Parenting in a Pandemic

It takes a village, and the village was absolutely wiped-out last year."

Women's mental health and wellbeing during COVID-19

Women's Health East
Investing in Equality and Wellbeing for Women

Acknowledgements

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Women's Health East would like to sincerely thank the women who so generously and courageously shared their experiences with us. Their stories offered valuable insight into the lived experience of women who parented a new baby during the COVID-19 pandemic.

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Women's Health East acknowledges the Wurundjeri Woi-wurrung people, the Traditional Owners of the land on which we work. We pay our respects to Elders past, present and future. We affirm that sovereignty was never ceded and that colonialism and racism continue to impact on the lives of Aboriginal and Torres Strait Islander Women and can contribute to the high rates of violence that might be experienced. We recognise the strength, resilience and leadership of Aboriginal and Torres Strait Islander Women, and express our hope for reconciliation.

ABOUT WOMEN'S HEALTH EAST

Women's Health East is the women's health promotion agency for the eastern metropolitan region of Melbourne. Our vision is equality, empowerment, health, and wellbeing for all women.

Working within a feminist framework, WHE addresses the social, cultural, economic, political and environmental factors impacting on the health, safety and wellbeing of women in the region. We build the capacity of organisations, services, and programs in the region to optimally address issues affecting women. To achieve this, we partner with state and local governments, health and community organisations, and others with a role in improving health outcomes for women.

Women's Health East works across the interlinked strategic priorities: Advance Gender Equality, Prevent violence against Women, and Improve Women's Sexual and Peproductive Health.

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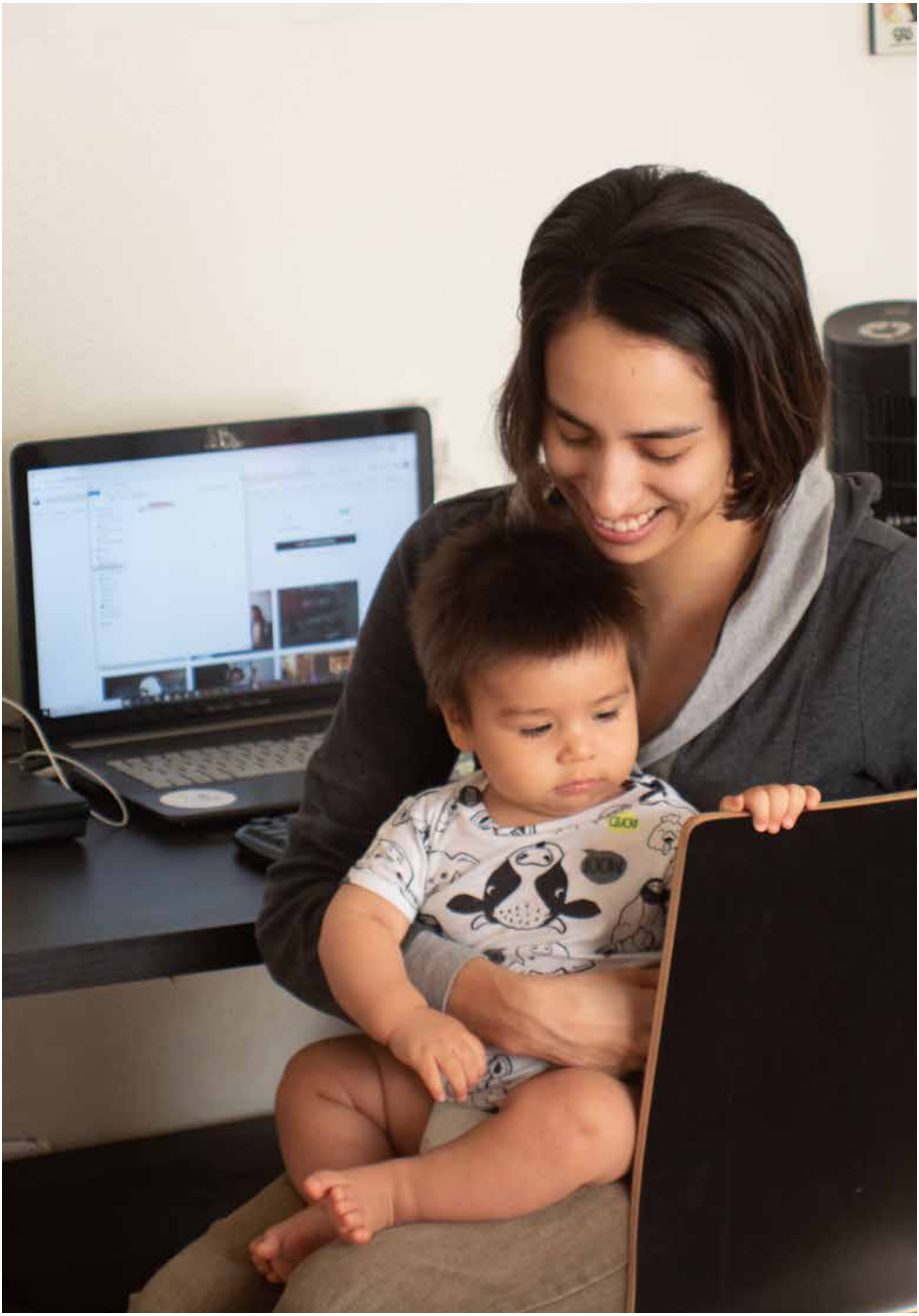
Contents



Key Terms

PERINATAL PERIOD

The period covering pregnancy and the first year following pregnancy or birth.[1]

ANTENATAL PERIOD

The period before birth, or when a person is pregnant.[2]

POSTNATAL PERIOD

The period after birth, or when a person has had a baby.[3]

MATERNAL AND CHILD HEALTH SERVICE

A free health service available for all Victorian families with children from birth to school age. The service provides visits with a maternal and child health nurse across 10 key stages of a child's development & additional visits if required. In the eastern metropolitan region of Melbourne, there are maternal and child health services within each local government area. Maternal and child health services routinely offer other services like first time parenting groups and links to local community activities and support services.[3]

A NOTE ON LANGUAGE

Throughout the paper, we have predominantly used the term 'mother' when describing the cohort of women who are involved in this research. The research we conducted was with people who identified as being a mother. We would like to acknowledge that many new parents don't necessarily identify with or within the binary of man or woman, or mother or father, and that gender identity is fluid; some people may identify with a gender that blends elements of being a man or a woman, some people may not identify with a gender, and some people's gender may change over time. We would also like to acknowledge that people who do not fit into the binary concept of woman or man are more vulnerable to discrimination, and experience poorer mental health outcomes.

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[1]Australian Government Department of Health. Pregnancy Care Guidelines Glossary [Internet]. [place unknown]: Australian Government Department of Health; 2020 Dec. [cited 2021 Sep 8]. Available from: https://www.health.gov.au/resources/pregnancy-care-guidelines/glossary

[2] Better Health Channel. Medical terms and definitions during pregnancy and birth [Internet]. Victoria: Better Health Channel; 2020 [updated 2021 June 8; cited 2021 Sep 8]. Available from: https://www.betterhealth.vic.gov.au/health/servicesandsupport/medical-terms-and-definitions-during-pregnancy-and-birth

[3] Better Health Channel. Maternal and child health services [Internet]. Victoria: Better Health Channel; 2019 [updated 2019 October 24; cited 2021 Sep 8]. Available from: https://www.betterhealth.vic.gov.au/health/healthyliving/maternal-and-child-health-services#maternal-and-child-health-centres-throughout-victoria

Executive Summary

OVERVIEW

In 2020 Women's Health East was funded by the State Government of Victoria to implement a project in the eastern metropolitan region of Melbourne to support and promote women's mental health, wellbeing, and social connectedness in response to the COVID-19 pandemic. This funding recognised the psychological, social, and economic impacts of lockdown and social distancing restrictions on the mental health and wellbeing of Victorians, in particular Victorian women, who are significantly more likely than men to have experienced negative mental health impacts due to COVID-19.[4]

To build the evidence base around women's mental health and wellbeing during COVID-19, the Parenting in a Pandemic (PiaP) project gathered local women's lived experience of being a new parent against the backdrop of the global COVID-19 pandemic, and the impact of this on their mental health and wellbeing. This was in response to the evidence suggesting pregnant women and new parents were a group at particularly high risk of negative mental health during COVID-19.[5]

The project objectives were to:

- Strengthen the evidence base around the mental health impacts for new parents during the COVID-19 pandemic through the documentation of women's voices and their lived experience.
- Elevate and centre the voices of women and their lived experience.
- Improve social connections and support networks of new mothers who parented babies during the 2020 COVID-19 pandemic.

The purpose of this report is to present the lived experience of women from the eastern metropolitan region of Melbourne who parented a new baby under the Victorian COVID-19 restrictions of 2020, with a particular focus on the impact that this had on their mental health.

These stories provide a 'snapshot' of new mother's experiences during COVID-19 and provide key learnings on how to better support new parents to sustain and strengthen mental health outcomes for women. This resource is intended to inform perinatal service provision, policy, and practice.

METHODOLOGY

The project employed qualitative data collection methods, including two focus group discussions and nine semi-structured one-on-one interviews to hear from women about their experiences of parenting during lockdown. An additional two women contributed written lived experience pieces. Eighteen local mothers took part in the project.

Six perinatal practitioners who provide support to new parents were consulted via phone about the impacts of COVID-19 they had observed in their role working with new mothers. A reference group made up of perinatal practitioners from the region was established to help guide the project implementation.

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[4] Gender Equity Victoria. Gender Equity and COVID-19 [Internet]. Melbourne VIC: Gender Equity Victoria; 2021 [cited 2021 Jul 7]. Available from: https://www.genvic.org.au/wp-content/uploads/2020/06/Gender-Equity-and-COVID-19_FA.pdf

[5] Women's Mental Health Alliance. Impacts of COVID 19 on women's mental health and recommendations for action [Internet]. Melbourne VIC: The Women's Mental Health Alliance; 2020 [updated 2020 October; cited 2021 Jul 7]. Available from: https://womenshealthvic.com.au/resources/WHV_Publications/WMHA_Impacts-of-COVID19-on-womens-mental-health-and-recommendations-for-action_Update-13-October-2020_(Fulltext-PDF).pdf

KEY FINDINGS

In summary, the experiences of new mothers involved in the research project highlight the impact that the COVID-19 pandemic and subsequent Victorian lockdown in 2020 had on their mental health and wellbeing.

Six themes emerged from data analysis of the focus groups, interviews, written lived experience pieces, and consultations with practitioners, with sub themes sitting below these.

The themes are:

- **Theme 1. Formal support**
- **Theme 2. Informal support**
- **Theme 3. Birth and hospital support**
- **Theme 4. Access to allied health and other post birth support**
- **Theme 5. Health anxiety**
- **Theme 6. The mental load**

Lack of formal and informal support influenced both physical and mental health. Participants found the cessation of face-to-face appointments to be challenging and made them feel unsupported and often alone. Not being able to call on help from family and friends due to social distancing restrictions was also a key challenge. The lack of face-to-face mothers' groups meant that many women did not make the crucial social connections that are part of maternity care practice under normal circumstances.

Hospital and postnatal support, in particular the restrictions put on non-birth partners, was a cause of anxiety and stress for many women. Women reported the mental and physical impacts of not having their partner available to assist them in hospital in the hours and days after birth, bar for a very limited time. Many reported feeling alone and unsupported, which they said negatively impacted their mental health.

Several women missed out on crucial postnatal supports, such as breastfeeding support, physiotherapists and mental health support, which were difficult to access during the pandemic, or not available.

Heath anxiety was reported by a few women, who felt that communication around the virus during pregnancy and breastfeeding was unclear. This caused anxiety for themselves, and concern for the health of their new babies.

The theme of carrying the mental load was a key finding. Women felt as though they were doing it all and felt a responsibility to be everything for their child. This was particularly true for parents with older children. Having limited access to external activities or other people placed a great deal of pressure on mothers. This also meant that there was limited time for women to take time out for themselves. This had a significant impact on their mental health.

The experience of women who had a chronic illness, and who birthed stillborn babies is highlighted in two important case studies in the report.

RESEARCH IMPLICATIONS

The project demonstrated that women want to tell their stories. For some, participation in the project was the first time they had really spoken about their experience, and many reflected on the benefits of facilitating a space for women with similar experiences to come together to talk and share.

The project highlighted the need for lived experience stories to influence policy and practice around perinatal care, particularly during a health crisis.

A key learning is about the importance and significance of this project in highlighting how severely the pandemic has impacted women's mental health. Considerably more funding is needed in this area to fully support all Victorian women's mental health and wellbeing. Additionally, while this research sought to capture the experience of a diverse group of mothers, more research is needed to fully understand the unique experiences of women parenting in different circumstances.

Please see the Recommendations section for how the mental health and wellbeing of new parents can be addressed moving forward.

Introduction

BACKGROUND

In 2020, the global coronavirus (COVID-19) pandemic of 2020 impacted on Victoria's way of life. On 11 March 2020, the World Health Organisation (WHO) declared the COVID-19 virus a global pandemic[6] and restrictions were put in place globally. Victoria and many other parts of Australia introduced restrictions to curb movement and social interaction to stop the spread of the virus.

While COVID-19 cases declined and restrictions slowly eased in other states and territories, Victoria was declared a state of disaster and placed in a Stage 4 lockdown on 2 August 2020 due to the increasing number of cases.[7] Stage 4 restrictions included limited reasons to leave your home, a night-time curfew, a 5km radius for leaving home, and strictly limited social interactions. No visitors were allowed in homes, all non-essential businesses were closed, schools were transferred to home-based learning, and childcare centres were closed. While the restrictions have been effective in curbing the spread of COVID-19, they have had wide reaching impacts on the social and economic fabrics of Victoria. From a health and wellbeing perspective, stay at home orders and social distancing restrictions had significant implications on the population's mental health. There have been a number of studies observing the impact of COVID-19 on the mental health of varying population groups, indicating an increased level of anxiety and depression in the aftermath of the COVID-19 pandemic.[8,9,10,11]

> *"During the pandemic, women were overrepresented in insecure work and experienced substantial job loss... in addition, women performed a disproportionate share of unpaid care."*

[6] World Health Organisation. WHO Director- General's opening remarks at the media briefing on COVID-19 [Internet]. Geneva: The World Health Organisation; 2020 [updated 2020 March 11; cited 2021 Jul 9]. Available from: https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

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[8] Hammarberg K, Tran T, Kirkman M, et al. Sex and age differences in clinically significant symptoms of depression and anxiety among people in Australia in the first month of COVID-19 restrictions: a national survey. BMJ Open [Internet]. 2020 [cited 2021 Aug 4];10:e042696. Available from: https://bmjopen.bmj.com/content/bmjopen/10/11/e042696.full.pdf DOI: 10.1136/ bmjopen-2020-042696

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Locally, research has so far shown elevated psychological distress among people living in Australia due to COVID-19 restrictions and lockdown. Monash University conducted a large-scale national study at the height of COVID-19 restrictions in 2020 and found widespread mental health issues during stage two lockdown.[12] Similarly, a study of 1157 Victorians found elevated levels of anxiety and depression, and suicidal ideation.[13] Mental health support services have also reported an increase in people seeking help: Lifeline Australia reported a 10% increase in calls in January 2021 compared to January 2020 and Beyond Blue received 22,000 contacts in January 2021, which is an increase of 27.2% from 2020.[14]

Women have been significantly impacted.[4] Research shows that women experienced higher levels of anxiety, stress, and depression, and were more likely than men to feel lonely, nervous, and that everything was an effort during the pandemic.[15]

Mental health and wellbeing are shaped by the social, economic and physical environments in which women live and work, and the COVID-19 pandemic has implications for these.[16] During the pandemic, women were overrepresented in insecure work and experienced substantial job loss.[4] Most essential workers in the lowest paying jobs were women, and the majority of casual workers who were not able to access Job Keeper were women.[17] In addition, women performed a disproportionate share of unpaid care, household labour and home-schooling responsibility than men.[4] Women are also overrepresented on the COVID frontline: the majority of health and aged care workers, social assistance workers, teachers and retail workers are women.

> *Many reported feeling alone and unsupported, which they said negatively impacted their mental health."*

[12] Fisher J, Tran T, Hammarberg K, Sastry J, Nguyem H, Rowe H, Popplestone S, Stocker R, Stubber C, Kirskman M. Mental health of people in Australia in the first month of COVID-19 restrictions; a national survey. Med J Aust [Internet]. 2020 [cited 2021 Aug 4];213(10):458-464. Available from: https://www.mja.com.au/journal/2020/213/10/mental-health-people-australia-first-month-covid-19-restrictions-national DOI: 10.5694/mja2.5083

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[14] Australian Institute of Health and Welfare. Mental health services in Australia [Internet]. [place unknown]: AIHW; 2021 [updated 2021 Oct 14; cited 2021 Oct 15]. Available from: https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/covid-19-impact-on-mental-health

[15] Australian Bureau of Statistics. Household Impacts of COVID-19 Survey - Insights into the prevalence and nature of impacts from COVID-19 on households in Australia [Internet]. [place unknown]: ABS; 2021 Jun [updated 2021 Jul 14; cited 2021 Aug 4]. Available from: https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/latest-release

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[17] Australian Bureau of Statistics. Weekly Payroll Jobs and Wages in Australia [Internet]. [place unknown]: ABS; 2021 [cited 2021 Aug 4]. Available from: https://www.abs.gov.au/statistics/labour/earnings-and-work-hours/weekly-payroll-jobs-and-wages-australia/latest-release

Evidence has shown that women were carrying what is referred to as the 'triple load' – paid work, care work and the mental labour of worrying.[18] This feeling of doing it all is compounded by the relatively little value that society places on childrearing,[19] and can lead to stress and anxiety and exacerbate existing mental health conditions.

It is important to recognise that not all women are the same, and that the mental health impacts of COVID-19 will vary amongst groups of women. There are some communities of women that face additional challenges during the pandemic and are at a greater risk of poor mental health. Pregnant women and new parents have been identified as one of these cohorts.[5]

The first year of parenthood can be exciting, emotional, terrifying, confusing, and rewarding. While being a new parent is challenging in ordinary circumstances, the global COVID-19 outbreak and subsequent restrictions in Victoria meant that those who were new parents during 2020 faced additional challenges and vulnerabilities. Social distancing restrictions and inability to access formal and informal support during the perinatal period can have serious mental health implications for women.[20] Heightened emotional stress, and uncertainty and anxiety about the global health crisis also continue to compound mental health issues for new parents.

Postnatal depression and anxiety are already common experiences for new mothers. Perinatal Anxiety and Depression Australia (PANDA) report that more than 1 in 7 new mother's experience postnatal depression.[21] Postnatal anxiety is just as common, and some new parents can experience both at the same time. It can be an isolating and scary experience for new parents, who are faced with their own mental health needs in addition to caring for a newborn baby. Perinatal mental health implications are particularly heightened for groups of women who already experience discrimination, including Aboriginal women, culturally and linguistically diverse women, and sexually diverse women and gender diverse people.[22,23]

In the months after the pandemic, a Victorian study found that that 1-in-5 parents and carers (95% female) were struggling with moderate to severe levels of stress, anxiety, and depression; this increased by 7-to-14 per cent in the second lockdown in Victoria.[24] Twenty-three to twenty-eight percent of respondents had scores in the moderate to severe range for depression and 44% reported high levels of stress.[24]

The Royal Women's Hospital's perinatal outpatient clinics reported pregnant women with noticeably heightened anxiety and depression during COVID-19, and that this had worsened during the second, hard Victorian lockdown.[16] This is consistent with global data.[25,26,27] Research has found that pregnant women and new mothers are a cohort who have been found to be presenting at a high rate to mental health services with severe anxiety.[28] A systematic review and meta-analysis conducted with over 20,000 participants found that the prevalence rates of anxiety, depression, and insomnia among pregnant and new mothers during the COVID-19 pandemic were higher than those before the COVID-19 pandemic.[29] Additionally, it was found that this cohort has a higher prevalence of mental disorders during COVID-19 than the general population.[29]

While there is significant data to show the impact of COVID-19 on the mental health of expectant and new mothers, there is limited qualitative research to elevate the voices and experiences of women who were pregnant and/or cared for a new baby during the COVID-19 pandemic. A handful of studies are currently gathering data of women's experiences of pregnancy and early parenting during COVID-19.[30,31,32] This project sought to address this gap by enabling local women to share their stories and lived experience.

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[22] PANDA Perinatal Anxiety & Depression Australia. Emotional and mental wellbeing for LGBTIQA+ expecting and new parents [Internet]. Melbourne VIC: PANDA; [date unknown; cited 2021 Aug 4]. Available from: https://panda.r.worldssl.net/images/uploads/Emotional-and-mental-wellbeing-for-LGBTIQA-expecting-and-new-parents.pdf

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SOCIAL SUPPORT AND PERINATAL MENTAL HEALTH

Research has shown that social support and connection are a key determinant of mental health and wellbeing that enable people to feel valued, loved and cared for, to find solutions to problems, access emotional support and validate experiences.[33] A lack of social support has been found to be a key contributor to negative mental health outcomes among women who have experienced trauma.[34] For new mothers, access to peer support increases sense of belonging, decreases feelings of social isolation, and validates experiences, all of which are essential to one's sense of self and wellbeing, and facilitate positive mental health outcomes.[35] Parenting programs have been found to reduce the prevalence of perinatal depression among women.[36,37,38]

Evidently, social support for new mothers in the first months of their child's lives is highly instrumental in facilitating sound postpartum mental health outcomes.[39]

In Australia, many new parents are fortunate enough to have access to a range of support systems and services, both formal and informal that can help to manage perinatal challenges. Unfortunately, social distancing and other restrictions have meant that these supports have been compromised during the COVID-19 pandemic. Maternal care restrictions were also seen in other countries.[40,41] Indeed, access to vital support services that women need in the months after their child's birth have been drastically reduced. In home antenatal appointments with a trained midwife, lactation/ breastfeeding help, parenting groups, visits from family and friends, mother and baby units, sleep clinics, extended hospital time for those needing support to breastfeed or adjusting to new parenting life and being able to take some time out of the house away from baby are all important mechanisms for managing with a newborn baby in the first few months, and the lack of these can impact on women's mental health.

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Methodology

The research project used a qualitative methodology. In accordance with a feminist approach, this method allows for a descriptive and in-depth exploration of women's health issues and the complex and numerous social factors impacting women and their wellbeing.[42] Qualitative methods also premise women as the experts of their health and wellbeing and allow for women to have a voice on their own terms.

Being able to conduct focus groups, semi-structured one-on-one interviews, and receive written lived experience pieces allowed for a more inclusive approach to data collection, enabling more in-depth exploration of the experiences of women across Melbourne's east during the COVID-19 pandemic. Employing different data collection methods also demonstrated the principle of triangulation, which supports a rigorous approach to qualitative inquiry.

A plain language statement and consent form (see appendix A) was also developed in accordance with key ethical principles of the National Statement on Ethical Conduct in Human Research, to ensure transparency, informed consent, and the safety of participants.

Recruitment

An expression of interest (EOI) form (see appendix B) for the project, along with an email template were developed by Women's Health East and distributed to the Parenting in a Pandemic Reference group (led by Women's Health East with both local government maternal and child health services and Perinatal Anxiety and Depression Australia represented), maternal and child health services across the eastern metropolitan region of Melbourne, and community health services that work in the antenatal mental health area. These organisations utilised the EOI and email to promote the project to new parents within their networks.

A project flyer calling for participants was also developed by Women's Health East (see appendix C) and was promoted via the organisations social media platforms. The flyer was also distributed to Eastern Regional Libraries for display and promotion at their story time sessions, via community houses in the region, and internally through other Women's Health East projects directly working with relevant women.

Participants

Women's' Health East recruited women who met the following (inclusion) criteria:

- identified as a woman
- had a baby that was born in 2020 or cared for a baby between the age of 0-12 months during 2020
- lived, worked or studied in the eastern metropolitan region of Melbourne, and
- had an interest in sharing their experience and stories of being a new parent during the COVID-19 pandemic of 2020.

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DATA COLLECTION

Consultations with perinatal practitioners

To gain insights into the experiences of new parents, a Women's Health East project officer undertook six phone consultations with maternal and child health nurses from local councils in the EMR and perinatal and mental health practitioners from state-wide organisations who service the EMR. This enabled a bigger picture view of the issues faced by new parents during the COVID-19 health crisis and helped to guide the project implementation and focus group questions.

Interviews with practitioners took place via phone mid to late 2020. They ranged from 20 minutes to one hour in length. Prior to interviews, practitioners were sent an email from the project officer informing them about the project and what they would be asked about. Notes were taken during the interviews.

Questions asked during the interview included:

- How have mothers been coping during the pandemic?
- What are the main issues that have emerged?
- What about more marginalised groups – e.g. migrant communities/LGBTIQ families?
- What would be something you think would be helpful for new mothers within the next year?
- Were there particular struggles for second time parents?
- What changes would you like to advocate for in your role with new parents?

Focus groups, interviews, and written pieces

Between March and June 2021, focus groups and semi-structured interviews were held with a total of sixteen women. In addition, two more women shared their experiences of parenting during the COVID-19 pandemic via written pieces.

A staged approach to data collection was taken to capture women's experiences of parenting a baby during the COVID-19 pandemic. To begin with, five women from diverse backgrounds, who are mothers living in the EMR were interviewed as part of the 2021 Women's Health East International Women's Day campaign to capture their lived experience of parenting during COVID-19. The one-on-one interviews were filmed and subsequently compiled and edited into a short video which was shared on WHE's social media. Questions were focused on experiences of parenting during COVID-19. From there, the questions used in the initial five interviews were refined, and used in the focus groups, further interviews, and as a prompt for written lived experience pieces.

In total, 18 women participated in the project.

- Five one-on-one interviews were videotaped in March 2021.
- Two focus groups were held via Zoom in May 2021 (with 7 women)
- Four one-on-one interviews were conducted either by phone or Zoom in May and June 2021.
- Two written lived experience pieces were contributed by women to the project from May-June 2021.

Screening interviews took place with women who had expressed interest in the project. These short 15-minute phone calls were to allow the project worker to learn a bit more about participants and their baby/ies, for participants to familiarise themselves with the project worker, and to create an opportunity for participants to ask any questions about the project.

Each participant signed a plain language statement and consent form about the recording, storage, and use of the information gathered during the focus groups, interviews and through written pieces. To ensure that women felt safe and supported during their participation in the project, participants were provided with the details of where to access mental health support at any time throughout the project, and afterwards.

The two focus groups held in May 2021 were conducted via Zoom online platform and ran for 1 hour and 30 minutes. Participants were emailed sample focus groups questions prior to the session, and these were used to guide discussion.

Each focus group had a facilitator, note taker, and a maternal and child health mental health support from a partner local council.

The four one-on-one interviews were held via Zoom or by phone and varied from 30 minutes to 1 hour and 30 minutes in length. Participants were also emailed questions prior.

Women who contributed written pieces were given prompt questions similar to those used in the focus groups and interviews, and responses were received via email.

DATA ANALYSIS

The focus group discussions were transcribed verbatim from the notes taken during the sessions and review of the audio recordings to ensure accuracy. Interviews were also recorded and transcribed. WHE staff used thematic analysis to code the transcriptions and written pieces and identify the key themes.

Codes are used throughout for quotations from the data to indicate whether the participant was a focus group participant (ie. FG1#1 – Focus Group one, Participant one) or interview participant (I1 – Interview 1) or whether the data was from a written piece (ie. WP1 – written piece 1).

STRENGTHS AND LIMITATIONS OF THE PROJECT

A key strength of this project was the qualitative methodology used to capture the experiences of women. Facilitating a space for women to tell their stories garnered rich data and a wealth of information to add to the evidence base about the experiences of pregnant women and new parents. The findings from this research aligned well with the current research around mental health in the perinatal period, and the experiences of women, and provide a good basis for further research in this area.

A limitation of the project is the smaller sample size, meaning that the results cannot be generalized to the wider population. The experiences presented are not representative of all women, and further research needs to be done to include a more diverse sample of women, including those with a disability, single mothers, members of the LGBTIQ community, women who have suffered a miscarriage or birthed a stillborn baby, and women from migrant communities.

Facilitating a space for women to tell their stories garnered rich data and a wealth of information to add to the evidence base about the experiences of pregnant women and new parents."

Results

This qualitative study explored the experiences of mothers who parented a new baby during the 2020 COVID-19 global pandemic and Victorian lockdown, and the impact of this on their mental health and wellbeing. Findings from the research showed that women's experiences of parenting in 2020 was impacted by Victorian restrictions, with many implications for their mental health, and that many of the experiences were shared.

Several important key themes about the impact of COVID-19 on new parent's mental health were drawn from discussion in the focus groups and one-on-one interviews, as well as through analysis of lived experience pieces. These are also supported by interviews with perinatal practitioners. These emergent themes are explored in this section. Direct quotes have been used to illustrate these themes, and to elevate the voices of the women involved. To maintain privacy, participants are identified by code number only.

KEY THEMES

Analysis of the data generated six key themes, some with associated sub themes. Additionally, women were asked about what could have been / could be implemented in practice to make their journey more positive. These themes, sub themes and practice improvements are reflected in Table 1 below and discussed in full in the following section.

Table 1: Snapshot of key themes and sub themes yielded from the data and the practice improvements identified by the women

Theme	Sub theme	Practice improvements
1. Formal support	Perinatal appointment structure and delivery	Longer telehealth appointments. Face-to-face delivery is preferred.
	Mothers/parents groups	Implement parents' groups prior to birth to facilitate social support for women during the last stages of pregnancy and into new parenthood.
2. Informal support	Loneliness	See above practice improvement
3. Birth and hospital support	Restrictions to partner or support person Physical and emotional support Hospital discharge Birth trauma	Not identified

Theme	Sub theme	Practice improvements
4. Access to allied health and other postnatal supports	No sub theme	Embed postnatal support service appointments into post birth process for all women (i.e. have appointments with allied health professionals and other support services in place). Reimagining health appointments i.e. Zoom physio sessions.
5. Health Anxiety	No sub theme	Not identitified
6. The mental load	No sub theme	Re-imagine maternal and child health services to enable secondary parent/non birth parent to be able to attend perinatal appointments (e.g. Not just 9-5/working hours appointments). Toy libraries and other practical supports for children. Government investment in development of support and resources for families during lockdown. Improved communication about the support and resources available to families during lockdown.

THEME 1: FORMAL SUPPORT

Perinatal appointment structure and delivery

A key issue for women that emerged from the data was the delivery method of postnatal support provided by maternal and child health (MCH) services. Depending on the local government area, MCH appointment processes varied. While one council area continued to provide face-to-face appointments, there were others that transferred all appointments to telehealth.

Those few participants who were able to access some postnatal home visits spoke of feeling fortunate to be able to have someone come to their home. These visits, however, were short, and participants reflected that there was not enough time to be able to feel satisfied with the level of support being received.

> *"Definitely, yeah, and in the hour, you can put on a good front in that hour you know... as soon as they left, I'd ball my eyes out." (FG2#7)*

> *"...we were still able to see MCHN [maternal and child health nurse] but you know they can't touch the baby, it's a very short visit...it really felt like you were sort of in a bubble without any real support at all..." (FG2#1)*

One participant spoke about the relief in having a nurse come to the house and being able to identify that she needed mental health support.

> *"...it was so much more helpful having someone come into the house and I could get the help I needed. Like, straight away she knew what to do, this this this, and I can help you organise. And it wouldn't have been the same over the phone, I don't think she would have seen how much I was affected if it was over the phone." (I1)*

The majority of participants accessed their postnatal check-ups via telehealth and spoke of the difficulties and barriers involved in this, particularly not having the face-to-face support for physical check-ups for their baby, which can offer reassurance that their baby was tracking well. Some of the women were concerned they may not be able to accurately take their baby's measurements without the proper equipment at home, and the implications therefore for administration of medicine such as Panadol and getting the right dose.

> *"The maternal health stuff definitely needed to stay face-to-face. Not that, it didn't impact me in that way, but I did find that it was a lot trickier, not even knowing what [child] weighed or anything like that, that's a bit strange, like you usually have your book with all our measurements like that, but we just don't have that. I would just be worried that there was a lot of women that just fell through the cracks in that situation." (I2)*

One participant spoke about the significance of face-to-face support and the difference that it made.

> *"...not having those face-to-face takeaways, a really significant form of support – just being able to be in person and having someone who is holding your baby and giving you reassurance that its going well – when there's that space and time you can actually really ask questions and raise issues and seek that support." (FG1#1)*

Another mum spoke about the importance of face-to-face appointments for identifying mental health issues:

> ***...if you are on the phone to someone and they are asking you about your mental health, it's easier to fob it off and go yeah it's all fine, but if you are sitting there with the health nurse and they ask are you ok, that's when you can go oh actually I'm not." (I1)***

One perinatal practitioner mentioned the positives of telehealth appointments, in that new mothers were able to find some control by 'steering the ship' and using their own observations when assessing their baby. She identified that face-to-face appointments usually involved the mother handing over the baby to the nurse for assessment, whereas a telehealth appointment allowed women to have a more hands on role, a partnership between the nurse and mother.

Restrictions around face-to-face antenatal appointments were a challenge for some of the participants with multiple children. Restrictions meant that they had to attend appointments alone. For a few, this meant that they needed to organise for their partner to come home from work to look after the children while they went to the appointment.

Another issue commonly raised by the women related to the consistency in the MCH nurse that they would see or speak to. They spoke of the difficulty in having to tell and re-tell their stories through their perinatal journey, which, combined with very short MCH appointments, meant that they felt there was not enough airtime to be able to talk about the real issue they were having, ask questions, or be supported in the way they wanted to be supported.

Mother's / parents' groups

Practitioners identified that one of the biggest disappointments for new mothers was not being able to socialise with other parents face-to-face via a parents or mothers' group, which are organised through the local maternal and child health service. During the pandemic, supports like parents' groups were either held online, on a short-term basis, or not at all. The lack of appropriate parents' groups was also mentioned by many participants and had a significant impact on their wellbeing.

Several participants spoke about the limitations to having parents' groups held online, specifically that they weren't conducive to making real connections. This meant that many of the women stopped attending the sessions. One practitioner also describes the online platform as 'awkward'. Some participants spoke about the limited number of sessions held, or the timing of them. They either didn't have enough time to bond with other mothers', or their child was too old, and hence they were well into their parenthood journey so the group "...kind of flopped" (FG2#7). Implications of this were that some of the crucial supports, learning and sharing opportunities that new parents usually access were not available to many of the women.

One participant, who had her fourth child during lockdown, spoke about eventually finding her own mothers' group. Two participants who were parents for the first time also spoke about seeking out their own contacts and supports and forming their own mothers' group with friends who had babies of similar age, as the formal mother's groups were not working for them.

THEME 2: INFORMAL SUPPORT

Having to physically and socially distance from others was identified again as a key barrier to being able to feel fully supported as a new parent. This impacted on women both at a practical and social support level. It also had implications for being able to take time out for themselves.

Not being able to access help from parents was extremely difficult for some participants, particularly first-time parents, who felt unsupported post birth. One participant spoke about how hard it was not having her mother come over from overseas to help with her baby, as she has for her previous children. Another spoke about how her in laws had hardly been able to see their new grandchild during 2020.

Being unable to meet up with friends and family was also a challenge for many of the participants, particularly those who had other children. The lack of support at a social level, and a practical support level (i.e. having hands on help with the children) placed a lot of individual pressure on mothers, as illustrated through the following quotation:

> *"...just knowing you couldn't call your mum and ask to come and have lunch or go for a walk to the park – there wasn't anybody to call on or couldn't drive to friends house and the kids will run around in the backyard and you will have a cup of tea." (FG1#1)*

Loneliness

Speaking with friends or family over the phone was highlighted as inadequate for being able to be honest about the experience and establish an opportunity to ask for help.

One participant spoke about how social distancing restrictions led to feelings of loneliness, and not being able to connect meaningfully to her friends and community in the way she would have liked, as shown in the below quotations:

> *"During lockdown, definitely loneliness. It was really lonely. Because I had come from always working full time to then having a young baby, to experiencing that time where you have your young baby and you're out and about doing different things, then just being at home with a baby, by myself every single day, that was lonely... I guess...well I was really lucky as I did have support, but it wasn't in the same sort of way you usually do... Where you're not sitting down with your girlfriend on a Tuesday night with a wine when all the kids are in bed and really being able to connect. It was a bit sort of hectic. So that's what I sort of missed from the support side, being able to sit down and having a really frank chat with a friend about how I was feeling and what was happening. Because most of it was done via a stroll, which is still nice but doesn't have quite the same... can't really get deep on a walk... So I definitely missed that." (I1)*

Struggles with being 'stuck at home' with a new baby and having no time or space to look after themselves was also identified by practitioners as a key issue for new mothers. This was particularly prominent for women who had a new baby and older children at home.

THEME 3: BIRTH AND HOSPITAL SUPPORT

For participants, an area that presented key challenges and had many implications for their mental and physical health was the level of support received during their pregnancy, birth and during their stay in hospital. The restrictions that were put in place during COVID-19 impacted heavily on the women's access to support in this time, particularly postnatal recovery in hospital.

Restrictions to partner or support person

A particular theme that came through in this area related to the hospital restrictions that limited outside support for women (ie. partner and family). This had a significant impact on many of the women, who recognised the huge support role that these people played in their recovery:

> *"I think the thing that I missed the most and that most of the people who have been around who recently – the partner or support person in hospital I think that a lot of people missed that and I think maybe – they're run of their feet. I think maybe hospitals didn't realise how much the support people were doing for the mothers that they weren't making up for...I just think the system doesn't realise how much slack is being picked up by the people around us." (FG2#3)*

A common issue that was raised was the limited time the support person or birth partner (commonly the father of the baby) could stay after the birth. Many partners were only able to stay for a very short period after the baby was born, and then were only able to visit once per day, for a short period at specified times. Participants spoke about the impact that this had on their physical and mental health.

> *You know, I was upset and crying at the time after the first one-hour visit, but he still had to leave me and go." (I1)*

For those with other children, hospital restrictions presented an additional barrier. As only one person was able to visit, children were not allowed to come into the hospital, which meant that the support person either could not come or had to leave the children with someone. Timing of visits also meant that often this was at the worst possible time when older children were getting ready for bed/bath/sleep.

Physical and emotional support

Having a lack of access to a support person the day or two after birth for physical and practical support, such as changing, burping and holding the baby, was a challenge for many of the participants. This was a barrier to a faster recovery for a number of women, many of whom were recovering from vaginal tears, and had a significant impact on their mental health:

> *"By the time I actually had to give birth I was exhausted so then I was moved to maternity ward I didn't see anyone for 3 hours – physically it was just impossible to function and then obviously I had no idea what I was doing and the perfect time I would have liked my mum there to help." (FG2#7)*

> *"And then the hospital visit, being able to have more support after the birth. Having a partner there for only two hours when I got stitched up, then saw the baby and then that's it. They wheeled me down to the recovery room and that's it." (I1)*

The same participant spoke about the impact of restrictions that she observed on another woman who had given birth:

> *"There was another lady in the room with me and it was her first baby and very premature and English was her second language, and she couldn't understand, and the baby wasn't feeding, and this poor lady was just in tears all the time and her husband could only come for this one hour timeslot. And she'd been in hospital for more than a week. And her husband was saying 'you've got to let her come home, she's depressed, she doesn't have any support', because normally all her extended family would help, not sure if she was Indian, but culturally you could tell it was a very important thing that she was missing out on, and I just felt so terrible for her. Because the baby wasn't feeding, it was losing weight, I just thought it just so hard, with the Covid stuff." (I1)*

A number of participants felt as though they had been left alone without support. One participant spoke about losing her grandma while she was in hospital, and the impact that had on her mental health. The impact of losing a family member at that time compounded the existing grief and trauma she was already experiencing as a result of childbirth during a time of restrictions:

> *"My husband had to come in and tell me that my grandma had passed away – he told the nurses in special care...I was crying the whole night isolated on my own in this room knowing I was going to get up to feed him then cry myself back to sleep. As a teacher I often know how to make it look like I have it under control...no one taught me how to breastfeed." (FG2#6)*

Hospital discharge

Several first-time mothers spoke of their struggles with being sent home from hospital early, where they felt they would have benefitted from a longer maternity stay.

> *"... I was discharged the same day I gave birth. I think that was a real disservice to many women. I had her at 1am and was home by 4pm. Getting sent home was quite scary... They were really wanting everyone out. I wasn't breastfeeding well and I should have been able to stay – my sisters were in for a week before they went home and I wasn't... they said everything was fine and then sent me home...then the next two weeks physically my body I just felt broken, I really, really struggled, they were really great when they did come out but very fast, check everything, on your way, my husband couldn't be in the room and couldn't ask questions... he had a lot of questions." (FG2#7)*

> *"My waters broke at 3 hours into 36 weeks, so he was technically 4 weeks prem so I wasn't prepped...He was born at 3am I think. I showered and just started to talk about feeding him and the midwife came in and started saying we can start talking about sending you home and I was like what are you talking about and then she was like oh no he's prem you can stay – he was under blue lights." (FG2#6)*

For one participant, not being able to have her partner stay with her and help with the baby meant that she asked to be discharged early:

> ***"I just had two days and one night and they sort of said you should have two nights with the stitches, but said I've got to go home as I can't do another night of doing it all myself." (I1)***

Birth trauma

One practitioner, who worked in perinatal mental health, spoke about 'birth trauma', and the influx of new mothers who identified as feeling that their birth was traumatic during COVID-19, which supports the stories that came through from the participants. It was identified that much of this was to do with restrictions, quick admissions, and discharges, which also meant that there was less sensitivity around ensuring that mothers were doing okay.

This supports a comment made by a participant who felt as though her experience was minimised or undervalued.

> *"I just thought after mastitis – I was kind of like oh that's just childbirth, it's just mastitis – like oh yeah its tough but you just have to deal with it, if it was any other conditions or disease – if you were in that much pain or struggling that much - it's not like, it's just childbirth and it's just pain and it's just this... I didn't find out my baby was posterior – more just acknowledgement that it is tough and... Not that many people talk about their real experience." (FG2#4)*

The quotation below illustrates how COVID-19 restrictions severely impacted one participant's physical and mental health:

> ***"A couple of weeks later I started convulsing and I went to the emergency ward and I ended up having very severe mastitis, so then I was moved into the COVID ward because my temperature was so high, so I couldn't have my baby with me. My husband was told to take the baby out the front of the hospital, with a baby who exclusively breastfed, and was there for 4 hours. I kept asking when can my baby come in cause my husband kept messaging saying she's starving I don't know what to do.***
>
> ***So, then I was severely sick in the maternity ward the nurses did the best they could but you're left to your own devices. I was in hospital for up to a week and everything that could have gone wrong did and I just felt like, if it was any other disease there's no way you'd be left to look after a newborn – he was allowed in for 2 hours per day – I was having tests and all sorts of things and then the worst was when I said I needed to give my baby a bath and no one could help me and I had an IV drip and I had to give my baby a bath in the sink and I was bruised it was a really low point. I couldn't see anyone, no one was there to help me.***
>
> ***Then they sent me home cause I was getting better – my mental health was completely destroyed at the stage – physically, emotionally, everything – I went through the process of seeing my GP. it was just having someone hear me and saying yes what you've went through is very traumatic and it's something I still deal with every day the trauma is still there – I think a lot of women have experienced trauma in one way or other – restricting your help, your parents or siblings or husband that's the hardest part." (FG2#7)***

While new mothers have been impacted by the lockdown and restrictions of COVID-19, there are certain groups of women who have faced unique and significant challenges during this time. The below case study tells the story of Bec, who gave birth to stillborn twins during the COVID-19 pandemic of 2020.

Case Study: Birthing stillborn twins during COVID-19

Bec gave birth to stillborn twins during the COVID-19 pandemic. Their names were Isaac and Grace.

"Well, I think, being in my 40's, 42-that already puts me in a high-risk category. I was having a multiple birth, I was carrying twins, that also puts me at another high risk. Also being diabetic, I'm diabetic type one. So, looking at me medically regardless of a pandemic...and also my past history in terms of health wise, mental health as well, I experienced PTSD from family violence and everything...I should have been in the high-risk category area.

So we were excited at the start as you would be, told the world I was pregnant with twins, because I guess, I was at that stage with my journey that I was ready for children, I'm in a stable relationship, where it's very 50/50, it's just a fantastic relationship. I was in a really good frame of mind, I had all my supports in place already, just in case it brought up unresolved issues. Obviously, because of my past relationship with family violence, where I had fell pregnant and, due to the nature of the relationship, I lost the baby when I was 7 months pregnant.

So as soon as COVID hit... everything moved to telehealth. I should have been seen [for antenatal appointments] at least every two weeks, but I was finding it was getting stretched... at one point I hadn't been seen for maybe 4-6 weeks. It was also at a stage where they were saying that they weren't going to let your immediate partner in the room after you've given birth. That caused a huge stress."

At 32 weeks pregnant Bec told her partner that she hadn't felt their babies kick for a day or so. She said she just knew something was wrong. They went to hospital and found there were no heartbeats. A C-section was scheduled for a few days later.

"We didn't tell anybody. We wanted it for ourselves so we could absorb it.

I guess one of the hardest things, that I can't get my head around, and that made me feel a bit crazy...I don't understand why it's common practice for them to put you in a maternity ward. I was going crazy. This was not good for my mental health...I discharged myself.

Thank goodness my psychiatrist agreed with me, so he contacted the hospital...he said 'you leaving her there is detrimental to her mental health'. I couldn't stay in that place, hearing babies cry.

They should have given me a room to myself, away from there...I was in a shared area [with women who've had their babies]. They didn't have a single room. I've just had this traumatic experience happen to me. Curtains don't shut out the noise. That noise [babies crying] is so deafening you can hear it through the walls.

The social worker came around and gave me a number to call...they don't even sit with you. Because of COVID-19, that one to one contact is very minimal. So I was given a piece of paper, I was given some options. When something that traumatic happens, nothing sinks in.

I was really numb. I didn't even cry, until 6 months in, and that's where I was at my lowest. It really hit me hard. I took almost a year off [work]. I was so close to taking my life. That's how severe it was.

I've still got all the baby stuff... [my partner] was like 'how do we tell the world?' We were so excited. I was posting on social media, the journey. I'd found a place where I was ready and at peace. And it took me so long to get to that peace. And I felt like 'how could you take this away from me?'

I don't really feel like I've felt the full effect yet. I'm in survival mode at the moment."

Bec received support from SANDS Australia and Red Nose after her experience. She has been involved in advocacy to raise awareness of pregnancy and infant loss and contributed to a submission calling for legislation change in Victoria and Northern Territory to allow mothers of stillborn babies the same entitlements to unpaid parental leave as parents of living babies.

Support Services

SANDS (miscarriage, stillbirth and newborn death support)
www.sands.org.au
24/7 Phone support 1300 308 307

Red Nose
www.rednose.org.au
24/7 Bereavement Support Line on 1300 308 307

THEME 4: ACCESS TO ALLIED HEALTH AND OTHER POST BIRTH SUPPORT

Another common theme emerged about the lack of access to medical help post birth that would normally be available. One of the participants with prolapse spoke of not being able to see a physiotherapist, for example, which is routinely offered to new mothers in ordinary circumstances.

Another participant spoke about trying to access breastfeeding support with an older baby when she did not qualify for the maternal and child health or hospital system because of her baby's age. She shared that it took months for an appointment to become available, and by then she was back at work and was unable to attend. It's unclear whether this was because of COVID-19 restrictions.

The additional barrier of the inability to access support was mentioned by practitioners, particularly the limited access to face-to-face breastfeeding support and lactation clinics and mother/baby sleep clinics.

Several participants who identified as having postnatal depression spoke of the difficulty in accessing mental health support:

> *"...that was postnatal anxiety but I didn't recognise that until later. I called [support service] but was told there was a waiting list and then I missed the call back – it was only later I got linked into a perinatal psychologist and psychiatrist." (FG2#7)*

> *"I got linked in with [support service] and I missed the call and I haven't been linked in – my psych is diagnosing me with perinatal – if I didn't have a psych..." (FG2#6)*

> *"They're like oh do you want us to refer you to someone? And I was like ok that would be a good idea so I saw the consultant and she was kind of helpful but then she said she would help and check in but I never heard from her again..." (FG2#4)*

As described in the methods section, and as an ethical approach to this research, women were provided, at a number of time points, with the details of where they could go for mental health support throughout the project.

THEME 5: HEALTH ANXIETY

Experiences of anxiety due to the uncertainty around the virus and its impact on health was another theme to emerge from the data and this was especially the case for a number of women who were pregnant during the pandemic, as illustrated through the following quotation:

> *"I was pretty nervous ... especially early on where there was a lot of unknowns, hadn't had opportunity to see if there was much impact on pregnancy and babies in utero, and then breastfeeding. Especially at first, I was hesitant to go to the hospital, will there be people with the virus there. That extra level of worry." (I1)*

Health anxiety for their new baby and associated fear of leaving the house was reported by practitioners as having increased during lockdown, as was the fear of having other people touching their baby, due to the many unknowns about the virus in the early days.

Additionally, practitioners found that parents with older children were hesitant in sending them to childcare because of the fear of 'bringing something home' which would affect their newborn.

A couple of participants who worked within the community while pregnant spoke of their workplaces' response to their COVID-19 concerns:

*"... I was asking my boss how can you protect me as a pregnant woman and he said there's no exemptions you have to be here. So I'm hearing you don't give a **** about us..." (FG2#6)*

"I'm a social worker I do child protection so go out to visit – like FGP#6, I was going out and there were challenges around what are you doing to protect me as a pregnant woman and we were told a face mask and shield that's it – which is fine we carried on..." (FG2#7)

The below case study highlights the complexities and challenges experienced by a participant who lives with a chronic illness.

Case study: Parenting with a chronic illness during COVID-19

"Before I had Morgan*, because of our circumstances, we were working with social workers, hospital etc to set up a support system. I was very much warned that if I had a kid that I'd have to have things in place. All those things were taken away.

I was a high-risk pregnancy, many health issues, and I am on medication that lowers my immune system. We had planned to have Morgan in childcare once my partner had finished his paternity leave at the 2–3-month mark.

There was an increased risk to I3 to have Morgan in childcare, however the reason that Morgan is in childcare is due to I3 not being able to look after them because of her health. She spoke about feeling 'stuck' about what to do, but in the end had no choice and sent Morgan to childcare.

So Morgan had to go into childcare, but with Covid, they were extra careful of everything. This is a very good thing, except that babies/toddlers get runny noses. And babies/toddlers in childcare getting runny noses. So every time they got one, Morgan had to stay home. The temperature classified as a 'fever' also changed, from 38 to 37.5, meaning that even just wearing one layer too many could put their temperature above this threshold, and we'd be required to then have Morgan home for the following 24hrs. [My partner] had to take time off work. On a good day, I can care for Morgan for maybe half a day. On a worse day, not at all, so we had no choice but for [my partner] to take carers leave. Financially it's been a huge hit for us, because we've ended up with 2-3 weeks unpaid leave... Even though normally they would have been fine at childcare with a slightly runny nose. So that's been a struggle.

I found coming out of lockdown more difficult than going into lockdown...In lockdown, everyone was housebound but when everyone was going out again once lockdown eased, I experienced grief as my life was once again different. I felt like I was back to being the one missing out and I felt that sense of disconnection. It would be interesting to explore not only how it was during lockdown but also following. And also for people with chronic illness and disability.

I was still stuck at home. One thing I liked about lockdown is that I wasn't the odd one out. Because everyone was stuck at home. So when they opened up, there was disconnection again. Most of my life is online anyway."

**Pseudonym has been used*

THEME 6: THE MENTAL LOAD

The feeling of 'doing it all' was mentioned by a number of participants, with one referring to it as the 'mental load' – hence the title of this theme.

A number of participants with older children spoke about the pressures of having to care for a newborn and older children, which was especially a challenge as schools and childcare were closed, along with playgrounds, and visits with friends were severely restricted. One participant spoke about her feelings about having to juggle so many roles:

> *"...you had all their activities taken away and you then had to become your child's teacher and educator and in sort of normal times you do reading books and things that are educational but suddenly BOOM you have to take on this other hat and thinking about how can I hold that for my other child but also caring for my baby and how am I providing her with opportunities and our world was shrunk to this very tiny space... having to be their social contact, their playmate, their friend, that was just one of the huge challenges of lockdown just trying to wear so many hats." (FG1#1)*

> *"But also the space that you hold for your children, understanding their emotions, just juggling so many balls in the air and I think as mothers, the mental load that you already had before COVID and how that grew even more um and I'm sure it's not just my household but I would bet my bottom dollar that a lot of households, the responsibility of the children, their schooling from home, became more of the mothers responsibility more than the fathers. And it's huge, it's really huge." (I4)*

This was a struggle for many women, who also spoke about the impact this had on their mental health, as illustrated in this next quotation:

> *Just the mental pressure of that, holding that responsibility and trying to be, create the best opportunity for kids and protect them from the stress of a global pandemic." (FG1#1)*

The impact of distancing restrictions during key perinatal appointments was mentioned by a couple of participants. The women spoke about feeling as though their partner, or secondary person missed out or 'got a raw deal' because of the restrictions that only allowed the birth parent to attend appointments. They spoke about how this felt unfair to the secondary parent, and compounded feelings of 'doing it all on their own' and being responsible for everything:

> *"...not being able to come with the MHN visits, or I think the Doctor as well I think that was only 1, it was uh, it did, it made me feel even more like I was doing it all on my own and my husband felt a little helpless, but we were fortunate that we could go to the ultrasounds together." (FG1#2)*

> *"[COVID-19 restrictions] reinforce that you are ultimately the one who is responsible for everything and it just reinforced that feeling of its just, it takes a village and the village was absolutely wiped out last year – all those services and informal supports you'd fill your life with were gone – the way you'd structure your life to turn to and debrief was all taken away and you just felt like one person who had to hold everything and other partners and secondary parents and everything were excluded." (FG1#1)*

Participants also raised the challenge of having few external activities to do with their children. Many felt this contributed to feelings of monotony, boredom, and lack of a routine in both mothers and their children:

"Extreme boredom and monotony. It is expected that being a new parent, life was going to be routine and mundane, but lockdown took that far beyond what I ever envisaged and those child rearing moments I had dreamed of (e.g. taking her to the beach, the aquarium, sharing moments with her grandparents etc..) were all not possible." (WP1)

"I guess being at home and being a bit lonely. Trying to find some sort of structure in your day to pass the time or to find the reason to get dressed out of your pyjamas and feel as though you were productive for the day. Because it was easy to just get up and go oh what is the point of getting dressed today, we may as well have breakfast in our PJ's and sit down and watch a bit of telly and maybe go to the shops to get a bit of food and that's about it, that's all we can do today. Finding motivation was one of the biggest challenges. It was easy to sort of let the ball drop a little bit." (I1)

This was a particular challenge for those who, geographically, were unable to access good walking paths during lockdown. This meant that there were limited options for getting outside, and this contributed to feelings of isolation.

Not being able to take timeout from their baby, either alone or with their partner, was a commonly reported experience:

> *My partner came home often in the evening and when it wasn't really possible for me to have a break – 24/7 with no break, you don't get that time to have an uninterrupted convo or really honest debrief." (FG1#1)*

In summary, the experiences of new mothers involved in the research project highlight the impact that the COVID-19 pandemic and subsequent Victorian lockdown in 2020 had on their mental health and wellbeing. Common themes emerged from the women's experiences.

Women reported that the change in formal and informal support systems available during COVID-19 had an impact on both mental and physical health. The move to telehealth and cessation of face-to-face appointments made some women feel unsupported and alone. Shifting mothers' groups to an online format was a challenge for many mothers, as they felt it didn't offer the same connection opportunities. Being unable to have friends and family to offer practical and emotional support after the baby was born due to social distancing restrictions, was mentioned by all participants.

Birth and hospital support was a key challenge. Visitors and visiting hours were tightly restricted, even for partners and support people, and many women were left alone shortly after the birth. This had a significant impact on their mental and physical health.

Access to post birth support, including physiotherapists, breastfeeding support and mental health support, was raised as an issue for a number of women, who struggled to find services to support them. Several women reported that the COVID-19 pandemic caused health anxiety – both for their own health and that of their newborn.

Women spoke about the pressures of caring for a newborn and older children, including home schooling, and feeling overwhelmed by the responsibility placed on them. They spoke about the societal expectations that assumed mothers would take on these additional roles. This was also compounded by restrictions that required women to attend perinatal appointments alone.

WOMEN'S SUGGESTIONS FOR PRACTICE

Participants were asked about what would have been helpful for them during the COVID-19 pandemic. Some answers were extremely practical and more easily implemented, such as a toy library for children (run in a similar way to a book library during lockdown) and access to a Zoom physio session post birth.

It was interesting to note that many of the suggestions were not specific to perinatal experience solely during COVID-19. Several women spoke about the changes that could be made that would benefit women during this period regardless of a pandemic.

A key suggestion that arose was around how services provided by maternal and child health could be strengthened to be a more multidisciplinary and wrap around service. This included exploring the family unit and considering who else, apart from the parents, are going to be caregivers and important people in the child's life.

The below quotes by participants reflect these ideas:

> *"It would be nice to do more things about establishing whole family units and for looking after mothers you know and communicating to partners you need step up – really great to think about how to reimagine services instead of just in the 9-5 time frame which often excludes secondary caregivers and things like that." (FG1#1)*

> *"I would love for maternal health services to be multidisciplinary as well you know whether there is someone there who is a counsellor who has expertise in perinatal, or physiotherapy... not everyone is going to need them but just if there was access to other specialists who are really trained in that perinatal period." (FG1#1)*

It was suggested that parents groups be established prior to birth, then come back together in the postnatal period. This would allow mothers to connect during the pregnancy stage, and these connections can then track through until after birth. This allows a space for conversations around pregnancy, birth and post birth challenges, and the support that women might need at various stages of their parenting journey.

A focus on communicating at a state government level about mental health impacts was raised several times. One participant commented on the lack of information on how to manage as a family during the pandemic, and how to manage mental health issues that arose. They suggested that there could have been more investment in developing support and resources for families, for example, what services are available, and what you can do to access help in this time.

Another key suggestion was to routinely put formal support systems in place for women who have had a baby. These supports are often 'opt in', but there was a suggestion that services like lactation appointments, sleep clinics and pelvic physiotherapy be formally included in a woman's postnatal support experience:

> *"I think some of the things like lactation consultation and even sleep consultants they're all things you have to ask for and you don't ask until you're at breaking point and then you have to wait 3 weeks I've gone back on anti-depressants which has probably helped me get back to who I was – it shouldn't just be for people at breaking point." (FG2#3)*

FURTHER LEARNINGS FROM PRACTITIONERS

Data gathered from perinatal practitioners which supports the participant findings have been integrated into the key themes identified in the above results. There were additional key learnings and observations from practitioners that are also important to highlight.

Practitioners talked about the challenge of the perinatal period which, overlayed with the pandemic, meant there were additional barriers for new mothers. Isolation, anxiety, and disconnection during pregnancy were amplified when they had their new baby, and this tracked through to higher levels of anxiety in new mothers. Practitioners spoke about the empathy they felt for women and their willingness to help as best they could in difficult circumstances.

A number of practitioners reported an increase in women disclosing they had experienced family violence. Additionally, several practitioners noted that it was difficult to ask about family violence during telehealth appointments, as many partners were working from home and privacy was not possible. This means that the true number of women experiencing family violence is likely higher than those reported. Practitioners spoke about their concerns for future metal health implications for women who were 'stuck at home' with a violent partner.

A perinatal mental health practitioner spoke about partners working from home, and while this was helpful for some new mothers, for others it meant a lost sense of space and room to form their own relationship with their baby. This was mentioned by one of the interview participants, who spoke about the challenge of having her husband at home and in her space every day.

Lack of face-to-face new parents' groups for more marginalised communities was identified as an issue, as these sessions were where women would talk and connect. In particular, the lack of sessions for mothers at higher risk of post-natal depression, which were not running during COVID in two different organisations, was identified as a concern.

In terms of migrant communities, several practitioners spoke about the impact of not having grandparents being able to come from overseas to help look after the new baby. For some migrant communities, like the Chinese community, grandparent involvement in raising a new baby is an important historical cultural practice. With COVID-19 restrictions, overseas travel was limited, and visitors were not allowed in the home, so this was diminished for many families. Interestingly, one practitioner spoke about the positive aspect of this for new parents, who reported feeling as though they gained greater confidence in their parenting by doing it without grandparent support.

One practitioner talked about the added barrier that COVID-19 restrictions caused for new parents from non-English speaking backgrounds. Being unable to socially engage with the community meant that they had limited interaction with others to practice their English, which added another layer of isolation. A number of practitioners identified the need to increase support for new parents from migrant communities as a priority moving forward.

One practitioner spoke about how telehealth appointments were taking much longer than usual, as they found that women wanted to talk and 'have a chat to someone'.

There were a number of ideas from practitioners about what could be useful for new mothers within the next year. These included a digital space to talk about their experiences and a peer-to-peer support system which reinforces that women are not alone in their experience. One of the practitioners talked about the importance of this research, as it brought to light the issues that women experience in general when having a new baby, which were amplified during COVID.

Discussion

This qualitative study gathered local women's lived experience of being a new parent against the backdrop of the global COVID-19 pandemic, and the impact of this on their mental health and wellbeing. Through focus group discussions, interviews and written pieces, the research has built on the evidence around new mother's mental health in relation to COVID-19 restrictions and offers unique insight into women's lived experience of being a mother in Victoria during the pandemic.

The stories offered by the women involved in the research project provide evidence that the COVID-19 pandemic presented additional challenges for new parents, on top of the typical challenges of having a new baby, which impacted on their mental health in significant ways.

Support is key to women's recovery, both mentally and physically. The findings highlight the important role that both formal and informal supports play in a woman's recovery, and in facilitating positive mental health outcomes.

The formal support provided by maternal and child health services in the form of telehealth appointments were found by many participants to be inadequate to feeling fully supported in their journey into new parenthood. Having face-to-face support was a relief to those that could access it, and a key challenge to those that could not. The way that maternal and child health appointments and check-ups were structured and delivered differed depending on local government area. Consistency in care guidelines across all local government maternal and child health services is needed moving forward, and the prioritisation of face-to-face check-ups over telehealth. Learning from those maternal and child health services who were able to run face-to-face appointments is integral to ensuring that all women receive sufficient postnatal support.

The lack of face-to-face mothers' groups was mentioned by both practitioners and participants as a disappointment for new parents. The inability to fully connect online, which led to participant drop off, was discussed by several women. Participants felt that the online delivery method limited their ability to truly bond with other mothers, which they identified as an important part of their motherhood journey. This is supported by the literature, which tells us that access to peer support for new mothers increases their sense of belonging, decreases feelings of social isolation, and validates experiences, all of which contribute to positive mental health outcomes.[35] Additionally, parenting programs have also been found to reduce the prevalence of perinatal depression.[36,37,38]

Social distancing restrictions put in place during the pandemic meant that women were often unsupported in both a practical and emotional sense. Their experiences led to feelings of isolation and loneliness which is a common experience of women who have had a baby during the pandemic.[20] Not being able to catch up with family and friends put a lot of individual pressure on mothers with other children especially, as social distancing restrictions meant that the practical support of caring for children was taken away.

> *"The restrictions put in place at hospitals impacted heavily on the support that women received during and after birth."*

Support provided by the women's usual support network (partner, family, friends) was severely limited due to strict restrictions on visitor numbers and hours. Some women were only able to have their partner stay for two hours after the birth of their baby. These changes to maternity services during the pandemic were experienced widely. In Ireland, COVID-19 restrictions meant that partners were not allowed into the birthing suite until the mother was in active labour,[40] and in some New York hospitals, women had to give birth alone.[41] In our study, this had both physical and mental health implications for women, who were having to care for a new baby by themselves, often with postnatal injuries.

This impacted heavily on their mental health and wellbeing, and for some, restrictions compounded an already traumatic experience. The women spoke about the major impact that this had on their mental health. This finding is consistent with both local and global data about the impact of the lockdown on parents' mental health; Victorian data reports an increase in stress, anxiety and depression amongst parents and pregnant women.[16,24]

> *"Childbirth and the postnatal period are a time when women are vulnerable, and the COVID-19 restrictions have left many women feeling distressed and alone, and without access to their usual support networks, which are key to recovery."*

Several participants who identified as having postnatal depression spoke about the inability to access mental health support post birth. Whether this is because of COVID-19 is unclear, but regardless, ensuring that women who have given birth have timely access to mental health support is vital for recovery. Additional formal support such as breastfeeding support, baby sleep clinics and physiotherapists were not running during lockdown, which impacted on women's mental and physical heath.

The feeling of 'doing it all' was mentioned by several participants, with one referring to it as the 'mental load'. This is supported by the literature, in which women were found to be performing a disproportionate share of paid work and unpaid care (including home schooling), and the mental load of worrying.[18] The feeling, and reality, of doing it all can have considerable implications for women's mental health when there is still relatively little societal value placed on childrearing, where it is not considered real work, and where it is seen a primarily a woman's obligation.[19]

Women with older children at home were particularly impacted by the closure of childcare centres and schools, playgrounds, and severely restricted access to their usual supports. The women spoke about all the activities to support and entertain their children being taken away, with little in place or offered to replace or mitigate the impact of this. Participants discussed having to be everything for their children, and the mental pressure that this put on them. Boredom, monotony, and no time to themselves was raised several times.

An interesting and poignant finding was how women felt about the restrictions which disallowed the non-birth partner to attend perinatal appointments. They felt that this was unfair to the secondary parent, who was left out of milestone appointments such as scans, but also compounded feelings of being solely responsible for their children's development. This is an interesting finding, as it has wider reaching influence on the roles and responsibilities that are placed on mothers, furthering the unfair burden on women and exacerbating existing stereotypes and inequality between men and women.

A key finding from the research is that further qualitative research is needed into the experience of women who have a chronic illness or disability who have cared for a new baby during the pandemic, along with those who have experienced a miscarriage or a stillbirth. Additionally, it is vital to gather the unique voices of women who face additional discrimination, and barriers to mental health, including women with a disability, LGBTIQ women and migrant women. The need for further research in this area is supported by current literature, which already tells us that negative perinatal mental health implications are heightened for those who already experience discrimination.[21,22]

While the focus of this research was on COVID-19 specific experiences and mental health implications, discussions with women have highlighted areas of new parenting support and perinatal health that could be strengthened in general. Women felt that maternal and child health services could be set up in a way that encouraged the whole family to be involved in appointments – current structures mean that the birth parent is often attending perinatal appointments alone.

A key practice recommendation from one participant was the need to provide information for families about the mental health impacts of lockdown, and resources to enable them to experience positive mental health during this time. Families were left feeling unsupported, with many things taken away, but no resources put in place.

These findings have implications for policy, practice, and further research directions. The COVID-19 virus will remain a global health concern for some time, and policy makers and practitioners must consider the implications of this for expecting and new parents. Assessing current practices for expecting and new parents, and their babies, is essential to optimising their mental health and wellbeing moving forward.

"These findings have implications for policy, practice, and further research directions. The COVID-19 virus will remain a global health concern for some time... practitioners must consider the implications of this for expecting and new parents."

Conclusion

The Parenting in a Pandemic research projects highlights the impact that the COVID-19 pandemic and Victorian restrictions had on the mental health and wellbeing of new mothers. The research into this area is a starting point, and further funding must be allocated to fully understand the experiences of all women who parented new babies in the pandemic. Gathering the experiences and stories of more marginalised groups of women who already face discrimination must be prioritised, so that practice can ensure that the needs of all women are being considered and addressed.

Results from the focus group discussions, interviews, and written pieces indicate that the support received during the pandemic was insufficient to enable positive mental health outcomes. The women's experiences of both informal (social supports including family and friends) and formal (maternal and child health services, mother's groups and hospital care) were lacking. This affected their immediate health and had longer lasting impacts on their mental health. Restrictions to postnatal practical and social support was a key challenge for many women, as was being able to access help and support from family and friends in the months after birth.

Participants readily shared what could be put in place to facilitate a better outcome for other mothers moving forward. Face-to-face appointments were preferred over telehealth, to enable new parents to feel fully supported. In addition, further government resources and support for families living through a pandemic were suggested, and the need for a wrap around, multidisciplinary maternal and child health service was discussed. Additionally, many women talked about the COVID-19 restrictions impacting on their partners' ability to be involved in perinatal appointments and milestones. This meant that the non-birth partner missed out on many experiences, in addition to exacerbating the burden of care and responsibility placed on mothers. Women suggested that maternal and child health systems be assessed to promote gender equality and shared parenting responsibility.

> *"New parents are already a group at risk of anxiety and depression. Combined with the restrictions put in place during the pandemic, mental health issues for this cohort were compounded, and presented multiple and reinforcing challenges for new mothers."*

Moving forward it is imperative that policy and practice take into account the lived experience of new parents, and reflect and consider the need for a fair, compassionate, and practical approach to perinatal and maternity care.

Recommendations

Based on the research findings, the following recommendations aim to address the challenges experienced by women who parented during the COVID-19 pandemic, with particular focus on their mental health and wellbeing. It is important to note that the recommendations are a valuable learning not only in the continuing pandemic, but in the general provision of perinatal and maternity care.

Recommendations call for:

Research and advocacy

- Additional research into women's experiences of new parenting during the COVID-19 pandemic, specifically the experiences of more marginalised groups such as women with a disability or chronic health condition, single mothers, migrant and refugee women, LGBTIQ parents, and women who birth stillborn babies.
- Increased recognition of how perinatal practice during COVID-19 restrictions can compound existing inequity in parenting responsibilities, expectations, and roles (e.g., women attending perinatal appointments alone and shouldering the responsibility of information about how to care for their newborn). This disproportionate share of responsibility continues after the birth and coupled with the lack of societal value attached to the role of childrearing, can impact on women's mental health.
- Increased recognition of women's role in childbirth and childrearing as a form of work, and as such, is deserving of social value.
- Consideration of the experiences and needs of women who are pregnant and give birth during a pandemic from a human rights perspective, with empathy and compassion at the forefront of decisions around hospital restrictions.
- Prioritisation of funding for women's mental health promotion programs, to address the determinants of mental health.
- Creation of meaningful social connection opportunities for women who have had a new baby and parented through a health crisis.

Practice settings

- Shared learnings and experiences between maternal and child health centres of the different engagement methods for new and expecting parents during COVID-19 lockdown, specifically the enablers to allowing face-to-face appointments to go ahead.
- The development of consistent guidelines across all state maternal and child health services.
- Provision of face-to-face antenatal appointments for new parents where safe to do so.
- Implementation of a routine wrap-around, inclusive postnatal service for women who have had a baby, including pre-set service appointments such as physiotherapist, lactation support, sleep and settling sessions.
- Establishment of parents' groups prior to birth, to provide a space for expecting parents to talk about their experience right from the pregnancy stage. This sets up parents with an established support group immediately after birth.
- Creation of a digital space for women to talk about their experiences and a peer-to-peer support system which reinforces that women are not alone in their experience.

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APPENDIX A

Plain Language Statement and Consent Form - Participants

Project title: Parenting in a Pandemic - Women's Mental Health and Wellbeing during COVID-19

Project Coordinator: Vanessa Czerniawski.
vczerniawski@whe.org.au

Project Manager: Dr Belinda Crockett.
bcrockett@whe.org.au

PLAIN LANGUAGE STATEMENT

Introduction

Thank you for your interest in participating in this research project. The following few pages will provide you with information about the project so that you can decide if you would like to take part in this research.

If you decide to take part in the research project, you will be asked to sign the release and consent form at the end of this document. Please read this Plain Language Statement carefully. Feel free to ask questions about any information in the document. You may also wish to discuss the project with a relative or friend. Feel free to do this.

Your participation is voluntary. If you do not wish to take part, you do not have to.

Who is Women's Health East?

Women's Health East (WHE) is the regional women's health promotion agency for the Eastern Metropolitan Region of Melbourne. WHE drives action to build an equitable society. Guided by evidence and informed by women's lived experiences, we strengthen the capacity of the community to improve women's health and wellbeing.

What is the purpose of this research?

The purpose of this research project is to better understand the impacts of the COVID-19 Pandemic on the mental health and wellbeing of new mothers. The project will gather local women's lived experience of being a new parent against the backdrop of a global pandemic.

The impact of COVID-19 has been felt by the whole community. Women who have recently had a baby are a group that face additional challenges and vulnerabilities in these uncertain times. Heightened emotional stress, uncertainty and anxiety about the COVID-19 health emergency, along with restricted access to formal and informal support services, can have mental health implications for new mothers.

This project will strengthen the evidence base around the mental health impacts for parents during COVID-19 and can be used to advocate on how to better support new mothers during a pandemic in order to sustain and strengthen mental health outcomes.

This project is funded by the Victorian Government.

What does my participation involve?

You are invited to take part in the WHE research project 'Parenting in a Pandemic: Women's Mental Health and Wellbeing during COVID-19'. You are invited to participate in this research project as you are a woman who has become a parent during the COVID-19 pandemic, or have parented a baby 0-12 months during 2020, and live, work or study in Melbourne's East, and we are interested in hearing from you about your experience as a new mother during this time.

You will be asked to participate in an online focus group that will last around 1 – 1 ½ hours (via Zoom or a similar online platform), where you will be asked a series of questions on your experience of being a new parent during COVID-19, and the impact on your mental health and wellbeing. Focus groups provide the opportunity for you to hear each other participants' stories and share your experiences. It will be audio-recorded with your consent.

In the focus group, the project coordinator from Women's Health East will lead discussion. Another WHE staff member will take notes of focus group discussion.

Following the focus group, a Women's Health East staff member will transcribe the audio-recording so that there is a written record of the focus group. Any potentially identifying data that is collected (i.e. names of people, services or places) will be removed after the focus group to maintain the privacy of yourself and others.

What are the possible benefits?

Possible benefits of this research project are a deeper understanding of the experiences of new mothers during the COVID-19 pandemic. You will have the opportunity to express your views and discuss your experiences about an issue which affects you. This may support the development of research on the mental health of parents during COVID-19, as well as responses to improve the mental health and wellbeing outcomes in the face of a future pandemic. These benefits will be long-term and experienced by future members of society.

There is also the possible benefit of building social connections and support with other new mothers who take part in the research/focus group.

What are the possible risks?

Possible risks, side effects and discomforts include stress related to the general subject matter of mental health, and anxiety related to participating in focus groups and recalling experiences during COVID-19.

If you experience any discomfort, stress or other adverse reactions during the focus group, you can leave the focus group at any time. If you wish, you may recommence your participation in the focus group. A qualified counsellor will be available during the focus group and will be available if you require additional support after the workshops.

Perinatal Anxiety and Depression Australia (PANDA), who are a project partner, are also available to provide support at any time. The project coordinator can provide you with the direct contact details of a PANDA support person. Their general helpline number is 1300 726 306.

Participation is voluntary

Participation in any research project is voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. You do not need to give a reason for withdrawing from the project. Any information obtained from you to date will not be used and will be destroyed.

If you decide to take part and consent to participate in a focus group, you are not obliged to answer every question. You may decline to answer any question you choose. You do not need to provide a reason for refusing to answer a question.

Your decision whether to take part or not to take part, to take part and then withdraw, or to take part and not answer certain questions, will not affect your relationship with Women's Health East or any organisations that you receive services from.

Will I hear about the results of the project?

Participants will be sent a summary of the research findings upon the project's completion if they are interested in seeing the results. A transcript of the focus group can also be made available to participants so that they can validate whether what has been captured from the session is what they intended.

The final report will be made available through Women's Health East's website. Learnings from this research project will be reported to the Victorian Government, and may be shared through conferences, forums or presentations to services, media and the public.

Participant data will be de-identified to ensure privacy and confidentiality of participants.

What will happen to information about me?

Information about and from you, including consent forms and data collected during the focus group, will be stored in password protected files on Women's Health East computers. Any written notes taken during the focus group will be typed up and stored in password protected files on Women's Health East's computers. The focus group recordings will be stored securely by Women's Health East and will be deleted within three months of being transcribed to text.

What do I have to do?

At the end of this document is the release and consent form.

By signing the release and consent form you agree to take part in a focus group designed to capture the experiences of new mothers during COVID-19. We ask that you grant permission for us to audio record the focus group and use the information collected in a report.

Other relevant information about the project

Approximately 2-3 focus groups will be conducted with women across the Eastern Region.

The findings from these focus groups will contribute to the literature on the effects of the COVID-19 pandemic and restrictions on the mental health and wellbeing of new mothers.

The project will recruit anyone who identifies as a woman within the Eastern Metropolitan Region of Melbourne and has become a parent during the COVID-19 pandemic or has parented a child aged 0-12 months during 2020. The focus groups will reflect the experiences of women differently affected by COVID-19 and will include women from a range of backgrounds.

Complaints

If you would like to complain about any aspect of your participation in this project, contact the project coordinator or project manager.

CONSENT AND RELEASE FORM

- I have read (or have had read to me) and I understand the attached Plain Language Statement.
- I freely agree to participate in this project according to the conditions in the Plain Language Statement.
- I have been given a copy of the Plain Language Statement and Consent Form to keep if I wish.
- I understand that the focus groups I participate in will be audio recorded.
- I acknowledge that the possible benefits and risks of participating in this research project have been explained to my satisfaction.
- I understand that my participation is voluntary and that I am free to withdraw from this project without explanation or prejudice.

Name of Participant

Participant Signature **Date**

Would you like to hear about the results of this project? Yes / No (please circle).

APPENDIX B

Expression of interest

Contribute to a research project about mother's mental health and wellbeing during the COVID-19 Pandemic

Women's Health East are working on a research project to gather the lived experience of new mothers during the 2020 COVID-19 Pandemic.

The Parenting in a Pandemic project aims to better understand the impacts of the COVID-19 pandemic and lockdown on the mental health and wellbeing of new mothers in the eastern metropolitan region of Melbourne. The project will gather local women's stories and experiences of being a new parent against the backdrop of a global pandemic.

About you

Do you:

- have a baby that was born in 2020 or did you care for a baby between the age of 0-12 months during 2020?
- identify as a woman?
- live/work/study in the Eastern Metropolitan Region of Melbourne?
- have an interest in sharing your experiences and stories of being a new parent during the COVID-19 pandemic of 2020?
- want to meet other new mothers with similar experiences?

If you answered yes to these questions, we would love to hear from you.

What's involved?

You will need to:

- Be available to attend an online focus group, and possibly a follow-up face-to-face focus group in April/May 2021.
- Be willing to share your experience and insights of being a new mother during the COVID-19 pandemic and lockdown, including the impact on your mental health and wellbeing.
- Have access to the internet and a computer from your home for the first focus group via Zoom

If you are not able to participate in a focus group, we would still like to hear about your experience of parenting during the pandemic in another way. For example, sharing your story via a written piece or diary entry.

If you would like to learn more, please email Vanessa at **vczerniawski@whe.org.au**

We are looking to speak to interested women as soon as possible – so please get in touch soon!

Women with lived experience of disability, from Aboriginal and Torres Strait Islander backgrounds, migrant and refugee backgrounds, single parents, and LGBTIQ women are encouraged to apply.

APPENDIX C

If you answered yes to these questions, we would love to hear from you!

Women's Health East are looking to better understand the impacts of the COVID-19 pandemic on the mental health and wellbeing of new mothers from the eastern metropolitan region of Melbourne.

If you would like to learn more, please email Vanessa at Women's Health East vczerniawski@whe.org.au or visit www.whe.org.au

We are looking to speak to interested women as soon as possible – so please get in touch soon!

Women with lived experience of disability, from Aboriginal and Torres Strait Islander backgrounds, migrant and refugee backgrounds, single parents, and LGBTIQ women are encouraged to apply.

Women's Health East
Investing in Equality and Wellbeing for Women

Women's Health East acknowledges the support of the Victorian Government

VICTORIA State Government