

COVID-19 and the Experience of Mothers in Perinatal Psychiatry Services: An Explorative Study in the UK

Abstract

Background/Objective: As the health services were reorganized during the COVID-19 restricting access to family caregivers, we explored the experience of women in the perinatal period, attending a specialist perinatal mental health service. **Methods:** Patients ($n = 38$) in the outpatient list for review were assessed over phone based on a predesigned, semi-structured questionnaire, comprising both quantitative (demographic, clinical variables) and qualitative open-ended questions regarding their experience of services during COVID-19. **Results:** The responses provided insight into how the pandemic affected the experience of pregnancy of mentally ill women and the impact of changes in perinatal mental health services. The main concerns centered around reduced support from close family members during the perinatal period due to the lockdown, anxiety regarding COVID transmission, absence of a supporting persons in antenatal clinics, difficulty accessing support from midwives, and health visitors as well as the use of virtual clinics for mental health consultations. **Conclusions:** The results suggested possible methods of improving perinatal mental health support during challenging times, which included ensuring in-person consultations, access to family even remotely, increasing accessibility through alternative means; providing and close monitoring of additional psychosocial support when needed.

Keywords: COVID-19 pandemic, obstetrics, perinatal psychiatry, pregnancy, services

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Introduction

COVID-19 pandemic led to the implementation of lockdown measures to curb infection rates resulting in social confinement as well as significant changes to the provisions of health services. For maternity services, pandemic related changes meant restrictions on partners attending appointments for clinics and investigation for scans; remote consultations and reduced interactions with midwives and health visitors. A systematic review of 23 studies found that the prevalence rates of anxiety, depression, and insomnia among pregnant and postpartum women during the COVID-19 pandemic were higher than those before the pandemic and higher than the general population during the pandemic.^[1]

A report by MBBRACE-UK in 2015 identified that around one-quarter of all maternal deaths between 6 weeks and 1 year after childbirth were related to mental health problems. In approximately 40% of cases, improvements in care may

have made a difference to the outcome. Therefore, it is vital to regularly review care provided to this vulnerable group especially given the upheaval in care provision due to the pandemic. A rapid report was published by MBBRACE-UK in 2021 looking at the impact of COVID-19 and its associated measures on maternal care. It reported deaths due to suicide during the study period and emphasized that changes to service provision as a consequence of the pandemic meant that women were not able to access appropriate mental health care.^[2]

Studies have also shown COVID itself led to significant distress during pregnancy, especially with mixed messages portrayed via multiple outlets including social media.^[3-5] Pregnancy and birth are vulnerable times for those with mental illnesses, and the additional stress of the pandemic and its consequences led to further challenges. In addition to day-to-day changes in life due to COVID related restrictions; clinical practice also changed and there were numerous reports on mothers in perinatal periods having to attend appointments on

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their own, regardless of how distressing consultations may be,^[6] which posed the question of how the requirements of infection control in a pandemic situation and the need for individual, compassionate care can be balanced.^[7]

Objective

The objective of this evaluation was to explore the experience of mentally ill patients during their pregnancy and the postnatal period, through the restrictions of COVID-19 pandemic period, while they were attending specialist perinatal mental health services. It was expected that the results might suggest methods of improving of maternity services especially during challenging public health scare periods.

Methods

It was a cross-sectional, interview based study using a pre-designed, semi-structured questionnaire.

Sample

The sample for this evaluation was recruited from the list of patients due for their outpatient reviews in a perinatal psychiatry clinic between February 23, 2021 and March 23, 2021. Out of 50 consecutive patients approached, 38 (76.0%) patients agreed to participate.

Questionnaire

A semi-structured questionnaire was designed comprising of both quantitative (demographic, clinical and service related variables) and qualitative open-ended questions regarding the experience of patients about the services during COVID-19. The questionnaire included specific questions about psychiatric diagnoses, reason for referral, overall satisfaction and suggested areas for improvement with the perinatal psychiatry. It also checked for how COVID-19 and its restrictions affected the daily life of patients, impacted on their clinical experiences at specialist perinatal psychiatric services. There were also questions seeking suggestions for improvement of the services.

Data collection

Patients were contacted over phone for participation in this service evaluation and detailed information was given. Once they consented to participate, the interview was conducted based on the questionnaire prepared. All the interviews were done by one of the authors (SA). In addition to the information from the patients during the interview, the clinical data was collected from the electronic case records.

Analysis

Data from the interview and the clinical information were entered into Excel. Answers which were recorded in free text were grouped based on their content and given codes. Qualitative analysis of these contents generated various themes. This information was then transferred to an Excel Spreadsheet for further analysis. Data were analyzed

using SPSS (version 25, IBM Corp, Armonk, N.Y., USA). Missing data were not included in calculations.

Ethics

The project was considered as a service evaluation by the institution, which does not require formal ethical approval. The ethical principles were followed: the evaluation was explained to the patients, voluntariness of participation, anonymity, withdrawal of consent anytime without assigning any reason, were explained. Following this, verbal informed consent was taken from the patients who agreed to participate. During data collection no identifiable information was collected.

Results

Demographic details of the patients are given in Table 1. The mean age of the patients ($n = 38$) was 29.97 (standard deviation 5.77), age range 18–40; 27% were primiparous (40.5% had one, 21.6% had 2 and 10.8% had 3 children) and 78.4% lived with their partner. Most were from White British (86.8%) ethnicity followed by Asian (10.5%) and Afro-Caribbean (2.6%) origin. A little more than one-third (35.1%) of patients were unemployed. Their education levels were college (40.5%), university (37.8%), high school (26.2%) and (5.4%) school education.

Past psychiatric diagnoses included anxiety disorders (50.0%), depression (47.3%), emotionally unstable personality disorder (21.0%), and posttraumatic stress disorder (PTSD) (15.8%), and 13.1% of patients had no previous diagnosis. Referrals to the perinatal psychiatry team were done by the midwife (47.4%), general practitioners (10.5%), general adult psychiatry team (21.2%), obstetricians (15.8%), and the nonemergency NHS phone line 111 (5.3%).

Table 1: Patient demographic profile

Variables	Categories	n (%)
Education	School	2 (5.4)
	High school	6 (26.2)
	College	15 (40.5)
	Postgraduate	14 (37.8)
Occupation	Unemployed	13 (35.1)
	Health-care professional	10 (37.8)
	Nonhealth-care professional	14 (27)
Living situation	Lives with partner +/- children	4 (78.4)
	Lives with children only	29 (10.8)
	Lives with parents +/- children	4 (10.8)
Ethnicity	White British	33 (86.8)
	Asian	4 (10.5)
	Afro-Caribbean	1 (2.6)
Older children	None	10 (27)
	One	15 (40.5)
	Two	8 (21.6)
	Three	4 (10.8)

Common reasons for current referral to perinatal psychiatry are given in Table 2. Patients with previous history of postnatal depression or psychosis were requested for monitoring considering the risk of recurrence. Majority (74.4%) were contacted by the perinatal psychiatry team within 21 days of referral.

When asked about the impact of COVID-19 on life during pregnancy and the postnatal period, the themes identified were reduced support from family and friends (71.1%). A considerable proportion (42.1%) of patients felt that they were worried about the viral transmission and 39.5% considered that this concern was addressed through discussion with clinicians. During the pandemic, 26.3% of patients reported that they were unable to celebrate their pregnancy and 23.7% felt that the change in their lifestyle has been significant. A smaller proportion (15.8%) of patients reported they had reduced access to coping mechanisms or hobbies.

About the changes to pre- and postnatal care during pandemic, 47.4% of patients mentioned attending antenatal appointments alone and 36.8% attended hospital alone even when they had health concerns, as their partners were not allowed to attend routine antenatal appointments. Altogether, 34.2% reported they were not getting support by their midwives or health visitors as they expected; a minority (18.4%) felt their labor and delivery were affected; and 18.4% of patients had concerns regarding reduced bonding with the baby and father. Further 13.2% of patients reported reduced access to mother and baby groups.

In response to the pandemic, perinatal psychiatry review clinics were done virtually, considering the viral transmission concerns; and many women wanted to minimize contact with others in waiting rooms or in public transport. However, when asked about their preferred mode of contacting perinatal psychiatry service given the pandemic situation, 65.8% preferred face-to-face contact, 21.1% preferred phone, and 13.2% video. Major reasons given for their preference of face-to-face consultation were feeling more personal and having better rapport (88.0%), being more comfortable (28%), body language (16%), privacy (12%), and ease of social anxiety (12%). Higher proportion (37.5%) of women who did not live with a

partner preferred face-to-face as opposed to 17.2% of those who did.

A minority (13.2%) of women reported not being able to access mum support groups; 20% of first-time mums raised this as opposed to 11% of multiparas. There is no statistical difference in the experiences of primiparous and multiparous women; or those living alone or with a partner.

Patients appreciated various factors in perinatal services; which were: being listened to (42.1%), empathy from the team (39.5%), timely service (39.5%), nursing support (23.7%), holistic care (21.1%), approachability and organized care (both 15.8%), etc. Overall satisfaction with the perinatal psychiatry services during the pandemic was reported as very good by 57.9% and as good by 26.3%. There was no difference between younger (up to age 29) and comparatively older (30 and above) women about overall satisfaction. Main areas that were suggested by patients needing improvement were having face-to-face consultations (28.9%), improving communication (15.8%) and decrease in waiting period of accessing perinatal mental health service (13.2%). A small proportion (5.3%) of women suggested to extending the period of care from 12 months currently to 18 months in perinatal mental health services.

Discussion

This survey evaluated the experience of mentally ill women, who were pregnant or in the postnatal period receiving support from a specialist perinatal mental health service during the COVID-19 pandemic in the UK. The main concerns centered around reduced support from close ones during the perinatal period, anxiety regarding COVID transmission, absence of a supporting person in antenatal clinics, difficulty accessing support from midwives, and health visitors as well as the use of virtual clinics for mental health consultations.

Clinically, their diagnoses indicated common mental illnesses such as depression, anxiety PTSD, previous postnatal depression or psychosis, obsessive-compulsive disorder, and emotionally unstable personality disorder. It was obvious that these conditions would need both medicinal and psychotherapeutic interventions from specialist services. It appeared that the concerns due to viral pandemic and related service changes had brought various challenges for the mothers in their perinatal period, which needed specific attention from the mental health services.

Impact of COVID pandemic on maternal mental health

In our study, a vast majority (71.1%) raised the issue of not having adequate support during the perinatal period due to lockdown restrictions. There have been reports of increase anxiety and depression in peripartum women during COVID pandemic, while increased social support was found to be a protective factor.^[4,8] A study analyzing

Table 2: Reasons for referral to perinatal psychiatry

Reasons for referral	n (%)
Mixed anxiety and depression	13 (34.2)
Depression	8 (21.1)
Past history of postnatal depression or psychosis	8 (21.1)
Posttraumatic stress disorder	8 (21.1)
Generalized anxiety disorder	5 (13.2)
Perinatal anxiety/obsessive compulsive disorder	5 (13.2)
Emotionally unstable personality disorder	4 (10.5)
Postnatal depression	4 (10.5)

the content of an international sample of tweets related to pregnancy and mental health during the first wave of COVID-19 found that one of the three main themes was isolation; the other two being depressive symptoms and sleep difficulties due to stress.^[9] These concern had been observed in other studies too.^[10] A study to look at the effects of social support during pregnancy on maternal depressive symptoms and pregnancy outcomes concluded that a lack of it was an important risk factor for maternal wellbeing as well as adverse pregnancy outcomes.^[11]

Anxiety regarding COVID transmission affected around two-fifths of our sample. A study highlighted that a lack of timely and reliable information on the impact of COVID-19 on pregnancy resulted in increased levels of depression, anxiety and stress.^[12] At a time when scientific information about specific aspects of the viral infection was still evolving, allaying the worries of the patients was understandably challenging. A study found that fear of COVID-19 in pregnant women and their husbands was positively associated with higher suicidal ideation.^[3] This highlighted the importance of the perinatal mental health support along with additional psychosocial support for the mothers with mental illness.

Effect of COVID on perinatal mental health care

Partner or a supportive person not being able to attend antenatal appointments during COVID pandemic related restriction was a predominant theme in the 47.4% women surveyed. More than one-third (36.8%) of patients said they were affected by the fact that none from family was allowed to support them in hospital even when a health concern was identified. Numerous news reports have echoed this too, with many women having to face a challenging situation alone in the hospital.^[13,14] While the NHS guidance sent to the trusts in December 2020 recommended women should be allowed to have one person alongside “at all times,” this took time to organize and even so many women, including many participants of this study had been affected.^[15]

Reduced support from midwife and health visitors caused concern for many (34.2%) women during the pandemic. It may be highlighted that many were already socially isolating and were not able to access support from family and friends, and the need to seek information and support from a health-care professional was even more compelling. Women in perinatal period wanted reassurance and advice with breastfeeding as well as potential infant health concerns, e.g., feeding, weight loss etc., This concern has been raised by another similar qualitative study.^[16] As these worries of mothers were not addressed, there was more anxiety. In fact, a study showed worrying about childcare caused a significant increased risk of PTSD and anxiety.^[17] Opportunity for frequent interaction with the health professionals, especially face-to-face reviews, would probably help

better assessment and management of mothers in distress during the challenging times.

Suggested areas for improvement in perinatal psychiatry services

Most women (68%) preferred face-to-face consultations while accessing perinatal services. Nearly 30% of them felt that it was essential and gave the reasons as better rapport, being able to communicate better via body language and privacy. This was reported more by women who lived alone than those who lived with a partner; perhaps in the former loneliness could be another factor. Some of the patients mentioned how easy it was to mask the true extent of the situation when consultations were done remotely. In a study of 1451 patients, 14% were reluctant and 11% were feeling embarrassed to talk about mental health concerns over the phone.^[16] It appears that in many clinical situations, and for a proportion of patients, remote consultation may not be appropriate; and there should be option for a face to face review.

Delays in accessing services were another concern that was raised, which was common during the COVID pandemic. One of the main components was with regard to accessing infant support groups. Studies looking at the role of peer support networks to combat isolation which was a key factor in perinatal mental illnesses, recommended to focus on developing peer support as these were found to positively impact mental health.^[18,19]

Considering the stress of the COVID pandemic and associated concerns, returning to usual level of care and supportive services would understandably take time. There was specific issue for mothers who had to return to work after maternity leave, as the changed circumstances were stressful along with the maternal responsibility and childcare. Hence, the suggestions from many patients for increasing the period of support from the perinatal services appeared justified.

Strengths and limitations

This survey gave insight into the perception of women about perinatal mental health care during the COVID-19 pandemic. Open-ended questions and detailed discussion with patients provided a broad range of themes to be captured. However, there were many limitations. The sample size was small and the background characteristics were not varied enough to investigate how patients from particular demographics were affected, for example, ethnicity. There was no scope of comparing with the experience of perinatal services before the pandemic in absence of a comparison group.

Conclusions

The COVID-19 pandemic has been a challenging time for pregnant women and young mothers, and this study highlighted their experiences during this period. Some

of their main concerns could be grouped into few areas. Firstly, there was increased anxiety regarding COVID transmission, as the infection could affect both mothers and babies. There was reduced practical support during the perinatal period, for example, difficulty accessing support from midwives and health visitors and closure of support groups for mothers in the community. In addition, not allowing a supporting family member in antenatal clinics and change of in-person clinics to virtual clinics for mental health consultations were reported as stressful. It was obvious that mothers had increased distress and worry during the pandemic due to the related service changes. The findings of our study may help improving perinatal services during challenging times, especially during public health scare situations such as pandemic.

Perinatal services should consider having partners or family members in-person during outpatient consultations and facility for family members to access consultations even with video may be helpful. Future research may evaluate the role of hybrid access (in-person and remote) for patients and families in perinatal psychiatry. Some of the measures such as in-person consultations, anxiety management, psychoeducation about coping strategies, and providing information through alternate means, for example, online patient portal, E-mail, or posting the paper copies can be considered. Maintaining adequate antenatal and postpartum mental health care, improving accessibility of these services, and extending the services longer for mothers with additional psychosocial needs are advisable. Facilitating peer-group support for mothers even remotely is needed during the challenging times. These may improve the experience of the mentally ill women in peripartum period. There is a need to evaluate outcome of the maternal mental health following the pandemic and its impact on their children.

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Conflicts of interest

There are no conflicts of interest.

References

1. Yan H, Ding Y, Guo W. Mental health of pregnant and postpartum women during the coronavirus disease 2019 pandemic: A systematic review and meta-analysis. *Front Psychol* 2020;11:617001.
2. NPEU. MBRRACE-UK: Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries Across the UK. Available from: <https://www.npeu.ox.ac.uk/mbrrace-uk>. [Last accessed on 2022 Nov 04].
3. Ahorsu DK, Imani V, Lin CY, Timpka T, Broström A, Updegraff JA, *et al.* Associations between fear of COVID-19, mental health, and preventive behaviours across pregnant women and husbands: An actor-partner interdependence modelling. *Int J Ment Health Addict* 2022;20:68-82.
4. Khoury JE, Atkinson L, Bennett T, Jack SM, Gonzalez A. COVID-19 and mental health during pregnancy: The importance of cognitive appraisal and social support. *J Affect Disord* 2021;282:1161-9.
5. Moyer CA, Compton SD, Kaselitz E, Muzik M. Pregnancy-related anxiety during COVID-19: A nationwide survey of 2740 pregnant women. *Arch Womens Ment Health* 2020;23:757-65.
6. Halle-Richards S. The Trauma of Losing a Baby in the Time of Covid-19. *Manchester Evening News*. Available from: <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/alone-waiting-room-darkest-hour-19953539>. [Last accessed on 2022 Nov 04].
7. Baines P, Draper H, Chimento A, Fovargue S, Frith L. COVID-19 and beyond: The ethical challenges of resetting health services during and after public health emergencies. *J Med Ethics* 2020;46:715-6.
8. Lebel C, MacKinnon A, Bagshawe M, Tomfohr-Madsen L, Giesbrecht G. Elevated depression and anxiety symptoms among pregnant individuals during the COVID-19 pandemic. *J Affect Disord* 2020;277:5-13.
9. Talbot J, Charron V, Konkle AT. Feeling the void: Lack of support for isolation and sleep difficulties in pregnant women during the COVID-19 pandemic revealed by twitter data analysis. *Int J Environ Res Public Health* 2021;18:393.
10. Laura D, Charlie J. It's Not How I Thought Maternity Leave Would be. *BBC News*. Available from: <https://www.bbc.com/news/uk-england-essex-53693086>. [Last accessed on 2022 Nov 04].
11. Elsenbruch S, Benson S, Rütcke M, Rose M, Dudenhausen J, Pincus-Knackstedt MK, *et al.* Social support during pregnancy: Effects on maternal depressive symptoms, smoking and pregnancy outcome. *Hum Reprod* 2007;22:869-77.
12. Ng QJ, Koh KM, Tagore S, Mathur M. Perception and feelings of antenatal women during COVID-19 pandemic: A cross-sectional survey. *Ann Acad Med Singap* 2020;49:543-52.
13. Thomas E. Covid: Being Alone in Pregnancy due to Hospital Rules. *BBC News*. Available from: <https://www.bbc.com/news/uk-england-55810079>. [Last accessed on 2022 Nov 04].
14. Venema V. I Faced Miscarriage Alone – My Partner Had to wait in the Car Park. *BBC News*. Available from: <https://www.bbc.com/news/uk-53613348>. [Last accessed on 2022 Nov 04].
15. Collinson A. Coronavirus: Giving Birth During the Lockdown. *BBC News*. Available from: <https://www.bbc.com/news/health-52356067>. [Last accessed on 2022 Nov 04].
16. Karavadra B, Stockl A, Prosser-Snelling E, Simpson P, Morris E. 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 Childbirth* 2020;20:600.
17. Basu A, Kim HH, Basaldua R, Choi KW, Charron L, Kelsall N, *et al.* A cross-national study of factors associated with women's perinatal mental health and wellbeing during the COVID-19 pandemic. *PLoS One* 2021;16:e0249780.
18. Howard LM, Khalifeh H. Perinatal mental health: A review of progress and challenges. *World Psychiatry* 2020;19:313-27.
19. Jones CC, Jomeen J, Hayter M. The impact of peer support in the context of perinatal mental illness: A meta-ethnography. *Midwifery* 2014;30:491-8.