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BECOMING A MOTHER IN 2020

Section A: The experience of women who gave birth during COVID-19:
A systematic review.

7314

Section B: The experience of Black women who became mothers for the first
time in 2020.

7948

Overall Word Count: 15312

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

APRIL 2023

SALOMONS INSTITUTE
CANTERBURY CHRIST CHURCH UNIVERSITY

Acknowledgements

I extend my sincere gratitude to the women who shared their stories, without you this research would not be possible.

Special thanks to my supervisors Rachel, Kyla, and Tamara for their invaluable feedback and guidance, and to Orbit for their advice during the project's formation.

I am also grateful for my patient and supportive friends, family, and the "Brownies".

Elijah, my source of encouragement and positivity, your love and prayers have been invaluable.

Finally, to my mum who encouraged a curious seven-year-old to pursue her dreams

- thank you for your love and understanding. I hope I've made you proud.

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Summary of the Major Research Project

Section A is a thematic synthesis of the literature on the experience of women who became mothers during 2020. Seventeen papers were relevant to the research area and were included in the review. The findings showed that their experience could be summarised within six themes: 1) Change to support and relationships, 2) Feeling alone, 3) Missing out on things that were expected, 4) Fear of the COVID-19 virus, 5) Mental health and emotional difficulties and 6) Silver linings. The discussion revolves around the clinical significance of the findings, while also highlighting the suggested areas for further research.

Section B is an empirical study using Interpretive Phenomenological Analysis to explore the experience of Black women who became mothers for the first time in 2020. Eight women who self-identified as being Black and who gave birth between March-August 2020, took part in semi-structured interviews. Six Group Experiential Themes and multiple subthemes emerged and were discussed including their clinical and research implications. Limitations of the study were also explored.

Section C includes appendices of supporting material.

Section A: Literature Review

The experience of women who became mothers during COVID-19:

A thematic synthesis.

Word count: 7314 +284

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

APRIL 2023

Abstract

Background: Becoming a mother could be described as an exciting and transformative time for women. It is also understood that during pregnancy and the postnatal period, many mothers experience uncertainty and stress due to a myriad of issues including physical and psychosocial difficulties. COVID-19 generally had a profound impact on the mental health of the nation, as the pandemic produced physical health concerns, increased social isolation and financial difficulties. However, for those who became mothers during this time, this experience was even more impactful as they were completing this transition in an uncertain world.

This systematic review intended to examine the experiences of women who became mothers during 2020, and to understand how they felt during this time of uncertainty and change.

Method: The literature from the results of six databases, was systematically searched. Papers were then screened and selected in line with pre-defined inclusion and exclusion criteria, using the PRISMA method.

The remaining papers were then subjected to a quality assessment using a qualitative critical appraisal tool. A total of 17 studies met the inclusion criteria and were included in this review.

Outcomes: Six main themes emerged from the review: 1) Change to support and relationships, 2) Feeling alone, 3) Missing out on things that were expected, 4) Fear of the COVID-19 virus, 5) Mental health and emotional difficulties and 6) Silver linings.

Discussion: Women who became mothers during 2020 described their experience as significantly influenced by the COVID-19 pandemic, which resulted in changes to

their expectations of how motherhood would be. Further research is needed into the experience of women from minority ethnic backgrounds, as the majority of the women who took part in the research that was synthesised were White.

Key Words: First time mothers, COVID-19, perinatal wellbeing

Introduction

Becoming a mother is widely accepted to be an exciting and transformative time for women. The experience is often spoken about in relation to first-time mothers but is also impactful for mothers of multiple children (Laney et al., 2015). Each child's conception, labour and birth brings about new challenges and joys for parents and a range of biopsychosocial changes, particularly for mothers. The term "matrescence" coined by Raphael (1975) is understood as the process of becoming a mother and is a transition in which women learn about themselves as well as their new child, and adjust to a new stage of life (Moyer & Kinser, 2021). These changes influence the way in which mothers relate to themselves and others (Laney et al., 2015), and this time of transition can be destabilising, considering the myriad of biological, psychological, and social changes. The most notable of these include the biochemical changes with oestrogen and progesterone fluctuations and the physical differences in a woman's body before, during and after becoming a mother (Steiner et al., 2003).

Theoretical underpinnings

Matrescence can be a turbulent process, and therefore has sparked the interest of many researchers over the years, with different theories about the evolution that takes place. Rubin (1967) was one of the first to theorise the transition

to motherhood as a psychological process, not just a physical one (Parratt & Fahy, 2011). Similarly, Mercer (2004) described a process that allows mothers to form a new identity for themselves over time. She emphasised that 'becoming a mother' is a continuous process, starting during pregnancy and progressing after birth.

Impactful factors

Raphael (1975) also spoke of the difference in emphasis different cultures place on the experience of having a child. In the West, the experience is centred towards the child (e.g., "A child is born.") whereas in other cultures the experience may centre on the mother, (e.g., in Tikopia they would refer to the same event as "The woman has given birth."). This highlights how the experience of motherhood can be shaped by different socio-cultural viewpoints that influence how the mother experiences this transition.

There are other things that can also impact this transition period, including the amount of social support available and financial buoyancy (Negrón et al., 2013; Marcil et al., 2020). These socioeconomic factors can be extremely important in anybody's life (Stringhini et al., 2017). However, when a woman is becoming a mother, she is more vulnerable to experiencing the negative effects of these factors more so than others as she is already going through a psycho-biological change that is preparing her for motherhood (Lothian, 2008).

COVID-19

The Coronavirus (COVID-19) pandemic that began in late 2019 marked a momentous change to everybody's life (Fiorillo & Gorwood, 2020). Globally, people experienced lockdowns that lasted for weeks on end, as well as food, fuel, and medication shortages (Office of National Statistics, 2021). This pandemic was the

worst that the world had seen since the Spanish Flu of 1918-19 (Angelopoulos et al., 2020). It was discovered through a longitudinal study that this “new normal” had changed how people saw and operated in the world and influenced how well individuals felt able to cope with the uncertainty and constant change throughout the course of the pandemic (Mana et al., 2021). COVID-19 also had a profound impact on the mental health of the nation, with scores on measures for anxiety and depression exceeding the population norms (Jia et al., 2020).

The pandemic also produced physical health concerns, increased social isolation and financial instability, demonstrated via the results of a large population study by Pierce et al. (2020). There was also a decrease in professional healthcare provision, which in turn had its own consequences such as the decrease in the amount of people who could access hospitals and an increase in pressures placed on healthcare staff (Moynihan et al., 2021). For women who were pregnant or who gave birth to children during this time, there were also physical health concerns (Wei et al., 2021) including the transmission of COVID-19 (Pirkle, 2022), breastfeeding safely with COVID-19 (Goldbort et al., 2021) and safety of vaccinations (Januszek et al., 2021). It is important to recognise how the lack of social support can impact maternal mental health and increase anxiety amongst mothers (Chavis, 2016). This is especially important as many women were not able to have someone accompany them to scans or have a birthing partner present during labour due to COVID-19 restrictions (Topping & Duncan, 2020).

Rationale for the review

Some research has been published about the biological/health impact of COVID-19 on mothers and babies (Twanow et al., 2022; Young et al., 2022; Baergen et al., 2022) however, out of all the studies that are currently available at the time of

writing, it was found that only a few focussed specifically on the qualitative experience of becoming a mother during the pandemic.

Findings from global literature confirm that women who gave birth or who were pregnant during the pandemic experienced unique difficulties (Viaux et al., 2020). However, little is known about how mothers experienced the *psychosocial changes* that took place during their transition to motherhood during the COVID-19 pandemic.

The following review aims to synthesise the current literature that explores women's experiences of *becoming a mother* during the pandemic, specifically their transition into motherhood and the changes this created in their mental health, daily functioning, and expected experience. This review is also focused on how the transition to motherhood may have been directly impacted by the pandemic as it was a global and novel experience that created disruption for everyone.

The reason for the specific focus on the transition to motherhood during COVID-19 is due to the well documented impact that motherhood has on a women's sense of self and identity. This transition can be hard for many women, regardless of if they are first-time mothers or if they already have had children. Due to this, it is important to understand how the transition is experienced by women who became mothers during the pandemic, whilst they were simultaneously experiencing the effects of COVID-19 at the same time as the rest of the world.

Aim of the review

This systematic review aims to synthesise the research into the experience of women who became mothers during the COVID-19 pandemic. It is hoped that this will highlight the uniqueness of this process during a novel and turbulent time, and

bring together all the research that has been recently published in response to the pandemic. This review aims to explore this topic in relation to women's' qualitative descriptions of this experience and focus on how COVID-19 impacted the transition to motherhood for women.

Methodology

Literature search

An electronic search of the literature was conducted on the 4th and 5th of October 2022 to identify and collate appropriate studies for review. The databases that were used are included in Table 1, and the same search term was used across all of them:

("becoming a mother" OR "new mother" OR "first time mother" OR "first time mother*" OR "first-time mother" OR "first-time mother*") AND (covid* OR corona*)

Only papers published between 1st of January 2020 and the date of search (4th, 5th, 6th and 7th of October) were included to focus on the COVID-19 period.

Table 1. *Summary Of Database Search*

| Electronic database | Papers Retrieved |
|---|------------------|
| Applied Social Sciences Index and Abstracts (ASSIA) | 869 |
| Pubmed | 816 |
| PsychInfo | 19 |
| Web of ScienceE | 29 |
| OVID Medline | 7 |
| Maternity & Infant Care Database (MIDIRS) | 11 |
| TOTAL | 1,751 |

After completing an initial electronic search, a manual search was completed on the 6th and 7th of October, which included the use of Google Scholar. Another search was completed on the 10th of October to include the references from the studies that were deemed relevant.

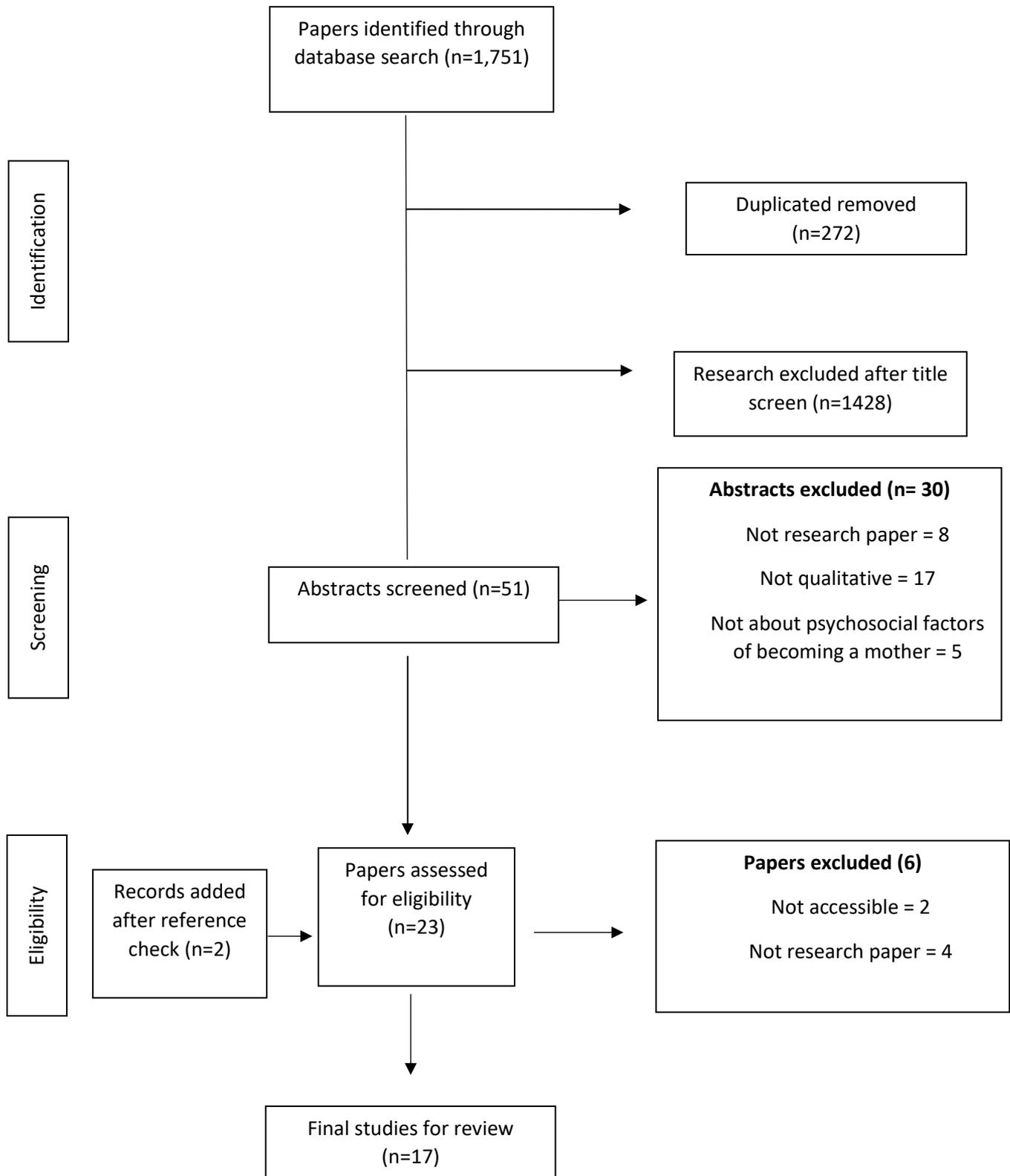
Once all the papers had been gathered and imported into RefWorks, the titles were screened for relevance. Once this was completed, those that had relevant titles had their abstracts screened to determine if the study met the inclusion criteria.

Inclusion and exclusion criteria

Only studies that were empirical, qualitative, peer reviewed and published after January 2020 were included. This was to encapsulate all the possible studies that could have been published after the COVID-19 outbreak. Studies with women who were not pregnant or who had not given birth during the pandemic were not included. Studies that had been written in languages other than English were included as long as a translated copy was available. Papers that were mixed methods or that included a mixed sample such as healthcare professionals or fathers were also excluded. Studies were also excluded if they did not focus on the psychosocial transition to motherhood, but instead focused on the biological impact. Twenty studies remained that met the inclusion criteria and contained research that looked at both first time and multiparous mothers. A PRIMSA diagram of the process is shown in figure 1.

Figure 1.

PRISMA Diagram



Data extraction and quality assessment

The studies were then analysed for quality via The Critical Appraisal Skills Programme qualitative checklist (CASP) (Public Health Research Unit, 2006). The CASP checklist requires the researcher to determine the quality of the paper by answering questions that span over three domains, including: “are the results valid?”, “what are the results?”, and “will the results help locally?”.

Out of the total 20 studies, 3 were excluded for not meeting the quality standards that the researcher had determined, i.e. a high or moderate quality rating. (Larotonda & Mason, 2022) was removed due to it having unclear justification for the research design, very little information about data collection/analysis and no information about ethics or reflexivity about the relationship between the researcher and participants. Similarly, Joy et al., (2020) did not address any potential bias that having nursing staff as part of the research team may have had on the formulation of interview questions and the data analysis. They also did not mention how the themes were curated or ratified for the discourse analysis. Finally, Ashby et al., (2022) was excluded due to lack of information about the potential conflict of interest due to the study being completed by the Mayo Clinic School, and the participants being patients and recruited from the Mayo Clinic’s electronic database. They also did not provide information about how the study was communicated to participants or if they gave informed consent. The remaining studies were included in the review as they had been scored either high or moderate in their quality. This was decided based on whether the researcher was able to answer positively to at least seven of the nine domains. More details can be seen in Appendix A.

Table 2. Study Characteristics

| Citation | Title | Aims | Analysis | Procedure | Sampling |
|--------------------------------|---|---|---------------------------------------|--|---|
| Keating et al., 2021 | Women's experience of pregnancy and birth during the COVID-19 pandemic: a qualitative study | To explore women's experience of pregnancy and birth in the Republic of Ireland during the COVID-19 pandemic. | Grounded Theory | Semi-structured interviews over Zoom or telephone call ranging from 21-64 minutes. | 14 women who were either pregnant or who had given birth since the 27 th of March 2020 |
| Vermeulen et al., 2022 | Women's experiences with being pregnant and becoming a new mother during the COVID-19 pandemic | To explore these women's experiences during the COVID-19 pandemic. | Thematic Analysis | Participants answered an open question to an online survey | 556 women who were pregnant or who had given birth during the covid-19 pandemic |
| Riley et al., 2021 | The impact of COVID-19 restrictions on women's pregnancy and postpartum experience in England: A qualitative exploration | To understand the impact of COVID-19 restrictions on women's pregnancy and postpartum experience. | Inductive reflexive Thematic Analysis | Semi-structured interviews over the telephone or email. | 25 women who were pregnant between march and July 2020 |
| Jackson et al., 2021 | Postpartum women's psychological experiences during the COVID-19 pandemic: a modified recurrent cross sectional thematic analysis | The postpartum psychological experiences of UK women during different phases of the COVID-19 pandemic and associated 'lockdowns | Thematic analysis | Semi-structured interviews via zoom or phone call conducted at two time points | 12 new mothers |
| Gray & Barnett 2022 | Welcoming new life under lockdown: Exploring the experiences of first-time mothers who gave birth. during the COVID-19 pandemic | To explore how first-time mothers in the UK experienced new parenthood during the coronavirus (COVID-19) pandemic. | Thematic analysis | Semi-structured interviews over zoom and email lasting between 25 and 52 minutes. | 10 first time mothers |

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|--------------------------------|--|---|--------------------|--|---|
| Atmuri et al., 2021 | Perspectives of pregnant women during the COVID-19 pandemic: A qualitative study | To study the perspectives of pregnant women in Australia in relation to the impact of the COVID-19 pandemic on their pregnancy experience | Thematic analysis | Semi-structured interviews conducted either on the phone or video call lasting between 9 and 28 minutes. | 15 women who were pregnant at the time of interview and were receiving antenatal care at a hospital |
| Montgomery et al., 2022 | Navigating uncertainty alone: A grounded theory analysis of women's psycho-social experiences of pregnancy and childbirth during the COVID-19 pandemic in London | To explore the psycho-social experiences of women who received maternity care and gave birth in South London during the first 'lockdown'. | Grounded theory | Semi-structured online interviews between 30-90 minutes | 23 women who had given birth before the interviews |
| Ajayi et al., 2021 | Childbearing experiences during the covid-19 pandemic | To provide a detailed description of new mothers' lived experiences during childbirth in the context of COVID-19 and assess what mothers feel nurses, nurse practitioners, midwives, and physicians who cared for them could have done differently in response to COVID-19. | Narrative analysis | Birth story videos from YouTube ranging from 2- 62 minutes describing women's experiences. | 83 birth stories from women who uploaded videos between January and September 2020 |

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|------------------------------|--|--|--|--|--|
| Shuman et al., 2022 | “Mourning the Experience of What Should Have Been”: Experiences of Peripartum Women During the COVID-19 Pandemic | To describe the peripartum experiences of women who gave birth during the COVID-19 pandemic in the United States. | Thematic analysis | Online survey with two free text questions | 371 postpartum women who gave birth after 1 st of February 2020 |
| Ollivier et al., 2021 | Mental Health & Parental Concerns during COVID-19: The Experiences of New Mothers Amidst Social Isolation | To understand the impact of the COVID-19 pandemic on mothers/parents across Nova Scotia who are caring for a child 0-12 months of age. | Feminist poststructuralism and discourse analysis | Online survey with three main open-ended questions | 68 new mothers from Nova Scotia |
| Rossetto et al., 2021 | Flowers and thorns in pregnancy: experiences during the COVID-19 pandemic | To understand the effects of COVID-19 during pregnancy | Qualitative, participatory action research (PAR) Study based on Paulo Freire’s concepts | Virtual Culture Circle (VCC) was created on Google Meet which lasted 2 hours | 12 pregnant women, living in the South and Southeast regions of Brazil |

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|-------------------------------|--|--|---|---|--|
| Critchlow et al., 2022 | Experiences of New Mothers During the Coronavirus Disease 2019 (COVID-19) Pandemic | To describe postpartum experiences of women who gave birth during the coronavirus disease 2019 (COVID-19) pandemic and to identify short-term and long-term opportunities to address maternal–child health during this pandemic. | Photo-elicitation and directed content analysis | Participants were asked to take photos during their daily routine to illustrate their postpartum experience during the COVID-19 pandemic. They were then interviewed for 60 minutes using the photos as prompts. | 30 women between 3 and 10 weeks postpartum |
| Liden et al., 2022 | Being in the shadow of the unknown — Swedish women's lived experiences of pregnancy during the COVID-19 pandemic, a phenomenological study | To gain a deeper understanding of how women not infected by SARS-CoV-2 experienced pregnancy during the COVID-19 pandemic in Sweden. | Phenomenological reflective lifeworld approach. | Interviews ranging between 30-70 minutes | 14 women that had not contracted COVID-19 and who were pregnant during the first and second wave of the pandemic |
| Aydin, 2022 | Becoming a Mother in the Shadow of COVID-19 | To explore the experiences and coping methods of primiparous women during the COVID-19 pandemic | Grounded theory | Semi-structured interviews ranging from 40-60 minutes | 17 first time mothers |

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|--------------------------------|---|--|---|---|--|
| Sweet et al., 2021 | Becoming a mother in the 'new' social world in Australia during the first wave of the COVID-19 pandemic | To describe childbearing women's experiences of becoming a mother during the COVID-19 pandemic in Australia. | A qualitative exploratory design | Semi-structured interviews ranging from 30 –60 minutes | 27 women who were either pregnant or postpartum at the time of interview |
| Kinser et al., 2022 | "It's always hard being a mom, but the pandemic has made everything harder": A qualitative exploration of the experiences of perinatal women during the COVID-19 pandemic | The purpose of this study is to explore the lived experience of pregnant and postpartum women in the United States during the ongoing COVID-19 pandemic. | A hermeneutic phenomenological qualitative approach | Semi-structured interviews ranging 30 minutes to two hours. | 54 women who were pregnant or up to 6 months postpartum in April-June 2020 |
| Abu Sabbah et al., 2022 | Fears and uncertainties of expectant mothers during the COVID-19 pandemic: trying to reclaim control | The aim of the study is to explore and describe expectant mothers' experiences during the lockdown of COVID-19. | A qualitative descriptive research design | Semi-structured interviews ranging from 25 to 45 minutes | Six pregnant and 12 postpartum women (up to 6 weeks) |

Methodology of papers critiqued.

Participants and setting

The studies all focused on women between the ages of 18 - 45 who were either pregnant or who had given birth after the start of the COVID-19 pandemic (January 2020). Women of different parity and geographical location were included, including four studies conducted in the UK (Gray & Barnett 2022; Riley et al., 2021; Jackson et al., 2021; Montgomery et al., 2022), four in the United States (Ajayi et al., 2021; Shuman et al., 2022; Critchlow et al., 2022; Kinser et al., 2022), two in Australia (Atmuri et al., 2021 and Sweet et al., 2021), one in Ireland (Keating et al., 2021), one in Belgium (Vermeulen et al., 2022), one in Turkey (Aydin, 2022), one in Canada (Ollivier et al., 2021), one in Jordan (Abu Sabbah et al., 2022) , one in Sweden (Liden et al., 2022) and one in Brazil (Rossetto et al., 2021). More information about the study characteristics can be seen in Table 2.

Design

Not all studies were conducted as interviews, with Vermeulen et al. (2022), Shuman et al. (2022) and Ollivier et al. (2021) all using data from answers to open ended questions on a survey. Only one study used data gathered from a focus group (Rossetto et al., 2021), another used data from YouTube videos (Ajayi et al., 2021) and one study incorporated the use of photos taken by the participants to generate conversation about their experience (Critchlow et al., 2022)

Findings of review

Seventeen studies that explored the experience of women who were either pregnant or who gave birth during the COVID-19 pandemic were analysed using thematic synthesis (Thomas & Harden, 2008). Thematic synthesis is an analytic method for systematic reviews that is similar to thematic analysis, however it includes interpretations from the authors in addition to the participants' accounts.

Thematic synthesis involves a three-step process that involves moving from coding the results from primary studies in an "line-by-line" fashion, to grouping similar codes together to form descriptive themes, to finally generating analytical themes (Thomas & Harden, 2008). Studies were inductively coded, as the researcher went through the result sections of each study and gave at least one code to each statement. Some statements/descriptions of experiences belonged to multiple codes and therefore more codes were created as more studies were analysed. After coding 17 studies, 88 codes were generated.

Next, the codes were grouped according to similar themes that ran between them all, for example the codes; "abandonment, isolation and going at it alone" were grouped together to create a descriptive theme of "Feeling alone". Some codes were so unique that they were not able to be grouped together with others and so were left as they were. This process involved going through all the original codes and re-reading the sections of the studies in context to understand the meaning of the statements in order to search for other codes that captured the same or similar sentiments. This created 20 descriptive themes.

Lastly, in the creation of analytical themes, descriptive themes were further grouped together to address the review question, "what was the experience of

women who became mothers during the COVID-19 pandemic?”. Six themes were identified that encapsulated the experience for mothers which included: 1) Change to support and relationships, 2) Feeling alone, 3) Missing out on things that were expected, 4) Fear of the COVID-19 virus, 5) Mental health and emotional challenges and 6) Silver linings.

Findings from studies

Change to support and relationships.

Due to the unexpected and sudden onset of COVID-19, many restrictions were put into place quickly and enforced rigidly which did not allow for many mothers to organise alternative support provision for their motherhood journey (Sweet et al., 2021). It was found in the research that women found the lack of support that they received during the pandemic one of the hardest parts of their experience, with all 17 of the papers highlighting this. Kinser et al. (2022) included a quote from a woman that summarised the experience for many: “It takes a village to raise a child. And because of the pandemic, the village got stripped away from us.”. Five papers (Atmuri et al., 2021; Grey & Barnett, 2021; Keating et al., 2021; Liden et al., 2021 and Vermeulen et al., 2021) explicitly spoke of the exclusion of partners from hospital visits and delivery rooms, and how not only was it extremely disappointing and upsetting for the mothers, but how they also felt sad for their partners who were unable to support them through those moments. This was particularly hard for those that had bad news delivered to them while going to scans and had to process that information alone without any support from their friends or family (Liden et al., 2021).

Nine papers also spoke of the change in their support systems. Unfortunately, several found this difficult as the level of support they received from healthcare professionals was subpar to what they imagined they would have had from friends and family (Montgomery et al., 2022; Keating et al., 2021; Liden et al., 2021). Some did praise the staff for being able to navigate through the pandemic as best as they could (Kinser et al., 2022; Riley et al., 2021 and Vermeulen et al., 2022) but others felt as though not enough was done to provide and support the women to find clear information that could be helpful about the transition to motherhood (Critchlow et al., 2022) and the risk to mum and baby if they caught COVID-19 (Aydin, 2022) .

Mothers felt that the lack of this support from staff led to difficulties in building rapport and relationships, especially when there was no continuity in the teams due to understaffing and the unpredictability of COVID-19 (Montgomery, 2022; Vermeulen et al., 2022).

Relationship changes were not restricted to the healthcare staff. Five studies (Abu Sabbah et al., 2022; Aydin, 2022; Critchlow, 2022; Rossetto et al., 2021 and Ollivier et al., 2021) also described changes to the relationships with families and friends, particularly in having to balance having their loved ones around to share the experience of having a new child, whilst also having to be aware of the COVID-19 risks and restrictions.

Feeling alone

A major theme that was discussed in all the papers was the idea that the mothers felt as though they were alone and isolated in their motherhood journey, almost as if they were “going it alone” (Sweet et al., 2021). They spoke of feeling the physical isolation due to the social distancing restrictions (Critchlow et al., 2022; Jackson et al., 2021), but also the social isolation due to not being connected to friends, family, healthcare professionals and community support (Abu Sabbah et al., 2022; Shuman et al., 2022; Vermeulen et al., 2022). Some of the participants in these studies also reflected on how the isolation made them feel abandoned and forgotten, especially in relation to healthcare staff scaling back on pre and postnatal visits and check-ups.

Ollivier et al. (2021), highlighted the use of the word “dumped” by the women they interviewed to describe how they felt. There was a feeling of being left behind and not being emotionally attended to which caused mothers to feel stressed, especially as they were unsure what to do. In addition to this, there were also incidences of physically being neglected, with Montgomery et al. (2022) sharing the story of a mother who was left in a hospital bed covered in blood with dirty, bloody sheets, and was not attended to by any of the staff present.

Women also expressed frustration and disappointment at their governments for not giving enough/clear information about the impact of COVID-19 on breastfeeding and babies, which once again increased the feelings of not being seen as important and being forgotten (Jackson et al., 2021). This made a lot of women feel as though they had to do the experience on their own and were left to “fend for themselves” in order to figure out how to adjust and develop into the role of mother.

This was especially true for those who were first time mothers, with nine studies describing how the unique challenges of becoming a mother in COVID-19 were heightened as they did not know how to orientate themselves to both the new experience of motherhood and the new world changed by COVID-19 (Vermeulen et al., 2022). Many studies also mentioned how the isolation also caused the mothers to worry about how their child would develop socially, due to the limited social contact that their babies would have experienced as a result of the restrictions.

Missing out on things that were expected.

Women missing out on things that they expected they would experience in their transition to motherhood was a theme that was prevalent in 16 of the 17 studies. Women expressed a strong sense of loss for several parts of their journey including not being able to have baby showers (Sweet et al., 2021) and not being able to share their new experience with others, including family, friends, and their partner (Liden et al., 2021; Ollivier et al., 2021; Shuman et al., 2022). Women also spoke about not being able to do activities they expected in the postpartum period such as attend mother and baby groups. They felt that this impacted their experience, as they were not able to meet other mothers and join in the typical activities that would have been available to them pre-pandemic. There were descriptions of frustration felt by the participants at the allowance of places such as pubs to open, whereas other community venues that they felt was important for their transition to motherhood remained closed (Jackson et al., 2021).

It was also highlighted that by missing out on various experiences, some women felt as though they had not fully crossed over into motherhood. For example, nine papers spoke about women having to change their birthing plans due to

COVID-19 restrictions, and how this unexpected change impacted their idea of what birth would be like, resulting in feelings of unpreparedness (Abu Sabbah et al., 2022; Atmuri, 2022). This particularly impacted first-time mothers, as some felt robbed of this experience of having their first child (Riley et al., 2021). Vermeulen et al. (2022) found that some of the mothers they interviewed had similar feelings about missing out, with them saying:

“Some felt sad not being able to share the evolution of their pregnancy, the movements of their baby and to show their growing bellies. Some respondents experienced their pregnancy as ‘not normal’, ‘hidden’, ‘stolen’ or expressed feelings of ‘having lost a part of pregnancy’.”

However, those who were mothers before; despite still finding the pandemic difficult to navigate, were able to draw on their previous experiences to guide them (Abu Sabbah et al., 2022; Kinser et al., 2022; Montgomery et al., 2022 and Vermeulen et al., 2022).

Fear of the COVID-19 virus

While the world was battling with the uncertainty of the pandemic and lack of information about the coronavirus, women who were pregnant or who had given birth were particularly impacted by these fears (Rossetto et al., 2021). 15 studies spoke to this directly, with mentions of “cumulative fatigue” due to the need to continually make decisions based on the ever-changing information they were receiving about the pandemic (Kinser et al., 2022). Others also highlighted the uncertainty they faced due to lack of information about the impact of the virus on themselves and their children (Kinser et al., 2022; Sweet et al., 2021; Aydin, 2021). There was a significant amount of inconsistent advice, especially in relation to restrictions and

what would be allowed during delivery and postnatally, which was difficult to manage (Grey and Barnett, 2022). In addition to this, the information that was given was extremely confusing for women, with different guidelines being given by different people such as the government and healthcare professionals (Montgomery et al., 2022). Some women found the lack of knowledge that some healthcare staff had about the precautions that the women should take (Liden et al., 2021) and the unreliability of information that was given (Critchlow et al., 2022) to be particularly anxiety provoking. Some found themselves adopting techniques to help them manage this, with one mother from the Ollivier et al. (2021) study describing how she felt as though looking for more information would be pointless and stressful, and therefore avoided it altogether. Other women also found the increase in information unhelpful, with Liden et al. (2021) describing one woman's experience of having her father give her daily updates of all the latest news. This, however, was found to be an added stressor and added to the fear mongering that was already being experienced. Fear mongering was worsened by the role of the media both on and offline, with the availability of misinformation and exposure to others recounting their horror stories, which caused anxiety and worry amongst those who were earlier on in the process of motherhood (Sweet et al., 2021). The same paper shared the experience of one woman who said, *"there was no black and white, and I found that really inconsistent because people were making me feel worried and 'oh should you be working?', 'are you okay?'"*, which exemplified the anxiety women felt.

The health implications of contracting COVID-19 were devastating, and unfortunately resulted in millions of fatalities. This created a fear of being exposed and contracting the virus for women who were pregnant, and a worry about their child becoming sick (Vermeulen et al., 2022). Naturally, this fear of contamination

caused mothers to behave differently to usual, including changing where they went (Jackson et al., 2021), and avoiding having people around them and their baby (Grey & Barnett, 2021), including members of their own household (Liden et al., 2021). One woman in the Abu Sabbah et al., (2022) study said *“Disinfectants have become more important than bread”* when describing how her desire to keep her family healthy had become her top priority. Aydin (2021) described how one woman would frequently change her baby’s clothes, bathe them, and not trust anybody with her child. Another even spoke of using disposable covers for surfaces her baby may lie on, and avoiding touching anything in public spaces.

Several women also missed doctor’s appointments due to the fear of being in a hospital setting where there might be a higher risk of contamination (Abu Sabbah et al., 2022; Aydin, 2021; Keating et al., 2021; Liden et al., 2021). This heightened awareness of coronavirus led to one family feeling the need to overprepare for any trouble they may face during labour and delivery, fearing that there would not be sufficient resources or staff to deliver safe care. The family, described in Sweet et al. (2021) had bought *“...our own IV fluids and cannulas and respiratory equipment, so that if the baby wasn’t breathing then we could do something about it”*. Similarly in Abu Sabbah et al. (2022), one woman spoke of her decision to opt for an elective caesarean instead of a vaginal birth, she said *“...I decided to go for caesarean to feel certain, reassured and relieved...there were warning messages that corona would spread, and the hospitals would be closed.”* The need to prepare was also evident in the Atmuri et al. (2022) study, with women speaking about anticipating shortages of nappies, and therefore buying more in advance.

Mental health and emotional challenges

Living in a state of uncertainty also impacted the mental health of women as they navigated through the pandemic. Some already had mental health difficulties (Ollivier et al., 2021), but for others, things got worse as the pandemic progressed, with 14 of the studies discussing the mothers' struggles with their mental health during COVID-19.

Anxiety seemed to be prevalent in the stories of the women, with some saying that their anxiety was difficult to control and caused them to feel on edge (Rossetto et al., 2021). Causes of anxiety that were described included the uncertainty of the virus, the adjustment to breastfeeding, lack of support and the isolation. Shuman et al. (2022) reported an instance where a mother's milk supply had stopped, which she believed was due to the amount of stress and anxiety she felt about COVID. Others found that the anxiety of COVID impacted them to the point of experiencing panic attacks (Kinser et al., 2022 and Jackson et al., 2021).

Depression was also a common theme, with mothers speaking about postnatally struggling with feelings of low mood (Vermeulen et al., 2021). Ajayi et al. (2021) described an experience of a mother that said she would just sit on the toilet and express colostrum whilst crying all the time. These experiences were not unique as the studies all had an element of hopelessness that was expressed in the stories of their participants. As mentioned previously, the lack of information was difficult for the new mothers, and this too impacted their mental health.

Others had strong feelings of frustration in addition to low mood, and one participant from Critchlow et al. (2022) mentioned how she felt like her mind was in a straight-jacket and felt stuck, leading her to feel like things could "*get like real*

depressing". Similarly, another participant from Jackson et al. (2021) likened being a new mother at this time to the lockdowns during the pandemic, expressing feelings of restriction and being stuck. This mix of emotions impacted the mothers' mental health and emotional state, as they were happy that they were able to experience motherhood and have healthy children, however it was overshadowed by the unfortunate circumstances that their children had been born into (Ajayi et al., 2021).

For one participant in the Jackson et al. (2021) study, the pandemic had completely ruined her experience of motherhood to the point that she had expressed *"I'd wished we hadn't had [baby] [voice wavering]. Which sounds awful, and it makes me cry."* These difficult realisations of guilt and regret were also shared by others, with one woman explicitly mentioning how her feelings of regret had clouded her motherhood experience (Aydin, 2021), and some saying that the guilt they felt was also due to not feeling as if they were doing the best for their child (Shuman et al., 2022). Different women had different ways of coping with these emotions, with some choosing to "count their blessings" and focus on the fact that they had a healthy baby (Ajayi, et al., 2021). However, others felt that they needed to prioritise their mental wellness and broke the lockdown rules in order to do so (Jackson et al., 2021). In this study, one woman said that she had resulted to "weighing up" the risks herself, and another spoke of breaking the guidelines to have her mum stay with her as *"...it just got too much. I needed someone."*

These emotional and mental health challenges were expressed by women from various parts of the world; however, it was notable that those who were from the United States reported to struggle more with getting access to mental health professionals (Kinser et al., 2022). One woman spoke about the difficulty in finding a

therapist who could offer specialist support for those who were perinatal. Another recalled how *“sure they put me on a SSRI [antidepressant], but that’s only half the equation. Accessing mental health treatment was a joke.”*

Silver linings

Despite the difficulties that came with the COVID-19 pandemic, 14 of the papers highlighted how mothers were able to find some positives in the changes that had occurred. One of the main positives that women spoke about was the fact that the lockdowns forced everyone to slow down, and this meant that they could spend more time looking after themselves properly after giving birth (Rossetto et al., 2021; Atmuri et al., 2022). A mother in Jackson et al. (2021) spoke about how refreshing it was to have the space to recover at home and not have the added pressures of keeping a house clean for when guests come to visit. For her, the time in lockdown was very beneficial. Another mother mentioned how she was able to use her maternity leave *“for taking care for the baby, partner and self-care”* (Vermeulen et al., 2022). In addition to this, pressures to entertain visitors decreased as women now had an excuse to not see people (Grey & Barnett, 2022 and Montgomery et al., 2022).

As a result of this, mothers also experienced the benefit of having more time to spend with their partners and bond with their babies (Shuman et al., 2022; Rossetto et al., 2021). Grey and Barnett (2022) interviewed one woman who spoke highly of the experience by saying:

“I mean for us he (father) got to spend a month with her whereas before he would have only had two weeks... there’s nothing like having your husband here to see her and watch them two bond as well.”

The increased time that the women were able to spend with their partners also allowed them to receive more support, something that was crucial at a time where wider social support was heavily reduced (Montgomery et al., 2022). Overall, the research suggested that new mothers appreciated the pandemic for the chance to share more of the responsibilities with their partners, something that wouldn’t usually be feasible (Jackson et al., 2021). One woman from the study said that this extra support even allowed her to breastfeed for longer, something that Riley et al. (2021), Grey and Barnett (2022) and Kinser et al. (2022) also found.

One of the main reasons why so many partners were able to support the new mums, was due to the introduction of working from home, another benefit for the women who were still working during their pregnancy. Liden et al. (2021) highlighted one woman that said that she was able to attend appointments without having to take time off work due to her new flexible working pattern. Atmuri et al. (2021) also found that women found this change a welcomed benefit of COVID-19, with one woman saying *“It’s been really good, in that, I got to work from home instead of going into the office, so I’ve been able to, yeah, take a rest when I need a rest and pick my own hours.”* Another woman compared her current pregnancy to her first experience and felt that it was much better as she was able to nap and rest when tired (Vermeulen et al., 2022).

Vermeulen et al. (2021) and Montgomery et al. (2022) also found that working from home meant that women could save on commuting costs. Similarly, Rossetto et

al. (2021) described how their participants enjoyed financial benefits from the lockdowns too. One woman had said *“Another good thing was that we didn’t feel the need to buy new clothes because we spend most time at home, and so we save money”*. This was very helpful in a time when some people were struggling financially.

Another silver lining was the introduction of technology due to the social distancing rules, with 14 studies quoting participants’ praise of this development. Mothers reported quicker and more concentrated healthcare support (Montgomery et al., 2022; Riley et al., 2021 and Liden et al., 2021), more access to virtual groups and specialists (Abu Sabbah et al., 2022 and Critchlow et al., 2022) and new ways of connecting with others online (Ollivier et al., 2021).

Discussion

The aim of this review was to understand the experience of women who became mothers during COVID-19. This review found that women reported mixed feelings about the pandemic, with mostly negative experiences which were expressed by participants from around the world. The key features of their experiences are highlighted below.

Change in support and relationships.

Healthcare provision changed during the pandemic with women not being allowed to have a partner or support person with them to attend appointments. For some, this also meant not having that support during labour and delivery. This change in support continued into postpartum, as due to government guidelines

around social distancing, many were unable to get support from loved ones or engage in the usual rituals after having a baby (e.g., have the help of parents, or introduce their new-born to family and friends). A lot of women felt as if this impacted their relationship with their family and friends and spoke about the inadequate support from staff as an inferior substitute to what they would have had from their “village”.

Missing out on things that were expected.

A lot of women had expectations of what their experience would be like, with well thought out ideas about the pregnancy, delivery and postpartum journey. However, the restrictions enforced due to coronavirus changed all of these things and some women found it difficult to accept these changes. The literature showed that women who had given birth to other children seemed to have a different experience to those who were first time mothers, with those who either were pregnant or who gave birth for the first time during the pandemic reporting feeling as if they had been robbed of a unique experience. However, those who had given birth before felt they could navigate the challenges of becoming a mother slightly better, based on their previous experiences.

Fear of the COVID-19 virus

For all, contracting COVID-19 was a real fear due to the seriousness of the pandemic and the fatalities that came about for some who caught the virus. For the mothers in these studies, the serious and often fatal symptoms of COVID-19 created worry and fear about contamination and uncertainty about the guidelines and restrictions in place due to inconsistent messaging. This lack of reliability created

more anxiety in these women, and in order to manage this, many changed their behaviours by overpreparing, being more restrictive in who they saw and who was around their children, with some even missing medical appointments.

Feeling alone

The women in these studies all said that they dealt with feelings of isolation, abandonment, or neglect during the pandemic. For some, this was due to social distancing guidelines that stopped them from seeing their family and friends. For others, this was due to not being given enough information by healthcare staff and being left to figure things out on their own. Others spoke of physical neglect by healthcare professionals due to the lack in resources and short-staffing. Overall, the studies highlighted the need for social connection with others, something that was missing during this time for the participants.

Mental health and emotional challenges

Due to all the factors listed above, it is of no surprise that the participants in the studies spoke of the difficulties they experienced with their emotions and mental health due to COVID-19. Mothers expressed how the pandemic had made them feel stuck, almost likening their motherhood experience to being in lockdown. Others reflected on the anxiety and depression they felt – some due to the fear mongering created by the media and some due to the hopelessness they felt about their situations. This impacted them tremendously, with some mothers admitting regret about their children, which then caused feelings of guilt. To combat this, mothers tried to appreciate what they had, but for some the only way they felt able to cope was to break lockdown rules to get support from family and friends.

Silver linings

Not all aspects of the COVID pandemic were deemed negative. The majority of studies included stories from mothers who said that they had found positives in the circumstances that had come out of the pandemic. One of the most helpful things that was reported was having more time at home with their baby, their partners and themselves. Women found this helpful for their transition into motherhood and claimed that this allowed them to have a better breastfeeding experience and less obligations to entertain and host visitors. Another benefit was the flexibility that came with working from home. Due to technology, it was now possible for women to continue to work, while also being able to attend appointments and take care of themselves. The increase in technology was also a welcomed change as it transformed the ways mothers communicated with their healthcare professionals, which was well received. It also allowed for the introduction of support groups and virtual classes, things that some of the women would not have been able to access before. Lastly, financial savings were not unrecognised, with women being able to save on transport and clothing due to lockdowns.

Limitations of the review

This review synthesised the findings of 17 studies that investigated the experience of women who had given birth or who were pregnant during the COVID-19 pandemic. While this search yielded quality papers that were published between January 2020 and October 2022, the time range of “the COVID-19 pandemic” is ambiguous and not clearly defined. For some, the height of COVID is limited to 2020, however, some studies included data from 2020 and 2021. Although women from

the 2021 cohort would still be classed as becoming mothers in the COVID-19 pandemic, one could argue that their experience may have been quite different from those who had become a mother in 2020 when the virus was still very novel and the response to it was much more disorganised.

Similarly, the studies contained a mixture of data from first-time mothers and those who already had children. The research showed that those who were experiencing motherhood for the first time, anecdotally had a different experience from those who previously had children under “normal” conditions. This distinction was not made in this review, however the papers currently available at the time of writing that focused on first time mothers, was limited to five and it would not have been adequate to only review papers with this subgroup of women. However, it can be understood that first-time and multiparous mothers would have had different experiences which could have helped or hindered their ability to cope during the transition. Those who had children before may have been at a disadvantage as they knew what to expect under “normal” conditions, and therefore may have experienced even more of feelings of disappointment. Whereas for first time mothers, they did not know any differently and therefore the experience was novel and incomparable. Conversely, first time mothers may have felt “cheated” by the disrupted experience, and therefore not have been able to adjust as well as those who had previously enjoyed positive experiences with other children.

Lastly, the literature search, quality review and thematic synthesis were completed by one researcher only. This could have resulted in higher levels of biased reviewing, as multiple review teams and coders help the primary researcher to consider different studies for inclusion or exclusion and alternative categorisation of the themes.

Implication of findings

These findings help to identify the core elements that new mothers need, regardless of a pandemic. It was clear that support, connection, and clarity around health information were important to women. This has relevance to clinicians in both mental and physical health to be aware of the factors that can positively promote an adaptive transition into motherhood. This could be demonstrated in the encouragement of mental health professionals to routinely check in with women who are transitioning into motherhood about their emotional and psychological state, especially those who have pre-existing mental health difficulties. Although this is already recommended by the NICE guidelines, there seems to be a disconnect between knowing this guidance and being able to routinely carry this out.

Perhaps, this can be explained by the immense pressure and stress healthcare systems were and continue to be under. The continual demands that are placed on healthcare workers can lead to burnout, and therefore the quality of care delivered becomes reduced. Nevertheless, this is of particular importance as it has been evidenced through these studies that emotional and mental health were identified as areas of challenge for these mothers during this time. As perinatal mental health is not just about the mother, but also impacts the child(ren) and the extended family unit – this is of even more importance to monitor. Proactive support for women who may not have had their usual resources to overcome the difficulties of the pandemic should be offered by clinicians who can acknowledge the novelty of the transition they went through. They should also be using systemic structures to ensure that that women have adequate and informed communities around them. This could be via utilising the women's own family support system and providing

education on the transition to motherhood, or via creating pockets of support in the community by making resources more available in places mothers attend, for example places of worship or advertising services in mother and baby groups. Working collaboratively with physical health professionals such as midwives, health visitors and doctors reduces the risk of women “slipping through the net” and therefore feeling neglected.

Many of the women in these studies were not from ethnically diverse backgrounds, and those that were completed in non-homogenous countries e.g. Canada (Ollivier, 2021) did not include the ethnic breakdown of participants so it is difficult to know this information. This is an area of potential research as studies show that women from minority backgrounds are at greater risk of mortality and morbidity during pregnancy and the first postnatal year than White women, often due to racism (McKenzie, 2019). While there is not a singular reason for this, The MBRRACE report (2020) also implies that one of the reasons is due to communication issues that prevent medical staff from being able to help Black, Asian, and Minority Ethnic (BAME) women, especially when they are deteriorating. Women from these backgrounds had higher fatality rates during COVID-19 (Gur et al., 2020) and therefore it could be concluded that these women may have different challenges and triumphs in their story of motherhood.

Conclusion

To conclude, this review synthesised qualitative explorations of the existing literature from 17 papers to provide a comprehensive understanding of the

experiences of women who became mothers during the COVID-19 pandemic. Other reviews had focused on the biological impacts of COVID-19 on women and their babies or had been quantitative in nature. This review provides a unique qualitative perspective on this experience that adds to the body of literature that is already present.

It has been shown that the women who gave birth during COVID-19 could have their experience summed up in six themes: 1) Change to support and relationships, 2) Feeling alone, 3) Missing out on things that were expected, 4) Fear of the COVID-19 virus, 5) Mental health and emotional challenges and 6) Silver linings.

Due to the themes uncovered in the research, a call for health professionals to be more aware of the social support and level of information that is given to women has been recommended. Equally as important is the systemic, collaborative style of working with other healthcare professionals in order to ensure that mothers have clarity to mediate anxiety and miscommunication, and also to prevent mothers feeling abandoned or neglected by “falling through the cracks”.

Areas of research remain, with the experience of women from ethnic minority groups under researched in the literature, especially with considerations given to the unique experiences these women face in their journey of motherhood, independent of the pandemic (Reynolds, 2020). Likewise, the exploration of first-time mothers during this time is underrepresented, with only five studies found when completing a literature search.

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Section B: Empirical Paper

The experience of Black women who became mothers for the first time in 2020.

Word Count: 7948 +462

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology and prepared for submission to the journal 'Maternal
and Child Health'.

APRIL 2023

SALOMONS INSTITUTE
CANTERBURY CHRIST CHURCH UNIVERSITY

Abstract

Background: Research shows that the experiences of Black women transitioning into motherhood are shaped by unique social, cultural and historical factors, which can make it a challenging experience. Black mothers often face challenges related to their racial identity, including stereotypical views of mothers and a lack of positive representation in the media. Black women also face inequalities in access to and outcomes within maternity services, including disproportionate rates of maternal mortality, systemic racism, disparities in antenatal care and lack of cultural awareness. These challenges have been exacerbated by the COVID-19 pandemic, which highlighted the need for equitable access to maternal healthcare for Black women. This study aimed to explore the experiences of Black women who became mothers for the first time during 2020, amid COVID-19, racial tension and healthcare disparities.

Method: Interpretive Phenomenological Analysis was used in the study. Eight women participated in individual semi-structured interviews. All women were first-time mothers who gave birth between March and August 2020 and self-identified as being Black.

Results: Six Group Experiential Themes (GET), with several subthemes emerged from the data. The GET's consisted of: No place of safety: Race and Experience, Motherhood Involves Change, Love and Tension, The World Needs to Change, 2020

Was Really Hard and Silver Linings of Motherhood During COVID. These are discussed in the results section.

Discussion: Findings suggest that Black women who became mothers for the first time during 2020 had their experiences influenced by COVID-19, unexpected adaptations made during the pandemic and racism in healthcare and society. Future research is encouraged into Black women's experience of motherhood for the first time, as this is still an area that is under researched and requires more knowledge in order to make tangible change.

Key words: First-time, mother, COVID-19, racism, identity

Introduction

Becoming a mother as a Black woman

The experiences of Black women as they transition into motherhood are multifaceted and are often shaped by a unique set of social, cultural, and historical factors (Mitchell & Davis, 2019; Reynolds, 2020). Black women, like many others, can experience this transition as scary or full of uncertainty and expectation (Bassey Etowa, 2012), however it can also be a time of great joy. This transition was observed through McMahon's (1995) research into the impact mothering has on a women's sense of identity. She found that not only did becoming a mother shape how women identified themselves, but it also brought fulfilment and a sense of belonging.

Unfortunately, Black mothers often face challenges related to their racial identity (Hayes & Casstevens, 2017) and have often had their experiences ignored or marginalised in mainstream narratives and research (Spates, 2012). The misrepresentation and lack of positive visibility of Black mothers in the media and popular culture (Iliášová, 2020; Rosenthal & Lobel, 2016) makes it increasingly more difficult for them to find support and connect with other mothers who share similar experiences due to the oversaturation of the narratives of White women (O'Reilly, 2021). This can result in feelings of isolation and disconnection, which can make motherhood an even more challenging experience.

Stereotypical views of mothers and the subsequential impact of this is often known as "the motherhood penalty" (Correll et al., 2007). However, for Black women

this is amplified further (Rosette et al., 2018). For example, Kennelly (1999) demonstrated how these stereotypes can cause employers to believe that Black women are more likely to be single mothers and therefore not as capable to perform well at work. Therefore, unique challenges related to the intersectionality of race, gender and socio-economic status have been identified for Black women warranting specific exploration and understanding.

Racial discrimination and healthcare disparities

Black women in the UK form part of a group of marginalised individuals, who due to racism, face discrimination in many areas of their everyday lives such as education (Stockfelt, 2018) and employment (Morgan, 2020). Since George Floyd's death in the summer of 2020, the Black Lives Matter (BLM) movement and subsequent global protests against police brutality and systemic racism have increased the discourse about discrimination in the United Kingdom.

One area where attention has been focused is on the experiences of Black women who are subjected to inequalities in access to, and outcomes within maternity services (Garcia et al., 2015; Kapadia et al., 2022; Knight et al., 2022). The National Health Service (NHS) aims to provide equitable and high-quality care to all mothers, however, racial disparities in maternal health outcomes persist. Some of the specific challenges that Black women face in the UK include:

Disproportionate Rates of Maternal Mortality: Black women in the UK are still nearly four times more likely to die from pregnancy or childbirth related complications compared to white women (Knight et al., 2020a), even after a

taskforce was compiled to address these inequalities (Women and Equalities Committee, 2023). These disparities are even greater for those who are both Black and live in the most deprived areas of the UK (Hansard, 19 April 2021 col 1). This risk extends to their children, with children born to Black mothers being twice as likely to die in their first year of life compared to children born to White women (Ely & Driscoll, 2022) and more likely to experience fatal low birth weight (Office of National Statistics, 2021).

Systemic Racism: Black women are more likely to experience discrimination and mistreatment within the healthcare system, which can negatively impact the quality of care they receive (Birthrights, 2021). This can include inadequate pain management (Puthussery et al., 2008) and limited access to information and resources (Birthrights, 2021).

Disparities in Antenatal Care: Black women are more likely to experience delays in accessing antenatal care visits, which can result in missed opportunities to address health issues and improve maternal and new-born outcomes (Puthussery et al., 2022).

Lack of Cultural Competence: Black women may face limited access to care that is culturally appropriate and sensitive to their needs and experiences, leading to mistrust and inadequate care (Esegbona-Adeigbe, 2018).

The impact of COVID-19

The systemic racism and discrimination Black communities continuously face in healthcare and other institutions made it more difficult for them to access quality health care during the pandemic (Public Health England, 2020). This is due to a long history of mistreatment and mistrust of the healthcare system (Ogueji et al., 2022), which was exacerbated by the pandemic and the delay in the communication of information (Chandler et al., 2021). The COVID-19 pandemic only further highlighted the need for equitable access to maternal healthcare for Black women.

This was highlighted after a study by Rushovich et al. (2021) looked at the intersectionality of race and sex and reported that Black women were more likely to die from COVID-19 compared to both White men and White women. In addition to this, the fear of contracting the virus, coupled with limited access to social and mental health support, created significant stress and anxiety for many Black mothers during 2020 (Kalinowski et al., 2022).

Although the pandemic affected the availability and accessibility of healthcare services for all women, Black women from lower socioeconomic groups were particularly affected, which is especially concerning as they are also at greater risk of experiencing both physical and mental health difficulties in pregnancy compared to White women (Womersley et al., 2021).

Furthermore, the economic impact of the pandemic also extended to Black women, as being furloughed or losing their jobs had a significant impact on their

financial stability, making it more difficult for them to access resources and support during pregnancy and in the postnatal period (Abdelshahid & Habane, 2021).

Rationale

Literature suggests that becoming a mother as a Black woman is fraught with its own cultural, social and historical challenges. Likewise, being a Black woman, nevertheless a Black mother during 2020 amplified already existing difficulties due to the COVID-19 pandemic and racial unrest. Before 2020, there were already reports of health disparities for Black maternal health, however it became highlighted as information about the outcomes for Black women who contracted COVID-19 became available (Kmietowicz, 2020). Despite this, there is no exploration of the experience of Black women who became mothers for the first time during 2020. Existing research that has described the experience of first-time mothers during 2020, has primarily included data that has not specifically researched the experience of Black women, but included data from non-Black participants (e.g. Grey & Barnett, 2021), or is quantitative (e.g. Ben-Yaakov & Taubman–Ben-Ari, 2022; McMillan et al., 2021).

Aims of the present study

To explore the experiences of Black women who became mothers for the first time during 2020, amid COVID-19, racial tension and healthcare disparities.

Research Questions:

- a. How did Black women in 2020 experience becoming mothers for the first time?
- b. How did they make sense of themselves during this experience?
- c. How, if at all, did they perceive events in society in 2020 to impact on their experience of becoming mothers for the first time?

Method

This study utilised an Interpretive Phenomenological Analysis (IPA; Smith et al., 2009) approach to understand the participant's experiences' of becoming a mother in 2020 as a Black woman. IPA is a qualitative methodology, used to make sense of people's lived experiences. It focuses on using an interpretive approach and the technique of 'double hermeneutics' to allow the researcher to interpret the interpretations that the participants make of their experiences.

Design

Data was gathered via semi-structured interviews and utilised an interview schedule (Appendix B) to shape the questioning of each participant. The interview schedule was developed in relation to the research objectives, whilst also adhering to the guidelines provided by Smith et al. (2009) to ensure consistency with IPA methodology. During the schedule's development, the researcher consulted with women from the organisation, Orbit, a social enterprise focusing on maternal wellbeing. These women were experts by experience, and helped to shape the questions so that they did not feel "awkward" or "clumsy".

Participants

IPA guidelines suggest that the samples used should be from a homogenous group to limit the amount of variation in the demographics of the participants, ensuring that the psychological variability within the group can be the main focus. It is also suggested that a small sample of cases are ideal for studies as it allows for a more detailed and comprehensive analysis. Turpin et al. (1997) suggested that for Clinical Psychology doctoral studies, between six and eight participants is appropriate. Due to this, eight women from self-identified Black backgrounds were

selected to take part in this study (demographics in Table 1). Women who were not first-time mothers were excluded to reduce heterogeneity, as it was recognised that becoming a mother is likely experienced differently by those who have already had a child(ren). Details of the inclusion and exclusion criteria can be found in Table 2.

Table 1. *Demographics of participants*

| Pseudonym | Age at interview | Ethnicity | Marital status | Method of delivery | Baby's age at time of interview |
|------------------|-------------------------|-------------------------|-----------------------|-------------------------------|--|
| Rachael | 37 | Black African | Married | Emergency C-Section | 23 months |
| Claudia | 32 | Black Caribbean | Married | Vaginal birth | 24 months |
| Louisa | 32 | Black African | In a relationship | Vaginal birth | 21 months |
| Stacy | 41 | Black Caribbean | Single | Vaginal birth | 23 months |
| Jessica | 27 | Black Caribbean | In a relationship | Emergency C-Section | 21 months |
| Faith | 34 | Mixed (Black and White) | Married | Vaginal birth | 26 months |
| Sophia | 31 | Black Caribbean | In a relationship | Vaginal birth | 25 months |
| Andrea | 37 | Black Caribbean | Engaged | Vaginal birth with assistance | 21 months |

Table 2. *Inclusion and exclusion criteria*

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| Those who self-identify as from being from a Black background | Women who did not give birth in the U.K |
| Gave birth to their first child during March – August 2020. | Women who conceived following a rape |
| Women over the age of 18 | Women who spent more than three months of their pregnancy outside of the U.K (once they found out they were pregnant) |
| | Women who were accessing support for mental health difficulties |
| | Women who think that speaking about their experiences could give rise to significant distress |
| | Women who were accessing social care support |

Ethical Considerations

The study received ethical approval from the Canterbury Christ Church University committee (Appendix C). Prior to interviews, participants provided informed consent which covered recording, writing up, and potential publishing of data. They were also informed of their right to refuse to answer questions or withdraw from the study without explanation. A debrief was conducted after each interview and participants were informed of their options to discuss any concerns with a member of the research team.

Participants would have been signposted to appropriate resources if needed, and identifiable information disclosed during the interview was modified in the report and transcripts.

All participant and interview data were stored on an encrypted memory stick and the participants were assigned pseudonyms.

Quality Assurance

Before conducting the first participant interview, the lead researcher conducted a bracketing interview (Appendix D) with a trainee colleague to examine their own beliefs and knowledge on Black women's experience of pregnancy, first-time mothers, and motherhood. As the researcher was a woman of Afro-Caribbean descendant, it was important to explore how her views and life experiences may influence her expectations of the findings. It was thought that there may be an emphasis on the importance of cultural practices such as “naming ceremonies” (Ohaja & Anyim, 2021) or postpartum rites typically performed by extended family members (Aládésanmí & Ògúnjìnmí, 2019), and the disappointment at not being able to experience these. However, these topics were discussed with the project supervisors to account for potential influence on the research. The lead researcher maintained a reflective diary throughout the research (Appendix E), and credibility of theme development was discussed with Orbit and research supervisors.

Participant Recruitment

To conduct safe interviews during the COVID-19 pandemic, video calls were utilised. This allowed for a broader inclusion group, with recruitment expanded to include women from across the UK. Recruitment mainly occurred through one generalised Facebook group for the Black community and the promotion of the study advert (Appendix F) by Orbit on their Twitter page. Snowball recruitment was also utilised as participants shared the information with their own social network.

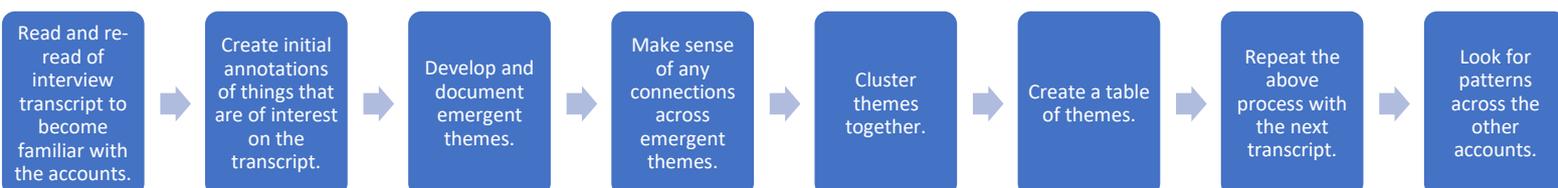
Individuals who were interested in participating in the study were encouraged to contact the lead researcher via their university email address. Upon contact, they were sent an information sheet (Appendix G) which detailed the inclusion and exclusion criteria and a brief description of the study, as well as a consent form (Appendix H). Participants who read the information sheet and agreed to meet the requirements, signed and returned the consent form. As a token of appreciation for their participation, all women who took part in the study received a £10 voucher that could be used at either Amazon or "VEX multi-choice".

Procedure

Interviews, conducted via video call on Microsoft Teams, began with introductions, demographic questions and lasted between 37 to 83 minutes (average of 57 minutes). They were recorded using Microsoft Teams' record feature, saved onto an encrypted memory stick, and deleted off the computer. A semi-structured format was used, allowing for both structure and flexibility based on responses.

Data Analysis

Analysis of the interviews followed the recommended steps outlined by Smith et al. (2009):



Results

Six Group Experiential Themes (GET) and 19 Sub-Themes (ST) were discovered from the interview data. Where possible, the participant's own words have been used in the titles of the GET's and ST's.

Figure 1. Group Experiential Themes and Subthemes



No place of safety: Race and Experience

This GET explored how race impacted participants' pregnancy and birth experiences, with some reporting positive and negative effects. While some were unsure if racism influenced their experience, they expressed a desire to advocate for themselves and receive fair treatment.

Medical Racism

This sub-theme was felt strongly and vocalised by three of the participants. For them, there was a feeling that they were being discriminated against by medical staff due to their race.

"...and I erm did find myself at times, wondering like are they making assumptions about me? Because you know... my race?" (Faith)

Jessica felt that medical treatment was being withheld due to inaccurate assumptions that Black women have a higher pain tolerance.

"...the reason I think this is because of because I'm black, because of my race...I think that particularly because when I had hyperemesis... it was as if I had to really go crazy-. I had to over dramatise how I felt in order for... doctors to realise that I was suffering..." (Jessica).

Rebecca also echoed this sentiment:

"... I did very much get the sense you know ... black people can handle pain better, I 100% got that feeling from them..." (Rebecca)

Black staff created feelings of reassurance.

Black staff were positively received, and some participants even felt relieved by their presence. They expressed feeling seen and supported, which Jessica felt was lacking in interactions with non-Black staff.

"...I remember there was a midwife in there erm Black erm woman and erm she came in and she was like... don't worry, we're gonna get things sorted...she was the only one that reassured me... if there wasn't erm any black representation in that industry, I don't know what I would have done." (Jessica)

Black staff provided nuanced care that went beyond surface-level support. Louisa, for example, had her cultural, traditional, and spiritual needs met by having a Black midwife.

"...when I went into labour, I went into hospital and I was allocated a Black midwife. I've never felt so relieved in my life...even when my son was being born she said blessings all over his life. Like, you know, just prophesied blessings on him...She was God sent." (Louisa)

Instinct vs medical opinion

Six women reported having their bodily experiences or concerns dismissed by medical staff. This was especially concerning for Faith, who had expressed concerns about a potential haemorrhage that were ignored, and ultimately experienced one.

"...Erm I was a little bit anxious about active labour and I did say to the midwife a few times that like my mother had had a postpartum haemorrhage that had been quite serious erm and my gran had said something about bleeding, but there were a bit like, you know, cross that bridge when we come to it...." (Faith)

Participants frequently mentioned being told by staff that their baby was not on the way, despite feeling like they were.

“...You’re gonna be hours yet, love. Don’t worry about it just go back up, OK?. Alright I can feel my baby (laughs). I was like, OK, and then she came, like, 20 minutes later...” (Stacy)

For Sophia, this awareness of her own body prevented her from needing an unnecessary assisted birth.

“When I came in, they were saying, oh, I would need to have a what’s that one where they force it out? Is it forceps?...Because my water had both more than 24 hours and I was just like, why would I need that? Like, I know the babies coming down like I know my own body...” (Sophia)

Motherhood Involves Change

The participants shared how motherhood transformed various aspects of their lives. This GET presents a collection of their experiences, highlighting the changes and adjustments they faced during this period.

Your body really changes.

Some participants discussed the challenges of physical changes during pregnancy and childbirth. Stacy and Rebecca expressed feeling as if they had given up their bodies for their children. Rebecca notably said:

“...And I felt like I’d lost my body because I literally just, literally used to sit there with a baby attached to me for hours. I was like, how can I take this long for a baby to

feed? Just like putting them on one breast, put him on another, and he just lived there, he just lived on me..." (Rebecca)

For Stacy, this created an alternative sense of self:

"...there was a definitely a period of time where I was umm it seemed very notable that I like I felt definitely like a different person because you know your body hasn't been yours for nine months..." (Stacy)

The physical changes confirmed both the growing life and the forthcoming motherhood for participants. This marked Sophia's new identity acquisition:

"...Like your body really changes umm so I think that's the first realization like this [becoming a mother] is actually happening..." (Sophia)

Same person, but different

All women experienced a new sense of self, some struggled to retain aspects from pre-motherhood and others embraced changes.

"...a lot of parents lose that identity, they'll become parents and then that's all they become. Whereas you are more than a parent. You can be a really good parent and still be you." (Andrea)

Most women prioritised their careers before entering motherhood, but now it ceased to define their identity, fostering personal confidence.

*"...the work that I did and the job that I had, played a really big part in my identity...it's just kind of been a kind of natural evolution of this stage of my life about, at the moment, it being less about my job and more about...looking after *baby name*... I think I probably feel more confident as, as a person now." (Faith)*

For Sophia, these changes in her life brought a new awareness that she did not have before. Becoming a mother made her see herself differently, she said: *"...I was aware of myself, like my strengths and but it also makes you very aware of what you're not able to do.... So like before, I would think I was super woman (laughs)..."* (Sophia)

Harder than expected.

All the women spoke about the expectations they had before having their children. Moreover, all but one spoke about motherhood being more difficult than they expected.

"...I kind of felt like ermm, I didn't... You know, it's gonna be not as easy, but you don't realize how difficult it's gonna be..." (Sophia)

Jessica's expectation of easy motherhood based on friends' experiences, was shattered by her own reality.

"...It's not reality at all. So I thought ohh it's gonna be breeze erm and actually erm, I found myself in joggers ...like every single day without fail...I thought it was gonna be a lot easier in terms of kind of my relation, my relationships actually a little bit harder now that I've got a child..." (Jessica)

Claudia, a mother without any prior experience with children, found the challenges even more impactful due to the unknowns of motherhood.

"...one thing about having a child, I think regardless of COVID or not, I think it's a lot more difficult than it seems, and people don't really talk about it and people don't

show that and also people don't show how stressful it is, especially when you have your first..." (Claudia)

Making baby a priority

Most women mentioned making their child a priority in all areas of life. For some this came with feelings of excitement, for others it was an adjustment.

"...instead of buying myself new clothes, I'll buy him new clothes. Instead of buying myself a new treat I'll be like oooh my little boy would like that." (Andrea).

Rebecca's adjustment took more consideration and balance, creating longing for an easier way to reconcile this push and pull of responsibility.

"...That juggle is very real and very difficult erm and I haven't figured it out yet how to like quite balance those things because he is my number one priority but like you can get sacked from your job. (laughing) I think it's a struggle that everyone has to a degree..." (Rebecca)

Love and Tension

Participants recognised how motherhood impacted others, with some experiencing greater connections while others described distance in their social circles. This transformation affected not only them, but others as well.

Relationships Deepened

Motherhood brought some women closer to people in their lives. For Faith, it allowed her and her partner to become more unified as they raised their daughter.

"... with my partner, I think it's kind of deepened it to a different level... we know what we're doing as parents, you know, certainly feels like...we really are a family now and in that sense it's, it's strengthened our bond..." (Faith)

Some women appreciated their own mothers more after becoming mothers themselves, as they experienced the same challenges. Jessica felt this intergenerational connection, despite previously having a strained relationship with her mother.

"...I'm much closer to my mum. My relationship with my mum has improved heavily... I think just becoming a mum and really understanding how hard it is (Jessica)

Stacy appreciated the change in her friendships with other mothers; finding a space where she felt seen and understood, something those without children could not provide.

"...some of my friendships did change, but I think for the better. Like I think just having people around that maybe either know what I'm going through or empathise..." (Stacy)

Failing out of alignment

Most mothers mentioned disconnection and a lack of understanding that others had about their transition.

Some women felt a shift in their relationships with friends, especially those without children. Faith felt distant from her friends due to their assumptions about her new interests.

"...it has put a bit of distance between me and some friends who haven't had kids and aren't at that stage of life just because I can't do the things or, or they don't think that I want to do the things that they do..." (Faith)

Rebecca expressed frustration and weariness at the disjointedness in her marriage as they adjusted to life with a baby, highlighting the struggle partners face understanding the changes women go through while finding their rhythm as a couple.

"...Erm (pause and sigh)...I think it takes some adjustment within a marriage for you to like... So, men and women view these things differently... I think it's difficult for partners to like really understand it [motherhood] and that's something that is a real adjustment that takes time. Erm and I think partly just gets easier as children get older....Maybe my husband is, maybe we view each other differently. Well, there's an interloper in our relationship now basically, isn't there?..." (Rebecca)

Culture Clash

Four of the eight women discussed the impact of being an unmarried mother, while three of them highlighted the cultural disapproval they faced upon announcing their pregnancy.

For Sophia, the combination of faith and culture meant that sharing her pregnancy was not received warmly.

"...I think the way it was perceived was probably harder as well to deal with, more so because [the] Black community can be quite... err so strict... cause I have a strict, Christian err family so they're like, when I went to my cousins house, they're like my mum's cousins. So then they're all of like 50's, 60s age and then they were basically like horrified..." (Sophia)

For Louisa, this disapproval was not expected and subsequently created negative feelings of shame and guilt.

*“,,So erm basically because I'm from an African background erm I got pregnant but not married....So when I told my mum I thought it would be fine because me and my mum have a good relationship. Or so I thought, and the whole topic about ohh you need to be married *unintelligible sounds* came into play... So it just didn't feel like it was something that I could celebrate, being pregnant. I kind of actually felt guilty.”*
(Louisa)

The World Needs to Change

This GET consists of the collective concerns and fears all the mothers expressed about the impact of racism on their lives, and the lives of their children.

Black Faces in White Spaces

Some women expressed indignation at raising a Black child, knowing they and their child would have to navigate life differently and potentially face difficult experiences.

“... that upset me because erm bringing a young Black boy into the world me, my, my little boy is he's mixed race, but he is going to be deemed in society as a young Black boy, he's going to be deemed as a Black man... it saddens me that even in this day and age that people still have those negative connotations, negative thoughts around Black people and Black lives and Black men especially...” (Andrea)

Stacy described the lack of inclusivity:

*“...Throughout my whole pregnancy I did feel like everything was so White...hypnobirthing, very White...all the information... particularly UK information, all White. I live in *area in that is multicultural* and like even the local parenting*

group...we were the only Black, well, I met one other Black woman one week that we went..." (Stacy)

Some women expressed frustration towards others for not responding to racism during the BLM movement. Rebecca felt hurt and targeted by the lack of awareness and interest demonstrated by others in her life.

"...[was speaking to] a white former colleague, who had you know a little boy, a bit older than mine and I was like, do you know what? It bothers me that you are disinterested in the life disparity differences that my son will have versus your son. That really bothers me and that's just how I feel about it..." (Rebecca)

I need to speak out now.

Motherhood sparked a sense of responsibility and internal desire to protect their children. Motivated by the BLM movement, many women took action to change the world and combat the racism Black people frequently face.

"... I kept thinking myself. I need to speak out now. I can't just be just going through going through crap and just leaving it, especially that, because I'm pregnant...Black Lives Matter erm definitely encouraged me to erm, have a voice..." (Jessica)

Louisa felt a duty to pressure the government to reduce the number of birth-related fatalities experienced by Black women.

"...umm so I have to sign those petition that was going around that was talking about getting the government to look at the figures of why black women either pass away during labour or they don't tend to have the best experience.." (SM)

Rebecca described a consequence of speaking out that was linked to another stereotype about Black women. It was as if for her, she would rather temporarily receive negativity than go quiet and risk her son being a victim of injustice.

"... my son is awesome, but he will have, his life will be different to yours and that shouldn't be the case...I do feel even more strongly because I've had a black boy... this world needs to change and I have to be a person who says stuff, who is like probably going to become the aggressive black woman stereotype about these things in the world and amongst all the white people in my life..." (Rebecca)

What can I do?

Some women believed it was their responsibility to shape their child's life, even making lifestyle changes. Louisa, who had recently purchased a house, expressed concerns about her son's welfare and future.

"...So I think I think with me (sigh) it's something that I worry about, especially having a black boy... I'm already thinking "oh when he's, I need to be living in a good area. I don't want him to get in trouble with, with the police"... I need to live in good areas. I need to make sure that my son is surrounded by good people... although he's only nearly two, I'm already thinking, like "ahh I need to" you know, "I need to do better and raise him well"..." (Louisa)

Sophia spoke about altering plans she already had to potentially move abroad due to the unpredictability that racism brings.

"...so this is the thing because obviously raising a son and it's just like "oh but do you, do you wanna raise a son in this world?" you know and you just think "could I live in the US?"...Probably not now...as much as I have American family... you know

you just need some rogue police officer to, to change everything. So it has made me consider not moving to America now... " (Sophia)

Protect yourself.

Constant negative imagery of police brutality led the women to shut off and protect themselves from the negative stories in the news and social media.

"... I had to, I had to come off social media and stop watching TV because it affected me that badly I could not deal with it... I couldn't deal with it... it made me so sad and so angry..." (Faith)

Claudia found the stories and narratives traumatic, and it impacted her mental wellbeing while navigating motherhood.

"... I was even seeing social media posts of people saying, like, oh black babies this and that. You know, and it's just it's traumatic. Like people don't realize that I had to unfollow a lot of people on social media..." (Claudia)

Sophia spoke similarly:

"...You're also trying to, like protect yourself and not watching the footage as well... that would have been too distressing for me, like it was distressing..." (Sophia)

2020 Was Really Hard

COVID-19 made motherhood challenging for these women due to restrictions and limitations that negatively impacted their transition.

Missing out on experiences

Several mums expressed disappointment at unfulfilled expectations and missed experiences. Jessica, for example, did not have the baby shower she had hoped for.

"...We were keeping restrictions at the time I think but yeah just about. We had it in the garden to be honest with you but it did rain , which is awful, but erm yeah, I just about we're just about had one [baby shower] erm in the garden and but then still not a lot of people attended because obviously everyone was so like worried...so yeah...it was a bit of a shambles baby shower..." (Jessica)

Rebecca's unfulfilled plans to attend events like baby groups left her feeling disappointed.

"..., you think your maternity leave is going to involve baby groups and seeing people, help and like, and that your mother-in-law will be here to help you and your mother will be here to help you, that there'll be anyone to help you, but there's just nothing..." (Rebecca)

Finding out the gender of the baby was something many women spoke about as being a happy and momentous moment. However, for Louisa she was unable to share this experience with her partner due to the COVID restrictions.

"...So, I was like, to the consultant oh, can you please just write down the sex of the baby and then me and him can go and open this piece of paper to and find out together. And even then she was like, oh, I can't do that because of COVID..." (Louisa)

She spoke about the difficulty in detail, but this quote summarised her reaction to the disappointment.

“...I ended up walking home and I was just crying because I was just like, such as special moment and you can't find out together.” (Louisa)

The Lost Mothers

The women felt isolated and abandoned due to the lack of information, support, and resources available to them, especially in the healthcare system as Andrea noted:

“...I felt like as well we were like the lost mothers at some point, I think, because it was... from the health service. It was like you didn't get to see midwives as often you didn't get to see err, even after I had him, I didn't get to see health visitors because they didn't want to come to your house and things like that. Erm so it's like that lost pocket of mothers that you kind of have to deal with it on your own...” (Andrea)

This lack of support was not only from healthcare professionals but extended to family and friends due to the strict social distancing policies.

“...It was tough...in normal circumstances my mum could be there, I could have friends there, I could have family there umm that could, that could help and umm. But at that moment, COVID was such a big thing...” (Claudia)

Feelings of Loneliness

All eight mothers expressed feeling lonely and isolated due to COVID-19 policies that involved physical distancing and disconnection from others.

Loneliness overshadowed the anticipated challenges of becoming a mother for Jessica, and COVID-19 worsened her sense of isolation during pregnancy.

"...it was so difficult, being pregnant anyways is hard, but being pregnant when, like you've not really got anyone around erm was even more like difficult ..." (Jessica)

For some, the isolation was a necessary consequence in order to protect their child from potential infection. Rebecca describes:

"... it was just all incredibly isolating and horrendous at the beginning. Erm but I think that was just how things were in early COVID because it was all so unknown and you don't want to take that risk with your baby ..."(Rebecca)

Faith described the loneliness as being more impactful due to not having others to speak to about her experience.

"...You feel like you're the only person that's kind of going through what you're going through, erm although of obviously you know that you're not. ...but there's, you know, you can't, like, go out and have a coffee, you can't go and have a walk with someone around the park. It's just, you....it was really, really hard..." (Faith)

Silver Linings of Motherhood During COVID

Despite pandemic challenges, women found silver linings, enjoyed motherhood, and benefited from COVID-19.

Slowing down allowed connection.

Four mothers highlighted the blessings in disguise that COVID afforded them. Jessica acknowledged that the circumstances were not the best, however some good came from the lockdowns.

"...COVID wasn't a good thing, but it all, everything calmed down...I worked from home as well during erm my pregnancy, before I obviously went on maternity leave, which was also erm a breath of fresh air, so I wasn't having to travel..." (Jessica).

For Sophia the slower pace of life during COVID-19 allowed her the opportunity to rest, and as someone who was previously working in a fast-paced environment, this was a welcomed change.

"...I appreciated the downtime because I could just rest and I think that really worked out for my son because he was very healthy... it gave me time to, like, do some volunteer work and work out what I wanted. So, I was really grateful for erm the slow, slower pace of life..." (Sophia)

Another feature of COVID-19 that made life better, was the amount of time families could spend with each other. Both Claudia and Faith described how this was beneficial for them and their husbands.

*"... we got to spend time altogether as a family, so even though my husband was like sitting in a corner on the dining table...he was still there, which was good. So, if something happened, I could just say to him..."Oh *baby's name* just did this"...so I could share it with him..." (Claudia)*

*"...you can count the number of days he spent in the office in London on like one hand over the last two years erm he and *baby name* are like so, so, so bonded. And they're so, so close. And she just absolutely loves her dad..." (Faith)*

Indescribable Joy

Irrespective of COVID-19 and the anxiety that it brought; mothers were able to still cherish their journey into motherhood.

For Louisa, this was hard to articulate into words:

"...the joy that, you know your baby brings you as they grow up...it's just (sigh) yeah, it's just, I don't know. You just look at him, look at him with so much pride and just love and happiness...it's indescribable..." (Louisa)

For others, the ability to get to know their child as an individual, with their own thoughts and feelings, was highlighted as one of the best parts of their experience.

"... he is just the best...the first time they laugh erm and I remember really clearly [he] just looked at me and just beaming, and smiling, and I was just like, this is amazing...seeing the world through their eyes, like how excited they are about new things and when he's been able to do a new thing... that is the best feeling..." (Rebecca)

Discussion

This study explored the experiences of eight Black first-time mothers in 2020. Their experiences were influenced by COVID-19, adaptations made during the pandemic, and racism in healthcare and society. The findings are discussed in relation to existing literature and psychological theory. Limitations, recommendations for future research, and clinical implications are also reviewed.

No place of safety: Race and Experience

Historically, Black people have not been afforded the same power and dignity as their counterparts in relation to healthcare (Baptiste et al., 2022). Unfortunately, for these participants these disparities continued with the women sensing that the care provided to them by the healthcare professionals was unusual. For example,

some of the women described feeling an undercurrent of racism exhibited in the actions of those who were caring for them, a sentiment consistent with the current literature on Black women's experiences (Jenkins, 2005). This left some of the women feeling as though there was an expectation that they would have a higher tolerance for pain, an idea stemming from the unconsented, experimental surgeries performed on Black enslaved women by Dr James Marion Sims (Spettel & White, 2011; Hoffman et al., 2016).

The women also spoke about feeling as if their own experiences and opinions were being dismissed in favour of healthcare professionals, which begs the question, who is the expert?

Although women from other ethnic backgrounds have also discussed this issue (Hargreaves et al., 2022), the participants indicated that their opinions may have been disregarded due to preconceptions about their understanding of medical processes, potentially leading professionals to view them as less competent or informed. While some argue that most first-time mothers' views are overlooked, given their lack of prior experience (De Sousa et al., 2011), the inclusion of these experiences was purposeful to demonstrate the complexity of understanding the intention behind language. This reflects the ongoing experience for Black women to decode remarks and remain vigilant in the face of microaggressions (Pascoe et al., 2009; Thorpe-Moscon et al., 2019).

Nevertheless, the opportunity to be cared for by staff of a similar ethnic background made a positive contribution, and the mothers expressed relief at knowing that they potentially had an ally or another person who understood the nuances of their experience.

Motherhood Involves Change

Participants discussed differences that occur after becoming a mother, such as physical, practical, and identity changes. This GET was most akin to the literature on the transition to motherhood, including Matrescence theory by Raphael (1975), Maternal Role Attainment by Rubin (1967), and *Becoming a Mother* by Mercer (2004). Identity changes were noted, with some mothers embracing the transition while others attempted to hold onto aspects of their previous life. Interestingly, this part of the experience appears universal and was unaffected by race or events of 2020.

However, it could be possible that the women felt the need to find normalcy in some capacity, and therefore defended this area of motherhood as a space where they could discuss their journey without the shadows of external factors influencing their experience. This could be explained by psychoanalytical thoughts about denial (Freud, 1921) and the rejection of negative or difficult feelings/experiences by an individual and the uptake of a fantasy to relieve anxiety.

Love and Tension

Speaking about the interpersonal transformations that were initiated by motherhood created feelings of sadness, but also appreciation amongst the women. More specifically, the gender differences between mothers and fathers appeared to also be a source of tension which required more navigation than perhaps originally planned. Sevón (2012) speaks about how first-time mothers adjust their understanding of parenting as gender differences emerge through this transition. The novelty of the motherhood experience, combined with the pandemic, may have increased conflicts as mothers and fathers spent more time together due to

lockdowns. This situation may have created more opportunities for clashes and magnified existing differences.

Notably, three of the participants experienced negative reactions to their announcement of pregnancy which were influenced by cultural and racial factors. Previous studies have shown that cultural taboos regarding unmarried Black mothers and the stereotype that they raise children without the father's input may contribute to such negative reactions (Kennelly, 1999; Rosenthal & Lobel, 2016). It is possible that those who expressed disapproval were motivated by a desire to protect the women from social stigma.

This World Needs to Change

Unsurprisingly, the impact of George Floyd's death, COVID-19 health disparities, and the BLM movement weighed heavily on the eight participants, leading to feelings of frustration, anger, and motivation fuelled by the media coverage. Black mothers, particularly those with Black sons were especially impacted, potentially due to them drawing parallels with the victims of police brutality and their children. Beauliere's (2022) study found that Black women were almost twice as likely to experience vicarious trauma from watching videos of police killings of Black people. Moreover, Metzger (2019) found that witnessing race-based trauma has significant psychological consequences, therefore the mothers protecting themselves from such stories can be conceptualised as a form of self-care.

Maslow (1943) describes a necessity for individuals to have their safety needs met as a prerequisite to being able to progress towards self-actualisation. However, the understanding that race played a significant role in determining the survival

prospects of these women and their children, whether due to health disparities as discussed earlier or the racism they faced at the hands of the police, presumably instilled fear in them. This sentiment was alluded to during the interviews, with women trying to be pragmatic about keeping their children safe from the world.

2020 Was Really Hard

COVID created challenges by restricting community support, healthcare provision and perinatal resources, such as mother and baby groups. Participants found the experience difficult due to feelings of loneliness and the unexpectedness of the pandemic made the transition to motherhood difficult. Research suggests that first-time mothers often experience a disconnect between their expectations and reality, which influences their experience (Miller, 2007), and unmet expectations are predictors of postnatal depression and impact mothers' adjustment to motherhood (Harwood et al., 2007; Lazarus & Rossouw, 2015). Becoming a mother during the pandemic may have caused even greater disconnection between reality and expectations, possibly contributing to disappointment due to missing out on experiences.

It could also be suggested that the mothers in the study potentially found the adjustment even more difficult given that they did not have access to some of the resources that may have moderated the difficulties of the pandemic such as social support. This is reflected in the systematic review and metanalysis by Bedaso et al. (2021). They found that low social support during pregnancy was related to the risk of developing mental health difficulties. Likewise, Li et al. (2021) found that social support moderated the perceived stress levels of their participants, which could

explain why the women in this study found the isolation tough mentally, due to the social distancing regulations which removed the ability to have as much support as they required.

Silver Linings of Motherhood During COVID-19

Despite the difficulties of COVID-19, the women in the study were able to find joy in the midst of the challenges, with some choosing to highlight the benefits that COVID-19 allowed. This choice to demonstrate gratitude and draw delight from their adverse situations could be explained by the Broaden-and-Build theory by Fredrickson (1998). The theory postulates that experiencing positive emotions can encourage resilience, creativity and the ability to deal with challenges in life. It can be assumed that the active seeking out of positive experiences and emotions, even during COVID, allowed the mothers to shift through the negatives and draw out the blessings in disguise.

Limitations and Research Recommendations

As IPA requires the researcher to find participants that are homogeneous in nature (Larkin et al., 2021) it does mean that the generalisability of the findings are naturally limited. This study recruited English speaking first-time mothers who lived in the UK, identified themselves as Black, and who gave birth during a specific time period. This means that the results may not be generalisable to other populations or contexts, especially as it is not expected that events such as COVID-19 will make a resurgence again. However, broadening the research area into the experience of those who had multiple children or those from around the world could widen the applicability of future research.

Allowing the participants to self-identify their race could have led to some ambiguity about who could participate. As race can be understood as a socially constructed concept, different definitions and understandings of what it means to be Black may have meant that the self-identification of race may have hugely been reliant on personal or cultural factors. This also introduces some inconsistency in identification, as some people choose to identify their race differently in different contexts or at different times. This study did include one woman who identified herself as being Black, whilst having a White parent. However, due to the aforementioned intricacies, there potentially could have been other women of mixed heritage who felt as though they were unable to participate. Future researchers should hold this dilemma in mind when recruiting participants to ensure that women with similar experiences are not excluded.

Clinical implications

The medical racism that was experienced by the participants resulted in the women feeling unheard and disrespected. This is important to acknowledge in clinical practice, as unbeknown to clinicians, the same behaviours and attitude can be perpetuated in practice - especially in a healthcare system that is under pressure with strikes and burnt-out staff (Health and Social Care Committee, 2021). This could create mistrust in services, which could lead to Black women being less likely to seek medical or psychological support due to previous experiences (Suite et al., 2007; Tekeste et al., 2019). Clinicians should strive to respond to Black women in ways that is culturally sensitive, free of assumptions or discriminatory views- in line with NHS values. More work needs to be done to achieve this, potentially through myth-debunking and appropriate anti-racism training.

The narrative around finding a space that felt safe, whether psychologically by distancing oneself from distressing images, or physically by trying to find geographical locations that would be free from racism, was one that was frequently repeated by the participants. This finding amplifies an additional disparity between Black and White women, where Black women had to consider threats to their safety from the police, society, and health care professionals. This is something that White women possibly do not need to consider. Critical Race Theory (Delgado & Stefancic, 2023) postulates that racism still exists due to the institutional embedment of racist structures that support discrimination to continue. Therefore, professionals should be encouraged to dismantle these systems from within in order to provide better outcomes for Black women.

Although motherhood is in some way an equaliser, certain things such as race highlights that Black women have different things to consider. For them, embarking on this journey meant having to navigate the threats that still exist amongst the systems that are meant to provide safety, and so the impact of these stressors on their wellbeing are important to acknowledge.

This is especially crucial due to the triple influence of new role acquisition, racism and COVID-19 on the experience of becoming a mother as a Black woman in 2020. Individually, these experiences are difficult - being exposed to them all at the same time increases the likelihood of mothers being vulnerable to mental health difficulties, such as anxiety and symptoms of trauma.

As research has clearly outlined how the mental health of the mother has an influence on their child's development, and how the ability to bond and form strong

attachments are also dependent on this, perinatal services should be especially proactive about supporting new mothers, especially Black women.

In response to the White- centric description of motherhood, services can support Black women to recognise the strengths in their own communities and encourage the integration of more diverse ideas in the delivery or provision of interventions. For example, frameworks such as The Tree of Life, has roots in Southern African ideas of community and story-telling (Ncube, 2006). Utilising ideas that have cultural significance within psychological and maternity services ensures meaningful integration of otherwise marginalised Black women.

This study highlights the impact of lack of support, feelings of isolation and unmet expectations on the mothers' transition to motherhood and their mental health. It is important that professionals are aware that individuals who became mothers during the COVID-19 pandemic may potentially still struggle with this feeling of loss, and therefore need support. This could be through providing social groups where women who gave birth during the pandemic can join together and create peer support.

Conclusion

This study explored the experiences of eight Black women who became mothers for the first time in 2020, using IPA to explore how they made sense of this transition. The findings highlighted the impact of the COVID-19 pandemic and systemic racism on their experiences, particularly in relation to healthcare provision. The study also identified the universality of some aspects of the transition to motherhood, including changes in identity and the tensions that arise in interpersonal

relationships. The study demonstrated the ongoing need for professionals to practice anti-racism, the power of community and support, and the urgency of societal reform. Limitations of the study were also discussed, along with recommendations for future research and clinical implications for maternity and mental health services. Overall, this study fills a gap in the literature regarding the experiences of first-time Black mothers and highlights the necessity for further research to comprehensively address the distinctive challenges they encounter.

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Section C: Appendix of supporting material.

A thesis submitted in partial fulfilment of the requirements of
Canterbury Christ Church University for the degree of
Doctor of Clinical Psychology

APRIL 2023

SALOMONS INSTITUTE
CANTERBURY CHRIST CHURCH UNIVERSITY

Appendix A - CASP Results

| Study | Was there a clear statement of the aims of the research? | Is a qualitative methodology appropriate? | Was the research design appropriate to address the aims of the research? | Was the recruitment strategy appropriate to the aims of the research? | Was the data collected in a way that addressed the research issue? | Has the relationship between researcher and participants been adequately considered ? | Have ethical issues been taken into consideration? | Was the data analysis sufficiently rigorous? | Is there a clear statement of findings? | How valuable is the research? | Score |
|------------------------|--|---|--|---|--|--|---|--|---|--|----------|
| Ajayi et al., 2021 | Yes | Yes | Yes | Yes (However they limited the videos to the first 10 pages on YouTube which could have been extended. They gave justification for this as it was common for other studies to do the same and research has suggested that this is what most people do) | Yes | Yes | Yes | Can't tell (No explicit statement about researchers examining their own role in bias in the research and data) | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Vermeulen et al., 2022 | Yes | Yes | Yes | Yes | Yes | Can't tell (There is a statement that says: "No competing interest." However, no comments were made about the relationship | Can't tell (A statement saying that an information sheet was given out, but no clear information about what ethical considerations were taken and what was said to participants.) | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | Moderate |

| | | | | | | | | | | | |
|-------------------------|-----|-----|-----|-----|-----|---|-----|-----|-----|--|------|
| | | | | | | the researchers had to the participants or if this was addressed in reflexivity bracking interviews/notes) | | | | | |
| Abu Sabbah et al., 2022 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Atmuri et al., 2021 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Aydin, 2022 | Yes | Yes | Yes | Yes | Yes | Can't tell (Statement saying, "The author has disclosed no potential interests, financial or otherwise.", however not much detail is given to | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |

| | | | | | | expand on this | | | | | | |
|------------------------|-----|-----|-----|---|-----|----------------|-----|-----|-----|-----|--|----------|
| Critchlow et al., 2022 | Yes | Yes | Yes | No - Participants were recruited in person by the lead researcher which has not been addressed as potential coercion. | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | Moderate |
| Gray & Barnett 2022 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Jackson et al., 2021 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Keating et al., 2021 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |

| | | | | | | | | | | | |
|-------------------------|-----|-----|-----|-----|-----|--|-----|-----|-----|--|------|
| Rossetto et al., 2021 | Yes | Yes | Yes | Yes | Yes | Can't tell - There is a statement that says: "No competing interest." However no comments were made about the relationship the researchers had to the participants or if this was addressed in reflexivity bracketing interviews/notes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Montgomery et al., 2022 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Liden et al., 2022 | Yes | Yes | Yes | Yes | Yes | Yes - In part - There is a statement that says: "No competing interest." But nothing is mentioned about the relationship | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |

| | | | | | | | | | | | |
|-----------------------|-----|-----|---|-----|-----|--|--|---|-----|--|----------|
| | | | | | | the researchers had to the participants or if this was addressed in reflexivity | | | | | |
| Sweet et al., 2021 | Yes | Yes | Can't tell – No reason is given for the research design | Yes | Yes | Can't tell - There is a statement that says: "No competing interest." However no comments were made about the relationship the researchers had to the participants or if this was addressed in reflexivity bracketing interviews/notes | Can't tell - Not clear what ethical considerations were taken and what was said to participants. | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | Moderate |
| Ollivier et al., 2021 | Yes | Yes | Yes | Yes | Yes | Can't tell - here is a statement that says: "No competing interest." No comments were made about the relationship the researchers | Yes | Can't tell - in part, there is a description of the framework used, but not the steps taken and used in the study or an exploration of the researchers own role and influence during data | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | Moderate |

| | | | | | | | | | | | |
|---------------------|-----|-----|---|-----|-----|---|---|--------------------|-----|--|----------|
| | | | | | | had to the participants or if this was addressed in reflexivity bracketing interviews/notes | | analysis/selection | | | |
| Shuman et al., 2022 | Yes | Yes | Can't tell – No information is given about the reason for the research design | Yes | Yes | Can't tell - here is a statement that says: "No competing interest." No comments were made about the relationship the researchers had to the participants or if this was addressed in reflexivity bracketing interviews/notes | Can't tell - Information is given about study information participants were given, but no further expansion on what was included in those | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | Moderate |
| Riley et al., 2021 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research into the experience of mothers during the pandemic is an emerging area. | High |
| Kinser et al., 2022 | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Very valuable – Research | High |

| | | | | | | | | | | | |
|---------------------------|-----|-----|------------|-----|--|--|---|---|-----|---|-----|
| | | | | | | | | | | into the experience of mothers during the pandemic is an emerging area. | |
| Larotonda and Mason, 2022 | Yes | Yes | Can't tell | Yes | Information is given around how the data was collected and analysed, but not about the steps involved or the process of doing so | There is a statement that says: "No competing interest." But nothing is mentioned about the relationship the researchers had to the participants or if this was addressed in reflexivity | No information is given about the confidentiality or ethical information that was given | Can't tell, no information given about how data was coded. | Yes | Yes | Low |
| Joy et al.,2020 | Yes | Yes | Yes | Yes | Yes | No, Research has not addressed any potential bias that nursing staff as part of the research team may have had on the formulation of interview questions, data analysis | No information is given about how the research was explained to participants and their autonomy in taking part. | Discourse analysis was used but no mention of how the themes were curated or ratified | Yes | Yes | Low |
| Ashby et al.,2022 | Yes | Yes | Yes | Yes | Yes | No, information has been | No details have been given about this, especially | Yes | Yes | Yes | Low |

| | | | | | | | | | | | |
|--|--|--|--|--|--|---------------------|---|--|--|--|--|
| | | | | | | provided about this | since the study was completed by the Mayo clinic school of medicine and participants were recruited from the Mayo clinic's electronic database. This could have created a sense of duty for clients and no information is given about whether the clients were told that not taking part did not have an influence on their treatment | | | | |
|--|--|--|--|--|--|---------------------|---|--|--|--|--|

Appendix B – Interview schedule

Thank you for agreeing to speak about your experience and signing the consent form. Do you understand the purpose of this study?

1. Introductory questions

- Could you tell me a bit about your life at the moment?
 - How many children do you have?
 - How old is your youngest child?
 - Who do you currently live with?

2. Exploring the experience of 2020

- Can you tell me about your experience of when you started to become a mother?
 - When did you find out that you were pregnant?
 - Can you tell me about your support system at the time?
 - What was going on for you during March-August 2020?
 - How did you experience the first lockdown?
 - Did you have any thoughts about the BLM movement in summer 2020?

Expectations

- What was your expectation of motherhood?
 - Where did this expectation come from?
 - Do you feel like this expectation influenced how you made sense of becoming a mother?
 - In what ways did your expectations and realities differ?

Identity

- When did you first feel like you were a mother?
 - How has your own identity changed since becoming a mother?
 - Has this change influenced your relationship with yourself?
 - How about with others?
 - How do you think others see you?
 - What challenges did you face in transitioning to “mother”?

Experience

- What made your transition to motherhood memorable?
 - Can you tell me about your best and worst experience?
 - Did you have the experience that you thought you would?
 - How do you perceive your experience to differ from others?
 - How has becoming a mother in 2020 changed you?

Debrief (to be used as appropriate)

- Is there anything else you'd like to cover that we haven't talked about?
- How did you find the interview?
- How are you feeling now?
- Were there any parts of the interview which were more difficult?
- Were there any parts which were easier?

- It can sometimes be difficult talking about events which bring up emotions, how was that for you? Are you feeling alright now we've finished?

Appendix C – Ethical Approval letter



Miss Levine Wildman

Salomons Institute of Applied Psychology

Faculty of Science, Engineering and Social Sciences

8th February 2022

Dear Levine

Becoming a mother: The experience of Black women in 2020.

The panel would like to thank you for your submission and we are pleased to offer you Full approval with comments for consideration with your supervisors:

1. Pg. 5 – Question re: "Do you anticipate participants' distress or discomfort?" The answer provided is "no". It would seem more accurate to say, yes, that discussing significant transitions, and a harsh society to Black people, there could be distress or discomfort. And then consider how this will be looked after.
2. Include consideration of contact with Health Visitor if support is needed; these practitioners are there to support new parents with a range of issues.
3. Pg. 6 – Please think about the rationale for exclusion criteria of conception by rape and mental health difficulties. The researcher will tell the women 'why' they are excluded, but it is not clear why in the application. Consider further that such an exclusion could be excluding key experiences of being a new mother.
4. Pg. 9 – the researcher states that it is 14 days to withdraw; it may be worth considering that data analysis may need to commence 'immediately' after interview. Offering 48 hours to withdraw may be a compromise between Researcher's needs and Participants'.
5. The panel will wish to see any Poster sent to recruit.
6. Please note that the correct presentation of the name of the university is 'Christ Church', that is two words and not one. Under point 17 with Dr. Jones name you have said Salomons Centre, which needs correcting to Salomons Institute. Please ensure you have the correct names throughout communications.
7. Please introduce your supervisors and their credentials in the first paragraph where you introduce yourself on the information sheet.
8. Please provide a copy of your poster to Hannah Tubb so that the panel can approve it.



You are reminded that it is your responsibility to follow, as appropriate, the policies and procedures set out in the [Research Governance Framework](#) and any relevant academic or professional guidelines.

Any significant change in the question, design or conduct of the study over its course will require an amendment application, and may require a new application for ethics approval.

It is a condition of approval that you must inform ethics@canterbury.ac.uk once your research has completed.

Wishing you every success with your research.

On behalf of

Salomons Institute for Applied Psychology Ethics Panel

Appendix D – Bracketing Interview

Topic: Black women's experiences of giving birth during first time during Covid

- Qualitative study, IPA
- The experience and sense making of Black women making transition to motherhood during covid
- Why chose this topic?
 - Always had interest in mothers, pregnancy/maternal/birth transition, maternal MH, particularly for ethnic minorities
 - When first heard about psychology age 7, wanted to be a child psychologist as was interested in child development and working with children. As progressed, realised that the child was only half the story and how parents play such a significant role - particularly mothers, who are often primary caregiver.
 - Mum was a social worker - used innovative ways of parenting, particularly at a time when this was less common. This was also seen as unusual in Caribbean culture. This lead to an interest in how different cultures understand parenting? Cultural importance of matriarchy/mothers/women - how this influences experiences and relationship to motherhood
 - Birth trauma in BME women - MSc topic
- Why exploring experiences of Black women during this time?
 - Many issues during that time specifically affecting Black community/women e.g. data published that Black women x5 more likely to die in childbirth, Covid health inequalities, Brexit and risk of deportation/immigration insecurity, prominence of BLM movement - What was the impact of this on transition to motherhood for Black women in the context of this climate?
 - No research of Black women specifically during this time

- Learning from existing research
 - Transition to motherhood during Covid - reported experiencing anxiety, isolation, worries about doing wrong thing, harming baby, missing out/not having the experience they expected or wanted.
 - Black women's experiences of becoming mothers (not in covid) - Themes include role of community, involvement of other female figures within family (e.g. own mother/mother-in-law), handing down of traditions, rite of passage, stereotypes, traumatic birth experiences and poor experience of services including assumptions and discrimination.
- Expectations
 - Before started - thought that more things would come up with out prompting (e.g. BLM movement). But this actually only came up when prompted. Wondered if maybe that was because covid was such a big factor at that time that it may have dominated memories of this time
 - Expected more stories of bad birth experiences in services - these have come up, but was expecting this to be more prominent. One person actually spoke about having a really positive experience.
 - Expecting that women talk about the transition being monumental - big shift from pre/post birth. This has come up but seems that some women didn't want it to be like that - speaking about not wanting to lose their identity and for there to be a seamless transition e.g. not just mum but also a businesswoman etc.
 - Felt surprised by this because of how womanhood is seen in own culture/family, which is different - motherhood is badge of honour, ultimate prize, women often happy being just mum, in a good way. Maybe previously women didn't always have the opportunities to be anything other than just mum? Stay at home mum not seen as a bad thing
- Why is this topic important?
 - Allows for the voices of Black women to be heard and documented in research. Racial disparities mean that the experiences of Black women can be very different. Hope that can document the findings, inform and help and shape ideas of what Black women's experiences are. Black women are not a monolith, hearing range of voices/experiences and documenting these for people to look back on.
- Audiences?
 - Other black women so they can hear whether the experiences are similar/different, psychologists working with Black women (e.g. in maternal MH), healthcare professionals, anyone who's interested in maternal MH or transition to motherhood and particularly Black women's experience of these things.

Appendix E – Abridged Reflective Diary

21st of January 2021

First meeting with a member of the research team – starting to feel quite daunting thinking about all the things I need to learn in order to do a good piece of work! The meeting today was mainly about what is IPA and how I need to be reflexive, so that's why I'm starting this journal now. I've been thinking about my own standpoint and the lens I'm approaching this work from. So far I've noticed that I've already got ideas about what would be interesting to discover, but the point of IPA is not to come with your own assumptions and knowledge.

26th of February 2021

Second meeting with the research team today, however one of them wasn't present. I met my external supervisor and had an interesting discussion today about my rationale for decisions, e.g why only 1st time mothers. Eventually I think we've agreed that their experience is more novel, therefore they wouldn't be able to compare their experience to ones they've had before outside of COVID etc. I also raised a dilemma I had regarding the inclusion of an interview question around the political/social events of that summer, e.g BLM, Brexit, release of report on pregnancy and childbirth disparities in BAME women. I wasn't sure if it would be appropriate/ consistent with the methodology if I prompt them as then am I introducing my own agenda of what to speak about?

8th of April 2021

It was decided that it would be okay to use the BLM prompt question, as long as I don't frame it in a leading way. E.g "How did the BLM protests impact you?" as this would be assuming that they did and therefore leading the participants to answer in a way that might not truly reflect their experience. Changed the title and taken out the term "COVID-19" as it might limit participants to speak only about that and not about the events of 2020 in its entirety. Bit worried that I might not have enough participants if I focus on just Black women gave birth between March – August? I need 8-10 women, but considering submitting ethics around "non-white" women just in case.

22nd of May 2021

Was working on my MRP proposal today and my laptop crashed!!! Lost a lot of work and had to rewrite quite a bit from memory. I'm still not sure I have included all the feedback from the research team as I can't see their comments. Will keep trying, but this is very frustrating!

28th of May 2021

I think I have finished my proposal! This is going to be a long two years if the pressure feels this intense all the time! I also spoke to Brenda at Orbit about being the consultants by experience for the project. I'm hoping that they agree as I really like their project, but I'm still waiting to hear back. I'm also waiting to hear from Prosperity and The Motherhood Group

Appendix F – Study Poster

Psychological Study into the experience of Black women who became mothers for the first time in 2020



Are you a Black woman who gave birth for the first time during March 2020-August 2020?

WE WANT TO HEAR FROM YOU!

Research looking into the experience of Black women becoming mothers for the first time is very limited, especially for women living in the UK. Taking part in this study would help us learn more about this experience.

Participation in this research will involve a conversation with the researcher about your experience via video chat.

As a small token of appreciation for your time and the sharing of your story, you will receive a **£10 amazon gift voucher**.

For more information please contact the researcher, Levine Wildman: lw623@canterbury.ac.uk

Thank
you!



Appendix G – Participant Information Sheet

Hello. My name is Levine Wildman and I am a Trainee Clinical Psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why the research is being done and what it would involve for you.

Please feel free to talk to others about the study if you'd like to, before deciding to take part.

(Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the how the study will be conducted).

Part 1

Research Project Title: Becoming a mother: The experience of Black women in 2020

1) Invitation

My name is Levine and I am a Trainee Clinical Psychologist. I am carrying out a research study as part of my Clinical Psychology Doctorate, which I am completing at the Salomons Institute for Applied Psychology, Canterbury Christchurch University. The information on the following sheets relate to the study I am carrying out.

Before you decide whether you'd like to take part or not, please take some time to read this information sheet which outlines details of the study and what is required of you should you wish to participate. If there is any other information you would like about the study or if you have any questions then please let me know. You are under no obligation to take part following reading this information sheet.

2) What is the purpose of the study?

This research study is aiming to explore the experience of black women who gave birth for the first time in 2020.

3) Why am I eligible to take part?

As part of the study, I will be interviewing Black women about their experience of becoming a mother for the first-time during March 2020-August 2020. You are eligible to take part in the study because you have identified that you were either pregnant or had given birth during this time frame. We'd ask that you don't take part in the study if you found out you were pregnant after August 2020, as this would be after the most restrictive lockdown had ended. We'd also ask that you don't take part in this study if you feel that speaking about your experience of becoming a mother would be distressing for you. This is because this study is aiming to understand and explore the transition to motherhood from the perspective of Black women giving birth during 2020, and so the questions asked will be focused on this experience and may be difficult to answer if this was an especially hard process for you.

4) Do I have to take part?

No, taking part in this study is completely voluntary. If you do agree to take part, you will need to sign a consent form which confirms you have read this information sheet and that you understand what the study involves. You can withdraw at any time during your participation in the study and you do not have to provide a reason for choosing to do this.

5) What does taking part involve?

Firstly, you will be given a consent form with the full details of the study, including details about the use of video/audio recording, so that you can give your informed consent. You will also be given a demographics form to fill in with various simple questions about you such as your age and occupation. Next, the interviews will be conducted over video call, however only the audio will be used for later transcription. You will be asked about your life in 2020 e.g. describing your transition into becoming a mother within the specific time period outlined in section 3. This may include your pregnancy and/or your birth, and finally the period after birth. Prompts may be used to ensure that the interview is flowing in the right direction, but apart from that, no interruptions will be made. The interview is likely to last between 60 and 90 minutes, though it might be shorter than this. Following the transcription of your interview, you will be offered the opportunity to read your transcript and check for accuracy.

6) What are the possible disadvantages and risks of taking part?

Taking part in this study is unlikely to cause you disadvantages. However, one possible disadvantage may be that you find the interview tiring. Another possible risk of taking part in this research include, experiencing distress when speaking about previous difficult experiences. To minimise the risk of this happening, you will be offered breaks during the interview, and you will be provided with the option not to answer interview questions. If you become too distressed during the interview, I will finish the interview early. You are welcome to withdraw your data from the research up to one month after the interview takes place. You are encouraged to contact your GP if you would like support for your distress, your local crisis mental health team if you would like support for your mental health, or if you feel you are at risk of harm, to visit your local A&E department. If you decide to take part in the interview, I will also provide written information of online support you can access.

7) What are the possible benefits of taking part?

Although there are no predicted immediate benefits for those participating in the research, it is hoped that the findings of the research will contribute to existing research regarding the experience of pregnancy and childbirth for black first-time mothers. This has potential implications for the care which is offered to black women during and after pregnancy. If you would like to receive the findings from the study, please tick the option on the consent form indicating this. You will be contacted following the completion of the project in order to receive a summary of the findings.

8) Will I receive expenses or payment for taking part?

Each individual who takes part in the study will be given a £10 gift voucher.

9) What happens if something goes wrong?

Any complaint about the way you have been dealt with during the study or any possible harm you might suffer will be addressed. The detailed information on this is given in Part 2.

10) Will the information collected be kept confidential?

Yes. We will follow ethical and legal practice and all information about you will be kept anonymous. There are some rare situations in which information would have to be shared with others. The details are included in Part 2.

This completes part 1.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2

11) What will happen if I don't want to continue participating in the study?

You are free to withdraw at any point in your involvement with the study. If you wish to withdraw from the study prior to the final write up of the study, your data can be destroyed and will no longer be used in the research. You would need to let me know within 14 days of you completing your interview, as after analysis stage of the project has begun it may not be possible to remove all of the data you have provided. This is because there are points at the analysis stage of the study where your data might have helped with the forming of key concepts or themes. At that point, it is difficult to remove all data if it has had an influence over how conclusions or other interviews are being interpreted. If you did want to withdraw at that stage in the process, I would discuss with you if and how your data could be removed.

12) Will I be recorded, and how will the recorded media be used?

If you agree to taking part in the study, you are agreeing to be video recorded, however only the audio will be used. The recording of the interview will be transcribed by the researcher or member of the research team, in order to be analysed. The transcription of the interview will be securely stored electronically.

13) Will information from or about me from taking part in the study be kept confidential?

Yes, all the information collected in the study will be kept strictly confidential. All data will be pseudoanonymised so that you are not identifiable. You have the right to check whether the information I have collected is accurate. I will also be including direct quotes from the transcripts, however these will also be written under pseudonyms.

During the completion of the project, any data we collect about you will be kept on password protected computers, in password protected files. Other people might ask to look at the data in an anonymised format. This may include my supervisors; Dr Tamara Leeuwerik, Dr Kyla Vaillancourt and Dr Rachel Whatmough. If this were necessary, they would only view anonymised versions of the transcripts. After completion of the project, data will be kept on a password protected CD and will be stored in a locked cabinet for 10 years at the Salomons Institute before then being destroyed.

The only time when I would be obliged to pass on information from you to a third party would be if, as a result of something you told me, I were to become concerned about your safety or the safety of someone else, however I would endeavour to discuss this with you in the first instance.

You can read further information regarding how the University processes your personal data for research purposes at the following link: Research Privacy Notice - <https://www.canterbury.ac.uk/university-solicitors-office/data-protection/privacy-notices/privacy-notices.aspx>

14) What will happen to the results of the research project?

Results from the research will be written up in the format of a doctoral thesis. This will be marked by internal examiners at Canterbury Christchurch University, as well as by an external examiner/s, arranged by the University. Results of the research may also be published in a research journal. You will not be identifiable in either the doctoral thesis or publication. There is the potential that there will be verbatim quotes of your interview included in the write-up of the project, but these will be anonymised using the pseudonym allocated.

You will also be offered the opportunity to receive feedback about the findings of the study. If you would like to receive the findings, you will be asked to provide an email address which you would be happy to be contacted on. A summary of the key findings would then be emailed to you upon the completion of the study.

15) Who is sponsoring and funding the research?

The research is being sponsored by Canterbury Christchurch University as part of a Clinical Psychology Doctorate Programme,

The main organiser of the research is myself, Levine Wildman, trainee Clinical Psychologist at the Salomons Institute for Applied Psychology: lw623@canterbury.ac.uk. I will be conducting the interviews as well as analysing, writing up and disseminating the findings of the study.

I am supervised by the following members of staff:

- Dr Kyla Vaillancourt Clinical Psychologist

Her contact email address is: Kyla.Vaillancourt@slam.nhs.uk

- Dr Rachel Whatmough: Clinical and Academic Tutor at Canterbury Christchurch University. Her contact email address is: rachel.whatmough@ucl.ac.uk
- Dr Tamara Leeuwerik: Senior Lecturer of Research at Canterbury Christchurch University. Her contact email address is: tamara.leeuwerik@canterbury.ac.uk

Other contacts:

Research department at Salomons Institute for Applied Psychology contact number: 01227 927110

Address: Salomons Institute for Applied Psychology, One Meadow Road, Tunbridge Wells, Kent, TN1 2YG

16) Who has reviewed the study?

All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by The Salomons Ethics Panel, Salomons Institute for Applied Psychology, Canterbury Christ Church University.

17) What if I have a complaint?

If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to address your concerns. You can contact me by leaving a message on the 24-hour voicemail phone number 01227 927070. Please leave a contact number and say that the message is for me, Levine Wildman, and I will get back to you as soon as possible. Alternatively, you can email me on [lw623@canterbury.ac.uk]. If you remain unhappy and wish to complain formally, you can do this by contacting Dr. Fergal Jones, Research Director, Salomons Centre for Applied Psychology – fergal.jones@canterbury.ac.uk tel: 01227 927110.

Thank you for taking time to read this information sheet. If you have any questions or if you'd like any clarification about anything then please let me know.

Appendix H – Consent Form



Salomons Institute for Applied Psychology
 Canterbury Christ Church University
 1 Meadow Road
 Tunbridge Wells
 TN1 2YG
 Participant Identification Number for this study:

CONSENT FORM

Title of Project: Becoming a mother: The experience of Black women in 2020
 Name of Researcher: Levine Wildman

Please initial box

1. I confirm that I have read and understand the information sheet dated..... (version.....) for the above study. 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 up to one month after the interview without giving any reason.

3. I confirm that I am a first-time mother, with a child who was born between March and August 2020, who speaks English as a first language and who is able to take part in (up to) an hour-long interview. I confirm that I am not currently experiencing acute distress.

4. I agree that my interview can be video-recorded and that anonymous quotes from my interview and other anonymous data may be used in published reports of the study findings.

5. I understand that data collected during the study may be looked at by people from the university to check that the research is being conducted properly and ethically. I give permission for these individuals to have access to my data.

6. I understand that in the event that I disclose information which may indicate a risk to myself or others, the researcher will be obliged to follow university risk procedures that may require release of my personal data. I understand the researcher would speak to me about this first.

7. I agree for my anonymous data to be used in further research studies.

8. I agree to take part in the above study.

Name of Participant _____ Date _____

Signature (digital signature or photo) _____

Name of Person taking consent _____ Date _____

Signature _____

Appendix I – Abridged example of an analysed transcript

KA

17 January 2023 18:56

| Exploratory notes | Levine: Sorry, should be starting now. OK, great. Hi *** | Experiential statements |
|---|---|--|
| | KA: Hi | |
| | Levine: Erm thank you for taking part in this ah interview once again. I know I have sent you the consent form and I've just seen that you've sent it back, so thank you for that. | |
| | KA: Yeah. | |
| | Levine: Do you understand the purpose of this study? | |
| | KA: I do, yes. | |
| PROMPT: <i>current life</i> | Levine: OK, brilliant. OK, could you start by just telling me a little bit more about your life at the moment? | |
| Time flown Adjustment Enjoying | KA: Erm, so I'm currently a secondary school erm P.E teacher as well as head of year erm my little boy is now 21 months and it just seems to have flown by, erm and we're just kind of enjoying work and life with a toddler and adjusting to that. | Life is a whirlwind |
| Lack of preparation | Levine: Mmmhmm | |
| | KA: Which nobody ever prepares you for. | |
| | Levine: Right, yeah. (Laughter from researcher and interviewee) | |
| | Levine: OK. | |
| 20 years of knowing <i>emphasis on length of time?</i> | KA: I live with my partner as well. We've been together err, I think it's six years, but we've known each other since we were 16. So that makes 20 years. | Long term commitment |
| | Levine: Gosh, OK. | |
| | KA: Uh, yeah. | |
| Be on the safe side Not optimistic Long time trying | Levine: Alright, cool. Urm so can you tell me a little bit more about when you first found out you were pregnant? KA: Umm, so we've been trying for about 2 1/2 years with no joy erm and then it was just before Christmas 2019 erm I was, I was about five days late. | This child was very much wanted |
| Reassurance, <i>one after the other</i> | Levine: Mmmhmm KA: And obviously leading up to all Christmas parties and stuff, I was like "right, I better take a pregnancy test just to be on the safe side" thinking nothing of it, because obviously we've been trying for so long with no joy erm and then I sat in the bathroom with these Poundland pregnancy strips (both researcher and interviewee laugh) | Not wanting to get hopes up |
| Uncertain, need for certainty | KA: and kind of just took one after the other and they all just came up positive. So I was like, "oh, ok". (both researcher and interviewee laugh) | |
| Sure | KA: Erm and then, and then in the end, I think we took six or seven Levine: Wow KA: over the course of about two weeks just to make sure. (Interviewee laughs) | Avoiding disappointment, the need to be sure |
| PROMPT: <i>Confirmation</i> Trying for long, fertility treatment, <i>we would even sense of desperation?</i> | Levine: Yeah. What was that about? What was the need for confirmation about? KA: Erm I think it's because we've been trying for so long and it was, it was, it got to the point where, oh, sorry, it got to the point where we would even go to the GP to sort of talk about fertility treatment. | Desperate |
| Out of the blue, why didn't it sink in? | Levine: Mmmhmm KA: Erm and then it just kind of happened. So it was it, it, it didn't sink in. | |
| Uncertainty, need for certainty - what has happened that made this pregnancy seem unbelievable? | Levine: Mmmhmm KA: And even when I went to the doctors to book in my like my booking appointment with the midwife erm and even then I was like "you wanna do another pregnancy test?" He was like don't need to, like you've done enough. (both researcher and interviewee laugh) | Planned but unplanned |
| PROMPT: <i>Really happening?</i> Disbelief | Levine: Hmmm. Ahh, so it's kind of that like "is this really happening sort of thing" KA: Yeah, definitely Levine: Okay | |
| PROMPT: <i>Support</i> | Levine: Erm and you mentioned your partner erm you've known him for a really long time KA: Yeah. | |
| Family, "obviously" she has her extended family (why is this obvious?) emphasis on being close | Levine...being around in at that time, was there anyone else around in your like, system? KA: Yeah so, theres my mum and then obviously my extended family like cousins, a uncles, uncles we're all really quite close and close knit. Levine: Mmmhmm | Close family unit |

| | | |
|---|---|--|
| <p>Family, "obviously" she has her extended family (why is this obvious?) emphasis on being close</p> <p>Early scan - why? Linked to unbelief about being pregnant?</p> <p>Sharing the news, excitement - repeat of the phrase "just couldn't"</p> | <p>KA: Yeah so, theres my mum and then obviously my extended family like cousins, aunties, uncles we're all really quite close and close knit.</p> <p>Levine: Mmmhmm</p> <p>KA: So I know they say, normally say like wait 12 weeks but we ended up going for an early scan at 7 weeks</p> <p>Levine: OK.</p> <p>KA: And then I just kind of I just kind of kept telling people. It's like, yeah, (both researcher and interviewee laugh) I just couldn't. I couldn't keep it into myself and just couldn't help it.</p> <p>Levine: Hmm, I'm seeing your face light up while you're thinking about that time. So what was you feeling at that time when you were able to everyone?</p> | <p>Close family unit</p> <p>Excitement, wanting to share with others</p> |
| <p>"you know what" Use of really twice in relation to baby being wanted. Next step- following conventional family structures?</p> <p>Next steps <i>should have</i> - P seems to be referring to conventional milestones</p> | <p>KA: Erm it's, you know what, it's just so exciting and I was so happy because it's what we really, really wanted and it was like that next step</p> <p>Levine: Mmmm</p> <p>KA : In our relationship. Urm but I say it was the next step because really well, we got engaged the year before and it should have been like the next step getting married.</p> <p>Levine: Mmmm</p> | <p>It was the right time</p> |
| <p>Emphasis on not needing that structure - why? Own beliefs or because that's how her life panned out?</p> <p>Fell into place "right" for them?</p> <p>Laughing to confirm the speculation, or for another reason?</p> | <p>KA:Urm but I don't think you need to do it in any order. And then like the pregnancy just happened absolutely perfect time and then we put an offer in for a house about three weeks later</p> <p>Levine: Mmmm</p> <p>KA: Urm and it was just everything just kind of flew, it's kind of went into the right steps, and then yeah, just fell into the right places at the right time.</p> <p>Levine: Yeah, sounds like it was pretty eventful time.</p> <p>(Interviewee laughs)</p> <p>Levine: Yeah. Like, yeah, like lots going on and, 'cause this was December '19.</p> <p>KA: Yeah.</p> | |
| <p>PROMPT: What was happening in March-August 2020</p> | <p>Levine: So Fast forward a bit to like March time between March and August 2020 erm you would have still been pregnant, not had your son yet. And so do you kind of remember much about that time about what was going on for you?</p> | |
| <p>Scan and funeral on the same day</p> <p>Not sharing the news of the gender due to funeral. Pregnant women more at risk of covid caused panic</p> <p>"blahdy blah" - a reflection of how serious it was taken at the time?</p> <p>Nervous because not knowing what was the right thing to do? Reassurance from principle but then mixed messages = reflection of the advice given by the government being unreliable filtering down the systems?</p> | <p>KA: Yes. So erm I went for my 5 month scan to find out the gender. We found that out, but on the same day it was a friend of mines funeral.</p> <p>Levine: Mmmm</p> <p>KA: So we kind of kept it to ourselves. So we go to the funeral then went to the wake and whilst we're at the wake, I remember Boris Johnson making the announcement about possible lockdowns and he was like well pregnant women are more susceptible and they shouldn't go to work if they don't have to blahdy, blahdy blah. So I was like, kind of panicking, especially being a teacher. I was like "right, I need to erm email my principal and say like do I need to come to work tomorrow because of what Boris has just announced?" And do I need to be worried? And her initial response was erm "yeah, you still need to come in, but we are gonna protect you and look at a risk assessment and put everything into place to make sure that you're safe". And then within an hour, she email me back. And she's like, "yeah, don't come to work tomorrow".</p> <p>Levine: Hmm</p> | <p>Uncertainty and mixed messages</p> <p>Mixed emotions</p> |
| <p>P's unbothered attitude contrasting the previous sentiment about being worried? Is there something here about not wanting to truly express emotions?</p> <p>And then that was it - the matter was decided, relief at this</p> | <p>KA: She's like, "work from home". And then that was it. I was like, "OK, that's fine by me".</p> <p>(Researcher laughs)</p> <p>KA: Just moving, and like, we, and we got our keys to the House as well, the week before that.</p> <p>Levine: Ahhh</p> | <p>Focus on house = embracing solitude</p> |
| <p>Moving and getting keys to new house as a welcomed distraction?</p> <p>Being at home = nesting, emphasis on wanting to do things on her own, no interruptions</p> <p>Partner asked to be furloughed as she had asthma. Why are you here - not wanting partner at home?- laugh to confirm that this seems odd?</p> <p>Emphasis on the fact that she didn't think he needed to be at home - What is she communicating? Not wanting him around? He just wanted to be - why is this notable to add? Didn't think it was necessary or wanted?</p> <p>Laughing due to awkwardness?</p> | <p>KA: So I was like, that's fine. I can nest. I can sort my house out on my own. Like I don't need to worry about anything. And then I thought that's perfect because I didn't want the partner under my feet either. I just wanted to do everything on my own. Erm and then the week after we went into national lockdown</p> <p>Levine: Mmm.</p> <p>KA: Where everyone was off, and because I've also got asthma, he went to work and was like "my Mrs is pregnant. She's got asthma. Can I be furloughed?" And they were like, "yeah, OK". And I was like, "oh, OK, why are you here?"</p> <p>(Both researcher and interviewee laugh)</p> <p>KA : And like they only furloughed, I think 5 people from his company because he, he he's a driver and he drives in a van on his own and he doesn't really have any contact with people. So he he didn't need to be furloughed.</p> <p>Levine Umm.</p> <p>KA: He just wanted to be.</p> <p>Levine: Yeah, yeah, oh, ok. Wow.</p> <p>(Both researcher and interviewee laugh)</p> | <p>Wanting to be alone</p> |
| <p>PROMPT: How did you experience lockdown?</p> <p>Scary due to the unknown <i>i'm not gonna lie</i> - something again about admitting vulnerabilities and fears?</p> <p>Scary being outside to do things such as food shopping and being with others, but she was happy with this. Coping mechanism = sitting in garden "but I was happy"- a way to justify something that seems like an unpleasant experience?</p> <p>Wanting to keep baby safe due to the difficulties in conceiving = is this why she was "happy doing that" -</p> | <p>Levine: Quite, quite switched, quick, turn around in terms of like finding out and then now being straight into lockdown. Wow. Erm and when that first kind of lockdown experience happened, how did you experience it?</p> <p>KA: Erm it was scary. I'm not gonna lie because nobody really knew what COVID was.</p> <p>Levine: Hmm.</p> <p>KA: Erm it was, I was scared. I didn't wanna go food shopping. I didn't wanna go even to my local shop. I'm I just used to... and cause the weather was nice I would sit in the garden. I'd go for a little walk. But I didn't wanna interact with anybody. But I was happy doing that.</p> <p>Levine: Hmm.</p> <p>KA: And just to keep myself and my baby safe. Especially cause in the back of my head was like I've tried for this</p> | <p>The unknown of lockdown made it scary</p> <p>Sacrifice</p> |

| | | |
|--|---|---|
| a way to justify something that seems like an unpleasant experience? | with anybody. But I was happy doing that. Levine: Hmm. | Sacrifice |
| Wanting to keep baby safe due to the difficulties in conceiving = is this why she was "happy doing that" - benefits > cost | KA: And just to keep myself and my baby safe. Especially cause in the back of my head was like I've tried for this baby for so long. | |
| Keeping safe - happy doing this, sacrifice for the greater good? | Levine: Yeah. KA: I don't want anything to happen. So I was happy in my little bubble. | My little bubble |
| Felt like she had things to do, was keeping active- what would she have said if she didn't have these things? | Levine: Mmm. KA: Erm and being a PE teacher I had, I've got quite a lot of things in the garden that kept me entertained. I got like a trampoline and like my my fitness equipment, I was doing Joe Wicks in the morning with the kids. | |
| Laugh due to the common knowledge of the Joe Wicks videos? | (Both researcher and interviewee laugh) | |
| Feels like a sarcastic response to doing the videos, but language used seems to imply she was excited to do them. P keeps repeating the phrase "little bubble", and emphasis on enjoying it, why? - to be honest - an admission or used to reassure? | KA: And like yes, this will start my day off! Erm so yeah, I was just in my own little bubble and I like quite enjoyed it, to be honest. Levine: Umm, Okay yeah people had mixed, different opinions. So yeah, that's, yeah. And if we go, like, following the timeline now. So we're kind of in March, so let's Fast forward to August. | |
| PROMPT: What was your birthing experience like? | KA: Yeah. Levine: Erm when you're about to give birth, what was that like giving birth to delivery? | |
| Scary due to induction, but not because she was alone? Use of word "obviously" is interesting, why is this obvious? went to hospital on Monday and was not allowed anyone with her, why isn't that scary? | K: Erm Levine: What was that whole thing...? KA: Yeah. It was scary because obviously as I said, I was, I was induced. Erm I think I was induced on... I went into hospital on the Monday. They had admitted me on the Monday and then they inserted the pessary. And at that time they weren't allowing visitors | |
| On her own for 5 days | Levine: Hmmm KA: in the hospital. So for like 5 days I was in the hospital on my own | Unexpected = scary |
| Could only see her partner outside on the grounds to talk and get food- P speaks about a basic need being met (food) but seems like the conversation also necessary due to loneliness. Only time she felt really lonely, but interestingly, not scared. | Levine: Hmmm KA: my partner would come and would sit outside, like on the hospital grounds and talk, and they'll bring me KFC, cause hospital food isn't the greatest and we just have conversations. But I think that was the only time, like of my pregnancy that felt really lonely. | Loneliness |
| Throughout lockdown had her partner at home, interaction with others due to online activities, but previously emphasised how much she liked being alone. What changed for her to now see this as something valuable? Seeing her mum as she was in her bubble (social distanced bubble or her "little bubble" that she refers to)? | KA: Because even like through all the lockdown and stuff I've I had my partner at home with me, but then we were also doing like zoom quizzes with friends and family. And we're still doing FaceTime with people. Erm, and it's still a, like my mum was still part of my bubble because my mom lives alone with her partner. So it's like we, we, we, were managing to get through. So I have those five days as being at home like in hospital on my own. I think that was the scariest bit. | |
| Being in the hospital alone was scary which wasn't previously mentioned - has the reflection caused her to realise this or feel able to say it? | KA: Erm and then obviously when I went to labour erm the hospitals like a 20 minute half, half a minute drive away from our house, erm like and it was always in the back of my mind like, is he gonna get here on time? Because it was a case of, they said to, they were like "don't phone him until you're 4 centimetres, erm and then tell him to come down" and I was just like, "well, what happens if I get to 4 centimetres and it's really quick and then he misses it?". Erm so that was always at the back of my mind. But I didn't really need to worry about that because I went from, it took me erm about 26 hours to get from 2 centimetres to 10, so | Not going to plan |
| Repeat of the word "Obviously" - is this another attempt at rationalising her fears about partner arriving? Uncertainty over when to call expressed as being "at the back of my mind" - what was at the front? | Levine: Wow. | |
| Remembering the weather- why is this important? | KA: And it was also, I remember, it was also like the hottest day of the year as well Levine: Wow. | |
| No fan or windows available for relief - was horrible but then laughs - is this now a funny memory or is the laugh a defence for the unpleasant feelings of it being "horrible" | KA: Erm, when I went into labour July 31st, so it was absolutely boiling. I couldn't, they didn't have a fan for me. There was no windows in my room. It was, it was. It was horrible. (Interviewee laughs) Levine: Yeah. Gosh, I imagine probably they wouldn't have certain things because of COVID. So they had to make sure... | Uncomfortable |
| Interpreting this as being due to COVID | KA: It was, yeah exactly. | |
| Confirmation of this interpretation | Levine: Yeah. Gosh. Wow. Errr so quite a lot. And how was the actual delivery and the birth? | |
| PROMPT: How was the delivery and birth? | KA: Erm, you know, at first it was fine. Like my contractions are fine and stuff and it was only when, what happened halfway through labour he went back-to-back. | |
| Fine at first, but baby went, back-to-back halfway through labour | Levine: Hmm. | Pain from baby's position |
| Unbearable pain, had an epidural and then baby "wedged" himself so she had to go into theatre | KA: So, just the pain just got unbearable. So I had an epidural at about 8 centimetres because I just couldn't take it anymore. Erm and then in the end, he just he kind of wedged himself. So they had to take him down to theatre Levine: Ahh okay | |
| Forceps delivery (assisted) Behaviour was "nasty" due to pain? Felt the need to apologise and help clean up her vomit. Once again is laugh due to embarrassment about the situation or because it is now a funny memory? "to be honest" - admission of how bizarre the experience was? Thinks this is due to the epidural and gas and air making her act out of character - does this make her feel better about the experience? | KA: to perform the forceps delivery. Erm but once I had the epidural it was fine. I was apologizing to everyone who I was nasty to, I was, I was trying to clean up my own sick and they were like, "just lie there". And I was like, "no, it's fine. I'll clean it up". And they're like, "no, it's fine". (interviewee laughs). Like, yeah, it was a bit surreal, to be honest. I think it was the epidural and the gas and air just making me a bit bonkers. (interviewee and researcher laugh) | Embarrassment about acting out of character |
| Use of word "bonkers" - to add a comical element to her experience? Results in laughter - why? | Levine: Uh. And then after that, did you say in hospital for long, or did you go home? | |
| PROMPT: What happened after? | KA: No. so when I leave birth at 20 to 4 in the morning erm I was home by 1:00 o'clock middav. erm 1:00 PM. erm.. | |

WEEK 1: WORDS AND EXPERIENCE

Use of word "bonkers" - to add a comical element to her experience? Results in laughter - why?

PROMPT: What happened after?

Gave birth then went home the same day - due to loneliness?

Felt an urgency to "down" water to urinate so she could go home. *Get me out of here - I need to*

Physically uncomfortable, not feeling as if it was the right environment for her and baby. Other babies crying vs hers not. Home = perfect and normal

PROMPT: Expectations once at home

Prepared from before, didn't want any visitors for the 1st 2 weeks - wanting space when things are new, like at the beginning of lockdown?

Wanting to find their groove before having visitors - describes it as potentially being overwhelming - why? Wary of COVID - an justification?

Interesting phrase "brand new baby"
Insert of humour to maybe lighten up the protective statement made before?

What was amazing?

PROMPT: Expectations of motherhood

Knows other people who had children before her - interesting that the fact that she is an older mum is given as a reason for why this is the case

If you know what I mean? - Looking for confirmation about her statement?

Knew that it would be difficult. Already had coping mechanisms to help with reassurance. *Every parent is the best parent they can be for their child. No wrong way to parent, unless safeguarding - sounds like something that she repeats to herself*

PROMPT: Why did you have this expectation?

Profession helped her realise the different types of parenting. Questioned how some parents can not be as involved or caring towards their child

Expectations were different from reality = better than she thought. Was prepping for the worst but had a better experience. Baby was "perfect"

Baby was sleeping on his own through the night from 3 months, which was "awesome". Now he's in the terrible twos

Now baby isn't so "perfect"?

Confirmation that reality was better than expectations

PROMPT: When was the first time you felt like a mum

"Pride of pushing your push chair" - first time she took him out hearing the comments from others about her baby and saying how he was "gorgeous" and knowing that he is here and that she can love him forever

Levine: Uh. And then after that, did you say in hospital for long, or did you go home?

KA: No, so I when I gave birth at 20 to 4 in the morning erm I was home by 1.00 o'clock midday, erm 1.00 PM, erm..

Levine: The same day?

KA: Yeah, the same day. So basically they wanted to keep me in, but they've done all the checks on my little one he was absolutely fine. I was fine. They were like "right, because you had a catheter in you need to do 2 wees erm before we can let you go" I was like "fine. I'll do that". So I was just literally just downing water to get these wees out. I had a shower drank this water, gave them their wees, and they're like, "Are you sure you're comfortable to go home?" Was like, yeah, I was like, Get me out of here. I've been in hospital now for, like, over a week. I need to.

Levine: Yeah

KA: I need to go home. Erm I'm hot and sweaty. It's horrible in here. All these other babies just keep crying and my baby's there, lying there being quiet and lovely for now. Like, I mean, I need my own comfort. And I, it was fine. We came home and it was just it, it was perfect and everything just felt normal.

Levine: Umm, so was that your expectation that it would be like that once you got home?

KA: Yeah, because we prepared everything, and I also said that, I said to my partner, said to family and friends, I said "I don't want any visitors for the first two weeks".

Levine: Hmm

KA: I said because I want us to get into our new normal. I want us to get into our new routine before being overwhelmed by all these people coming in, especially with COVID

Levine: Yeah

KA: Erm all these new people coming and touching my brand new baby, I was like, I was like "no, it's not happening". Erm and everyone respected that and it was nice because we still did the zoom things and I presented him like Simba off The Lion King

Levine: Yeah.

KA: and everyone's like "amazing". It's amazing.

Levine: Mmmhmm

Levine: So what were your expectations of becoming a mum before you got pregnant?

KA: Umm, you know, most of my friends, cause being an older mum, most of my friends, their kids are like nearly teenagers now.

Levine: Mmmhmm

KA: And so it's the case of I've kind of watched them grow up and I've kind of had my hands in it and even down to like me and my younger brother, there's 12 years between me and my younger brother. So I kind of helped bring him up as well. So I don't think I had an expectation and just kind of knew what kind of to expect, if you know what I mean?

Levine: Mmmhmm

KA: Like, I knew it was gonna be tough. I knew there been moments where I doubt myself. I knew there were times where erm I'd think I wasn't good enough and it's kind of you got to have, play devil's advocate and think to yourself, do you know what? That sleep deprivation, that's erm hunger, that's like, hormones those times that you're telling yourself like this is too much or I'm not good enough to do this. It's the hormones doing it because I think every time, every child, unless it's in an abuse situation. I think every parent is the best parent they can be for their child. I don't think there's any right or wrong way to parent unless it's kind of safeguarding situation.

Levine: Mmmhmm. Yeah, I mean, why do you think you had that expectation? I know you mentioned it because you kind of been help raising your younger brother or, but was there any other things that kind of contributed to you kind of just thinking it was gonna be like that?

KA: Umm, I think it was as well being a teacher, being, working in education erm and you see children from all walks of life. You see those that come from those loving nurturing homes and you speak to those parents that are those really dedicated concerned parents and then you see the flip side as well and you think yourself, like you feel that empathy and you think how can somebody be that way towards their child or how can somebody not have as much regard for their child's well-being, or erm their child's behaviour?

Levine: Hmm, yeah. No, that makes sense. Erm and do you think your expectation compared to your reality was different or or pretty much spot on?

KA: Erm you know what, I think it was a little bit different because I I was preparing myself for the worst, I preparing myself for this baby that didn't sleep, I preparing myself for this baby that was constantly feeding, that was constantly unhappy, that was probably a bit colicky, and I got the complete opposite, like, up until about three weeks ago like in terms of sleep, feeding, eating, like even when it come to weening like, I know people say babies aren't perfect, but he was.

Levine: Mmm

KA: Like for 12 weeks old, I could put him down, sleepy and he would just go to sleep on his own from 12 weeks old he was sleeping through the night like, he was sleeping from half six or half five, have a bottle going back to sleep and wake up at 8. Erm and it was like, awesome. And I think he's hit these terrible twos now where everything's a big drama.

(Both research and interviewee laugh)

KA: Yeah, everything's defiance.

Levine: Mmm. So in a way, your reality was a bit better and you expected, yeah.

KA: Yeah, definitely, definitely.

Levine: Yeah erm, and when would you say was the first time you kind of felt like you were a mum?

KA: Umm, I think it was the first time I took him out and it's that pride of pushing - sorry that was my dog, erm that pride of pushing your push chair and like "this is my baby" and people bringing like "ohh can I have a look?" And then people commenting on photos of him and people just saying "how gorgeous" and it's that pride of knowing that's yours forever and ever. To like love and nurture and just like be there for and do everything for.

Urgency to go back home to normality

Acclimatising to life with a new baby

Prior experience prepared her for motherhood

Every parent does their best

Profession prepared her for parenting

Better than expected

Reality setting in

Being a mum brought a sense of pride

| | | |
|--|---|---|
| <p>"Pride of pushing your push chair" - first time she took him out hearing the comments from others about her baby and saying how he was "gorgeous" and knowing that he is hers and that she can love him forever</p> | <p>KA: Umm, I think it was the first time I took him out and it's that pride of pushing - sorry that was my dog, erm that pride of pushing your push chair and like "this is my baby" and people bringing like "ohh can I have a look?" And then people commenting on photos of him and people just saying "how gorgeous" and it's that pride of knowing that's yours forever and ever, to like love and nurture and just like be there for and do everything for.</p> | <p>Being a mum brought a sense of pride</p> |
| <p>Felt like a mum early on</p> | <p>Levine: Mmm KA: Err yeah, it was quite, and yeah, so it was quite early on I think.</p> | <p>Felt like a mum early on</p> |
| <p>Took baby out early, around 2-3 weeks old was going on walks and then took him to a small bbq - emphasis on the amount of people who were there for my benefit? Felt the love and support from friends helping her look after the baby. Sounding like a community approach to care</p> | <p>Levine: Hmm. Yeah, so when, roughly how old was he when you started taking him out? 00:17:06.980 -> 00:17:24.290 K KA Umm, so it's probably about 2-3 weeks when we just started going for little walks around the block and stuff erm just to get that fresh air in him because it was summer. And then when he was four weeks old, we decided to go to, because it was the bank holiday weekend at the end of August, we went to a friend's barbecue. It was just like a couple of friends and their kids and it was just nice because he was. You could see already like the love and support that we had as a couple that we had then as parents, erm like friends are taking him so I could eat and erm putting him to sleep, changing him for me like, that was taken out my hands for a little bit and it was like, I was grateful to have that.</p> | <p>Support from community</p> |
| <p>PROMPT: Do others see you differently due to being a mum</p> | <p>KA: Yeah. Levine: And do you think that the way how they see you now has changed because you've become a mum?</p> | <p></p> |
| <p>People have noticed a difference due to the change in the things she used to do such as going out for drinks. Also suggests a change to the dynamic between her and partner as they cannot do the things that she used to do, but still would say things are "funny" and "happy"</p> | <p>KA: Erm, I think definitely because prior to becoming a mum, I was erm, I still like to party. I still like to go out every weekend and I still like to have a drink still like to do, what you do is, well, as I say, a single person, but as a couple like me and partner, we go out for meals like probably three times a week erm and that was our life. We were like it was, it was funny and happy and not that anything's changed in terms of that.</p> | <p>Change in friendships</p> |
| <p>Adapting her life to fit her child in, not the other way round, but friends recognise her responsibility</p> | <p>Levine: Yeah. KA: But it's I think they see me now still is that person. But with that added responsibility. So like if my friend say "do you wanna go get food" and like, well, we'll do lunch and I'll bring *** like because I'll take him. He's my boy.</p> | <p></p> |
| <p>Still wants to do what she would have done before, doesn't want to stop because she has a child. You know what I mean? - asking for clarification or acceptance?</p> | <p>Levine: Hmm. KA: Yeah, you know what I mean? I'm, I'm not gonna stop doing what I normally like to do just because I've got my my boy there. Levine: Hmm yeah. Umm, so do you think your relationships has changed at all, like, not necessarily with friends but with family, your partner?</p> | <p>Still being herself</p> |
| <p>PROMPT: Do you think other relationships have changed Doesn't think the relationship with her family has changed as she has close relatives who have also had a baby around the same time as her, also described a close knit family where everyone is involved with each other. Doesn't speak deeply about the meaningfulness of these relationships</p> | <p>KA: Umm, no, I don't think they have to be honest. I think what's been nice is like my cousins who I grew up with like they're like, like my brothers. Erm one of them had a baby six weeks after I did and then the others have got like, one's got one who's almost one year older than my boy, erm then the others are like 5,6,7. But we're still really close. So family parties, everyone's there, meals, everyone's there. Erm group chats, everything like we share everything. Levine: Mmm</p> | <p>Relationship with family is still the same</p> |
| <p>Recognises that distance causes barriers, but speaks about one phone call away- an cliché or actually practiced?</p> | <p>KA: So although we may not see each other as often because we've all got those responsibilities, we all know that we're only like a phone call away. Levine: Hmm. That's good. So nothing really has changed in the way how like you relate to them, it's just...</p> | <p>There are people around to support</p> |
| <p>Difference between those without children, in vs out group?</p> | <p>KA: Hmm. Yeah. I think with some of my, my friends that don't have children, those relationships have changed Levine: Mmm</p> | <p>Those with children vs those without</p> |
| <p>Only feeling understood by those who have children? Similar situations - understanding, comparison to before she had a child. "book me" - How does this feel for her friend. - Laugh due to the phrase "book me" as it sounds like she is in high demand.</p> | <p>KA: because they understand that I can't just drop things at the at the drop of the hat and just get up and go out like I would have done before. Like before my friends would've called me on a Friday after work and like "you coming for a drink" and I'm like, "yeah, I'm there". Whereas now they have to book me in like a month in advance. (both researcher and interviewee laugh) 20:11</p> | <p></p> |
| <p>More uses of fillers than before in the interview- Uncomfortable? Justification given for why her son is staying at her mum's house, says that she feels you still need to be you as well as being a parent.</p> | <p>Levine: Yeah KA: erm but even then, it's a case of, erm because I've got that network with like my mum and stuff erm she'll have my boy once a month. So me and my partner can go out erm like we'll go to the theatre this weekend and he's staying at my mum's this weekend erm cause we you need to still be you as well as being parents.</p> | <p>Wanting to still be her, but also be mum</p> |
| <p>A lot of language about remaining herself and not just being "a parent"</p> | <p>Levine: Yeah. No, I understand. KA: I think a lot. A lot think a lot of parents are lose that identity, they'll become parents and then that's all they become.</p> | <p>Don't want to lose myself</p> |
| <p>Interesting that there is a clarification that being you</p> | <p>Levine: Yeah.</p> | <p>You can do both</p> |

Appendix J – Table of development of themes

| Group Experiential Theme | Sub-theme | Personal Experiential Themes | Participants with the Group Experiential Theme |
|---|--|---|--|
| No place of safety: Race and Experience | Medical racism Black staff created feelings of reassurance Instinct vs medical opinion | Feelings that concerns weren't taken seriously due to race Black staff took me seriously Is this normal or is this racism? | Seven |
| Motherhood involves change | Your body really changes Same person, but different Harder than expected Making baby the priority | My body is for my child Work used to give identity, motherhood gives confidence and assurance. Sacrifice Nobody said it would be this hard | Eight |
| Love and Tension | Relationships deepened Falling out of alignment Culture clash | Newfound respect for mothers Interloper in the relationship Not being married means I'm a disappointment | Eight |
| This World Needs to Change | Black Faces in White Spaces I need to speak out now What can I do? Protect yourself | Having a son makes this feel worse (BLM) If I don't speak, nothing will change I need to make some adjustments so my child isn't exposed to racism Watching the news is traumatising | Eight |
| 2020 was really bad | Missing out on experiences The Lost Mothers Feelings of loneliness | Nobody could share in this moment Not much support after (giving birth) Feeling alone and isolated | Eight |
| Silver linings of motherhood during COVID | Slowing down allowed connection Indescribable joy | The bond between my child and husband is amazing Nothing beats this feeling | Eight |

Appendix K: Study summary for participant

Study summary -The experience of Black women who became mothers for the first time in 2020.

Dear (participant)

I would like to extend my appreciation for your involvement in my research, which investigated the experiences of women who became mothers for the first time in 2020. The research has now been concluded; I am pleased to share with you the findings of the study. I have included a summary of the study within this email.

The study

The aim of the research was to investigate the experience of Black women who became first-time mothers in 2020. Prior studies did not explore this experience from a Black woman's perspective, so the study aimed to address this gap in the existing literature. The research consisted of conducting interviews with eight women who gave birth between March and August 2020. The interviews were transcribed, and the data was analysed using Interpretative Phenomenological Analysis (IPA). IPA is a methodology designed to examine how an individual comprehends a significant life event by considering their reflections, insights, and emotions towards a particular aspect of their life. The researcher also plays a crucial role in the analysis process. IPA involves a two-part process, where the participant initially makes sense of their experience during the interview, followed by the researcher attempting to comprehend the participant's perspective of the event. Consequently, the findings of the research are unique to the researcher and represent only one way to understand the participants' experiences.

The findings

Six Group Experiential Themes, and 19 sub-themes were discovered from the data collected. This can be seen in the diagram below, and discussed in more detail.



No place of safety: Race and Experience

This theme consisted of the participant's experience of pregnancy and birth in relation to race. The women spoke of ways in which race, sometimes positively and sometimes negatively, played a role in their experience. Some spoke of feeling unsure if their experience was influenced by racism, but described how they felt a need to advocate for their voices to be heard, or to receive the treatment they felt they deserved.

Motherhood involves change.

The women described the various aspects of their life that they felt being transformed by the transition into motherhood. This has been captured in this theme to present a collation of experiences that describe the grappling that took place during this period of adjustment with their bodies, sense of identity, and their children.

Love and Tension

All of the participants recognised how their own transition into motherhood impacted others around them. Although some spoke of this impact being beneficial, evidenced by greater connections with their loved ones, others described a distance that motherhood created between them and those in their social circles. The acknowledgment that this transformation was not only happening for them, but also for others is highlighted in this theme.

The World Needs to Change

This theme consists of the collective concerns and fears all the mothers expressed about the impact of racism on their lives, and the lives of their children. The mothers shared how they felt the need to protect their children from the effects of racism, and how the Black Lives Matter and 5 Times more likely movements had encouraged them to speak out.

2020 was really hard.

All of the women spoke of the difficulties that came with becoming a mother during COVID-19. For this group of women, the various different restrictions and limitations placed on them caused them to feel as if their experience of transition was negatively impacted.

Silver linings of motherhood during COVID

Despite experiencing many challenges and tribulations due to the pandemic, the mothers still experienced some silver linings and benefits. They also expressed general pleasure derived from the journey of motherhood, even with the influence of COVID-19.

Below is a table of the development of the themes which shows how the data was grouped together to form similarities between the participant's experiences.

| Group Experiential Theme | Sub-theme | Personal Experiential Themes | Participants with the Group Experiential Theme |
|---|--|---|---|
| No place of safety: Race and Experience | Medical racism Black staff created feelings of reassurance Instinct vs medical opinion | Feelings that concerns weren't taken seriously due to race Black staff took me seriously Is this normal or is this racism? | Seven |
| Motherhood involves change | Your body really changes Same person, but different Harder than expected Making baby the priority | My body is for my child Work used to give identity, motherhood gives confidence and assurance. Sacrifice Nobody said it would be this hard | Eight |
| Love and Tension | Relationships deepened Falling out of alignment Culture clash | Newfound respect for mothers Interloper in the relationship Not being married means I'm a disappointment | Eight |
| This World Needs to Change | Black Faces in White Spaces I need to speak out now What can I do? Protect yourself | Having a son makes this feel worse (BLM) If I don't speak, nothing will change I need to make some adjustments so my child isn't exposed to racism Watching the news is traumatising | Eight |
| 2020 was really bad | Missing out on experiences The Lost Mothers Feelings of loneliness | Nobody could share in this moment Not much support after (giving birth) Feeling alone and isolated | Eight |
| Silver linings of motherhood during COVID | Slowing down allowed connection Indescribable joy | The bond between my child and husband is amazing Nothing beats this feeling | Eight |

What's next?

It is expected that this research will be published in a journal and shared with mental health professionals via an online presentation. This would mean that the findings would become accessible to perinatal professionals such as midwives, obstetricians, health visitors, GPs, and mental health workers. This can have a transformative impact on services by increasing understanding and support for women who gave birth during COVID and supporting their transition to motherhood and feelings of loss. It can also help services become more aware of the nuances involved with Black women's experience of motherhood – including the experience of racism from medical staff. It is hoped that this will facilitate conversations on how to make pragmatic changes to create inclusive environments and implement effective teaching to all perinatal professionals. In the future, this research could be widened to look at the experience of Black women and motherhood in general, not just those who experienced it for the first time, or during 2020 which would create more insight into the experience of these women who are underrepresented in research.

Please feel free to contact me if you have any future questions.

Best wishes,

Levine Wildman

Appendix L- Summary of study letter to the Ethics Panel.

Dear ethics panel,

Re: The experience of Black women who became mothers for the first time in 2020

I am writing to inform you that this study and empirical research paper have been completed and submitted in partial fulfilment of the Doctorate in Clinical Psychology at Canterbury Christ Church University. Please see enclosed a brief summary of the research.

Background: Research shows that the experiences of Black women transitioning into motherhood are shaped by unique social, cultural, and historical factors, which can make it a challenging experience. Black mothers often face challenges related to their racial identity, including stereotypical views of mothers and a lack of positive representation in the media. Black women also face inequalities in access to and outcomes within maternity services, including disproportionate rates of maternal mortality, systemic racism, disparities in antenatal care, and lack of cultural awareness. These challenges have been exacerbated by the COVID-19 pandemic, which highlighted the need for equitable access to maternal healthcare for Black women. This study aimed to explore the experiences of Black women who became mothers for the first time during 2020, amid COVID-19, racial tension and healthcare disparities.

Method: Interpretive Phenomenological Analysis was used in the study. Eight women participated in individual semi-structured interviews. All women were first-time mothers who gave birth between March and August 2020 and self-identified as being Black.

Findings: Six Group Experiential Themes (GET), with 19 subthemes each emerged from the data. The GET's consisted of: No place of safety: Race and Experience, Motherhood Involves Change, Love and Tension, The World Needs to Change, 2020 Was Really Hard and Silver Linings of Motherhood During COVID.

This can be seen in the diagram below:



The findings also suggest that Black women who became mothers for the first time during 2020 had their experiences influenced by COVID-19, unexpected adaptations made during the pandemic, and racism in healthcare and society.

A table to show the development of themes is included below:

| Group Experiential Theme | Sub-theme | Personal Experiential Themes | Participants with the Group Experiential Theme |
|---|--|---|--|
| No place of safety: Race and Experience | Medical racism Black staff created feelings of reassurance Instinct vs medical opinion | Feelings that concerns weren't taken seriously due to race Black staff took me seriously Is this normal or is this racism? | Seven |
| Motherhood involves change | Your body really changes Same person, but different Harder than expected Making baby the priority | My body is for my child Work used to give identity, motherhood gives confidence and assurance. Sacrifice Nobody said it would be this hard | Eight |
| Love and Tension | Relationships deepened Falling out of alignment Culture clash | Newfound respect for mothers Interloper in the relationship Not being married means I'm a disappointment | Eight |
| This World Needs to Change | Black Faces in White Spaces I need to speak out now What can I do? Protect yourself | Having a son makes this feel worse (BLM) If I don't speak, nothing will change I need to make some adjustments so my child isn't exposed to racism Watching the news is traumatising | Eight |
| 2020 was really bad | Missing out on experiences The Lost Mothers Feelings of loneliness | Nobody could share in this moment Not much support after (giving birth) Feeling alone and isolated | Eight |
| Silver linings of motherhood during COVID | Slowing down allowed connection Indescribable joy | The bond between my child and husband is amazing Nothing beats this feeling | Eight |

Implications: Participants' experiences of medical racism left them feeling unheard and disrespected, highlighting the need for culturally sensitive and non-discriminatory clinical practices. Such behaviours can lead to mistrust in medical and psychological services, dissuading Black women from seeking support. To address this, clinicians should be trained in anti-racism and myth-debunking, and services should incorporate diverse cultural frameworks such as The Tree of Life to support Black women's unique experiences. The study also emphasizes the importance of providing support to mothers after the COVID-19 pandemic to prevent feelings of isolation and unmet expectations. Social groups can be established to offer mutual support for women who gave birth during the pandemic.

Research implications were also considered, with the suggestion of broadening the research area into the experience of those who had multiple children or those from around the world could widen the applicability of future research.

Dissemination

A written summary will be sent to participants and experts by experience. This study will also be submitted for publication to the journal, 'Maternal and Child Health'.

Please do get in touch if you have any questions about the study.

Yours sincerely,

Levine Wildman

Appendix M– Submission requirements for Maternal and Child Health journal.

Manuscripts of the following types are welcome:

Original Research reports (3500 word limit) results from an empirical research study, whether quantitative or qualitative, on a focused topic, presented consistent with international guidelines for research reporting (see <http://www.equator-network.org/reporting-guidelines>). Original Research may also take the format of a systematic review.

Reviews on specific, defined topics (3500 word limit) are welcome if they are systematic and reported in a standardized format. When justified, Reviews may exceed 35 references. Reporting guidelines have been developed for different study designs. The Journal encourages authors to follow these guidelines because they help authors describe the study in enough detail for it to be evaluated by editors, reviewers, readers, and other researchers evaluating the medical literature. Authors of review manuscripts are encouraged to describe the methods used for locating, selecting, extracting, and synthesizing data; this is mandatory for systematic reviews.