



COVID IMPACTS ON THE DEVELOPMENT OF PREGNANCY AND FAMILY: ONE CLINICIAN'S OBSERVATIONS

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I have worked with children and families since I began in social work practice many years ago. One of the biggest changes I've observed in a person's life is when they decide to have a family. Prior to the COVID-19 pandemic, the pregnancy experience typically involved several stages for a person, from that first positive pregnancy test, to when they deliver and bring their child(ren) home. Throughout these stages (especially in modern society) systems could involve several micro, mezzo and macro components: partners, other children, educational interventions in a variety of ways, support groups, OB departments, and many other social and educational experiences, all designed to support the person and their family during this intense transition. Even with all this possible support and intervention, people having babies may still not be fully prepared until they are experiencing it directly. Then, for some families, intergenerational support from family and friends would lend another layer of accommodation for the new parent(s).

Before the COVID-19 pandemic, Postpartum Depression was prevalent, given the hormonal and social changes occurring in the body of the person delivering. As clinicians, it was a common practice to check in with the person throughout their pregnancy, delivery and postpartum phase (casually known as the 4th trimester now), to include their support person, ensuring appropriate attachment and behavioral health needs were addressed accordingly. We might suggest throughout the pregnancy, or post delivery, that an in-home support program (Maine Families or Early Head Start) be involved, allowing more support in the home directly. This allowed the post delivering person the opportunity to check in with a helping professional regarding new tasks like changing a diaper, proper swaddling, or how to care for a healing umbilical cord. It also supported education surrounding the developmental stage of a newborn and the family system. This was especially important for those new parent(s) who did not have family or friends available for support. Those home visiting programs are a crucial part of my pregnancy education and postpartum support for the patients I see in my practice.

In the years preceding COVID-19, wrap-around support for people having a baby was widely available and provided an opportunity for regular support and intervention in the home, something the medical and behavioral health communities were not able to provide.

This all changed dramatically in March, 2020 when COVID-19 shut our world down. However, babies still needed to be born and the care of both infant and pregnant person, could not be ignored or delayed. Abrupt changes in regulations modified the way people were able to attend pregnancy care and interventions, as well as their deliveries. No longer were partners allowed into routine appointments, ultrasounds or specialist appointments. If you are reading this article and have been pregnant, reflect back to the moment you saw your baby for the first time on that ultrasound screen, or got to hear their heartbeat on the doppler. What about that moment when you were expecting to see a heartbeat on the screen, but did not? Imagine having to experience these emotional moments by yourself, next to the Medical Assistant and OB Provider, void of your vital support person. This single change has impacted a pregnant person's experience in their pregnancy and I have seen an increase in depression and anxiety in pregnant people, and their partners, since this pandemic began.

In a recent journal article by Goyal and Selix (2021), this was confirmed by medical professionals in their own observations with pregnant and postpartum people. They explain: "Worldwide and nationwide travel restrictions due to COVID-19 have largely prevented family members from traveling to provide much needed postpartum social support leaving many women feeling isolated and alone, potentially contributing to risk of developing PAMD...isolation and decreased social support increase the risk of developing PAMD, specifically, postpartum depression" (Kim et al.; Slomian et al., 2019, as cited by Goyal & Selix, 2021).

Attachment has also been impacted with the restrictions involved with delivery and post-delivery. For many people having a baby, the hospital experience can be overwhelming and intense, with doctors and nurses present, contractions coming and going, and the potential for complications always looming. Prior to COVID, a person getting ready to deliver may have family and friends coming into the hospital, trying to share their support and excitement for the pending arrival of a little one. During the early stages of this pandemic, a laboring person had to be tested for COVID, come into their hospital room, masked and with one support person, who was not allowed to leave the hospital, unless they were not returning. Only when pregnant people were actively pushing, were they allowed to remove their masks, which is an experience no pregnant person wishes to navigate. People delivering a baby would then have an entourage of medical support people, masked and gowned in order to support with medical interventions and monitoring, lactation support, etc. This was a different experience than before COVID, when all you had to worry about was getting the baby sick and trying to keep an appropriate distance. Now, the worry is about a deadly virus that we knew little about at that time. In the beginning of COVID, if a mother tested positive for the virus, she might be separated from her baby, until no longer contagious. This had a potential impact on mothers and possibly a negative impact on their attachment in those beginning stages.

When I think about the challenges of COVID, one of the benefits for some families recovering after delivery with a new baby(ies), was the restriction of visitors at most hospitals. New parents were able to have isolated time together, with only interruptions from the medical team, not a flurry of visitors, wanting to observe this new arrival. For some of my patients, this was a positive impact as a result of COVID restrictions, which they implemented as a home rule as well. For other patients, that experience of celebrating a new baby and sharing this with family and friends was an expected norm that was not able to occur, without health risk to baby and family. COVID-19 has stripped away the expected norms for many people pregnant and their postpartum experience. There were limited baby showers to celebrate this pending arrival because gatherings

were potentially restricted. People visiting and supplying items for the baby and family were denied, due to the risk of COVID or packages had to be wiped clean, in order to keep the virus away from the home. For those pregnant people who had partners, COVID-19 may have brought the benefit of stay at home status, allowing more in-home support for longer periods of time, which would not have occurred, with a traditional family leave. For others, having support family/friends coming into the home was intermittent and involved the possibility of spreading the virus, which made it challenging for some families to get the support they needed in those early stages.

For many patients I have seen over these last twenty-two months, the COVID-19 pandemic has had a huge impact on the experience of pregnancy, delivery, and the postpartum period. I have seen new parents more anxious than in the past to take their infants out into the community, due to COVID-19. I have seen parents not allowing their families in to see the newborn, for fear or illness to both the baby and the grandparents, aunts, cousins, etc. I have seen more parents having to handle post delivery care for both themselves and their infant, isolated away from the one support person they had, because they had to return to work, if they even had a support person at home. In-home supports mentioned earlier, which were crucial for some parents in their initial adjustments, were (and still are) not fully available. In-person support and educational groups, where new parents were meeting one another, normalizing their experiences and finding a sense of community, are no longer available. Newborns are seeing more people in masks, possibly missing that important stage of facial expression and recognition, which is a vital part of their development. For some new parents, these changes have potentially impacted their attachment, both for the delivering person, along with their partners. This is especially true during pregnancy when partners were not allowed into appointments and missed these important milestones. Many of my patients have reported an increase in anxiety and depression, and generally feel overwhelmed by these experiences. As well, some partners report feeling overwhelmed knowing the pregnant or postpartum person may be struggling, leaving them feeling like they are missing important opportunities to help. I maintain worry about attachment between parents to their baby(ies), and to each other, during this continued pandemic, due to many moments of separation, isolation and overall lack of in-home support. These in-home supports were created to increase healthy attachment to the newborn, reduce isolation and the risk for shaken baby syndrome, as well as domestic violence. Without their regular interventions, we may be missing possible areas of concern and risk.

As COVID numbers were declining and vaccinations increasing at a steady rate, medical offices began to loosen their visitor policies, which allowed partners into appointments and were able to share in these milestone experiences once again. As well, partners were now able to support their loved one, when devastating news was discovered. The world has been experiencing this deadly virus for almost two years and its impacts are being realized more and more every day. We have limited data at this time on the long term impacts of the COVID-19 pandemic regarding attachment. According to the researchers, Zhang and Feei Ma, their study reported “moderate-to-severe stressful impact among Chinese pregnant women during the early stages of the COVID-19 pandemic, which high-lighted the strong need for heightened assessment of mental health among pregnant women” (Zang & Feei Ma, 2020, p. 348).

There is work that is being done to find new and creative ways to support new parents in their birthing experiences. Our particular community has been working to create on-line support groups, increase home visits by delivering needed items, and trying to have an outside visit, when

weather permits. Phone calls were a vital part of early intervention when the shut-down first occurred, which helped many people in their early postpartum weeks.

With the COVID-19 numbers beginning to increase at a rapid rate again, along with the onset of winter, I feel we will see restrictions like we did last year and this is concerning for new parents, preparing for the important change to their family. We have learned much over the last twenty-two months on how to be creative in our unconventional support to new parents, and the biopsychosocial concerns continue to be at the forefront of my work. My hope is that 2022 brings more solid interventions for COVID-19, and an increased number of vaccinations. Only then will we return to relying on those support interventions that statistically have been shown to increase attachment, develop safety for baby and parents, along with connecting other new parents to each other, creating a stronger sense of community overall.

I love this quote by Shannon Wiersbitzky, as it discusses the beautiful potential in how we impact and support the evolution and development of a baby's potential: "As babies we're born blank sheets of paper. Not a single mark. As we grow older, lines form, then colors and patterns. Before long that paper is all sorts of brilliant. Like a kaleidoscope, no two exactly alike." My lingering hope is that the impacts of COVID-19 have not left hardened lines of challenge, which may take away from the color of life being developed for our little ones born during this time. I am hopeful that helping professionals will continue to be creative in their approach to the development of children and families, allowing a positive and productive impact for the future.

References

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