Childbirth and COVID-19 Lockdown: Bunkering Down and Getting to Be a Family

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Abstract: Little is known of subjective experiences of birthing during the first-phase SARS-CoV-2 (COVID-19) lockdown. Semi-structured interviews explored birthing experiences, returning home, and perceived mother-infant bonds overlaid by COVID-19 restrictions. Interpretative phenomenological analysis revealed two superordinate themes from the data: 1) COVID lockdown and childbirth, and 2) Growth and connection. Rich data sets highlighted a deep sense of fear, loss, isolation, and hypervigilance associated with life threats, disrupted medical care, and banned familial support for participants. Conversely, the lockdown provided recovery and bonding opportunities within the immediate family unit, uninterrupted by visitors. Additionally, vulnerable birthing populations, including first nation peoples, need prioritizing during crises.

Keywords: COVID-19, childbirth, mother-infant bond, posttraumatic growth, interpretative phenomenological analysis (IPA)

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Introduction

In response to the arrival of the SARS-CoV-2 (COVID-19) pandemic in 2020, the world entered an almost simultaneous lockdown, impacting the experience of childbirth for millions of people worldwide. How this has influenced short- and long-term psychological well-being, mothering, intimate relationships, and particularly a mother's relationship with their baby, is unknown. Waldenström and colleagues (1996) described childbirth as a multidimensional phenomenon inclusive of experience of control, support during labor, anxiety, childbirth classes, and expectations. This interpretative phenomenological study explored both positive and negative lived experiences of giving birth to a live baby during the COVID-19 pandemic lockdown. Specifically, it sought to understand the psychosocial impact of limited support from an intimate other and immediate family in the immediate birth-giving period, sense of safety during delivery of their baby, post-delivery days in the hospital, and post-discharge period of isolation while in lockdown at home.

Antenatal classes are one component that offers both education and the opportunity for vital friendships with fellow expectant mothers (Beaton & Gupton, 1990). Antenatal classes have provided a space to prepare for childbirth processes and post-birth milestones, including breastfeeding, handling a newborn, and navigating the experience of being at home with a newborn. This process allows parents to alleviate anxieties by expressing concerns to primary caregivers who can equip them with tools and strategies (Barimani et al., 2018) through the unique bond formed via the shared experience with other expectant women (Nolan et al., 2012).

In addition, hospital tours, partner support in antenatal care and during delivery, and the post-delivery support offered by friends and family have become accepted as fundamental components of the childbirth rituals in the Western world. Research suggests that these social supports are protective factors against negative outcomes during the birthing phase (Zamani et al., 2019) and postnatally (Leahy-Warren et al., 2012).

Almost overnight, the COVID-19 pandemic abruptly restricted many of these practices and rituals. The medical industry scrambled globally to develop policies and procedures allowing medical care to continue while protecting patients and staff from the virus consuming the population. Future research will reveal the positive and negative impacts of this modern pandemic, including child development and cultural implications following the streamlining of services to accommodate safety. An early systematic review conducted by Hessami et al. (2020) demonstrated a

significantly increased risk for anxiety among pregnant women during COVID-19, a population at high risk of psychological distress (Peltzer et al., 2014). Pre-pandemic, Indigenous communities within Australia benefitted from outreach, home visits, and transport supports to promote better outcomes pre- and post-natally (Jongen et al., 2014). Disturbingly, Gildner and Thayer (2020) found that women who resembled first nation women in the United States of America during COVID-19 were separated from their newborns at birth if mothers were under investigation for COVID-19. Loss of services, prejudice, and biases are all potentially traumatic experiences confronting many mothers during their babies' birth in times of disaster and crises. With government restrictions in place and changing, Indigenous and ethnic minority mothers worldwide are likely disproportionally impacted during the lockdown.

In Australia, despite the nation having a lower rate per head of population of the virus than other parts of the world initially, hospitals variably converted the majority of antenatal care to telehealth forums with uncertainty around appointments that remained face-to-face (Bradfield et al., 2021). Many birthing classes were converted to online webinars, erasing the hands-on approach to educating a birthing partner on supporting a laboring woman (Bradfield et al., 2021).

Early research on pregnancy and childbirth during the COVID-19 pandemic has focused on the medical implications and mitigating the risk of women and their babies contracting coronavirus, including limiting skin-to-skin contact for mothers infected with COVID-19 and allowing only one support person for the duration of the hospital stay (Trapani Júnior et al., 2020). Similarly, reduced antenatal visits for low-risk women, early separation post-birth for mothers who tested positive for COVID-19, and bottle-feeding for newborns, have been put in place (Asadi et al., 2020). At the writing of this paper, there is no comprehensive research illuminating birthing mothers' psychological well-being as a direct consequence of childbirth during a COVID-19 lockdown.

Many restrictions experienced by many birthing mothers during COVID-19 potentially interrupt the mother-infant bond (Winston & Chicot, 2016), particularly if factors such as low moods and other anxiety-related distress occur during pregnancy and postpartum in the mother (Ohoka et al., 2014). Unfortunately, emotionally unavailable mothers often experience transference of interpretation and describe their child as invasive, having a difficult temperament, and the mother-infant attachment to be of lesser quality than anticipated. This phenomenon has been described particularly by mothers diagnosed with posttraumatic stress disorder (PTSD) (Davies et al., 2014).

Schematic changes following traumatic events that shatter our interpretations of the world are underpinned by Assumptive Worlds

Theory (Janoff-Bulman, 1989) and Existential Crisis Theory (Yalum, 1980). In trying to redefine our world posttrauma, there is a period of struggle to make sense of events, particularly those that threaten death, freedom, or bring isolation and meaninglessness with substantial mental health decline and a disconnect from self, relationships, and social functioning (Janoff-Bulman, 1989; Yalum, 1980). In the context of the current research, women will likely hold schemas surrounding the process of the childbirth experience that have been shattered by COVID-19 lockdown experiences. Therefore, it is feasible that the pandemic and COVID-19 lockdown may have impacted women's experience of giving birth in subsequent relationships with themselves, others, and their newborns.

Fortunately, the cognitive struggle to make sense of adversity (Tedeschi & Calhoun, 1996; Joseph, 2012) through the individuals' journey to process and integrate the new reality overriding their former schema can precipitate posttraumatic growth. Five major domains of posttraumatic growth have been described: greater life appreciation and shifted priorities, more intimate relationships, increased sense of personal strength, consideration for new directions and possibilities, and spiritual development (Joseph, 2012; Tedeschi & Calhoun, 1996).

The current study explored women's unique lived experience of childbirth and the delivery of a live baby during the first lockdown period for COVID-19 in Australia. The researchers used Interpretative phenomenological analysis (IPA) to explore participants' positive and negative perspectives and interpretations of their birthing experience during the first COVID-19 lockdown in 2020. The divergent and convergent themes can inform future research and models of care during lockdowns.

Method, Design, & Epistemology

Interpretative phenomenological studies explore complex phenomena and spotlight focal points in the phenomenon of interest (Stutterheim & Ratcliffe, 2021). Phenomenology seeks an idiographic interpretation of experience, specifically human experience. Husserl argues that "experience should be examined in the way that it occurs" (in Smith et al., 2009, p.12). IPA is underpinned by phenomenology using a double hermeneutic to reiteratively seek clarification of the intended meaning. Collectively, the theory of symbolic interactionism draws these philosophies and theories together, providing the platform for the personal and social worlds of the researcher and the researched to connect through dialect, images, sense, and inferences in reiterative reflection (Denzin, 1995; Denzin & Lincoln, 2011).

Analytic Strategy

IPA draws from a homogenous population via purposive sampling. Through semi-structured interviews, a funneling technique allows prompts to emerge, eliciting general to

more specific responses (Smith, 1996). Patterns or connections between diverse and converse themes are also identified (Smith, 1996), with some emerging as superordinate concepts (Smith, 1996). The researchers are bound by strict protocols that ensure the bracketing of biases and presuppositions. The raw data is referenced throughout this process to substantiate the findings (Smith, 2008). The interactive nature of this data retrieval method occurs through the double hermeneutic, with the researcher striving to make sense of the participant's efforts to make sense of their experience (see Table 2).

Participants

Following approval from the University Human Ethics Committee, participants were recruited by the second author via purposive sampling at primary practice clinics, mother's groups, and relevant social media groups. Potential participants were provided with Study Information, a consent form, and a demographic questionnaire if they met the criteria, i.e., were females over 18 years of age who had given birth to a live child in an Australian hospital during a COVID-19 lockdown. Excluded from the study were females who had delivered home birth or had adverse outcomes, e.g., stillbirth, or women who fell outside the recognized dates for lockdown. A total of six participants provided consent. Three were first-time mothers (primiparous), while three had given birth previously (multiparous; see Table 1).

Table 1

Participant Demographics

Name	Age	Hospital Arrival	Parity*	Gestation weeks/days	Delivery Mode and by who
Victoria	Under 35	Husband	Primiparous	42/0	Caesarean, Obstetrician
Cassie	Under 35	Husband	Multiparous	38/0	Vaginal, Midwife
Fiona	Under 35	Husband	Primiparous	39/1	Caesarean, Obstetrician
Olivia	Under 35	Partner	Multiparous	39/5	Vaginal, Obstetrician
Loralie	Under 35	Partner	Primiparous	35/0	Caesarean, Obstetrician
Mallory	Over 35	Ambulance	Multiparous	36/0	Caesarean, Obstetrician

Procedure

Interviews were then arranged and conducted by the first author face-to-face or via Zoom conference, depending on current COVID-19 restrictions. The primary material used for data collection was the semi-structured interview questionnaire developed by the third author to facilitate the funneling protocols of IPA in line with the present study's key objectives. Per IPA practice, participants were provided a semi-structured interview one day before the interview to allow for reflective preparation (Smith, 1996). Confidentiality was assured, and the interview duration for each participant ranged from 32:35 to 54:54 (min:sec), exploring positive and negative interpretations of participants' experiences of giving birth during the COVID-19 global pandemic. Interviews were recorded via an audio device for face-to-face settings and through the online software Zoom for remote interviews dictated by COVID-19 lockdown requirements. All interviews were transcribed verbatim, and recorded data was erased on completion of transcription. It was then de-identified with pseudonyms and stored according to the university's privacy rules.

Participants were reminded before the interview that they could take a break or withdraw their consent from participation at any point during the interview. Participants were provided with local support services details for their use should they experience any post-interview distress. Unlike positivist-nomothetic research, the methodology of choice, IPA, is not constrained by hypotheses or cause-and-effect testing. Instead, data obtained from the interviews were analyzed to draw subjective meanings from personal lived experiences of childbirth through IPA methodology.

The second and third authors independently analyzed the data before conducting robust joint analysis to identify the notable themes which emerged from the datasets (See Table 2). The first author audited the findings.

Credibility

Spinelli (2005) details three overlapping elements of effective experiential interpretation: 1) to effectively receive the data in its pure form, the researchers must bracket any existing biases and preconceived notions of what might emerge from the data; 2) the rule of description encourages a point of focus on "immediate and concrete impressions" rather than referring to theories and hypotheses (p.20); 3) any emerging themes within the data are to be treated as equal, with no degree of hierarchy—referred to as the equalization rule. In conjunction with applying these rules, the authors worked independently and collectively to robustly consider joint thematic outcomes while being conscious of bias influence.

Table 2

Systematic data analysis (Smith et al., 2009).

Step	Process
1. **Initial note taking**	Examination of the semantic and language identifies initial description of experience and further reflection.
2. **Developing emergent themes**	Identification of emergent themes is developed from the interrelationships, connections, and patterns.
3. **Quality**	Auditing through simultaneous and independent checking maintains quality control. The first author's assessment of authenticity and thematic representation brackets out any biases and presuppositions from the second author's interpretation. Emergent themes are arrived at via robust author discussion and analysis with strict adherence to the philosophical principles of IPA. Whilst multiple genuine themes are possible a detailed audit trail negates the included a convergent and divergent themes through a credible and systematic analysis of the phenomenon.
4. **Searching for connections across emergent themes**	Conceptualisation of the emergent themes assembles superordinate clustered themes that are mapped via graphical tabling.
5. **Moving to next case**	Each transcript undergoes the previous step.
6. **Looking for patterns across cases**	The tables of superordinate themes and the initial emergent themes from each transcript are compared for connections and patterns. The collective connections are then tabled and the superordinate themes are nested within to capture participant's most important perception. These processes continue throughout the write-up of the results.

Authors' Perspectives

The first author is a medical practitioner who completed her student Obstetrics training during the 2020 COVID-19 lockdown; the second author is a postgraduate psychology graduate interested in maternal childbirth experiences under stressful situations. The third author, a clinical psychologist, former midwife, and academic, underpins her research at the interface of complex trauma and posttraumatic growth. All researchers have a lived experience of childbirth and recognize that they differentially bring personal biases and strength to the reflections and interpretations of this study. Thus, neutrality and objectivity were at the forefront of their collaboration, particularly during the analysis and write-up.

Results

One superordinate theme: COVID-19 lockdown and childbirth, overarch four subordinate themes: ambiguous ruling, permeating fear and loss, peaceful reprieve, and future fears. A second superordinate theme: Growth and connection, reveals two subordinate themes: Family dynamics and Growth through adversity. These themes seek to make sense of the interpreted experiences of mothers who gave birth to live infants during Australia's COVID-19 lockdown in 2020. Given the unprecedented nature of the viral outbreak beginning in early 2020, *ambiguous ruling* highlights the disparity between expectation and the reality of various aspects of childbirth during the lockdown, triggering feelings of uncertainty and anxiety. The subsequent implementation of protective measures and restrictions leaves these participants not knowing "hour to hour, day to day if my husband was even going to be there for the birth of his child." A sense of *permeating fear and loss* on the expected family welcome for their new baby is juxtaposed with *peaceful reprieve*, where restorative healing from the physical, and a sometimes-complicated delivery, affords them valuable and uninterrupted opportunities to connect with the newest member of their families. However, uncertainty and sadness meander through these interpretative narratives as the COVID-19 pandemic threatens changes, and risks for their child and their expected birth experience are overtaken by the necessity for the greater good.

Personal growth from the need to resource self and redefine their dependence on others brings trust in self-reliance. Despite feeling fear, distress, and intense aloneness, these participants report moments of heightened satisfaction, a new sense of purpose, and gratitude that

emerged from the unexpected opportunities and warmth in joining with professionals also caught in the uncertainty of COVID-19 restrictions. Importantly, transgenerational relationships, particularly the value of the larger family network and a sense of doing it differently with their own mothers, are recognized for moving forward in their mother/child relationship with greater independence and maturity.

Ambiguous Ruling

This theme highlights the persistent uncertainty the participants felt as they journey into the unknown of a global pandemic at the later stages of pregnancy. As the pandemic lockdown set in, they gave birth to their child, and a blunt chaotic barrier descended to the usual family support in the aftermath of delivery and homecoming. Participants reflected on being prepared for all possibilities, often ambiguous restrictions, and trying to navigate the constantly changing support, medical care, and visitation following the birth of a child. "I didn't have anything planned about how long I would be in hospital for" (Olivia).

The abrupt introduction of rules and restrictions around healthcare left expectant mothers feeling anxious and confused. They spoke of having appointments canceled, "yet you were still able to go to the movies and sit next to a stranger!" Ever-changing rules and restrictions increased stress for these mothers as they tried to plan for the birth of their children. Current, reliable information was hard to come by, and the changes caused great angst: "It's difficult because those rules were changing all the time…even week to week, you wouldn't quite know what was going to happen the following week" (Loralie).

This uncertainty was shared among expectant women and the medical staff. "No one was confident enough in giving us a recommendation" demonstrates midwives' challenges in delivering advice to put mothers at ease. "I think if we had gotten clearer information, it might have helped settle our nerves" (Cassie).

For one mother, the logistics of having her firstborn cared for while she was in delivering her second left her feeling as though she was breaching regulations and putting her loved ones at risk "because we were about to come home from a hospital." "You sort of felt like you were asking to go against health advice just because we needed to have a baby" (Olivia).

Permeating fear and loss

This theme highlights the widespread sense of loss women experienced from the restrictions in place at the time of their child's birth.

It recognizes the longing for the shared experience, the moments they will never get back, and the chance to fulfill rituals. In the antenatal phase, many women reported missing having their partner present as a support during their appointments, "even right at the end." "I get it, but it was still a bit disappointing, especially for a first baby" (Fiona).

Logistics hung heavily on those who have family abroad: "we couldn't introduce them, and we still are at a point where you know she's almost one and a half now, and I don't know when we'll be able to go over there." "My family is in America…I'm never gonna have a photo of my parents and her as a baby" (Victoria).

The joy of introducing a new baby to loved ones was hampered by restrictions on visitation, eliminating gestures of "flowers and cards and wishing well." Family rituals that begin with older siblings were stopped. "I felt like my second son just didn't get the welcome into the world" (Cassie).

Four of the six participants required cesarean sections. Emergency arrivals and deliveries presented unique challenges in the face of fear. As a crisis unfolded for Mallory, she becomes alert to her increasingly frantic paramedic trying to navigate through those lined up for COVID-19 checks at the entrance to the hospital—"this is probably not great if he's starting to get flustered." In the absence of a chosen support person, the small gestures of medical staff were welcomed to alleviate some of the fears associated with her growing obstetric emergency and doing it alone amid the chaos of a worldwide pandemic. "They were amazing…she stayed and held my hand…so she was awesome" (Mallory).

However, reflecting on her postnatal care, Mallory recognized her Aboriginal identity and cultural needs as "the big thing that they missed," recalling, "they didn't offer me any support from the Aboriginal maternity services." Reflecting on how normal protocols and sensitivities had gone awry in the panic of COVID-19, she mused about the potential vulnerability of other moms needing cultural support, "I think they should be asking everyone" (Mallory).

Peaceful Reprieve

Despite some negative aspects of the implications of the lockdown, the absence of visitors brought unexpected relief to new mothers. These participants echoed the restorative nature of the peace and quiet, expressing how good it felt not to need to "get up and get changed for people to come and visit. I didn't have to think about who's coming when." "I was so relaxed, and I didn't get the baby blues at all" (Mallory).

Hindsight from previous pregnancies revealed that the absence of the guests meant "I didn't have to care about our house being untidy, the dishes not being done." There was great comfort in not having to repeat the ritual with visitors that occurred following the birth of her first child. "Though I loved it, it was just emotionally draining to host all the time" (Olivia).

Having uninterrupted time in the early stages with a baby allowed for invaluable moments as a new family unit, "getting to know him before we kind of introduced him to everyone else." "I think it gave more time to kind of establish feeding and, um, kind of have a bit of us time" (Loralie).

Future Fears

While the childbirth experience passed, the anxiety associated with COVID-19 was still very real, and the future was still obscured with uncertainty. Women reported concerns for their future family plans, what their child's life might look like, and the emotional anguish of unmade plans as their children "come into this world at a time where life is a lot different." "I was thinking more about my sons' futures, and you know, would they get to experience that…like, 'how is the world gonna change from COVID? How will that affect my boys?'" (Olivia).

As society continued to traverse through the evolving COVID-19 world, the participants expressed sadness and uncertainty about what life will be like for their children. "I really, really desire this life for my son that was more carefree and laidback, not so rule-driven and risk minimization-driven" (Mallory). Making plans for events like birthdays or preparing for a holiday to visit family was now made with guarded enthusiasm. "You're living in a world where you're never gonna know if it's going to be able to go ahead, or if anything's gonna change day to day" (Cassie).

The uncertainty of when life would return to normal and allow passage to our distant loved ones had significant implications for one mother. The emotional toll of not having her family around for her first baby strongly influenced her planning for more children. "Knowing I'd have two babies that weren't going to be able to meet my family…I don't know if I'd be able to emotionally handle it twice" (Victoria).

Family Dynamics

In these circumstances, where regular support from friends and family was unavailable, this theme highlights the value of the mother/daughter relationship, the development of trust in each other, and the importance of confidence in the role of a mother.

Without the extra hands available to support in the early days after birth, "I had to rely on Cameron much more than what I probably would have otherwise because we were the only two people that were allowed to see him." With many fathers also at home in lockdown, engaging and expediting the father role in those early days was valued by Loralie. "So he was, I suppose, really independent with him, really early on…it sort of let me learn to trust him with those things, quicker than otherwise."

The distance from her own mother during the major life event of becoming a mother herself is a particularly poignant experience for one participant. Not only did she long for her mom to be with her, but musings on the importance of the relationship between grandmother and grandchild also emerged:

> It's definitely something that's important [relationship with grandparents], and you know you need to make that a priority in life, but I think we already felt that way. Like, I think we already knew that was gonna be a big thing because I'm very close with my family. (Victoria)

Birthing through COVID-19 presented a safe space "to stand my ground" in the journey to establishing a voice and identity as a mom. For one participant, the supportive nature of restrictions unexpectedly presented the space for her to claim independence as a mother. Having to go it alone, Olivia recognized her tendency to acquiesce to the experience of her mother. Time to reflect and manage alone brought new courage and conviction to redefine her relationship with her mother. As such, it also gave her confidence to take the reins more permanently in the parenting journey with her children:

> For me, it meant, like, bunkering down and getting to be a family and, um, know my baby a bit better and trusting myself and my own decisions and my own choices and being able to put up boundaries for my family. (Olivia)

Growth through Adversity

The peculiarity and uniqueness of the adverse circumstances surrounding giving birth during the COVID-19 lockdown unexpectedly brought time for purposeful rumination and positive change for these participants. Rejecting the negativity, fear, and uncertainty was a rejection of how "the media can just hammer into us how negative the situation was."

They welcomed the opportunity to use the experience to provide support and a different perspective to other mothers, given that "there was a lot of things out there about how bad this time is for new mothers." The shared experience and a shift in attitude presented the opportunity to offer solace to others. "It felt nice to be able to share a different light…just trying to help them see how some of those things can have that positive spin" (Olivia).

The uncertainty of the future and limited freedoms experienced during periods of lockdown offered an invaluable shift in perspective, finding a greater sense of satisfaction in simpler things. "Some of the material stuff doesn't really hold that much value for me anymore, like, it's more around, as long as my kids are safe, I'm okay. And, that's all that really matters" (Mallory).

From the individual level to overarching bodies that lay out the rules, each participant spoke of positive change within themselves and their view of the world. While some of the broader impacts of their birth experiences were less desirable, a sense of achievement and strength in integrating this unknown journey into the bigger picture permeated these narratives. "It makes me, um, I suppose appreciate, um, what we went through…I think it probably made Marcus and I more of a team…I'm kind of proud of how we managed it" (Loralie).

Sharing the homecoming with fathers, also in lockdown, lightened the load and negated the necessity for extended family support as fathers "got to be there…usually he would have gone back to work after three weeks." There was a sense of contentment and sharing a cocoon, previously not experienced, "a really nice way of having that time as a little family, get to know each other as a little family of four," permitting mothers to retrospectively consider what they truly desire. "In hindsight, maybe I didn't want visitors, just for the sake of not wanting visitors" (Olivia).

These reflections revealed the comforts that restrictions offered new parents and the alliance which formed between patients and professionals as it was "the health care professionals who gave that advice." Following professional directives alleviated the pressure to meet the expectations of others; they could say "no." "Before, I feel like people would have been like, 'Aw, come on, it'll be alright'" (Fiona).

Discussion

The two superordinate themes: lockdown and childbirth, and growth and connection, overarched the findings of this interpretative phenomenological study. First, anxiety was manifest in the prenatal, delivery, and early stages of life with a newborn as a result of perpetual rule changes, restricted social support, and uncertainty for the future

related to COVID-19. Second, anxiety was lessened by the unexpected pleasure of spending time as a new family unit without interruption from others. Additionally, they highlighted other positive outcomes, such as well-being in their relationships and an intrinsic recognition of their strength to be independent as mothers. Within the first subordinate theme, *Ambiguous Ruling*, participants found themselves navigating antenatal care alone and feared the absence of a support partner during birth, contrary to pre-COVID-19 practices and the beneficial values of having a support person present both in the prenatal phase, during delivery and postpartum (Bjelica et al., 2018; Dunkel-Schetter et al., 1996; McLeish & Redshaw, 2017).

Furthermore, the participants sensed that staff were not confident in providing reassurances or advice to address their concerns despite recent findings that medical staff were satisfied with their ability to provide timely and informative updates (Bradfield et al., 2021). Similarly, social distancing and stay-at-home rules made for logistic disruption for mothers with older children at home. Cassie recalled the convoluted shift in the family structure required to guarantee care for her eldest son, a sentiment shared by Olivia, whose needs also seemed to go against public health protocol.

Permeating Fear and Loss captures the sense of sadness felt by participants as they ruminated on what was missing from their experience. As with recent findings (Meaney et al., 2021), COVID-19 changes influenced the severity of stressors. Cassie mourned the welcome she had envisioned for her second son, while Victoria and Mallory sensed aloneness without family by their side, particularly during a life-threatening emergency for Mallory. Further, the valuable information for fathers who attend antenatal appointments (Forbes et al., 2021) and the support they provide during labor and childbirth has been shown to have profound benefits for the welfare of the mother and the child, including reduced intervention and better outcomes on initial newborn assessments (Bohren et al., 2017).

A welcome contrast to the confusion, loss, and fears was the *Peaceful Reprieve* permitted in the absence of visiting guests upon returning home. All participants expressed gratitude for the peace and quiet of settling in as a family with no expectations or unannounced visitors. Described as having a positive mental and physical impact on recovery, Mallory reported no baby blues, and Loralie appreciated the time to develop breastfeeding skills. Pre-COVID-19 literature highlighted the disadvantageous outcomes for women who did not permit themselves sufficient rest and recovery post-birth, largely attributed to physical and emotional fatigue (Kurth et al., 2010). Further, without time for bonding during the early stages of infanthood, positive social and emotional

outcomes for the child, and the associated psychological welfare of the mother, are at risk (Spinner, 1978). These participants valued less disruption as a protective barrier against stress and anxiety, giving them time to recover and focus on bonding with intimate family members—"there's some things I think we could use and learn from (the restrictions of COVID-19) and keep in place."

However, participants expressed sadness for the missed milestones and continued to be missed moving forward in a world with COVID-19. *Future fears* encapsulated the various concerns, including interactions with loved ones overseas and the uncertainty of what life would look like for their children as they grow up. At the time of this research, the impact of COVID-19 was still causing concern and interfering with global movement. Therefore, with no vaccinations imminent, these participants began their early parenting alone at home.

A consequence of social distancing and lockdown shifted *Family dynamics*. The support network of these new mothers was suddenly condensed to, more often, a partner or parent. For those quarantined with the other parent, the paternal role was able to feature more prominently in the early stages of the baby's life. Shapiro et al. (2020) reported increased satisfaction in both parents of newborns when the father's role complimented the mother's workload. They also found links between paternal involvement and a mother's perception of support. For others, time alone allowed for the mother/daughter role to be reflected upon and redefined. For example, while Victoria mourned her mother's absence in her daughter's life, Olivia found the confidence to seek her own maternal voice. Literature supports the value of grandparents being present with grandchildren and, equally, the importance of independence for new parents (Breheny et al., 2013).

Growth through adversity came through redefining important values and priorities during the COVID-19 lockdown. Finding the voice to say "no" to meeting the needs of others, reclaiming intrinsic values in family wellness, and seeking purpose in offering support to others, were interpreted as positive changes in themselves. In particular, from each participant's unique journey, elements of posttraumatic growth emerged: a reduced value in materialistic items, stronger bonds and collaboration with their partners, and positive restructure in broader family relationships; a greater sense of strength and achievement; a sense of purpose found in providing support to other pregnant women facing fears and uncertainties; and particularly for Mallory, a resilient and supportive relationship with ancestral and spiritual connections (Tedeschi & Calhoun, 1996). Despite potentially traumatic responses to a worldwide pandemic, these self-identified strides in growth domains amplified positive outcomes for these participants.

Strengths, Limitations, and Future Directions

A phenomenological approach acknowledges the inevitability of epistemological and methodological limitations (Larkin et al., 2006). In drawing common themes, the integrity of the idiographic nature of the phenomenological approach was able to be upheld (Williams & Reid, 2010). However, it cannot be generalized to the broader population nor explain a causal sequence of relationships aligned with the epistemological scope of the research (Smith et al., 2009). The present study does provide contemporary insights and unique accounts of an unprecedented phenomenon, supporting the development of future nomothetic research hypotheses. Furthermore, the collaborative development of knowledge, though susceptible to presuppositions and potential biases, was an intensely interactive process that ensured the validity of the participants' interpreted lived experiences of childbirth during the COVID-19 pandemic.

The insightful reflections from the participants of this study illustrate the various impacts the COVID-19 lockdown had on their antenatal phase, hospital stay, and immediate postnatal experience at home. The unforeseen circumstances challenged previous expectations of the childbirth experience and the maintenance of minority and vulnerable group protocols. Impeded by rules and regulations, vital supports were prohibited during periods of high stress, including antenatal education and social support in antenatal and postnatal settings.

Future longitudinal research could highlight strengths and losses in the attachment and psychological development of children born during the COVID-19 lockdown, including the early grandparent-child bond for informing practices during pandemics and other humanitarian and man-made disasters.

Conclusion

A noteworthy finding in this study is the potential risk to cultural acknowledgment during times of heightened social disruption. The disparity between Indigenous and non-Indigenous maternity care is recognized worldwide and has been a focus area for improvement in recent years (Jones et al., 2017). While this is encouraging, the current study raised concern about the reach of these advances. Mallory disclosed that no offer was made for Aboriginal support services, "they don't always look at me as a very fair [skinned] woman and make that connection." Vigilant practices must be maintained during crises to ensure all patients are culturally supported. Second, the arrival of COVID-19 resulted in

significant changes to social liberties, and access to educational and health resources, including maternity care in hospital settings, raising concerns about the impact this had on expectant women during the lockdown. However, most interpreted protective factors for the core family unit, including the no visitors rule in the hospital and fathers in lockdown working from home. These participants expressed gratitude for the role social distancing played in promoting uninterrupted recovery and family growth, despite a keen longing to return to normality, celebrate milestones, and create memories with loved ones. Women reported substantial positive growth in their identity and confidence as mothers, redefining their relationships with others and their priorities.

Data Extract Notations:

[…] indicates editorial elision where non-relevant material has been omitted

[—] indicates pauses in speech by participant

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