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## New life, new feelings of loss: Journaling new motherhood during Covid-19

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### ABSTRACT

In this article we analyze the longitudinal journals of 32 Pandemic Journaling Project (PJP) participants who were pregnant, planned a pregnancy, or gave birth between January 2020 and July 2021. Employing a grounded theory approach, we coded journals in NVivo for emerging themes related to the influence of the Covid-19 pandemic on perinatal experiences in North America and Europe. In the paper we first provide some brief background on perinatal mental health and on the particular conditions for pregnancy and birth during Covid-19, before introducing major themes that emerged from the data, along with three in-depth case studies. We argue that the new mothers and prospective mothers in our sample associated new life with new feelings of loss during Covid-19. New motherhood during Covid-19 has meant for PJP participants a loss of seemingly irretrievable opportunities and moments that they see as necessary for establishing themselves as mothers and integrating their babies into their families through a process of “kinning” (Howell, 2003). Feelings of loss associated with disruptions to kinning may be partially responsible for the increase in perinatal mental distress observed during the pandemic.

### 1. Introduction

Epidemiologists have identified perinatal mental illness as one of the most common complications of childbirth worldwide, affecting at least 20% of perinatal persons in the first year after birth (Hahn-Holbrook et al., 2018; Lee et al., 2004). The true extent of suffering is likely much larger, as mental distress during and after pregnancy does not always result in a psychiatric diagnosis (Allison et al., 2011; Law et al., 2021), and is not always reducible to an individualized illness (Kamalifard et al., 2018). Available evidence suggests that the Covid-19 pandemic has greatly increased both mental illness and mental distress among perinatal women and their families, as it has for many other populations (Caparrós-González and Alderdice, 2020; Ceulemans et al., 2020; DeYoung and Mangum, 2021; Farrell et al., 2020; Iyengar et al., 2021; Osborne et al., 2021).

Few studies have examined the experience of mental distress during the perinatal period from an anthropological point of view (Mason, 2020, 2022; Rubin, 2018). Building on the work of the second author, who has argued that new mothers' mental distress is often deeply embedded in family dynamics (Mason, 2020), in this article we understand the distress of perinatal women during the pandemic as emerging from feelings of loss related to their and their babies' integration into their families and communities.

We analyzed the journals of 32 female-identifying Pandemic Journaling Project (PJP) participants who were pregnant, planned a pregnancy, or gave birth between January 2020 and July 2021 (see Introduction, this volume). All those in our sample identified themselves as mothers or prospective mothers. Employing a grounded theory approach, we coded journals in NVivo for emerging themes related to the effects of the pandemic on perinatal mental wellbeing. We sought to understand the connections between Covid-19 and decreased mental wellbeing among perinatal women as conveyed through the women's personal narratives.

The participants in our sample associated new life with new feelings of loss. For most, these feelings of loss were associated not with pregnancy loss or death, but rather with lost experiences and missed opportunities that they saw as necessary for integrating their babies, and themselves as mothers, into their families – a process that Howell (2003) calls “kinning.” Anthropologists have shown that children become members of a family through rituals of belonging and acts of care (Borneman, 1997; Carsten, 1995; Flores, 2021; Howell, 2003). By promoting distancing from grandparents, aunts, uncles, and friends, and restricting the sharing of indoor spaces and gatherings for events, the pandemic compromised this process of kinning. While their babies had entered their families in a biological and legal sense, the social process through

Abbreviations: PJP, Pandemic Journaling Project.

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which other family members and close friends came to accept, love, and integrate their babies into their lives had been disrupted – leaving both the baby and the baby's parents in a liminal state. The result for the mothers in our sample was disquiet about the place that they and their babies had in larger family structures. The journals suggest that for many, this disquiet may be contributing to substantial maternal mental distress.

## 2. Covid-19 and perinatal mental wellbeing

Recent scholarship suggests that the mental wellbeing of pregnant, birthing, and postpartum women is being seriously strained by the stresses, regulations and restrictions associated with the pandemic (Caparros-Gonzalez and Alderdice, 2020; Ceulemans et al., 2020; DeYoung and Mangum, 2021; Farrell et al., 2020; Osborne et al., 2021). These pandemic-related stresses exacerbate existing social, political, and economic challenges that limit support for new parents, particularly in the US and particularly for low-income families and communities of color (Hibel et al., 2021; Radey, 2018). The incidence of symptoms of trauma (Basu et al., 2021; Davis-Floyd and Gutschow, 2021), depression and anxiety (Farrell et al., 2020; Iyengar et al., 2021), and obsessive-compulsive disorder (Hinds, Lindow, Abdelrahman, Hehir, & O'Connell, 2021; Yassa et al., 2020) has increased among perinatal women worldwide since the arrival of Covid-19. The biggest effects have been reported among women experiencing financial stress (Matsushima and Horiguchi, 2020; Moyer et al., 2020; Thayer and Gildner, 2021), and, in some settings, among highly educated women and those who regularly consume Covid-related news (Mappa et al., 2020; Wu et al., 2020).

Existing inequities in obstetric care for historically marginalized groups are also deepening, resulting in a greater likelihood of negative birth experiences and outcomes, which can lead to mental distress in the postpartum period (Davis et al., 2021; Norton et al., 2020; Obinna, 2021; Oparah et al., 2021). Anxieties about contagion, isolation, and quarantine, being separated from one's newborn at birth, or not being allowed birth companions during labor may be associated with a higher incidence for mothers of complications during labor and greater likelihood of medical interventions (Friesen et al., 2021; Liese et al., 2021; Searcy and Castañeda, 2021). Increased episodes of obstetric violence have been reported in relation to these trends (Sadler et al., 2020).

In short, scholarship on perinatal mental health during Covid-19 points to a substantial and inequitable increase in stressors for birthing people and their families and a greater likelihood of mental distress.

Our data support these findings and provide additional context for understanding how new mothers and prospective mothers are experiencing the negative effects of the pandemic. While social isolation is often blamed for the onset of perinatal mental illness (Nielsen et al., 2000; Pillsbury, 1978), epidemiological and anthropological studies suggest that both diagnosable mental illnesses and broader mental distress also can occur when perinatal women are surrounded by family members – due, for example, to family tensions and disputes (Gao et al., 2009; Mason, 2020). The confluence of social isolation and family tensions that occurred for many families during the pandemic seemed to be producing much of the distress that mothers in our dataset articulated in their journals. Participants also reported concerns about work-life balance, child development, missing milestones, and the inaccessibility of public spaces.

Below we describe our findings in terms of a central experience that connected these concerns: a deep sense of loss.

## 3. Methodology and dataset

Our dataset consists of journals created between May 2020 and July 2021. These journals were submitted as part of the Pandemic Journaling Project (PJP), an online journaling platform and research study launched in May 2020. PJP was designed as a digital space where anyone in the world (ages 15 or older) could chronicle their own experiences of the Covid-19 pandemic and, at the same time, put their experiences on the

record as part of a historical archive (see Introduction, this volume). We selected participants who a) responded positively to the question, posed in Week 7 of the project, “Have you or a partner been pregnant or given birth during the pandemic?” or b) used the words “birth, pregnancy, pregnant, baby, born, newborn” (or Spanish equivalents) in relation to perinatal experiences in any of their entries. These queries produced a set of journals from 68 participants, of whom 36 identified as parents of newborns, parents to be, or someone who experienced pregnancy loss, pregnancy ideation or pregnancy postponement. For this piece, we focus on the journals of the 32 participants who identified as birth mothers or prospective birth mothers. A majority of these journalers were middle-class, white women in their thirties with postgraduate degrees. All contributed journals in English, and all but three lived in the United States. Their self-reported mental health was relatively poor, with “fair” being the most common descriptor entered on the biweekly mental health instrument distributed to all PJP participants (see Introduction, this volume). Participants journaled weekly for 1–55 weeks, with an average participation length of 7–8 weeks.

### 3.1. Demographics of mothers/prospective mothers, by number of participants

Demographics of mothers/prospective mothers, by number of participants

<b>Age:</b>	
20–24	1
25–29	3
30–34	12
35–39	13
40–44	3
<b>Country:</b>	
United States	29
Greece	1
United Kingdom	1
Canada	1
<b>Race/Ethnicity:</b>	
White	24
Black or African American	2
Hispanic or Latinx	2
Native American	1
Asian or Pacific Islander	1
Did not declare	2
<b>Education:</b>	
Post-graduate degree	23
Four-year college degree	6
Some college (no degree)	3
<b>Income (USD):</b>	
Less than 50,000	1
50,000–99,999	10
100,000–149,999	7
150,000–199,999	5
200,000 or more	7
Don't know/Prefer not to say	2
<b>Mental health scores*</b> , calculated as the average score for each participant over the full span of their participation	
* Self-reported bi-weekly on a scale from 1 (Poor) to 5 (Excellent):	
1–1.9 (Poor)	3
2–2.9 (Fair)	12
3–3.9 (Good)	10
4–4.9 (Very Good)	5
5 (Excellent)	2

Our pool of participants was more highly educated and had less representation from minoritized racial/ethnic groups than either the general population or the complete PJP dataset. White, educated participants also tended to journal for longer than less educated participants or participants of color. Due to these factors, our analysis disproportionately reflects findings from the journals of highly educated, middle-

class white women, and should not be considered representative of the diversity of perinatal experiences in the US or globally. That said, the journals of perinatal women of color and less educated women that did appear in our dataset produced similar themes as those of white, educated participants. In virtually all the journals we analyzed, feelings of loss, and concerns about how mothers and babies were integrated into their families, featured centrally in narratives of perinatal experiences.

Participant narratives highlighted the distinctiveness of journals as qualitative data sources. Out of the hundreds of journaling prompts offered to participants, only one asked directly about pregnancy or the postpartum. Narratives about pregnancies and/or babies thus tended to emerge organically in the journals within the context of reflections on personal struggles, world events, work, and relationships with family or friends. This allowed us to situate perinatal experiences firmly within a broader understanding of our participants' – and their families' – everyday lives.

#### 4. Feelings of loss

Participants' journals illuminated five major themes, each of which relates to the central motif of loss: disruptions to family relationships, concerns about babies' wellbeing, mourning of missed milestones, loss of companionship, and disruption in work life. Below we describe these themes and provide examples from the journals to illustrate them.

##### 4.1. Disruptions to family relationships

Participants bemoaned the loss of expected visits from family members, of family-based childcare, and of shared moments with family that they had anticipated experiencing during the perinatal period. One woman was devastated that her mother could not attend her baby's birth, and several were heartbroken that family members could not see the newborn early on. Participants spoke of conflicts surrounding visits with their babies from relatives who had different understandings of what constituted appropriate Covid precautions. This sometimes resulted in broader breakdowns in family relationships. Mothers overall were deeply concerned about the effects of the pandemic on the relationships that their baby had or would have with family.

*"I haven't seen my mom, dad, brother or nieces in well over a year ... My baby, my fiancé, and I have spent this year alone ... together ... without the support of our families. I feel like people are forgetting about us. My mom and dad have made no effort to come meet the baby, even though they've been fully vaccinated since February. My brother hasn't asked about her, my nieces haven't either. I'm starting to feel like my family doesn't care that I had a baby. I feel like we've just drifted apart. It makes me sad every single day."* (Latina woman in her 30s, Florida)

##### 4.2. Concerns about baby's wellbeing

Journals pointed to concerns about how the loss of expected experiences during pregnancy and/or the newborn period might affect babies' development and wellbeing. Mothers worried about their babies not being exposed to other children, not learning faces, and not learning "about the world." They reported a sense of endlessness to it all, especially for those whose babies were born near the start of the pandemic and were entering toddlerhood having never experienced what mothers considered "normal" social interactions. Participants who were also parenting older children expressed concerns about their socialization as well. Pregnant participants worried about the health of their fetuses.

*"Will my 1yo be stunted developmentally because she has had almost no interaction with other babies? Will my 4yo be behind when she enters kindergarten because I have been homeschooling her? Will she have trouble making friends? Will they both have separation anxiety since I am with*

*them nearly 24/7? How is not being able to physically touch or play with others going to impact them?"* (White woman in her 30s, Connecticut)

##### 4.3. Missing milestones

Mothers expressed great sadness about not being able to participate in shared rituals, milestones, and other activities for their infants and pregnancies. Missed or altered rituals of pregnancy and early motherhood – including ultrasounds, baby showers, baptisms, and first birthday parties – were mourned as significant losses. Participants noted that time passed and things changed quickly when pregnant or when parenting a newborn; distance from family and friends meant "missing out" irretrievably on early milestones.

*"My husband couldn't join me at my doctor's appointments. In fact, many of my check ups were by phone ... I had suffered depression for the first time in my life and struggle with the stress of making the right decision regarding isolation and social distance that keeps me and my baby healthy."* (Latina woman in her 30s, New Jersey)

*"I have a baby who has never met his relatives aside from me and his dad and his sister who all live here in this house, nor has he been baptized ... The door[s] are shut for us in many ways and I don't know how long my world can live like this."* (Native American woman in her 30s, Texas)

##### 4.4. Loss of opportunities for companionship and loneliness

Mothers – particularly those without other children or family nearby – widely reported loneliness while managing pregnancies or tending to their newborns. Some mothers noted that while the postpartum period is often already quiet and lonely, the pandemic intensified this experience by taking away many of the opportunities for companionship and socializing that did exist. Especially for those who gave birth early in the pandemic when strict lockdowns were in place, not being able to take the baby on outings, and not having friends or family around to share their experiences, was difficult.

*"I can't shake off feeling imprisoned. I feel our apartment door locking. We are safe here. We have a full fridge, good wifi and uber eats on speed dial. And I still feel so trapped. My partner says even without the pandemic we would be stuck at home with the baby anyways, that our life would still be a lockdown. But he is a loner, who rarely meets up with any of his few friends. I used to have a big group of female friends around me, friends that could be visiting me now, bringing wine, much needed help with childcare and just good company."* (Woman in her 30s, no race listed, Canada)

##### 4.5. Work disruptions

Participants journaled about the loss of work and loss of time to work. Some in our sample were laid off from their jobs, but most who left work did so because Covid made childcare less accessible, or because they felt their jobs would expose them to Covid. Among participants who kept working, some who worked remotely gained flexibility to stay home with their babies for longer, but many others wrote about trying – and failing – to fit in remote work between caring for their babies and monitoring remote school for older children. They talked about exhaustion from staying up late doing work that they could not accomplish during the day, and about frustrations with a lack of help from partners or other family.

*"My husband used to have the option of working from home, but is now expected to work in his office. He doesn't go into his office much, if at all, but he also doesn't help me take care of our son while we're both working from home. It really pisses me off that he feels his work is more important than mine or that he doesn't have the option to take care of our son while he's working. It puts an extra burden on me because I don't have the option*

*to mute my mic during my classes that I teach .... Instead, I have to leave it on even when our child is feeling neglected and screams through half a class.”* (Black woman in her 30s, Kentucky)

The quotes offered above showcase how feelings of loss have pervaded perinatal experiences during the pandemic, even in the absence of physical or material losses, and how these feelings of loss often relate to the integration of babies and mothers into families and communities. These senses of loss emerge vividly from nearly all the narratives we received, despite considerable differences among individual participants’ attitudes towards Covid control measures, relationships with family, and priorities for themselves and their children.

In the accompanying gray boxes, we present the cases of Jessica, Maggie, and Michaela (all pseudonyms) to illustrate further the ways in which senses of loss and disruptions to kinning emerge from participant

narratives. These three postpartum mothers were typical of our participant pool – white, middle-income, US-based women in their thirties, with education levels ranging from high school to post-graduate – but they had widely diverging experiences and viewpoints. Each journaled over a period of several months. All three women felt their family relationships, children’s development, and experiences as new mothers were severely compromised by the circumstances of the pandemic. Elements of sadness and mourning emerge from their narratives, as well as longing for an old “normal” they worried would never return. At the heart of each of these narratives is a deep concern with the ways in which the pandemic was impeding social processes of kinning.

**“Jessica” (white woman in her 30s, New Jersey, college-educated)**

*“When you think about the day you are going to welcome your child into the world, you imagine how the day will look. [...] A day full of smiles, joyful tears, unwavering support. Or maybe you fear labor and the unknowns, but you know darn well that the little life that’s growing inside you will make her appearance and gaze into your eyes in the moment you’ve been dreaming of. [...] Or maybe, just maybe, you’re thrown into a crazy whirlwind of a world as fast as the moment you learned you were going to be a mother. A world of fear, anxiety, loneliness, disease, dismay, distance, depression, death. A world where a global pandemic is at your front doorstep and you, quite literally, cannot leave your house.”*

Jessica’s journal opened with messages directed to her daughter, including an audio letter that she composed immediately before her baby’s birth, in which she chronicled how a novel virus hit the globe, and explained to her baby how this disrupted life as she knew it. She described the time leading up to childbirth as terrifying and struggled to imagine bringing a new life into a disease-ridden world. She feared her baby might die and wondered what would happen if she or her husband died.

Jessica’s passages about the birth are packed with emotion: an eerie trip to the hospital through empty streets, fear of the hospital itself, the anticipation of holding her daughter, the pain of childbirth, the comforting presence of a helpful nurse. Leaving the hospital, Jessica seemed filled with newfound energy. She and her husband settled into the isolation of their home, hopeful they would pull through the loneliness, while mourning not being able to share their baby with their families.

During fall 2020, Jessica’s tone changed. Her in-laws were less cautious with Covid than Jessica and her husband were. This created conflict as grandparents claimed a right to hold their granddaughter that Jessica was not ready to grant. The confrontation impacted Jessica’s marriage, which was already strained by isolation and space sharing.

By January 2021, the relationship had improved, yet Jessica sounded sad, hopeless, and resentful. She felt she was missing out on many small and big moments with her baby: no trips to meet Santa, to sit in a coffee shop with her new baby by her side, or to visit family. Still, Jessica held firm in what she described as her decision to protect the baby’s health first. She mourned a “normal life,” yet recognized that what she thought of as “normal” might never return.

**“Maggie” (white woman in her 30s, Connecticut, post-graduate degree)**

*“I feel I have no community, I feel like I need to make major life changes in order to fill this void - and it all seems impossible at the moment with distancing restrictions.”*

At the start of Maggie’s journal in June 2020, she had a four-year-old boy and a six-month-old baby who was born prematurely just before the pandemic and had to be hospitalized for respiratory issues. In March, some of Maggie’s relatives became severely ill with Covid and her aunt’s mother passed away.

Concerned for their newborn, Maggie and her husband kept a tight pod, at the expense of visiting friends and their tight-knit extended family. Maggie feared that limiting social outings was impacting her children: her infant was terrified of strangers, while her son craved human interaction. She had to decide whether to send her son back to school in fall 2020 but was torn with guilt about whether his school attendance would endanger her daughter. Trying to maintain a sense of normalcy for her family was exhausting.

The pandemic transformed Maggie’s everyday life. Throughout summer 2020, she wrote about working from home while caring for her younger child full time; she struggled with loneliness and fatigue. Her only outing was her older child’s school drop off – but even here, social interaction was minimal. Around the 2020 U.S. presidential election, political anxieties about the economy, the pandemic’s effects on gender equality, and racial justice issues converged on Maggie. She wondered in her journal what kind of world her kids would grow up in.

In November, Maggie’s feelings of powerlessness were amplified when both her parents and grandparents contracted Covid. To keep each other company, her extended family organized prayer circles on Zoom. After several months of silence, Maggie submitted her most recent journal entry in April 2021, proud to have been vaccinated.

**“Michaela” (white woman in her 30s, high school education some college - no degree)**

Michaela's journal entries were filled with frustration. In October 2019, Michaela found out that she was pregnant. Her family, overjoyed, helped set up a nursery and planned a big baby shower. In March, these plans came to a screeching halt. When restrictions started to ease, her sisters hurriedly threw her a baby shower just one week before the birth, but Michaela was disappointed that the event happened outdoors, with no fun games, and guests making only short appearances. Her childbirth went smoothly, but Michaela resented having to comply with hospital regulations like mask wearing, Covid testing, and no visitors. She wrote that she felt her freedom was being taken away, along with irreplaceable moments she would never get back:

*“I think being a new mom and wanting to have so many “firsts” with my baby but being unable to has really made me bitter! Not getting a normal shower, not having newborn pictures of her taken, not being able to have my family visit in the hospital, not being able to take her to the store because of a stupid face mask, not having certain family and friends visit because they think they will “contaminate” the baby. I’m just so over this whole disaster and ready to raise my baby in a normal world! I don’t know when it will ever be normal again.”*

Michaela wrote that she feared Covid at first, but later grew tired and resentful. She believed the government was manipulating people, so she refused to comply with regulations. Because of this position, some of her social relationships deteriorated; she had arguments with friends and did not see her brother for several months. When her brother and brother-in-law both contracted Covid and recovered quickly, Michaela felt validated in her belief that the virus was not dangerous.

In fall 2020, Michaela became pregnant again. Her mother-in-law threw a second outdoor baby shower and party for her 4-month-old. When a storm forced guests to move indoors, Michaela took this as further proof that Covid safety measures were unnecessary. She was later angry when a good friend proposed an outdoor walk instead of a home gathering. Some family members imposed strict visiting rules that Michaela disagreed with and that impacted celebrations for Thanksgiving, her wedding anniversary, and other milestone events. Michaela worried that her daughter would not develop social skills because she was unable to see people's faces and had to stay distanced. She became desperate for things to return to normal. Her journal ended in December 2020 with hopes that things would improve before her second baby's birth.

**5. Discussion**

Covid-19 has produced terrible human loss in terms of deaths, as well as loss of homes, employment, and health for many people. Our findings suggest that among perinatal women lucky enough to stay (relatively) physically healthy and financially stable, the loss of irreplaceable moments and memories also caused considerable mental distress. It is these more subtle losses that the journals were particularly good at illuminating and that we suggest may be at least partially responsible for some of the rise in perinatal mental distress that has been reported elsewhere.

Scholars have long argued that the arrival of a baby may be associated with a loss in a woman's sense of self, as she grapples with her new identity as a mother and mourns the loss of previous freedoms, roles, and activities that she once enjoyed (Gruen, 1990; Neiterman and Fox, 2017; Pridham et al., 1991). Our data suggest that in addition to these perceived losses of pre-motherhood identity, many women who were pregnant or gave birth during the Covid-19 pandemic also felt a sense of loss regarding their emerging identities as mothers and their babies' identities as family members. Their families lost opportunities for social bonding, their children lost key moments or interactions perceived as important for their wellbeing or development, and they lost hoped-for experiences that they had anticipated having as new mothers. As a result, the process of “kinning” was severely disrupted.

Journaling offered mothers opportunities to mourn these losses and to center their needs and concerns in ways often otherwise unavailable to them. PJP provided at least some of our participants with a “room of one's own” – a space where mothers described being able to take a moment to center themselves and their own needs and concerns, during a time when they felt immense pressure to center their babies. Given evidence that expressive writing can have positive mental health impacts (Pennebaker and Chung, 2011), and the well-documented challenges of delivering mental health services to perinatal women in distress (Keefe et al., 2016), we suggest that journaling could be considered as a potential low-cost, accessible intervention for those struggling with perinatal distress, even during non-pandemic times.

**CRedit authorship contribution statement**

**Alice Larotonda:** Conceptualization, Methodology, Formal analysis, Writing – original draft, Writing – review & editing, Visualization.  
**Katherine A. Mason:** Conceptualization, Methodology, Formal analysis,

Investigation, Data curation, Writing – original draft, Writing – review & editing, Visualization, Supervision, Project administration, Funding acquisition.

**Declaration of competing interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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**References**

- Allison, K. C., Wenzel, A., Kleiman, K., & Sarwer, D. B. (2011). Development of a brief measure of postpartum distress. *J. Wom. Health*, 20(4), 617–623. <https://doi.org/10.1089/jwh.2010.1989>
- Basu, A., Kim, H. H., Basaldua, R., Choi, K. W., Charron, L., Kelsall, N., ... Koenen, K. C. (2021). A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic. *PLoS One*, 16(4), Article e0249780. <https://doi.org/10.1371/journal.pone.0249780>
- Borneman, J. (1997). Caring and being cared for: displacing marriage, kinship, gender and sexuality. *Int. Soc. Sci. J.*, 49(154), 573–584.

- Caparrós-González, R. A., & Alderdice, F. (2020). The COVID-19 pandemic and perinatal mental health. *J. Reprod. Infant Psychol.*, 38(3), 223–225. <https://doi.org/10.1080/02646838.2020.1786910>
- Carsten, J. (1995). The substance of kinship and the heat of the hearth: feeding, personhood, and relatedness among Malays in Pulau Langkawi. *Am. Ethnol.*, 22(2), 223–241. <https://doi.org/10.1525/ae.1995.22.2.02a00010>
- Ceulemans, M., Hompes, T., & Foulon, V. (2020). Mental health status of pregnant and breastfeeding women during the COVID-19 pandemic: a call for action. *Int. J. Gynecol. Obstet.*, 151(1), 146–147. <https://doi.org/10.1002/ijgo.13295>
- Davis, D.-A., Varner, C., & LeConté, J. D. (2021). *A Birth Story*. Anthropology News (online).
- Davis-Floyd, R., & Gutschow, K. (2021). Editorial: the global impacts of COVID-19 on maternity care practices and childbearing experiences. *Frontiers in Sociology*, 6(139). <https://doi.org/10.3389/fsoc.2021.721782>
- DeYoung, S. E., & Mangum, M. (2021). Pregnancy, birthing, and postpartum experiences during COVID-19 in the United States. *Frontiers in Sociology*, 6(12). <https://doi.org/10.3389/fsoc.2021.611212>
- Farrell, T., Reagu, S., Mohan, S., Elmidady, R., Qaddoura, F., Ahmed, E. E., ... Alabdulla, M. A. (2020). The impact of the COVID-19 pandemic on the perinatal mental health of women. *J. Perinat. Med.*, 48(9), 971–976.
- Flores, A. (2021). *The Succeeders: How Immigrant Youth Are Transforming what it Means to Belong in America* (vol. 53). Berkeley: University of California Press.
- Friesen, P., Towle, S., & Perez, T. (2021). Birthing alone: an ethical analysis of pandemic policies banning birthing partners. *IJFAB: International Journal of Feminist Approaches to Bioethics*, 14(2), 114–143.
- Gao, L. L., Chan, S. W. C., & Mao, Q. (2009). Depression, perceived stress, and social support among first-time Chinese mothers and fathers in the postpartum period. *Res. Nurs. Health*, 32(1), 50–58.
- Gruen, D. S. (1990). Postpartum depression: a debilitating yet often unassessed problem. *Health Soc. Work*, 15(4), 261–270.
- Hahn-Holbrook, J., Cornwell-Hinrichs, T., & Anaya, I. (2018). Economic and health predictors of national postpartum depression prevalence: a systematic review, meta-analysis, and meta-regression of 291 studies from 56 countries. *Front. Psychiatr.*, 8(248). <https://doi.org/10.3389/fpsy.2017.00248>
- Hibel, L. C., Boyer, C. J., Buhler-Wassmann, A. C., & Shaw, B. J. (2021). The psychological and economic toll of the COVID-19 pandemic on Latina mothers in primarily low-income essential worker families. *Traumatology*, 27(1), 40–47. <https://doi.org/10.1037/trm0000293>
- Hinds, C., Lindow, S. W., Abdelrahman, M., Hehir, M. P., & O'Connell, M. P. (2021). Assessment of antenatal anxiety, depression and obsessive-compulsive disorder in pregnant women in the COVID-19 era. *Ir. J. Psychol. Med.*, 1–7. <https://doi.org/10.1017/ipm.2021.57>
- Howell, S. (2003). Kinning: the creation of life trajectories in transnational adoptive families. *J. Roy. Anthropol. Inst.*, 9(3), 465–484.
- Iyengar, U., Jaiprakash, B., Haituka, H., & Kim, S. (2021). One year into the pandemic: a systematic review of perinatal mental health outcomes during COVID-19. *Front. Psychiatr.*, 12, 845.
- Kamalifard, M., Bayati Payan, S., Panahi, S., Hasanpoor, S., & Babapour Kheiroddin, J. (2018). Paternal postpartum depression and its relationship with maternal postpartum depression. *Journal of Holistic Nursing And Midwifery*, 28(2), 115–120.
- Keefe, R. H., Brownstein-Evans, C., & Rouland Polmanteer, R. S. (2016). Addressing access barriers to services for mothers at risk for perinatal mood disorders: a social work perspective. *Soc. Work. Health Care*, 55(1), 1–11. <https://doi.org/10.1080/00981389.2015.1101045>
- Law, S., Ormel, I., Babinski, S., Plett, D., Dionne, E., Schwartz, H., & Rozmovits, L. (2021). Dread and solace: talking about perinatal mental health. *Int. J. Ment. Health Nurs.*, 30(S1), 1376–1385. <https://doi.org/10.1111/inm.12884>
- Lee, D. T., Yip, A. S., Leung, T. Y., & Chung, T. K. (2004). Ethnoepidemiology of postnatal depression: prospective multivariate study of sociocultural risk factors in a Chinese population in Hong Kong. *Br. J. Psychiatr.*, 184(1), 34–40.
- Liese, K. L., Davis-Floyd, R., Stewart, K., & Cheyney, M. (2021). Obstetric iatrogenesis in the United States: the spectrum of unintentional harm, disrespect, violence, and abuse. *Anthropol. Med.*, 28(2), 188–204.
- Mappa, I., Distefano, F. A., & Rizzo, G. (2020). Effects of coronavirus 19 pandemic on maternal anxiety during pregnancy: a prospective observational study. *J. Perinat. Med.*, 48(6), 545–550.
- Mason, Katherine A. (2020). When the ghosts live in the nursery: postpartum depression and the grandmother-mother-baby triad in Luzhou, China. *Ethos*, 48, 149–170.
- Mason, Katherine A. (2022). Blenders, hammers and knives: postpartum intrusive thoughts and unthinkable motherhood. *Anthropol. Humanism*. <https://doi.org/10.1111/anh.12379>
- Matsushima, M., & Horiguchi, H. (2020). The COVID-19 pandemic and mental well-being of pregnant women in Japan: need for economic and social policy interventions. *Disaster Med. Public Health Prep.*, 1–6.
- Moyer, C. A., Compton, S. D., Kaselitz, E., & Muzik, M. (2020). Pregnancy-related anxiety during COVID-19: a nationwide survey of 2740 pregnant women. *Arch. Womens Ment. Health*, 23(6), 757–765.
- Neiterman, E., & Fox, B. (2017). Controlling the unruly maternal body: losing and gaining control over the body during pregnancy and the postpartum period. *Soc. Sci. Med.*, 174, 142–148.
- Nielsen, D., Videbech, P., Hedegaard, M., Dalby, J., & Secher, N. J. (2000). Postpartum depression: identification of women at risk. *BJOG An Int. J. Obstet. Gynaecol.*, 107(10), 1210–1217. <https://doi.org/10.1111/j.1471-0528.2000.tb11609.x>
- Norton, A., Wilson, T., Geller, G., & Gross, M. S. (2020). Impact of hospital visitor restrictions on racial disparities in obstetrics. *Health Equity*, 4(1), 505–508.
- Obinna, D. N. (2021). Essential and undervalued: health disparities of African American women in the COVID-19 era. *Ethn. Health*, 26(1), 68–79.
- Oparah, J. C., James, J. E., Barnett, D., Jones, L. M., Melbourne, D., Peparah, S., & Walker, J. A. (2021). Creativity, resilience and resistance: black birthworkers' responses to the COVID-19 pandemic. *Frontiers in Sociology*, 6, 31.
- Osborne, L. M., Kimmel, M. C., & Surkan, P. J. (2021). The crisis of perinatal mental health in the age of covid-19. *Matern. Child Health J.*, 25(3), 349–352. <https://doi.org/10.1007/s10995-020-03114-y>
- Pennebaker, J. W., & Chung, C. K. (2011). Expressive writing: connections to physical and mental health. In *Oxford Handbook of Health Psychology* (pp. 417–437). New York: Oxford University Press.
- Pillsbury, B. (1978). Doing the month: confinement and convalescence of Chinese women after childbirth. *Soc. Sci. Med. B Med. Anthropol.*, 12, 11–22.
- Pridham, K. F., Lyttton, D., Chang, A. S., & Rutledge, D. (1991). Early postpartum transition: progress in maternal identity and role attainment. *Res. Nurs. Health*, 14(1), 21–31.
- Radey, M. (2018). Informal support among low-income mothers post welfare reform: A systematic review. *J. Child Fam. Stud.*, 27(12), 3782–3805. <https://doi.org/10.1007/s10826-018-1223-0>
- Rubin, S. (2018). “The inimba it cuts”: a reconsideration of mother love in the context of poverty. *Ethos*, 46(3), 330–350.
- Sadler, M., Leiva, G., & Olza, I. (2020). COVID-19 as a risk factor for obstetric violence. *Sexual Reproduct. Health Matters*, 28(1), 1785379.
- Searcy, J. J., & Castañeda, A. N. (2021). On the outside looking in: a global doula response to COVID-19. *Frontiers in Sociology*, 6, 26.
- Thayer, Z. M., & Gildner, T. E. (2021). COVID-19-related financial stress associated with higher likelihood of depression among pregnant women living in the United States. *Am. J. Hum. Biol.*, 33(3), Article e23508.
- Wu, Y., Zhang, C., Liu, H., Duan, C., Li, C., Fan, J., ... Li, X. (2020). Perinatal depressive and anxiety symptoms of pregnant women during the coronavirus disease 2019 outbreak in China. *Am. J. Obstet. Gynecol.*, 223(2), 240. e241–240. e249.
- Yassa, M., Yassa, A., Yimibeş, C., Birol, P., Ünlü, U. G., Tekin, A. B., ... Tug, N. (2020). Anxiety levels and obsessive compulsive symptoms of pregnant women during the COVID-19 pandemic. *Turkish J. Obstetric. Gynecol.*, 17(3), 155.