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**ABSTRACT**

The transition to parenthood is a vulnerable time to an individual's mental health. Cumulative risk says that multiple stressors increase an individual's risk of experiencing mental health issues. The study aimed to explore the impact of COVID-19 on mental health during the transition to parenthood and how this psychologically changes an individual's identity and relationships. The study was a cross-sectional qualitative design, semi-structured interviews were conducted and data analysis was done using Braun and Clarke 2006 thematic analysis. Three overarching themes were found with eleven themes. Eight parents took part in the study, two fathers and six mothers. Adjustment was the biggest overarching theme in the results, it showed the accumulation of risk factors parents faced during the pandemic. Fear and Uncertainty manifested around catching COVID-19 and how it would affect an unborn baby and mother. While the government restrictions left parents Lonely and Socially Isolated. In conclusion the transition to parenthood during the pandemic did impact parents' mental health and longitudinal research should consider how this impacts children born during this time. Implications of the study are that it could go on to inform research to facilitate the improvements in social support for new parents.

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## INTRODUCTION

During 2020 and 2021 to reduce the spread of the COVID-19 virus the entire world faced massive socially isolating restrictions. Governments implemented rules for countries to shut down, people were not to leave their homes, unless they needed to buy food or medical supplies and work but only if they were an essential worker. These types of restrictions became known commonly as 'Lockdowns'. These lockdowns happened on and off until the middle of 2021 when vaccines for the virus became widely accessible to everyone. There is no doubt that the ripple effect of these restrictions is going to be seen on both individuals and society for years to come (Kotlar, et. al., 2021). Cumulative risk says that exposure to multiple adversities are positively correlated with psychological distress (Pereira et al., 2021). The transition to parenthood comes with its own adversities and stressors (Chen et al., 2020). Therefore the pandemic or the transition to parenthood were not just isolated events, but both rather a cumulation of risk factors for new parents of the pandemic (Pereira et al., 2021). These restrictions meant parents' access to family, friends, professionals and general support structures was largely restricted and in some case's totally cut off. For new parents of the pandemic this lack of social support during a transition period of their lives created vulnerabilities for them as a group.

### **Mental Health**

The perinatal period is from conception through to 12-months post birth (Austin, et al., 2008). This is the period of time where a psychological transition to parenthood begins to happen (Chen, et al., 2020). During this life transition parents are particularly vulnerable to developing mental health disorders and experiencing psychological distress (White et al., 2006; Ceulemans et al., 2021). Furthermore the transition to parenthood is a developmental



change in a couple's life that can affect identity, responsibility, lifestyle and relationships (Chen, et al., 2020). Ceulemans et al., 2021 found that pregnant women of the pandemic were at increased likelihood of experiencing depression or anxiety. The perinatal period is a stressful time for both mothers and fathers, where parents can experience depressive and anxious symptoms (Ngai & Lam, 2021) . Stress is a state of mental or emotional strain evoked by an individual's response to adversities in their environment. This can be experienced as tension or pressure when a challenge seems overwhelming to their capabilities (Bystritsky & Kronemyer, 2014). The transition to parenthood itself can be an overwhelming time for any individual, but this coupled with the uncertainty of the pandemic puts parents at a greater risk of experiencing psychological distress (Pereira et al., 2021).

A sense of control is important to a positive mental health during the transition to parenthood (Courtney, 2005). Control creates a sense of certainty in an individual's life. Without a sense of control an individual may become overwhelmed, creating stress in their environment. During periods of change in an individual's life lack of perceived control can negatively impact mental health (Courtney, 2005). It is hard to find a sense of control during the transition to parenthood with the unpredictability of a baby. The uncertainty of the virus and government restrictions in the early pandemic created little control for many people including new parents.

Furthermore Krav et al. (2021) found that a loss of control rise's stress hormones. Stress during the perinatal period can often affect parents' relationships causing conflict (Ngai & Lam, 2021). Previous research reports that parents can experience decreased marital satisfaction during the perinatal period (Kluwer & Johnson, 2007; Bjorn, & Matthias, 2019;

Mortensen et al., 2012). Supportive caring relationships promote positive mental health (Björn & Matthias 2019). Couples who are stressed rely on more destructive communication styles resulting in conflict (Kluwer & Johnson 2007). The relationship between these variables can become circular in that stress is causing the conflict and conflict is causing more stress. For parents of the pandemic the cumulation of stressors increases their risk of conflict (Pereira et al., 2021). While, Kiełek-Rataj, et al. (2020) found open communication to be a protective factor for couples, reducing the risk of conflict.

### **Transition & Identity**

Identity can be defined by others in a social context or personally by the individual. Social identity is generally defined in an individual's roles in society ie; mother, father, teacher, nurse, ect. (Snow & Corrigan-Brown, 2015). In parenthood there is an additional role added to an individual's identity, mother or father. The initial transition can consume all other aspects of the individual's identity (Chen et al., 2020). The identity theory approach says that an individual's identity is a set of internal beliefs about oneself. When these self perceptions are aligned the individual experiences a sense of harmony and positive mental health. Where they are misaligned the individual may experience distress (Cast, 2004).

During the transition to parenthood, understanding and coming to terms with one's identity as a parent is important to an individual's positive mental health. Therefore the new parent must learn how to incorporate this new role into their life (Chen et al., 2020). This often comes wrapped in a sense of responsibility and loss of old freedoms as a child is solely reliant on their caregivers (Cronin, 2003). This can be experienced as a sense of loss for the individual adjusting to this new reality (Rallis et al., 2014).

During the transition period parents experience changes in their body, social role, relationships and social circumstances. Couples often use a variety of coping strategies such as reframing a situation to be more positive, making compromise, trial and error and problem solving (Trillingsgaard, et al., 2021). Validation from others is important to the identity theory approach and peer interaction is a crucial component to positive mental health of new parents to validate the feelings they have in their new role (Cast, 2004).

However family support can be a protective factor to couples during this transition period. Providing couples with the framework to cope with the new physical and emotional demands posed by parental stressors, minimising the risk of depression. Thus promoting positive adaptation and mental health during the transition to parenthood (Ngai & Chan, 2020). Due to the social restrictions during the time of the pandemic this protective factor was less accessible to new parents of the pandemic.

### **Social Support**

Social support is when an individual knows they are loved and cared for. Social support is critical to positive mental health (Kroenke, et al., 2006). It lowers the likelihood of illness, speeds up recovery, reduces the risk of mortality and promotes many health benefits (Kraav et al., 2021). Loneliness and isolation is a leading factor in many mental disorders including depression and anxiety (Wilson et al., 2007). The isolation of the pandemic in such a vulnerable transition period in couples lives could have detrimental impacts on both them as individuals, couples and also developmental impacts on the children they are rearing. While lack of social support is a direct risk factor for perinatal depression (Rallis et al., 2014).

Social networks such as the couples own parents, friends, colleagues, health professionals and pre and postnatal support groups have shown to help couples in their transition to parenthood (Deave, et al., 2008). These protective social supports were largely unavailable to the couples of the pandemic. Thus putting them at greater risk of mental health problems.

Peer support in pregnancy and after birth is shown to positively impact mothers mental health. Women who are socially isolated and have low social support are more likely to experience depression and anxiety during the perinatal period. Peer support has often been used as an intervention to prevent mothers at risk of perinatal mental health, because individuals who have a shared experience can relate more authentically and offer empathy and validation. Without support groups new mothers often feel isolated with their emotions and can experience shame for having failed at their idea of being the 'ideal' mother (McLeish and Redshaw, 2017). With the COVID-19 restrictions on social interactions peer support was totally cut off from most new parents of the pandemic.

McLeish and Redshaw (2017) found that peer support contributed to increased feelings of self-esteem by empowering women, giving them information, motivation and moral support. This boosted their self-efficacy, better equipping them to deal with day to day problems. The women reported the peer support to reduce their anxiety and made them feel more in control. Women who perceive themselves to have higher social support have lower depressive symptoms. Social support from family and friends was also very limited during the pandemic with governments enforcing restricted travel. It has long been established that positive parental mental health supports positive development of the child (Du Rocher et al., 2019).

## Conclusion

How the pandemic has affected the mental health of parents during this transition period is under studied. Much of the existing research on parental mental health uses quantitative data, including measures such as the Edinburgh postnatal depression scale (Matthey, et al., 2001, Goodman, 2004 & Dudley, et al 2001). The research is also primarily focused on the perinatal period affecting women, but arguably men's mental health is very much affected during this period as well (Rallis et al., 2014). While the transition to parenthood is already a vulnerable period in a couples life, the COVID-19 pandemic amplified the challenges faced by this group (Trillingsgaard, et al., 2021). The research question of this study is 'How has the COVID-19 pandemic affected the mental health of parents during their transition to parenthood?'

For parents of the pandemic they were dealing with multiple stressors including social isolation, psychological changes associated with becoming a new parent and possibly anxiety around the uncertainty of the virus. This study aims to investigate the impact of the COVID-19 pandemic on new parents, both mothers and fathers. How they have coped with their mental health during the perinatal period in relation to the social restrictions of the pandemic. How this event emotionally and psychologically changes their identity and their relationships. The existing literature does not consider parents' individual struggles with mental health, it limits them to statistics (Ceulemans et al. 2021; Kotlar et al 2021; Rallis et al 2014). This study aims to fully and comprehensively understand the life changing event of becoming a parent has impacted parents during a pandemic. This research is important to understand how this vulnerable population was affected during the pandemic and to understand how the

restrictions could have long term effects on this important period of transition in life. The impact on the parents could impact the COVID-19 baby generation.

## METHODS

### Participants

The target population is first time parents in the year March 2020 to August 2021. The main sampling method used was convenience sampling whereby the participants were recruited using a Facebook (FB) post on a new parents group (Appendix I). Snowball sampling was also used by asking people to share the post with friends they think might be interested in the study. Permission was first gained from the group owner before posting in the FB group. Therefore the accessible population was parents joined parents groups on FB. The post was live for approx eighteen hours and received one hundred and ninety two clicks and twenty three parents signed up for the study. Eight parents (n=8) were interviewed to reach saturation. Participants' babies were born between March 2020 and June 2021. Participants were interviewed on a first come first interviewed basis. Two fathers and six mothers were interviewed. All participants were European caucasian, levels of education ranged from Leaving Cert to PHD. Parents ranged in age from 28 to 40 years old, (Mdn=34).

Inclusion exclusion criteria for the study included, participants had their first child from March 2020 or August 2021. Participants lived in Ireland for the past 2 years, where one of the parents has given birth during April 2020 to August 2021; as the study is about how pregnant women and their partners found the experience of pregnancy, labour and postnatal transition to parenthood.

The pilot study included testing out the Microsoft form used for participants to sign up for the interviews. It was tested by my supervisor, myself and a small number of people to

ensure data being returned was collected effectively. The first interview was also run as a pilot. The mock interview allowed the researcher to evaluate if the interview questions effectively captured the study's objectives. The data collected in the interview was used in the main study as there were no amendments necessary to the questions.

### **Materials and Apparatus**

The interviews were conducted in November - December 2021 by the researcher. The interviews were conducted and recorded on a laptop through Microsoft Teams. The interviews were then automatically saved to One-drive. The interviewer had her questions printed out on paper. The interviews were then transcribed and transcript held anonymously on One-drive.

### **Design**

This study was cross sectional qualitative research design, using semi structured interviews, to have a conversational like feel. The interview consisted of eleven main open ended questions (Appendix II). Participants led the conversation and the interviewer asked follow-up questions. Giving the interview a more natural comfortable conversation style feel for the participant to be more comfortable to fully open up and speak about their experience of becoming a parent.

### **Procedure**

The participants first saw a post on Facebook (FB) outlining what the study is about and necessary criteria to participate (Appendix I). If participants were interested in participating in the study they filled out a brief demographic form in the link attached to the



FB post. Participants were able to read a little more information about the study before filling in the application form. Participants were then provided with an informed consent sheet at this time and asked to agree by ticking a box (Appendix III). Once I have received the microsoft teams form they were either sent an invitation to an interview or a waiting email saying they would be contacted soon (Appendix IV & V). The email also included the interview questions for the participants. Interviews ranged from 25 minutes to 54minutes. All Interview questions were reviewed by the supervisor (Appendix II). The interview started by asking the participant to 'tell me about your pregnancy.' This was used to gain a general understanding of the parents' experience at this time. Also to allow the parents to lead the conversation. Q 2. to 6. focused on how COVID-19 impacted the parents time from pregnancy to the first 3 months post birth. Ceulemans, et al. 2021 found that pregnant and breastfeeding women had higher levels of depressive and generalised anxiety during the pandemic. Q7. was about how the parents identity had changed. Cast (2004) found that successfully verifying a new identity during the transition to parenthood has a positive effect on an individual's mental health. Q8. & 9. Asked about how relationships in the parents' life changed during this time. Several studies have found that the birth of a new child can cause conflict in relationships (Ngai & Lam, 2021; Björn & Matthias, 2019; Kluwer & Johnson, 2007). Q10 asked about mental health. Several studies found that the transition to parenthood can be a particularly vulnerable time for parents' mental health (Rallis, et al., 2014; White et al., 2006; Goodman 2004). Q11 concluded the interview by asking about the parents overall experience. After the interviews participants were sent a debriefing email and thanked them for their time (Appendix VI). The participants were then emailed their interview transcript when it was ready to be reviewed, giving them a chance to make any amendments necessary (Appendix VII).

### **About the Researcher**

Is a 30 year old female. She is in her final year of a BA (Hons) in Psychology. She is married 3.5 years and had her first child in June 2021. It is significant that the researcher herself experienced her transition to parenthood during the pandemic. The researcher disclosed herself as a mother to the participants during the recruitment process and during the interviews in the hopes that it would make the participants more comfortable to talk about their experiences. In the data analysis, her experiences as a new mother likely affected how she interpreted the data.

### **Data Analysis**

After the data was collected from the interviews Braun and Clarke (2006) 6 stage thematic analysis was used to analyse the data. This method allows the researcher to understand the shared experience of the participants. This type of analysis looks for themes within the data set using 6 stages.

**1. Familiarising:** The researcher conducted the interviews themselves. The researcher then re-listened to the interviews before transcribing them. Once the interviews were transcribed and anonymous the researcher then printed the transcript, highlighted important quotes and noted their initial thoughts of the data on the transcripts.

**2. Generating initial codes:** After the researcher gathered their initial thoughts. They then cross referenced all transcripts and made a list of initial codes. The codes are the framework for the broader themes. A code can be an interpretive or descriptive of the data. 129 codes were identified within the data.

**3. Searching for themes:** The researcher then sorted the codes into initial themes. The themes were identified as patterns within the data set. The themes explained something important about the research question. Some codes were now excluded as they did not help answer the research question. Six initial themes were identified.

**4. Reviewing potential themes:** The researcher then regrouped their initial six themes to identify three final themes that eclipsed the ideas of the themes. At this stage it was clear that some themes needed to be dropped because they do not have enough data to support them.

**5. Defining and naming themes:** The researcher then defined what each of the themes captured from the data. The specifics and unique findings of each theme were now defined. The quotes that were to be used in the paper were also selected at this stage.

**6. Producing the report:** The final findings were then drawn up in the report.

### **Ethical Considerations**

Ethical approval was received from the National College of Ireland ethics board. Participants gave informed consent when they signed up to take part in the study. The participants were informed that their anonymity and confidentiality would be maintained as all transcripts would be transcribed anonymously. They were also informed of their ability to withdraw at any stage of the study. A copy of their transcripts were made available to them after the interviews.

Debriefing emails were sent to all participants after their interviews. This email included support helplines available to them, such as Parentline.ie 1890 927277 or (01)

8733500, Samaritans 116 123, or <https://www.psychologytoday.com/ie> to find a local councillor in your area (Appendix VI).

Interviews were deleted after transcripts were made. They were transcribed within 45 days in line with GDPR guidelines. By deleting the interview recordings the identifiable data was destroyed. All recorded data was stored using code letters of A, B, C, D, E, F, G and H. The recordings were held on a secure laptop that could only be unlocked by the researcher using facial identification technology.

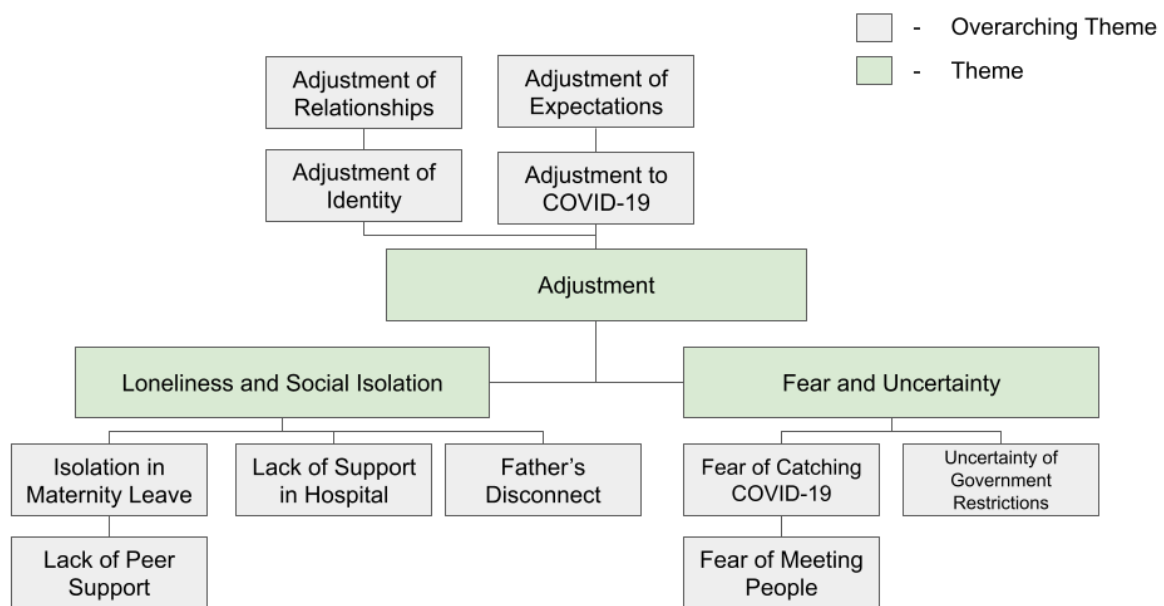
**RESULTS**

Table 1.

Overarching Theme	Themes	Description
Adjustment	Adjustment of Identity Adjustment to COVID-19 Adjustment of Expectations Adjustment of Relationships	The theme of adjustment considers the cumulation of risk factors in the parents' environment. The parents faced multiple stressors in adjusting to becoming parents as well as the adjustment to an uncertain COVID-19 world.
Fear and uncertainty	Fear of catching COVID-19 Fear of meeting people Uncertainty of government restrictions	For pregnant couples the fear of how COVID-19 could affect the unborn baby and the uncertainty of Government restrictions and recommendations created psychological distress for parents at this time.
Loneliness and Social Isolation	Lack of support in Hospital Father Disconnect Isolation in maternity leave Lack of peer support	Social support is a protective factor against mental health issues and for parents of the pandemic this support was cut off in

		<p>different areas. Government restrictions impacted parents differently; mothers experienced anxiety around attending hospital appointments on their own. While fathers were frustrated that they were not allowed in. While mothers experienced isolation during maternity leave in particular because of lack of peer support, fathers experienced a disconnect from the pregnancy.</p>
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Figure 1.



Three overarching themes were identified within the data and a further eleven themes as presented in the table above (Table 1). The flow chart illustrates how the overarching theme of Adjustment is central to the research findings (Figure 1). In particular the theme adjustment to COVID-19 as it encapsulates the cumulation of risk factors that followed this adjustment.

## **Adjustment**

### *Adjustment of Identity*

The theme adjustment comes across strong with all parents. The parents describe a period of adjustment in learning their new role. In becoming parents they learn a new normality. What is important in the parents' lives has changed, where before it might have been work for some parents it is now the child and family.

“It has changed my perspective on certain things, especially when it comes to work....My priority is getting home to my daughter, I used to live to work now I work to live. .. It’s been a long time waiting to have her so I don’t want to waste any time.” (Parent G)

An individual's values change. Their time has become more valuable because there is less of it. Becoming a parent is centred around a huge sense of responsibility and loss of old freedoms of what their life used to be like. “I think when he first comes out it's a lot of responsibility and overwhelmed... It has impacted my choices and how I am willing to spend my time generally.” (Parent F)

Parents describe a psychological shift in thinking that happens, this change's how they prioritise their own needs.

“You no longer number 1 or even number 2 in your life anymore, you are way down the pecking order and you do have to put baby first and making sure they're okay and happy and healthy and safe, that becomes your lens if you like or that becomes your steering wheel and that's what used to drive you.” (Parent C)

For the parents this period of adjustment comes with learning a new normal, finding a balance of the old life with the new life. Parents describe a lack of self-efficacy and self-esteem while learning the new role. Like learning a new skill, there is a feeling of being overwhelmed and stressed because their skill set doesn't yet meet the demands of this new life.

“You know when you see kids and moms and you see them happy and you know she has makeup on and she looks fresh and well taken care of the kids are clean the buggie is spotless. You know and then you look at your buggie and your like, Oh, my God is so dirty. So you're like, feeling not enough.” (Parent H)

### ***Adjustment to COVID-19***

The parents of the pandemic had to adjust not just to parenthood but also a new COVID-19 world. The pandemic added to existing parental stressors creating psychological distress for many parents. New worries included restrictions on social interactions, hand hygiene and wearing masks.



“So I definitely have lost myself in the way I was before, obviously, but if not just the motherhood, the combination of the pandemic, and becoming mom in the pandemic have totally shifted the way I was before. And, and I think that's where the breakdown came...”

(Parent H)

The living environment changed and for many parents they worked from home in the pandemic, bringing a whole new set of challenges.

“I remember a time when he just wouldn't stop crying. ... I'm conscious that you can hear the notifications and the laptop Beep beep beep and knowing, I'm under all the pressure. This time I'm stressing and like pretty full on. Hectic kind of an inflamed environment to be sure.”

(Parent C)

While for some this gave them extra time with loved ones, for others described it as a quiet time in their lives giving them an opportunity to try for a child without external pressures from the outside world, a time of being sheltered. “For me it was nice to have the time of being sheltered from the outside world..... So I felt cocooned in my nice house..... But I have enjoyed overall the time.” (Parent B)

Technology often features as a substitute for in-person interactions. Antenatal classes online were seen as a convenience. However, experiences where social support was missed like antenatal check-ups where the mother had to attend alone, technology was seen as an

inadequate substitute. "...my partner is taking videos and photos and sending them to me and things like that, but not to actually experience that yourself is tough." (Parent C)

### *Adjustment of Expectations*

Parents had to adjust their expectations they had of pregnancy and maternity leave. Restrictions on social interactions meant that pregnancy was a time of missed experiences and time with friends and family. Parents had to adjust to living with COVID-19 and that meant that special moments like these were not a reality in the new COVID-19 world.

"When you get to that nesting stage and you want to prepare for having your baby, but we couldn't go to any shops....you normally go with your mam or mother in-law or sister, and have a day of it. All that excitement is taken away." (Parent A)

One of the most important missed moments that couples reported was that the father missed the first pregnancy scan. Women missed the social support, while fathers felt robbed of a special moment they will never get back. The adjustment many parents made in this circumstance was going for a private scan where the father was allowed to attend, however the couple had to be in a fortunate enough position to do this.

"And we were lucky we were in a position to be able to go and pay a bit of money to go and get the scan privately . But the joy that you see that you can experience when you see the heartbeat, or you see a little bit of movement, there's nothing that can kind of replace that like it's a pretty special feeling. I think it's very hard to be robbed of that." (Parent C)

### *Adjustment of Relationships*

Many relationships adjust and change when a baby is born. Relationships with their romantic partner change. Most couples reported feeling closer to one another with a strong family bond being created. “But it has cemented us as a couple to be honest.” (Parent D). But all couples reported having less time for each other. Many parents report now being better able to relate better to friends with children, and friends without children don’t understand them as much.

“Yes it has affected my relationships with friends. In some cases I understand them a lot more because they had children before me and you are now part of a new gang. The mom gang. And then for friends that don’t have kids they want to meet up all the time and it's just not possible. It's harder to relate to them a bit because they are off doing things at a whim. It has definitely changed friendships.” (Parent A)

Relationships with parents changed differently for different parents, in some cases, parents felt closer to their parents and in-laws and in others they felt a conflict. “For my mam and sister it has gotten stronger because now I understand what they have been through.” (Parent G) “I suppose with my parents at times, like my mother, ...And again, the big thing I found is you get this unsolicited advice...” (Parent E)

But the pandemic brought its own set of challenges to relationships. The anxiety and fear around catching COVID-19 made social interactions awkward for many parents. This often resulted in parents having to have difficult conversations.

“and it was hard as it went along because my dad is a social butterfly, And it was really hard then when I was saying, actually, you know, I'm not comfortable being around someone who's been around loads of people. And that was a difficult conversation.” (Parent E)

## **Fear and Uncertainty**

### ***Fear of Getting COVID-19***

All parents reported a fear of how COVID-19 might affect their unborn child. The parents experienced worry for both the unborn baby and the newborn baby. A certain amount of this worry was normal but amplified by the pandemic. There was not a lot of information about COVID-19 because it was so new. This uncertainty created a fear for the parents.

“Imagine that until now I didn't have to worry for this little human but now I have to worry I'm worrying for her anyway. And on top of that there is some sickness going around that we have no information about whatsoever. It was so stressful to me and so I could not stop crying. ...I was extremely panicky and anxious for her.” (Parent H)

### ***Fear of Meeting People***

Fear of catching the virus brought fear of meeting people. To protect their families they restricted who they met, cutting them off from a lot of social support. Many reported having close bubbles of contacts who they met to limit their social interactions. Some parents did not see close families who lived in other countries or counties depending on government restrictions. “And I did find myself sometimes agreeing to met someone for

dinner and then cancelling a few days before and just having to say I don't feel comfortable.”

(Parent B)

### *Uncertainty of Government Restrictions*

Uncertainty around government restrictions created a lot of psychological distress for parents. Parents were unsure whether or not fathers would be allowed in the hospital for what appointments or even for the labour. Creating anxiety around the event of labour for the parents. Rules and recommendations were changed constantly. Parents were consumed with the media and keeping up to date with the changing environment they lived in. “what the government is going to do? and remember, you know, sitting at the TV every day, watching the news to understand what is going on in the world and in the country.” (Parent H)

Lack of understanding of the government decisions seemed to create the biggest amount of distress for the parents. Creating feelings of anger and helplessness. Creating a learned helplessness where they felt forced to accept the restrictions imposed on them.

“...Frustrating because I knew the restrictions were outside of their control. .. It's just set in stone and you know, you're kind of pushed out. It's like pushing an uphill battle. You know you're losing it so I kind of just ended up accepting how bad it was, you feel forced out of the pregnancy process.” (Parent F)

Parents who could accept that these restrictions were for the safety of the mother and baby experienced less psychological distress.

“my partner said by someone else staying out. It may have saved our baby, and by him staying out, it might save someone else's. So that's how we've come back with it. So yeah, so that's what we keep going back to, it wasn't ideal. but Think about logically why this is happening.” (Parent E)

## **Loneliness and Social Isolation**

### ***Lack of Support in Hospital***

In the hospital many women were left in labour without the support of their partners. In some cases, this affected how their labour progressed.

“I was getting more and more stressed. I actually got very emotional, very upset over the whole thing not being able to see him... But she said get him to come here... I was able to get out and go for a walk around. And it was about eight o'clock my contractions started so I was in an awful lot of a better place.” (Parent G)

Fathers were not allowed to attend any antenatal appointments except the 20-week scan in some cases. Many mothers experienced anxiety around attending hospital appointments on their own. While fathers were frustrated that they were not allowed into support. In the case of a mother hearing bad news, she was still not allowed the comfort of any social support in the hospital. .

“I was told we lost one of the twins. .. And being told that in the hospital by yourself, like my sister was outside she brought me, like she couldn't even come in to comfort me. So I was

left sitting in a room on my own, balling my brains out and no one being there to comfort me...” (Parent E)

In the hospital after childbirth women did not have the support of their partners. The women were exhausted and physically unable in some cases to get themselves out of bed.

“...you're brought back up to your room unable to walk because the epidural hadn't worn off and you're left on your own to look after him. I remember asking, I can't get up to reach the cot, couldn't sit up properly and you're absolutely exhausted and you're starving and you're left to look after this tiny human.” (Parent A)

However, most parents report having adequate levels of practical support from the midwives on duty despite them being very understaffed. But most mothers reported feeling lonely in the hospital.

“It was horrific, it really was. Like I literally had my phone. I had no baby even, just in a hospital room, by myself. But no baby. No nothing.” (Parent D)

Most parents reported having enough social support when parents brought their newborn home. Parents reported having a lot of support from each other, however support from professionals and people with more experience with babies was limited.

“At the beginning it was overwhelming, my partner took 2 weeks off. So that was great when he was here. He did the cooking and the cleaning. After she feed he would take care of our

daughter and let me sleep so that was great. I kinda did the night feeds but he would look after her during the day and let me sleep.” (Parent G)

### *Fathers Disconnect*

Fathers loneliness came in the form of a disconnect from the pregnancy process due to government restrictions around not being allowed into the hospital. Fathers had a desire to protect and support their partner. There were feelings of uselessness and inadequacy for them in not being allowed in the appointments and for some of the labour. They felt helpless, upset and disconnected from the pregnancy. Even in cases of IVF fathers were not allowed to be present for the implantation.

“He couldn't be there for the experience like he wasn't able to come in when they were doing the implantation.... He couldn't come in for that eight week scan. He wasn't allowed in for the 12 weeks scan or the week 20 week scan or the 34 weeks scan so he missed out. He missed out on all of that.” (Parent G)

Parents were separated in what should have been a moment of unity. Fathers were left waiting outside hospitals for hours while being in hospital would have brought comfort to see what was going on reducing unnecessary worry and anxiety. During the labour itself this disconnection left the fathers underprepared emotionally for labour.

“So I was just walking around and waiting outside... I was trying to rest or whatever but you can't. I was just waiting for the call from my partner to let me know she was brought up to



the delivery suite... I got brought up to the delivery room and wasn't kind of expecting my partner to be, you know, buckled over in pain and on gas and things like that." (Parent C)

### *Isolation in Maternity Leave*

During maternity leave mothers felt unable to take care of themselves as there were no outlets for them to go. This made them feel isolated and unable to take time to do recreational activities to relieve the stress of a new busy life. "I was looking at the same four walls, that I started losing it altogether. It was just frustrating that I couldn't go anywhere or do anything." (Parent G)

As the maternity leave was not how they imagined it this also created feelings of unfairness and anger creating distress for mothers. Not being able to go to meet other new parents and being stuck at home was particularly lonely at times. "Day you would be really lonely, the post man would call, and you would nearly run to the door to catch a glimpse of him just to see another human." (Parent A)

Support groups online seemed to intimidate most parents, either not being able to navigate the technology or else not wanting to speak in front of a group of strangers online. Parents would have preferred to have support groups in person to allow them to be more comfortable sharing their experience.

“But the thing is that the online classes, it's not the same. Honestly, I have not felt comfortable. So I haven't gone ahead with that. So I have not had any support any groups of moms or anything like that.... And it's not a personal thing..” (Parent H)

### *Lack of Peer Support*

During pregnancy women did not have friends to meet in person who would normally support them when going through periods of change in their life. That affected their mentality by making them anxious and overwhelmed without having other peers to validate their feelings or offer advice or support. Women wanted that support from their peers, it was important to them and those who were able to get it over the phone or online, felt lucky to have it and those who didn't felt they missed out. While phone and online were good help to the women, there was missed information because it was not in person.

“because you weren't seeing, say, people your own age who have gone through it and you were kind of maybe calling them or texting. They weren't around. It never occurred to them, I suppose, to say it to me.” (Parent E)

Mothers wanted to share stories about parenthood, they wanted to share stories about their baby's development. “...that might be the part that we missed postpartum was not being able to go to groups and things like that. And that's probably what affected me more to be honest.” (Parent E)

## DISCUSSION

The transition to parenthood during the COVID-19 pandemic was studied using a qualitative approach. The research explores individual struggles during this transition period of becoming a parent in the midst of a pandemic. The transition during this time affected parents identity, relationships, mental health and caused psychological distress for all parents. During the data analysis three main overarching themes were found, and eleven themes. These themes highlight the cumulation of risk factors faced by these parents and their vulnerability as a group during the pandemic. Adjusting to parenthood was accompanied by an adjustment to COVID-19. The COVID-19 virus created fear and uncertainty, while the Government restrictions because of COVID-19 left parents lonely and socially isolated.

### **Adjustment**

The theme of adjustment for parents is centred around coming to terms with the changes a child brings. Ngai & Chan (2020) found that the transition to parenthood changes couples personal lives, their roles, responsibilities and relationships. The transition requires the parents to come to terms with a new reality, a new life and a new identity. Where Cast (2004) found that parents' misalignment of individual perceptions created distress, this study shows how parents realign their expectations to re-create positive mental health around their new identity. They create this balance in their new life by adjusting their expectations from what their life was before the birth of their child to acceptance of what their life is now. Acceptance also helped decrease psychological distress in the adjustment to COVID-19 restrictions. This finding is consistent with Trillingsgaard, et al. (2021) showing the adaptation of coping strategies couples use during this time.

The findings show that many parents have low levels of self-esteem due to lack of self-efficacy in their new role. This is consistent with findings from McLeish & Redshaw (2017) where they found that mothers report not feeling good enough, but peer groups increased mothers' confidence, because they felt heard. This helped them rebuild the lost self-esteem. This is because in the new role it takes time to build up confidence in this area. Social interaction with others helps build confidence in an individual's identity by telling and hearing their story out loud. This interaction promotes positive mental health of new parents allowing them to validate their feelings in their new role (Cast, 2004). In the current study due to the pandemic restrictions parents did not have the opportunity to attend peer support groups and reported looking at other parents from a distance and feeling not good enough. This study validates research done on the benefits of peer support and parental support groups as parents expressed wanting to exchange stories, worries, fears, and advice with each other (McLeish & Redshaw, 2017). The lack of this social interaction with peers created the largest amount of psychological distress for the parents.

Previous research has suggested that marital satisfaction decreases during the transition to parenthood (Kluwer & Johnson, 2007; Björn & Matthias, 2009). However this study did not find such effects. The parents reported friendships changing and relationships with parents changing but in general relationships with partners became closer. While parents did disclose that they had less time for each other the overall feeling was of a greater love for their partner and satisfaction in the sense of a family unit. However Mortensen et al. (2012) suggest that the quality of the couples relationship could have an impact on this. While Kluwer & Johnson (2007) see open communication as a protective factor for couples. Maybe the couples who took part in this study had strong relationship satisfaction and or open

communication, creating a protective factor for them. Alternatively they may have not felt comfortable to share such struggles.

### **Fear and Distress**

For parents of the pandemic there was also an adjustment to the new COVID-19 world. Previous research has shown that the perinatal period is particularly vulnerable for parents in general but the addition of the pandemic created cumulative risks for the parents (Rallis, et al., 2014; Pereira, et al., 2021). The parents experienced this through a fear of contracting the virus, mainly because the long term effects on an unborn child were not known. This worry created feelings of anxiety for all of the parents. Many parents restricted social interactions and were conscientious of hygiene and COVID-19 numbers on the news. Government policy and recommendations also created a large amount of uncertainty as guidelines and rules were unclear and changed often. These findings are in line with Kotlar, et al. (2021) who found that women suffered increased psychological distress because of the COVID-19 pandemic. Courtney (2005) shows how important a sense of control is to positive mental health during the transition to parenthood. This study shows how the pandemic created an environment of uncertainty, lacking in that control and it did cause psychological distress for parents.

Both the pandemic and the transition to parenthood created a loss of control for the parents. This again illustrates the cumulation of stressors for the parents. The loss of control created feelings of being overwhelmed and distressed. This is consistent with previous research that found lack of control during a life transition to negatively impact mental health (Courtney, 2005). Furthermore Pereira et al. (2021) explore how the pandemic created that

stress for families. Adjusting to a living environment where the home became the office, the gym, the pub. These findings are also reflected in this study. Working from home became the new normal for many people. The findings indicate that working from home and parenting caused distress to parents. While many parents appreciated the extra time they got with their families. There was a certain kind of balance that the parents had to juggle, a new baby with existing stressors of work. This is consistent with Van der Lippe & Lippényi (2018) who found that working from home disrupts the boundaries between family life and work life. Individuals work longer and experience more stress by disrupting the balance and creating a conflict between family and work roles.

### **Loneliness and Social Isolation**

During the perinatal period and transition to parenthood mothers are particularly vulnerable to depressive symptoms particularly if they have a lack of social support (McLeish & Redshaw, 2017). Trillingsgaard, et al. (2021) found that support systems are important in the transition to new parental roles including social support networks, for the first month most couples either receive help from a mother/mother in law or paid help. This study found that as much as possible parents did receive some help from their own parents, but this was not possible due to COVID-19 restrictions in all circumstances. Rallis et al. (2014) found that lack of social support generated feelings of struggling to cope. While many parents expressed feelings of being overwhelmed, those with less social support seemed to struggle more in the adjustment period of becoming a parent. Validating previous research on the benefits of social support to new parents (Ngai, et al., 2021).

Similarly to Ceulemans et al. (2021) this study found that women suffered from loneliness as a result of restrictions on social support in the hospitals during the pandemic. However Ceulemans et al. (2021) does not discuss how this also created psychological distress for fathers. During the pandemic fathers were extremely limited to the time they were allowed to spend in hospitals both during antenatal appointments and during labour. Previous research has shown that social support speeds up recovery and has many health benefits (Kraav et al., 2021). Therefore the restrictions imposed on partners in hospitals seemed unethical during such a vulnerable time in the parents' life transition (White, et al., 2006).

The restrictions created isolation in many cases. Online was a protective facility for parents as it did provide some form of communication when face to face interactions were not allowed. Similarly to Marinucci et al. (2022) where they found that online interactions protected against psychological distress and social isolation but these concessions were only a secondary resort when face-to-face interactions were not available. The findings show that parents appreciated the convenience of online interactions, of antenatal classes and working from home. But the interactions often lacked the same personal connection and fluid conversation that in person meet ups facilitate. The parents experienced missed personal connection and missed information when they used technology as a substitute for peer interactions to overcome restrictions.

### **Strengths and Limitations**

Strengths of the study are that it had a high level of interest from participants wanting to take part. The study included six mothers with different experiences and times lines of having a baby during COVID-19 pandemic, giving a wide variety of COVID-19 experiences

as restrictions changed regularly. The participants received the interview questions a week before the interviews took place. This gave the participants time to reflect on and think of how they wanted to answer the questions in the hope that responses would generate rich data. It also ment from an ethical point of view participants were not caught off guard on any topics. Interviews were semi-structured allowing the researcher to follow-up on appropriate areas, yet being guided by questions to keep consistency though all interviews. They also allowed the participants the freedom to fully expand on their experiences of becoming a parent. The data was analysed using Braun and Clarke (2006) 6 stage thematic analysis, a qualitative analysis widely used in many qualitative research papers accredited for its flexibility (Graham & Clarke, 2021; Michl, et al, 2019).

One of the limitations of the study was that it only included two fathers. The inclusion of more fathers would have been desirable to gatter richer data. More mothers signed up to take part in the study than fathers, this may be because mothers are more interested in sharing this experience or may have had more free time. Future research should aim to recruit more fathers to allow for richer findings in the area of fathers transition to parenthood. Parents of the pandemic were let down in how fathers were treated as unequal parents. Implications of this research is that it could go on to inform further research that will help improve Government policy to reflect this inequality and improve support for new fathers.

Further limitations include the cross-sectional design and the interviews were conducted after many restrictions had been lifted and parents may not have recalled information of the events accurately. Cautions should be taken while reading emotions in the results as stressful events are often remembered worse than they actually were (Bohn &



Berntsen, 2007). Therefore distress could have been experienced at a lower level than described by participants. Future research could interview participants over several time points during the period of transitions to parenthood, for example during pregnancy, and at different time points after birth.

### **Conclusion**

The results show a clear need for easier access to support groups for parents. While some of this was amplified by the pandemic. It is clear education around online resources would be beneficial not only in the event of future pandemic but also as a convenience for new parents. This research could also go on to inform further research on accessibility for parents to education and support groups, both online and in person.

While the transition to parenthood is already a vulnerable period in a couples life, the COVID-19 pandemic amplified the challenges faced by this group. COVID-19 and the restrictions associated with it created cumulative stressors for parents of the pandemic, including fear, anxiety, social isolation and adjustment to new working and living environments. These stressors created additional psychological distress for the new parents. Due to parents psychological distress impacts on COVID-19 babies is yet unknown. Research says that maternal stress can impact an infant for as early as prenatally (Shonkoff et al., 2012). Therefore future research should also consider longitudinal research on psychological impacts on the COVID-19 babies.

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## APPENDIX

### **(I) Facebook Post**

My name is Jane Byrne (Deane), I am a final year psychology degree student of The National College of Ireland (and mother of a 5 month old baby boy). I am looking for participants to take part in a study for my dissertation.

The Study aims to investigate new parents' experience of becoming a parent during the Covid 19 pandemic restrictions and how this has impacted on their mental health.

I am looking to recruit both Mothers and Fathers who's baby was born between March 2020 and August 2021.

If you would like to take part in the research please follow the link below.

<https://bit.ly/parentsurveyC19>

Thank you for your time and interest in the research. I am looking forward to hearing about your experience.

Please share with others who might be interested in participating.



## **(II) Interview guide**

### Mother/Father

1. Tell me about your pregnancy. / Tell me about your partner's pregnancy.
2. How do you feel the covid 19 restrictions in Ireland impacted the pregnancy at this time?
3. How worried about Covid-19 during the pregnancy and postpartum?
4. Tell me about your experience with your hospital appointments during the pregnancy.
5. How did the restrictions impact your labour? / How did the restrictions impact you during your partner's labour?

6. Tell me about the first 3 months looking after your newborn?
7. How has becoming a mother affected your identity? / How has becoming a father affected your identity?
8. Can you tell me a little bit about how the pandemic and having a baby affected your romantic relationship?
9. Can you tell me a little bit about how the pandemic and having a baby affected your other relationships in your life?
10. How was your mental health during pregnancy and postpartum?
11. How would you sum up your overall experience of becoming a parent during the pandemic?

### **(III) Informed consent**

- I voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time or refuse to answer any question without any consequences of any kind.
- I understand that I can withdraw permission to use data from my interview within two weeks after the interview, in which case the material will be deleted. I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves an interview about the sensitive subject of my personal mental health but if I need support I can contact any of the following resources: Parentline.ie 1890 927277 or (01) 8733500, Samaritans 116 123, or <https://www.psychologytoday.com/ie> to find a local councillor in your area.
- I understand that the interview involves speaking openly and honestly about my experience of becoming a new parent during the Covid19 pandemic.
- I understand that I will not benefit directly from participating in this research.
- I agree to my interview being audio-recorded. I understand that all information I provide for this study will be treated confidentially. Recordings will only be held for a maximum of 45 days in line with GDPR guidelines. I understand the transcript of my interview will then be made but no personal identifiable information will be on the transcript.

- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity or the identity of people I speak about. I understand that disguised extracts from my interview may be quoted in the research paper.
- I understand that if I inform the researcher that myself or someone else is at risk of harm they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that under freedom of information legislation I am entitled to access the information I have provided at any time while it is in storage as specified above. I understand that I am free to contact any of the people involved in the research to seek further clarification and information.
- I agree to having my data stored on Microsoft teams one drive for the purpose of this study.
- I agree to be being contacted by email by the researcher.

#### **(IV) Waiting email**

Hi (name of participant),

Thank you so much for your time and interest in my study parents of the pandemic.

I will be in touch shortly to let you know what the next steps involved are.

Kind regards,

Jane

#### **(V) Invitation to interview email**

Dear (name of participant),

Thank you so much for your interest in this study.

**You are requested to an interview at XXam Wednesday the Xth of December. Please reply to this email and let me know if this works for you.** I will then send you a teams link for the interview.

If this time doesn't suit please provide an alternative time.

Attached are the interview questions for your convivence. You will totally lead the interview using these open-ended questions, however I may ask follow up questions based on your responses that are not on the sheet. If you don't wish to answer a particular question please just let me know, during the interview at any stage and we will simply move on.

Looking forward to hearing from you,  
Jane Deane

### **(VI) Debriefing**

Title of the study :A qualitative study on how the COVID-19 Pandemic has affected the mental health of Parents transition to parenthood.

The study aims to further research in the area of parents transition to parenthood but in relation to the current Covid19 pandemic. Previous research has found that the life changing event of becoming a parent does affect both mothers and fathers identity and can lead to postnatal depression and anxiety. Using interviews this study takes a qualitative approach to fully and comprehensively understand how a period of severe social isolation and life changing events has impacted parents.

Interviews for this study and data will be analysed using Braun and Clarke (2006) thematic analysis. The themes identified will be used in the final research paper along with quotes from the interviews.

All information provided for this study will be treated confidentially. Recordings will only be held for a maximum of 45 days in line with GDPR guidelines. Transcripts of the interview will then be held but no personal identifiable information will be on the transcript.

Should you need any extra supports with your mental health following the interviews please contact your GP or one of the following resources:

Parentline.ie 1890 927277 or (01) 8733500, Samaritans 116 123, or <https://www.psychologytoday.com/ie> to find a local councillor in your area.

The final analysis of the study will give a comprehensive overview of new parents' experience of the pandemic during pregnancy, labour and postnatally.

Your participation in this study is greatly appreciated and will further the understanding of mental health today of new parents.

Should you have any further questions or concerns please contact me at [x18115446@student.ncirl.ie](mailto:x18115446@student.ncirl.ie)

**(VII) Transcript Email**

Hi (Participant Name)

Please see attached PDF of our interview. Please review the transcript and let me know if you require anything on it amended. If I do not hear back from you **within a week**. I will automatically delete all identifiable data of yours and this non identifiable transcript is the only data that I will keep for my research.

Thanks again for your participation in the study, I really enjoyed hearing your story.

Kind regards,

Jane

