

Exploring and developing a longitudinal cohort study of babies born within Middlesbrough and Redcar and Cleveland: The Lockdown Babies Study

July 2022

Diba, P., Divers, A., Scott, R., Crow, R., Johnson, C., Chatzimladi, E., & Newbury-Birch, D.

“They say it takes a village to raise a baby and we couldn't see anyone or do anything”.

Executive Summary:

Purpose of Project:

The overarching aim of the research project is to utilise a co-production approach to ascertain the impact of lockdown on parents giving birth during the pandemic, and any perceived impact on their babies, in Middlesbrough and Redcar & Cleveland.

Aims and Objectives:

In addition to the primary objective stated above, this project has the following aims and objectives. Those in bold below are addressed in this report. The remaining objectives are covered in the complementary report (Divers *et al.* 2022):

1. To ascertain what routinely collected data is collected is available in relation to wellbeing and service use of the child and parents/carers for the first five years of life.
2. To explore data protection and governance issues in relation to the collection of routinely collected data.
3. **To develop a survey of parents of babies born during lockdown (03/2020-03/2021) ascertaining the impact of lockdown on the mental health of parents and any perceived impact on their babies.**
4. **To set up an advisory group of parents/carers who will provide recommendations for a longitudinal cohort study.**
5. **To carry out in-depth interviews with 15-20 parents/carers to ascertain their views on the impact of COVID on their babies and their families.**
6. **To carry out up to 10 focus groups/interviews with individuals involved in data relating to babies/child wellbeing.**
7. To develop a protocol for a longitudinal cohort study.

Methods:

To ensure that the aim and objectives of the study were met, the research team utilised several quantitative and qualitative methods of data collection and analysis. A mixed-methods approach was utilised in the research project, comprised of two different data

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gathering phases: namely the online survey (Phase One) and the focus group/interviews mentioned above (Phase Two).

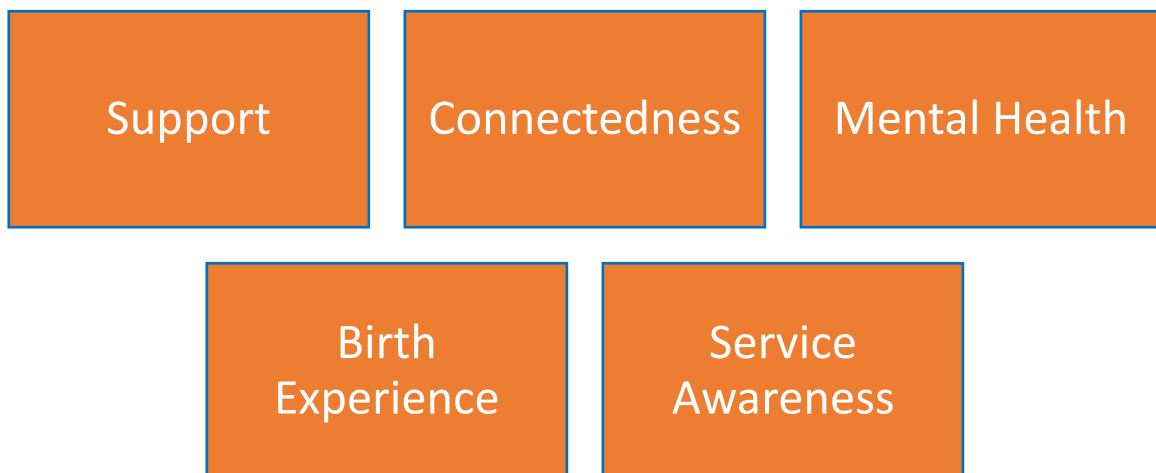
Phase One Findings:

Having analysed the data from the online survey, a number of areas emerged which helped to shape some of the areas for closer examination in the next phase of research:

Impact on Parents/Carers:	Impact on Babies:	Impact on Services:
<ul style="list-style-type: none"> • On mental health • On relationships • On caring for their baby 	<ul style="list-style-type: none"> • Developmentally • Behaviourally • Physically 	<ul style="list-style-type: none"> • On delivery • On perception of services • On service use

Phase Two Findings:

Both interviews and focus groups yielded some incredibly deep, and at times, stark conversations - particularly from the parents who relayed their experiences as parents/carers during lockdown. These conversations formed the following themes, each of which are explored in further detail below.



Recommendations:

From the conversations with both parents and professionals, a number of recommendations – in consultation with the *Lockdown Babies Advisory Group* – have been formed:

There is a need for large-scale engagement with parents and families of babies born 'in lockdown' to gauge their levels of need. The impact on the mental health and wellbeing of mothers who have experienced significantly traumatic births is a particular area in which more understanding is needed.

Special attention needs to be paid to key developmental stages of babies born in lockdown to build an accurate picture of need.

Additional workplace support should be made available for professional staff who may be experiencing emotional fatigue from situations encountered as part of their role.

It is essential that missed opportunities to provide nutritional support to babies are ameliorated and any supplemental support that may be required due to these missed opportunities is made readily available.

In order to fully support those who require it, it is essential that there is a clear understanding of what services are available and the exact nature of those services.

A concerted effort to find out more about the disconnect between professional and patient accounts of pandemic experiences should be undertaken.

Any effort to organise efforts to remediate the impact of the lockdown on babies and families must include the involvement of experts by experience in the strategic direction of those efforts.

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Introduction:

COVID-19, Lockdown, New Babies, Parenting, Motherhood, and Support

In England 1,688 babies are born every day, meaning over 270,000 children have been born since the pandemic began in mid-March, over a time when lockdown was at its most restrictive, from the 23rd of March to the 4th of July (Saunders and Hogg, 2020).

The COVID-19 pandemic resulted in seismic shifts for pregnant women, first-time mothers and those already with children alike. For generations, “*no other group of parents has had to navigate pregnancy, birth and beyond under such extraordinary circumstances*” (Saunders and Hogg, 2020: 8). Work published in *The Lancet* has emphasised the need for research that examines how the impacts of COVID-19 can be lessened, chiefly in vulnerable populations (Holmes *et al.*, 2020) and this may be of particular importance for mothers during pregnancy in the first year after giving birth (Dib *et al.*, 2020).

According to pre-pandemic data, peri-natal mental illness affects up to 20% of expectant and new mothers, and it is anticipated that this frequency has risen (Pierce *et al.*, 2020) due to physical and social isolation, changes in peri-natal services, and the economic burden of the ongoing pandemic that is excessively impacting women (Dib *et al.*, 2020; see Andrew *et al.*, 2020).

COVID-19 has witnessed substantial changes to the provision of maternity services in the UK, with pregnant women’s’ births and birthing experiences acutely affected (Menzel, 2022). For first-time mothers especially, a common challenge associated with first-time motherhood is the birthing experience itself, which is often regarded as one of the most important events in a woman’s life (Gray and Burnett, 2021). However, the pandemic resulted in consequences on the birthing experiences of new mothers, due to a pressing need to allocate limited healthcare resources (Chmiwielska *et al.*, 2021)

From the beginning of the pandemic, NHS trusts were required to assemble their own guidance about access to maternity services and birth partners, based on government guidelines (Aydin *et al.*, 2022a). Often, these policies effectively excluded many expectant fathers in the UK from maternity care spaces, meaning that they have often been unable to attend important milestone appointments (Menzel, 2022)

In the early post-partum period, constant support from health professionals and services is vital, and numerous studies have demonstrated that a lack of healthcare support is associated with greater post-natal depressive symptoms (Razurel *et al.*, Myers and Emmott, 2021). It has also been noted that baby-classes play a key function in elevating baby-parent bonding, and in development skills and confidence in how to interact with a new child (Tredget, 2020).

Furthermore, there is strong evidence to suggest that the first 1001 days child's life – the period from conception to age two (Leach, 2017) – are a vital period of human development, providing a foundation for health, well-being, educational and economic success across the life-course (Black *et al.*, 2017; Health and Social Care Committee, 2019). Parenting style in the first year of life has been found to be a significant predictor of future parental and child conduct (Sledge *et al.*, 2022) and the support and wellbeing of babies during this time is strongly linked to better outcomes later in life, including educational achievement, progress at work and physical and mental health (Saunders and Hogg, 2020).

The effects of early disadvantage are cumulative and associated with inequalities, which can pass from one generation to the next in the absence of effective measures to tackle these (Morton and Adams, 2022). The cost of failing to intervene early is enormous (Morton and Adams, 2022; Conti *et al.*, 2021). Therefore, it is crucial to explore and understand the impacts of lockdown on the psycho-social experiences of new and first-time mothers, parents, and families, and any perceived impacts on babies born into, and during the COVID-19 pandemic.

Purpose of Project:

This research project, funded by the National Institute of Health Clinical Research Network (NIHR CRN), is a collaborative endeavour between Teesside University, and Middlesbrough Council, NIHR, Public Health South Tees, and the National Institute of Health Research, Clinical Research Network, North-East.

The overarching aim of the research project is to utilise a co-production approach to ascertain the impact of lockdown on the mental health of parents and any perceived impact on their babies, who are based in Middlesbrough and Redcar & Cleveland.

Aims and Objectives:

In addition to the primary objective stated above, this project has the following aims and objectives:

1. To ascertain what routinely collected data is collected is available in relation to wellbeing and service use of the child and parents/carers for the first five years of life.
2. To explore data protection and governance issues in relation to the collection of routinely collected data.

3. To develop a survey of parents of babies born during lockdown (03/2020-03/2021) ascertaining the impact of lockdown on the mental health of parents and any perceived impact on their babies.
4. To set up an advisory group of parents/carers who will provide recommendations for a longitudinal cohort study.
5. To carry out in-depth interviews with 15-20 parents/carers to ascertain their views on the impact of COVID on their babies and their families.
6. To carry out up to 10 focus groups/interviews with individuals involved in data relating to babies/child wellbeing.
7. To develop a protocol for a longitudinal cohort study.

Methods:

Research Design:

To ensure that the aim and objectives of the study were met, the research team utilised several quantitative and qualitative methods of data collection and analysis. The mixed-methods stratagem utilised in the research included:

- The creation and dissemination of an online survey that targeted parents, including non-gestational parents.
- Telephone and virtual semi-structured interviews with parents, including non-gestational parents.
- Focus groups with professionals whose roles dealt with data relating to babies/child wellbeing
- The set-up of an advisory group of parents based in Middlesbrough and Redcar & Cleveland

A mixed-methods approach was utilised in the research project, comprised of two different data gathering phases: namely the online survey (Phase One) and the focus group/interviews mentioned above (Phase Two).

Co-Production:

When looking at knowledge generation as part of this project, it was important to ensure that those with lived experience in the areas being investigated were at the heart of the study. Because it involves the expertise of *all* involved, co-production research can provide benefits for numerous stakeholders, including academics, practitioners, policy-makers and the general public, along with delivering better outcomes for those involved (McGeechan et al., 2019). Moreover, coproduction research has significant real-world application, and is acquired and applied by those who would most benefit from it to generate positive changes for the lives of individuals, groups, and communities (McGeechan et al., 2019; see also Newbury-Birch et al., 2016) and this approach has yielded positive changes within the local area in recent years (Diba et al., 2021; Divers et al., 2021a, 2021b).

Phase One - Online Survey:

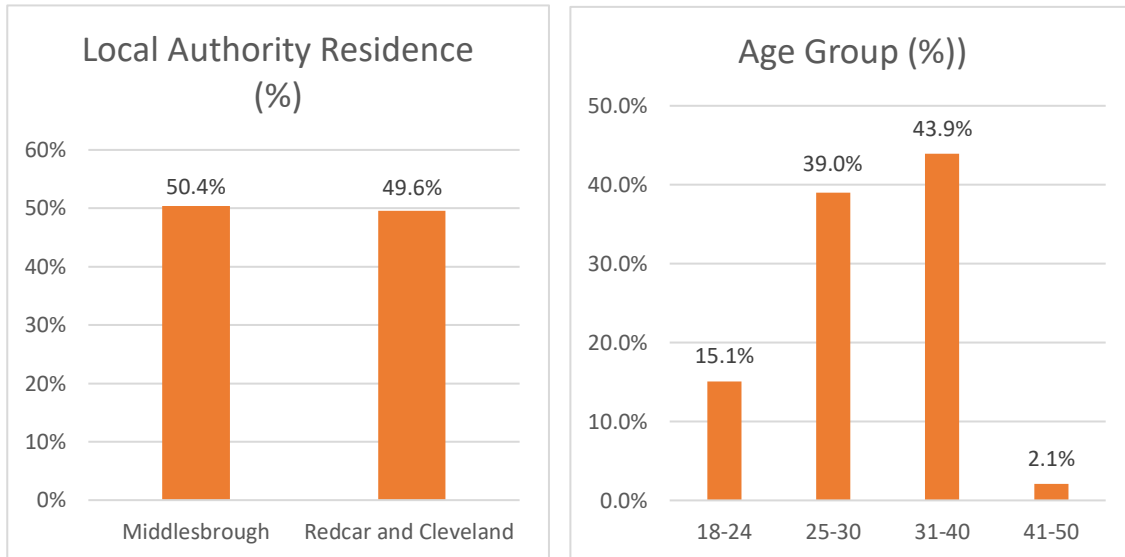
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Recruitment:

In order to recruit individuals to the study, the research team liaised with local authority contacts in order to ensure that the survey reached as many individuals as possible. Information on the study was disseminated via social media in order to augment this and a total of 385 individuals responded from within the Middlesbrough/Redcar & Cleveland area.

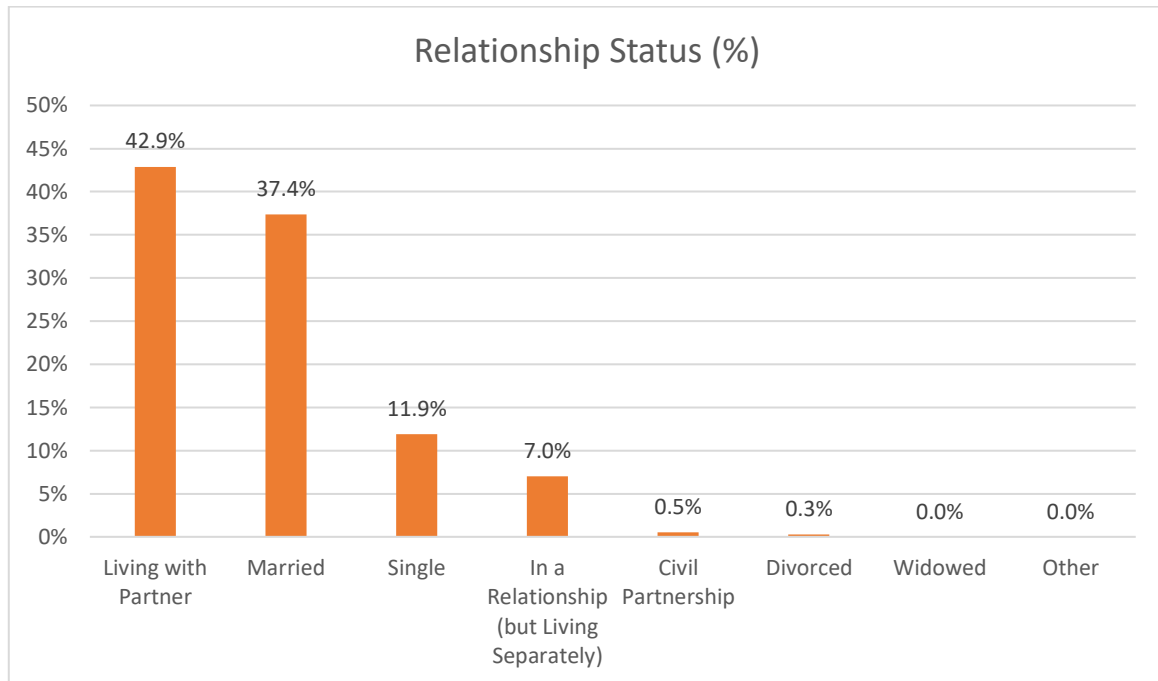
Findings:

Demographic Information:

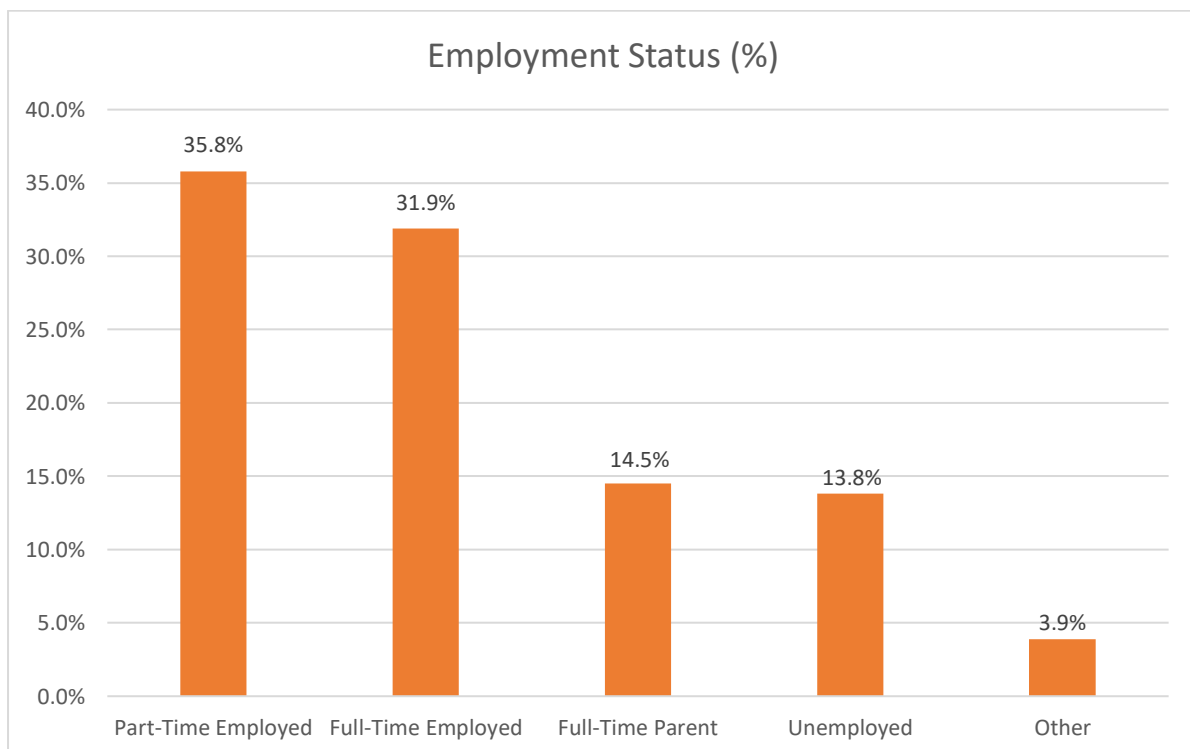


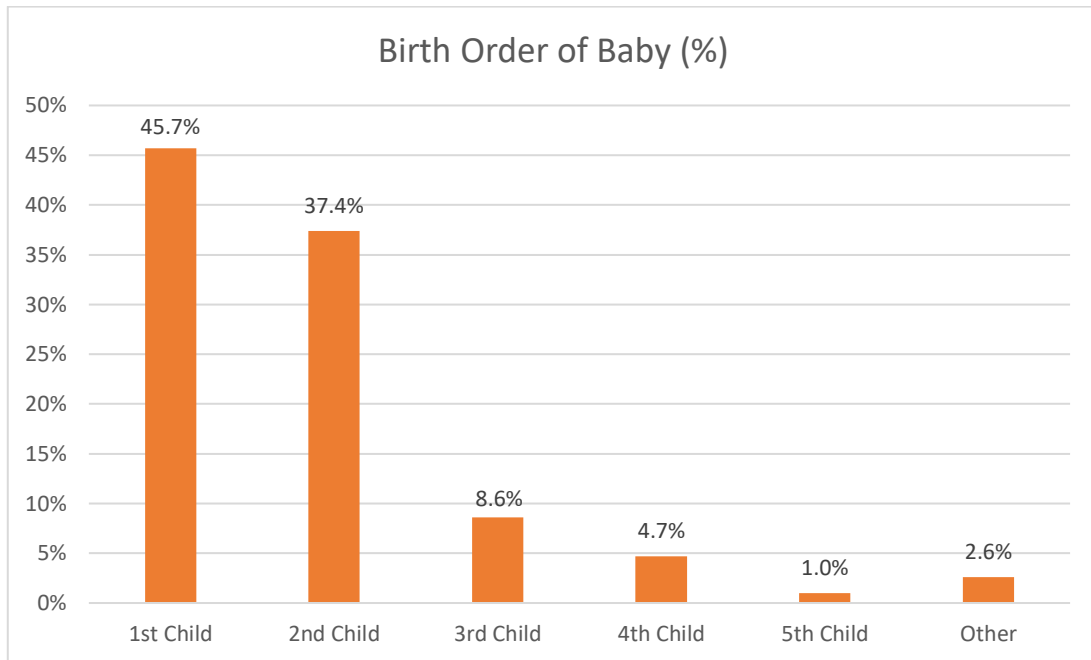
As can be seen from the charts above, 194 respondents, just over 50% (50.4%) were located in Middlesbrough with 191 respondents just under 50% (49.6%) located in Redcar & Cleveland. In terms of specified ethnicity 370 (96.1%) of the 385 respondents identified as 'White British', and one of the limitations of the study is that more engagement with individuals of other ethnicities was needed.

Respondents were also asked about their living arrangements as well as their relationship status during lockdown(s) to find out more about the extended support networks that people may (or may not) have been able to access during this time:



Most individuals reported that they were either married or living with a partner during lockdown(s). In terms specific living arrangements, the dominant responses were ‘living with spouse/ partner’ with 165 responses (42.9%) and ‘living with spouse/ partner and other children’ with 121 (31.4%) of responses. Together these two responses accounted for 286 (74.3%) of all responses. The remaining responses to this question received 16 or fewer responses.

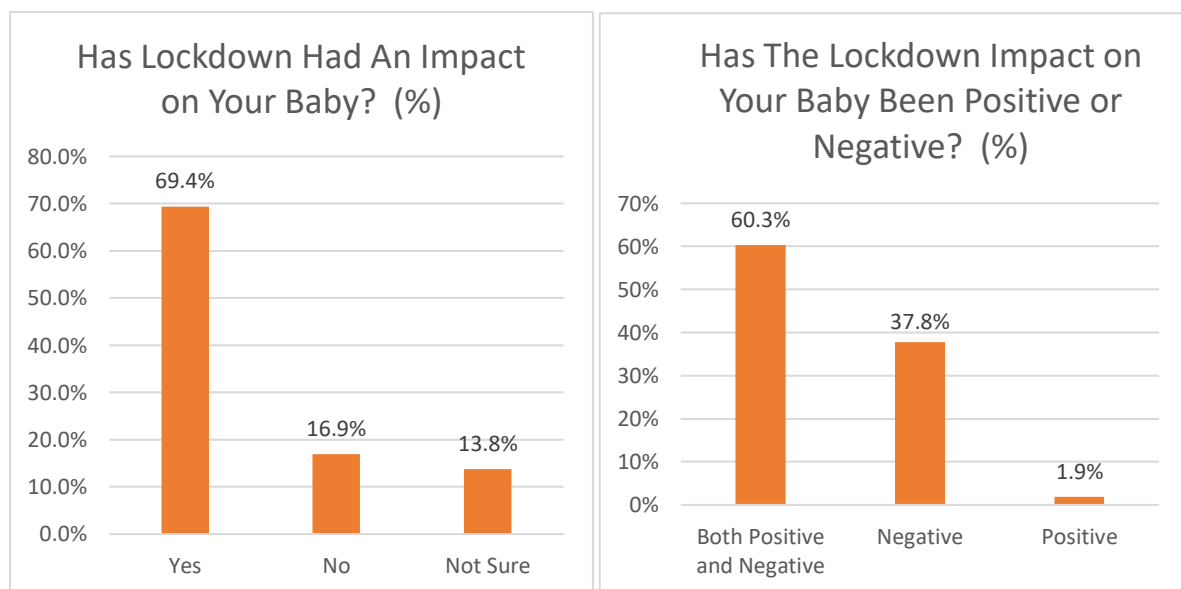




Of the 385 respondents, 176 (45.7%) stated the baby they had given birth to in lockdown was their first child. 144, (37.4%) indicated the baby was their second child. 33 (just under 9%) (8.6%) stated that this was their third child. Those for whom this was their fourth child (18) and fifth child (4) accounted for around 6% of all respondents. There were 10 'other responses' accounting for just under 3% (2.6%) for those who had 6 or more children.

[COVID-19 and the impact of lockdown\(s\):](#)

The first question posed in the survey pertained to whether respondents felt the pandemic had an impact on their babies:

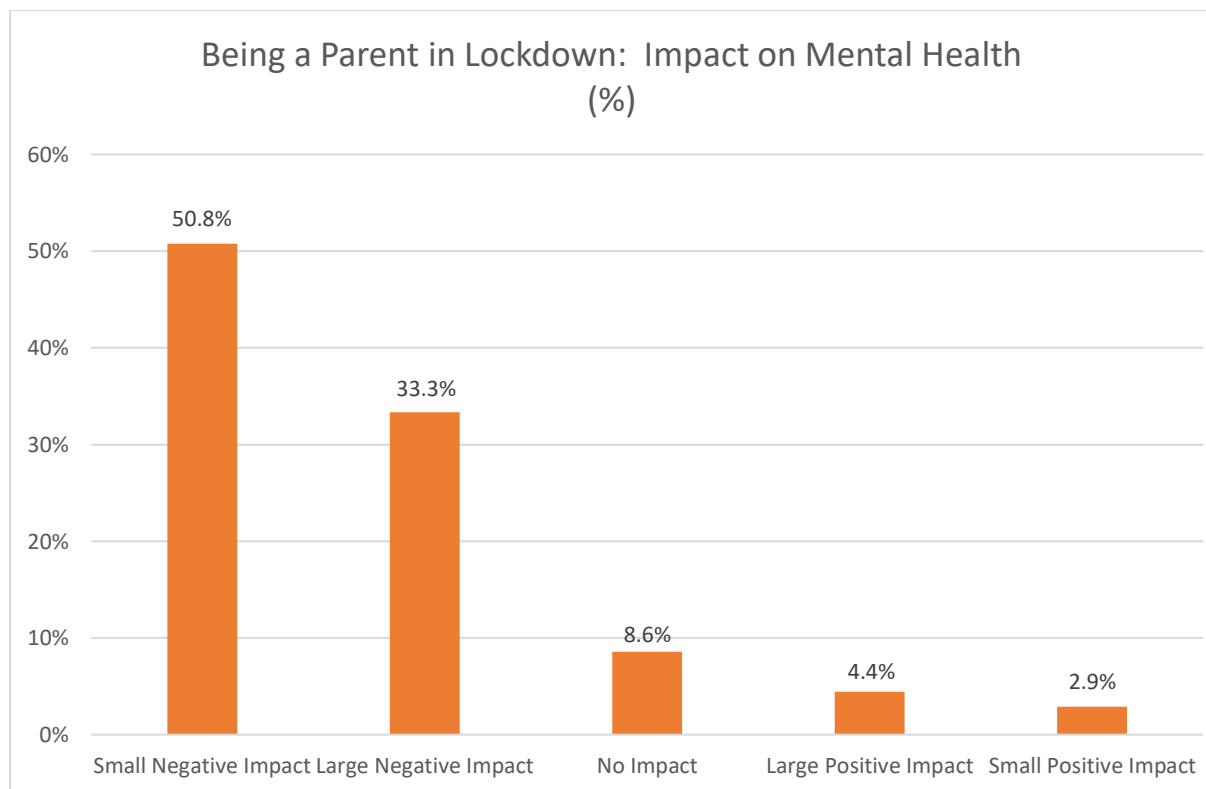


As can be seen above, parents felt overwhelmingly that the pandemic had a noticeable impact on their babies, and less than 2% of those that did think that this was the case felt that these had no negative connotations.

For those who cited the positive impacts of lockdown on the baby, many respondents indicated that they saw positive outcomes surrounding bonding (43.6%) increased independence (9.1%) and improved motor skills (6.7%). Respondents indicated the following areas in which they felt lockdown had a negative impact on their baby: development of social skills (28.6%) decreased independence (12.4%) and bonding behaviour (10.8%).

When asked if being a parent in lockdown had put a strain on their relationship with their partner/ spouse just under 44% (43.7%) said there had been 'a little more strain'. In terms of their relationship with other family members, just under 48% (47.5%) stated there had been 'a little more strain'. In terms of being a parent affecting their relationship with their other children in lockdown, 29% stated that there was 'a little more strain' during this time.

Regarding the impact of lockdown on mental health, as can be seen below, the majority of individuals felt that this had a negative impact of some kind (almost 85% cumulatively).



Following questions on their general perception of their mental health, respondents were then asked if since giving birth and during the 3 lockdowns how often had they been feeling nervous, anxious or on edge, in line with the *Generalised Anxiety Disorder (GAD-2)* scale. The GAD-2 is based on the GAD-7, the copyright of which is held by Pfizer Inc. (although the

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questionnaire is free to use). The questionnaire has been validated for use as a screening tool and severity measure, in primary care and in general populations (Lowe, Decker, Muller et al, 2008). Of all respondents, just over 47% had felt nervous, anxious or on edge for 'several days. Just under a quarter (24.5%) felt this for 'more than half the days' and just under 17% felt this 'nearly every day'. Just under 12% of respondents reported that they had 'not at all' felt nervous, anxious or on edge.

The second question linked to the GAD-2 asked respondents how often they were unable 'to stop or control worrying'. Of these, just under 42% had felt this for 'several days', over 21% (21.3%) had not been able to stop or control worrying for 'more than half the days' and just under 15% (14.5%) had felt this 'nearly every day'. Around 23% indicated that they had not felt this at all.

Support and access:

An important part of the survey was to find out more about how parents/carers had felt about the support that was available to them during lockdown. Respondents were therefore asked how they felt they and their baby had been supported during lockdown(s) by their family, friends and by professionals. In terms of family, over 65% either felt 'extremely supported' (27.0%) 'very supported' (22.1%) or 'moderately supported' (16.6%). 6.8% of respondents indicated 'neutral' support. Just over a quarter (27.5%) of respondents felt that they had received either 'little support' (10.1%) 'very little support' (12.7%) or that they had been 'not at all supported' (4.7%) by their families during the pandemic.

In regard to the support they had received from friends, just over 40% (41.7%) had felt either 'extremely supported' (9.6%) 'very supported' (14.1%), or feeling 'moderately supported' (18.0%), with just under 15% stating feeling 'neutral' about the support they received from friends. Around the same number of respondents (43.5%) viewed the support from their friends during this time negatively as those who felt positive about it, reporting that they had 'little support' (14.8%) 'very little support' (16.7%) or had felt 'not at all supported' by friends (12%).

The above perceptions were in sharp contrast to the reported experience of support given by professionals and services during this time. Overall, just under a third (29.7%) of respondents were positive about the levels of support they were given by professionals and services throughout the pandemic, feeling 'extremely supported' (5.5%) 'very supported' (9.6%) or 'moderately supported' (14.6%) by professionals during this time. Just under 10% (9.9%) were 'neutral' in terms of the support they felt they had received. Those who perceived a lack of support from professionals constituted around 60% (60.4%) respondents who reported that they felt they had received 27% reported 'very little support' (27.3%). 'little support' (19%) or that they had felt 'not at all supported' (14.1%) by professionals during the pandemic. This is significantly higher than those who felt a lack of support from

either family (27.5%) or friends (43.5%) during lockdown(s) and hints at the fact that (in the view of parents/carers themselves at least) much of their support was provided informally first and foremost by their family members and then friends rather than by professional services.

When asked about how they would prefer to engage with a number of key services in the future should they need them, perhaps unsurprisingly many indicated that they would prefer to conduct any appointments rather than remotely – and this remained the case whether it was a GP appointment (75.2%) contact with a Health Visitor (73.2%) or Midwifery Services (66.2%). Perhaps more surprising is how few individuals were prepared to conduct any future appointments via ‘phone call, even if this was also coupled with some face-to-face consultation: the willingness to do so with GP, Health Visitor and Midwifery services standing at only 8.5%, 3.7% and 4.7% respectively. Most surprising, and perhaps concerning, is that a greater number of parents/carers indicated they would refuse *any* Midwifery services in future (20.9%) than would navigate such support if this was remote – even if augmented with some face-to-face appointments.

Phase One Conclusion:

Having analysed the data from the online survey, a number of areas emerged which helped to shape some of the areas for closer examination in the next phase of research:

Impact on Parents/Carers:	Impact on Babies:	Impact on Services:
<ul style="list-style-type: none"> • On mental health • On relationships • On caring for their baby 	<ul style="list-style-type: none"> • Developmentally • Behaviourally • Physically 	<ul style="list-style-type: none"> • On delivery • On perception of services • On service use

These areas for further examination were augmented with learning gained from extensive review of wider literature, which formed the basis for interview and focus group schedules for discussion.

Phase Two - Qualitative Interviews and Focus Groups

The second phase of research both built upon the findings from the survey above and introduced key concepts from an extensive literature review by the research team. This phase (as detailed above) included both parents/carers of babies, as well as professionals in order to ascertain the different stressors, potential positives and overall experiences of individuals on both sides of gestational and peri- and neo-natal services.

Recruitment:

For this phase of research, parent/carers were recruited via the aforementioned survey. One part of the survey asked participants to indicate if they would be happy to take part in an interview regarding their answers to the survey. If participants were happy to do this, then they had to both indicate this and leave an email address in order for the research team to contact them with more details about the study and to seek separate consent for the interview process.

Professional participants were recruited via local authority colleagues aligned to the research and those who formed part of the research team. Participant information sheets were distributed to different services in both Middlesbrough and Redcar & Cleveland local authorities dealing with expectant mothers, babies and infants inviting them to take part.

In total, 13 parents/carers were recruited to the study to take part in interviews, 1 of whom was a non-gestational parent.

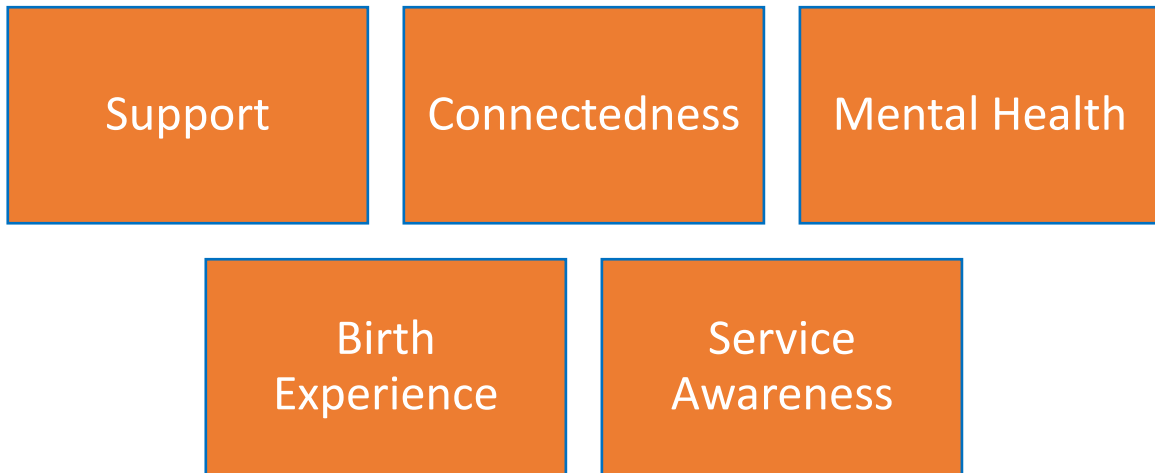
3 professional focus groups were conducted with professionals from Health Visiting, Children's Centre, Early Help and School Readiness teams. The research team also spoke in an interview with a professional childminder during the pandemic. In total, 19 professionals took part in the study.

Data Analysis

All interview and focus group data obtained were digitally recorded, and then transcribed verbatim by the research team. This generated a large volume of textual data, in the form of several interview and focus group transcripts. The interview and focus group transcripts were subjected to line-by-line coding, to build concepts and categories, by the research team. Once all coding had been undertaken, thematic analysis was utilised to explore, analyse, identify, and interpret the themes and patterns within the qualitative data collected. In order to ensure robust and reliable findings, all interview and focus group data was double blind-coded in order to eliminate any individual bias.

Findings:

Both interviews and focus groups yielded some incredibly deep, and at times, stark conversations - particularly from the parents who relayed their experiences as parents/carers during lockdown. These conversations formed the following themes, each of which are explored in further detail below.



Support:

All participants discussed the various ways they had received support during lockdown(s) and also where they felt this support was lacking. Often, this also linked to other ideas that had strong connections with each other. These sub-themes also demonstrate the broad assortment of *types* of support avenues and the nature of such support.

For many of the participants, there had been a significant lack of support due to the pandemic:

“I was supposed to get a home check from what I gather from all my other friends before she was born and I never got contacted by anybody”
(Mother, 25-30, 1st Child: Oct '20)

“The care...we received from you know like the midwives and health visitors and things. I don't feel like it's been as thorough this time around”
(Mother, 31-40, 2nd Child: Mar '20)

Some participants felt that they were constantly second-guessing themselves as they did not have the professional network to reach out to that they would normally have access to, pre-COVID-19, and others reported receiving conflicting guidance at various stages of their pregnancy and after their babies had been born. One participant recalled that conflicting medical information provided pre-COVID-19 had an impact on their pregnancy during COVID-19, and led to more scans having to then be conducted to assess the baby's health and progress:

“I took, um, beta blockers for migraines. And when we were trying for a baby, I said to the doctor: ‘Is that okay?’ ‘Oh, yeah, yeah, fine.’ Went for my 12 weeks scan at the hospital and they were like: ‘Oh, my God, no. That can cause like, really, really, slow growth. And that can cause problems for the baby like small babies and things like that.’ So, then I had to go for extra scans.”
(Mother, 31-40, 1st Child: May '20)

This feeling of uncertainty was mirrored by those providing care, and they spoke of the struggles of balancing commitments to providing care at the same time as trying to adhere to COVID rules:

“And so you were always thinking: ‘Should I say this?’, and you have to think: ‘Am I... breaking any rules by giving this advice?’...So I need to think about...what do you think the risks are to the baby and to mum? So yeah, there was one particular case that I can remember distinctly that that was a big thing for her being so isolated. Because her partner I don't think was available.”

(Professional: Health Visitor)

There was some awareness of the areas in which they may not have been able to provide adequate support, especially through helping to connect people socially, something which was stressed as particularly important for parents:

“I think a lot of the parents that used to come to the sessions that we put on in the centre's really missed that peer support that they usually get from attending sessions. And they get a lot out of listening to other people's experiences, and how they manage and deal with it with different, different situations. And that's not what, they haven't been able to access that.” (Professional: Children's Centres)

Fundamentally though, the feedback from professionals and services was markedly different to that of parents. In the view of the professionals interviewed, many felt that they had actually managed to reach *more* mothers and families rather than less, due to diversifying the ways in which they reached out to people during the pandemic:

“We've definitely reached more families and the forgotten part of it, I feel that we have probably been a very big stop gap between them feeling forgotten, and us ringing them, impromptu”

(Professional: School Readiness Team)

“And I think the parents have really valued the one-on-one phone calls, support. Because the conversations that we've had with parents, you know, they realise that...even though the physical centres are closed, there's always somebody there on the end of the phone, and all of us have all worked flexibly, so that no family has missed out”

(Professional: School Readiness Team)

For one participant, professional support via in-person, face-to-face visits and from Health Visitors and in-person GP appointments were important to accurately gauge their baby's development and pick up on issues they may have not seen. However, the participant stated they felt 'fobbed off', and as though professionals didn't want to see them and their baby:

"Obviously, I had seen him do these things, but there is, sometimes they can pick up on things that you might not see, it would have been helpful, I think, to have seen the health visitor a bit more often, and obviously to have that support from the GP when I did think he had problems it would have been nice to have had a bit more support but I feel as though they were just passing me off because they didn't want to see him"

(Mother, 31-40, 1st Child: Mar '20).

One autistic parent spoke about a highly distressing ante-natal experience and spoke of a lack of support and understanding that they felt they had encountered from services. They recalled how they had been informed that they were unable to bring their mother for support, despite previously being told that this would be possible due to their difficulty in retaining information. Due to a lack of private rooms available, they had been told about this in a room full of patients:

"Actually, because I'm autistic...my mum had to come along with me to a lot of [appointments] anyway, because I'm not very good at remembering information...I did have one bad experience within the lockdown...where they, they were very, very, very unsupportive....We had to actually complain to the system because I ended up in tears because they were very judgmental about the fact that I needed my mum there, even though we previously discussed it with the doctor, before we even attended to discuss that we, I would need an advocate there with me and then, in front of a room full of patients we were told, because you know they've verbalised it in front of everybody, that I was autistic and I couldn't have somebody there and it was very disgusting."

(Mother, 25-30, 1st Child: Dec '20).

Another participant stated that as part of their counselling, they were also supposed to be receiving support and further monitoring from their Health Visitor, however, they didn't ever receive any contact regarding this:

"And I was told that during part of my counselling, they were they had advised my health visitors to get back in touch with me and keep a monitor. And it didn't happen. But I don't I don't like to complain."

(Mother, 31-40, 1st Child: Apr '20)

Telephone Support:

Many participants were vocal about the types of support received, via various channels. On this point, telephone calls as a placeholder for in-person, face-to-face support were frequently highlighted:

“So, one of the health visitors that specialised in that did come out quite a lot. So, that was that was really good. But then from like six weeks old, there was nothing. And then she [baby] was supposed to have a 9, 10-month check. And that was supposed to be someone coming round. And then they just phoned me.”

(Mother, 25-30, 1st Child: Oct '20)

One participant said that they did find their phone calls useful and appreciated the support from their midwife as they were able to ask questions relating to their baby. This, they said, was especially welcomed as it was their first baby, and they were unsure of the best course of action to take. They also pointed out, however, that they did not feel as though a professional *would* visit in-person, even if they asked them to via telephone:

“I think we had the midwife’s number as well. You have that for a month or something, don't you after the baby's born? We rang that a couple of times. So obviously, I mean, probably now, looking back at it, they were probably the most stupid questions, and when it's your first you don't have a clue do you? We rang that a couple of times. And I can't even remember what for now. Yeah. But I wouldn't say I felt like there was someone I could just pick up the phone and someone would come around.”

(Mother, 31-40, 1st Child: May '20)

According to another participant, telephone support, especially for parents who have not spoken to the professional before became a barrier to their care, as they were reluctant to talk openly about their issues, especially to a person who they have no rapport with, on the other end of the line:

“Yeah, actually, like if you've never spoken first on the phone before. I feel like you're not inclined to open up about issues. It could just be anyone on the other side of the phone.”

(Mother, 18-24, 2nd Child: Nov '20)

That parents and families may be reluctant to speak over the phone or via online channels was indeed something that was echoed by professionals, and a number spoke of the additional workload this had placed on them:

“So it's like a double job for us trying to explain how to do things...it's not, it's not for everybody, some people just...haven't got the confidence to use the technology, and...they'll talk to you on the phone, but they will not do a video call. You know, they just don't they just don't have the confidence. You know, it feels that they feel as if it's a bit intrusive, because obviously you're there in their home setting, we can see exactly what's going on in the background. You know, so it

depends on like, the family's lifestyle and what's going on at the moment as well, I think."

(Professional, Early Help)

Other professionals lamented what they saw as a lack of engagement from some families and stressed the importance of being able to embrace services online:

"I've got these parents [who] contact us because they've had babies in lockdown, but sadly we couldn't kind of do the...you can only offer them the virtual baby play, but a lot of them are like: 'I don't want to go on camera, I don't want to do this'. So, it's a pain...the hope was to kind of get the parents engaged."

(Professional, Children's Centres)

In Person Support:

Where support was in-person and face-to-face, some participants reported negative issues around continuity of care, and inconsistency with staff, often seeing different professionals at each visit. This resulted in mixed outcomes in terms of rapport, and many people felt that they lacked an important connection with those providing their care:

"Erm, but it wasn't like that continuity of care, because ordinarily, you would see the same midwife pretty much all the time, unless they were on holiday. Whereas I think, sort of in 10 appointments, I saw seven different midwives. And some of them were really good. And some of them, like just not so good. And which is always the case, because obviously they were filling in and, and yeah, so that, that probably wasn't the best... Because you don't get a chance to form a relationship with your midwife."

(Mother, 31-40, 1st Child: Aug '20)

This inconsistency of professionals visiting was something that became a source of genuine anger for some participants:

"And I think that probably wound me up a little bit more as well, because it was just like, especially when I wasn't getting the same one. If you'd have been sending the same health visitor, I might have felt a little bit okay, but having different ones come..."

(Mother, 31-40, 1st Child: Apr '20)

Health Visitors themselves spoke of their own frustration at some of the restrictions that were put on them – especially their time – during the pandemic:

"I think that's the most difficult element. It's just, you try to deliver as much over the phone and then go in and you say to them: 'I've got to be really quick because

of the COVID restrictions'. And you know, we'll get on and we weigh the baby straight away and measure them and things, but that's it."

(Professional: Health Visitor)

"They were so isolated, some of our parents, they were absolutely desperate for any contact, and we were that person coming in and we had to try and limit ourselves to 15 minutes. Then suddenly someone is there and, you know, making a fuss of the baby. And they just wanted that bit of attention...it was so difficult."

(Professional: Health Visitor)

"Except I don't think I could ever keep to the 15 minutes! [Group Laughs]"

(Professional: Health Visitor)

Interestingly, one participant emphasised that they felt annoyed at Health Visitors being able to visit in-person and face-to-face, compared to their family members who could not see the baby due to the COVID-19 restrictions and lockdown(s). In particular, the participant felt that the fact that the Health Visitor could hold their baby, in contrast to family members who were restricted from doing so, constituted an overlooked moment as it constituted a traditionally 'precious moment' for family members to experience and bond with a new baby:

"And the health visitor, it annoyed me that they could come in the house. Does that sound normal? To know like, I wanted my sister to come so much yet this stranger can come in my house. And hold my baby. Do you know what I mean? And yeah, I don't think they took that into consideration sometimes how like, precious that moment is for them. Like you're getting to experience my baby and my family don't?"

(Mother, 31-40, 1st Child: Aug '20)

Positive Experiences of Care and Support:

Despite the problems outlined above in terms of the formal support that a number of parents/carers experienced during the pandemic and lockdown(s), many participants asserted that they had received good care and support from professional services, resulting in positive experiences:

"And, so in terms of like, doctors and things afterwards, we've always been able to get, if we've had any concerns or anything about like, sort of like [baby's name], or whatever, we've always been able to get a doctor's appointment and they've seen us on the day, and we can't really complain at all about that."

(Mother, 31-40, 1st Child: Aug '20)

In contrast to the majority of interviewees who had struggled to secure home visits, for some participants, Health Visitors frequently visited to check up on parents and babies:

“Oh, yes. Yeah. I don't know how frequently but basically, as frequently as I wanted. I was recently just said, you know, I don't need them anymore, but they would come to our house, visits from our GP, and we've had support from the hospital as well. Again, it was outstanding.”

(Mother, 25-30, 1st Child: Dec '20)

Because so few services were offering *any* face-to-face support during much of the pandemic, those professionals who were able to see parents during this time spoke of the huge amount of pressure that this put on them:

“But you know, there was so much of it where...we were the only ones that a lot of people were seeing, and they were coming to you with all these problems. And you know it's not your area, but what do you do? We talked about offering all kinds...of stuff. How to get financial support, all that stuff.”

(Professional: Health Visitor)

Breastfeeding Support:

Several parents spoke about how they felt breastfeeding support was lacking in terms of information and support provided. As one participant articulated, receiving breastfeeding support was very important to them, and being unable to receive support resulted in acute struggles, ultimately leading to them having to stop breastfeeding altogether. The participant reflected that had support been provided at the start, they would have likely continued with breastfeeding their baby. They spoke about the sense of loss that they felt at this and the resignation that the lack of support received is likely to impact on them for the rest of their lives:

“I particularly missed out on breastfeeding support, which was something that was very important to me, and I struggled. And I've really struggled with that, and not being able to, I have breastfed all the way through. But I've, I haven't been able to exclusively breastfeed. And I think if circumstances had been different from the start, that might have been different. And so that's an area where I've spent a lot of time trying to kind of come to terms with that the impact that's had, and it'll impact on me for probably the rest of my life.”

(Mother, 31-40, 1st Child: Apr '20).

One person in particular spoke about how, even in discussions with health professionals, she felt like her concerns were not listened to properly and she was dismissed. This, they say, got to the point where they had to discontinue breastfeeding due to the mental and physical toll on her and her baby:

"...And they'd be going on telling me like, oh, there's no such thing as low supply. And I was like, well, something's not right. Oh well just go away and try again, sort of thing. I think I lasted eight days. And I was like I can't do it anymore. Like, I was crying. She was crying."

(Mother, 31-40, 1st Child: May '20)

For one participant, support was provided in the form of a special Health Visitor due to difficulties with feeding. Her midwife stated that if more professional support had been given from the outset, they may not have discontinued breastfeeding so quickly:

"But it was a case of I just wasn't producing enough milk. So...I ended up getting special health visitor coming in. And my midwife came round to see me because she knew she knew me. And she was like: 'How's it going?' I said: 'Not...not very well' you know, and she was allowed to come and see me. I think they'd just opened it up at that point to allow them back in? Yeah, it was like signing over to the Health Visitors fully finishing off. And then she said, like, she wished that we'd got in touch sooner because I might not have had to want the bottle as quickly as I did, if that makes sense?"

(Mother, 31-40, 1st Child: Apr '20)

It was however noted by one professional that they felt that for some mothers, the extra time that lockdown(s) afforded encouraged some people to try breastfeeding - and this was particularly true for mothers who may not have tried this with previous babies:

"I'm thinking of our breastfeeding mums. And...ours is the the locality that struggles a little bit more than the other two, in terms of mums initiating breastfeeding and mums continuing with their breastfeeding. And I think for a lot of my mums, I've found that those who've gone on to have a second baby have thought that they might like to try breastfeeding this time."

(Professional: Health Visitor)

Baby Weight:

Another area with mixed levels of professional support for parents was baby weight measurements. Some participants mentioned difficulties in having their babies weighed at any time during lockdown(s):

"I couldn't get him weighed. And things like that. So it was it was quite difficult."

(Mother, 31-40, 1st Child: Mar '20)

One participant remarked that while their baby was initially weighed, subsequent weight measurements were delayed, resulting in them having to weigh their own baby to accurately assess the amount of medication and food their baby required:

“Yeah, it was in the first five days that we got home, the health visitor came out to weigh her and she's not been since. She got weighed at first immunisations which were delayed because of the COVID rollout. And that's it, but obviously, a lot of medicines and foods and milk quantity are based on the baby's weight. So, I was stood on a scale holding her deducting my weight from her weight.”

(Mother, 25-30, 1st Child: Sep '20)

Others also had to ‘make do’ with their own solutions to find out the weight of their baby:

“So, he wasn't putting on weight and I needed to know. But they weren't coming out. So, I ended up having to use my lad's fishing scales. I couldn't think of anything else”

(Mother, 18-24, 1st Child: Jul '20)

One mother talked about when their midwife came round to measure the baby, and they were asked whether they wanted to weigh the baby themselves, with the midwife passing her the equipment if agreed – something they refused, not without justification:

“She would come to the door and just say: ‘Do you want me to pass you the scales and you do it yourself or do you want me to come in and do it for you?’. But I asked her to come and do it. Because I mean, I didn't I didn't know what I was doing...So she rang from outside every time...and they would leave the scales at the door. And I could take them in and weigh her and take them back out and tell her how much she weighed. But it wasn't just the weighing...they measure the length of them. I mean, how hard is it to get baby to lie still while you're trying to measure their length, head circumference and things like that? If she left the things at the door, did I want to do it and then just pass it back? But I said no.”

(Mother, 31-40, 1st Child: May '20)

Experiences like this were confirmed by one Health Visitor who explained that had been viewed as a solution to their being unable to enter homes:

“Before we could really go in...if it was a real sort of need that we felt really need to get a weight on this baby...we would do like a doorstep drop off of the scales, explain what they needed to do, and ask them to hand out the Red Book, so we could sort of fill it in and plot it. We could then sort of get a feel for where they were and how they're doing. That was just something else that we did.”

(Professional: Health Visitor)

Other Health Visitor/services however, were seemingly able to enter homes throughout the pandemic, and some participants spoke of the outstanding support and frequent baby weight measurements by Health Visitors they received:

Diba, P., Divers, A., Scott, R., Crow, R., Johnson, C., Chatzimladi, E., & Newbury-Birch, D.

“Yes, just because me and my husband were a bit obsessed with it. So when the Health Visitor used to come round and check on us, she used to weigh him for us, because that was our little thing, we liked to know how chunky he was. So I feel that we were quite lucky in that respect, that we had a brilliant health visitor.... Yeah. I think we thought that's just what she did.”

(Mother, 25-30, 1st Child: Sep '20)

However, one interviewee said that they were informed by their Health Visitor that baby weight measurements did not matter anymore and were not even used to make assessments:

“The last health visitor that came out, it was before her injections...and I said: ‘Where should I get her weighed?’ And she said: ‘It doesn't really matter about weight anymore. We try not to go off that anymore’ ... And I said ‘How do you know that...they're having enough or whether there having too much if you don't weigh them? Each baby can be different, isn't there just like a guide to help you out?’ So I've been putting her- I tried too many options - I put her in the Moses basket [to weigh her] (laughs)”

(Mother, 25-30, 1st Child: Oct '20)

A considerable cause for concern amongst professionals regarding baby weight was the reluctance – particularly with younger mothers – to go to clinics and have their babies weighed when this was possible, as they were worried that other mothers may judge them: something resulting often from the isolation of parents and babies during lockdown(s):

“We have a lot of younger parents. So, I think, there's a lot to stop them coming in. They will come into things like Baby Clinic, and you can see how apprehensive they are when they come into a Baby Clinic to get babies weighed. And as if people are looking at them and judging them.”

(Professional: School Readiness Team)

As one professional noted, the challenge moving forward would be to support younger mothers and reassure them that their age wasn't relevant in this instance:

“We need...to try and take away that stigma, it doesn't matter how old you are, you're still a parent and your child needs the opportunity to learn and be, you know, in a safe place. Parents are getting peer support from other parents, because that's where they do learn a lot. But also the children are getting that support as well. And it doesn't matter how old you are, whether you're 16 with a baby, or whether you're 36 with a baby, you've both gone through the same experience. You've gone through your pregnancy, you've gone through whatever problems you've had if or if you've had a plain sailing birth or anything like that.”

(Professional: School Readiness Team)

Informal Support:

For some, a lack of formal support led to seeking informal support and this was often provided online. This support included online classes and baby groups, encompassing digital and social media platforms including MS Teams, Facebook, and Instagram. For one participant, Facebook groups were an important means to bolster and maintain social support with other parents, where they felt part of a community:

“Yeah, so now, there's a lot of groups that are online. I've recently-, when I finished breastfeeding, this new group started: a breastfeeding support group, for Teesside and I thought, well, that would have been helpful.”

(Mother, 25-30, 1st Child: Oct '20).

For some parents who lived outside of Middlesbrough and were having difficulty accessing groups, social media platforms such as Instagram where digital ante-natal classes were being hosted by midwives were an invaluable source of knowledge:

“And I live in Redcar. And someone said to me...maybe you could try to ring Middlesbrough... or Stockton, and see if you can book on theirs. And I rang both and they said because you're out of the area, we can't offer you anything. So I got nothing, and there was a woman on the internet called, I don't know if anyone else has mentioned it. She's called the “Insta Midwife”. And she did like online antenatal classes. I watched all of those but like nothing prepares you does it like! [Baby's name] was my first I had absolutely no idea about anything, like how to look after a baby, the birth process, nothing and so they were really useful. I sat and watched all of those, and I'd go back through and watch them all again and yeah, that's so that was useful.”

(Mother, 31-40, 1st Child: May '20)

Disconnection:

Rather unsurprisingly, for many participants, COVID-19 and the lockdown(s) left them with a profound sense of disconnection, loneliness and social isolation which encompassed many important periods of their pregnancy. For one mother who had experienced unsuccessful pregnancies in the past and had a medical condition, resulting in them being clinically vulnerable and subject to isolation rules, the fear of catching COVID-19 caused them to cut themselves off from seeing family and friends during lockdown, while their husband was working during the day:

“And so it was scary initially... So I literally cut myself off from seeing anybody while I was pregnant... I just sat in front of the TV and...got bigger and bigger... That's a long time to be away from family, friends. You know, we'd still been in isolation from that point, you know what I mean?”

(Mother, 31-40, 1st Child: Apr '20)

Some participants commented that the COVID-19 restrictions, coupled with the prolonged lockdowns(s) resulted in them missing out on communication and support from their family and friends. For these participants, engaging in 'adult conversations' and talking about their issues, would have been beneficial in 'offloading' the stress they were feeling:

"But then again, maybe I just wanted the adult conversation too and that's what my mam said when she did. Like, you know, you wanted to talk more than sleep. Like I'm cooing all night. Ya know, I love him to the world and back and I'd do anything for him, but do you know what I mean? Yeah. It's just when you get to that point."

(Mother, 31-40, 1st Child: Apr '20)

One mother reported that when their baby daughter had fallen ill and needed hospital attention this meant they were unable to see their other child for 5 days, and their husband was unable to visit until a few days later:

"My little girl had to go into hospital during it all and we had to stay in for five nights. ... But it's just it was very difficult because she wasn't very well. And my husband couldn't come in 'til that time. I didn't get to see my little boy for 5 days, you were pretty much just confined to the room"

(Mother, 31-40, 2nd Child: Mar '20)

The need for human contact with people outside the home was recognised by some professionals as important enough to trump concerns about COVID:

"I had one woman that was really, really upset in the early lockdown period, I used to have to ring her every single week to talk to her because she was just so lonely...And I even had to persuade her that it would be okay for her to go for a walk with her mum. To convince them they could go along, because at first, she was so worried that she was breaking the rules."

(Professional: Early Help)

The need for increased human contact was not restricted to parents though, and parents and professionals alike spoke about the concerns that they had over the development and socialisation of babies:

"And, you know, I had a discussion with a speech therapist about it and they've seen a real influx with referrals into their services. A lot of babies with...communication issues."

(Professional: Early Help)

"I think that, for me, this has had a big impact and we're seeing a lot more delay [in development]. You know, children are just not getting those social cues. I think the masks as well...all our facial expressions support babies to understand...And that's not. I mean, obviously, that's not happening in their own home.

But...previously, that baby was getting so much from other people as well."

(Professional: Health Visitor)

Some parents however stated that they had noticed no negative effects at all from the change in lifestyle brought about by the pandemic on their babies:

"Everything has worked out. COVID or no COVID. It's just, I don't know if we have a positive outlook or...they seem to be doing just fine to be honest."

(Mother, 25-30, 1st Child: Sep '20)

Mental Health

For several participants, their pregnancy was laden with anxiety, fear and worry over the COVID-19 pandemic. Often with little knowledge and great uncertainty as to its spread and severity, the media coverage of COVID-19 along with the announcement of lockdown(s), heightened anxieties for pregnant women:

"So it was about the 17th of March. And it was the day that they've said that pregnant women should work from home was the day that I started my maternity leave. So I was I was lucky in a way that I had the pregnancy where I was still able to see people and still able to have that kind of time. But then also I started when went into lockdown, and I found it quite anxious time. Obviously everything was on the news, people saying oh, we're going to go into lockdown. And I'm there like heavily pregnant."

(Mother, 31-40, 1st Child: Apr '20)

The experience of lockdown was particularly pronounced for one participant, who felt as though they were descending into madness due to the fear of catching COVID-19. To mitigate this, this participant utilised coping strategies to mentally endure the pandemic and lockdown:

"... and I was just like, I was, I just felt like I was going to go insane. And so from then, I've been trying to sort of my own head out as to it's probably not going to be that bad if we get it."

(Mother, 25-30, 1st Child: Oct '20)

Numerous parental participants expressed that the COVID-19 pandemic and ensuing lockdown(s) had led to them 'grieving' for the lost opportunities they felt had passed them by, such as the inability to share their baby with family, friends and others during lockdown:

Diba, P., Divers, A., Scott, R., Crow, R., Johnson, C., Chatzimladi, E., & Newbury-Birch, D.

“And so...I suppose, you have these expectations...I mean, he might be our only one. And so, we didn't get to share and do a lot of things that you imagine doing when you're pregnant. So in that sense, I think you sort of grieve a bit of what you've lost, or not had.”

(Mother, 31-40, 1st Child: Aug '20)

One mother felt especially sad that she was unable to show off her baby to others, for example, her work colleagues, and felt 'robbed' of the opportunity to go out, sit in a public venue and breastfeed and feel proud of her ability as a mother, to feed her baby:

“And I felt kind of robbed, to be honest thinking about it now. I was robbed of the experience going to like old workplaces. And showing off, the baby. You know, it still hasn't happened. He's going to be two in June and I still won't do it, you know. ... What I missed as well though is like going out and feeling that proudness that I've been able to breastfeed. Not show off, but do you know what I mean? And you just have that ability to sit in a restaurant or sit in a park and be like, yes, I'm doing this, you know, power to the woman you know, yeah. But it's just and I do think if I had another child now, it'd be very, very different again ... Show him off. He's bloody gorgeous he is!”

(Mother, 31-40, 1st Child: Apr '20).

Non-gestational Parents/Carers:

Some participants touched on the mental health of their partners. For one participant, their husband suffered from depression and felt 'robbed' by missing out on his baby's precious first 24 hours of life:

“He wishes, it had been different. But he kind of accepts it a little bit more. He still feels robbed. You know, the first 24 hours of this child's life like that had gone, you know. And I was released very early, thankfully. So in a way he got us home. Um but he has suffered since you know, he's had to take time off work. I think he's on the second spell of taking time off work in this time. ... And it's been hard. You know, I think having [baby] actually means we've stayed together, because you've got, you know, I think if, if the baby hadn't been here, maybe we probably just got do you know what, this is this is too tough you know but you get through it? And you love each other more for getting through it together. But it's not been a breeze at all.”

(Mother, 31-40, 1st Child: Apr '20)

One participant who worked in mental health, voiced that paternal/non-gestational parental mental health is not as widely emphasised and recognised in society as maternal mental health. The participant expressed hope that if one issue is highlighted from the

COVID-19 pandemic and lockdown(s), it would be that providing support to fathers and non-birth parents would increase:

“Yeah, I also think just in society, it's all about mummies. Mums. You know, it's the mum who has the baby, which obviously I know is kind of- they both become parents. But in a sense, it is still a really different journey in how they become parents, because it's a lot of physical stuff for a woman as well...But, you know, I think it's almost like, the focus is all on mums and dads just get forgotten about, or partners...When we, we were both quite poorly, there was a lot of support for me, but it almost like my partner to just get on with it. And I think it's really, you know, if anything comes from this and the lockdown, that how important it is, you know, to offer the support to both, you know, to men as well. And I don't think it's just like a man thing. I think it's just society's view that it's just all about the mum and actually almost forget about the dads.”

(Mother, 18-24, 2nd Child: Jul '20)

Birth Experience:

Many participants reported that their birth experience, spanning across pre-birth, during birth and post-birth was tumultuous and a far different experience from what they were envisaging. Many mothers spoke of the *trauma* of their births, and some spoke about how this trauma was something they felt would stay with them forever. One interviewee talked about the impact of being transferred during her hospital stay:

“I wanted to go to the Friarage because I wanted to breastfeed, and I knew as well at the Friarage, which is a different type of hospital it's a midwife led unit, I was hoping that the COVID restrictions would be a bit more easier there because it's a smaller unit, they have less women coming through. So, that time was absolutely brilliant, they were so supportive, it felt like normal. Even though I'd never been through it before, it felt quite normal delivery, I didn't feel like COVID wasn't a big issue, I had to do a test. When I got there, my husband was allowed with me, and it was all pretty good. But then...so obviously, in COVID, having an ambulance trip from one hospital to another was traumatic.”

(Mother, 31-40, 1st Child: Apr '20)

One mother talked about their distress due to their partner being unable to attend and stay at the hospital when the participant was about to be induced, which consequently resulted in their partner also feeling extremely upset at leaving the participant in hospital to give birth alone during such a disorientating time:

“Yeah definitely like the whole time, sat in hospital in James Cook you get no signal. So then I'd be trying to ring him, I'd be going outside, but then you have to sit inside because otherwise someone shouts you when you miss your slot, trying to text him getting no signal...Couldn't get through to him or anything. And...when he was dropping me off when I was getting induced, obviously, both

of us were trying to be really strong and not cry for the sake of each other. And...I got to the hospital, walked through the doors and just had to stand behind the door and start crying. And then when he said when he drove away, he started crying because he didn't want to leave me on my own. I didn't want to be on my own."

(Mother, 31-40, 1st Child: May '20)

For one participant, the after-effects of their birth experience was compounded by the lack of follow-up care and support for complications that resulted from their birth. This had numerous impacts on both the participant and their husband. The husband was quickly sent home, post-birth, with nobody thinking of the impact that this would have on the husband:

"I had some complications in from my birth. And I've, again, it's back to the hospital, the services just haven't been there to support me afterwards...And I think like now looking back like I was obviously just kind of tried to get on with things. But that's been a big, big impact on both of us as well and my husband too. He was sent home on his own after he'd followed me in an ambulance all the way from Northallerton, got to James Cook and had a baby. And within half an hour he was back on his own outside in the car. And so nobody thought about that the impact of that."

(Mother, 31-40, 1st Child: Apr '20)

A pervading sense of powerlessness to change what was happening to them during their birth experience came from many of the mothers interviewed. A number had begun to internalise the blame for this powerlessness:

"Now I just wish I screamed. I wish I'd gone hysterical. I was in shock. I was in shock about what just happened I wish I'd just said: 'No, you can't. I'm not going. You're coming with me.'...But in that moment, I just I didn't. So I feel a bit annoyed with myself in a way even though I know it wasn't my fault. I wish I would have stood my ground and said if I just said no, I need him. Kicked up a fuss because that hour is that time that we'll never ever get back. And I wish...I just wanted...that hour together"

(Mother, 31-40, 1st Child: Apr '20)

However, despite feeling incredibly upset at being isolated, they still recognised that services were overstretched and doing all they could to support new mothers:

"Yeah, I just felt I felt completely sick and completely left on my own, completely alone the midwives, as kind as they are, they were massively overstretched because doing the work that they have to do and doing all the support for the mothers in there."

(Mother, 31-40, 1st Child: Apr '20)

Confinement

A significant proportion of participants spoke of a particularly negative birth experience in hospital, which was feeling confined in their hospital rooms, due to COVID-19 hospital protocols. For some participants, this was an incredibly traumatic experience, especially as it was coupled with isolation because of restrictions barring partners being present, impacting on the negative birth experience further. As one participant discussed, their hospital room was incredibly small, and there were restrictions on going outside for a walk, leading to the participant feeling constrained in their surroundings:

“So I couldn't understand why but as she [nurse] was walking out of the room, I was like I it's too late and then they still never got him [husband] in for about another 10 hours. He still wasn't allowed in and I was in this, I took a video of it, this room that was like a cupboard on my own ... because you weren't allowed to walk around because of COVID, you weren't allowed to walk around the board, you weren't allowed outside. So I was just stuck because it's too small to walk anyway”

(Mother, 25-30, 1st Child: Oct '20)

One participant who had an extremely negative experience, pre-, and post-birth, left hospital early even though they knew they should have stayed. However, they had to return 5 days later, as their baby had lost a significant amount of weight, leading to re-admission. For them, being re-admitted to hospital was an extremely isolating and negative experience, to the extent that the participant felt as though they were in ‘prison’:

“They should have kept me in because five days later they had to, I had to go back in cos my son had lost so much weight so was readmitted at five days old. We were there for another two nights. Yeah, so we had to go back in for I mean me and my son for 2 nights, to be honest, to be honest. Like, after having him and the difficult birth. I felt like I'd been run over. Yeah, I was in hospital with a newborn baby. My husband wasn't allowed to come with me wasn't even allowed to be there when they made the decision to readmit my son. It felt like I felt like I was in prison. I felt like I was in a women's prison. I'd just had a baby because I saw nobody apart from midwives coming in and out. So I was in a private room. And there was like, no access to any outside space. And you just literally were trapped in this room. So yeah, so that's all of that affected my recovery from having him.” (Mother, 31-40, 1st Child: Apr '20)

Service Awareness:

For many professionals, a fundamental issue affecting parents/carers, families and babies was awareness of which services were there and more importantly what those services were able - and were *not* able – to provide. This was cited as an issue in many cases before

the pandemic began but that had become more significant during lockdown(s) as other services had ceased to operate.

Some services spoke of the surge in advice and support they were giving that fell outside of their usual remit, simply because there was nowhere else for parents to turn:

“For me...the requests for support with food banks...I had not come across so many requests previously, and assistance with the items for babies - for clothing and that kind of thing. So, I know that my referrals greatly increased to...charities, and to the food bank.”

(Professional: Health Visitor)

“I think probably because we were the main point of access for those families that may previously have requested that through early help or school, or just gone into a council building. I don't know. But definitely for me, it would be the requests for food vouchers were phenomenal.”

(Professional: Health Visitor)

This increased burden on certain services was seemingly exacerbated by a lack of awareness of what other services were able to assist with, or even that they were there. This awareness, it was said, lacked not within families but within the wider system that was tasked with linking families in need to them:

“We're trying to feed back a lot about it's like we had like weeks and weeks, with all of us, and all our teams and we're trying to explain our job roles....to them. And you can just tell when someone's got no idea where this team is, and it's no good explaining it. I mean...it's embarrassing explaining this to another professional person: “Well, actually, we do this, and we do so much.” Then it's all questions and it's...I could give you a good example...because there are people who think they know our job role, who were just above us, and they don't know our job role, but that's all I'm going to say about that.”

(Professional: Anonymous)

Other services spoke of the preconceived ideas of some professionals about the support that they provided that led to a lack of referrals – something that the increased need amongst parents caused by the pandemic – could ill be afforded:

“Yeah, I think it's all meant that they need more support. Way more than they would normally. But a huge problem, you know, is people just recognising exactly what we do, what we are. And we don't, we don't ‘just sit and play with kids’, even though we like to do that, because of course we all like to do that kind of thing. But it isn't, it's a lot more than that.”

(Professional: School Readiness Team)

Many of the participants, both professionals and parents/carers alike weren't optimistic about the future.

One mother worried that in the future, if they had more children, post-lockdown(s), they would continue to feel guilt for the way their first-born baby was born and had to experience their first few months in the lockdown(s), whereas their new baby will be born post-lockdown(s) free from social isolation and COVID-19 restrictions:

"I'm now worried about...if I have any more children, what that's going to be like? Obviously, it's going to be different but also the guilt around maybe how I felt during my pregnancy and having him...just hoping that he hasn't missed out...And so even if it does go away, it's- I think it's gonna have a lasting effect, I think, definitely."

(Mother, 31-40, 1st Child: Aug '20)

Professionals were similarly concerned about what may happen in the future, especially where making up for lost time and getting families and babies back on track was concerned:

"So, I think that's the difficulty that we're gonna have is that we...can't refer into anywhere, because the waiting lists are so long. I think that's gonna be a big, long-term impact. It's important for us to have services that we can refer on to, because we can't manage everything that comes our way. We'd like to think we could, but sometimes children need more specialist work than ourselves. And we have to be sure that the service is there for that, and that they're going to be able to pick up children."

(Professional: Early Help)

Recommendations:

From the conversations with both parents and professionals, a number of recommendations – in consultation with the *Lockdown Babies Advisory Group* – have been formed:

1. Although this study has uncovered a number of key issues that have affected parents/carers during the pandemic, the true scale and cost of this is still unknown. As such, **there is a need for large-scale engagement with parents and families of babies born 'in lockdown' to gauge their levels of need. The impact on the mental health and wellbeing, particularly of mothers who experienced significantly traumatic births, of the pandemic needs to be better understood as this is likely to be an issue that will persist for many of the individuals it has affected.**
2. Linked to (1) is the need to ascertain the true impact of the pandemic for babies themselves. **There is mixed feedback from both parents and professionals over the magnitude and manifestation of any deleterious effects of lockdown(s) on baby development. What is needed therefore is special attention to be paid to key developmental stages of babies born in lockdown to build an accurate picture of need.**
3. Many professionals 'on the front line' during the pandemic have relayed exponentially increased workload, and the impact of this should not be trivialised.

Additional workplace support should be made available for professional staff who may be experiencing emotional fatigue from this.

4. A vital area of baby development in which parents almost universally expressed disruption and a lack of support for them and their babies concerned breastfeeding and the recording of baby weight. **Given the importance of nutritional support and accurate measurement of child development** in this regard, **it is essential that missed opportunities to provide this support are not ignored, lest they be compounded, and any supplemental support that may be required due to these missed opportunities is made readily available.**
5. A central concern of many professionals interviewed was the lack of awareness of service provision amongst their peers. **In order to fully support those who require it, it is essential that there is a clear understanding of what services are available and the exact nature of those services. This understanding must extend across all agencies that may be tasked with making referrals or recommendations of support. As such, training or informational sessions and the ‘mapping’ of services supporting babies, families and very young children be devised.**
6. One of the starkest contrasts within the study was that between the overall image of service provision provided by parents/carers and professionals. The reasons for why this is the case are unclear, and **a concerted effort to find out more about the experiences of both professionals and patients may be needed to learn more about this disconnect.**
7. One of the greatest assets throughout this study was the mothers who were able to contribute their time and expertise via the *Lockdown Babies Advisory Group*, and a considerable debt of gratitude is due to each member of the group. The guidance and knowledge that they were able to provide at all project stages was invaluable and cannot be underestimated. As such, **the primary recommendation of this report is that any effort to organise efforts to remediate the impact of the lockdown on babies and families must include the involvement of experts by experience in the strategic direction of those efforts.**

Conclusion:

As can be seen from the data above, having a baby during the pandemic has been a stressful and for many a *traumatic* experience. Mothers, along with their partners, have missed out on major moments of a ‘typical’ pregnancy experience due to the pandemic. This has touched every area of their journey into parenthood – for some right from conception, all the way through to birth and beyond, as stories of partners and co-parents missing out on key scans and antenatal appointments, mothers feeling isolated and as if they were ‘in prison’ during birth, right through to the anxiety caused by a lack of social and formal support whilst caring for a new baby.

Mirroring our own findings, studies investigating women’s birth experiences during COVID-19 have shown that women have reported negative birthing experiences concerning

birthing methods, coupled with a lack of offered and actual support and communication by medical staff, along with dismissals of their decision regarding how they wished to give birth (Aydin *et al.*, 2022a, 2022b; see also Saunders and Hogg, 2020). The Birth Trauma Association (2020) has indicated that the expanded NHS pressure induced by the pandemic may have contributed to traumatic births, due to issues such as delayed inductions and last-minute changes to birthing plans.

In the early post-partum period, constant support from health professionals and services is vital, and numerous studies demonstrate that a lack of healthcare support is associated with greater post-natal depressive symptoms (Razurel *et al.*, Myers and Emmott, 2021). In conjunction with healthcare professionals, it has been noted that baby-classes play a key function in elevating baby-parent bonding, and in developmental skills and confidence in how to interact with a new child (Tredget, 2020). Accordingly, the deficiency of face-to-face support from health professionals has been a key challenge, with mothers feeling that this absence has deepened the dearth of immediate support from family and friends (Gray and Burnett, 2021). This has further destabilised new mothers' desired point of reference used to decide whether their feelings and experiences are normal (Coates *et al.*, 2014; Gray and Burnett, 2021).

There is strong evidence that the first 1001 days child's life – the period from conception to age two (Leach, 2017) – are the most vital period of human development, providing a foundation for health, well-being, educational and economic success across the life-course (Black *et al.*, 2017; Health and Social Care Committee, 2019; Morton and Adams, 2022). Parenting style in the first year of life has been found to be a significant predictor of future parental and child conduct (see Sledge *et al.*, 2022; see Moe *et al.*, 2018; Crnic *et al.*, 2005; Jones *et al.*, 2015; Wagner *et al.*, 2016; Lahey *et al.*, 2008), and the support and wellbeing of babies during this time is strongly linked to better outcomes later in life, including educational achievement, progress at work and physical and mental health (Saunders and Hogg, 2020).

The effects of early disadvantage are cumulative and associated with inequalities, which can pass from one generation to the next in the absence of effective measures to tackle these (Morton and Adams, 2022). The cost of failing to intervene early is enormous (Morton and Adams, 2022; see Conti *et al.*, 2021) and what is clear is that many families and babies are in need of support as we move forward. Many have navigated the past few years without much of the help that would ordinarily be expected and it is now the duty of support services to find out the toll that this may have taken and what is now needed to adequately support these families and the cohort of “coronnials” - the new generation of babies born during and after COVID-19 (Ichimura, 2020) for whom things have been so different than ever before.

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