

# Childbirth Experience of Mothers in COVID Times

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## ABSTRACT

**Background:** The present study aims to understand the perceptions, apprehensions, and fears of peripartum COVID-positive women in low-resource settings.

**Study design:** Cross-sectional observational study.

**Methodology:** All COVID-positive postpartum women who delivered in the institution (vaginal delivery and cesarean section) were included in the study. Exclusion criteria included ICU admission and known mental illness.

**Results:** A total of 61 COVID-positive women delivered in the facility during the study period. About 33 out of 61 women were nulliparous, while 28 were multigravida. Two babies tested positive for COVID-19 within 24 hours of birth. Majority of the patients were anxious prior to coming to hospital (51/61, i.e., 83.6%). The most common perceived fear reported by patients was fear of not receiving support from partner and provider (80%). Due to restrictions imposed on birth companion, 80% (49/61) women feared loneliness during labor. Apprehension of not receiving respectful maternity care was experienced by 75.4% (46/61) of women. Only 16 (26.2%) patients feared progression of disease, and 32 women (52%) were afraid of infection being transmitted to baby. However, 85% of the women reported a positive birthing experience. Good support from the family was observed in 76% of women. Despite regular visits by the doctors, eight patients (13%) felt a lack of connect due to the prevailing situation. Inability to celebrate joyful moments with family, neonatal separation, and delay in discharge were the major causes of discontent among the postpartum women.

**Conclusion:** The study shows that the excitement and joy of pregnancy and delivery in pre-COVID times has been replaced by fear, anxiety, and uncertainty in this COVID era. Strategies, like good communication and provision of adequate support, may be particularly useful to help these women have a positive birthing experience.

**Keywords:** Anxiety, Childbirth experience, COVID-19, Perceptions.

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## INTRODUCTION

The entire world is witnessing unprecedented times of COVID-19 pandemic. SARS-CoV-2 is a novel coronavirus responsible for the associated respiratory infection designated as COVID-19. Most people infected with COVID-19 experience mild-to-moderate symptoms including fever, fatigue, sore throat, cough, and shortness of breath.

Studies show people with comorbidities, and those aged over 60 years have an increased risk of severe respiratory disease and death. One particularly vulnerable group during this viral outbreak is pregnant women.

Chinese researchers studied the clinical outcomes of nine COVID-positive pregnant women during their third trimesters and reported it comparable with those of nonpregnant women.<sup>1</sup> However, the same cannot be said for the psychological impact on pregnant women, which might be significant.

Childbirth, despite its pain and discomfort, is an occasion of joy and celebration—not only for the mother but also for the entire family. However, during this COVID-19 pandemic, the experience is fraught with lots of apprehension and uncertainty.

The COVID-19 pandemic along with the restrictive measures imposed to prevent transmission has sparked fear, anxiety, and concern in many countries.<sup>2</sup> Changed hospital policies, concerns about cross-infection due to COVID-19 virus, restrictions on presence of birth companion, and, to a large extent, loss of human touch may cause stress in pregnant and laboring women.

Changes in the management of pregnancy, labor, and postnatal care, including a reduction in face-to-face appointments and use of teleconsultations where possible, have significantly affected

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pregnant women. Labor, delivery, and the early postpartum period are times of significant change and stress in women's life. Postpartum blues and depression have been a topic of major concern since long. Fear of disease, social distancing, and fear of the unborn child getting infected can further exacerbate anxiety among laboring and postpartum women. Various studies have been conducted to understand the effects of COVID-19 infection on pregnant women and their newborn and to reduce maternal morbidity and mortality related to COVID infection.

However, very few studies have been conducted to study its impact on the psychological and emotional well-being of pregnant and laboring women.

Hence, the present study was planned to understand the perceptions, apprehensions, and fears of COVID-positive women

who recently delivered in a COVID-dedicated tertiary care hospital and to document their childbirth experience in low-resource settings.

**MATERIALS AND METHODS**

The study was conducted in the Department of Obstetrics and Gynecology, Guru Teg Bahadur Hospital, Delhi.

It was a cross-sectional, observational study done during the period from August 2020 to October 2020.

**Institutional Policy of Delivery during COVID**

As per the hospital protocol during COVID pandemic, COVID-positive laboring women were admitted in the dedicated labor ward. Labor monitoring was done through regular visits of the doctors after donning appropriate personal protective equipment (PPE) by rotation to ensure their safety and minimize exposure. After delivery, the baby was admitted in the neonatal ICU for observation as per institutional policy. The baby was tested for COVID-19 within 24 hours of birth and repeated sample at 60 hours, if the first test was negative. Expressed breast milk was provided to the baby if mother was clinically stable.

Patients were discharged after 10 days of symptom onset or positive test.

All positive patients were given thromboprophylaxis for 7 days in postnatal period.

Ethical clearance was obtained from the Institutional Ethics Committee No. ECHR/2020/45/4-R-2.

All COVID-positive postpartum women who delivered in the institution (vaginal delivery and cesarean section) during the study period were considered for the study. Exclusion criteria were patients requiring ICU admission and patients with known mental illness.

Informed written consent was taken in the postnatal ward, and those who consented were recruited for the study. A pretested questionnaire was used. Field testing for validation had been undertaken through telephonic interview of five postnatal women. The average duration of telephonic conversation was around 6–8 minutes. The questionnaire mainly had four parts: demographic data, delivery details, woman’s apprehensions prior to admission, and woman’s experiences during labor and delivery (Annexure 1).

Demographic data and basic data of their delivery details were collected from the hospital case records (Serial No. 1–13 in the questionnaire).

Enquiries requiring discussion with the participant (Serial No.14–18) were conducted telephonically during the course of her hospital stay after a waiting period of at least 12 hours postpartum to allow for rest and recovery and before their discharge from the hospital to reduce recall bias. After cesarean, the participants were interviewed only when they were comfortable and not under the effect of sedatives. Specific questions were put to find out if the patient suffered any physical or verbal abuse during labor.

Both primiparous and multiparous laboring patients were recruited for the study, and birthing experience as compared to previous childbirth was enquired from multigravida women.

**RESULTS**

A total of 61 COVID-positive women delivered in the facility during the time frame of our study. Mean age of the study participants

**Table 1: Demographic profile**

Mean age	26.2 years
Education:	
• Illiterate	6
• Primary	5
• Middle	30
• Higher	19
Occupation:	
• Homemakers	57/61
• Professionals	4/61
Comorbidities:	
• Anemia	11
• Pregnancy-induced hypertension	8
• Hypothyroid	5
Symptom at presentation:	
• Asymptomatic	39
• Mild	19
• Moderate	2
• Severe	1
Parity:	
• Primigravida	28
• Multigravida	33
Mode of delivery:	
• Vaginal delivery	27
• Cesarean section	34

was 26.2 years. Majority of the women were educated till middle level only and belonged to lower middle socioeconomic status. Fifty-seven women were homemakers while only four women were professionals. Eleven women (18%) were anemic on presentation. Eight (13.1%) patients had hypertensive disorder of pregnancy. Five patients were hypothyroid and were on medication (Table 1).

None of the study participants had any addictions.

Definitions as given by WHO were used to categorize the severity of illness.

Majority of the women were asymptomatic for COVID-19 infection (39 patients—64%) and were detected incidentally or on contact tracing of the positive patients.

Nineteen women presented with mild symptoms.

Two patients had moderate symptoms, and one belonged to severe category.

Twenty-seven patients (44.2%) had normal vaginal delivery while 34 patients (55.7%) underwent cesarean section (Table 1). The cesarean was not done for COVID *per se* but mainly for obstetrical indication, the most common indication being fetal distress.

Sixty women delivered a live-born neonate while one patient had antepartum stillbirth; all other pregnancies resulted in live birth. All the neonates were shifted to NICU as per institutional protocol. All the neonates were tested within 24 hours of birth and at 5 days of life. Two babies tested positive for COVID-19 within 24 hours of birth.

Majority of the patients were anxious prior to coming to hospital (51/61, i.e., 83.6%). The most common perceived fear reported by patients was fear of not receiving support from partner and provider (80%). The apprehension of infrequent



**Table 2:** Apprehensions at the time of presentation

<i>Apprehension</i>	<i>Number (n)</i>	<i>Percentage</i>
Anxiety	51	83.6%
Not receiving respectful maternity care	46	75.4%
Fear of baby getting infected	32	52%
Fear of disease progression	16	26.2%
Difficulty in contacting if need arises	42	68.8%
Fear of loneliness	49	80%
Not involved in decision-making	21	34.4%

**Table 3:** Experience after childbirth

<i>Experience</i>	<i>Percentage of patients</i>
Positive childbirth experience	85%
Loneliness	76%
Lack of adequate care	15%
Lack of connect	13%
Delay in discharge	57.4%
Sadness due to inability to celebrate their moment of joy	75%

visits by the healthcare workers and lack of adequate care for themselves and their baby made them worried. Due to restrictions imposed on birth companion, 80% (49/61) women feared loneliness during labor. Because of huge social stigma attached to the disease, 75.4% (46/61) of women feared lack of respectful maternity care.

Twenty-one patients were afraid that they won't be involved in any decision-making during their hospital stay due to lack of communication in the current scenario. Forty-two patients (68.8%) had the apprehension as to whom they will contact if any problem arises (Table 2).

Only 16 (26.2%) patients feared progression of disease, and 32 women (52%) were afraid of infection being transmitted to baby.

Of the total 61 participants, 33 (54%) women were multigravida. When asked to compare their birthing experience with that of previous childbirth, 25 women (75.7%) reported feeling more anxious this time and also experienced loneliness during labor and postpartum period due to the absence of any family member around (Table 2).

With these apprehensions in mind, these women were admitted in labor room and subsequently delivered.

When these women were asked to rate their overall childbirth experience, most of them (85%) were satisfied with the care received and attitude of healthcare workers toward them. As per them, good communication from the staff kept them informed, and they were regularly examined by the doctors. Despite good support from the family, the feeling of loneliness still prevailed and was reported by 76% of women (Table 3).

Fifteen percent women felt that there was a lack of adequate care by the providers and hence were not completely satisfied. They expressed sadness because of inability to celebrate their moment of joy of their childbirth with their close ones. Neonatal separation after childbirth was also distressing to them, but they realized its importance for the benefit of baby.

Despite regular visits by the doctors, eight women (13%) reported lack of connect due to the prevailing situation. Four women (6.5%) reported that they lacked eye-to-eye contact with the healthcare providers due to PPE kits though they acknowledged the importance of PPE kits for the safety of doctors from the deadly virus.

Another major concern among women was delay in discharge from the hospital seen in 35 patients (57.4%) (Table 3).

None of them reported any physical or verbal abuse.

## DISCUSSION

The present study was conducted to understand the impact of COVID-19 pandemic on the childbirth experience of COVID-positive women in low-resource settings.

The most common feeling experienced by women in our study at the time of admission to the labor ward was fear. Few studies have been done to assess the psychological impact of COVID-19 on pregnant and postnatal women. A study was done in China by Wu et al.<sup>3</sup> to assess the perinatal depressive and anxiety symptoms of pregnant women during the coronavirus 2019 outbreak. Their study showed a clinically significant increase in the prevalence of depressive and anxiety symptoms after the COVID-19 outbreak. A study done in Italy by Raval di et al.<sup>4</sup> on birth expectations during the COVID-19 showed that fear was the most prevalent emotion after COVID-19 in pregnant women which was experienced by 49% of the participants. They concluded that women with a history of psychological disorders need attention as they seem to experience higher levels of concern.

Even in studies where the psychological impact of COVID-19 was assessed in general population, 58% reported moderate-to-severe psychological impact, 28.8% had moderate-to-severe anxiety symptoms, and 8.1% reported moderate-to-severe stress levels.

There have been significant changes in the management of pregnancy, labor, and postnatal care provided by health services subsequent to COVID pandemic. The saturation of mass and social media with COVID-19-related news has further created the atmosphere of fear, uncertainty, and anxiety.

All these feelings of uncertainty and anxiety are further heightened in case of pregnant women especially nearing term who are worried about labor, childbirth, and arrival and care of newborn.

Seventy-five percent of women in our study had expressed loneliness in labor room and postnatal wards. As the hospitals had implemented restrictive measures to prevent COVID-19 transmission, women were alone in labor which was a stressful experience for most women. Loneliness was experienced by 53.5% of participant in the study by Raval di et al.<sup>4</sup>

WHO has emphasized the importance of birth companionship for a positive childbirth experience. Women should have access to trusted companion of her choice during labor and childbirth. However, because of COVID pandemic, lack of birth companion has negatively affected women's birth experience.

About 75.7% of multipara women expressed increased fear, anxiety, and loneliness as compared to previous childbirth, though they had gone through labor and childbirth experience previously also. The fears included vertical transmission to their baby (however, vertical transmission has not been found in most studies), loneliness in labor ward, fear of the unknown, neonatal separation, not able to meet family members, and delay in discharge from healthcare facility.

Similar findings were reported by Bender et al.<sup>3</sup> where 34.4% of multipara reported increased postpartum anxiety compared

to their previous delivery because of lack of social support even though these were COVID negative.

Fifteen percent reported suboptimal care when asked about their overall experience during hospitalization. They perceived lack of support and neglect from healthcare providers, and few commented that there were less of physical visits and more consultation on phone.

Bender et al. reported that 75% of women who tested positive reported negative in-hospital experiences secondary to perceived lack of provider and partner support and neonatal separation after birth.<sup>3</sup>

In present study, personalized care received by laboring COVID-positive women resulted in positive childbirth experiences. This situation remained the same in the subsequent major and minor pandemic waves.

## CONCLUSION

The present study assesses the relationship between the major COVID-19 outbreak and its effect on childbirth experiences of parturient women.

Our study highlights that the fear, anxiety, and uncertainty of parturient women have completely replaced the excitement and

joy of pregnancy and delivery in pre-COVID times. After COVID-19, birth expectations have completely changed.

The obstetricians have a major role to play to help these women regain their confidence, to overcome their fear, and to provide a quality antenatal and intrapartum care and a positive childbirth. The continuous support and a better communication between pregnant women and their doctors is encouraged for better patient care and support.

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## ANNEXURE 1: QUESTIONNAIRE

All of the questions can be answered with a "tick (✓)." The information we collect is confidential, and no names will ever be used. Only the research team will have access to this information.

1. Name (Optional)
2. Age
3. Religion
4. Level of education:
  - a) Illiterate
  - b) Primary
  - c) Middle
  - d) Higher
5. Occupation
6. Socioeconomic status
7. Parity
8. COVID status
9. Booked/unbooked/referred
10. Symptoms if any
11. Difficulty in gaining access to hospital
12. Delivery details:
  - a) NVD
  - b) NVD with episiotomy
  - c) Operative vaginal delivery
  - d) Cesarean section
13. Any complications
  - a) Postpartum hemorrhage
  - b) Perineal tear
  - c) Any other
14. Perception before child birth
  - a) Will I be treated with respect by all of the staff
  - b) Will I feel lonely
  - c) Will I be involved in making decisions for my treatment
  - d) Will my disease (COVID) further progress
  - e) Fear of baby being infected
15. Baby outcome
16. Birth experience
  - a) I was treated with respect by all of the staff: Yes/No
  - b) I participated in decision-making regarding my treatment: Yes/No
  - c) Access to oral fluids/water during labor: Yes/No
  - d) Free mobility as and when required was allowed in the labor room: Yes/No
  - e) Was pain relief given: Yes/No
  - f) Good communication from the staff kept me well informed: Yes/No
  - g) I wish the staff had listened to me more during labor and birth: Yes/No
  - h) Any physical or verbal abuse, or stigma or discrimination: Yes/No
  - i) Birth companion was present : Yes/No
  - j) Difference in experience compared to previous childbirth
  - k) Delay in discharge from facility: Yes/No
  - l) Apprehensions due to healthcare worker
    - Doctors coming in PPE
    - Unable to recognize face of healthcare provider
    - Frequent change in shifts of doctors
  - m) Support from family: Yes/No
  - n) My memories from childbirth: Positive/Negative
  - o) My expectations for labor and birth before coming to hospital
  - p) My experience after delivery.

Thank you very much for completing the questionnaire