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April 30, 2021

**The role of social support on the mental wellbeing of women in the perinatal period during  
COVID-19 in Georgia**

by

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An abstract of  
a thesis submitted to the Faculty of the  
Rollins School of Public Health of Emory University  
in partial fulfillment of the requirements for the degree of  
Master of Public Health in the Hubert Department of Global Health  
2021

## ABSTRACT

The role of social support on the mental wellbeing of women in the perinatal period during COVID-19 in Georgia

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**Background:** National data has shown that there is a need for improvement in addressing mood disorders in the perinatal period. The addition of exposure to disasters can amplify mood disorders and stressors. With a relatively new virus, coronavirus disease 2019 (COVID-19), there is a lack of research that exclusively targets pregnant and postpartum women in Georgia where maternal mortality is the highest in the United States.

**Objective:** To explore the role of social support on the mental wellbeing of pregnant and postpartum women in Georgia during the COVID-19 pandemic.

**Methods:** Fourteen pregnant and postpartum women participated in video or telephone interviews. Grounded theory methods were used to frame the analysis of interviews. Women were extracted from the larger study which provided an online survey that included validated mental health measures.

**Results:** Participants reported receiving or needing social support in different forms including emotional, instrumental, and informational support. The participants described how their relationships play a role in the quality of support they received including the role of the husband/partner, family, friends, perinatal providers, mental health providers, and other social support groups. Both formal and informal support was reported as beneficial to their mental wellbeing.

**Conclusion:** Feelings of isolation and loneliness were frequently reported by both pregnant and postpartum women due to social distancing and isolation regulations which can impact their mental wellbeing. Having social support and quality relationships played a significant role for pregnant and postpartum women, especially during the COVID-19 pandemic. Lack of social support contributed to heightened feelings of distress, loneliness and isolation which may explain poor mental wellbeing. Public health professionals should consider the recommendations that pregnant and postpartum women in Georgia are making in order to develop initiatives for perinatal mental health.

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## **Acknowledgments**

To my advisor, Roger Rochat: for his patience, support, and guidance over these last several months. I am grateful for your expertise, wisdom, and hope.

To the Georgia COPE Study Team: Dr. Sarah Blake, Amber Mack, and Dianne Maglaque, I am so glad I got to learn from and with you in this seminal work. Thank you for being mentors, colleagues, and friends over the last year.

To my Atlanta family: thank you for supporting me with meals, rides, and words of encouragement from outside the Emory environment for 2 years. I am so grateful for all you've done for me during my time here.

To my Rollins friends: thank you for the laughs and tears and the many hours spent in CNR, GCR, and the student union. I truly learned a great deal from all of you.

To my parents and siblings: thank you for believing in me, motivating me to get through my post-graduate education even though you don't quite understand what my career is.

Finally, to the women whose stories I have incorporated in this work: Words cannot explain how thankful I am for your willingness in sharing your pregnant and delivery experiences with healthcare and mental health. Thank you for sharing some baby love with me, especially since my exposure to babies is limited, thanks COVID.

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## Chapter 1

### INTRODUCTION

#### Introduction and Rationale

This paper is based on a larger study which examined the impact of the COVID-19 pandemic on the psychosocial wellbeing of pregnant and postpartum women in Georgia. The study was conducted through an exploratory mixed methods research design to address these two specific aims, including:

**Aim1: Assess the psychosocial well-being of pregnant and postpartum women during the COVID-19 pandemic in Georgia.** An online questionnaire was administered to pregnant and postpartum women in Georgia using a validated psychosocial screening tool to identify risk factors for maternal health outcomes.

**Aim2: Assess facilitators and barriers to psychosocial and maternal health care services in Georgia during the COVID-19 pandemic.** Zoom video and telephone interviews were conducted with pregnant and postpartum women to explore the barriers to psychosocial and maternal health care services.

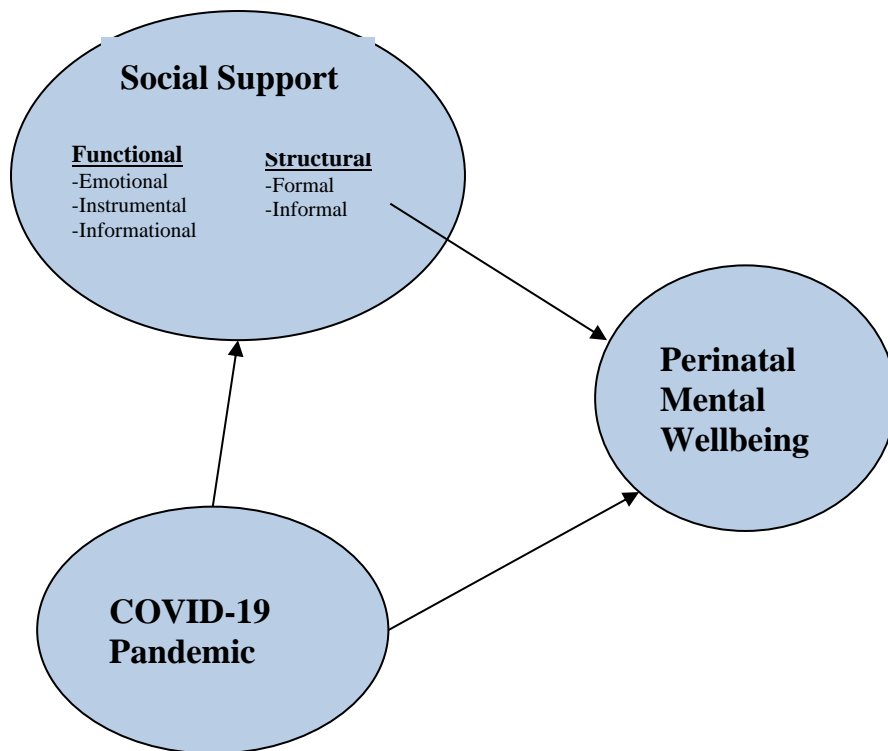
Pregnancy and the first year after delivery can be challenging, often leading to feelings of isolation, relationship problems, and lack of sleep.<sup>1</sup> These challenges can often lead to difficulty with mental wellbeing and some women go as far as developing mood disorders.<sup>1</sup> For instance, the prevalence of prenatal depression and postpartum depression is estimated at approximately 12% and 17%.<sup>1</sup> Past experiences of disasters and events in the U.S., such as Hurricane Katrina, have affected pregnant and postpartum women by disrupting daily routine, exposure to toxins, and adverse effects on emotional, mental, and social wellbeing.<sup>2</sup> These disasters tend to disrupt social support networks as well (e.g. family, friends, churches, schools).<sup>2</sup>



Studies have shown that disasters or events can adjust the mental health of the general population, and have found that pregnant and postpartum women may experience higher rates of mood disorders.<sup>2</sup> In January 2020, the World Health Organization (WHO) declared the outbreak of a new coronavirus, COVID-19 to be a public health emergency.<sup>3</sup> Disasters and events can create intense distress and with quarantine measures in place, they have shown heightened levels of distress including feelings of loneliness and frustration. Additionally, quarantine measures in place disrupt social support networks and coping strategies further leading to heightened levels of mood disorders.<sup>2</sup>

### **Theoretical Model**

The theoretical model supporting the research is utilizing social exchange theory. Social exchange theory is concerned with the social interaction involving at least two people, each exchanging a type of reward to each other.<sup>4</sup> The conceptual framework below (Fig. 1), describes social support (functional and structural), the COVID-19 pandemic, and perinatal mental wellbeing. Social support was conceptualized in terms of functional and structural. Functional refers to three dimensions, including, emotional, instrumental, and informational support. Structural social support has two dimensions, including, formal (health care providers) and informal (partner, family, friends, and significant others) social support.<sup>4</sup> COVID-19, a novel strain of coronavirus, is an acute, highly infectious virus that has affected tens of millions of people globally.<sup>3</sup> Perinatal mental health is defined as the mental wellbeing that occurs during pregnancy and up to one-year post-delivery.<sup>5</sup>



*Figure 1:*

Current literature has provided evidence on the impact of COVID-19 on pregnant, postpartum women, and their babies in terms of increased risk of infection or having serious symptoms or complications in comparison to the general population. Additionally, more recently, current studies are exploring the impacts of COVID-19 on the mental health of the general population, including perinatal women, however, less has been seen exploring the impact of social support during the pandemic. There is little to no evidence on the mental wellbeing of perinatal women in Georgia and the impacts of the disruption of social support networks due to the restrictive practices of the pandemic. The potential mental health consequences of the pandemic on perinatal women should be of important concern and a better understanding of social supports and/or coping strategies may be beneficial for future pandemics, disasters, or events.

## **Objectives and Aims**

The objective of this study is to explore the role of social support on the mental wellbeing of pregnant and postpartum women in Georgia during the COVID-19 pandemic. The study's primary aims are:

- 1) To examine the quality of social support and how that impacts the mental wellbeing of pregnant and postpartum women in Georgia during the COVID-19 pandemic.
- 2) Generate recommendations for future mental health support, promotion programs, and resources.

## **Research question:**

How has COVID-19 affected the social support care needs of pregnant and postpartum women in Georgia?

## Chapter 2

### LITERATURE REVIEW

This literature review will summarize the existing literature surrounding pregnant and postpartum women, mental health including perceived stressors, depression and anxiety, and the effects of the COVID-19 pandemic on mental health. Additionally, it will seek to examine the unmet health information and support needs, and the impacts of social dynamics in the context of COVID-19. The literature selected for this review covers a breadth of topics related to mental health and associated factors.

#### **Perinatal Mood Disorders**

Perinatal mood disorders are associated with mood and anxiety symptoms that occur during pregnancy and up to one year postpartum.<sup>5</sup> Depression and anxiety are considered to be the most common mental health disorders during pregnancy and postpartum.<sup>5</sup>

#### *Perinatal Depression*

Depression that occurs during pregnancy or after delivery for up to one year postpartum is called perinatal depression.<sup>6</sup> Depression is the most commonly perinatal mood and anxiety disorder which affects up to 20% of new mothers.<sup>6</sup> Factors that may increase the chances of experiencing depression during prenatal and postpartum can include; history of depression, inadequate support from family or friends, worries/concerns about the fetus or infant, relationship problems, and financial constraints.<sup>6</sup> Pregnancy and the first six months postpartum can oftentimes be challenging, in which women experience tiredness, lack of sleep, hormonal and bodily changes, and feelings of isolation, but these could also be signs of depression.<sup>6</sup>

Additionally, the stresses of parenting may increase the risk of perinatal depression and experiencing such moods during pregnancy and after delivery is common.<sup>7</sup> For instance, the

prevalence of perinatal depression and postpartum depression is estimated at approximately 12% and 17%.<sup>1</sup> While it's common for women to experience such mood symptoms during pregnancy and after delivery, severe symptoms might require seeking outside support.<sup>7</sup>

### *Perinatal Anxiety*

Perinatal anxiety disorder appears to be as common as perinatal depression and even coincides with one another.<sup>5</sup> Perinatal anxiety disorders include panic disorder, obsessive-compulsive disorder, and generalized anxiety disorder.<sup>5</sup> Symptoms can include excessive worry, panic attacks, restless sleep, and even disturbing thoughts about hurting the baby.<sup>5</sup> While we know that perinatal anxiety and depression coincide with one another, the presence of anxiety can heighten symptoms of depression, research is limited in investigating the domain of just anxiety, and so the prevalence is unknown.<sup>8</sup>

### **Coronavirus-19 (COVID-19)**

Many studies have explored the impacts of disasters or events that alter a person's life, including mental health, and found that pregnant and postpartum women experience higher rates of mood disorders during disasters compared with the general population.<sup>9</sup> Community disasters can be from a natural (e.g. hurricanes, flooding, tornadoes, earthquakes, wildfires) or man-made disaster (e.g. chemical attack, terrorist attack) or pandemic.<sup>9</sup> Since community disasters commonly disrupt the living environment, household environment, routine medical care, and increase exposure to physical risks, pregnant and postpartum women are put at a risk for loss of life, disease, and effects on mental, emotional, and social wellbeing.<sup>9</sup> Damage is not only done to personal assets and infrastructure but also disrupts social networks (e.g. family, friends, churches, schools, communities).<sup>9</sup>

In January 2020, the World Health Organization (WHO) declared the outbreak of a new coronavirus, COVID-19 to be a public health emergency.<sup>3</sup> The first cases of COVID-19 originated in Wuhan, China in December 2019, as of January 30, 2020, a total of 9976 cases have been reported in at least 21 countries, including the first confirmed case on January 20, 2020. COVID-19 is an acute, infectious virus that has affected tens of millions of people globally and in Georgia specifically, over 800 cases of COVID have been reported with approximately 12, 000 deaths as of January 30, 2021.<sup>3</sup> The virus is spread directly through respiratory droplets through the mouth or nose.<sup>3</sup> It is estimated that the average incubation period is 5-6 days. Trends have shown that up to 40% of people infected with the virus are symptomatic, with the vast majority having mild to moderate symptoms including fever, cough, and fatigue.<sup>3</sup> Currently, there are two types of vaccines authorized and mandated to prevent COVID-19, the Pfizer-BioNtech and Moderna's. While there is limited treatment, rigorous individual and population-level public health policies and a behavioral change response has been mandated.<sup>3</sup>

Physical distancing rules were imposed on March 14, 2020, with the associated closures of nonessential services, including salons, barbershops, cafes, restaurants, schools, recreational facilities, and playgrounds.<sup>3</sup> Social gatherings were limited to groups of 10 and limited movements.<sup>3</sup> Additional measures were imposed, including working from home or attending school.<sup>3</sup> These public health policies have had a huge impact on the individual and population levels, disrupting normal daily routines, social interactions, and contributed to economic insecurity.<sup>3</sup>

### **Social Support and Perinatal Mental Health**

Existing literature indicates that social support may impact the mental health of women during the perinatal period.<sup>10</sup> For instance, perinatal women may rely upon their social networks

for resources about maternal-child care to help them navigate through their pregnancy and motherhood.<sup>10</sup> Social network is defined as a set of personal relationships through which an individual seeks social support.<sup>10</sup> An individual's social network can include family members, a spouse, peers, or healthcare providers.<sup>10</sup> Social support is defined as resources offered by an individual's social network through sharing information, aid, or understanding.<sup>10</sup> Support can come in many different forms, but the types of support that are frequently mentioned in the literature include, emotional support, instrumental support, and informational support.<sup>10</sup>

### *Type of Social Support*

Emotional Support is what people oftentimes refer to as social support.<sup>11</sup> This is when people show affection, empathy, understanding, and show that they care about you.<sup>11</sup>

Instrumental support is referred to as practical aid, such as giving money and helping with cooking or childcare.<sup>11</sup> This type of support helps with reducing the amount of tasks one has and eases some of the daily stressors.<sup>11</sup> Informational support is offered through providing advice and sharing knowledge.<sup>11</sup> For instance, some people might support you through encouragement, motivation, and remind you of your strengths.<sup>11</sup> Others may provide you with factual information, resources, or provide you realistic perspectives.<sup>11</sup>

### *Role of Social Support*

Due to the amount of stress that comes from adverse pregnancy and child outcomes, it's important to also know what the risk factors for maternal stress are.<sup>12</sup> Existing literature has shown that the role of social support can have an affect the psychological health of women in their perinatal period.<sup>12</sup> Social support has been found to increase mental health and emotional well-being in the general population, but also more specifically in pregnant and postpartum women. Social support has been believed to play a role in strengthening the individual's capacity

to cope with stress.<sup>12</sup> With disasters increasing distress levels, some pregnant and postpartum women are aided with social support systems and can get through physiological distress using appropriate coping skills and get by without developing mental health problems.<sup>10</sup> However, some women may experience intense effects on their physiological well-being, and may even develop depression or anxiety disorders.<sup>9</sup>

## **Conclusion**

Studies have shown that the risks that increase mental health problems during or after disasters include, lack of social support, lower socioeconomic status, and changes in womanhood.<sup>9</sup> Therefore, pregnant and postpartum women who have low socioeconomic status without a partner, or in general have no social support are at greater risk for mental health problems during or after a disaster.<sup>9</sup> It's crucial to support all women in the perinatal period during disasters in ways in which they can access healthy coping mechanisms.<sup>9</sup> While existing literature shows the impact of past disasters and events on pregnant and postpartum women's psychological well-being, published data on psychosocial health are still inconclusive.<sup>3</sup> Women within the perinatal period are a vulnerable population with increased risk of psychological distress including stress, depression, and anxiety, which can be related to maternal morbidity and neonatal morbidity.<sup>3</sup> Currently, the impact of COVID-19 on perinatal women's mental health is poorly understood, as well as the strategies needed to protect and mitigate perinatal women's mental wellbeing during and after the pandemic.<sup>3</sup> Therefore, further exploring the distribution of social support during the COVID-19 pandemic and its impact on pregnant and postpartum mental wellbeing is needed.



## **Chapter 3**

### **METHODOLOGY**

#### **Methods**

Qualitative research was used to gain a detailed and nuanced understanding of the relationship between social support and depression and anxiety in pregnant and postpartum women in Georgia. The women interviewed were those who indicated interest after the completion of the online questionnaire from Aim 1 of the original study. The purpose of these interviews is to collect more in-depth information about the impact of social support on pregnant and postpartum women's psychosocial health in Georgia during the COVID-19 pandemic. \

#### **In-Depth Interviews**

Fourteen in-depth interviews were conducted with pregnant and postpartum women who had given birth within the last year in Georgia to understand their perspectives on the impact of social support on their psychosocial health during the COVID pandemic. Women were contacted and screened for eligibility and scheduled for an interview, which lasted approximately 1-hour. Eligible participants were women at least 18 years of age, who spoke English and resided within Georgia at the time of their pregnancy and last delivery. We sought to recruit a diverse sample of mothers and therefore posted fliers about the study on the web (Instagram and Facebook) where we can achieve a variety of different socio-demographics. Fliers were also distributed through a snowballing approach by HMHB-GA to women participating in the organization's prenatal care programs in both urban and rural locations throughout the state. Additional recruitment occurred through the organization's website and HMHB-GA's stakeholder organizations were involved to further recruit participants. These organizations include March of Dimes, Voices for Children, and Postpartum Support International of Georgia. The participants varied by age, racial/ethnic

background, marital status, employment status, health insurance coverage, number of children, and level of education (Table 1).

A semi-structured interview guide was developed with guidance from MCH researchers and physicians, and current literature. The interview guide included the following topics: personal experiences with pregnancy and delivery, recent life adversity or stressors, the quality of social support and key relationships including partner relationships; and services used and suggestions for improvements. All mothers who completed an interview were given a \$40 gift card. All Interviews with mothers were conducted by trained interviewers via zoom video communications or telephone due to the COVID pandemic and social distancing protocols in place. All interviews were conducted via zoom video communications.

### **Data Analysis**

Interviews were professionally transcribed and prepared for analysis, managed through the use of MaxQDA 2020, a qualitative software program. All interviews were de-identified to remove names, job titles, locations and other information that may identify participants. Initially, all transcripts were read, and memos were developed to distinguish the core issues in each participant's narrative, which subsequently were listed in a codebook. While dozens of codes and themes were generated, analysis followed an iterative process, and extra consideration was given to those themes which directly addressed the research questions and aims of the study.

MaxQDA was used to organize data based on codes relevant to each research question. Applied thematic analysis was used including cross-case comparisons as well as comparisons between the women in these groups: those living in urban versus rural areas; those with a partner and those without; and those of different races. As the nuances and various perspectives emerged from the data, we were able to relate it to previous literature and validate the findings.

**Data Limitations**

Women under 18 years old and those who do not speak English were not included in this study. Therefore, the results presented do not report the views of these types of mothers, who may have faced some challenges with their psychosocial health due to their age and language.

## **Chapter 4**

### **RESULTS**

#### **Introduction:**

The purpose of this qualitative study was to use in-depth interviews to explore the role of social support on the wellbeing of pregnant and postpartum women in Georgia during the COVID-19 pandemic. Participants described their relationships and the type of social support they received or not, including emotional, instrumental, and informational.

#### **Study Population**

In total, fourteen pregnant and postpartum women participated in an in-depth interview. The interviews were different pertaining to perinatal status of the woman, referred to as pregnant or postpartum. There were five participants who were pregnant, and nine participants in their postpartum period. Participants varied in age; the youngest participants were in their early-to mid-twenties while the oldest member was in the early- forties. A majority of participants were White/Caucasian, with only two of the participants being Black/African American. All participants were not of Hispanic or Latinx descent. Participants varied widely in how many other children they have referred to as parity in the table below. Additionally, the majority of participants were married, one partnered, and one single. Table 1 summarizes these demographic characteristics of the interview's participants further.

*Table 1: Participant Demographic Characteristics*

	All (N=14)	Pregnant (N=5)	Post-Partum (N=9)
<b>Age Range</b>			
21-29	4	0	4
30-39	9	5	4
40-49	1	0	1
<b>Race</b>			
Black/African American	2	0	2
White/Caucasian	11	5	6
Multiracial	1	0	1
<b>Ethnicity</b>			
Hispanic or Latino	0	0	0
Not Hispanic or Latinx	14	5	9
<b>Parity</b>			
0	2	2	0
1	5	2	3
2	1	1	0
3	5	0	5
4	1	0	1
<b>Perinatal Status</b>			
Pregnant	5	5	0
Postpartum	9	0	9
<b>Relationship</b>			
Married/Remarried	12	5	7
Partnered	1	0	1
Single	1	0	1

## **Themes**

*Aim 1: To examine the quality of social support and how that impacts the mental wellbeing of pregnant and postpartum women in Georgia during the COVID-19 pandemic.*

The first aim of this research was to examine the quality of social support that pregnant and postpartum have experienced and to explore the relationship it has with mental wellbeing. Analysis of the conversations showed that participants clearly felt that having social support was related to positive mental health. To put this in context, I will begin by sharing the impact of

covid-19 on the mental wellbeing of pregnant and postpartum women, including both having social support and a lack of anticipated social support. I will then describe the different relationships and the types of social support in which participants experienced. Relationships are comprised of husband/partner, family, friends, perinatal providers, mental health providers, and social support groups. Types of social support included emotional, instrumental, and informational. These practices comprised codes and sub-codes in the analysis.

For the majority of participants, having a social support network was seen as a way to navigate mental and mood swings. For instance, having quality relationships, or being connected to a community, was integral to the participants' mental wellbeing. As expected, not all women had quality social support networks and so they commented on their struggles with anxiety, depression, and how not having social support was difficult.

These two concepts of the impact of COVID-19 on mental wellbeing emerged (having social support and lack of anticipated social support) emerged as the major themes, while types of relationships emerged as a subtheme in this analysis.

“... I think just more community, being around other people, other women like them or men going through the same thing early in families. And I think so much of the way we live now is lost on this isolation thing. Everybody's just by themselves all the time.”

“...I feel like having more peer support, honestly, is key to people's mental wellbeing.”

These two quotes capture the connection among social support and mental wellbeing. In the following sections more detail is provided on each of the themes.

## **Having Social Support**

One persistent theme was the importance of relationships to mental wellbeing. This theme encompasses each of the other themes, as indicated by the quote above. The quality of relationships is an important aspect of social support and a well-known benefit of mental wellbeing during the COVID-19 pandemic. Below is a breakdown in which I describe how each of the different types of relations plays a role.

### **Relationships**

#### *Informal*

Pregnant and postpartum women shared that having social support played a role in limiting feelings of stress, loneliness, anxiety, or depression. Among the participants all of the twelve women shared that their husbands/partners were a primary factor in coping. One pregnant woman shared,

“My boyfriend was a big help too. He made sure I don't sink into a depression. Kind of like, "Oh, I can tell you not feeling it today. Let me help a little bit." Or, "What do you need? Do you need me to do anything?" So that helped a lot.”

Emotional and instrumental support was the main type of social support that was given from their husbands or partners. In general, many women mentioned having this type of support from their husbands or partners was so important to their mental wellbeing. Familial relationships were another factor in alleviating stress especially when it comes to instrumental support. One mom shared,

“So, I just kind of realized quickly that if I have a meeting with my boss, that I can ask my mom to come hold the baby while I speak with him. So just trying to take steps to help alleviate that stress.”

Having relationships with friends was also talked about, in which four out of fourteen women shared that having friends with children has been super helpful in terms of venting, but most especially when it came to seeking advice on caring for children and how to cope. For instance, one mom shared,

“...my friends who've had children they're letting me know, "Hey, look, this is how it goes, this too shall pass. I understand where you're coming from. Here's what helped me." And then they have been pushing me to, "Uni, it sounds like you need to talk to somebody and that'll help a lot too." But just really just being there, especially I have friends who are still awake in the middle of the night when I'm up with her know and I can talk to them then too.”

Friends were cited as emotional and informational support systems. Peers they can express how their feeling too and also receiving advice on coping.

#### *Formal*

Some women expressed that their perinatal providers helped in terms of alleviating some worries and concerns. One mom expressed,

“I don't feel neglected, I don't feel like they're belittling the situation or making it seem less dire than it is, like they're not downplaying the pandemic. But they're also not allowing anxieties to rise and they're attacking it with facts, with I appreciate.”

Perinatal providers were mainly fulfilling the informational realm of social support. A lot of the women felt anxious about what delivery would like during the pandemic and so they felt that having supportive perinatal providers helped with alleviated some anxiety. One mom said,

“I had a great support team in the hospital. My doctor is really good and the nurses were all really helpful. And I've trusted the process going in, you don't know what's going to



happen when you're delivering a baby, but everybody made me feel like they knew what they were doing. So I was in good hands.”

Another mom shared,

“I do appreciate that my provider has been like, "You don't have to use telehealth," just because it's available to you, if you feel scared that you can't find your baby's heartbeat with your Doppler, come in or anything, if you feel scared about anything, just come in, don't get yourself all worked up.”

Among mothers, having a postpartum doula as a perinatal provider was considered helpful in getting through the delivery and after process. One mom said,

“So I actually had support postpartum, a little bit of postpartum help. She actually came to the hospital. That was probably the best thing ever. She was like a mom, because I had recently lost my mom in 2018. She was taking care... made sure that I was okay, like washing up. She helped me wash up. I was totally naked in front of her, but that's what doulas see. I didn't feel comfortable with that, but I was like, "Well, I'm basically vulnerable right now because I'm in pain. I just had a C-section. I just had a new baby." So she helped me pull my panties up, just [crosstalk] like with the whole thing”

Not too many women shared that they had support from a mental health provider, but the few that did expressed how helpful that support was to their mental wellbeing. For example, one mom shared,

“it was just really nice to have someone. She's not like a touchy, feely therapist. She's just like, "Get your shit together, you can do this," type, and that's what I need. And she has helped keep me grounded and perspective I think, keep a good perspective and a rational

perspective on things instead of letting your mind get crazy and start spinning out of control as we all do. So, it's been really helpful.”

Emotional support was the most helpful type of social support but also some women shared that their mental health provider was helpful with the informational aspect of support as well. For example, one pregnant woman expressed,

“I feel like with my therapist and psychiatrist, I mean, anytime I needed resources they were available. She looked into a Doula for me, so I felt like I had access to different resources if I needed it. And she told me about different groups and stuff, if I was interested.”

Support groups were another factor that helped with mental wellbeing. Some women shared that it gave them a sense of community. For instance, one new mom shared,

“There's a really great organization in town that's a parenting resource place called [GroupMotherCare1]. They have thrift shop and then new clothes, but they also have lots of parent programs. They've just started this thing that I signed up for. They're doing theramamas and therapapas is what they're calling it. It's definitely like peer support for people that have just given birth up to, like, 18 months of the child's life.”

Another pregnant woman shared,

“I did a prenatal exercise class. I started my second trimester and it ended in the third trimester and it was over Zoom. That gave me a sense of a little bit of community and stuff, because there was eight pregnant people in there, so that was really good.”

Finally, a lot of women shared that utilizing online sources, such as social media was a great sort of informational support for them. One mom said,

“I mean this isn't social support but had good online resources. I just knew different sources to go to for solid information and different, I guess they're social in some ways, the Facebook groups for different sleep training or eating. Those have actually been really helpful too to read up on other people's experiences.”

### **Lack of Anticipated Social Support**

While some women reported having quality social support systems, seven out of fourteen pregnant and postpartum women expressed having feelings of loneliness and isolation. Women shared that the COVID-19 pandemic and social isolation robbed them of their perinatal experience and created feelings of depression and lack of satisfaction. Below is a breakdown of a lack in anticipated social support and the subtheme of relationships and how they impact mental wellbeing. In more detail I describe how each of the different types of relations play a role.

#### **Relationships**

##### *Informal*

Pregnant and postpartum women shared feelings of social isolation and not being able to have the full pregnancy or postpartum experience during COVID-19. A lot of women shared difficulties with not being able to have family over. One pregnant woman shared,

“It was hard at first, because things are so different. You're so used to being able to have grandma and grandpa come over, or just grandma or whatever. You're so used to being able to have a baby shower. I didn't get to do any of the normal stuff that you get to do when you're pregnant. So, it was kind of depressing.”

A lot of women after delivery expressed difficulty with not being able to have family around to share in the happiness of having a new baby. One mom shared,

“The after part was so much different because after we gave birth, I would have expected my family to be able to come see us, and so that was hard, I think, to deal with, just knowing that we were still alone. That was a little bit different.”

Pregnant women also shared concerns and worries over where they will be receiving support from. One pregnant woman shared,

“I think anxiety of definitely an anxiety around the type of help I'm going to get when the baby's born. For instance, my mom's... she's a nurse but she's retired. So she has a medical license she's 64 so she can't technically get it in Georgia yet, but she could with her medical license, even though she's not working and she refuses to, because she doesn't feel like it's right. I'm like, "But you need it because I need you." And she just won't. So that sort of thing is causing like stressors too, because I need her help.”

Some women shared having relatives that are essential workers or working with people during the pandemic has caused a complete limit to visitations. One woman said, “not being able to see my mom was terrible. My husband's mom works in the schools and so we haven't really been able to see her. So the social isolation aspect has been very stressful.” Additionally, pregnant and postpartum spoke about how the COVID-19 impact has affected them in seeking support from their friends. For example, one woman shared,

“I mean the people, a lot of the people in my life have had a harder time with COVID. Like my best friend, her and her husband are now getting a divorce, because being in the house with each other just did not... it just shined a light on all the cracks. So I can't really complain about my husband not helping me with putting away the groceries when she's like getting it, you know what I mean?”

Woman also shared feelings of isolation and loneliness with not being able to do regular activities with friends. For instance, one mom shared,

“Everybody has masks on and there's no... Usually we're having potlucks and eating with people and things like that. We won't do that. It's a lot lonelier, a lot lonelier. And then we have a lot of friends in the neighborhood, it was more a village feeling. Everybody's kids go and play over there when we get to hang out and that's just gone. So there's a lot less help.”

### *Formal*

Moms frequently expressed concerns related to access to informational support from their perinatal providers and how telehealth was not fulfilling their needs. One mom shared,

“I didn't really like it because my doctor, he's one of those who's better in-person. He would run light getting on the call and then it would be like five minutes. "Okay. How are you doing? You're doing okay. Okay, bye." I didn't really get to have the full experience and he didn't really like during the telehealth either because he likes to do ultrasounds at every appointment to check on the baby. And he didn't like that he couldn't check on her every single appointment. So, it felt like it robbed me of the experience of getting the prenatal care.”

Additionally, moms shared having stressors related to a lack of in-person childcare and development support systems. One mom shared her experience with a home visiting program,

“I hated that someone can't come and check on... just to check and see like... actually have put eyes on my second, actually come and... Well, I've been seeing [inaudible ] because one concern, she is not walking yet. So just different... I would rather have someone come to my home and actually help me with activity, like [inaudible ] that I can

come, other than virtual. I don't know. I'm a [inaudible ] person. So, it's different for me to actually adapt to virtual. I mean, of course you can find things on YouTube, but sometimes if someone happens to be trained in that and seeing a lot of kids that have struggled with walking, they know things to do. They know things that helps kids.”

Finally, some women spoke about social support groups that they utilized in-person but due to the COVID-19 pandemic went virtual. They didn't discuss the extent of creating distress but not something they found helpful. One mom shared her experience with a home visiting program in which she said,

“So, when I signed up for the program, I was like, "Oh," and then I heard it was virtual. I signed up for it, I think in February. I think February or March. I think February, and then March. I think and then I learned about all the virtual events, and I didn't really like the sound of that. But I mean if they give me... [Mom8'sHomeVisitor] is her name. She gives me activities, and she gives me things to do, but I don't always do them because I'm a visual person.”

Another mom shared,

“Zoom is just, I'm grateful we have it at this point for the life that we're currently living, but it isn't the same as interacting in person and there's just an automatic barrier when it comes to Zoom or anything online versus actually being able to relate face-to-face.”

*Aim 2: Generate recommendations for future mental health support, promotion programs, and resources.*

The second aim of this research is more appropriate to the recommendations section of the next chapter and thus it will be presented in that section.

## Chapter 5

### DISCUSSION

#### Summary of Findings

These findings showcase the impact of COVID-19 on perinatal mental wellbeing in Georgia. In this sample stressors related to loneliness and feelings of social isolation were mentioned frequently. Almost half of the participants reported either feeling lonely, isolated, or both and this may be a factor for increased rates of anxiety, depression, or general mental wellbeing. Giarratano et al similarly found that disasters create intense immediate distress that can disrupt a person's ability to cope.<sup>9</sup> However, pregnant and postpartum woman who have social support systems tend to cope well through distress, report positive mental wellbeing, and don't develop mental health problems.<sup>9</sup> Almost half of the participants reported having social support, with majority receiving support from their husband, partner, or family. Additionally, data also shows that social support, specifically emotional and instrumental support were frequently mentioned by pregnant and postpartum women.

Giarratana et al found that pregnant and postpartum women living in low socioeconomic status without a partner or lack caregiver social support are at greater risk for poorer mental wellbeing.<sup>9</sup> Similarly, data highlights that women who expressed feelings of distress or anxiety mentioned they did not have the social support they needed. Majority of these women reported the pandemics quarantine and social isolation guidelines have impacted their social support networks. Past studies have found that social support impacts the development of mental health after a disaster.<sup>9</sup> Overall, this study has shown that quality social support networks can help with positive mental wellbeing and exacerbate feeling of not feeling isolated.

## **Cross-group Comparisons**

The main themes were present across all the groups, with good quality relationships emerging the most important overall. Having social support, whether from the husband or partner, family, friends, perinatal providers, or other sources, provided better mental wellbeing. Members of all groups, whether having quality social support or not, mentioned the importance of social support to their wellbeing.

## **Recommendations**

Recommendations from this study can be used in future planning for perinatal mental health effective strategies and programs. These strategies will be applicable for both pregnant and postpartum women. Results of this study highlight the need for quality social support, whether already having it or not. The following recommendations were described by participants as needs to best support their mental wellbeing during and after the pandemic.

Healthcare providers are oftentimes the closest formal relationships that pregnant and postpartum have access to. Hence, healthcare providers must incorporate effort in checking in on their patient's emotional and mental health, offering support through information, referrals to mental health support, and accessible resources. Almost all of the recommendations and needs reported by pregnant and postpartum women were tailored towards healthcare providers. Some women expressed needing their providers to show empathy and ask about how they are feeling. One pregnant woman shared,

“I think a little more empathy for even though it's something that they do every day and that they see every day that it's a new experience for a pregnant mom is probably a huge one. I also felt like my pain was really discounted...”

Similarly, another pregnant woman shared,



“...to take more time with the women in the appointments and to really look at the women's mental health and how they're going with the pregnancy and with their emotions, and how're they eating. Just the providers taking more time with that.”

Almost all women mentioned that the need for information regarding COVID-19 and the effects on their pregnancy, during delivery, and after delivery regarding their infant. Women expressed that it would be a big help in mitigating feelings of distress and anxiety. For instance, one woman shared,

“I think there's really the more you know about COVID and the way it impacts pregnancy and babies will just be helpful, the knowledge side of things.”

Another woman shared,

“...just being more proactive and communicating what they've learned or heard about it. I definitely felt it was something that I had to ask about myself rather than something that was kind of shared with me. So being more proactive about what should you know about it would be helpful.”

Other recommendations that were reported were related to offering resources and referrals to services. Some women were unaware of what was available to them and so having a list of options and resources would be beneficial. One mom shared,

“...one of the biggest reasons why I wouldn't go to the doctor or I wouldn't ask for help with mental issues would be the unknown regarding the costs of okay. If I do decide that I need counseling, I have no idea how many visits or how expensive that could be. If I knew it's only going to be a hundred dollars, then maybe I could pursue it. But if I think, oh gosh, it could be end up being \$3,000. Then just the kind of unknown of costs would keep me from pursuing help.”

Finally, other recommendations were related to having local groups (e.g., peer networks, mommy groups), and general perinatal classes.

### **Limitations and Next Steps**

Limitations of this study include the minimal diversity and the recruitment strategy, which relied on partner organizations and may limit the generalizability of these findings. For instance, more than half of the women were white/Caucasian and no Hispanic/Latino women were a part of the sample. Similarly, almost all women were of high socioeconomic status, having a bachelor's degree or higher, and were privately insured. Additionally, almost all women were married and pregnant with their second or third child and less than half were new moms.

More research is needed to examine COVID-19's impact between social support systems and pregnant and postpartum women's mental health. Additionally, while this study found that some women expressed having a mental disorder, it does not explicitly address diagnosed mental health disorders and the effect of the COVID-19 pandemic. Overall, there is a need for further research so that proper interventions are implemented to support perinatal mental health.

### **Conclusion**

This study examined the role of social support on the mental wellbeing of pregnant and postpartum women in Georgia in hopes of implementing strategies that best support their mental wellbeing during the COVID-19 pandemic and after. Findings showed that social support plays a key role in shaping a mother's mental wellbeing. While prior research has already indicated the value of social support to pregnant and postpartum women's mental health, this study suggests that the quality of different relationships play a role in the different types of support. Qualitative data suggest that social support, and specifically husband/partner emotional support, family and instrumental support, friends and emotional support, and perinatal providers and informational

support played a significant role for pregnant and postpartum women, particularly during the COVID-19 pandemic. The social exchange theoretical framework (table1) was able to address the personal experiences of women with relationships they may or may not have had and thus have concluded that social support in fact impact perinatal mental wellbeing. Future mental health programs, as well as healthcare providers, can benefit from incorporating these recommendations, specifically pandemics, disasters, or events that disrupt society.

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## APPENDICES

### *Appendix A:*

## **Interview Guide for Pregnant Women: Georgia COPE Study**

Date: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_

### **Introduction**

Thank you for taking the time to participate in this study today.

My name is ----- . I am a researcher at ----- . The main focus of the interview will be to learn about your experience with pregnancy or postpartum care in Georgia during the COVID-19 pandemic. We will refer to the pandemic as starting at or later than March 14, 2020, as this was the date that Georgia Governor Brian Kemp declared a statewide emergency.

The questions we ask you today will focus on your prenatal care. We are trying to understand how COVID-19 has affected you, your pregnancy and your infant/family? We will also ask you to describe any other health concerns you have experienced since the start of the COVID-19 pandemic, including emotional or mental health challenges.

Before we get started, I want to assure you that your participation in this interview is completely voluntary and you are not obligated to answer any question you don't feel comfortable with or ask to stop the interview at any time. Our discussion today is completely confidential, and anyone not associated with the research project will not hear the recording or know of anything we have discussed today. We really want you to speak freely and share any thoughts and feelings you have.

We would like to record our discussion to make sure we don't miss any of your comments. Every comment or concern you have is important to us and don't want to miss any important points. Do I have your permission to record?

[PRESS RECORD]

Do you have any questions? [allow for questions]. Ok, great if there are no (other) questions, lets begin!

### **A. Introduction/Background (5 minutes)**

For this first set of questions, I would like to ask you a little bit about yourself. As we understand, you are pregnant.

1. How far along are you now in your pregnancy?
  - A. PROBE: Is this your first pregnancy?
2. How are you feeling about your pregnancy?
  - A. PROBE: Are there any health concerns (different from your first or other pregnancies?)
  - B. PROBE: Any particular concerns during this pregnancy?
  - C. PROBE: What is going well so far with your pregnancy?

### **B. COVID Experience (15 minutes)**

In this next set of questions, we would like to discuss your understanding of COVID-19 and experiences in this pandemic.

1. How did you first learn about the COVID-19 pandemic?
  - A. PROBE: Did you learn from friends, family or those around you? From your health care provider? The news, etc?
2. When COVID-19 was declared a public health emergency on March 14<sup>th</sup> in Georgia, what were your initial thoughts and concerns?
  - A. PROBE: Were you worried about contracting COVID? Worried that your family would contract it?
  - B. Did you make any changes right away to your daily routine? If yes, what were they?
  - C. PROBE: Did this change anything in your routine of household?
3. To what extent has the COVID pandemic affected you or your family?
  - A. PROBE: Has it affected your health, job, ability to go to school?
  - B. PROBE: How has it affected your living environment? (kids transitioning to online learning; working from home)
  - C. PROBE: How has it affected your social life (including your ability to see your friends, other family, attend church)

4. Have you or anyone in your immediate family been diagnosed with COVID?
  - A. PROBE: If yes, who was diagnosed? Was this person living with you?
  - B. PROBE: If yes, what precautions did you make to avoid contact?
  
5. When a vaccine for COVID is available in the U.S., do you think you will get the vaccine?
  - A. PROBE: Why or why not?
  - B. PROBE: What are your concerns about the vaccine? What are the greatest benefits of getting the vaccine?

### C. Prenatal Care (15 minutes)

Let's start by discussing your pregnancy. You indicated a few minutes ago, that your pregnancy was *(fill in description of what was shared by the informant)*.

1. Please describe your prenatal care since the start of the COVID pandemic.
  - A. PROBE: Have you had to change the way you receive care, from in-person to telehealth visits or a combination?
  - B. PROBE: How did you feel about these different forms of care? What did you like least about them? What did you like most about them? How could they be improved?
  - C. PROBE: Have you had to change the number of prenatal care visits you have with your OBGYN?
  - D. PROBE: What other changes have you experienced with your prenatal care since the start of the pandemic in GA?
  
2. Please describe how/if your healthcare provider has discussed COVID with you.
  - A. PROBE: What has the provider discussed?
  - B. PROBE: Are there concerns you have about this discussions/information regarding COVID?
  - C. PROBE: Have you done any research on your own about COVID, pregnancy, and newborns, and if so, how?
  
3. Have you discussed creating a birthing plan with your provider? Has any of your birthing plans as a result of the COVID pandemic?
  - A. PROBE: If yes, how are these plans changed?
  - B. PROBE: If yes, why have these plans changed?
  
4. Please describe any positive changes you have experienced with your prenatal care as a result of the COVID pandemic?

5. Please describe any negative changes or stressors you have experienced with your prenatal care as a result of the COVID pandemic.
6. How different do you think your pregnancy would have been if it had not taken place during the pandemic? You may compare it to your last pregnancy.
  - A. PROBE: What are some of things that would have been different?
  - B. PROBE: What would have been similar?
7. How do you believe your medical provider can best support you during this time with regards to the COVID-19 pandemic?
8. How would you describe the quality of social support you currently have while going through the pregnancy?
  - A. PROBE: Who were the ones supporting you once the COVID-19 pandemic started, and in what ways were they supporting you?
  - B. PROBE: Have you been able to get support such as through home visiting programs? If so, what has that been like?
9. Are you enrolled in the program, Georgia Right from the Start Medicaid (pregnancy Medicaid)?
  - A. PROBE: Have there been any difficulties being in Medicaid and getting care since COVID?
  - B. PROBE: Have you receive any information about what kind of health care coverage you will have after you deliver your baby? For instance, do you know how long you can stay on Medicaid after you deliver your baby?

### **E. Mental Health/Stressors (10 minutes)**

We recognize that many women and their families are experiencing difficult times as a result of the COVID pandemic. With a newborn (or being pregnant) we know these can be even more stressful time. We want to learn more about how or if this has affected you. We would also like to know if you have sought help for stress or mental health concerns and what your recommendations are for helping other pregnant/postpartum women.

1. Please describe how you have been feeling since the start of the COVID pandemic.
  - A. PROBE: What has been stressful?
  - B. PROBE: Describe any feelings you have had that make you sad or anxious?



2. How are you dealing with your feelings?
  - A. PROBE: Have you talked with family, friends or sought help from any of your health care providers, such as your OBGYN or a mental health provider?
  - B. PROBE: How comfortable do you feel with sharing your mental health concerns with others including your family, friends or your provider?
  - C. PROBE: What other coping strategies do you currently utilize since the start of the pandemic?
  
3. What do you think would help you (even more) with your feelings of stress or anxiety?  
PROBE: Do you wish you had access to a support group or home visiting services?

### **F. Recommendations (10 minutes)**

Thank you so much for your all of your great information. We'll interview with just some final thoughts and suggestions about what you think is needed to make women's experiences better during pregnancy and after during this pandemic.

1. What can health care providers do to help pregnant women period during the pandemic?
  
2. What do you think the health care system should do to help women even AFTER the pandemic?
  - A. PROBE: For instance, do you think more women should be offered telehealth visits for their prenatal care or postpartum care even after the pandemic?
  - B. PROBE: Should we offer better mental health care for pregnant and postpartum women after the pandemic?
  - C. PROBE: What can Medicaid do better to help women during pregnancy or after delivery?
  
3. What are some resources that you wish were available for you to access during the pandemic?
  
4. What other final recommendations do you have for making women's perinatal experiences better in this pandemic?

Thank you so much for your time today. Your answers were very helpful. Thank you, again, for your time.

*Appendix B:*

**Interview Guide for Early Postpartum Women: Georgia COPE Study**

Date: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_

**Introduction**

Thank you for taking the time to participate in this study today.

My name is -----. I am a researcher at -----. The main focus of the interview will be to learn about your experience with pregnancy or postpartum care in Georgia during the COVID-19 pandemic. We will refer to the pandemic as starting at or later than March 14, 2020, as this was the date that Georgia Governor Brian Kemp declared a statewide emergency.

The questions we ask you today will focus on your prenatal care, delivery experience, and/or postpartum care. We are trying to understand how COVID-19 has affected you, your pregnancy and your infant/family. We will also ask you to describe any other health concerns you have experienced since the start of the COVID-19 pandemic, including emotional or mental health challenges.

Before we get started, I want to assure you that your participation in this interview is completely voluntary and you are not obligated to answer any question you don't feel comfortable with or ask to stop the interview at any time. Our discussion today is completely confidential, and anyone not associated with the research project will not hear the recording or know of anything we have discussed today. We really want you to speak freely and share any thoughts and feelings you have.

We would like to record our discussion to make sure we don't miss any of your comments. Every comment or concern you have is important to us and don't want to miss any important points. Do I have your permission to record? [PRESS RECORD]

Do you have any questions? [allow for questions]. Ok, great if there are no (other) questions, let's begin!

**A. Introduction/Background (5 minutes)**

For this first set of questions, I would like to ask you a little bit about yourself. As we understand, you have (recently delivered or delivered within the last 12 months).

1. How did your delivery go?
  - A. PROBE: What went well?
  - B. PROBE: What was challenging?

2. Tell me a little about how you have been since you delivered your infant.
  - A. PROBE: How have you been feeling overall?
  - B. PROBE: Have you been able to get care for yourself in this postpartum period? If yes, what kind of care? If not, why not?

## **B. COVID Experience (10 minutes)**

In this next set of questions, we would like to discuss your understanding of COVID-19 and experiences in this pandemic.

6. How did you first learn about the COVID-19 pandemic?
  - a. PROBE: Did you learn from friends, family or those around you? From your health care provider? The news, etc?
7. When COVID-19 was declared a public health emergency on March 14<sup>th</sup> in Georgia, what were your initial thoughts and concerns?
  - D. PROBE: Were you worried about contracting COVID? Worried that your family would contract it?
  - E. Did you make any changes right away to your daily routine? If yes, what were they?)
  - F. PROBE: Did this change anything in your routine of household?
8. To what extent has the COVID pandemic affected you or your family?
  - D. PROBE: Has it affected your health, job, ability to go to school?
  - E. PROBE: How has it affected your living environment? (kids transitioning to online learning; working from home)
  - F. Probe: How has it affected your social life (including your ability to see your friends, other family, attend church)
9. Have you or anyone in your immediate family been diagnosed with COVID?
  - C. PROBE: If yes, who was diagnosed? Was this person living with you?
  - D. PROBE: If yes, what precautions did you make to avoid contact?
10. When a vaccine for COVID is available in the U.S., do you think you will get the vaccine?
  - C. PROBE: Why or why not?
  - D. PROBE: What are your concerns about the vaccine? What are the greatest benefits of getting the vaccine?

## **C. Prenatal Care (15 minutes)**

Let's continue on with discussing with your recent pregnancy. You indicated a few minutes ago, that your pregnancy was *(fill in description of what was shared by the informant)*

10. Please describe your prenatal care since the start of the COVID pandemic.

- E. PROBE: Have you had to change the way you receive care, from in-person to telehealth visits or a combination?
  - F. PROBE: How did you feel about these different forms of care? What did you like least about them? What did you like most about them? How could they be improved?
  - G. PROBE: Have you had to change the number of prenatal care visits you have with your OBGYN?
  - H. PROBE: What other changes have you experienced with your prenatal care since the start of the pandemic in GA?
11. Please describe how/if your healthcare provider has discussed COVID with you.
- D. PROBE: What has the provider discussed?
  - E. PROBE: Are there concerns you have about these discussions/information regarding COVID?
  - F. PROBE: Have you done any research on your own about COVID, pregnancy, and newborns, and if so, how?
12. Did you create a birthing plan with your provider?
- C. PROBE: If yes, how are these plans changed?
  - D. PROBE: If yes, why have these plans changed?
13. Please describe any positive changes you have experienced with your prenatal care as a result of the COVID pandemic.
14. Please describe any negative changes or stressors you have experienced with your prenatal care as a result of the COVID pandemic.
15. How different do you think your pregnancy would have been if it had not taken place during the pandemic? You may compare it to your last pregnancy.
- C. PROBE: What are some of things that would have been different?
  - D. PROBE: What would have been similar?
16. How do you believe your medical provider can best support you during this time with regards to the COVID-19 pandemic?
17. How would you describe the quality of social support you currently have while going through the pregnancy?
- C. Probe: Who were the ones supporting you once the COVID-19 pandemic started, and in what ways were they supporting you?)
  - D. PROBE: Have you been able to get support such as through home visiting programs? If so, what has that been like?
18. Are you enrolled in the program, Georgia Right from the Start Medicaid (pregnancy Medicaid)?
- C. PROBE: Have there been any difficulties being in Medicaid and getting care since COVID?

- D. PROBE: Have you receive any information about what kind of health care coverage you will have after you deliver your baby? For instance, do you know how long you can stay on Medicaid after you deliver your baby?

### **D. Delivery and Postpartum Care (10 minutes)**

Now we will into questions about your delivery experience as well as the postpartum period.

1. Please describe your delivery experience since the start of the COVID pandemic?
  - A. PROBE: What precautions did you have to take during delivery?
  - B. PROBE: Did you have to alter your delivery/birthing plan
  - C. PROBE: What went well with your delivery? What was challenging?
2. Please describe your postpartum care since the start of the COVID pandemic.
  - A. PROBE: Have you been able to see your provider for your postpartum check-up?
  - B. PROBE: Have you been able to seek other health care services you needed since delivering your infant?
3. Have any of health care visits since delivery been through telehealth (internet, phone)?
  - A. PROBE: If so, tell us more about how that has gone for you?
  - B. PROBE: What do you like about the telehealth appointments? What don't you like?
4. Since the start of the COVID pandemic, what has been the most challenging aspect of seeking postpartum care?
5. Since the start of the COVID pandemic, what has been easy or gone well for you in seeking postpartum care?
6. How would you describe the quality of social support you currently have since delivery?
  - A. PROBE: Who were the ones supporting you once the COVID-19 pandemic started, and in what ways were they supporting you?)

### **E. Mental Health/Stressors (10 minutes)**

We recognize that many women and their families are experiencing difficult times as a result of the COVID pandemic. With a newborn (or being pregnant) we know these can be even more stressful time. We want to learn more about how or if this has affected you. We would also like to know if you have sought help for stress or mental health concerns and what your recommendations are for helping other pregnant/postpartum women.

4. Please describe how you have been feeling since the start of the COVID pandemic.

- C. PROBE: What has been stressful?
  - D. PROBE: Describe any feelings you have had that make you sad or anxious.
5. How are you dealing with your feelings?
- D. PROBE: Have you talked with family, friends or sought help from any of your health care providers, such as your OBGYN or a mental health provider?
  - E. How comfortable do you feel with sharing your mental health concerns with others including your family, friends or your provider?
  - F. PROBE: What other coping strategies do you currently utilize since the start of the pandemic?
6. What do you think would help you (even more) with your feelings of stress or anxiety?
- A. PROBE: Do you wish you had access to a support group or home visiting services?

### **F. Recommendations (5-10 minutes)**

Thank you so much for your all of your great information. We'll finish the interview with just some final thoughts and suggestions about what you think is needed to make women's experiences better during pregnancy and after during this pandemic.

- 5. What can health care providers do to help pregnant and/or postpartum women during the pandemic?
- 6. What do you think the health care system should do to help women even AFTER the pandemic?
  - a. PROBE: For instance, do you think more women should be offered telehealth visits for their prenatal care or postpartum care even after the pandemic?
  - b. PROBE: Should we offer better mental health care for pregnant and postpartum women after the pandemic?
  - c. PROBE: What can Medicaid do better to help women during pregnancy or after delivery?
- 7. What are some resources that you wish were available for you to access during the pandemic?
- 8. What other recommendations do you have for making women's perinatal experiences better in this pandemic?

Thank you so much for your time today. Your answers were very helpful. [END RECORDING]

*Appendix C:*

**Interview Guide for Late Postpartum Women: Georgia COPE  
Study**

Date: \_\_\_\_\_

Name of Interviewer: \_\_\_\_\_

Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_

**Introduction**

Thank you for taking the time to participate in this study today.

My name is -----. I am a researcher at -----. The main focus of the interview will be to learn about your experience with postpartum care in Georgia during the COVID-19 pandemic. We will refer to the pandemic as starting at or later than March 14, 2020, as this was the date that Georgia Governor Brian Kemp declared a statewide emergency.

The questions we ask you today will focus on your delivery experience and postpartum care. We are trying to understand how COVID-19 has affected you and your infant/family. We will also ask you to describe any other health concerns you have experienced since the start of the COVID-19 pandemic, including emotional or mental health challenges.

Before we get started, I want to assure you that your participation in this interview is completely voluntary and you are not obligated to answer any question you don't feel comfortable with or ask to stop the interview at any time. Our discussion today is completely confidential, and anyone not associated with the research project will not hear the recording or know of anything we have discussed today. We really want you to speak freely and share any thoughts and feelings you have.

We would like to record our discussion to make sure we don't miss any of your comments. Every comment or concern you have is important to us and don't want to miss any important points. Do I have your permission to record?

[PRESS RECORD]

Do you have any questions? [allow for questions]. Ok, great if there are no (other) questions, let's begin!

## **A. Introduction/Background (5 minutes)**

For this first set of questions, I would like to ask you a little bit about yourself. As we understand, you have delivered within the last 12 months.

3. How did your delivery go?
  - C. PROBE: What went well?
  - D. PROBE: What was challenging?
  
4. Tell me a little about how you have been since you delivered your infant.
  - C. PROBE: How have you been feeling overall?
  - D. PROBE: Have you been able to get care for yourself in this postpartum period? If yes, what kind of care? If not, why not?

## **B. COVID Experience (10 minutes)**

In this next set of questions, we would like to discuss your understanding of COVID-19 and experiences in this pandemic.

11. How did you first learn about the COVID-19 pandemic?
  - a. PROBE: Did you learn from friends, family or those around you? From your health care provider? The news, etc?
  
12. When COVID-19 was declared a public health emergency on March 14<sup>th</sup> in Georgia, what were your initial thoughts and concerns?
  - G. PROBE: Were you worried about contracting COVID? Worried that your family would contract it?
  - H. Did you make any changes right away to your daily routine? If yes, what were they?)
  - I. PROBE: Did this change anything in your routine of household?
  
13. To what extent has the COVID pandemic affected you or your family?
  - G. PROBE: Has it affected your health, job, ability to go to school?
  - H. PROBE: How has it affected your living environment? (kids transitioning to online learning; working from home)
  - I. Probe: How has it affected your social life (including your ability to see your friends, other family, attend church)
  
14. Have you or anyone in your immediate family been diagnosed with COVID?
  - E. PROBE: If yes, who was diagnosed? Was this person living with you?
  - F. PROBE: If yes, what precautions did you make to avoid contact?
  
15. When a vaccine for COVID is available in the U.S., do you think you will get the vaccine?



- E. PROBE: Why or why not?
- F. PROBE: What are your concerns about the vaccine? What are the greatest benefits of getting the vaccine?

### **C. Delivery and Postpartum Care (20 minutes)**

Now we will into questions about your delivery experience as well as the postpartum period.

1. Please describe your delivery experience start of the COVID pandemic
  - D. PROBE: What precautions did you have to take during delivery?
  - E. PROBE: Did you have to alter your delivery/birthing plan
  - F. PROBE: What went well with your delivery? What was challenging?
2. Please describe your postpartum care since the start of the COVID pandemic.
  - C. PROBE: Have you been able to see your provider for your postpartum check-up?
  - D. PROBE: Have you been able to seek other health care services you needed since delivering your infant?
3. Have any of health care visits since delivery been through telehealth (internet, phone)?
  - A. PROBE: If so, tell us more about how that has gone for you?
  - B. PROBE: What do you like about the telehealth appointments? What don't you like?
4. Since the start of the COVID pandemic, what has been the most challenging aspect of seeking postpartum care?
5. Since the start of the COVID pandemic, what has been easy or gone well for you in seeking postpartum care?
6. How would you describe the quality of social support you currently have since delivery?
  - A. PROBE: Who were the ones supporting you once the COVID-19 pandemic started, and in what ways were they supporting you?)
7. When you delivered your infant, were you covered through the Georgia Right from the Start Medicaid program (pregnancy Medicaid)?
  - A. PROBE: If so, what did you understand about how long you would be in the program after you delivered?
  - B. PROBE: Are you still in the program? If so, are you able to get to the doctor and receive care for yourself? Please explain.

### **E. Mental Health/Stressors (10 minutes)**

We recognize that many women and their families are experiencing difficult times as a result of the COVID pandemic. With a newborn (or being pregnant) we know these can be even more stressful time. We want to learn more about how or if this has affected you. We would also like to know if you have sought help for stress or mental health concerns and what your recommendations are for helping other pregnant/postpartum women.

7. Please describe how you have been feeling since the start of the COVID pandemic.
  - E. PROBE: What has been stressful?
  - F. PROBE: Describe any feelings you have had that make you sad or anxious.
  
8. How are you dealing with your feelings?
  - A. PROBE: Have you talked with family, friends or sought help from any of your health care providers, such as your OBGYN or a mental health provider?
  - B. PROBE: How comfortable do you feel with sharing your mental health concerns with others including your family, friends or your provider?
  - C. PROBE: What other coping strategies do you currently utilize since the start of the pandemic?
  
9. What do you think would help you (even more) with your feelings of stress or anxiety?
  - A. PROBE: Do you wish you had access to a support group or home visiting services?

### **F. Recommendations (5-10 minutes)**

Thank you so much for your all of your great information. We'll finish the interview with just some final thoughts and suggestions about what you think is needed to make women's experiences better during postpartum and after this pandemic.

9. What can health care providers do to help postpartum women period during the pandemic?
  
10. What do you think the health care system should do to help women even AFTER the pandemic?
  - D. PROBE: For instance, do you think more women should be offered telehealth visits for their prenatal care or postpartum care even after the pandemic?
  - E. PROBE: Should we offer better mental health care for pregnant and postpartum women after the pandemic?
  - F. PROBE: What can Medicaid do better to help women during pregnancy or after delivery?
  
11. What are some resources that you wish were available for you to access during the pandemic?

12. What other recommendations do you have for making women's perinatal experiences better in this pandemic?

Thank you so much for your time today. Your answers were very helpful. Thank you, again, for your time.

[END RECORDING]