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Research Paper – Araştırma Makalesi

PERINATAL MENTAL HEALTH IN THE TIME OF THE COVID-19 PANDEMIC:
THEMATIC ANALYSIS OF OBSTETRIC CARE PROVIDERS' OBSERVATIONS
AND EXPERIENCES IN TURKEY
COVID-19 SALGINI SIRASINDA PERINATAL MENTAL SAĞLIK:
TÜRKİYE'DEKİ OBSTETRİK BAKIM VERİCİLERİN GÖZLEM VE
DENEYİMLERİNİN TEMATİK ANALİZİ

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Özet

Bu çalışmanın amacı, kadın hastalıkları ve doğum alanında çalışan sağlık personelinin, pandeminin gebe ve postpartum dönemdeki annelerin psikososyal sağlıklarına yansımalarına ilişkin gözlem ve deneyimlerini derinlemesine incelemektir. Araştırma, Akdeniz Üniversitesi Hastanesi ve Kahramanmaraş Sütçü İmam Üniversitesi kadın hastalıkları servisi, doğumhane ve kadın doğum kliniklerinde çalışan, araştırmaya katılmayı gönüllü olarak kabul eden hekim, ebe ve hemşire unvanlarına sahip 19 sağlık personeli ile gerçekleştirilmiştir. Veriler, Eylül-Ekim 2020 tarihleri arasında yarı yapılandırılmış derinlemesine görüşme formu aracılığıyla toplanmıştır. Sağlık personelinin COVID-19 pandemisinin perinatal ruh sağlığı üzerindeki etkilerine ilişkin deneyim ve gözlemleri iki ana tema ile anlatılmıştır. Bu temalar, pandeminin postpartum dönemdeki annelerin psikolojisine yansımaları nedeniyle obstetrik bakımdaki değişiklikler, gebe ve postpartum dönemdeki annelerin izlemindeki değişiklikler ve pandemi sürecinde annelerin psikososyal sağlıklarındaki değişiklikler nedeniyle bakımda yaşanan zorluklardır. Sağlık uzmanlarına göre, gebe ve postpartum dönemdeki annelerin pandemiden psikososyal olarak etkilendikleri, kendi sağlıkları ve bebeklerinin sağlığı için endişe duydukları belirlenmiştir. Ayrıca annelerin kontrollerini ertelediği, pandemi hastanesinde tedavi olmak istemedikleri, maske, mesafe ve hijyen kurallarına uymadıkları da saptanmıştır.

Anahtar Kelimeler: COVID-19, sağlık personeli, perinatal mental sağlık

Abstract

The aim of this study is to clarify the observations and experiences of health personnel working in the field of obstetrics on the reflections of the pandemic on the psychosocial health of pregnant and postpartum mothers. The research was carried out with 19 health personnel, who have the titles of physicians, midwives, and nurses, who voluntarily agreed to participate in the study, working in Akdeniz University Hospital and Kahramanmaraş Sutcu Imam University gynaecology service, delivery room and obstetrics clinics. The data were collected between September and October 2020 through a semi-structured in-depth interview form. The experiences and observations of health personnel on the effects of the COVID-19 pandemic on perinatal mental health were explained with two main themes. These themes are changes in obstetric care due to the reflections of the pandemic on the psychology of mothers, changes in the follow-up of pregnant and postpartum mothers, and difficulties encountered in care due to changes in the psychosocial health of mothers during the pandemic process. According to health professionals, it was determined that pregnant and postpartum women were affected psychosocially by the pandemic, and they were worried about their own health and that of their babies. In addition, it was understood that the mothers delayed their controls, did not want to be treated in the pandemic hospital, and did not comply with the mask, distance, and hygiene rules.

Keywords: COVID-19, healthcare personnel, perinatal mental health

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1. INTRODUCTION

The COVID-19 pandemic, which has devastating and wearisome effects in all countries of the world, has affected many aspects of women's life, including pregnancy, childbirth, and postpartum period (Matvienko-Sikar et al. 2020, pp.309-310; Thapa et al. 2020, pp. 817-818). In these difficult days when countries are struggling nationally with a global problem, one of the special groups negatively affected by the pandemic has been women in the pregnancy and postpartum period (Thapa et al. 2020, pp. 817-818; Hermann et al. 2021, pp. 123-124; Korukcu et al. 2021, pp. 61-70). While even in normal times, pregnancy, childbirth, and postpartum period cause different levels of stress for women, it is inevitable that perinatal mental health will be adversely affected by the COVID-19 outbreak (Matvienko-Sikar et al. 2020, pp. 309-310; Mukhtar and Rana 2021, pp. 595-599). This situation has also affected the prenatal care services that allow women to have regular check-ups during the pregnancy process, which is an important period in human life (Fryer et al.,2020, pp. 1104-1110). In the "Antenatal Care Management Guide" revised by the Ministry of Health of the Republic of Turkey in 2017, it is stated that pregnant women should be followed at least four times and evaluated psychosocially in the first follow-up (Republic of Turkey Ministry of Health, 2018, pp. 12) . The COVID-19 infection that emerged in 2019 has created different barriers to prenatal care services. It has been stated that women delay their prenatal visits due to fear of infection, social isolation or suspicion of COVID-19 (Fryer et al.,2020, pp. 1104-1110; Nazik et al.,2022, pp. 111-122).

Since the effects of the pandemic continue all over the world and the number of cases is still high, health practices are constantly being reviewed, and these updates also affect obstetrics and gynaecology practices that cannot be postponed (Anjum et al. 2020, pp. 245-250; Hu 2021, pp. 634-638; Pountoukidou et al. 2021, pp. 467). The effects of COVID-19 infection on the health of mothers and infants have made it mandatory for obstetric care workers, who are at the forefront, to be cautious and take the necessary precautions (Chua et al. 2020, pp. 786-788). Psychosocial support of women by midwives, physicians and nurses working in the perinatal field is very important in improving perinatal mental health (Matvienko-Sikar et al. 2020, pp. 309-310; Kaya et al. 2021, pp. 217-224).

It has been stated that maternity services have been affected in relation to psychosocial factors since the early stages of the COVID-19 pandemic, pregnancy and postpartum care rates have decreased, and deliveries have shifted from hospitals to the home environment (Lazzari et al. 2020, pp. 229-235; Semaan et al. 2020, pp. e002967; Rao et al. 2021, pp. e004347; Korukcu et al. 2021, pp. 61-70). It is thought that the observations of the health personnel who take care and take care of pregnant and postpartum mothers during the pandemic period are very valuable in order increasing the quality of the care to be taken and the precautions to be taken. To the best our knowledge, no study has been found that clarifies the observations and experiences of health workers on the effects of the epidemic on the psychosocial health of mothers. It is important to investigate the effects of the COVID-19 epidemic on maternal mental health in all aspects. In this study, it is aimed to explain the effects of the pandemic on the psychosocial health of pregnant women and mothers in the postpartum period from the perspective of perinatal health workers who primarily witnessed the transition to motherhood.



2. METHODS

2.1. Design

This qualitative study was conducted to evaluate the impact of the COVID-19 epidemic on the psychosocial health of pregnant and postpartum mothers through the eyes of health workers (physicians, midwives and nurses), to understand the issues that health workers have difficulty in providing care during the epidemic and the effect of the epidemic on the individual attitudes and behaviors of health workers in patient care. The research is a case study. In case study, which is one of the qualitative research designs, factors related to one or several situations are investigated with a holistic approach and in-depth research is conducted on how they affect the relevant situation and how they are affected by the relevant situation (Shenton, 2004, pp. 63-75). In most case studies, generalization is not the goal, because discovering the uniqueness of each situation is the primary goal (Creswell and Miller, 2000, pp. 124-130). The study data were collected in a quiet and calm environment, in an environment where only the participants and researchers were present, using a semi-structured interview form prepared by experts in the field and in-depth interview method. Before the data were collected, the purpose of the study was explained to the participants and verbal and written consent was obtained. After the interviews with the participants were completed, the interview report was prepared by transferring the audio recordings word for word to the computer environment on the day of the interview. The data obtained from the interviews were first coded (conceptualized) by the researchers through the NVIVO program and the relationships (themes) between these codes were determined. Afterwards, the codes and themes were arranged and the findings were interpreted.

2.2. Participants and setting

The research data were collected by using a purposeful sampling method from 19 obstetric care providers, who have the titles of physicians, midwives, and nurses at Akdeniz University Hospital and Kahramanmaraş Sutcu Imam University Hospital between October and November 2020. While collecting the data, a semi-structured interview form prepared by a specialist psychiatrist, physician, and nurse researcher with qualitative research experience in the field was used. Within the scope of the research, interviews were conducted with ten physicians, five midwives and four nurses working in the obstetrics service. Qualitative interviews continued until data saturation was reached. Nineteen healthcare workers who met the inclusion criteria were interviewed. Of the health workers interviewed, 14 are female and five are male. The ages of the participants range from 24 to 42. Four of the participants stated that they also had COVID-19 infectious disease (Table 1). While working in the obstetrics wards, delivery room and obstetrics outpatient clinics of the hospitals where the research was conducted was determined as inclusion criteria, leaving the institution or changing the working department was determined as exclusion criteria.

Table 1. Individual characteristics of the participants

Participants' codes	Gender	Age	Job	His/her COVID-19 Infectious Disease Survival Status
Physician-1	Male	32	Physician	No
Physician-2	Male	28	Physician	No
Physician-3	Female	26	Physician	No
Physician-4	Female	25	Physician	No
Physician-5	Female	35	Physician	No
Physician-6	Male	29	Physician	No
Physician-7	Male	27	Physician	No
Physician-8	Male	24	Physician	No
Physician-9	Female	25	Physician	Yes
Physician-10	Female	27	Physician	No
Midwife-1	Female	42	Midwife	No
Midwife-2	Female	36	Midwife	No
Midwife-3	Female	28	Midwife	Yes
Midwife-4	Female	26	Midwife	No
Midwife-5	Female	37	Midwife	No
Nurse-1	Female	26	Nurse	Yes
Nurse-2	Female	30	Nurse	No
Nurse-3	Female	26	Nurse	Yes
Nurse-4	Female	29	Nurse	No

2.3. Analysis of data

Braun and Clarke's (2006, pp. 77-101) thematic analysis approach was used in this study. In this approach, six steps are implemented as “becoming familiar with data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report”. The audio recordings obtained from the interviews were transcribed and transferred to the computer environment by the researchers in order to encode the data. The prepared text documents were uploaded to NVivo 12 – Qualitative Data Analysis Program, and a page layout that could be coded was created here. Later, coding was done, themes were determined, and the results of the study were reported. After the themes were determined, individual confirmation interviews were held with the participants, they were asked to evaluate the appropriateness of the themes and the expressions under the themes, and the results obtained, and the meanings derived from the data were shared with the participants.

2.4. Rigour

The reliability of the research is ensured by credibility, transferability, dependability, and confirmability criteria (Shenton, 2004, pp. 63-75) and this study was planned based on these criteria. In this direction, the researchers did not act as a guide during the observation and interview and did not interfere with their subjective judgments during the data collection process. While developing the interview form in order to increase the internal validity (credibility) of the research, a conceptual framework was created as a result of the literature review. In order to increase the internal reliability (consistency) of the research, all the findings were given directly without comment, and the compatibility between the coding was determined by two evaluators. Inter-coder reliability was determined by Cohen's kappa (k)

coefficient. Values of 0.40 and above of the coefficient indicate acceptable power of agreement (Wynd et al. 2003, pp. 508-518), and the reliability of the comparative agreement between the two rates in our study was determined as 0.703 ($p < 0.01$). For the transferability step, the research questions are shown in appendix 1, and the characteristics of the participants are presented in Table 1.

2.5. Ethical Dimension

Before starting the study, work permits were obtained from the Chief Physicians of Akdeniz University Hospital and Kahramanmaraş Sutcu Imam University Health Practice and Research Hospital. Ethical consent document was obtained from Akdeniz University Faculty of Medicine Clinical Research Ethics Committee (No: 404; Date: 12.06.2020).

3. RESULTS

Within the scope of the study, the experiences and observations of the health personnel on the effects of the COVID-19 epidemic on perinatal mental health were tried to be understood with two main themes.

3.1. Theme 1: Changes in obstetric care and psychology of mothers

According to the observations and experiences of healthcare professionals, various attitudes, and behaviours of mothers due to pandemic were evaluated under three sub-themes.

3.1.1. Subtheme 1: Changes in receiving care in the triangle of the nosocomophobia

According to the health personnel, they state that the decrease in the number of hospital admissions of pregnant women during the pandemic process is due to the fact that pregnant women do not risk both their own health and the health of their babies, and this is due to the fact that hospitals are 'pandemic hospitals'. It was determined that pregnant women in the service wanted to bring their own sheets because they were afraid of the virus, they were afraid to even sit on the bed, and they asked what measures the hospital took during the pandemic. Before the pandemic, it was observed that while women came to the hospital at the first contraction, they experienced their contractions at home during the pandemic and came to the hospital at the last point. Health personnel state that the pandemic process increases the fear of hospitalization, being in the hospital, and childbirth in pregnant women.

A midwife who cares for mothers states that she thinks this uneasiness is mainly due to the risk of encountering other patients with the following sentences:

“The epidemic created a negative perception towards the hospital in most of the patients. I think what they are experiencing is exactly nosocomophobia.” (Midwife-1)

3.1.2. Subtheme 2: Negative psychosocial health status of mothers

It has been determined that the psychological attitudes of mothers towards the birth process have changed during the pandemic, they have a more protective attitude toward their babies, and they are stressed and worried because they are afraid of infecting themselves or their babies with the virus.

“Due to the current COVID-19 pandemic, mothers have become even more sensitive about protecting their babies and themselves. I think they were psychologically more depressed during this process” (Nurse-3)”



"We also normally use masks in the delivery room, but sometimes we wear protective clothing when in doubt. I observe that they are more anxious at that time" (Midwife-1).

3.1.3. Subtheme 3: Attitudinal changes experienced by COVID-19 positive mothers

According to health personnel, it is stated that the anxiety and fears of mothers diagnosed with COVID-19 negatively affect the birth process, mothers do not know how to approach their babies after birth, and being alone in the birth and postpartum period increases the symptoms and signs of depression. It is also stated that mothers, who are in a different process compared to normal patients, are nervous because they expect more explanations about their babies' health.

"A pregnant woman who has a positive COVID-19 test and whose obstetrical delivery has started is usually taken to a caesarean section immediately. In a different way, with a different method... In negative pressure rooms with more special precautions. I think their psychology is affected much more negatively because they are left alone. They don't have anyone to support them. They often feel physically weak and very sick anyway, as if, well, how can I put it, they feel excluded and stigmatized besides the disease" (Physician-2).

3.2. Theme 2: Difficulties in care

This theme title covers the difficulties experienced by healthcare professionals working with pregnant and postpartum mothers during the pandemic.

3.2.1. Subtheme 1: Conflicts between care takers and care givers during the epidemic

Health personnel stated that they constantly discussed the use of masks with patients and their relatives during the pandemic process and warned about the use of masks, and they hesitated when approaching patients who did not want to wear masks. Health personnel trying to protect other patients also stated that patients reacted to them, although they warned patients with COVID-19 positive not to come to the regular polyclinic.

"In this case, there are those who say, "what's wrong with me", "why you are acting like this" and give us harsh reactions. I think patients who act like this really need to think about other pregnant women and understand that they are putting them at risk." (Nurse-2).

Recently, healthcare personnel has started to have a lot of problems because COVID-19-positive patients do not accept the diagnosis and do not want to comply with the isolation rules. Stating that it is difficult to explain the importance of their condition, the protection of the health of other patients and health personnel, and the rules to be followed, the health personnel stated that the precautions cause negative psychological reactions in the patients.

"...when anything happens, when the patient says, "I have a cough", "I have a sore throat", and when she is pregnant, we have to be more careful because she carries two lives. When we head the symptomatic patients to the COVID-19 units for testing, they are not easily accepted at first. After that, when the patient's test is positive, she says, "why are you approaching me like this", "why is everyone coming to me like this" (Physician-3).

3.2.2. Subtheme 2: Risky care behaviors faced by healthcare workers

Health personnel asked that mothers not want to breastfeed their babies in order not to infect their babies with viruses during the postpartum period, they want to feed them with formula, and whether they can do breast care with cologne and disinfectant. They also state that health personnel should be very careful because mothers have risky behaviors to strengthen the immunity of babies.

“One of our patients said that she gave orange and mandarin juice to her four-month-old baby to strengthen baby’s immune system and dripped black cumin oil into it. However, we constantly tell that the baby should be fed only with breast milk in the first six months.” (Midwife-2)

4. DISCUSSION

4.1. Changes in obstetric care and psychology of mothers

The COVID-19 epidemic did not only affect all countries of the world, but it also caused a rapid and radical change in the care services for pregnancy, birth, and postpartum period (Coxon et al. 2020, pp. 102779; Renfrew et al. 2020, pp. 102759). Like all healthcare professionals working at the forefront of the pandemic, it has become mandatory for obstetricians who provide maternal and child health services to take precautions (Chen et al. 2020, pp. 809-815). Although the evidence for vertical transmission of COVID-19 infection from mother to infant is insufficient, every precaution is taken to protect the infant's health (Ollivier et al. 2020, pp. 102902). Changes in obstetric care have affected maternal psychology, therefore, the observations and experiences of healthcare professionals have gained importance in the reflection of the COVID-19 epidemic on maternal psychosocial health.

Face-to-face meetings and therapeutic touches, which are the main elements of female-centred obstetric care, have been replaced by remote care interventions such as telemedicine, online services, and distancing measures to reduce the risk of cross-infection (Coxon et al. 2020, pp. 102779; Wilson et al. 2020, pp. 206-209). It was observed that pregnant women with risky medical and obstetric conditions and mothers in the postpartum period reduced access to health personnel and health institutions, and they hesitated to apply to the hospital even in risky situations due to the fear of infection (Coxon et al. 2020, pp. 102779; Renfrew et al. 2020, pp. 102759). In our study, healthcare professionals stated that pregnant women and mothers in the postpartum period were worried about nosocomephobia, they delayed their follow-up and controls unless they encountered a serious problem, they postponed their admission to the hospital, and the fact that the health institution providing care services was a "pandemic hospital" adversely affected the psychosocial health of the mothers. In another study conducted with pregnant women, the statements of pregnant women as “I am afraid of contracting COVID-19 infection in the hospital, giving birth alone and taking my baby away from me instead of making birth plans anymore” confirm our study finding (Gildner and Thayer 2020, pp. 969-971).

Although most women who apply to the hospital for delivery do not carry the COVID-19 infection, healthcare professionals should be cautious (Rocca-Ihenacho and Alonso 2020, pp. 1-9). The pandemic period has required healthcare professionals working in the field of obstetrics to take protective measures to protect both themselves and the patients they care for (Jamieson et al. 2020, pp. 1257-1263). Despite all the precautions taken and the difficult working conditions of the health workers, in our study, the health workers shared the information that they observed that pregnant women and mothers in the postpartum period felt more uneasy about the hospital compared to the pre-pandemic period. In our study, health professionals also observed that pregnant women did not prefer to apply to health institutions that were "pandemic hospitals".



4.2. Difficulties in care

During the Covid-19 pandemic, prenatal education (pregnant schools) and pregnancy follow-ups were interrupted (Mızrak Sahin and Can., 2020, pp. 40-43). While issues such as pregnancy follow-ups, prenatal ailments and risks, birth planning, postpartum follow-ups, contraception methods and baby care are sources of stress for pregnant women, the stress experienced by pregnant women regarding their own and their babies' health increases when uncertainties regarding the Covid-19 disease and its process are added. (Kocak and Baltacı., 2021, pp. 41-49; Unal et al., 2021, pp. 1-8). In a case study conducted with a COVID-19-positive mother, when the mother's concerns were asked, the mother's fear of losing her baby and regrets such as "I wish I had taken better precautions and been protected if I had not been sick", thought that she would be excluded by the health personnel when she went to the hospital for delivery and gave birth because she was isolated. He stated that he experienced anxiety because he did not know how to cope alone in the final process (Demir, 2022, pp.43-48). Our work with health personnel also supports the work done. Health personnel is aware of the psychosocial problems experienced by women during the pandemic period, but apart from the measures taken, it is important to provide professional, individualized supportive care to alleviate the fears, worries, and concerns of pregnant women in terms of positively affecting both mother and baby health.

The COVID-19 pandemic has raised concerns among perinatal women for fear of transmitting the virus to their babies through breastfeeding. Due to the lack of sufficient evidence about breastfeeding at the beginning of the pandemic period, mothers who were positive for COVID-19 were isolated from their babies. However, the World Health Organization states that despite all the risks, the benefits of breastfeeding are more beneficial than the risk of transmission. In our study, it was determined that mothers had risky behaviors to protect their babies' health and they wanted to use formula instead of breastfeeding. However, towards the middle of 2020, the efficacy and safety of the double-blind randomized placebo-controlled Phase III adsorbed inactivated COVID-19 vaccine in healthy individuals was published (Palacios et al., 2020, pp.1-3). Studies indicate that vaccination of COVID-19 among nursing mothers protects the breastfed infant with IgA and IgM antibodies specific for SARS-CoV-2 that pass into breast milk and has little or no adverse effect on the breastfed infant (Hall, 2021, pp.492-494; Mclain et al. al., 2021, pp. 702-709; Perl et al., 2021, pp. 2013-2014). Since the benefits of breastfeeding provide protection from viral and bacterial infections, breastfeeding should be encouraged by inactive COVID-19 vaccine in high-risk pregnant women in order not to interrupt breastfeeding, and if it is not possible to breastfeed, mothers should be supported by expressing breast milk (Republic of Turkey Ministry of Health, 2023).

This study also has some limitations. The main limitation of the study is that the number of healthcare professionals in the field of perinatology included in the study is relatively low due to the nature of qualitative research. Another limitation of the study is that the study was conducted with health professionals working in two centres. Therefore, the results obtained from this sample do not reflect all healthcare professionals who care for pregnant and postpartum mothers during the COVID-19 pandemic.

5. CONCLUSION

According to our study results, it was determined that during the pandemic period, pregnant and postpartum women disrupted their hospital controls, branded the hospitals as



"pandemic hospital" and did not want to apply to these hospitals. Mothers who were positive for COVID-19 were more worried about the measures taken to prevent transmission in the hospital, they felt excluded because they spent this process alone, and they were more affected psychosocially. With the provision of prenatal care services online or by phone during the pandemic, women's health can be improved and promoted and access to health personnel, when needed, can be provided. Although there are studies conducted with pregnant or postpartum mothers, more studies are needed to indicate how the pandemic process went for these women in the eyes of health personnel.

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