

Original Research

Prenatal and Postpartum Care Experiences During COVID-19 Pandemic Among Mothers in Denpasar



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Article Info	Abstract
Article history: Received: 5 October 2022 Accepted: 28 January 2023	<p>Introduction: Pregnant women generally report hesitation and reluctance in visiting health care providers to acquire prenatal care due to fear of SAR-Cov2 infection. The habit and culture of prenatal care among pregnant women influence the final pregnancy outcome. This study aimed to explore experiences of pregnancy, postpartum, and newborn care among the mothers, and also to provide basics in developing nursing care programs for pregnant women, postpartum care, and newborn care, responding to the new normal era adequately.</p> <p>Methods: This was a qualitative study with a phenomenology design. In-depth interview sessions involving 12 participants with a history of pregnancy and childbirth from March 2020 to March 2021 were conducted in Denpasar City. Collaizi model enrolled for the data analysis.</p> <p>Results: Three themes surfaced during the data analysis: mothers' feelings toward their pregnancy experience during the pandemic, health care services expected from the health professionals, and social supports during the pregnancy and postpartum period.</p> <p>Conclusion: These findings may present contributions to the organization of health information and maternity care service: pregnancy, postpartum, and newborn care, with more convenient access and delivered during the visitation of the health care providers.</p>
Keywords: experience, COVID-19, pandemic, postpartum, prenatal, postpartum	

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INTRODUCTION

Corona Virus Diseases (COVID-19) Outbreak originated in China in late 2019, and shortly after that, it widely spread worldwide. As of November 29th, 2020, 220 countries reported COVID-19 confirmed cases. COVID-19 distribution data had revealed its transmission across countries in the world. On November 29th, 2020, 61,869,330 confirmed cases were discovered, and 1,448,896 deaths occurred due to the infection [1].

The COVID-19 pandemic began in Indonesia after a few confirmed cases of COVID-19 had been detected in early March 2020. Following these confirmed cases, thirty-six provinces in Indonesia also reported the occurrence of COVID-19 cases in their area. Also, on November 29th, 2020, 534,266 confirmed cases were tracked in Indonesia. Additionally, Bali Province ranked tenth for the number of COVID-19 confirmed cases in Indonesia, with 13,681 positive confirmed cases [1].

The COVID-19 pandemic is not only bringing devastating impacts on the social-economic situation but also initiating social isolation, unemployment, financial issues, home confinement, and depression [2]. Home confinement safety measures had been widely claimed as the root cause of these destructive outcomes. School closure and reduced access to healthcare, especially reproductive healthcare services, were also part of the unprecedented impacts of the pandemic.

Guttmacher Institute evaluated several potential impacts of the pandemic on women's sexual and reproductive health.

Estimation of a modest decline of 10% in the short-and-long contraceptive use could mirror lower access to reproductive health during this gloomy period. Further, a 10% decline in the coverage-related of pregnancy-related and newborn care was predicted. Ten percent of unsafe abortion practices were also forecasted during the pandemic [3]. These situations, in turn, may contribute to 15,401,000 unintended pregnancies globally.

A decrease in maternal and newborn care coverage may increase the risk of pregnancy, post-partum, and newborn complications. Essential maternity care disruption could add 1.745 million cases of major obstetric complications without proper care, 28 thousand maternal deaths, and 168 thousand additional newborn deaths [3]. These potential detrimental impacts demand urgent measures and actions to decrease maternal-newborn deaths and ensure adequate essential pregnancy-related and newborn care.

Indonesian National Population and Family Planning Board stated that the number of contraceptive acceptors in Indonesia sharply dropped during the pandemic. In April 2020, they discovered a 10 million decline in the number of contraceptive acceptors compared to the previous months. They also forecasted the occurrence of more than 420,000 unintended pregnancies in the same year. These numbers illustrated the significance of sufficient maternity care in preventing maternal and newborn deaths [4]. Proper adjustment and transformation are required to provide adequate reproductive care in the new normal era.

A new normal is a state in which a society is expected to commence everyday activity and settle strictly to health measures ruled in the pandemic era. Programs from the government and private institutions designed to improve maternal and newborn care coverage are also demanded to be conducted adequately in the community. Lately, online-based health interventions have been gaining popularity as an alternative media for health care delivery. However, baseline data from actual experience is highly requested to develop an efficient online-based care model for the pregnant, postpartum, and newborn populations. Hence this study ought to construct a concept based on baseline information provided by the mother population with prenatal, postpartum, and newborn care experiences during the pandemic.

METHODS

A qualitative method with phenomenology design [5], [6] used in this study and Denpasar City was picked as the study location. Twelve participants used in this study with the inclusion criteria were: 1) mother aged between 20 to 35 years old, 2) pregnant mother and giving birth from March to December 2020, 3) mother who breastfeed their baby; 4) capable to communicate effectively, and 5) willing to participate in the study. Data collected from September to October 2021 and researcher as the key instruments [7]. Other instruments applied were interview guidelines, field notes, and audio recording tools [8]. The interview guidelines probed and directed the topic in

the interview sessions. Contextual information such as environmental situations, facial expressions, and non-verbal gestures were documented using field notes. An audio recording tool was employed as the main device to record the conversation between the researchers and participants in the interview sessions.

Open-ended and in-depth interview technique was applied to gather information from the interview. Data is also reported in the field notes to add supplementary information to the study. The data collection process included preparation, implementation, and termination phases. The data analysis proceeded simultaneously with the data collection. Transcription from the audio recording and information from the field notes was organized shortly after the completion of the interview session with each participant. Transcriptions were then read repetitively to acquire the keywords and to organize the codes. After information from the interview sessions from all participants had been completely analyzed and the keywords had been entirely extracted, all keywords from each participant were combined to establish the cluster of categories. These categories were then re-analyzed to determine the sub-themes. Several sub-themes were analyzed, further a conclusion was arranged in the form of themes, according to the study objectives.

The study was granted by the Research Ethics Commission of Udayana Medical Faculty with the number 1833/UN14.2.2.VII.14/LT/2021. We considered several study ethics to provide

protection and minimize risks: beneficence, non-maleficence, and confidentiality.

RESULTS

Participant's Characteristics

We enrolled 12 participants who distributed in all districts in Denpasar City. All participants met the inclusion criteria and were willing to participate in the study. Participants were aged between 25 to 35 years, which considers as women on their reproductive age and excludes them from the high-risk pregnancy age range. The participants characteristic shown in table 1 as follow:

Based on table 1, we can see that majority of participants graduated from Senior High School (50%), adhered to Hinduism (75%), were multiparous (75%), housewives (50%), decided to use cesarean delivery (58.3%), gave birth at a maternity hospital/clinic (100%), and lived with their small family (66.7%).

Experience of pregnancy and postpartum care during the COVID-19 pandemic

Data analysis yielded three major themes: (1) mother's feeling toward pregnancy during the pandemic, (2) healthcare service expected from the health professionals, and (3) social support during the pregnancy and postpartum period in the pandemic.

Mother's Feeling Toward Pregnancy during the Pandemic

We identified two sub-themes depicted mother's feeling toward their pregnancy during the pandemic: (1) contentment and (2) anxious and fear.

Contentment following the pregnancy status confirmation

Participants stated their contentment with their pregnancy during the pandemic, as portrayed by the following excerpts from the interview sessions:

"Of course, I was very happy...it was my fortune, being blessed by that pregnancy" (P1)

"... yes, I felt happy, I was very happy, we had been waiting for a long time" (P6)

"Happy, we were really happy for that pregnancy...." (P8)

Fear and anxiety among pregnant women during the pandemic

Despite joyful emotions brought by the pregnancy, participants also expressed the feeling of anxiety and fear of being pregnant during the pandemic. These quotations signified their nervous feeling toward their pregnancy in the pandemic era.

"I was happy, but there was also a sense of anxiety and worry due the fear of contracting COVID-19 infection...." (P3)

"Yes...I was worried. During the pregnancy we may become weaker, further we carried a baby in that period...." (P2)

"I felt anxious.... especially during postnatal visitation in the hospital. I think newborn baby was extremely vulnerable to infection.... I was afraid that my baby would be contracted to COVID due to the exposure in the hospital environment..." (P9)

Healthcare service expected from the health professionals

Several serious adjustments and changes in healthcare service delivery were made during the pandemic. Strict health measures were integrated into the service, pushing the compliance of the protocols in the health provider setting and limiting the number of hospital visits. Participants perceived poor access to information about COVID-19 infection prevention during their pregnancy. These excerpts revealed their dissatisfactions with access to information related to COVID-19 and pregnancy.

".....I hope I can get convenient access to information and how to deal and respond to COVID-19-like symptoms during my pregnancy..." (P11)

"...I had a fever and anosmia when I was at seven months of pregnancy, my obstetrician couldn't be contacted. I hope I could get easier access to information about COVID-19 during my

pregnancy, so I could control my fear and stress in that situation" (P10)

"Yes...I think that COVID-19 information is necessary to be given in each prenatal care visitation. We could not always remember properly about the information ...and they (health professionals) should have reminded us about the importance of health measures compliance for the pregnant and breastfeeding mothers" (P2)

Social support during the pregnancy and postpartum period in the pandemic

Positive support from the family members was very priceless. It encouraged health measures compliance amid the pandemic. Social support also commenced the realization of the significance of hygiene and physical contact limitation for the baby. It played a major role in supporting the mother in taking care of their baby, as quoted from their statements:

"...my husband was very supportive in taking care of our baby...." (P1)

"My family has been informed about that a lot...I think that it is not necessary to tell them constantly to do the health protocols before touching the baby" (P4)

"My parents and relatives know that they are mandated to wash hand and use mask before touching the baby" (P7)

“I can say that my husband, and generally my family have been blessing me with a lot of precious support in

taking care of my newly born baby” (P12).

Table 1

Participant’s Characteristics (N=12)

Characteristics		Count	Percentage (%)
Education	Junior high school	2	16.67
	Senior high school	6	50
	University	4	33.33
Religion	Hindu	9	75
	Islam	3	25
Parity	Primiparous	3	25
	Multiparous	9	75
Profession	Housewife	6	50
	Government employees	2	16.67
	Entrepreneur	4	33.33
Type of childbirth	Normal	5	41.67
	Cesarean section	7	58.33
Birthplace	Maternity hospital	12	100
	Home	0	0
Stay with	Nuclear family	8	66.67
	Extended family	4	33.33

DISCUSSION

Experience of pregnancy and postpartum care during the COVID-19 pandemic

During the pandemic, two types of primary emotions were perceived by participants in their pregnancy, childbirth, and the postpartum period: happiness and worries. Expecting a pregnancy was a typical justification for their happiness. The majority of them also believed pregnancy was a

blessing and grace from God Almighty. In contrast, anxiety was induced by the crisis and disruption that emerged during the pandemic.

Contentment following the pregnancy status confirmation

Expecting a pregnancy was a usual explanation for pregnancy happiness. Participants also believed pregnancy was a blessing and grace from God Almighty that must be nurtured properly. Pregnancy is a

natural process occurs among women that initiate by fertilization, the union of sperm and egg cells (ovum) to implantation. Physical and psychological changes occur as a response to a pregnancy. These changes associate with adaptation to pregnancy and generally influence emotional and psychological states [9].

Feeling happy is an expression of contentment and gratitude for what has been obtained by someone. Expression of happiness during the pregnancy was a natural and normal response due to their belief in God's grace in the form of offspring. A participant who revealed a history of miscarriage in her previous pregnancy also expressed her happiness and commitment to protecting and delivering the best care for the pregnancy.

The feeling of pleasure expressed by mothers in this study can be attributed to the fact that most of the participants were multiparous. Multiparous pregnant women have previous pregnancies experienced and have planned current pregnancies, so they are better prepared to face their pregnancies. Pregnant women who are better prepared to face their pregnancy will show lower anxiety compared to pregnant women who are not ready. This is in accordance with Asmariyah (2021) which stated that during the COVID-19 pandemic, multiparous mothers had less anxiety than primiparous mothers [10].

Fear and anxiety among pregnant women during the pandemic

The majority of participants confirmed that worried appeared simultaneously with

pregnancy happiness. Agitation commonly arisen due to the pandemic crises and the news spread in the media about the destructive impact of COVID-19. They were afraid of their ability to provide sufficient care for the pregnancy. It further burdened with fear due to a fatal attack of COVID-19 infection. The results of this study are in accordance with the results of research from Tikka (2021) which states that pregnant women's anxiety during a pandemic is related to the risk of being infected with the COVID-19 virus in the fetus, the risk of COVID-19 infection in herself, and the risk of COVID-19 infection during childbirth/delivery [11].

COVID-19 is a contagious infectious disease caused by a virus. World Health Organization (WHO) on November 29th, 2020, confirmed the spread of COVID-19 cases in 220 countries, with a total number of confirmed cases of 61,869,330 with a death toll of 1,448,896 patients. In line with the world crisis due to the infection attack, Coronavirus transmission in Indonesia also has been rapidly growing. After the first announcement of the first case on March 2nd, 2020, COVID-19 cases in Indonesia were escalating endlessly, with a total of 534,266 cases and a total death toll of 16,815, with the steady addition of new infections every day. Bali Province ranked tenth for highest area of COVID-19 cases in Indonesia. There were 13,681 positive confirmed cases as of November 29th, 2020, 424 of them died due to severe infection [1].

Its rapid transmission and lethal characteristic of COVID-19 triggered fear among the participants. They stated that compliance with health measures by health

professionals during the prenatal and postnatal hospital visitation provided a sense of security and safety. The results of this study are in accordance with Hamzehgardeshi's research (2021) which states that a high level of anxiety in pregnant women is due to an unsafe health care environment and fear of transmission in the hospital [12].

Health care services expected from the health professionals

Participants declared and discussed the importance of health provider adherence to health protocols governed by national stakeholders. They mentioned that health protocol compliance would reveal health providers' genuine commitment to protecting their patients from COVID-19 infection. Participants also implied that health professionals' adherence would make them feel more comfortable and secure. Health measures compliance had been placed in a crucial part in controlling COVID-19 transmission in Indonesia.

Wearing masks, handwashing before and after touching the patients, and physical distancing practices are mandated to prevent COVID-19 transmission. In addition to information about pregnancy and newborn care, participants demanded sustainable information dissemination about COVID-19 to ensure adequate implementation of the pandemic measures. They also claimed that repetitive information resulted in better comprehension and pushed them to transform it into habits in everyday life.

These findings were parallel to behavioral theory from Lawrence Green

(2005), that elaborated the influence of internal and external behavioral factors on the formation of health behavior. External factors originate from the behavior of the health professional, reference groups, and existing rules/norms. Repetitive information is associated with better comprehension. More frequent exposure to information also reinforces and encourages the adaptation of the measures [13].

Participants believed that COVID-19 information was vital and constant information exposure delivered creditable impacts on the mother's and baby's health. Convenience access to health information and service, especially for pregnant and breastfeeding mothers with COVID-19 like symptoms, is required to be intensively disseminated and developed by health professionals. Easy access to information commenced a more conducive and secure situation that eventually sparked happiness among pregnant women. Happiness is very important for fetus wellness and healthy conception.

Family support during the pregnancy and postpartum period in the pandemic

Family support is believed as a primary type of support in the pregnancy and postpartum period, especially during the pandemic. The results of this study are in accordance with the studies of Sut (2020), Nowacka (2021), Mappa (2020), and Akgor (2021) which state that the family support is one of the factors that can increase the comfort and readiness of mothers in pregnancy and postpartum care

and can reduce maternal anxiety during pandemic [14]–[17].

Social support from the family could be manifested into material and non-material support. Further, it could be classified into four dimensions:

Emotional support, expresses by giving a sense of comfort and security to the mother, helping their recovery process and emotion regulation. Emotional support could be offered through affection, love, trust, care, encouragement, and emotional support [18]. Appreciation, reassurance, intimacy, respect, and nurturance provide sources of emotional support for the mother, allowing them to acknowledge that they are valued [19].

Instrumental support, is provided by the provision of practical and concrete aids, such as financial assistance, food, drink, and recess time [18].

Informational Support, is established as the provision of information from significant others. Advice, guidance, suggestion, and recommendation may help the mother to perform quality care for their pregnancy and the newly born baby [18].

Appraisal Support, appears as a type of support provided by the family that portrays a sense of social belonging. This type of support exemplifies guidance and intercession to resolve conflicts. They become the source and validator through their support, appreciation, and love [18].

Adequate support from significant others and family is essential for pregnant and postpartum women. It would help them digest and adjust to the unexplored situation. Positive social support also alleviates their

burden in familiarizing to the role transition as mothers.

CONCLUSION

According to the analysis and discussion, three major themes related to mother's pregnancy and postpartum care experiences during the pandemic surfaced during the data collection process: mother's feelings toward their pregnancy experience during the pandemic, health care services expected from the health professionals, and social supports during the pregnancy and postpartum period in the pandemic.

Nursing implication

These findings present fundamental and baseline information that could be further developed to address barriers and obstacles perceived by mothers regarding pregnancy, childbirth, postpartum, and newborn care, in line with changes in the new normal era during the pandemic.

STUDY LIMITATIONS

Source of the data in this study was based on the experience of pregnant women during the pandemic, and have not reviewed data from health workers in pregnancy care during a pandemic.

ACKNOWLEDGEMENT

We would like to extend our deepest gratitude to Udayana University for the funding support through the Research Funding Scheme of Leading Research Study Programs in Udayana

University Institute of Research and Community Service. Our sincere appreciation is also extended to all participants and the Head of Public Health Centres in Denpasar City for the valuable chance given in executing and collecting data in this study.

CONFLICT OF INTEREST

The authors report no conflicts of interest.

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