



Birth during COVID-19 - Women's stories of maternity care through the pandemic

January 2021



Birth during COVID- Women's stories of maternity care through the pandemic



**Healthwatch
Lambeth is the
independent
health and social
care champion for
local people**

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About Healthwatch Lambeth

Healthwatch Lambeth is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and care, to help ensure everyone gets the services they need. We are a charity and membership body for Lambeth residents and voluntary organisations.

There are local Healthwatch across the country as well as a national body, Healthwatch England.



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Executive Summary

The lockdown measures introduced in the UK to reduce the spread of COVID-19 has resulted in a rapid change in circumstances and a reorganisation of health services for pregnant women and new mothers. These changes alongside reduced face to face support from family, friends and peers have the potential to significantly impact women's emotional wellbeing, their perceptions and experiences of motherhood including their ability to overcome some of the challenges of early parenthood. We spoke to 14 women who had given birth at Kings College Hospital between 1st April 2020 and 5th November 2020 about their antenatal care, birth story and postnatal follow up in the context of the COVID-19 pandemic. These interviews were conducted by telephone or via Zoom between 22nd September and the 16th December. Women interviewed lived in 4 different boroughs and ranged in age from 29 to 44 years old. 8 women had had vaginal births and 6 had had Caesarean sections. 8 were first time mums whilst 6 were having their second baby or more.

The findings indicated a broad range of experiences, both positive and negative. Absence of partners was a key theme for women's antenatal experiences, as well as their birth stories. A lack of suitable practical and emotional support postnatally was raised by many of the women, alongside intermittent and remote follow up after discharge from hospital. The professionalism of staff, and their commitment to provide a high standard of care in incredibly challenging circumstances was also recognised by the women we spoke to. Several women felt that giving birth during the COVID-19 pandemic had impacted their mental health and wellbeing, particularly first-time mums and those who had difficult births. Women, primarily first-time mums, who wished to breastfeed felt they were not given adequate support. The provision of postnatal follow-ups via the telephone meant that many women were able to hide their emotions and cues to mental wellbeing were not picked up.

Our recommendations include ensuring partners can be present for as much of the process as possible particularly for early scans and inductions. For the staffing support on the



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postnatal ward to be reviewed given that birth partners and visitors are more limited due to COVID - 19 restrictions and therefore women are having to be more active and do more for themselves immediately after birth. For all women who want it to be offered breastfeeding support and ensure that there is follow up available for those that still feel they need support following discharge. Postnatal follow up should be in person wherever possible. Where not possible, video call is preferable to a phone call to ensure a full assessment of women's mental and physical wellbeing.



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Introduction

COVID-19 is the disease caused by a new coronavirus called SARS-CoV-2. The spread of the virus worldwide has resulted in a rapid change of circumstances in the UK population and disruption to all aspects of life including loss or changes to employment, reduced social contact and physical isolation and variations in access to health and social care. There is already evidence that COVID-19, has led to adverse mental health consequences in general populations.¹

The effects of the COVID-19 restrictions may be of particular importance for mothers during pregnancy, birth and in the early postnatal period after giving birth. Pregnant women and new mothers are often heavily reliant on accessing face to face maternity support including appointments; accessing antenatal support, attending groups, and participating in activities in the community to help them stay socially active and meet other parents. However, the pandemic has led to reorganisation of health services to minimise the spread of the virus, with some antenatal and postnatal appointments taking place by telephone or online, the provision of equipment in some areas such as urinary sticks and blood pressures for pregnant women undertake their own antenatal checks and restrictions on the attendance of partners during appointments and during the delivery period.² Whilst necessary to reduce the spread of COVID -19 to pregnant women, new mothers and staff, these changes alongside reduced face to face support from family, friends and peers have the potential to significantly impact women's emotional wellbeing,³ their perceptions and experiences of motherhood including their ability to overcome some of the challenges of early parenthood,^{4,6} and access to information.¹⁰



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At present, there is limited qualitative evidence on the impact of changes in maternity care women's

views on the impact of COVID-19 on women's experiences of their pregnancy, birthing and postnatal care. There is some evidence that women pregnant and postpartum during the pandemic experience poor mental health⁵ including increased concern and feelings of stress and uncertainty surrounding perinatal care,⁶ vulnerability,⁷ distress, depression, and anxiety.⁶⁻¹⁰ There is also some evidence that women have specific concerns about their maternity care including concerns about virus transmission, the use of virtual clinics antenatally and their acceptability, the presence of birthing partners and the way in which information is communicated in rapidly changing circumstances.¹¹ In this context, there is an urgent need for more research to explore how women experienced care during pregnancy, birth and the weeks after birth during the COVID 19 pandemic and lockdown restrictions.

Healthwatch Lambeth were approached by women who wanted to share their feedback about their birth experience at Kings. We spoke to other professionals working within the field of maternity care and research who were currently working on larger scale and longer-term projects. Our rationale was to devise a small study that could be completed and written up in a short period of time so the findings and recommendations could be shared whilst the pandemic is still ongoing.

Research Scope and Limitations

Our research sought to explore how mothers have been affected by the pandemic focusing on their experiences of maternity care services at Kings College London during pregnancy, birth and the early postnatal period. It is designed to obtain



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insight into any barriers to healthcare and support experienced during this period and self-reported effects on physical and emotional wellbeing. Understanding women's experiences is key to providing appropriate maternity support and will prove especially important if a potential third wave occurs and lockdown restrictions continue.

This research has some limitations and potential sampling bias. The women who participated in the study were self-selecting and all had access to online channels of communication. This means that the views of individuals who are digitally excluded have not been captured. Additionally, our sample size is small to detect variations in experiences according to ethnicity. Our usual face to face engagement methods to recruit participants were not possible given the COVID-19 restrictions, therefore, the results may not be representative of the wider population of women who gave birth in Lambeth during different phases of the lockdown. Nevertheless, as this is a qualitative research, we were aiming for depth instead of breadth and we believe that the lived experience of the respondents has provided an understanding of the impact of COVID- 19 on women's emotional wellbeing.

Methodology

The findings and analysis presented in this report are based on qualitative interviews with a sample of first- and second-time mothers.

Recruitment and ethics

The research was promoted through word of mouth and on social media channels during October and November 2020. We invited women aged 18 and over who had



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given birth at Kings College Hospital between April and November 2020 to participate in telephone/zoom interviews. Women who expressed an interest in participating were sent a consent form and a participant information sheet which they were asked to complete and return to the researcher. They were then contacted by a female researcher to arrange a convenient time to conduct the interviews.

At the start of the interviews, participants were asked to verbally reconfirm their understanding of the purpose of the research and consent to participate.

The semi-structured interviews were conducted over Zoom and via phone calls and lasted for around 45 minutes. The researcher took verbatim notes during the interviews. All data was anonymised, and password protected and stored on a passcode protected laptop

What did we talk to women about?

Women were encouraged to share their stories in as much or as little detail as they wished and led the interviews with just minimal prompts from the interviewer.

Prompt questions were designed to explore women's:

- contact with Kings College Hospital maternity services;
- experiences of antenatal care and support, birth and care after birth;
- feelings about their physical and emotional wellbeing and support;

Analysis

Anonymised verbatim interview data were read by the researcher and the Evaluation and Impact Lead who independently noted key themes. Coding was compared and discussed before final coding and labelling. Data were examined to identify themes in relation to antenatal care, birth experiences and care after birth including support for infant feeding and physical and emotional support. Data were also examined to identify differences in experiences in relation to parity.



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Who took part in the interviews?

A total of 14 of the 24 women who expressed an interest in talking to us about their experiences were successfully followed up and took part in the interviews. These included eight women who were first time mothers and six who had given birth to their second child. Six women had given birth via Caesarean section and eight had vaginal births. Women lived in four different boroughs, but all had given birth in Lambeth. Most women respondents (n=11) were aged 25 to 40 years and three women were 41 years of age or older. Six women identified themselves as White British, two were White Other (Australian and Polish) and four women identified themselves as other ethnic groups including mixed race, British Pakistani, Chinese and Indian. (See Table 1)

Table 1: Participants' profile

Characteristics		Number of participants
Mode of birth	C Section	6
	Vaginal Birth	8
Age range	Age 25 - 30	2
	Age 31-35	3
	Age 36-40	6
	Age 41 +	3
Ethnic group	White British	6
	White Other	4
	Mixed Other	1
	British Pakistani	1
	Chinese	1
	Indian	1
Parity	First time mothers	8
	Mothers who had given birth two or more times	6



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Findings



This section presents the results and findings from information collected through our interviews with women.

Antenatal Care

Themes - Great Facilities, Absence, Staff Approach

We heard great things about the Kings hypertension Clinic and in particular, the staff team there who were reported to be ‘amazing’ and ‘incredibly reassuring’. Feedback was also extremely positive about the general experience at the Harris Birthright Centre where women praised the facilities and the technology.

“I had a high risk first pregnancy so felt very safe and reassured being monitored closely.”



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There was some feedback about the attitude of some of the professionals conducting the scans, that they were 'cold' and 'academic'. However, the women we spoke to felt grateful to have access to a fantastic facility.

"The Harris Birthright Centre is just amazing, I felt very safe, I was very happy with the care."

The absence of partners was felt strongly, particularly for women who were having their 12-week scan alone. Women were less concerned later on in their pregnancies and found attending 20-week and 36-week scans alone much easier. The uncertainty caused by changing guidelines and rules created heightened anxiety for many of the women.

"Attending the scans without my husband was a big loss, luckily he made it to the 36 week one."

Birth Stories

Themes - Absence, professionalism, normality

Women's birth stories showed appreciation for staff who supported them to deliver their babies, sometimes in the absence of their birth partners.

"Staff were amazing, really relaxed, no sense of worry or anxiety linked to COVID. Lots of laughing, it was a really nice atmosphere."



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Apart from having to be induced alone, very few commented on the impact of COVID -19 on their actual births and praised the 'business as usual' approach that many of the staff held. However, women also reported feeling stressed due to the uncertainty of when their partners would arrive.

"I had to go in on my own to be induced, I cried as soon as I got there. I was a first-time mum, I was so scared."

All of the women we spoke to who had C Sections were happy with the process and the care they received. Many praised the surgical teams and staff involved for ensuring the process felt as 'normal' as possible.

"My C section birth was magical - It was an all-female team which I loved."

Women who had vaginal births were disappointed not to be able to have the home births they had wished, particularly those that were cancelled very late in the pregnancy. The lack of access to the midwife lead unit was also disappointing for the women who had hoped for a less 'medical' birth.

"I got called at 39 1/2 weeks that homebirths were cancelled. It was devastating after all the planning."



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Postnatal Care

Themes - absence, staff attitudes, privacy, lack of support

All women reported that the lack of partner support and additional support from staff affected their postnatal experience. Whilst the women we spoke to had birthed at different stages of the pandemic, all agreed that their experience on the postnatal ward was disappointing. They spoke about staff appearing to be lacking in 'care' and 'compassion'.

“There were not enough midwives or HCAs [Health Care Assistants] to compensate for having no birth partners there for so many hours”

All women spoke about the absence of their birth partners on the postnatal ward. For some, this was through reduced visiting hours but some weren't permitted to see birth partners at all on the ward. Interestingly, several also commented on how much they appreciated less visitors, particularly when recovering from birth and trying to establish breastfeeding. Women felt more relaxed and appreciated the extra rest and privacy that came from less visitors.

“The postnatal wards were very quiet, and I really enjoyed not having a revolving door of visitors, I enjoyed the increased privacy.”

Some of the women were also separated from their babies whilst they were in the neonatal intensive care unit (NICU) or taken for additional tests. They said that this contributed to feeling of anxious. Some felt that the information given was insufficient and that communication was poor. Some also commented on being left



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on the postnatal ward with other women who had their babies with them and how painful this was.

“I was in hospital for 5 days, on the ward with women who had their babies with them. I didn't feel the staff were very understanding or supportive.”

When women were discharged, many spoke about feeling unsupported at home and missed the face to face follow up they would usually receive.

“I couldn't get him weighed; we missed all those checks. There was no reassurance, no one to tell me he was thriving.”

The change in the way maternity services have been delivered during the pandemic meant that some women had to travel to different locations for their postnatal care, and issues such as recovering from birth and public transport issues made access more challenging.

“On day 5, I had to take my baby to random clinic. I couldn't drive, my partner couldn't come in, my toddler couldn't come and I had no childcare. It was so stressful”



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Support for infant feeding

Several women particularly first-time mums said they did not receive the breastfeeding support they needed whilst in hospital. They were unable to see a breastfeeding specialist and several were unable to access tie tongue procedures which would have enabled them to breastfeed.

“They weren’t doing any tongue tie snips so I was told to bottle feed. I was really shocked that there was no support for breastfeeding.”

Whilst second time mums reported they had breastfed their first baby, some felt they did not receive the reassurance they wanted regarding breastfeeding before they were discharged. The feeling of anxiety was exacerbated by the lack of face-to-face visits when women returned home and were not seen regularly to check in on their breastfeeding journey.

“I feel awful guilt about not feeding him for as long as first baby, it’s a big regret and I feel very sad about it.”

Physical Health

Women who had had C Sections generally reported feeling greater pain and discomfort due to the increased movement they were required to do in the early hours and days following their operation. This was largely attributed to the lack of birth partners on the postnatal ward and not wanting to be seen to be ‘troubling’ the staff which most of the women who had C Sections were concerned about. Many of the women were eager to be discharged so they could be reunited with their support system.



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“I lost it when I had to leave, I couldn't carry the car seat on my own or bend over to pack.”

Overall, the women were happy with the physical health care they received. None experienced any COVID symptoms or received a positive COVID-19 test after birth, nor did their birth partners. The women felt well protected from the virus and that staff had the necessary personal protective equipment and took the required precautions to reduce the risk of transmission.

Mental Health

There was a marked difference between the experiences of second time mums and first-time mums. Second time mums felt 'grateful' that they had been through a birth experience before and felt this enabled them to better manage the challenges of birth during COVID-19. They reported less issues with their mood and wellbeing than first time mums who struggled more with their mental health postnatally.

“I was emotionally unstable, so in shock. Feel strong now, but I didn't then. That's not the emotional or practical support that new mums need. It shouldn't be like that with new mums and babies.”

All the women spoke about the importance of a support system, whether this was a husband, partner, friend or family member who had provided them with significant support. This was considered to be a key protective factor for ensuring good mental health following birth. Several women commented that they felt the



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experience could be 'damaging' for women who did not have the benefits of a good support network postnatally.

Many women found the lack of face to face follow up postnatally had a significant impact on their mental health. Several received only phone calls and felt these were impersonal and allowed them to hide their emotions.

"It's easier to hide over the phone, and say 'its ok, no problems'. Video calls are better, you can see if someone isn't coping, rather than taking someone's word for it."

Several of the women spoke about resilience and how they felt stronger now having experienced birth in such an unusual environment. In this sense, some of the women felt 'proud' that they had managed in such challenging circumstances, and again, this appears to have had a protective influence for them as they reflected on their birth experience during the COVID-19 pandemic.

"Looking back, I see it in a real glow, really positive. But when I think about all the individual elements, it was very stressful."

Some of the women did not feel so able to reflect positively on their experiences of birth during COVID and felt its impact on their birth plans and their vision of what their birth would be like was something which had had a significant impact on their wellbeing and continued to do so.

"Having a baby is hard anyway and made infinitely more difficult because of the pandemic"



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Summary and discussion

Our research has demonstrated that the COVID-19 pandemic and the implementation of the lockdown and changing social restrictions has had a significant impact on women's experiences of care during pregnancy, birth and after birth. The women we spoke with had a wide range of maternity experiences which were both positive and negative.

In telling their stories, some women spoke about discovering their own 'strength' and 'resilience' and that they found it helpful to look at the experience as a whole, rather than to focus on the smaller more stressful parts.

For several women there was a sense of loss where their anticipated experience of birth and early motherhood was significantly disrupted. In this context, a key area of disruption related to the restrictions concerning the presence birth partners during face-to-face antenatal appointments, during labour except 'active' labour and the and after birth on the postnatal ward. It is clear that for many of the women we spoke to, the pandemic did have a direct impact on their maternity care experience. Birth partners missing many of the first moments of pregnancy such as scans, hearing baby's heartbeat, and being present for the beginning of labour and on the postnatal ward had a dramatic impact on mum's wellbeing, and on how they felt about their birth months later. The absence of birth partners will have implications for women who do not have English as their first language who may have ordinarily relied on a birth partner to advocate on their behalf. Our findings resonate with a UK study of pregnant women's experiences of healthcare during COVID =19 conducted by Karavadra et al who found that the presence of partners at appointments and during birth was a key concern for pregnant women.¹¹



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There was also a distinct difference between factors such as mode of birth, whether this was their first baby, and whether they were induced or not. These factors were highly significant in whether women felt positive or negative about their maternity experience. Previous experience of giving birth appeared to mitigate the impact of the restrictions on women's feelings about the care they received. For first time mothers, without timely birth partner support the negative impact was more heightened.

Women spoke about the professionalism and care offered to them by specific staff but reported wider concerns with the system. The perception of staff shortages, poor communication, and a lack of support particularly during the early stages of labour and in particularly postnatally on the ward was frequently discussed. This resulted in distress with some women leaving hospital before they were physically able to either by choice or as a result of practices to minimise risk. The lack of practical support to leave hospital was also particularly challenging for women who had given birth by C-section.

Another aspect of women's experiences which they described as difficult concerned the separation of mothers from babies who needed to be in the Neonatal Intensive Care Unit because of COVID-19 risks. This restriction coupled with poor communication from staff about the wellbeing of babies heightened distress.

Lack of face-to-face support either in hospital or when at home for breastfeeding resulted in guilt felt by women who were unable to access the support they needed to continue on their breastfeeding journey. This together with changes in the delivery of postnatal follow-ups being carried out by telephone rather than



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video calls which made it more difficult for health professionals to pick up on the cues to emotional distress.

This study adds to the body of evidence which suggests that COVID-19 and resulting restrictions has had an impact of pregnant and postnatal women^{6, 8-11} The absence of both practical and emotional support from birth partners in hospital and measures to reduce risk of infection during the hospital stay such as separation of mothers and babies who need to be in NICU and changes in the delivery of infant feeding support and postnatal follow-ups because of the restrictions could be affecting maternal physical and mental health outcomes.

Conclusions and recommendations

The results of this small qualitative study indicate that the COVID-19 pandemic and lockdown restrictions have had a significant impact on women's experiences of and perceptions of the care they received during pregnancy, birth and postnatally. Restrictions placed on the presence of partners, access to infant feeding support and postnatal care suggest that women experienced increased levels distress which could potentially impact on maternal physical and mental health outcomes. In the context of the pandemic, we recommend the following actions.

Birth Partners

- For birth partners to be allowed to attend scans, appointments, and inductions wherever possible.
- To recognise the important that this presence and this support has on women's birth experiences and subsequent emotional wellbeing.
- First time mums should be offered extra support and information to enable them to feel emotionally supported and well informed about the process



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Postnatal Ward

- Visiting hours and numbers should be reviewed to allow women to have the necessary privacy and quiet to allow for rest and recuperation after birth.
- Staffing to be reviewed to ensure staff feel able to support women postnatally, given the increased role they have with reduced visiting hours and an absence of birth partners.
- To ensure that women who are separated from their babies are given full information handover about their babies if unable to visit. For visits to continue in a safe way where possible.

Breastfeeding Support

- All women should receive the breastfeeding support required for them to successfully breastfeed if that is their wish. Our recommendation would be to include this within the discharge summary and ensure that women feel confident and able to breastfeed upon discharge. If not, this should be communicated to the postnatal teams who can then provide the necessary follow up.

Postnatal follow up

- Face to face visits should be prioritised where it is safe to do so. It is important that the convenience of remote appointments does not overrule the enhanced benefits of that crucial face to face contact and reassurance in the early days after birth. If remote visits are essential, these should be done using a video call, so that midwives are able to observe mothers facial expressions and body language, to better assess how they are coping and whether they may need additional support.



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- Continuity of care was also an important feature so where possible, ensure women are contacted by the same midwife, or from a small group of midwives so they can feel known and build that relationship.



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Appendices

Appendix 1

Participant Information Sheet

How has the Covid-19 pandemic impacted the health and wellbeing of pregnant women using Lambeth services?

What is COVID-19?

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. The virus spreads primarily via droplets when an infected person coughs or sneezes. People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. The main symptoms have been identified as (but not limited to) a high temperature, a continuous cough, new loss of taste or smell and shortness of breath or difficulty breathing.

Why is the research being done?

This research project is an important project that will help Healthwatch Lambeth in determining and understanding how the pandemic has impacted pregnant women using Lambeth services for their antenatal, birth, and postnatal care.

We would like to gain a better understanding as to how pregnant women have been affected. By gaining an understanding we can work towards improving the care offered to women in the current pandemic climate.

Why have I been approached about this research?

Healthwatch Lambeth has approached you because we are looking for interviewees aged 18 and over who have used maternity services in Lambeth since March 2020.

What would I be asked to do?

If you agree to participate, you will be asked to attend an interview with one of our Engagement Leads. All interviews will be conducted remotely so you are not required to travel anywhere.

With your permission, the researchers will make notes of your answers during the interview. Healthwatch Lambeth would be happy to provide you with a copy of the interview transcript. We would also be happy to let you have a summary of findings from the research once it is completed.

What choices do I have?

Your participation in this research is entirely your choice and voluntary. Whether or not you decide to participate, your decision will not disadvantage you. If you do decide to participate you may withdraw your consent from the project at any stage.



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What are the risks and benefits of participating?

There are no significant risks in participating in this research. If, however you experience distress during the interview, you will be given space and you can decide to continue or reschedule to a later date. You will also be given information on different services you can approach to offer support if necessary.

The benefits of participating are that Healthwatch Lambeth can understand how women have been affected by the changes to maternity care and can look at what can be done to better support women during this challenging time.

How much time will it take and where will it take place?

Telephone interviews usually take between 30-45 minutes and they are conducted by telephone or Zoom.

How will your privacy be protected?

Healthwatch Lambeth values the confidentiality and privacy of personal data and our Data Protection Policy and Procedures is informed by the General Data Protection Regulations (GDPR). Interview transcripts, reflective notes, and individual comments will be treated as confidential. Data collected in this project will be stored securely in a password-protected computer and will only be accessed by the researcher. The data will be stored separately from the participant consent forms

How will this information be used?

The research is for Healthwatch Lambeth. All other contributions from participants will not identify the individual and any direct quotes will be reported anonymised – this may include changing particular identifying details in any quotation to protect confidentiality.

What do I need to do to participate?

If you need any further information to decide whether or not to be involved in this project, please contact Healthwatch Lambeth and we do our best to answer any questions or clarify any issues.

If you are happy to be involved in this project, please complete the consent form and e-mail it to us, using the email link below.

Contact details:

- For queries - Caroline Waran, Healthwatch Lambeth
- Email address: caroline.waran@healthwatchlambeth.org.uk
- Telephone Number: 07929 927916



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Appendix 2

CONSENT FORM

Kings Maternity Covid -19 research

Please initial box

1. I confirm that I have read/understood the information about Kings Maternity Covid-19 Research being undertaken by Healthwatch Lambeth. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. (If appropriate) I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers.
4. I understand that Healthwatch Lambeth will keep my identity confidential and under no circumstance will share this information to anyone.
5. I agree to take part in the above study.

I would prefer to be contacted by Phone/Zoom (please delete as appropriate)

Phone Number:

Email address:

Name of Participant

Date

Signature



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Appendix 3

Interview Prompts/Questions

'I'd like to hear about your maternity journey, starting with your antenatal experience, your birth story if you're happy to share it, and your postnatal follow up'

Additional prompts:

1. How did you feel at the time about the support and service you were offered?
2. How do you feel you were supported with your physical health?
3. How do you feel you were supported with your mental health?
4. When you reflect on your experience, how do you feel about it now?
5. In what way did COVID-19 impact your experience?
6. Is there anything else you'd like to share with me?