

Araştırma Makalesi/Research Article

Postpartum Experiences of Women During The Covid-19 Pandemic: A Qualitative Study

Tülay YILMAZ¹, Hüsnüye DİNÇ KAYA², Sevil GÜNAYDIN³, Pooneh AGHİL DİZAJ⁴

*Covid-19 Pandemi Sürecinde Kadınların Postpartum Döneme Ait Deneyimleri:
Kalitatif Bir Çalışma*

ABSTRACT

Objective: The coronavirus disease 2019 (COVID-19) is a global public health problem. Since postpartum mothers and their infants are considered a vulnerable population, their potential to be affected by COVID-19 is high. The present study was performed to reveal the postpartum experiences of women during the pandemic.

Design: A qualitative methodology was employed in the study.

Setting: Participants were included in the study by purposive sampling until data saturation was achieved. Women over 18 years of age who gave birth in the last six months during the COVID-19 process were included in the study. The data were obtained from semi-structured in-depth individual interviews conducted between 28.1.2021 and 20.08.2021. The content analysis approach was used to analyze the data. The data analysis was carried out using the MAXQDA Analytics Pro qualitative data analysis software.

Findings: Interviews were completed with 11 women. In the study, six main themes related to the experiences of women in the postpartum period during the COVID-19 pandemic were determined: isolation, emotional changes in the COVID-19 process, economic situation, receiving postpartum care, social support, and anxiety management.

Key conclusions: In pandemic healthcare professionals play important roles in the care of women and infants in the postpartum period. The results obtained from this qualitative study will contribute to ensuring the continuity of postpartum care.

Implications for practice: Health professionals should ensure the continuity of postpartum care during epidemic periods. Policies should be developed for the mother and baby in the postpartum period to receive optimum service.

Keywords: COVID-19, postpartum, infant, newborn, qualitative research, obstetrics

ÖZ

Amaç: Koronavirüs hastalığı 2019 (COVID-19) küresel bir halk sağlığı sorunudur. Doğum sonrası anneler ve bebekleri savunmasız bir nüfus olarak kabul edildiğinden, onların COVID-19'dan etkilenme potansiyelleri yüksektir. Bu çalışma kadınların pandemi sürecinde doğum sonrası deneyimlerini ortaya çıkarmak amacıyla yapılmıştır.

Tasarım: Araştırmada nitel bir yöntem kullanılmıştır.

Yöntem: Katılımcılar, veri doygunluğu sağlanana kadar amaçlı örnekleme yoluyla çalışmaya dahil edildi. Çalışmaya COVID-19 sürecinde son altı ay içinde doğum yapan 18 yaş üstü kadınlar dahil edildi. Veriler 28.1.2021 ile 20.08.2021 tarihleri arasında gerçekleştirilen yarı yapılandırılmış derinlemesine bireysel görüşmelerden elde edilmiştir. Verilerin analizinde içerik analizi yaklaşımı kullanılmıştır. Veri analizi MAXQDA Analytics Pro nitel veri analizi yazılımı kullanılarak gerçekleştirilmiştir.

Bulgular: Görüşmeler 11 kadını tamamladı. Araştırmada kadınların COVID-19 salgını sırasında doğum sonrası dönemdeki deneyimlerine ilişkin altı ana tema belirlendi: izolasyon, COVID-19 sürecindeki duygusal değişiklikler, ekonomik durum, doğum sonrası bakım alma, sosyal destek ve kaygı yönetimi.

Temel sonuçlar: Pandemi sürecinde sağlık profesyonelleri, doğum sonrası dönemde kadın ve bebeklerin bakımında önemli roller oynamaktadır. Bu nitel çalışmadan elde edilecek sonuçlar doğum sonrası bakımın sürekliliğinin sağlanmasına katkı sağlayacaktır.

Uygulamaya yönelik çıkarımlar: Sağlık profesyonelleri, salgın dönemlerinde doğum sonrası bakımın sürekliliğini sağlamalıdır. Doğum sonrası dönemde anne ve bebeğin optimum hizmet alabilmesi için politikalar geliştirilmelidir.

Anahtar Kelimeler: COVID-19, doğum sonrası, bebek, yenidoğan, niteliksel araştırma, kadın doğum

¹Corresponding Author: Assoc. Prof. Dr. Istanbul University-Cerrahpaşa, Faculty of Health Sciences, Department of Midwifery, Istanbul, Türkiye. e-mail: tyilmaz@iuc.edu.tr **ORCID ID:** 0000-0002-3706-3844

²Assoc. Prof. Dr. Istanbul University-Cerrahpaşa, Faculty of Health Sciences, Department of Midwifery, Istanbul, Türkiye. e-mail: husniye.dinckaya@iuc.edu.tr **ORCID ID: 0000-0002-8461-643X**

³Asist. Prof. Dr. Istanbul University-Cerrahpaşa, Faculty of Health Sciences, Department of Midwifery, Istanbul, Türkiye. e-mail: sevil.gunaydin@iuc.edu.tr **ORCID ID: 0000-0003-2539-8783**

⁴PhD Student, Graduate Education Institute, Istanbul University-Cerrahpaşa, Istanbul, Turkey. e-mail: pooneh.aghil@gmail.com **ORCID ID: 0000-0003-1274-7251**

Geliş Tarihi: 21.05.2024 **Revizyon:** 25.07.2024 **Kabul Tarihi:** 29.07.2024 **Online Yayın Tarihi:** 31.07.2024

Atıf/Citation: Yılmaz, T., Dinç Kaya, H., Günaydin, S. & Aghil Dizaj P. (2024). Postpartum experiences of women during the covid-19 pandemic: A qualitative study, Kadın Sağlığı Hemşireliği Dergisi, 10(2), 75-89.



This work is licensed under Creative Commons Attribution-NonCommercial 4.0 International

GENİŞLETİLMİŞ ÖZET

Koronavirüs hastalığı 2019 (COVID-19) küresel bir halk sağlığı sorunudur. Doğum sonrası anneler ve bebekleri savunmasız bir nüfus olarak kabul edildiğinden, COVID-19'dan etkilenme potansiyelleri yüksektir.

Doğum sonrası kadınlar ve bebekleri savunmasız nüfuslardır ve bu dönemde ortaya çıkan komplikasyonlar anne ve bebek ölümlerine neden olabilir. Doğum sonrası bakım olası komplikasyonları önlemede çok önemlidir. COVID-19 enfeksiyonu doğum sonrası dönemde kadınları olumsuz etkileyebilir, kendileri ve bebekleri hakkında endişe ve kaygı yaşamalarına neden olabilir. Literatürde doğum sonrası kadınların COVID-19 dönemindeki deneyimlerine odaklanan nitel çalışmalar bulunmaktadır. Ancak Türkiye'de bu konuda herhangi bir çalışmaya rastlanmamıştır. Çalışma, pandemi sırasında kadınların doğum sonrası deneyimlerini ortaya koymak amacıyla yürütülmüştür.

Yöntem: Çalışmada nitel bir metodoloji kullanılmıştır. Veri doygunluğuna ulaşılan kadar katılımcılar amaçlı örnekleme yoluyla çalışmaya dahil edilmiştir. Çalışmaya COVID-19 sürecinde son altı ayda doğum yapan 18 yaş üstü kadınlar dahil edildi. Veriler 28.1.2021-20.08.2021 tarihleri arasında gerçekleştirilen yarı yapılandırılmış derinlemesine bireysel görüşmelerden elde edildi. Görüşmeler pandemi nedeniyle video konferans yöntemi kullanılarak yapıldı. Katılımcıların izniyle video kaydı yapıldı. Görüşmelerin süresi 15-60 dakika arasındaydı. Verilerin analizinde içerik analizi yaklaşımı kullanıldı. Veri analizi MAXQDA Analytics Pro nitel veri analiz yazılımı kullanılarak yapıldı.

Sonuçlar: Çalışmaya COVID-19 döneminde gebelik yaşayan 11 postpartum kadın dahil edildi. Katılımcılar 24-36 yaş aralığındaydı ve çoğu üniversite mezunu ve çalışıyordu. Kadınların yarısından fazlası primipardı ve sezaryen doğum yapmıştı.

Çalışmanın nitel sonuçları, COVID-19 salgını sırasında doğum yapan doğum sonrası dönemdeki kadınların deneyimlerine dayanarak altı ana tema altında toplandı. Bu ana temalar izolasyon (planların bozulması, enfeksiyondan korunma, ortak alana gidememe, insanlarla görüşememe), COVID-19 sürecindeki duygusal değişimler (bebek için endişelenme, bulaşma korkusu, duygusal gerginlik), ekonomik durum (maddi yeterlilik, maddi zorluklar), doğum sonrası bakım alma (doğum sonrası ilaç kullanımı, sağlık hizmeti alamama, doğum sonrası egzersiz ve beslenme, doğum sonrası bakım-anne, doğum sonrası bakım-bebek, sağlık personelinin bakım beklentileri), sosyal destek (geleneksel kurallara

uymamak, sosyal hayatı sürdürmek, sosyal destek almak, sosyal destek almamak) ve kaygı yönetimi (başa çıkma mekanizması-pozitif, başa çıkma mekanizması-negatif) ile ilgilidir.

Sonuç: Mevcut çalışma COVID-19 salgınının doğum sonrası kadınları ve bebeklerini etkilediğini göstermiştir. Çalışmamızın sonuçları politika çıkarımlarını, pandemi ve acil durumlarda doğum sonrası dönemde anne ve bebek bakımı için destek hizmetlerini iyileştirmeye yönelik bulguları içermektedir. Çalışmamızın sonuçları annelerin ve bebeklerinin bakım ve destek kısıtlamalarına maruz kaldığını ve sınırlı optimal bakım aldığını göstermiştir. Çalışma sonuçları doğrultusunda, çalışmada paylaşılan deneyimlere dayanarak doğum sonrası kadınlar ve bebekleri için destekleyici bakım politikaları geliştirilebilir. Ayrıca, bu çalışmanın gelecekteki araştırmalar için bir kaynak olacağı düşünülmektedir. Pandeminin henüz sona ermediği düşünüldüğünde, bu savunmasız grubu desteklemek için gereklilikleri ve yapılabilecekleri ele almak ve gelecekte bu konuda nitel ve nitel araştırmalara devam etmek önemlidir.

INTRODUCTION

The coronavirus disease (COVID-19) is a global public health problem that has impacted the whole world (Brooks et al., 2020; Sahin & Kabakci, 2021; Wang et al., 2020; WHO, 2020a). The COVID-19 outbreak has caused a significant number of deaths worldwide (WHO, 2020b). The World Health Organization (WHO) declared the disease a pandemic in February 2020 (WHO, 2020b).

Due to its severity and high mortality rates, COVID-19 has caused the entire population, healthcare workers, and government officials to experience an atmosphere of fear and emotional stress. To reduce the infection or prevent the majority of the population from being infected at the same time and causing the health system to collapse, it has been recommended to the entire population to take measures such as social isolation, wearing masks and gloves, and social distancing (Mascarenhas et al., 2020).

Postpartum women and their infants are vulnerable populations (Critchlow et al., 2022; Jackson et al., 2021; Rasmussen et al., 2020, Schwartz & Graham, 2020), and complications occurring during this period can cause maternal and infant deaths. Postpartum care is very important in preventing possible complications (Postpartum Care Management Guide, 2018).

COVID-19 infection may adversely affect women in the postpartum period (Işık et al., 2020), causing them to experience concerns and anxiety about themselves and their infants (Rasmussen et al., 2020, Schwartz & Graham, 2020). In epidemic situations, including

COVID-19, mothers experience deterioration of expectations about postpartum care, anxiety, depression, and high stress (Brooks et al., 2020; Jackson et al., 2021; Wang et al., 2020). Furthermore, it is emphasized that mothers may be concerned about maintaining breastfeeding, newborn care, vaccinations, and screening tests (Schwartz & Graham, 2020). Therefore, it is thought that postpartum women and their infants are significantly impacted by COVID-19. There are qualitative studies in the literature focusing on the experiences of postpartum women during the COVID-19 period and conducted in the USA (DeYoung and Mangum, 2021), Canada (Joy et al., 2020; Rice & Williams, 2021), England (Jackson et al., 2021; Jackson et al., 2022; Riley et al., 2021), and Philadelphia (Critchlow et al., 2022). However, no study has been found on this subject in Turkey.

The study was carried out to reveal the postpartum experiences of women during the pandemic.

METHODS

Design

The Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines were followed in the study (Tong et al., 2007; Booth et al., 2014). The study was performed using a qualitative research design with semi-structured in-depth individual interviews (Yıldırım & Şimşek 2018). Semi-structured in-depth individual interviews were conducted with postpartum women selected by the purposeful sampling method between 28.1.2021 and 20.08.2021 (Baltacı, 2018; Kumari et al., 2021). Also, a snowball sampling procedure was applied, in which participants put the researcher in touch with other participants in similar circumstances and who met the inclusion criteria (Moser & Korstjens, 2018).

Participants

Postpartum women over the age of 18, who gave birth in the last six months during the COVID-19 period, were included in the study. Due to the repetition of the information provided by the participants and the frequent repetition of the same statements by the participants, it was accepted that the sample size was sufficient and data saturation was achieved (Saunders et al., 2018). Since two of the interviewed women could not complete the interview due to lack of time, they were not included in the analysis stage. The study was completed with 11 women who completed the interviews. The participants in the postpartum period were informed about the research.

Data collection tools

Descriptive Information Form: This form was prepared in line with the literature (Rasmussen et al., 2020; Schwartz & Graham, 2020; Wang et al., 2020; Brooks et al., 2020) and consists of 5 questions about the participants' socio-demographic and obstetric characteristics.

Interview Form: Interviews were conducted in the form of individual in-depth interviews using a semi-structured "Interview Form" that contained open-ended questions. A semi-structured interview form was used in data collection. The semi-structured interview form was developed in line with the literature (Rasmussen et al., 2020; Schwartz & Graham, 2020; Wang et al., 2020; Brooks et al., 2020) and using the researcher's observations in the field. The content validity of the questions was ensured by taking the opinions of three experts and conducting pilot interviews with women in the postpartum period. The interview form consists of 5 questions about the postpartum experiences of women during the pandemic.

Data collection

The data were obtained between 28.1.2021 and 20.08.2021. The interviews were conducted using the video conferencing method because of the pandemic. All interviews were held by an author (PA) with postgraduate education in a midwifery program and experience in postpartum care. The participants were informed about the research before the interview. Women who agreed to participate in the study and to have the interviews recorded were interviewed. All interviews were conducted during video conference in an isolated and quiet environment where both the interviewer and the participant were alone. The interviews were held one-on-one. It was ensured that in-depth individual interviews, in which the experiences would be discussed, were held at a time convenient to the participants. Video recording was performed with the participants' permission. The duration of the interviews was between 15-60 minutes. To minimize the researcher's remembering errors, she did not conduct more than one interview per day, and the video recording was transcribed at the end of the interview day.

During the interviews, what the women said was repeated with the reflection method to ensure validity and reliability. Moreover, additional questions, such as "What do you mean?", "Can you explain more?" were included during the interview to reveal the depth of the women's experiences. In terms of reliability, all participants were interviewed using a semi-structured

questionnaire. Additional notes were taken by the researcher who conducted the interviews and added to the transcripts to enrich the data.

Ethical considerations

The Declaration of Helsinki criteria were complied with at every stage of the research process. Approval for the study was received from the Republic of Turkey Ministry of Health COVID-19 Scientific Research Evaluation Commission and Istanbul Medipol University Clinical Research Ethics Committee (07.01.2021/ Decision No: 16). The participants were informed about the study's aim and the video recording of the interviews. All participants were informed about confidentiality and that they could end the interview if they wished. Verbal consent was obtained from all participants whom we interviewed in-depth. Recordings and transcripts were stored on a password-protected device.

Data analysis

Data analysis was performed using the MAXQDA Analytics Pro qualitative data analysis software. The content analysis approach was employed in the data analysis. Three independent authors obtained the main and sub-themes of the research. Due to the presence of more than one researcher in the study, the results were discussed among the researchers to reach a consensus. The data were approved by all authors by ensuring an agreement among the researchers. Two authors of the study have certificates in qualitative research. Additionally, all authors are experienced in the care and follow-up of women in the postpartum period.

Rigour

The reliability criteria of 'credibility,' 'confirmability,' 'transferability,' and 'dependability' proposed by Lincoln and Guba (1985) to conduct naturalistic research were taken into account while evaluating and presenting the study's data (Fernández-Basanta et al., 2021). Credibility was ensured by presenting the participants' comments together with the authors' comments. During the analysis, the notes of the researcher who conducted the interviews and the researcher who transcribed the videos were used. Confirmability was ensured by supervising the detailed interpretation process of the researchers' opinions on the subject and data in the data analysis. Transferability was achieved by reflecting what the participants said. To increase dependability, detailed descriptions of the study sample, data collection process, analysis and interpretation of the data, the researchers' role, and study limitations are presented.

RESULTS

Results on Descriptive Characteristics

Eleven postpartum women who experienced pregnancy during the COVID-19 period were included in the study. The participants were in the 24-36 age range, and most were university graduates and employed. More than half of the women were primiparous and had had a cesarean section. Table 1 contains the participants' socio-demographic and obstetric characteristics (Table 1).

Table 1: Participants' socio-demographic and obstetric characteristics (N= 11)

	Age	Education level	Occupation	Mode of delivery	Number of children
P1	26	University	Communication	Caesarean	1
P2	27	University	Graphic designer	Vaginal	2
P3	29	University	Housewife	Vaginal	1
P4	25	University	Dietitian	Caesarean	1
P5	27	University	Teacher	Caesarean	1
P6	36	University	Nurse	Vaginal	2
P7	33	University	Secretary	Caesarean	1
P8	25	High school	Housewife	Vaginal	1
P9	24	University	Logistics	Caesarean	1
P10	30	High school	Housewife	Caesarean	3
P11	31	High school	Housewife	Caesarean	3

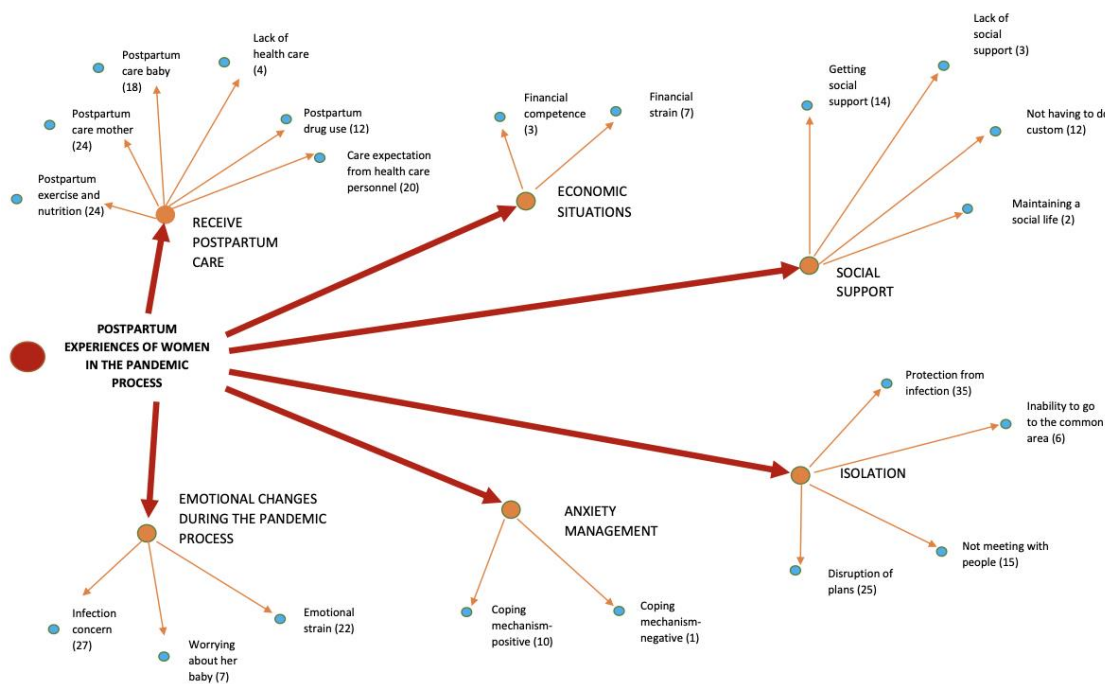
P= Participant

Results Regarding the Postpartum Experiences of Women During the COVID-19 Pandemic

The qualitative results of the study were gathered under six main themes, based on the experiences of women in the postpartum period who gave birth during the COVID-19 pandemic. These main themes are related to isolation (disruption of plans, protection from the infection, not being able to go to the common area, not being able to meet people), emotional changes in the COVID-19 process (worrying about the infant, worry

about contagion, emotional strain), economic situation (financial adequacy, financial difficulties), receiving postpartum care (postpartum medication use, the inability to receive health care, postpartum exercise and nutrition, postpartum care-mother, postpartum care-infant, care expectations from health personnel), social support (not having to follow customs, maintaining social life, receiving social support, not receiving social support), and anxiety management (coping mechanism-positive, coping mechanism-negative) (Figure 1).

Figure 1: Hierarchy chart of the themes and sub-codes



The participants' statements regarding the isolation theme are as follows:

Isolation was very common among the participants. To ensure isolation, they canceled their plans, took measures to protect themselves from the infection, did not go to common areas, and did not meet people.

Disruption of plans

The participants regularly reported the disruption of plans on issues such as staying separately from their families in the postpartum period and canceling vacations and photo shoots.

"I made an agreement with a birth photographer, he would have come and taken

pictures at my birth. But unfortunately, the hospital did not accept this, naturally" (P1).

"We do not implement our plans. Indeed, this corona interferes with everything in this respect" (P2).

"We had vacation plans, but they were canceled" (P4).

"The fact that my husband could not be with me during the birth ruined our plans. I can say the only thing that made me cry was that he could not enter the operating room with me" (P9).

Protection from the infection

Isolation practices were quite common among the participants to ensure protection from the infection.

"I can say we handled most of the shopping online. As I said, we tried not to go to the shopping center too much. But of course, we also bought the things we couldn't buy from the Internet, either in the shopping center or in open-air stores " (P5).

"We didn't go out as much as possible, didn't meet with anyone, paid attention to hand hygiene, we always had a cologne disinfectant, etc. with us. We didn't send children to school because it was optional, not compulsory. My husband was also at home" (P11).

Not being able to go to the common area

The participants tended to protect themselves from the infection by not going out to common areas and ensuring isolation.

"I still can't go to the market and do my shopping with peace in mind" (P1).

"I can find activities for myself at home. I can spend time, but humans want to go out and socialize. You really need this. I couldn't go out in public a lot. I guess I can say that this impacted me the most" (P5).

Not being able to meet people

There were participants stating that they could not meet with people.

"No one visited me because of the COVID-19 pandemic, my mother, my mother-in-law, no one" (P10).

"It was boring not to meet with anyone" (P11).

The participants' statements regarding emotional changes in the COVID-19 process are presented below:

Regarding emotional changes, the participants stated that they worried about the infant, worried about contagion, and experienced emotional strain.

Worrying about the infant

Worrying about their infants was common among the participants.

"Of course, we have concerns because the baby's immune system is weak, so he is not like us" (P6).

"If I become infected with COVID-19, I'm afraid of how I will take care of my baby, what

will happen to my baby, how I will take care of him" (P8).

Worry about contagion

It was found that the participants experienced worry about contagion for themselves, their families, and newborns.

"When we go somewhere, we try to stay away from people, we cover ourselves everywhere. When we take the child to the hospital and return home, we change our clothes. It is very worrisome for people" (P2).

"Especially when I was pregnant, I was very afraid that I would go to the hospital and get an infection from the hospital. I have two sons who have asthma, so I was very nervous because they could also become infected" (P11).

Emotional strain

It was revealed that the participants experienced emotional strain.

"It's suffocating, very suffocating. There is a twenty, twenty-one-day lockdown ahead of us. Let me tell you, I haven't been able to take my child out anywhere, except for the hospital, yet. My baby is three and a half months (it's true). It's very suffocating for children too" (P7).

"It was very bad. I think the postpartum period is a difficult process for all women in general. At a time when our lives changed completely, extra anxiety due to COVID-19, situations such as not being able to host people who want to be with you, not being able to take your baby out when you get bored impacted people and especially me a lot" (P9).

The participants' statements regarding the economic situation are as follows:

In terms of the economic situation, the participants' statements were divided into financial adequacy and financial difficulties.

Financial adequacy

In particular, civil servants working in the state job did not experience any loss of income

"It didn't impact a lot since there was regular income" (P3).

Financial difficulties

It was determined that mostly self-employed experienced financial difficulties.

"Of course, it impacted a lot" (P9).

"I lost my job, my husband is also a tradesman. So our income would decrease to a very low level. That's why my husband is currently working in two jobs, but he says, we will go through this difficult period only in a year" (P4).

The participants' statements regarding the theme of receiving postpartum care are presented below:

Regarding postpartum care, while it was revealed that the participants continued to receive their prescribed medication support, it was reported that they did not present to health institutions to receive health services, did not exercise, and did not eat healthily. It was also observed that maternal and infant follow-ups were continued. More support was expected from the medical personnel.

Postpartum medication use

The participants continued to take their medications.

"Yes, I took my vitamins. Of course, I took my vitamins and will continue to take them as long as I breastfeed" (P3).

"I took and continue to take them. I stopped taking them for a while, but I started to feel bad due to puerperality" (P8).

"I receive iron supplementation" (P7).

The inability to receive health care

The participants experienced problems receiving health care.

"I couldn't go again to the hospital after giving birth. I didn't want to spend too much time in the hospital. So I got the baby checked as quickly as possible and got myself out of the hospital" (P9).

Postpartum exercise and nutrition

The participants could not show enough effort in postpartum exercise and nutrition.

"I tried to pay attention to my diet. But when the pandemic overlapped with pregnancy stress, I ate too much, which was harmful to me" (P4).

"I could not eat healthily after the childbirth because I sometimes do not have the

opportunity to even have breakfast due to dealing with the baby" (P9).

"I mean just going out for a walk occasionally when talking about exercising after birth" (P5).

"I downloaded a program on the phone; it shows the movements. I exercise together with it. Not with a Pilates ball, but I do movements, steps, etc." (P2).

Postpartum care-mother

The participants had their postpartum care done at least once.

"I can't say that the pandemic impacted my postpartum checkups a lot. I didn't think of missing my checkup or something else due to the pandemic" (P5).

"Unfortunately, I went to the postpartum checkup only once, i.e., one week after, and then I couldn't go anymore" (P4).

"I didn't miss my postpartum checkups, I underwent all of them" (P8).

"Well, I went to the doctor once. He said there was nothing wrong and there was no need for me to come again. That's why I didn't go. If I had felt bad, I would have gone to the doctor" (P10-12).

Postpartum care-infant

The participants continued to receive postpartum care for their infants.

"My baby became jaundiced. After jaundice, I had to go to the doctor. We put on our mask and gloves, we protected the baby, we covered every part of him like that, and entered and left the hospital in this way" (P3).

"We had to take our baby to the doctor once a week for a month and a half because he had prolonged jaundice. We had to go, so we wore our masks" (P7).

Care expectations from health personnel

Regarding care, the participants had higher support expectations from health personnel.

"Actually, I think social media channels should be used very actively at every point" (P6).

"Let me explain it this way, they could have given me more support with breastfeeding, but I did not get any support with breastfeeding" (P8).

"They are extra indifferent probably because they are tired due to the pandemic, I think. They are extra indifferent or can't find extra time. Maybe, this is because of the shortage of personnel. But I think this is the problem of the administration, not the personnel" (P9).

"I mean, they could have directed me. You know, they could have given me information about things that generate and do not generate milk or what I need to do because of this pandemic" (P11).

The participants' statements regarding the theme of social support are as follows:

The elimination of social obligations based on customs and traditions relieved the participants. Their social life circle was narrowed. Receiving social support was limited to family members. The participants did not receive social support from friends.

Not having to follow customs

It was relaxing for the participants not to have to follow the customs.

"I'm not a person who likes home visits, so this made me happy" (P1).

"In Turkish traditions and customs, people who have a newborn are visited, home visits are made, gifts are brought to them in the hospital. We could not experience these" (P1).

"A bit of cultural stuff, for example, "40 uçurması" (the tradition regarding the celebration of the infant's 40th day)... We take the baby to another house on the 40th day. For example, we did not do that. Let's not do it, let it be like this." But on the other hand, I became very happy due to this process; there are no visitors coming to the baby because everyone kisses... caresses... the baby in our culture" (P6).

Maintaining social life

Social life was limited to family members.

"For example, I was only going to my mother's house. Other relatives, for example, were coming to my mother. When we got together there, we became crowded. It happened in this way" (P2).

Receiving social support

The participants received social support from their family members.

"I can say that my mother-in-law and my mother are my biggest supporters" (P1).

"My husband helps me in everything (Thank God)" (P7).

"Thanks to my husband, he always helped me" (P10).

"I lived close to my mother. Since we lived within walking distance, they could always come and go, so I did not have any problems" (P8).

Not receiving social support

The participants did not receive social support from friends.

"I mean, I couldn't meet with anyone, I couldn't meet with any of my friends. I mean, I was very lonely. My parents were also isolated with me. My husband was going to work. He didn't see us a lot" (P1).

The participants' statements regarding the theme of anxiety management are presented below:

There were positive and negative attitudes as coping methods in anxiety management.

Coping mechanism-positive

It was revealed that the participants used action-oriented active coping methods.

"Staying in the kitchen and at home, in other words, spending time at home" (P 6, 2022).

"During the COVID-19 period, I was going to the kitchen, preparing meals and desserts, and sending them to my neighbors." "We were watching movies, I mean, we spent all the time on Netflix, we spent all the time between Netflix and the kitchen" (P 4, 2022).

"I can find activities for myself at home. I can spend time, but humans want to go out and socialize" (P5).

Coping mechanism-negative

It was found that some participants used negative coping methods.

"I started to pick fights at home for ridiculous reasons, arguing with a 5-month-old child as if there were an adult in front of me" (P1).

Figure 2: Co-occurrence frequency model

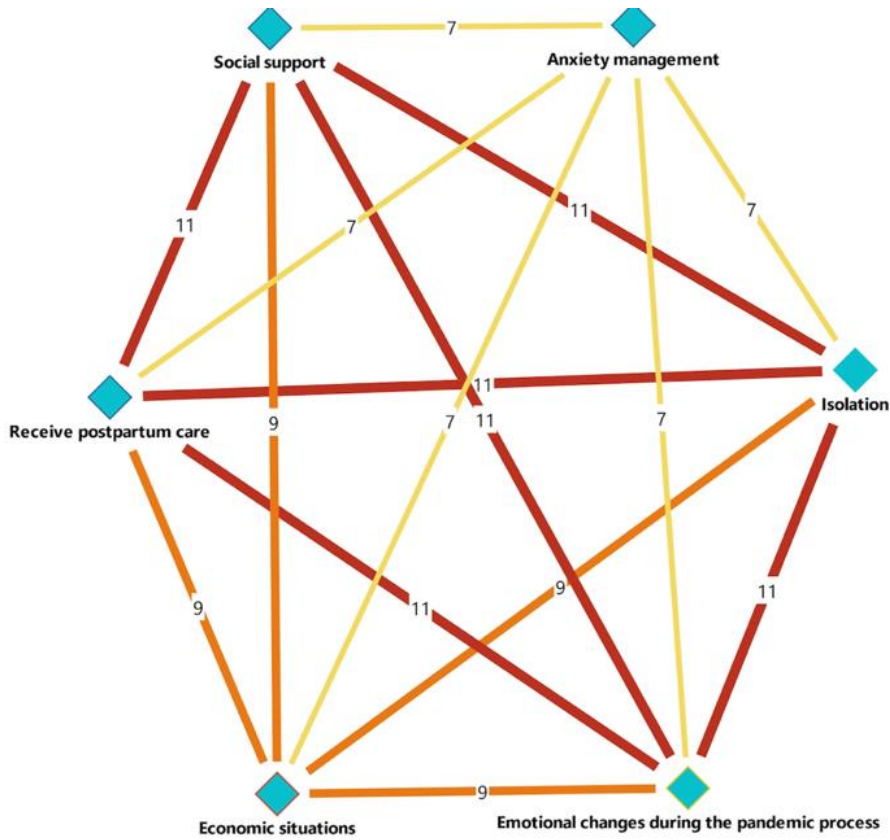


Figure 3: Code Matrix Browser



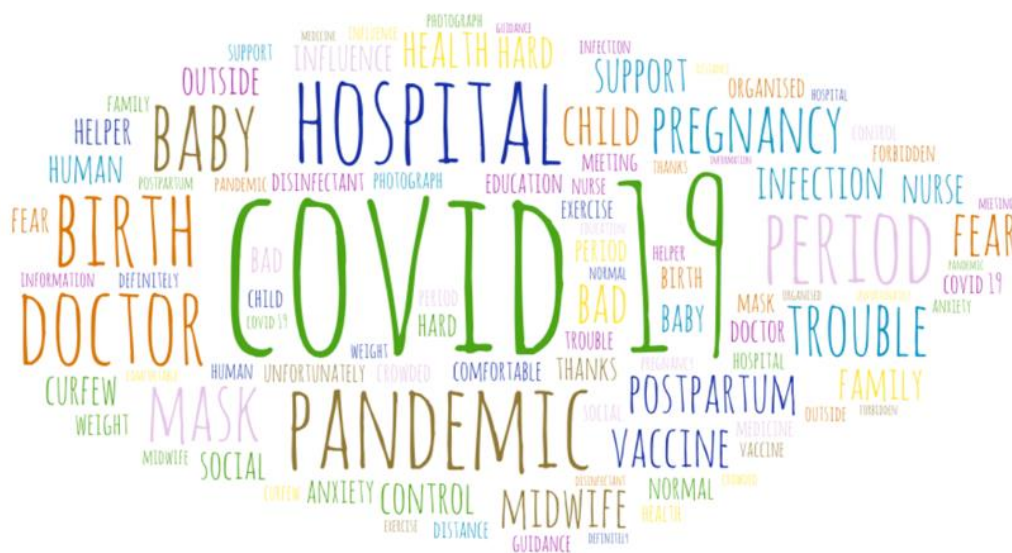
Other Qualitative Analysis Results Regarding the Postpartum Experiences of Women During the COVID-19 Pandemic

A co-occurrence frequency model was created among the main themes that emerged in the study. An intense/strong relationship was detected between the main themes (frequency of co-occurrence of 11 or 9) (Figure 2).

According to the code system, the participants mostly expressed their opinions on the theme of receiving postpartum care of women who experienced pregnancy during the COVID-19 pandemic. Isolation is another issue frequently mentioned among the themes created (Figure 3).

Figure 4 shows the distribution of the first 50 frequently repeated words according to the intensity of the participants' opinions. Whereas the codes shown in a larger font size indicate the statements used more intensively by the participants, the statements with a smaller font size indicate that the codes are used less intensively by the participants. Accordingly, in the study, it is observed that the participants intensively expressed their opinions about COVID-19, pandemic, hospital, period, pregnancy, doctor, birth, baby, trouble, and mask (Figure 4).

Figure 4: Distribution of the first 50 most frequently repeated words



DISCUSSION

In the present study, six themes were determined as a result of the qualitative analysis of women's postpartum experiences during the pandemic. These themes, revealing women's experiences, are isolation measures, emotional changes experienced in the COVID-19 process, economic situations, status of receiving postpartum care, social support, and anxiety management.

Isolation measures were quite common among the participants in the current study. It was revealed that the participants canceled their plans, took precautions to ensure protection from the infection, did not go to common areas, and did not

meet with people to ensure isolation. In their study, Kumari et al. (2021) reported that the COVID-19 pandemic caused lifestyle changes such as isolation, lockdowns, decreased physical activity, and more strict compliance with hygiene rules (Kumari et al., 2021). In the study by DeYoung and Mangum (2021), most participants explained that isolation made their postpartum processes more difficult. The same study showed that the participants decided to socially distance themselves from their family members or friends, similar to our study (DeYoung & Mangum, 2021).

In the present study, the participants frequently stated that the emotional changes experienced during the COVID-19 process were worrying about the infant, worry about contagion, and emotional strain. Kumari et al. (2021) demonstrated that fear and anxiety were common among postpartum women (Kumari et al., 2021). In the study by Critchlow et al. (2022), the participants identified multiple stress factors, such as anxiety and fear, characterizing their postpartum experiences during the COVID-19 outbreak (Critchlow et al., 2022). In the study by DeYoung and Mangum (2021), the participants stated that they experienced distress due to stress during the COVID-19 process (DeYoung & Mangum, 2021). In the study by Jackson et al. (2021), the participants said that they felt a conflict between violating the social distancing rules because they needed emotional support and respecting the social distancing rules and experienced guilt (Jackson et al., 2021). In the study by Jackson et al. (2022), the participants indicated that their relatives missed the opportunity to establish bonds with newborns due to social isolation and expressed their sadness because of not being able to share this special period with the family (Jackson et al., 2022). Likewise, Riley et al. (2021) also reported in their study that isolation was challenging for the participants (Riley et al., 2021). The results of this study are parallel with the results of other studies on the subject (Critchlow et al., 2022; DeYoung & Mangum, 2021; Jackson et al., 2021; Jackson et al., 2022; Kumari et al., 2021; Riley et al., 2021).

In our study, the participants were divided into two, those with financial adequacy and those experiencing financial difficulties, in terms of the economic situation. It was found that the pandemic brought about unpredictable changes in employment (Critchlow et al., 2022). The study by Critchlow et al. (2022) revealed that especially those looking for a new job faced economic difficulties during the pandemic (Critchlow et al., 2022). Other studies in the literature have also reported that participants commonly experience financial problems (Barbosa-Leiker et al., 2021; Jackson et al., 2021). Our study results are similar to the results obtained by Jackson et al. (2021), Critchlow et al. (2022), and Barbosa-Leiker et al. (2021) in terms of financial difficulties. As a result of our study, it was observed that women reporting financial adequacy and stating they did

not have any economic problems had family members working in the public sphere.

Regarding postpartum care, this study determined that the participants limited presenting to health institutions to receive healthcare services, did not exercise and could not follow a healthy diet. Furthermore, it was revealed that maternal and infant follow-ups were continued, although to a lesser extent. The limitation of presenting to health institutions to receive perinatal and pediatric healthcare services during the pandemic in the studies by Critchlow et al. (2022) and DeYoung and Mangum (2021) is similar to the result of the current study (Critchlow et al., 2022; DeYoung & Mangum, 2021). Studies reporting problems with healthy nutrition were also encountered in the literature, in parallel with the findings of the present study (Barbosa-Leiker et al., 2021; Kumari et al., 2021).

This study revealed that women expected more support from health personnel in the postpartum period. Likewise, the participants in the study by Riley et al. (2021) reported that they received very little professional support in the postpartum period (Riley et al., 2021). In the study performed by Jackson et al. (2022), the participants stated that they were afraid of the possible consequences of discontinuing face-to-face healthcare professional support on infant and maternal health (Jackson et al., 2022). Concerning postpartum breastfeeding support, the study by DeYoung and Mangum (2021) found that the COVID-19 process reduced access to breastfeeding support (DeYoung & Mangum, 2021). The study conducted by Rice and Williams (2021) emphasized that women did not receive adequate breastfeeding support during the pandemic (Rice & Williams, 2021). In the study by Jackson et al. (2021), the participants reported that they were successful in maintaining breastfeeding, while the lack of support from healthcare professionals was also reported due to limitations (Jackson et al., 2021). Considering the results of our study and other studies with similar results (DeYoung & Mangum, 2021; Jackson et al., 2021; Jackson et al., 2022; Rice & Williams, 2021; Riley et al., 2021) it is observed that postpartum care services were limited during the pandemic. It should not be forgotten that the limitation of postpartum care services during the pandemic creates the potential for adverse impacts on the mother and the infant, and this situation may increase complications.

The loss of social obligations based on customs and traditions was frequently mentioned in our study. In the study carried out by Critchlow et al. (2022), some participants emphasized the loss of rituals such as baby shower and newborn visits (Critchlow et al., 2022). In the study by DeYoung and Mangum (2021), women also complained about missing rituals or celebrations related to the birth of a newborn during the COVID-19 pandemic (DeYoung & Mangum, 2021). Our study determined that the removal of rituals relieved some participants. This situation was reported as a positive approach by women during the pandemic. In the study performed by Jackson et al. (2021), the participants stated that they had a more comfortable postpartum period since they were not exposed to pressures arising from social obligations because of lockdowns (Jackson et al., 2021). Some participants in the study by DeYoung and Mangum (2021) indicated that they had a partially positive perspective on maintaining social distance and maintaining social interaction (DeYoung & Mangum, 2021). In the study conducted by Jackson et al. (2021), the participants expressed positive aspects such as increased father support during the pandemic, stronger bonds between family members, increased adaptation to new parenting roles, and facilitating breastfeeding (Jackson et al., 2021). Considering the results of other studies parallel with our study result, it is thought that the pandemic also has positive aspects.

Our study found that the social life circle of the participants narrowed due to the pandemic. Moreover, receiving social support was limited to family members, and social support from friends decreased. Likewise, in the study by Critchlow et al. (2022), many participants relied on people living with them or a few family members living nearby to help care for their newborns due to the COVID-19 pandemic (Critchlow et al., 2022). In the study performed by DeYoung and Mangum (2021), the participants stated that they maintained their social connections with a small network of friends or family during the COVID-19 process. In the same study, the participants stated that they would normally involve grandparents or extended family members to help with child care, but this became more complicated due to the pandemic (DeYoung & Mangum, 2021). The participants in the study by Barbosa-Leiker et al. (2021) also had difficulty receiving infant care due to the pandemic (Barbosa-Leiker et al., 2021). The study

conducted by Jackson et al. (2021) determined that the participants could not receive adequate support in child care due to restrictions (Jackson et al., 2021). In the study by Rice and Williams (2021), it was stated that it was difficult for most women to have a newborn at home during the pandemic and these difficulties originated from the lack of support (Rice & Williams, 2021). In line with the literature, the present study shows that lack of social support is a common consequence of the pandemic.

Anxiety management is one of the main themes of our study. Women and their infants may become vulnerable in the postpartum period due to the inadequate use of coping methods for anxiety management (Riley et al., 2021). In the study performed by Critchlow et al. (2022), walking outdoors, watching television, and taking a shower were common coping styles for the participants during the pandemic (Critchlow et al., 2022). The study by DeYoung and Mangum (2021) revealed that although the participants tried coping mechanisms during the COVID-19 process, they felt stressed about the pandemic-related isolation (DeYoung & Mangum, 2021). In the study conducted by Kumari et al. (2021), the participants indicated that they were trying to overcome the stress and anxiety associated with COVID-19. They spent time with other family members, became involved in social media, participated in some online health programs, or engaged in hobbies such as painting and cooking. Moreover, they had long conversations with their friends and family members (Kumari et al., 2021). The use of coping methods during the pandemic should be supported.

Limitations

Our research is a qualitative study and will contribute significantly to the literature with the results obtained in terms of revealing postpartum mother experiences during the pandemic. However, this study has several limitations. The participants were included in the study through purposive sampling. Moreover, since the sample only included women residing in a particular city, it may not be representative of the general population. Hence, the experiences of women living in different provinces may differ from those reported in this study. Additionally, online interviews were conducted instead of face-to-face interviews due to the pandemic. This may have caused us to miss some points, such as

establishing eye contact and understanding the body language, while providing convenience at the data analysis stage in terms of providing the opportunity to watch the videos again.

Conclusion

The present study demonstrated that the COVID-19 outbreak impacted postpartum women and their infants. The results of our study include policy implications, findings for improving support services for maternal and infant care in the postpartum period during pandemics and emergencies. The results of our study showed that mothers and their infants were exposed to care and support limitations and received limited optimal care. In line with the study results, supportive care policies can be developed for postpartum women and their infants based on the experiences shared in the study. Moreover, it is thought that this study will be a source for future research. Considering that the pandemic has not ended yet, it is important to address the requirements and things that can be done to support this vulnerable group and continue quantitative and qualitative research on this subject in the future.

Ethics Committee Approval: Approval for the study was received from the Republic of Turkey Ministry of Health COVID-19 Scientific Research Evaluation Commission and Istanbul Medipol University Clinical Research Ethics Committee (07.01.2021/ Decision No: 16). **Peer-review:** External referee evaluation.

Author Contributions:

Idea/Concept: TY, HDK; Design: TY, HDK; Supervision/Counseling: TY; Data Collection and/or Processing: SG, PAD; Analysis and/or Interpretation: TY, SG; Literature Review: SG, PAD; Writing: TY, HDK, SG, PAD; Critical Review: TY, HDK; Founding: TY, HDK, SG, PAD;

Conflict of interest: Researchers have not declared any conflict of interest.

Financial Disclosure: No financial support has been received for this research.

REFERENCES

- Baltacı, A., 2018. Conceptual review of sampling methods and sample size problems in qualitative research. *Bitlis Eren University Social Science Journal*, 7, 231-74.
- Barbosa-Leiker, C., Smith, C.L., Crespi, E.J., Brooks, O., Burduli, E., Ranjo, S., ... & Gartstein, M.A., 2021. Stressors, coping, and resources needed during the COVID-19 pandemic in a sample of perinatal women. *BMC Pregnancy and Childbirth*, 21, 1-13. <https://doi.org/10.1186/s12884-021-03665-0>
- Booth, A., Hannes, K., Harden, A., Noyes, J., Harris, J., & Tong, A., 2014. COREQ (consolidated criteria for reporting qualitative studies). *Guidelines for Reporting Health Research: a User's Manual*, 214-226. <https://doi.org/10.1002/9781118715598.ch21>
- Brooks, S.K., Weston, D., & Greenberg, N., 2020. Psychological impact of infectious disease outbreaks on pregnant women: rapid evidence review. *Public Health*, 189, 26-36. <https://doi.org/10.1101/2020.04.16.20068031>
- Critchlow, E., Birkenstock, L., Hotz, M., Sablone, L., Riley, A.H., Mercier, R., & Frasso, R., 2022. Experiences of New Mothers During the Coronavirus Disease 2019 (COVID-19) Pandemic. *Obstetrics & Gynecology*, 139, 244-253. <https://doi.org/10.1097/AOG.0000000000004660>
- DeYoung, S.E., & Mangum, M., 2021. Pregnancy, birthing, and postpartum experiences during COVID-19 in the United States. *Frontiers in Sociology*, 6, 611212. <https://doi.org/10.3389/fsoc.2021.611212>
- Fernández-Basanta, S., Coronado, C., Bondas, T., & Movilla-Fernández, M.J., 2021. Primary healthcare midwives' experiences of caring for parents who have suffered an involuntary pregnancy loss: A phenomenological hermeneutic study. *Midwifery*, 92, 102863. <https://doi.org/10.1016/j.midw.2020.102863>
- Işık G., Yeşilçinar, İ., Avcı, S.Ç., Topaloğlu, E., Öçal, S.E., & Cetişli, N.E., 2020. COVID-19 enfeksiyonunun antenatal, intrapartum ve postpartum yönetimi. *İzmir Katip Çelebi Üniversitesi Sağlık Bilimleri Fakültesi Dergisi*, 5, 93-98.
- Jackson, L., De Pascalis, L., Harrold, J. A., Fallon, V., & Silverio, S. A., 2021. Postpartum women's psychological experiences during the COVID-19 pandemic: a modified recurrent cross-sectional thematic analysis. *BMC Pregnancy and Childbirth*, 21, 1-16. <https://doi.org/10.1186/s12884-021-04071-2>
- Jackson, L., De Pascalis, L., Harrold, J.A., Fallon, V., & Silverio, S.A., 2022. Postpartum women's experiences of social and healthcare professional support during the COVID-19 pandemic: A recurrent cross-sectional thematic analysis. *Women and Birth*, 35, 511-520. <https://doi.org/10.1016/j.wombi.2021.10.002>
- Joy, P., Aston, M., Price, S., Sim, M., Ollivier, R., Benoit, B., ... & Iduye, D., 2020. Blessings and curses: exploring the experiences of new mothers during the COVID-19 pandemic. *Nursing Reports*, 10, 207-219. <https://doi.org/10.3390/nursrep10020023>
- Kumari, A., Ranjan, P., Sharma, K.A., Sahu, A., Bharti, J., Zangmo, R., & Bhatla, N., 2021. Impact of COVID-19 on psychosocial functioning of peripartum women: a qualitative study comprising focus group discussions and in-depth interviews. *International Journal of Gynecology & Obstetrics*, 152, 321-327. <https://doi.org/10.1002/ijgo.13524>
- Mascarenhas, V.H.A., Caroci-Becker, A., Venâncio, K.C.M.P., Baraldi, N.G., Durkin, A. C., & Riesco, M.L.G., 2020. Care recommendations for parturient and postpartum women and newborns during the COVID-19 pandemic: A scoping review. *Revista Latino-Americana de Enfermagem*, 28. <https://doi.org/10.1590/1518-8345.4596.3359>
- Moser, A., & Korstjens, I., 2018. Series: Practical guidance to qualitative research. Part 3: Sampling, data collection and analysis. *European journal of general practice*, 24(1), 9-18. <https://doi.org/10.1080/13814788.2017.1375091>
- Postpartum Care Management Guide. (2018). T.R. Ministry of Health, General Directorate of Public Health, 925, Ankara. Available at: https://khgmsaglikhizmetleridb.saglik.gov.tr/Eklenti/28086/0/dogumsonubakimyoneti_mrehberipdf.pdf [Accessed 10 Sep 2021].
- Rasmussen, S.A., Smulian, J.C., Lednický, J.A., Wen, T.S., & Jamieson, D.J., 2020. Coronavirus disease 2019 (COVID-19) and pregnancy: what obstetricians need to know. *American Journal of Obstetrics and Gynecology*, 222, 415-426. <https://doi.org/10.1016/j.ajog.2020.02.017>
- Rice, K., & Williams, S., 2021. Women's postpartum experiences in Canada during the COVID-19 pandemic: A qualitative study. *Canadian Medical Association Open Access Journal*, 9, E556-E562. <https://doi.org/10.9778/cmajo.20210008>
- Riley, V., Ellis, N., Mackay, L., & Taylor, J., 2021. The impact of COVID-19 restrictions on women's pregnancy and postpartum experience

- in England: A qualitative exploration. *Midwifery*, 101, 103061. <https://doi.org/10.1016/j.midw.2021.103061>
- Sahin, B.M., & Kabakci, E.N., 2021. The experiences of pregnant women during the COVID-19 pandemic in Turkey: A qualitative study. *Women and Birth*, 34, 162-169. <https://doi.org/10.1016/j.wombi.2020.09.022>
- Saunders, B., Sim, J., Kingstone, T., Baker, S., Waterfield, J., Bartlam, B., ... & Jinks, C., 2018. Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity*, 52, 1893-1907. <https://doi.org/10.1007/s11135-017-0574-8>
- Schwartz, D. A., & Graham, A. L., 2020. Potential maternal and infant outcomes from coronavirus 2019-nCoV (SARS-CoV-2) infecting pregnant women: Lessons from SARS, MERS, and other human coronavirus infections. *Viruses*, 12:194. <https://doi.org/10.3390/v12020194>
- Tong, A., Sainsbury, P., & Craig, J., 2007. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International journal for quality in health care*, 19, 349-357. <https://doi.org/10.1093/intqhc/mzm042>
- Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C.S., & Ho, R.C., 2020. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, 17, 1729. <https://doi.org/10.3390/ijerph17051729>
- WHO (2020a). Novel Coronavirus (2019-nCoV) Situation report-9, 29 January 2020. Geneva, Switzerland.2020. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> [Accessed 15 Sep 2020].
- WHO (2020b). World Health Organisation (WHO) Coronavirus disease (COVID-19) pandemic. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019> [Accessed 15 May 2020].
- Yıldırım, A. & Şimşek, H., 2018. *Research methods in social sciences (Extended 11th Edition)*. Ankara: Seçkin Publishing (in Turkish).