ATATÜRK ÜNİVERSİTESİ YAYINLARI
ATATURK UNIVERSITY PUBLICATIONS

Research Article *Araştırma Makalesi*

DOI: 10.62425/esbder.1509131

The Experiences of Women in The Perinatal Period Regarding Maternal Health Services: A Qualitative Study During the Covid-19 Pandemic

Perinatal Dönemdeki Kadınların Anne Sağlığı Hizmetlerine İlişkin Deneyimleri: COVID-19 Pandemisi Döneminde Niteliksel Bir Çalışma

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ABSTRACT

Objective: This research was conducted to determine the experiences of women in the perinatal period regarding maternal health services during the COVID-19 pandemic.
Methods: This is a qualitative descriptive study. The study included 19 women who were in the perinatal period during the pandemic. Data were collected using semi-structured interview questions.
Results: In this study, data obtained were divided into three themes: first- experiences toward changing maternal health services, second - results of lack of maternal health services, and third - suggestions to facilitate the accessibility of maternal health services.
Conclusion: Access to maternal health services of women in the perinatal period during the pandemic should be evaluated and access to services should be ensured by developing and implementing new strategies with the contribution of community midwives while addressing situations that prevent access to these services.
Keywords: COVID-19 pandemic, maternal health services, midwifery

ÖZ

Amaç: Bu araştırma, COVİD-19 salgını sırasında perinatal dönemdeki kadınların anne sağlığı hizmetlerine ilişkin deneyimlerini belirlemek amacıyla yapılmıştır.
Yöntemler: Bu nitel tanımlayıcı bir çalışmadır. Araştırmaya pandemi döneminde perinatal dönemde olan 19 kadın dahil edildi. Veriler yarı yapılandırılmış görüşme soruları kullanılarak toplanmıştır.
Bulgular: Bu çalışmada elde edilen veriler üç temaya ayrılmıştır: Birinci - anne sağlığı hizmetlerinin değişmesine yönelik deneyimler, ikinci - anne sağlığı hizmetlerinin yetersizliğinin sonuçları ve üçüncü -anne sağlığı hizmetlerine erişimi kolaylaştıracak öneriler.
Sonuç: Pandemi döneminde perinatal dönemdeki kadınların anne sağlığı hizmetlerine erişimi değerlendirilmeli ve bu hizmetlere erişimi engelleyen durumlar ele alınırken toplum ebelerinin de katkısıyla yeni stratejiler geliştirilip uygulanarak hizmetlere erişim sağlanmalıdır.
Anahtar kelimeler: Anne sağlığı hizmetleri, COVİD-19 salgını, ebelik

Geliş Tarihi/Received 22.08.2023
Kabul Tarihi/Accepted 29.01.2024
Yayın Tarihi/Publication Date 05.07.2024

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Cite this article: Aydın Beşen, M., & Gökçe İspir, G. (2024). The Experıences of Women İn The Perınatal Perıod Regardıng Maternal Health Servıces: A Qualitative Study Durıng the Covıd-19 Pandemıc. *Journal of Midwifery and Health Sciences, 7*(2), 260-271.

Introduction

The Coronavirus disease 2019 (COVID-19) pandemic has posed a serious public health threat worldwide and required the rapid regulation of health systems (Rasmussen, et al., 2020). Measures have been considered to protect and maintain public health all over the world. Women in perinatal processes should be kept at the forefront of the health agenda because their access to health services is affected for different reasons (Karavadra et al., 2020). Physiological, metabolic and vascular changes of pregnancy may affect the risks of severe acute respiratory syndrome of coronavirus disease and may aggravate the clinical course. Especially unvaccinated, having a body–mass index above 25 kg/m^2, having a pre-pregnancy co-morbidity, a maternal age of 35 years or older, living in increased socioeconomic deprivation higher risk of being affected by the disease. (Narang, et al. 2020; Royal College of Midwives (RCM) and Royal College of Obstetrıcıans and Gynecologists (RCOG) 2022). Therefore, measures were considered for vulnerable individuals in high-risk groups such as pregnant women. In this context, several measures such as closing schools, comprehensive travel and transportation restrictions, curfews, and flexible work permits to pregnant women have been implemented in Turkey with the beginning of the pandemic (Islek, et al. 2020).

Women in their perinatal period felt tremendous stress and worry for themselves and their babies during the pandemic. Accordingly, there have been changes in women's perceptions of health, attitudes and behaviors toward benefiting from health services (Lega, et al. 2022; Saccone, et al. 2020). However, the status of women to effectively benefit from services provided in perinatal processes is extremely important in terms of maternal–fetal mortality and morbidity. In particular, in periods of health crises such as pandemics, Maternal Health Services (MHS) continue to be a priority as basic health care (Aranda, et al., 2022; International Confederation of Midwives (ICM) 2020). The reduction of maternal and infant mortality rates can be achieved with effective MHS (Karavadra, et al. 2020)

The pandemic process has taught that MHS should be kept at the forefront of the health agenda. Because, women in the perinatal period face various difficulties and concerns; thus, it affects their use of health services (Aranda et al. 2022, Padmaja & Behera, 2023). Therefore, considering the increased risk, it is recommended to reduce viral transmission in pregnant women during the COVID-19 pandemic and to provide safe, personalized and gynecological care during prenatal, perinatal and postnatal periods (RCM and RCOG 2020).

The COVID-19 pandemic has caused changes in the provision of MHS, many of which contradict the underlying factors of respectful maternity care. With the COVID-19 pandemic, the International Confederation of Midwives (ICM) has reported concerns about the implementation of inappropriate protocols for pregnancy, childbirth and postnatal care management, as well as the violation of the rights of women and their babies (ICM 2020). In multiple health institutions, environments that improve maternity care, maternity rights and care standards are ignored because of the pandemic, certain restrictions and interventions are made, although they are not necessary during delivery, and these are not based on scientific evidence (Sadler et al. 2020). Increasing anxiety of women about themselves, their baby and their relatives during this period have caused them not to go for pregnancy check-ups, change their birth plans and increase the possibility of home birth on unhealthy conditions (Padmaja & Behera, 2023; Pant, 2020;Saccone et al. 2020). The measures taken against the spread of the disease cause delays in women applying to MHS and this situation negatively affects the health of both the mother and baby (Zewdie, et al., 2022). It is estimated that maternal and infant mortality and morbidity rates may increase because of the lack of access to effective healthcare (Pant et al. 2020). In this direction, it is very important to evaluate access to MHS in order to control the infection and reduce the effects in pregnant women and nursing mothers during the COVID-19 period. In addition, the evaluation of this process will guide the planning of MHS in cases of new endemics and pandemics.

Objective

This research was conducted to determine the experiences of women in the perinatal period regarding maternal health services during the COVID-19 pandemic.

Methods

Type of Study: This is a descriptive study designed in a qualitative research manner.

Population and Sample of the Study: The sample of the study comprised women who were in the perinatal period during the COVID-19 pandemic and received service in a family health center in Turkey. The study was conducted with women who have experienced the 34th and above week of pregnancy and gave birth and have experienced one week of postpartum period on pandemic closure days. Morever; the study was conducted on women did not have COVID-19, who between the ages of 18 and 45, who did not have a physiological or psychological illness that would interfere with the study, who understood Turkish and could communicate, and agreed to participate. Purposeful sampling method was used (Parahoo 2014). The research

data were collected in January 2021 by face-to-face interview method, in accordance with the isolation rules. "Saturation" is an important guide in determining samples in qualitative research (Saunders, et al. 2018). Participants continued to be included in the study until repetitive data and similar explanations were received from the sample. The study sample comprised 19 women.

Data Collection: The data of the study were collected using socio-demographic questions and three semi-structured interview questions to enable participants to share their experiences of benefiting from MHS during the pandemic. When women who met the inclusion criteria came to a follow-up examination, the purpose of the study was explained and those who agreed to participate in the study were interviewed with voice recording. The interviews were held in comfortable and quiet rooms in Family Health Centers where the participants could comfortably share their experiences. The interviews were conducted by the first author (MAB) and lasted 27 min on an average.

Evaluation of Data: To enhance credibility of the data, first interviews were transcribed by the interviewing author in the first few days after the interview. All transcripts were separately read several times by the two authors for a holistic view of excerpts. In data analysis, theme extraction technique was used in qualitative research. The analysis of the data was made in Turkish.

Ethical Statement: Turkey Ministry of Health Covid-19 Research Assessment Commission's approval was obtained for the study. Ethics committee approval was obtained from Mersin University Rectorate Clinical Research Ethics Committee (02/09/2020-2020/618). Participants were informed about the research, informed consent was read before audio recording, and their written approval was requested. Participants' names were not used anywhere (Participant 1 etc.).

Results

Data on socio-demographic characteristics were collected from the participants. Participants were between the ages of 20 and 38, and only one of the participants was primiparous and the other participants were multiparous, two participants had university education, 16 had basic education, and 1 participant was illiterate.

Data obtained in this study were divided into three themes: 1) experiences toward changing MHS, 2) the consequences of the lack of MHS, and 3) suggestions to facilitate the accessibility of MHS.

Theme 1: Experiences toward changing MHS

It was determined that women in the perinatal period during the COVID-19 pandemic could not access MHS for different reasons, made risky decisions for maintaining perinatal health and went through different experiences regarding the measures or precautions taken. Statements of the participants are in Figure

1.1.Access to MHS

It was determined that women experienced certain difficulties in accessing MHSs provided in health institutions and these posed an obstacle in receiving health services. They were afraid that they, their babies or their relatives would be infected with Covid-19 because of the crowdedness of hospitals or public transportation vehicles used to go to the hospital and preferred not to receive services; moreover, it was determined that they could not benefit from MHS because of financial insufficiency, not being able to get an appointment, and not having a place to leave their children.

1.2. Making risky decisions in maintaining perinatal health

It was determined that, during the pandemic, women had to take decisions that may pose a risk in terms of perinatal health such as giving birth at home, early discharge, not having mother–baby follow-ups, preferring cesarean section, and going to the hospital in the transition phase of birth.

1.3. Experiences regarding measures/precautions taken

It was determined that women were satisfied with the hygiene measures taken by health institutions during the pandemic; however, they had difficulties in using masks at birth, were not satisfied with the distant approach of health professionals, were alone for a long time, particularly at the time of birth, and could not benefit from social support because of the prohibition of visitors after birth. Moreover, it was reported that women took personal measures in the perinatal period such as not going to the hospital, preferring to go to a private hospital by making an appointment, using masks, staying away from people (particularly healthcare personnel), not touching anywhere, not accepting visitors and flowers, and milk storage because of the possibility of interruptions in breastfeeding caused by Covid-19.

Theme 2: Consequences of MHS Deficiency

It was determined that women's inability to effectively benefit from MHS had important adverse consequences in terms of maternal and infant health. Statements of the participants are in Figure 2.

2.1. Adverse consequences affecting maternal health

It was determined that women experienced negative emotions such as loneliness, fear, anxiety, anxiety, depression more frequently in perinatal processes because of changes made in MHS during the pandemic and accordingly they experienced birth complications. It was determined that they had to get perinatal services from private institutions, complications were experienced because of the lack of pregnancy follow-up and they tended to apply to the hospital, particularly during the transition/active phase of delivery.

2.2. Adverse consequences affecting infant health

Women stated that because of the changing MHS, mother–father–baby attachment was negatively affected, routine screening of babies could not be performed and accordingly early diagnosis could not be made.

Theme 3: Suggestions to Make MHS's Accessibility Easier

Women suggested that perinatal follow-ups should be performed through home-care services or tele-health services, services should be performed in smaller units rather than hospitals, a well-organized appointment system should be established in cases where it is necessary to go to hospital, the number of personnel providing perinatal care should be increased, and safe transportation facilities should be provided. Statements of the participants are in Figure 3.

Discussion

In this study, women could not access MHS for different reasons, made risky decisions for maintaining maternal, fetal, neonatal health as well as experienced challenges in perinatal processes regarding the measures taken. In the framework of the 2030 Sustainable Development Goals, it is aimed to “reduce maternal, newborn and child mortality rates and to guarantee universal access to sexual and reproductive health services”. However, in the COVID-19 pandemic, there may be difficulties in achieving and maintaining these targets because of the changing and decreasing scope of MHS (Musiimenta, et al., 2022). Previous epidemics in the world have proven significant negative effects on maternal and child health indicators, and it is known that the rate of access to maternity and vaccination services has decreased for women. Furthermore, even the expected recovery periods have become longer after epidemics (Delamou, et al. 2017). In a study estimating the potential impact of COVID-19 on sexual and reproductive health in low- and middle-income countries, it is reported that even a 10% reduction in MHS can cause considerable complications in women and a considerable increase in maternal and neonatal mortality rates (Castro 2020). During the COVID-19 pandemic, in addition to the inability of women to reach MHS because of the fear of infection risk, waiting times, insufficient resources, there may be many economic and social obstacles. It has been predicted that the unwillingness to use public transport during the pandemic, the closure of schools and day care centers, the reduction of child care options, and the impact of income because of the closure of multiple workplaces may prevent low-income women from accessing MHS (Ahmed & Sonfield 2020; Fryer, Delgado, et al. 2020). As an evidence for this prediction, current study reported that women could not benefit from MHS because of their inability to make an appointment with health institutions, their reluctance to use public transportation because of the risk of infection, financial insufficiency, and the lack of a place to leave their children. In a study investigating the experiences of women in the perinatal period during the pandemic process, it reports parallel results with the results of the current study (Sharma, et al., 2023). To improve the obstetric outcomes of women and their babies during the pandemic, it is necessary to ensure and maintain evidence-based, fair, safe MHS that is compassionate and respectful of human rights with strict hygiene measures. WHO and many of the leading associations (RCM, American College of Obstetricians and Gynecologists (ACOG), RCOG) stated that five or fewer follow-ups are associated with an increased risk of perinatal death particularly in low- and middle-income countries, as well as stressed the importance of maintaining prenatal controls during the pandemic and encouraging women to regularly communicate about their health (ACOG 2021; ICM 2020, RCM and RCOG 2020, WHO 2020a). However, in a large-scale study, it was determined that more than half (59%) of women faced obstacles in accessing MHS during the pandemic (Karavadra et al. 2020). Another study reported that the biggest challenge encountered is disruptions in hospital-based services (Sharma et al., 2023). In current study, it was determined that women were not followed up for various reasons during the prenatal and postnatal periods, including risky conditions, and that there were negative perinatal outcomes affecting maternal and infant health. WHO reports that antenatal and maternity care services were partially disrupted in 53% of countries during the pandemic, with primary health services disrupted in 45% (WHO 2020b; WHO 2023). A study found that mother-child follow-up rates in primary healthcare services decreased with the first wave of COVID-19. It is reported that within the scope of basic health services, the application for maternity services decreased by 23% and the application for follow-up of children under 18 months decreased by 18% (Correia, et al. 2022). A study conducted in Uganda reported that the rate of receiving prenatal care

decreased by 11%. The increased rates of cesarean section, preterm and low birth weight babies, abortion and bleeding during the pandemic period are associated with the inability to benefit from primary health care services (Burt, et al. 2021).

Access to MHS

"I could not go to all of my pregnancy checkups, I did not want to. I had to take the bus to the hospital. Moreover, I had no place to leave my children because of Covid-19. This is why I decided not to go the controls. " (Participant 4)

"When I could not get an appointment, I wanted to go to a private hospital, but my husband was out of work, we had no financial means, I could not go to my controls." (Participant 9)

"We had a shortage of disinfectants and masks, they should have been distributed free of charge. Without the mask, we could not go to the hospital." (Participant 10)

"Since the hospitals could not give us an appointment, they directed us to hospitals far away. At most I went there like three times." (Participant 13)

Figure 1. Statements of Theme 1

Theme 1: ***Experiences toward changing MHS***

Making risky decisions in maintaining perinatal health

"I was very afraid of catching virus during delivery. We decided to bring a private midwife to our house with my husband. However, when the birth started, my husband was not at home and I had heavy bleeding. My neighbor had to take me to the hospital. It turns out the cord was wrapped around the baby." (Participant 17)

"During a checkup, the doctor told me that my baby was disabled. I did not even go to my next checkups and my baby was born with a disability. There was Coronavirus, I was afraid." (Participant 2)

"I begged the doctor to get my baby by cesarean at week 36 before it got worse. I said it would be such as Wuhan, there will be dead people everywhere. The doctor convinced me and we waited." (Participant 12)

"My birth was going to be cesarean. My doctor said not to wait for the slightest pain and come directly to the hospital, but I still waited; I did not want to get infected. When the contractions got more frequent, I had to go to the hospital." (Participant 15)

Experiences regarding measures/precautions taken

"I find the measures taken in the hospitals sufficient, the environment is not crowded, my beds were clean, and they took care of me." (Participant 3).

"Health workers were keeping a fair distance because of the pandemic. They never came close, they did not take care of me. I waited for a smiling face, I did not get it. They were worried as well." (Participant 15)

"I always wore a mask, I could not breathe because of the pains, and oxygen was not enough. Wearing the mask was very difficult for me at birth." (Participant 9)

"I was afraid of disease transmission, and not birth. At that moment, I never thought about the pain, I grabbed my knees and not to touch anywhere else." (Participant 16)

"I used to pump my milk and put it in the freezer just in case I would get sick during the pandemic, because I would have to take drugs and stop breastfeeding." (Participant 10)

"I told everyone not to send me flowers." (Participant 17)

Figure 2. Statements of Theme 2

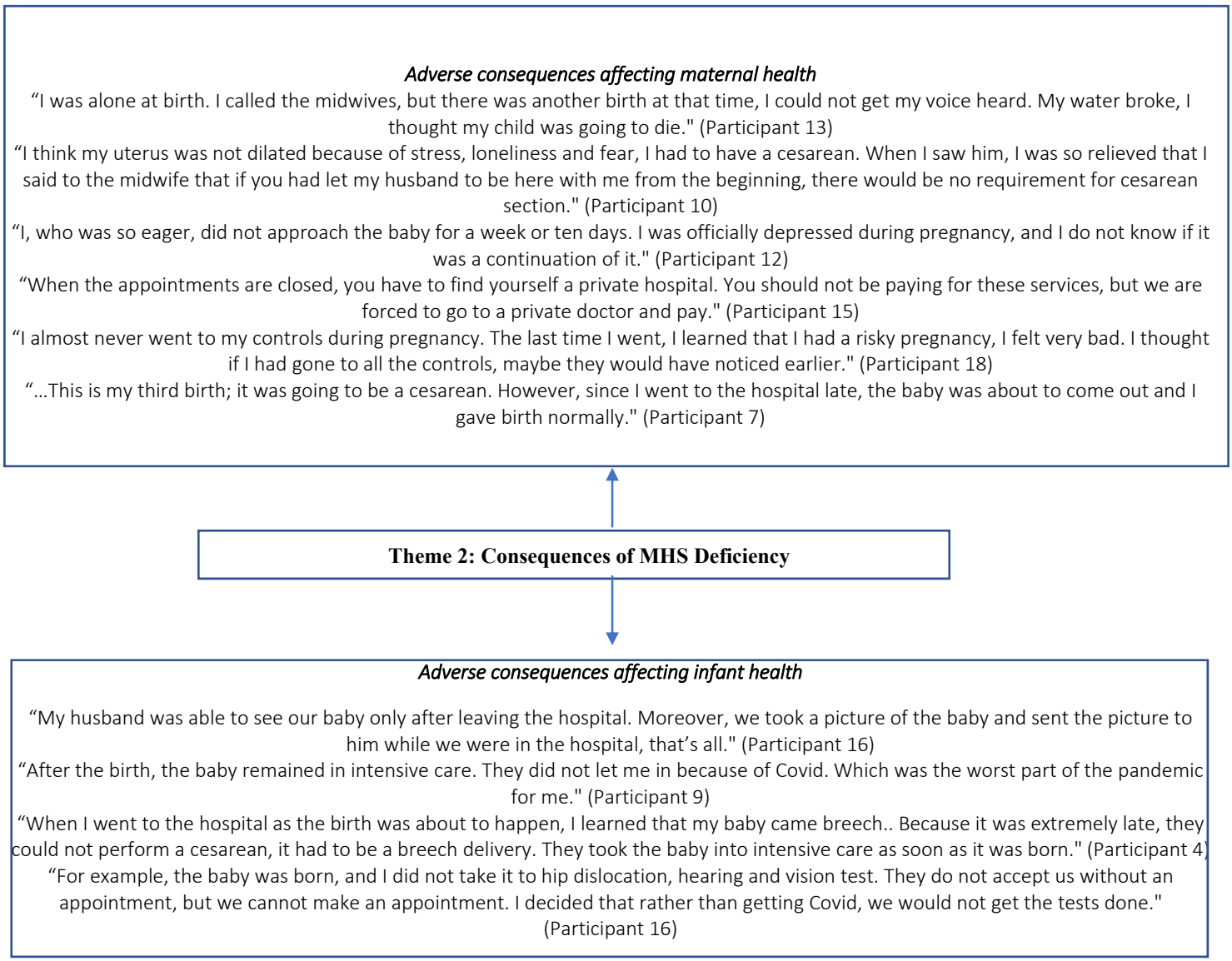

Figure 3. Statements of Theme 3

In this process, it is very important to determine the deficiencies in the quantity and quality of service and to evaluate results. The most important problem during the pandemic is the lack of knowledge and belief in safe access to MHS. Women and their families require regular and consistent counseling in perinatal processes to help them get early advice and make timely decisions. Routine pregnancy follow-ups can be performed through online video conferencing, as long as there is no risk. Moreover, an appointment system can be used to keep them less in waiting rooms for ultrasound and laboratory tests, as well as the possibility of transmission can be minimized by taking them to waiting rooms alone or letting them wait outside (WHO 2020a; ACOG 2020; ICM 2020). Counseling and psychological support services in perinatal processes were required to be provided in different approaches during the pandemic. In this direction, it is recommended to create online birth preparation trainings and online materials (video) and to develop hybrid models that combine face-to-face and virtual prenatal visits (Queensland Clinical Guidelines 2020). Studies have reported that telehealth applications allow women to interact with healthcare professionals without being exposed to the risk of infection contact, and hybrid applications are beneficial (Galle, et al, 2021; Reisinger-Kindle, et al., 2021; Fernandes, et al., 2023).

Theme 3: Suggestions to make MHS's accessibility easier

They had to make an appointment on certain days and not make us wait at the appointment time. If necessary, they should perform examinations at home. I was worried when my water broke, and if I could consult an expert on the phone, it would make everything easy for me." (Participant 3)

"Rather than going to the hospital or crowded places, small units could be formed and our controls could be done there. Contacting ten people is different from contacting 1000 people." (Participant 10)

In this study, women reported that accessibility would be higher if perinatal follow-up could be performed through home-care services or tele-health services. Furthermore, women suggested providing services in smaller units rather than hospitals and establishing a well-organized appointment system.

The transmission-related risk is considered to be higher because women and their families possibly use healthcare facilities in the perinatal period compared to the general population (Dana, et al. 2020). Pregnant women feel vulnerable during the pandemic, their anxiety levels increase and they have doubts that the delivery mode may be affected (Yassa, et al. 2020). Similarly, in this study, women felt the loss of control about protection from the virus by having their deliveries in the hospital; accordingly they experienced more fear and anxiety and experienced various birth complications related to negative emotions. Accordingly, women decided to give birth at home with the help midwives who were not licensed, and made risky decisions such as cesarean delivery and access to health services at the last stage of labor. During the pandemic, in countries where health systems can support, home births with appropriate equipment and qualified midwife support may be safer than hospitals (ICM 2020). However, along with the millennium development goals and sustainable development plans, especially within the scope of reducing maternal and newborn deaths hospital deliveries are encouraged in Turkey, services are provided free of charge. Furthermore, planned home births are not approved. In this respect, it is very important to ensure that the centers where women give birth are always perceived as safe places. Measures such as hygiene rules, protection of physical distance, personal equipment (mask), visitor and companion restrictions are taken in the scope of risk reduction strategies to slow the spread of the virus and reduce the intense demand for health services (Queensland Clinical Guidelines 2020). In a study conducted with a large population-based sample, it was determined that women who gave birth welcomed the visitor restriction in terms of infection control, but they felt lonely, and the use of masks should be made more flexible (Suárez-Cortés, et al., 2023). In current study, women stated that they were satisfied with the hygiene measures taken and felt safe; however, they had difficulty using masks during childbirth and they experienced various negative emotions, particularly because of the lack of a constant supporter during delivery. To protect the welfare of healthcare professionals and community and to prevent contamination, almost all clinics have companion restriction policies; however, such policies should include exceptions for maternity units (Centers for Disease Control and Prevention 2020; ACOG 2020; Arora, Mauch, & Gibson, 2020; ICM (2020) emphasizes that every woman has the right to have her decisions respected and approved, including the right to have a companion she selects with her at birth. Women report that they highly value and benefit from the presence of someone they trust at birth to provide emotional, psychological, and physiological support and advice (Bohren, Berger, Munthe-Kaas, & Tunçalp, 2019). Therefore, during the pandemic, the birth partner of the woman can be allowed within by eliminating fever and other symptoms at admission (ACOG 2020b; Arora et al. 2020; WHO 2020a; RCM and RCOG 2020). Continuous support during labor is associated with increased spontaneous vaginal delivery rates, shorter delivery times, reduced use of intrapartum analgesia and cesarean, higher five-minute Apgar scores and higher delivery experience satisfaction (Bohren, at al., 2017). It is considered that this support provided during delivery by taking the necessary precautions will positively affect the well-being of both mother and baby. Howewer in the first year of the pandemic, respectful maternity care is reported to be negatively affected due to clinical care delivery, limitation of social support, and disruptions in communication (Jones, et al., 2022).

In this study, conditions that could affect maternal and infant health occurred during the perinatal period because of changes in MHS, complications were experienced because of a lack of pregnancy follow-up, women tended to apply to the hospital, particularly in the transition/active phase of birth, and that they could not have routine screening of both themselves and their babies after birth because of appointment problems. In a study, hospital births decreased, and stillbirth and neonatal mortality rates

increased during the pandemic (Ashish, et al. 2020). It is alarming that maternal–infant health improvements over the past two decades have rapidly deteriorated during the pandemic. UNICEF (2020) calls for continuing routine medical support for the newborn. In addition to our results, it is considered that mother–father–infant attachment is negatively affected because of companion restriction or intensive care admission, and this delay may harm the processes of becoming a family. The right of every newborn to have access to their parent, even in medical situations requiring extra care, should not be denied (ICM 2020; Reingold, 2020). Furthermore, a spouse has equal legal rights to make decisions on behalf of the baby after birth, as well as a ban on visiting may prevent the spouse from participating in such decision-making processes (Arora, et al., 2020).

Conclusion and Recommendations

The short- and long-term consequences of the lack or absence of MHS during the pandemic are not yet unclear. Therefore, it is strongly emphasized to monitor the impact of all changes, including the evaluation of unexpected results (ACOG 2020; ICM 2020; RCM and RCOG 2020; WHO, 2020a;). Along with health policies and systems of countries, it is inevitable for countries to make regulations regarding the quality of MHS and to ensure sufficient accessibility during the pandemic. The takeaway lesson of health system from Covid-19 is the necessity to prepare the health system to deal with any unprecedented future crisis. It is extremely important to involve women, their families and healthcare professionals in planning for MHS in such emergency situations.

Etik Komite Onayı: Bu çalışma için etik komite onayı Mersin Üniversitesi'nden (Tarih: 02/09/2020, Sayı: 2020/618) alınmıştır.
Hasta Onamı: Veri toplamadan önce katılımcılardan bilgilendirilmiş yazılı/ sözlü onam alınmıştır.
Hakem Değerlendirmesi: Dış bağımsız.
Yazar Katkıları: Fikir: MAB, GGİ; Tasarım: MAB, GGİ; Denetleme: MAB, GGİ; Kaynaklar: MAB, GGİ; Veri Toplanması ve/veya İşlemesi: MAB; Analiz ve/ veya Yorum: MAB, GGİ; Literatür Taraması: MAB, GGİ, Yazıyı Yazan: MAB, GGİ, Eleştirel İnceleme: MAB, GGİ
Çıkar Çatışması: Yazarlar, çıkar çatışması olmadığını beyan etmiştir
Finansal Destek: Yazarlar, bu çalışma için finansal destek almadığını beyan etmiştir
Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Mersin University (Date: 02/09/2020, Number: 2020/618).
Informed Consent: Informed consent was obtained from participants before data collection.
Peer-review: Externally peer-reviewed.
Author Contributions: Concept- MAB, GGİ; Design- MAB, GGİ; Supervision- MAB, GGİ; Resources- MAB, GGİ; Data Collection and/or Processing- MAB; Analysis and/or Interpretation- MAB, GGİ; Literature Search- MAB, GGİ; Writing Manuscript- MAB, GGİ; Critical Review- MAB, GGİ.
Dectaration of Interest: The authors have no conflicts of interest to declare.
Funding: The authors declared that this study has received no financial support.

References

Ahmed, Z., & Sonfield , A. (2020). The COVID-19 outbreak: potential fallout for sexual and reproductive health andrights. Available: https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights .

American College of Obstetricians and Gynecologists. (2020). COVID-19 FAQs for obstetricians-gynecologists, obstetrics. Retrieved April 22, 2021 from https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics ,

Aranda, Z., Binde, T., &Tashman, K., et al. (2022). Disruptions in maternal health service use during the COVID-19 pandemic in 2020: experiences from 37 health facilities in low-income and middleincome countries. *BMJ Global Health*, 7, e007247. doi:10.1136/ bmjgh-2021-007247.

Arora, KS., Mauch, J.T., & Gibson, K.S. (2020). Labor and delivery visitor policies during the COVID-19 pandemic balancing risks and benefits. *JAMA,* 323, (24), 2468-2469. DOI: 10.1001 / jama.2020.7563.

Ashish, K.C., Gurung, R., & Kinney, M.V., et al. (2020). Effect of the COVID-19 pandemic response on intrapartum care, stillbirth, and neonatal mortality outcomes in Nepal: a prospective observational study. *Lancet Glob Health,* 8, e1273-81. DOI: https://doi.org/10.1016/S2214-109X(20)30345-4

Bohren, M.A., Berger, B.O., Munthe-Kaas, H., & Tunçalp, Ö. (2019). Perceptions and experiences of labor companionship: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews,* Issue 3. Art. No.: CD012449. DOI: 10.1002/ 14651858.CD012449.pub2

Bohren, MA., Hofmeyr, GJ., Sakala, C., Fukuzawa, RK., & Cuthbert, A. (2017). Continuous support for women during childbirth. *Cochrane Database of Systematic Reviews, Issue* 7. Art. No.: CD003766. DOI: 10.1002 / 14651858.CD003766.pub6.

Burt, J.F., Ouma, J., Lubyayi, L., Amone, A., Aol, L., Sekikubo, M., & Nakimuli, A., et al. (2021). Indirect effects of COVID-19 on maternal, neonatal, child, sexual and reproductive health services in Kampala, Uganda. *BMJ Glob Health*, 6(8), e006102. doi: 10.1136/bmjgh-2021-006102. PMID: 34452941; PMCID: PMC8406460.

Castro, A. (2020). Challenges posed by the COVID-19 pandemic in the health of women, children, and adolescents in Latin America and the

Caribbean. Retrieved April 22, 2021 from https://www.latinamerica.undp.org/content/rblac/en/home/library/crisis_prevention_and_recovery/desafios-de-la-pandemia-de-covid-19-en-la-salud-de-la- mujer -de-.html

Centers for Disease Control and Prevention. (2020). Considerations for inpatient obstetric healthcare settings. Published April 4, 2020. Retrieved April 22, 2021 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html#anchor_1582067966715 .

Correia, L.L., Machado, M.M.T., Araújo, D.A.B.S., Gomes, Y.V.C., Pinheiro, M.S.N., Rocha, H.A.L., et al. (2022). Primary Health Care during the COVID-19 pandemic in Fortaleza, Brazil: associated factors and pattern of use by mothers and children up to 18 months of age. *Rev Bras Epidemiol.,* 25, e220036. https://doi.org/10.1590/1980-549720220036

Dana, P.M., Kolahdooz, F., & Sadoughi, F., et al. (2020). COVID-19 and pregnancy: a review of current knowledge. *Le İnfezioni in Medicina,* 28 (suppl 1), 46-51.

Delamou, A., Ayadi, A.M.E., & Sidibe, S., et al. (2017). Effect of Ebola virus disease on maternal and child health services in Guinea: a retrospective observational cohort study. *Lancet Glob Health.,* 5 (4), e448 – e457. DOI: 10.1016 / S2214-109X (17) 30078-5.

Fernandes, B.A., Alves, B., & Matosinhos, A.C., et al. (2023). The use and role of telemedicine in maternal fetal medicine around the world: an up-to-date. *Health Technol (Berl).*, 21,1-8. doi: 10.1007/s12553-023-00742-6.

Fryer, K., Delgado, A., & Foti, T. et al. (2020). Implementation of obstetric telehealth during COVID - 19 and beyond. *Maternal and Child Health Journal,* 24(9), 1104-1110. https://doi.org/10.1007/s10995-020-02967-7 .

Galle, A., Semaan, A., & Huysmans, C. et al. (2021). A double-edged sword—telemedicine for maternal care during COVID-19: findings from a global mixed-methods study of healthcare providers. *BMJ Global Health,* 6, e004575. doi:10.1136/ bmjgh-2020-004575.

International Confederation of Midwives. (2020). Women's rights in childbirth must be upheld during the coronavirus pandemic. Retrieved April 22, 2021 from https://www.internationalmidwives.org/assets/files/news-files/2020/03/icm-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf .

Islek, E., Ozatkan, Y., & Bilir, M.K. et al. (2020). Covidien-19 pandemic Turkey case management: Strategies for health policy and practice. TÜSPE Report: 2020/2, TÜSPE Publications, Ankara. Retrieved April 22, 2021 from https://www.tuseb.gov.tr/tuspe/uploads/yayinlar/makaleler/pdf/21-08-2020__5f3f6e1402cc2__tusperapor02_covid-19_pandemi_yonetiminde_turkiye_ornegi.pdf .

Jones, I.H.M., Thompson, A., & Dunlop, C.L., et al. (2022). Midwives' and maternity support workers' perceptions of the impact of the first year of the COVID-19 pandemic on respectful maternity care in a diverse region of the UK: a qualitative study. *BMJ Open,* 12, e064731. doi:10.1136/ bmjopen-2022-064731.

Karavadra, B., Stockl, A., & Prosser-Snelling, E., et al. (2020). Women's perceptions of COVID-19 and their healthcare experiences: a qualitative thematic analysis of a national survey of pregnant women in the United Kingdom. *BMC Pregnancy and Childbirth,* 20, 600. https://doi.org/10.1186/s12884-020-03283-2

Lega, I., Bramante, A., & Lauria, L., et al. (2022) The psychological impact of COVID- 19 among women accessing family care centers during pregnancy and the postnatal period in Italy. *Int. J. Environ. Res. Public Health,* 19, 1983. https:// doi.org/10.3390/ijerph19041983

Musiimenta, A., Tumuhimbise, W., & Atukunda, R. et al. (2022). Challenges in accessing maternal and child health services during COVID-19 and the potential role of social networking technologies. *Digital Health,* 8, 1–10.

Narang, K., Enninga, E.A.L., & Gunaratne, M.D.S.K., et al. (2020). SARS-CoV-2 ınfection and COVID-19 during pregnancy: A multidisciplinary review. *Mayo Clin Proc.,* 95 (8), 1750-1765. DOI: 10.1016 / j.mayocp.2020.05.011 .

Padmaja, M., & Behera, D.K. (2023). Disruptions in accessing women's health care services: Evidence using COVID-19 health services disruption survey. *Maternal and Child Health Journal,* 27, 395–406. https://doi.org/10.1007/s10995-022-03585-1

Pant, S., Koirala, S., & Subedi, M. (2020). Access to maternal health services during COVID-19. *Europasian J Med Sci.,* 2 (Covid-19 Special Issue), 48-52. https://doi.org/10.46405/ejms.v2i2.110 .

Parahoo, K. (2014). Nursing research principles: Processes and issues, 3rd ed. Palgrave Macmillan, Basingstoke UK.

Queensland Clinical Guidelines. (2020). Maternity care for mothers and babies during COVID-19 pandemic. Retrieved April 22, 2021 from https://www.health.qld.gov.au/__data/assets/pdf_file/

0033/947148/g-covid-19.pdf .

Rasmussen, S.A., Smulian, J.C., & Lednicky, J.A. et al (2020). Coronavirus Disease 2019 (COVID-19) and pregnancy: what obstetricians need to know. *American Journal of Obstetrics and Gynecology,* 222 (5), 415–426. DOI: 10.1016 / j.ajog.2020.02.017

Reingold, R.B., Barbosa, I., & Mishor , R. (2020). Respectful maternity care in the context of COVID - 19: A human rights perspective. *Int J Gynecol Obstet,* 151, 319-321.

Reisinger-Kindle, K., Qasba, N., & Cayton, C. (2021). Evaluation of rapid telehealth implementation for prenatal andpostpartum care visits during the COVID-19 pandemic in anacademic clinic in Springfield, Massachusetts, United Statesof America. *Health Sci Rep.,* 4, e455.

Royal College of Midwives and Royal College of Obstetricians and Gynecologists. (2020). Coronavirus (COVID-19) Infection in pregnancy. Information for health professionals. Version 12: Published Wednesday 14 October 2020. Retrieved April 22, 2021 from https://www.rcog.org.uk/globalassets/documents/guidelines/2020-10-14-coronavirus-covid-19-infection-in-pregnancy-v12. pdf .

Royal College of Midwives and Royal College of Obstetricians and Gynecologists. (2022). Coronavirus (COVID-19) Infection in pregnancy. Information for health professionals. Version 16: Published December 2022. Retrieved December 25, 2022 from https://www.rcog.org.uk/media/ftzilsfj/2022-12-15-coronavirus-covid-19-infection-in-pregnancy-v16.pdf

Saccone, G., Florio, A., & Aiello, F., et al. (2020). Psychological impact of coronavirus disease 2019 in pregnant women. Am. *J. Obstet. Gynecol.* 223, 2, 293-295. DOI: https: // doi.org/10.1016/j.ajog.2020.05.003

Sadler, M., Leiva, G., & Olza, I. (2020) COVID-19 as a risk factor for obstetric violence, *Sexual and Reproductive Health Matters,* 28, 1, 1785379, DOI: 10.1080 / 26410397.2020.1785379.

Saunders, B., Sim, J., & Kingstone, T., et al. (2018). Saturation in qualitative research: exploring its conceptualization and operationalization. *Quality & Quantity*, 52 (4), 1893–1907. https://doi.org/10.1007/s11135-017-0574-8 .

Sharma, S., Aggarwal, S., & Kulkarni, R., et all. (2023). Challenges in accessing and delivering maternal and child health services during the COVID-19 pandemic: A cross-sectional rapid survey from six states of India. *Int. J. Environ. Res. Public Health,* 20, 1538. https://doi.org/10.3390/ ijerph20021538

Suárez-Cortés, M., Castaño-Molina, M., & Ramos-Morcillo., et al. (2023). Impact of COVID-19 restrictions in childbirth and puerperium: A cross-sectional study. *Healthcare,* 11, 249. https://doi.org/10.3390/ healthcare11020249

UNICEF. (2020). Pregnant mothers and babies born during COVID-19 pandemic threatened by strained health systems and disruptions in services. Retrieved April 25, 2020 from https://www.unicef.org/press-releases/pregnant-mothers-and-babies-born-during-covid-19-pandemic-threatened-strained-health

WHO. (2020a). Clinical management of COVID-19: interim guidance. Retrieved April 25, 2020 from https://www.who.int/publications/i/item/clinical-management-of-covid-19

WHO. (2020b) Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report. Retrieved April 25, 2020 from https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2020.1

WHO. (2023). Reorienting health systems to primary health care as a resilient foundation for universal health coverage and preparations for a high-level meeting of the United Nations General Assembly on universal health coverage. Seventy-Sıxth World Health Assembly A76/6. Retrieved December 03, 2023 from https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_6-en.pdf.

Yassa, M., Birol, P., & Yirmibes, C., et al (2020). Near-term pregnant women's attitude toward, concern about and knowledge of the COVID-19 pandemic. *The Journal of Maternal-Fetal & Neonatal Medicine,* 33(22), 3827-3834. DOI: 10.1080 / 14767058.2020.1763947

Zewdie, A., Mose, A., & Yimer, A., et al., (2022). Essential maternal health service disruptions in Ethiopia during COVID 19 pandemic: a systematic review. *BMC Women's Health*, 22, 496. https://doi.org/10.1186/s12905-022-02091-4

Genişletilmiş Özet

Coronavirüs hastalığı 2019 (COVID-19) salgını dünya çapında ciddi bir halk sağlığı tehdidi oluşturmuş ve sağlık sistemlerinin hızlı bir şekilde düzenlenmesini gerektirmiştir. Tüm dünyada halk sağlığının korunması ve sürdürülmesi için önlemler düşünülmüştür. Bu bağlamda Türkiye'de salgının başlamasıyla birlikte okulların kapatılması, kapsamlı seyahat ve ulaşım kısıtlamaları, sokağa çıkma yasakları, hamile kadınlara esnek çalışma izinleri gibi birçok önlem hayata geçirildi. Pandemi sürecinde perinatal dönemdeki kadınlar kendileri ve bebekleri için büyük stres ve endişe yaşadılar. Buna bağlı olarak kadınların sağlık algılarında, sağlık hizmetlerinden yararlanmaya yönelik tutum ve davranışlarında değişiklikler olmuştur. Ancak kadınların perinatal süreçlerde sunulan hizmetlerden etkin bir şekilde yararlanabilmesi, anne-fetal mortalite ve morbidite açısından son derece önemlidir. Özellikle pandemi gibi sağlık krizlerinin yaşandığı dönemlerde, Anne Sağlığı Hizmetleri (ASH) temel sağlık hizmeti olarak öncelikli olmaya devam ediyor. Etkili ASH ile anne ve bebek ölüm oranlarının azaltılması sağlanabilir. Bu çalışma nitel araştırma yöntemiyle tasarlanmış tanımlayıcı bir çalışmadır. Araştırmanın örneklemini, Türkiye'de bir aile sağlığı merkezinde hizmet alan ve COVID-19 salgını sırasında perinatal dönemde olan kadınlar oluşturmuştur. Araştırma, pandeminin kapandığı günlerde 34. gebelik haftası ve üzerini yaşayıp doğum yapan ve bir haftalık doğum sonu dönemi yaşayan kadınlarla gerçekleştirildi. Amaçlı örnekleme yöntemi kullanılmıştır. Örneklemden tekrarlayan veriler ve benzer açıklamalar gelinceye kadar katılımcılar çalışmaya dahil edilmeye devam edilmiştir. Araştırmanın örneklemini 19 kadın oluşturdu. Araştırmanın verileri, katılımcıların pandemi döneminde ASH'nden yararlanma deneyimlerini paylaşmalarını sağlamak amacıyla sosyo-demografik sorular ve üç adet yarı yapılandırılmış görüşme sorusu kullanılarak toplanmıştır. Bu doğrultuda verilerin güvenilirliğini artırmak için ilk görüşmeler, görüşmeyi takip eden ilk birkaç gün içinde görüşmeyi yapan yazar tarafından yazıya geçirilmiştir. Verilerin analizinde nitel araştırmada tema çıkarma tekniği kullanılmıştır. İçerik, anlamlarına göre birimlere ayrılmıştır. Her bir kelime, cümle, paragraf birimi ve bunların etkileşimleri birbirine bağlanarak içerik ve bağlam açısından değerlendirilmiştir. Birimdeki kısaltılmış anlam birimleri ayrıştırılarak kodlanmıştır. Kodlar benzerlik ve farklılıklarına göre gruplandırılarak alt temalar oluşturulmuştur. Son olarak alt temaların bir araya getirildiği ana temalar oluşturulmuştur.

Bu çalışmada elde edilen veriler üç temaya ayrılmıştır:

Tema 1: ASH'ni değiştirmeye yönelik deneyimler: COVID-19 salgını sırasında perinatal dönemdeki kadınların farklı nedenlerle MHS'ye erişemedikleri, perinatal sağlığını korumak için riskli kararlar aldıkları ve alınan önlem veya önlemler konusunda farklı deneyimler yaşadıkları belirlendi.

1.1. ASH'ne erişim: Hastanelerin veya hastaneye gitmek için kullanılan toplu taşıma araçlarının kalabalık olması nedeniyle kendilerine, bebeklerine veya yakınlarına COVID-19 bulaşmasından korktukları ve hizmet almamayı tercih ettikleri; ayrıca maddi yetersizlikler, randevu alamamaları, çocuklarını bırakacak yerlerinin olmaması nedeniyle ASH 'nden yararlanamadıkları belirlendi.

1.2. Perinatal sağlığın korunmasında riskli kararlar vermek: Pandemi sürecinde kadınların evde doğum yapmak, erken taburcu olmak, anne-bebek takibi yaptırmamak, sezaryeni tercih etmek, doğuma gitmek gibi perinatal sağlık açısından risk oluşturabilecek kararlar almak zorunda kaldıkları belirlendi.

1.3. Alınan tedbir/önlemlere ilişkin deneyimler: Kadınların salgın döneminde sağlık kuruluşlarının aldığı hijyen tedbirlerinden memnun olduğu belirlendi; ancak doğumda maske kullanmakta zorlandıklarını, sağlık çalışanlarının mesafeli yaklaşımından memnun olmadıklarını, özellikle doğumda uzun süre yalnız kaldıklarını ve doğum sonrası ziyaretçi yasağı nedeniyle sosyal destekten yararlanamadıklarını belirtmişlerdir.

Tema 2: ASH Eksikliğinin Sonuçları: Kadınların ASH 'nden etkin biçimde yararlanamamasının anne ve bebek sağlığı açısından önemli olumsuz sonuçlar doğurduğu belirlendi.

2.1. Anne sağlığını etkileyen olumsuz sonuçlar: Pandemi döneminde ASH 'nde yapılan değişiklikler nedeniyle kadınların perinatal süreçlerde olumsuz duyguları daha sık yaşadıkları ve buna bağlı olarak doğum komplikasyonları yaşadıkları belirlendi. Özel kurumlardan hizmet almak zorunda kaldıkları, komplikasyon yaşadıkları ve doğumun geçiş/aktif döneminde hastaneye başvurma eğiliminde oldukları belirlendi.

2.2. Bebek sağlığını etkileyen olumsuz sonuçlar: Kadınlar, ASH 'nin değişmesi nedeniyle anne-baba-bebek bağlanmasının olumsuz etkilendiğini, bebeklerin rutin taramalarının yapılamadığını ve bu nedenle erken tanı konulamadığını ifade etti.

Tema 3: ASH 'nin Erişilebilirliğini Kolaylaştıracak Öneriler: Kadınlar perinatal takiplerin evde bakım hizmetleri ya da tele-sağlık hizmetleri aracılığıyla yapılması gerektiğini, hizmetlerin hastane yerine daha küçük birimlerde yapılması gerektiğini,

hastaneye gitmenin gerekli olduğu durumlarda iyi organize edilmiş bir randevu sisteminin kurulması gerektiğini öne sürdüler.

Bu çalışmada ASH'ndeki değişiklikler nedeniyle perinatal dönemde anne ve bebek sağlığını etkileyebilecek durumların ortaya çıktığı, gebelik takibinin yapılmaması nedeniyle komplikasyonların yaşandığı, kadınların özellikle geçiş/aktif dönemde hastaneye başvurma eğiliminde oldukları belirlendi. Randevu sorunları nedeniyle doğumdan sonra hem kendilerinin hem de bebeklerinin rutin taramalarını yaptıramadıklarını ifade etti. Son yirmi yılda anne-bebek sağlığındaki iyileşmelerin pandemi sırasında hızla kötüleşmesi endişe vericidir. UNICEF, yenidoğan için rutin tıbbi desteğin sürdürülmesi çağrısında bulunuyor. Sonuçlarımıza ek olarak refakatçi kısıtlaması veya yoğun bakıma kabul nedeniyle anne-baba-bebek bağlanmasının olumsuz etkilendiği ve bu gecikmenin aile olma süreçlerine zarar verebileceği düşünülmektedir. Her yeni doğan çocuğun, ekstra bakım gerektiren tıbbi durumlarda bile ebeveynine erişim hakkı yadsınmamalıdır. Ayrıca doğumdan sonra eşin bebek adına karar verme konusunda eşit yasal haklara sahip olduğu gibi, ziyaret yasağı da eşin bu tür karar alma süreçlerine katılımını engelleyebilir. Bu doğrultuda anne ve bebek ölümlerinin önlenmesine yönelik geliştirilen ve başarılı olduğu doğrulanan stratejiler yeniden değerlendirilmeli, düzenlemeler yapılması ve gerekli önlemler alınmalıdır.