explore the experiences of unpartnered mothers during the pandemic.

Participants were all pregnant or had very recently delivered when the pandemic reached the United States. Future research is needed to explore whether parents who entered pregnancy during the pandemic and could plan for and anticipate parenting in a pandemic had different

experiences. This study relied on cross-sectional interview data. Longitudinal research is needed to determine whether stressors encountered as new parents during the pandemic have long-term implications for parent wellbeing and family functioning, and whether experiences of early pediatric care during the pandemic are associated with later trust in clinicians and willingness to engage in pediatric care.

Despite limitations, the current study provides an important foundation for continued investigation of the support needs of families of infants born during the COVID-19 pandemic and the responsiveness of pediatric care to those needs. Findings suggest the need for increased support for people who entered parenthood during this exceptionally challenging time and the receptiveness of parents to such support when it is made available. The suggestions above, rooted in the experiences and insights of mothers who participated in this study, can inform efforts to enhance support for families in pediatric practice.

Authors' Contributions Dr. Walsh conceptualized and designed the study, designed the data collection instruments, collected data, carried out the initial analyses, drafted the initial manuscript, reviewed and revised the manuscript, and approved the final manuscript. Ms. Reynders designed the data collection instruments, collected data, carried out the initial analyses, reviewed and revised the manuscript, and approved the final manuscript. Dr. Davis contributed to interpretation of data, critically reviewed and revised the manuscript for important intellectual content, and approved the final manuscript.

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Data Availability Interview transcripts cannot be shared as they provide information that will allow respondents to be identified.

Code Availability Not applicable.

Declarations

Conflicts of Interest/Competing Interests The authors have no conflicts of interest or competing interests to report.

Ethics Approval The human subjects protections for this study were reviewed and approved by the University of Wisconsin-Madison Education and Social / Behavioral Science Institutional Review Board.

Consent to Participate All research participants provided informed consent to participate.

Consent for Publication All research participants provided informed consent for publication.

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