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Title

An Investigation of Experiences of Pregnancy and Childbirth during the first 9 months of the SARS-CoV-2 pandemic

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: The COVID-19 pandemic has globally affected the pregnancy experience. Studies on mental health during the pandemic have reported increased rates of depression and anxiety among pregnant individuals compared to pre-pandemic levels. Maternity providers must carefully consider the context of pregnant individuals' needs and wellbeing during the pandemic in order to create patient-centered changes affecting their care. Objective: To investigate pregnant peoples' experiences of pregnancy and labour during the first nine months of the COVID-19 pandemic. Study Design: This is a qualitative study involving semi-structured virtual interviews to explore experiences of pregnancy and labour in the COVID-19 pandemic. Ethical approval was given by the Children's and Women's Research Ethics Board. Recruitment was through snowball, theoretical, and purposeful sampling methods. Analysis was guided by Grounded Theory techniques, and utilized an inductive approach to build a conceptual framework describing participants' experiences. Setting or Dataset: Participants were recruited from urban and suburban areas in the province of British Columbia (BC), Canada. Population studied: Included participants were planning to deliver in BC, 18 years or older, and English-speaking. Results: Seventeen participants were enrolled in the study from June 2020 to January 2021. Participants' descriptions of pregnancy and birth during the COVID-19 pandemic focused on several common themes. Participants expressed uncertainty on how the pandemic would impact their pregnancies, and confusion around recommendations affecting their care. Many had envisioned a pregnancy surrounded by people, and instead were left isolated with the removal of social activities. This isolation was furthered by restrictions in in-person prenatal visits. Several concerns were raised on the limits of virtual care. Participants encountered difficulties when opening their 'social bubbles', and created several interventions to minimize risk while preserving social connection. Participants shared examples of 'silver linings' of their experiences, along with expressions of gratitude. Conclusions: Pregnant individuals experienced disruptions in their expectations of pregnancy milestones and in their ability to remain supported throughout the pregnancy during the COVID-19 pandemic. Our findings support prioritizing in-person interactions and a need for clear and consistent messaging on policies affecting their care.