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THE WOMEN’S EXPERIENCE OF PREGNANCY AND POSTPARTUM DURING COVID-19 PANDEMIC

MASTER'S THESIS

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The Women's Experience of Pregnancy and Postpartum During COVID-19 Pandemic

Master's Thesis

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ZAHVALA

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INTRODUCTION

The master's thesis is intended to explore psychological and physiological changes brought about by the period of pregnancy and postpartum in women during Coronavirus 2019 Disease pandemic. Thesis is interested in both physical, and mental changes, but also the experience of then difficult medical situation. This phenomenon is interesting because of its specificity, since pregnancy is a condition that brings major changes to women, both biologically and mentally, and it predisposes pregnant women and new mothers to more likely experience mental illness than non-pregnant individuals (Yanting et al. 2020, 2). At the same time, the nature of Coronavirus 2019 disaster disrupted the normal routines and brought direct physical, psychological and emotional distress to all, making people vulnerable to impacts of the pandemic (Osofsky and Osofsky, 2018; Dayal De Prewitt and Richards, 2019; De Young and Mangum, 2021, 1). It is then inevitable that COVID-19 pandemic impacted woman’s maternal periods and their overall health and wellbeing bound to leave a long-term consequence.

Thus, it is increasingly important to understand the relationship between maternal period and the Coronavirus influence factors and how these conditions independently and interactively affected pregnancy and postpartum outcomes. Only through a better understanding of these factors and their impact on pregnant women will there be a possibility to implement systems to support women in difficult circumstances and lead them through healthy pregnancies.

Therefore, thesis wondered how women coped with changes brought by the period of pregnancy while simultaneously losing normality and certainty of living conditions under unusual circumstances. Participants were asked to what extent did the pandemic and its consequences affect their pregnancy: mentally, emotionally and health wise. The interest was also in how they experienced the postpartum period during the mandatory isolation and restrictions. The research wondered what type of support and behavior they found helpful in facilitating postpartum periods during catastrophic circumstances. There is still a lack of research and representative data on increased levels of anxiety, psychological distress, and overall experience of pregnancy during COVID-19 pandemic, so the results would be helpful
in better understanding the long-term impact of the disaster circumstances on pregnancy and postpartum experiences women had to, and still endure today.

Accordingly, the first part of the master's thesis presents the theoretical basis, through individual definitions and focus on physical and psychological events in a woman during pregnancy and postpartum period. Next, the research refers to the topic of Coronavirus disease 2019 and its implications and influence on pregnancy and women’s mental and physical health.

The second part of the master's thesis presents empirical research, where the research problem and research questions are defined. The research is conducted by the help of the descriptive psychological phenomenological method which attempts to identify themes in relation of how a particular phenomenon, in this case pregnancy during pandemic, is experienced. Further definition of this type of research is more detailed in the actual empirical part of the master's thesis. Empirical part next presents the results of evaluated six research participants and the analysis of their individual descriptions of the experiences. Analysis consists of individual and common description of the main components of the experience of pregnancy and postpartum during pandemic. Likewise, analysis was followed by the discussion where the obtained results were grounded and supported by similar research and literature.
1. PREGNANCY

Pregnancy and motherhood are considered as one of the most beautiful experiences in women’s lives. It is a special emotional and physical condition that leads to great changes in women and faces them with specific new challenges. Pregnancy naturally begins with conception and if normal, is considered to last 280 days, or 40 weeks, or 9 calendar months and it ends with the birth of a newborn child (Jurić, 2018, 1). It is a common life experience for most women, but common does not necessarily mean easy. It is a period of excessive and major biological, psychological, and social changes in woman’s life. No other time does a woman’s body experience as much quality of bodily modifications (Perales, Singh Nagpal and Barakat, 2019, 45-46). Women are experiencing change in their own personal identity which is naturally followed by feelings of uncertainty and confusion. Therefore, women are in need of a great quality care in prenatal and postpartum period and protection of the mothers and children’s health should be one of the priority tasks of health care.

Pregnancy period is divided into trimesters. In the first trimester, a woman learns that she is pregnant, and the first signs of pregnancy appear. Women’s body also becomes more vulnerable and these changes can manifest in some of the common physiological symptoms such as nausea, vomiting, heartburn, constipation, and food sensitivities (Jurić, 2018, 10). The second trimester is characterized by visual recognition of the pregnant woman. It is also a period of increased separation, and it is reported that during this period “fetus shows greater personhood as anal trends become more prominent” (Bjelica, Cetkovic, Trninic-Pjevic and Mladenovic-Segedi, 2018, 102-103). Finally, the third trimester is characterized by preparation for the childbirth and the end of pregnancy (Kuvačić, 2009; Juračić 2021, 1). It is in the third trimester that women are more likely to experience anxiety issues such as increased fears about the baby and themselves (Bjelica, Cetkovic, Trninic-Pjevic and Mladenovic-Segedi, 2018, 102-103).

In the continuation, the paper introduces the physiological and psychological changes in women and focuses on the occurrence of frequent and specific mental disorders during pregnancy.
1.1. PHYSIOLOGICAL CHANGES

Throughout pregnancy and postpartum period, the female body naturally modifies and changes drastically. Pregnancy brings certain anatomical and metabolic demands to a woman’s body. Adaptation is dynamic but occurs gradually throughout whole pregnancy and manifests in various symptoms and alterations. For approximately 40 weeks, female body is adapting and operating for the benefit of fetal growth and development including constantly endeavoring to maintain balance in the body (Ibid., 46). In other words, this adaptation and physiological changes are necessary for the development of pregnancy, the carrying and delivery of a newborn and it is necessary to bring the organism into psychophysical balance. These changes affect every organ system in the body (Locktich, 1997; Soma-Pillay et al., 2016, 89) Therefore, the cardiovascular, respiratory, hematological, renal, gastrointestinal, endocrine, and maternal metabolic systems are changing and adjusting (Kien Tan and Loy Tan., 2013, 791). After the delivery, the anatomy of these organs returns to its pre-pregnancy state.

Pregnancy also brings various new physical demands for women. It is normal for women to experience different levels of physical discomfort throughout their pregnancy progress. Women’s bodies become more sensitive and, due to a change of physique, symptoms such as shortness of breath, musculoskeletal pain and soreness occur (Evenson et al., 2009; Atkinson and Teychenne, 2019, 24). Respiratory problems may also be accompanied by hypoxia, and those respiratory difficulties occur due to a significant increase in oxygen during pregnancy (Soma-Pillay et al., 2016, 91). This is apparent especially during labor and delivery when women tend to experience increased hyperventilation. (Kien Tan and Loy Tan., 2013, 795).

Big changes happen on the biological level, based on intense hormonal and neurological changes that have an impact on the brain that enables the development of the fetus (Pilyoung idr. 2010, 595; Oatridge idr. 2002, Novak, 2021, 2). As a woman's immune system changes during pregnancy, she becomes predisposed to viral infections (Kljajić, 2021, 3). Most apparent change during pregnancy is body expansion and weight gain.
The weight gain can also be conditioned by many different parameters differentiating from woman to woman (Perales, Singh Nagpal and Barakat, 2019, 51).

1.2. PSYCHOLOGICAL CHANGES IN PREGNANCY

Pregnancy is not just a natural physiological process, but it influences and changes numerous psychological and mental domains. Psychological functioning in pregnant women is usually associated with frequent mood changes, exhaustion, excessive reactions, anxiety and similar. Women are naturally changing their behavior in order to adapt to their new condition. Psychological functioning is altering throughout the whole transition period of pregnancy, from the very beginning to the end of pregnancy, including the postpartum period (Bjelica, Cetkovic, Trminic-Pjevic and Mladenovic-Segedi, 2018, 102).

This period is dominated by frequent changes of moods and many women tend to experience a wide variety of emotions during their pregnancies ranging from joy and happiness to feelings of fear and uncertainty since they are adapting to new conditioned state. (Junge et al., 2018; Maimburg et al., 2016; Smorti et al., 2020). Together with pregnancy, specific thoughts and fears occur that relate to the process of pregnancy, childbirth, and finally, the life of her child and the woman herself (Bjelica and Kapor-Stanulović, 2004, 144) Stress can be defined as “any demand in the environment which exceeds the individuals adaptive capacity, resulting in physical or psychological strain” (Cohen, Kessler and Gordon, 1997, Crowe and Sarma, 2022, 1)

As mentioned before, transitioning through pregnancy to motherhood, women are experiencing significant shift in their self-identity as their perceived role changes. Becoming a mother is a transformation that disrupts woman’s individuality. For some women, this development comes naturally without many difficulties, while others struggle with accepting and navigating the new peculiarities (Bailey, 1999; Atkinson and Teychenne, 2019, 20). Many women reported a sense of losing control over their bodies since their bodies have been automatically and independently altering in order to doing
what is required to adapt and support a new life that is growing inside of them (Neiterman and Fox, 2017; Atkinson and Teychenne, 2019, 22) In a study by Pownall and colleagues which provided an account of woman’s self-reported mood experiences during pregnancy, women reported mood instability and constant change in form of frequent low emotional mood and crying, irritability and uncalled for anger. They also expressed anxiety regarding future parenting and their new role (Pownall et al, 2021, 5).

A woman's psychological reaction differentiate from woman to woman and is dependent on various variables. Adapting to new changes and challenges depends on a woman's ability to adjust and her coping strategies are now becoming dominant (Bjelica and Kapor-Stanulović, 2004, 144)

1.3. ANXIETY AND STRESS IN PREGNANCY

Mental health is a major health issue worldwide among pregnant and non-pregnant individuals. Above talked about pregnancy transition makes women more vulnerable to stress during pregnancy due to extensive hormonal and physiologic change (Douros et al., 2017, 2). Scientific studies have reported that during pregnancy, woman’s hormone levels, such as increased exposure to psychoactive hormones (oestrogen, progesterone and cortisol) are rapidly changing (O’Leary et al., 1991; Yonkers et al., 2009; Amiel Castro et al., 2017, 123). This hormonal change predisposes the woman for the development of depressive symptoms (Ibid.). It is important to have in mind that some women will overcome mental health difficulties that occur during this time, while other will develop a chronic state (Rahman, Iqbal and Harrington, 2003; Alipour et al., 2018, 549). Statistics show that anxiety and depression symptoms in pregnancy affect between 10 and 25% of pregnant women (Lebel et al., 2020, 5). Usually women develop depression symptoms in first and third trimester and the depression rate increases in the third trimester (Gluckman et al. 2008, Mikšić, 2018, 85).

Occurrence of anxiety disorders is particularly common during pregnancy (Ross and McLean, 2006; Atkinson and Teychenne, 2019, 24). It has been investigated that the
pregnancy period is characterized by increased risk for emotional anxiety disorders especially in the presence of stressors (George et al, 2013; Ahmad and Vismara, 2021, 2). Perinatal mental health has effect on both maternal and child outcomes, and experiencing comorbidities like anxiety can negatively influence these outcomes (Dennis, Falah-Hassani and Shiri, 2017, 315). Available evidence indicates that during the prenatal period, the most important risk factor for adverse birth outcome happens to be increased levels of anxiety and depressive symptoms (Loomans et al, 2013; Douros et al., 2017, 2). This risk factor can end in preterm birth and it had been studied that pregnant women characterized with ‘high psychosocial levels’ of stress are at approximately 25–60% higher risk than women with ‘low stress levels’. (Bjelica, Cetkovic, Trninic-Pjevic and Mladenovic-Segedi, 2018, 105).

Different variables will influence pregnant women’s mental health, such as marital relationships and social support, economic situation or unplanned pregnancy (Gluckman et al. 2008; Mikšić, 2018, 85). It is of great importance to identify those factors and work to find strategies to prevent anxiety and depression symptoms during pregnancy. This can be derived in the form of therapy, social support and psychological care. Bjelica and Kapor-Stanulović reported prevention of psychological concern according to Foresti and Cerutti in the following steps: 1) explanation of possible psychological changes in pregnant women; 2) psychotherapy work with pregnant women who are prone to or already exhibit pathological personality structures; 3) adequate psychotherapeutic support during childbirth in identified psychologically pathological cases; 4) work on psychological and affective engagement of couples; 5) creating the necessary prerequisites for the formation of a good relationship between mother and child; f) education of parents. (Schindler, 1982; Bjelica and Kapor Stanulović, 2004, 146-147).

Social support have been identified as one of the main predictors for the low or high mental stability during pregnancy. Findings suggest that social support has great affect on mental health of individuals in general. Also, women who report lower marital satisfaction tend to experience greater anxiety and depression while women with strong husband’s emotional support will report low levels of depression in pregnancy (Hosaynisazi et al., 2005 ; Moshki and Cheravi, 2016 ; Alipour et al., 551-552). Therefore,
it can be concluded that strong social and family support serve as protective factors for difficult and distressing conditions. It is of great importance to recognize depressive states in pregnant women because early intervention and treatment of perinatal depression can prevent the appearance of postpartum depression that would have consequently followed after (Mikšić et al., 2018, 89).
2. POSTPARTUM PERIOD

2.1. PSYCHOLOGICAL STATE AFTER CHILDBIRTH

The postpartum period is usually defined as the period after childbirth that lasts from six to nine weeks while woman’s organs are healing and returning to its’ original state (Lele; according to Pipun, 2022, 9). It was identified that postpartum well-being is impacted by pregnant women’s experience of childbirth and it can in a way predict a postpartum outcome (MacKinnon et al., 2017; Molgora et al., 2020b; Molgora and Accordini, 2020, 3). For instance, if a woman experienced strong interpersonal support and care, had a positive labor experience of overall pregnancy period, she is more likely to have a better postpartum psychological functioning (Michels et al, 2013, Molgora and Accordini, 2020, 3). Hence, timely recognition and right treatment could prevent the development of postpartum psychological disturbances (Mikšić, 2018, 85). After giving birth, woman is challenged with a new set of profound changes not just affecting her mental and physiological state but also the developmental stage of her family life cycle. This is a time when woman and her partner are assigned new roles which challenge their relationship and family rhythm to develop and realign (Cowan & Cowan 1995, Nyström and Öhrling, 2004, 320). It was researched that becoming a parent is one of the most overwhelming experiences a person goes through in their lifetime (Nystrom, 2004, 1). Raising a child is probably the most challenging responsibility faced by a new parent (Ladden & Damato 1992; Nyström and Öhrling, 2004, 320). There are numerous domains that needs attention for women with infants like the following: “her relationship with her child; her sense of support and social network structures; her sense of confidence, her sense of loss, her level of fatigue, and for those who breastfeed, her feeding experience “(Brown et al, 1994; Mauthner, 1999; Nicolson, 1999).

For a woman becoming a mother the focus is on developing an emotional connection with a child and learning to attune to the child’s needs as well as balancing her own wellbeing (Misri and Burgman, 1992). Woman is now facing becoming primarily responsible for the child. Hence, this new role is surely overwhelming for a woman who
had just experienced whole process of pregnancy as she navigates the loss of her old lifestyle. This can cause intense frustration to the new mother since her body is returning to its pre-pregnancy state. Depending on a woman, postpartum experience is more or less stressful, and it may depend on numerous variables like demographical, financial, social, medical and similar, that have been identified to serve as risk or protective factors (Fenaroli et al., 2016, 2019; Molgora and Accordini, 2020, 3).

2.2. POSTPARTUM MENTAL DISTRESS

The postnatal period is known as the risk period for the development of serious mood disorders. Postpartum emotional difficulties are common among all women. These depressive conditions are known to occur in three possible forms: the baby blues, postpartum depression and postpartum psychosis (Stewart et al, 2003, 15). Some studies have also shown that a woman has a greatly increased risk of being admitted to a psychiatric hospital within the first month postpartum than at any other time in her life (Kendell et al., 1987; Paffenbarger, 1982; Stewart et al, 2003, 15).

Postpartum blues is the most common of the three conditions that burden 45%-80% of women at the very beginning of postpartum period and it involves short-term symptoms such as emotional distress, sadness, and sense of instability (Steiner 1990; Misri and Burgman, 1992, 2031). Study by Zivoder and colleagues conducted that the baby blues can occur in women of all ages, but it is most regular in women between the ages of 26-35 and 18-25 (Zivoder et al., 2019, 341). Even though baby blues’ symptoms are difficult they in general pass without treatment and they should not reduce mother’s functioning and ability to take care of the baby and herself (Clay and Sehusen, 2004, Balić, 2015, 4). Postpartum depression is more serious postpartum complication, and its duration is longer than that of the blues and it can last up to a year. Depression affects 10% to 28% of pregnant women and its symptoms are severe anxious and depressive state, extreme sadness and crying, despair, apathy, and obsessive thoughts (Isto, 2032) According to the study mentioned before depression was most commonly reported in age group between 18-25 (Zivoder et al., 2019, 341). It is important to mention that postpartum depression
is highly dependent on certain risk factors which include poor marital and family relationship, low social support or low financial income as well as woman’s family history of psychiatric illness (Brockkington and Fox, 1988; O’Hara, 1986; Stein et al., 1989; Misri and Burgman, 1992, 2031). Postpartum psychosis is the most extreme of the three disorders and is characterized by the occurrence of manic or schizophrenic symptoms within the first month of postpartum (Misri and Burgman, 1992, 2031). The most usual age of developing PPP is at age 36 and older, say the results of Zivoder’s research (Zivoder et al., 2019, 341). Study conducted in Croatia by Nakić-Radoš and colleagues was examining predictors for postpartum depression and concluded that symptoms of postpartum depression could be equally predicted by perinatal depressive symptoms (30.3%) and the early postpartum period (34.0%) (Nakić-Radoš et al., 2018; Mikšić, 2018, 88).

There is a possible danger in unrecognizing the conditions in time because depressive symptoms can often resemble common pregnancy symptoms like low energy, exhaustion and sleep disturbances, fluctuations in appetite and libido changes (Mikšić, 2005, 85). The prevalence of these conditions is depended on various contextual, cultural, and sociodemographic factors. For instance, women with less availability of help and treatment, from undeveloped countries or certain cultures are at higher risk to develop these psychological conditions (Bowen et al., 2012, Tronick and Reck, 2009, Balić, 2015, 2).
3. CORONAVIRUS DISEASE 19

The coronavirus disease 2019 (COVID-19) is a respiratory disease caused by novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), originating in Wuhan in December 2019, as a pandemic (Phoswa and Khalid, 2020, 605). The virus quickly started to spread all over the world and marked the beginning of an exceptional threat to global health. The first case of COVID-19 in Croatia was diagnosed on February 25, 2020, and the World Health Organization declared the SARS CoV-2 global pandemic on March 11, 2020 (Hrvatski zavod za javno zdravstvo (n.d.). COVID-19 – report). The resulting situation included special measures of social protection with the aim of limiting the effect of the disease. National lockdown and behavior that direct citizens to social distancing were proposed in order to suppress the pandemic. Pandemic effected all social spheres including employment, finances, family life and health. Great efforts have been made to understand the disease in order to treat the infected as effectively as possible and to prevent the further spread of the infection.

Infection with COVID-19 occurs “through aerosols, respiratory droplets, and fomites” and causes symptoms such as fever, dry cough, shortness of breath and headache (Chowdhury et al., 2021; Chowdhury et al., 2022, 2) It is well known that virus mutated and caused various other symptoms throughout the pandemic outbreak. The worst reported medical conditions were pneumonia, respiratory failure, hypercoagulability, shock, and organ failure (Isto). COVID-19 virus has been reported to possess three stages: Stage 1 is the incubation period where in some cases it may be asymptomatic and survive in the host undetected, stage II is where the virus is now detectable with minor or mild symptoms such as a fever and lastly, stage 3, where severe symptoms arise including respiratory distress and subsequently death (Wang et al., 2020; Isto, 606).

Rather than just being a medical condition, many individuals have experienced severe negative mental health problems such as induced stress, fear of dying or anxiety about getting sick (Beutel et al., 2017, Pashazadeh et al., 2021, 392).

In continuation, thesis will present theories on COVID-19’s impact on pregnancy outcomes and consider areas of uncertainty where more research is needed.
3.1. COVID-19 AND PREGNANCY

The impact of SARS-CoV-2 in pregnancy had been investigated from the very start of the pandemic and scientists wondered whether pregnancy has negative effects on COVID-19 disease progression or else does COVID-19 negatively impacts pregnancy and its outcome. Much research investigated whether pregnant women are at higher risk of developing severe symptoms and what kind of impact does the virus have on the child and mother.

During the early months of the virus outbreak some studies conducted that the evidence does not support the hypothesis that states women are at higher risk than non-pregnant individuals. An example is a study from April 2020 which focused on summarizing then currently available evidence on maternal, fetal, and neonatal outcomes of pregnant women infected with Coronavirus Disease 2019 which conducted that there is no evidence that COVID-19 infected pregnant women are more likely to develop severe clinical symptoms and characteristics which may cause a morbid consequence (Kumari, Anand and Vidyarti, 2020, 1823). Likewise, other studies conducted in 2020 supported this thesis as their results showed that pregnant women were not at an elevated risk for severe disease (Schwartz 2020, Breslin et al. 2020). It should be emphasized that these early publications had little evidence and few data at their disposal.

Studies later investigated that pregnant women are in fact at higher risk of developing severe symptoms when infected with SARS-CoV-2 virus and this may occur due to the changes in the maternal immune system during pregnancy (Chowdhury et al, 2022, 2). A study from 2021 on the other hand investigated that COVID-19 in pregnancy is in fact associated with severe consequences such as preeclampsia, cesarean delivery, stillbirth, and preterm birth compared with no COVID-19 pregnant women (Qin Wei, Bilodeau-Bertrand, Liu and Auger, 2021, 545). These findings indicate that the COVID-19 pandemic had a profound impact on maternal and perinatal outcomes.

During the pandemic, opinions changed about procedures for pregnant women positive for COVID-19 and about the very care of mothers and newborns after childbirth. The American Society of Obstetricians and Gynecologists, together with the Society for
Maternal and Fetal Medicine, have published algorithms for antenatal care of pregnant women during the COVID-19 pandemic where they reduced visits and face to face examinations (Pon et al, 2019; Kljajić, 2021, 3). Nevertheless, hospitalization for pregnant women was recommended if, in addition to comorbidities, the pregnant woman has mild symptoms or critical forms of the disease (Kljajić, 2021, 3). Pregnancy journey and delivery now came with its own specific guidelines. Pregnant women now had to endure different, many times reduced prenatal care and some studies reported women expressed anxiety and frustration with the restrictions that left them feeling unprepared for the birth (Preis et al, 2020, Crowe and Sarma, 2022, 2).

3.2. COVID-19 IMPACT ON THE PSYCHOLOGICAL DISTRESS DURING PREGNANCY

COVID-19 pandemic had a threatening impact on the mental health of whole population. It effected mental well-being of individuals worldwide. People were faced with health problems, loss of control, social isolation, financial uncertainty, and life unpredictability. The prevalence of psychological distress was imminent. The period of the pandemic was turbulent for everyone, how much more so for women who were going through a season of pregnancy at the same time. Pregnancy is a condition in itself challenging for women's mental health. In general, experiencing natural disasters or a state of emergency during pregnancy is known to contribute to increased psychological distress even if not being directly exposed (Brooks, Weston and Greenberg, 2020; Glynn, Schetter, Hobel and Sandman, 2001; Matošević 2022, 4). Many studies reported direct connection between negative life events and depression in pregnancy (Forouzandeh, Delaram and Deris, 2003; Alipour, 2018, 552). Reports show negative effects on fetal growth and birth weight after surviving environmental and natural disasters (Levi et al, 1989, Harville, Wiong and Buekens, 725). There is a viable connection between disaster related prenatal stress and child development therefore studies reported that “maternal mental health after a disaster is more influential on child development than the disaster itself” (Kolominsky, Igmunov, Drozdovitch, 1999.; Harville, Wiong and Buekens, 725).
Some findings reported that women experiencing pregnancy and birth during a pandemic are at greater risk of developing depressive, anxiety or post-traumatic symptoms. Investigated women experienced intense fear toward childbirth which would in some cases lead to more complicated childbirth while going through greater pain (Goodman and Leiferman, 2016, Molgora et al., 2020, Molgora and Accordini, 2020, 12). Alongside fear of childbirth, high reported concern of pregnant woman was fear about not having a partner present during childbirth due to strict hospital rules (Molgora and Accordini, 2020, 4).

Study by Moyer and colleagues investigated the impact of the COVID-19 pandemic on pregnant women’s anxiety and found high levels of pregnancy-related anxiety among more than 2000 pregnant women in the surveyed during the COVID-19 pandemic in the USA (Moyer, Compton, Kaselitz and Muzik, 2020, 757). Results showed that women experienced anxiety related to giving birth and being pregnant during COVID-19 pandemic. They also displayed women’s fears regarding the pandemic consequences, such as fear of job loss and income, or food running out. (Isto, 761). Many studies reported high prevalence of psychological disorders and critical psychological impact of COVID-19 (Zhang et al, 2020, Louie et al., 2020, Huremović 2019., Pashazadeh Kan et al., 2021, 392). Pashazadeh Kan and colleagues have conducted a systematic review and meta-analysis by reviewing and analyzing more than hundred known until then studies on prevalence of anxiety among population all over the world (Pashazadeh Kan et al., 2021) They studied both infected and non-infected population as well as pregnant and non-pregnant individuals. Their results showed that pregnant women were more vulnerable and exposed to mental health issues and their anxiety levels were increased compared to non-pregnant population (Pashazadeh Kan et al., 2021, 396).

Most common reported COVID-19 stressors for pregnant women were social isolation, fear and worries for one’s life and fear of virus’ harm on the baby. These mentioned stressors were associated with clinical anxiety and depression symptoms. In other words, women who perceived COVID-19 as severe threat and danger to their baby and them, and experienced extreme concerns about issues connected to it, were more likely to suffer from serious psychological complications (Label et. Al, 2020, 7). It’s important to
mention that women that participated in similar studies mentioned their frustration with the new health care system and the complications that occurred due to not being able to have normal appointments, visitations or even the same quality of prenatal care as pre-pandemic pregnant individuals did (Lebel et al., 2020, 7).

3.3. **COVID-19 AND POSTPARTUM PERIOD**

It is natural to assume the experience of motherhood would be amplified by the pandemic. As the thesis pointed out before, women during postpartum are particularly vulnerable and more likely to develop some form of emotional and mood disorders. This thesis research has introduced a range of clinical conditions that can have a significant effect on postpartum women. Accordingly, even more will women be significantly sensitive in relation to emotional and trauma related disorders during the time of natural disaster or stressing emergency (Harville et al., 2010, Ahmad and Vismara, 2021, 2) Postpartum women and infants were at high risk to be impacted by COVID-19 stressors and in return develop high levels of anxiety and stress. Facing the pandemic, multiple factors were affecting both mothers and their infants. Alongside the stressful changes that postpartum period brings in non-emergency period, during COVID-19 women were challenged with yet another set of complex difficulties. It is exactly stress, which occurs due to altering and uncertain life events, a high predictor of post-partum disorders (Crowe and Sarma, 2022, 1). Rapid transmission of COVID-19, extreme mandatory social restrictions, high mortality rates, fear of oneself’s and loved one’s lives are some of the contributors to the uncertainty women faced. Studies researched that these factors were negatively influencing new mother’s psychological wellbeing.

Study by Molgora and Accordini researched the connection between depression, childbirth experience, postpartum PTSD, and trait anxiety with Covid-19-related variables. They investigated how woman’s pregnancy and birth narrative influenced woman’s later capacity of taking care of the baby (Goodman and Leiferman, 2016, Molgora et al., 2020, Molgora and Accordini, 2020, 12). Results showed the influence of various covid-19 factors that consequently influenced psychological wellbeing of
mothers and identified what some of those significant factors were. For example, women that reported having an alone experience during childbirth due to a restriction that didn’t allow partner’s presence at labor were more likely to develop anxiety traits and even a postpartum PTSD (Molgora and Accordini, 2022, 8). Another interesting variable to report was the influence of partner’s work. Women whose partners had the opportunity for remote work and were able to stay at home, reported less likelihood of suffering from anxiety compared to women whose partner’s returned to normal regular on site work (Molgora and Accordini, 2022, 8). This is another evidence that shows how much support both during pregnancy and in the postpartum serves as protective factor against low psychological and emotional functioning.
4. RESEARCH PROBLEM AND RESEARCH QUESTIONS

4.1. RESEARCH PROBLEM

As mentioned in the theoretical part of the research, pregnancy is a period during which a woman endures a variety of changes associated with certain demands for adaptation to her new state. These instances make pregnant women way more vulnerable to the occurrence of increased levels of stress, anxiety, and depression during pregnancy (Dunkel Schetter and Tanner, 2012; Glynn, Schetter, Hobel and Sandman, 2008, 142).

At the same time, the pandemic has engulfed the entire world and became an unprecedented challenge to public health and people’s lives. The pandemic has affected everybody, but particular attention must be paid to vulnerable, in this case women facing pregnancy while being exposed to the effects of the virus and the consequences that follow.

Data reported from most studies indicates that alterations in mental health, i.e. anxiety, depression and sleep disturbances are states in the short term following COVID-19 (Nicole Wallbridge Bourmistrova, Tomas Solomon, Philip Braude, Rebecca Strawbridge, Ben Carter, 2022, 118). It is also stated that the acute effects of COVID-19 can be devastating and life-threatening, affecting a wide range of areas including cognitive deficits and psychiatric manifestations (Boldrini et al., 2021; ovo gore, 119). However, there were, and still are, many unknowns for pregnant women during the Coronavirus disease 2019 pandemic.

Regarding to COVID-19 situation, it is impossible to neglect the medical area when it comes to pregnant women since physiological changes during pregnancy have a significant impact on the overall immune system and health of pregnant women (Elizabeth A. N. Wastnedge, Rebecca M. Reynolds, Sara R. van Boeckel, Sarah J. Stock, Fiona C. Denison, Jacqueline A. Maybin, and Hilary O. D. Critchley, 2020, 303). Once the pandemic broke out many wondered whether the risk of severe coronavirus disease 2019 during pregnancy may be higher than in the general population.
4.2. RESEARCH PURPOSE AND RESEARCH QUESTIONS

Continuous to the mentioned above, the aim of the master’s thesis is to explore the women’s experience of pregnancy and postpartum period in Croatia during Coronavirus 2019 pandemic to better understand and support pregnant women facing difficult circumstances. Focus of the research is on participant’s personal experience, how they dealt with physiological and psychological changes, to what extent were they affected and what type of support and behavior did they find helpful in facilitating this period.

Due to the nature of this qualitative research, thesis starts by asking questions which can help the research to acquire an understanding of person’s subjective account (Holloway, I. & Galvin, K. 2017,23). Within the framework of the master's thesis, there is an aspiration to answer the following questions:

- How did women experience pregnancy, birth and postpartum in relation to strict health care system restrictions?
- How did they experience this period having to be in mandatory isolation?
- How did participants experience their overall pregnancy during the pandemic and to what extent did the pandemic and its consequences affect their pregnancy?
- What type of support and behavior did they find helpful in facilitating pregnancy and postpartum periods during catastrophic circumstances?
- Did they receive sufficient support and in what way?
- How did they experience the postpartum period during the pandemic?
- What information or support would they have used, or would like to have, to make the process easier postpartum period?
- Have they perhaps experienced any unexpected benefits or positive outcomes due to limitations or pandemics in general?
5. METHOD

To closely understand the lived experience of pregnant women during COVID-19 pandemic, most suitable approach to use was descriptive qualitative phenomenological method due to its emphasis on the individual's experience. This method enables insight into deeper and more detailed data (Bryman, 1988; Denzin & Lincoln, 2000; according to Howitt, 2010). In other words, this type of research is used to describe how a person experiences a certain phenomenon. Qualitative research can be an important tool in understanding the emotions, perceptions and actions of people who are experiencing a certain medical condition (Holloway, I. & Galvin, K. 2017, 20).

This master's thesis explored the phenomenon of pregnancy and postpartum during COVID-19 by interviewing small number of participants who are bind together by this phenomenon. Data was collected using a purposive sampling method through semi-structured, in-depth interviews in order to capture the experience and perspective of each individual woman. More detailed procedure of this method will be presented onwards.

5.1. PARTICIPANTS

This descriptive phenomenology research was conducted on 6 women throughout the month of February 2023., in Croatia. The participating women were already pregnant or got pregnant during COVID-19 pandemic, both in 2020 and 2021. Participant’s age range vary from 25 to 39 years old and are all in a partnership. The only two conditions to participate in this research was, first, that they there of legal age and second, that they experienced the phenomenon of pregnancy and postpartum during Coronavirus 2019 Disease outbreak. This small unrepresentative sample of respondents will not allow generalization but will allow for in depth analysis of their experience.

Six adult women thus participated in this research. The youngest participant was 27 years old, and the oldest 39 years old. All of them had at least a high school education.

Participants in the research:
• Female, 39 years old. Pregnant during 2020.
• Female, 29 years old student. Pregnant during 2020.
• Female, 31 years old. Pregnant during 2020.
• Female, 34 years old. Pregnant during 2021.
• Female, 29 years old student. Pregnant during 2021.
• Female, 27 years old. Pregnant during 2021.

All the participants included in the research were in a functional partnership at the time of the research with the child's father. Five of them were full-time employees (including a doctoral student), and one was a student. Haphazardly, all participants except one have only one child and for all of them their first pregnancy was exactly the one this thesis investigated.

5.2. MEASURING INSTRUMENTS

Data was collected using a pre-prepared semi-structured interview, which was divided into 3 content areas. The first part of the interview was devoted to obtaining personal information such as current age, age during the pregnancy, year of pregnancy and postpartum period, education status, status of the relationship, the current number of children.

The second part of the interview focused on the experience of pregnancy during COVID-19. Questions targeted overall experience of pregnancy but also emotional and psychological experiences of pregnancy, pandemic restrictions, and medical situations. The third part focused on the postpartum period experience and the support they needed through that time.

5.3. RESEARCH PROCESS

All 6 women were interviewed individually through semi structured, open type interview which seeks detailed description answers explaining the phenomenon and process of their
pregnancy journey during pandemic. The research question of the thesis was directing the questions and comments. Every interview was transcript. Each participant was acquired to willingly sign an information agreement on the conduct of interview (Attachment 1) and was asked for permission to have the interview audio recorded. Interviews lasted approximately an hour and were held in safe and secure places for the participants. Individual descriptions were then analyzed according to Amadeo Giorgi (1983). Giorgi’s phenomenological method is based on the next four principal characteristics: “it is descriptive, it uses reduction, it searches for essences, and it is focused on intentionality” (Giorgi 1985, De Castro, 2003, 49).

Phenomenological research process started with the collection of individual experience descriptions. Next was to do the analysis of individual descriptions of the experience. And the final step was to make a consistent description of the researched phenomenon which was divided into two levels: a specific description and a general description of all participants in research (Isto, 54).

5.3.1. ACTIVITIES BEFORE THE INTERVIEW

Before conducting the interviews, texts and existing research were studied and researched to gain better insight and deeper understanding of the topic. Evidence and the effects of the corona virus on pregnancy were investigated. While researching many literatures connected to the topic, focus was also on better understanding the phenomenological method and the steps that will follow the interview. It was of great importance to understand the definition of phenomenological methods and their history. Authors like Amadeo Giorgi, John Polkinghorne and Frederick Wertz were reread and taken as a groundwork for the research method.

Based on the studied literature, the research questions were composed. After finding women willing to participate in the research, all of them were contacted personally and were informed about the goal and purpose of the research.
5.3.2. COLLECTION OF INDIVIDUAL EXPERIENCE DESCRIPTIONS

The interviews were conducted in the month of February 2023. All interviews were conducted through WhatsApp due to the different locations according to the selection of participants. The participants were given a choice of face-to-face interview, but they chose a call because it made them feel safer. All participants engaged in the interview from the comfort of their homes. All interviews were conducted without a break, in a single meeting. The duration of the interviews varied between participants.

Before the start of the interview, each participant signed an informed consent on the conduct of the interview and the purpose of the research. Each participant was asked for the permission to record shared information. They were assured that all answers will be anonymous, and that the data will be treated in accordance with the ethical code of research of University of Ljubljana and will be used exclusively for the purpose of researching the thesis.

The interviews lasted about 50 minutes each. The desire was to obtain as in-depth answers as possible, so the participants were encouraged to share as much as they felt comfortable to. During the interview, participants were free to answer the questions freely without any interruption by the researcher. When needed, sub questions were asked following the researched topic and participant’s shared answer. In the end of the interview, participants were asked to share their feelings about the interview. They were free and encouraged to share any insight, feeling, negative or positive thought or warning regarding the interview.
5.3.3. ACTIVITIES AFTER CONDUCTING THE INTERVIEWS

5.3.3.1. ANALYSIS OF INDIVIDUAL EXPERIENCE DESCRIPTIONS

After all interviews were conducted, transcripts were made of each individual interview. Transcripts were then translated into formal English since the original interviews were conducted in naïve Croatian language. All obtained recordings afterwards were deleted. In order to ensure the protection of personal data, the participants were identified with letters of the alphabet from A to F. Where necessary, certain data was masked or erased in order to protect the anonymity of the participants. Accordingly, analysis of each individual experience proceeded.

There are different ways of doing analysis of the acquainted descriptions, but this research will be using protocol analysis research steps according to Amadeo Giorgi which De Castro talks about in his “Introduction to Giorgi’s Existential Phenomenological Research Method” (De Castro, 2003, 49). and Englander and Morley in their “Phenomenological psychology and qualitative research”. This data analysis has five steps: “1) initial reading for a sense of the whole; 2) adopting the phenomenological psychological attitude; 3) dividing data into meaning units; 4) transformation of everyday expression to psychological meaning and 5) returning to the whole and moving toward general structure” (Englander and Morley, 2021, 31-38).

1) **Initial reading for a sense of the whole.** Each participant’s description was read and reread in order to catch the sense of the whole of it. Through rereading the transcript, the focus was on following the participant’s experience and not on interpretation of it. The transcription was reviewed several times and it provided a ground framework for the continuing steps.

2) **Adopting the phenomenological psychological attitude.** This involved the psychological reduction of the natural attitude to study its structures (Englander and Morley, 33).

3) **Dividing data into meaningful units.** After getting the sense of the whole, the description was divided into what by Giorgi is called “meaning units” (De Castro 2003, 51). While reading through the recorded material, the material was divided into
smaller manageable parts to allow for a closer and more detailed focus. The material was particularly easy to differentiate, and more manageable units were formed. Division followed Giorgi’s thought by focusing on the different aspects, terms, attitudes, or values in the transcript with a goal to find a self-contained meaning (Isto).

4) **Transformation of everyday expression to psychological meaning.** In this step, the material was first stated in the original, simple, first-person singular language and then it was expressed in the psychological manner by being careful about the meaning to remain unchanged. Goal was to redescribe the experience in more formal psychological language but not to change its meaning. By this transformation the material arrived at the general categories.

5) **Returning to the whole and moving toward general structure.** Finally, the analyzed parts were then synthesized together and integrated into more general meaningful form. Goal was to make a final consistent description. The thesis firstly formed specific description and then general description. In other words the meaning units of each description were synthesized in order to make a descriptive statement of the particular and specific characteristics (De Castro, 2004, 54).

### 5.3.3.2. **Creating A Specific Experience Description**

Precise, detailed, and clear description for each participant in this thesis research was created. To create this individual experience description, the focus was on synthesis of the meaning units of each description by which then a descriptive statement of the particular and specific characteristics was made. In other words, for each participant separately the individual description was created with the help of formed semantic units and reflection. Each experience was then “translated” into psychological language.
5.3.3.3. DEVELOPING A COMMON DESCRIPTION OF THE EXPERIENCE

The final step of thesis’ phenomenological research was to find a general validity and general statement about the researched phenomenon. At this last phase of psychological analysis, research will provide a general description of all participants who experienced pregnancy and postpartum during COVID-19. Description includes main components and psychologically relevant aspects of the experience of pregnancy and postpartum during COVID-19. This general structure of the experience was created by comparing individual structures and looking for similar characteristics. Here, the individual units are again being united into a whole. Thesis followed guidelines provided by Wertz (Wertz 2011, 133) in the following order

a) recognition of potentially general insights into individual structures,
b) comparison of individual cases of individual experience,
c) mental variation of individual cases,
d) an explicit description of the general psychological structure.
6. RESULTS

In the following, individual descriptions of the structure of interviewed women’s experiences are presented. These descriptions are based on the written transcripts that were obtained from the conducted interviews. All participants described their experience differently and individually. Participants are marked from letters A to F to ensure protection of personal data while simultaneously providing greater transparency.

6.1. DESCRIPTIONS OF INDIVIDUAL PSYCHOLOGICAL STRUCTURE

Participant A

Participant A is 39 years old full-time employee. She is married and lives in Croatia with her partner and their one child. She is in a functional partnership. She was 37 years old when she experienced pregnancy during COVID-19. This also happen to be her first pregnancy. She found out the news of her pregnancy a couple of days before the explosion of pandemic.

Throughout the interview, her positivity and relaxation were expressed. From the beginning until the end, she maintained positive attitude towards her experience and in every question and comment found an optimistic approach. Optimism served a high protective role in her pregnancy journey. The only negative emotional expression was fear she experienced during her pregnancy. She was in fear of infection, especially due to lack of information and knowledge on the virus’ impact on the pregnancy and the baby. She feared she or the baby could get infected. Fear of infection was higher than the overall stress level. Another thing she did miss and found negative was a fact that her husband couldn’t be present at her childbirth. Not having her partner’s presence in the delivery room resulted in loneliness and anxiety symptoms. The nervousness in the medical workers had great effect on her wellbeing and anxiety as well. She described an occasion
where her anesthesiologist could not perform epidural because he was in contact with COVID-infected person and was forced to leave in the middle of the procedure.

Nevertheless, her experience with her anesthesiologist, her overall medical situation and experience with health care was mostly filled with positive outcomes. She expressed that due to restrictions, she didn’t have to wait long time for appointments, she was always alone at the appointments and due to situation, everyone was more careful and caring than what she expected. This situation provided her to be a priority in the health care since many patients couldn’t access the hospitals except pregnant women, so these conditions turned out ideally for her, she says. She was genuinely surprised by the positive impacts. She even expressed this situation was better than non-covid one, since that situation would include a lot of unnecessary waiting, and more discomfort. Alongside health care positive consequences, she mentioned another benefit of mandatory isolation in the pandemic such as remote work from home which allowed her greater safety and comfort, while still being able to work and be valuable through it.

Even while expressing the unpleasant experiences during her pregnancy, she kept underlying how things cannot go ideally and people must accept the situations and find the best way to deal with them. Even though the circumstances were strange and scary, her approach allowed her to focus and obtain the positive outcomes. She even said, quoted “there couldn’t have been a more ideal time for pregnancy”. Restrictions and mandatory isolation gave her time to rest and take care of herself and her pregnancy in peace. When she gave birth her only focus was her child and the care of her. She expressed that after giving birth no one focused on the pandemic but on her recovery.

Postpartum period wasn’t much different for her as well. She had a visiting nurse during that period, and she feels she was given all the information and support she needed. Feelings of safety prevailed. She thinks that restrictions and lockdown allowed for her child not to be sick or infected with any kinds of diseases for the first eight months of her life because she wasn’t exposed to all possible viruses. Another positive impact she expressed was the feelings of comfort and relief because she didn’t miss out on many things or events due to everybody being in the same situation. She said she was conscious
Participant B

Participant B is a 29-year-old student. She is married and lives with her husband in a functional partnership. She has one child, and her first pregnancy was the one during the pandemic. Participant B had a difficult and traumatic pregnancy experience due to health complications induced by coronavirus 2019. Her story and experience description were mainly focused on the physiological changes brought about by the period of pregnancy and postpartum.

Her pregnancy period started smoothly without complications except for the usual symptoms such as vomiting, fatigue and sleepiness. In the 9th month of pregnancy, she became infected with the COVID-19 virus and her state of health worsened. Her body faced high fever, bone pain and heavy breathing as the biggest challenges. Due to her pregnancy, she could not receive antibiotics, and her health condition worsened and eventualized in pneumonia. This infection resulted in her ending up on oxygen because her saturation was decreasing.

She gave birth by emergency caesarean section in order save her and her child’s life. Participant expressed she has no memory of what happened after the caesarean section, because she fell into coma for the next two months. Throughout these two-month period her body was on a ventilator experiencing several other complications. This traumatic hardship left her with anxiety symptoms and tremor. Sadness and fear were the most prevalent emotions during her pregnancy and postpartum. Her condition was in a vulnerable and dangerous state so the support of her partner, family and friends was the biggest need alongside the health help and care. Social support was a great protective mechanism. Participant said that she coped well with the stress caused by the pandemic during her pregnancy, except that she was afraid for her child. She was afraid that the baby might get infected with the virus while in the womb. The isolation, she says, was
not hard on her because she was not under isolation for long, but was hospitalized and quickly put into a coma, so she doesn't remember that part, she says.

Before she ended up in the hospital, her husband provided her with care and health care, since he is a medical technician by profession. This gave her safety and comfort. While she was in a coma and then in rehabilitation, her husband and his family took care of the child, and she expresses immense gratitude for that.

The new care system was difficult for her because she could not have normal and regular visits and meetings with her family, relatives, and friends, which means a lot to her. She repeatedly expressed that she had support from all of them and that she felt their care in various ways. That is what she needed the most.

After giving birth and coming out of the coma, a series of health complications and consequences of infection with the virus continued, such as blood clots, epilepsy, high blood pressure, gallstones and et. Her health condition is slowly improving, but she is still focused on her recovery.

Participant B experienced catastrophic and traumatic event, therefore, was encouraged to express as much as she felt comfortable to. The researcher (writer of this thesis) was being sensitive and respectful towards her story trying to give as much support and encouragement. Surprisingly, she was very open and somewhat comfortable sharing her story. She said she had been sharing her experience quite a lot since her story became well known while she was in coma. She expressed that sharing her story was in a way healing since she received many words of support and encouragement. People have been sending their positive words and prayers to her and she says it kept her going forward and pushing to recover as soon as possible and return to her family and baby as a healthy mother and wife.

At the end of the interview, she was asked if there was anything she might want to add or comment, and she fiercely expressed that she desires people would start taking seriously COVID-19 and similar diseases. The tone was serious and pleading, but she still finished the interview by taking the optimistic approach as she said she now
appreciates her health and life more, enjoys it more and is thankful for all the great things in her life.

**Participant C**

Participant C is a 34-year-old full time employee. She is married and lives in Croatia with her husband and their one child. This also happen to be her first pregnancy.

Her overall experience of pregnancy was in her words “not great”. The reason for that was her diagnosis with a certain pregnancy complication. The pandemic was less in her focus, because she spent a lot of time sick in bed, but it still made things worse because it made her already sick condition worse. She stated that the worst part was feeling sick and having to wear masks in closed spaces. Pandemic consequences did not affect her a lot since she had support from family and friends. She got pregnant just after the worst part of the lockdown, so was able to see friends when she wasn’t feeling terrible.

What she needed most was talking to people about how she was feeling with regards to becoming a mother, and with regards to the HG that was making her vomit several times a day for 5-6 months of her pregnancy. She spent a lot of time chatting with her sisters and friends over Facebook messenger. She needed support and expressed she didn’t have much support from her partner but was able to receive it from friends and family. Her parents cooked meals that didn’t make her sick, her sisters were available for emotional support and answers (they both had kids before), and her friends took her for walks and coffee when she needed it. My parents brought lunch daily and took my baby for walks. That gave me the opportunity to sleep or spend a bit of time unwinding.

The worst part, or the first shock of the pandemic was over when I got pregnant so it wasn’t as bad as it probably would have been if I had gotten pregnant earlier that year. So I didn’t really register it a lot.

The isolation and distancing were more or less over when she got pregnant, but the rules were still in place, so it was a nuisance more than anything else. She expressed worry and fear during her pregnancy about contracting covid, but fortunately that didn’t happen.
Isolation and social distancing didn’t really affect her emotional states during pregnancy, her sickness has affected it the most. When asked about prevailing emotions during pregnancy participant C said she was mostly overwhelmed with ideas about motherhood and trying to survive her sickness and consequences that came with it.

She expressed she mostly felt losing her daily routine because of mandatory rules such as wearing masks and not being able to visit inside places like she did before COVID. One of the most difficult parts of “new” rules was the uncertainty of her childbirth. She was uncertain if her husband would be able to be with her during the birth. The all clear came a couple of months before the birth of our son. She stated the difficult circumstance of being in the hospital for three days, with a small infant, not knowing anything, and not being able to see anyone or get emotional support in the hospital.

When it came to her postpartum period the worst part was worrying about contracting covid while having to worry about an infant. Her baby had colic and infant cramps and he couldn’t sleep. So, she was worried how she would survive if she got a high fever and everything that goes with covid.

When asked if there was anything she missed or needed as a form of support, she stated she would have loved to have had a mom group, where her and her baby could socialize, and she could have support through conversation and sharing.

Being pregnant during covid brought a positive outcome because of mandatory avoidance of public transportation and closed spaces probably kept her health during those 9-10 months.

**Participant D**

Participant D is 31-year-old. She is married and has one child with her husband. She was 29 years old at the time of her pregnancy in 2020. When asked what her overall pregnancy experience was like during the pandemic, Participant D immediately answered "good, with a good partner". She immediately confidently brought up the most important
support and help she had, which is her partner. She expressed that without a good partner it is generally very difficult, especially in difficult situations like this.

The pandemic has had the most impact on her in terms of visiting and spending time with family and friends, and she feels that she could not have enjoyed nearly as much as she would in a situation without the pandemic.

She pointed out that her greatest need was safety, and safety was the least. This made her afraid and insecure, but with the support of her family and partner, she tried to get along and believed that everything would be alright. She expressed that she had a lot of support from her partner and family, but she also pointed out that no one, even with the best will, can understand how she felt.

She managed to cope with the stress caused by the pandemic because she decided for herself that it would be as she thought was best for her and the baby.

She experienced the period of mandatory isolation and social distancing well and did not let that period affect her badly. She expressed how she can always agree to be beautiful.

When asked which emotions prevailed in her, she expressed two seemingly opposite ones, happiness and insecurity. She was most afraid of infection and the fact that she would end up in the hospital without visiting rights. She was also afraid of the possibility of an earthquake because she experienced a traumatic earthquake event during her pregnancy and during the pandemic period. With that, fear and insecurity prevailed.

She did not excessively feel the disruption of the regular routines of everyday life, she adapted to the situation very quickly and quite easily. She felt the most disturbances in the matter of going to the doctor for an examination. She didn't even let conflicting public information affect her during her pregnancy, she took control into her own hands. If she did not feel trust in state health institutions, she would go to a private doctor. She and her partner found their own system. Her priority was to take care only of herself and the baby.

She expressed how she coped terribly in the new system of care for pregnant women, given the strict limitations of the system. If she had not been able to go to a private doctor, she says that her partner would not have been able to attend any ultrasound. On one
occasion, she stayed in the hospital for two weeks due to complications and had to be isolated from everyone. This was unnecessary and excessive for her, she felt anger towards such rules and says that they made an already difficult period more difficult. It was not an option for her to give birth without a partner and she was ready to give birth at home in case the restrictions did not allow her to do so.

She experienced the postpartum period as difficult, but in some instances also easy. It was difficult for her that some close people could not visit her and see the child. But the focus and effort is aimed at avoiding the disease so that she or the child does not get infected and end up in the hospital.

At the end, she expressed that it is necessary and useful for her that people understand and respect her boundaries. She had to set boundaries with her own strength and will and try to make it a good time for everyone. she understood that these were precious, the most beautiful moments and that she had them then and never again. Strictly and decisively, she expressed several times that she believes that pregnant women should decisively decide what and how they want and not allow anyone to change it with their opinions and attitudes.

She also managed to experience the unexpected benefits of the pandemic, at least in terms of more automated paperwork and administration.

In the end, she expressed that she sympathizes with women who experienced pregnancy during the pandemic and that she feels sadness and anger that many others were deprived of support due to a pandemic that is already falling into oblivion. I have legs of frustration related to the restrictions and rules that limited her pregnancy period, but she tried to get the best out of it for herself and her family.

**Participant E**

Participant E is a postgraduate student. She is 29 years old and lives with her husband in Croatia. They have one child who was born in 2021. She was 28 at the time of her pregnancy.
The participant has a mostly positive overall experience of pregnancy during the pandemic, with a little more caution. She did all things normally, and only because of the nature of the pregnancy itself, when she ended up with complications, was more careful and rested a lot. The pandemic did not have a negative impact on her pregnancy, she had regular check-ups, and apart from wearing masks during check-ups and perhaps towards the end avoiding some larger gatherings to prevent infection, it had no major impact on her condition.

She received support from her partner, and from the rest of her immediate family for the first month after the birth of the child, given that they do not live where her immediate family is. The partner's support was great, although because of all the hormonal changes she felt quite lonely for those first couple of months. She believes that it would be easier if she was physically closer to her immediate family.

The pandemic as such did not cause any significant stress in the pregnancy itself, only a little more caution, which remained so even after the birth itself. She and her husband avoided larger gatherings, which led her to feel a little isolated from friends. She experienced the period of mandatory isolation mostly normal, as something that was introduced so that everyone would get better as soon as possible. During her pregnancy especially, she was more careful about wearing a mask and avoiding large gatherings.

Isolation and social distancing didn’t leave a significant impact on her mental and emotional health, she respected the rules of wearing a mask and avoided large gatherings, but still socialized as much as she could. She believes that the rules and restrictions were there for their benefit.

As for the prevailing emotions during the pregnancy, she was mostly calm, relaxed, she went to work normally until the very summer, when the pandemic did not really affect the general behavior of people, and due to the nature of the pregnancy, she ended up with complications, which actually had influence to be more careful and rest more.

As she became pregnant already when the worst part of the pandemic was over (beginning of 2021), she was already used to masks and distancing, with the fact that they did not distance themselves from friends and continued to socialize normally, the only reason
she felt a disturbance of peace was because of the spread of panic through the media and when she would go for check-ups, a kind of worry about not picking up something in the hospitals. In the past, conflicting information to the public could cause some panic, but nothing long-lasting or terrible.

In the "new" system of care for pregnant women and new mothers, given the strict limitations of the health care system, she was afraid during the birth itself. In addition to the course of the birth itself, she was worried about not picking up the virus or that the baby would pick up the virus after the birth, and the partner could attend the birth. Fortunately, everything went well and after three days we went home.

She was under stress about the birth itself because she was worried about how everything would go, and in addition, she was worried and stressed about whether the baby and I would pick up something while in the hospital.

She got over Corona sometime at the end of 2020, before she was pregnant and had a long post-covid syndrome that lasted until almost before the pregnancy itself, so she was very careful after giving birth, mostly for the sake of the baby, and avoided socializing after giving birth for a long time.

The postpartum period was more difficult and stressful for her than during the pregnancy itself, and she was in fear for the baby, so the postpartum period itself was not easy, and it is assumed that she also suffered from the baby blues, luckily it passed through the first few months of the baby's life.

She considered the support of her husband and closest family to be the most useful. She says it was invaluable, and the behavior she found helpful was calming them down, as she describes herself as a panicky person by nature. She thinks that it would be useful for her to have a psychologist or a support group available, that is, women who are going through the same thing.

He considers it an unexpected benefit due to the restrictions and consequences of the pandemic that the baby was never sick in the first year of life.
At the end, she expressed that she even thought that she had suppressed and forgotten some thoughts and feelings. She shared that she thinks that the pandemic generally had a much greater impact on pregnant women who were in their third trimester and postpartum women at the very beginning of the pandemic, especially when not much was known yet, and those who were infected with the virus with a more severe clinical picture or experienced baby's illness.

**Participant F**

Participant F is a 27-year-old and works full time. She was pregnant with her second child during COVID-19 when she was 25 years old. She is married and lives with her husband and their two children.

Her pregnancy was not under the most difficult pandemic influence. She gave birth in 2021 when everything was less strict. She expressed having a somewhat easy pregnancy. Her examinations were normal and nowhere in healthcare, in terms of the quality of examinations and searches, did she lack accessibility. The restrictions were still in order, but she was not fearful because of them. She compared herself to some pregnant women she encountered and said she was at ease compared to them.

She did express frustration with overall health care system which was more difficult to access because of the restrictions. Her experience was that the surgery room was always crowded, the clinic busy and the waiting room full because there was lack of doctors at the time. It brought frustration and uncertainty to her. She was frustrated with the procedures such as wearing masks, waiting outside of the closed places, mandatory temperature measurement and constant disinfection. The hospital she chose to have a delivery at, stated that they allow partners to be with women during the childbirth, but they sent her partner home because he wasn’t tested, and she was left alone. She felt scared and alone, left without the support she needed. She was frustrated and angry with, in her mind, illogical reasons. She also mentioned her dissatisfaction with wearing a mask while going in labor. It bothered her because she couldn’t breathe because of it and breathing was most important for her while giving birth. She was uneasy and scared,
because this was another difficulty among all other changes and pain her body had to endure during childbirth. The forcing of the mask really bothered her. Other regulations, such as not being able to leave or even send dirty clothes home was terrible for her. Things were not allowed to leave the hospital, but they could be brought. She also experienced no visitor’s restriction, but surprisingly this put her at ease, and she felt peaceful due to not having crowd and noise in the room during the half hour visits like she experienced before pandemic. She was satisfied that the babies could rest alongside the mothers who had just endured a difficult birth. She stated that as the only positive thing regarding the measurements.

Her postpartum period was easy since she already experienced pregnancy before, and the pandemic was slowly fading away. She said she didn’t need any additional help after giving birth because they were taken care of by a visiting nurse who was available even after certain number of visits. She felt secure and taken care of.

6.2. DESCRIPTIONS OF THE GENERAL STRUCTURE OF EXPERIENCE

The formation of the individual structure of the experiences of each participant was summarized in the description of the common structure of the experiences of all the participants of the research work. In relation to the overall experience of pregnancy and postpartum during Coronavirus 2019 pandemic certain themes and patterns corresponded and were repeated among multiple women. These units were synthesized, and the following themes appeared, which were recognized as common to all women:

a) Predominantly positive takeaways

All participants primarily expressed positive influences from the period of their pregnancy and the pandemic. Participants haven’t experienced high elevated stress and anxiety in fear of potential harmful outcomes of the pregnancy. Positive anticipation served as a protective factor and resulted in resilience in response to the stressors. There were certainly negative consequences, both mental and physical, and the participants clearly expressed them, but they
put their focus and weight on positive outcomes. Attitude of gratitude was cultivated during the whole interview with each participant. The tone and relaxation also confirmed this proposition. Even from difficult, in some cases traumatic events, women displayed optimistic approach and were firm to express it. Higher levels of fear of the terrible outcomes were not seen in any interviewed woman. Positive beliefs maintained mental stability and regulated negative thoughts in response to the stressors.

b) Optimistic approach in responding to COVID-19

Optimistic approach ended up being a dominant factor which resulted in protecting pregnant women from high stress levels. Optimism was an inhibitor and a strategy that served as a protection of the participant’s wellbeing prioritizing women’s and child’s best interest. Coronavirus has brought many changes to human life and those changes included fear, uncertainty, isolation, and anxiety. But thesis’ participants have taken an optimistic approach throughout their pregnancy to cope with a significant life stressor occurring in their life. Healthy and good coping mechanisms appeared in all participants. They displayed positive anticipation and positive emotion as dominant psychological occurrences.

c) Taking control of their view and approach toward difficult circumstances

Experiencing pregnancy and postpartum puts women in a vulnerable condition, but through analysis of the participant’s answers each interviewed women radiated strength, confidence, and management. They took control of their decisions, focus and priorities. Even when facing harder health conditions, women took lead and control to recover and regulate their situation and environment for their family’s best interest. They took the opportunities in their answers to encourage other women by emphasizing the importance of having control over their lives.

d) Fear of infection as dominated emotion

It was expected that all women will express emotions of fear due to the pandemic happening. All of them expressed they fear the infection and the possible consequences the infection could have on the baby. They feared for their child’s health and possible complications that could lead to hospitalization. Fear was reinforced by lack of information and knowledge about the virus’ influence on the fetus and pregnancy itself. Their concern was child’s safety
and maintaining a healthy pregnancy. They put effort in avoiding getting infected with any kind of viruses that could put them and the pregnancy at risk.

e) **Frustration with mandatory restrictions**

Being pregnant and experiencing postpartum period brings certain frustration and discomfort, physical as much as hormonal and mental. Women’s body and condition is experiencing major changes which can bring uneasiness. Going through these changes while simultaneously experiencing rigid restrictions and mandatory regulations brought frustration to pregnant women. Irritation with restrictions, especially ones affecting health care system was common to all interviewed women. Health care structures offered limited care and processes. These oscillations interrupted the pregnancy journey. Even though some women expressed some positive effects of the restrictions, prevailing universal characteristic was dissatisfaction. The emphasis was on mandatory mask wearing, no visitor restrictions and less availability of the medical care.

f) **Social support as main need**

Social support displayed highest protective role of maternal wellbeing of the participants. Social support was shown to reduce negative feelings, discomfort, and pain. When asked what their main need during pregnancy and postpartum period was, all participants shared the same answer. It wasn’t only stated by the participants but also emphasized the importance and need of their partner’s and family’s support. Sufficient social support provided comfort and stability amid occurring fear, anxiety, and depression symptoms. Support in the form of partner’s and family’s presence regulated their wellbeing and allowed them to rest and take care of themselves and the baby. More than one participant firmly stated that the key to having easier and better experience in such or any circumstances is a good partner. With good partner next to them, they can experience any kind of troublesome or difficult circumstance.

g) **The importance of partner’s presence during childbirth**

Main concern for all the participants was their partner’s presence during the child’s birth. Every one of them expressed their need for having their partner next to them. Their physical presence was of utmost importance for the pregnant women’s emotional state and calmness.
Lack of partner during childbirth is particularly stressful for pregnant women. Giving birth without partner’s presence can result in feelings of loneliness and fear. Being separated from the source of their main support evoked variety of negative anxiety symptoms. The COVID-19 restriction which forbid women’s partners to be present during childbirth was number one restriction that caused frustration and anger in all women.

h) **Positive influence of the pandemic restrictions was infant’s health**

Every single woman expressed that they believe pandemic’s restrictions were the reason why their children stayed healthy without contaminating any virus during first months to a year of their life. Staying isolated and following disinfectant measures increased baby’s health and reduced the possibility of infection and sickness for the child. It was a COVID consequence that left them with relief and gratitude. It also made postpartum period easier for them.

i) **Low expressed stress level**

Participants’ overall pregnancy and postpartum experience during COVID-19 was characterized with lower stress levels and high positive attitude. Lower levels of anxiety and depression symptoms were presented. This was easily linked with the coping mechanisms women displayed, such as high level of optimism and positive approach to expecting outcomes. Experiencing support and taking control of their best interest influenced lower stress levels. Infection stress was more dominated than overall stress and participants were mostly focused on staying healthy for the baby and themselves. They expressed anticipation of good results, hoping and believing everything would turn out in their benefit was what kept their head firm.

j) **Postpartum as more difficult period**

Postpartum period for most women represents period characterized by stress or anxiety. Mothers experienced more negative feelings after the child was born then during the pregnancy. Postpartum affected the emotional state of women in higher level. Feelings of loneliness and a desire to be understood was common for most due to isolation and separation from the wider social community with provided another level of social support. Feelings of
sadness would arise in them, and they desired even more support. Nevertheless postpartum period, even though hard, was described by words like “beautiful” and “precious”.
7. DISCUSSION

The empirical part of the master's thesis conducted qualitative phenomenological research, where the women’s experience of the pregnancy postpartum period during COVID-19 was explored. The purpose of the research was to gain an insight into above mentioned women’s experience and thereby also gain an insight into what kind of support women needed the most. No hypotheses were set before the phenomenological research was conducted. The research tried to shed light on the following main questions:

- How did participants experience their overall pregnancy during the pandemic and to what extent did the pandemic and its consequences affect their pregnancy?
- How did women experience pregnancy, birth and postpartum in relation to strict health care system restrictions?
- What type of support and behavior did they find helpful in facilitating pregnancy and postpartum periods during catastrophic circumstances?
- How did they experience the postpartum period during the pandemic?
- What information or support would they have used, or would like to have, to make the process easier postpartum period?
- Have they perhaps experienced any unexpected benefits or positive outcomes due to limitations or pandemics in general?

After discussing the answers to these questions, the value of the results, the limitations of the research and guidelines for further research will be provided.

Becoming a mother for the first time represents highly stressful period for women. This period is characterized by important various changes that challenge future mothers’ biological, mental, and social areas of life. Alongside that, there are research evidence that the prevalence of anxiety disorders among pregnant women increased significantly during the COVID-19 epidemic (Luo, Zhang, Huang, Qui, 2022, 7). Pandemic itself and consequent isolation were risk factors for the mental health of pregnant women. Many studies have shown that, individuals are more inclined to experience anxiety symptoms such as fear and insecurity during a pandemic (Hall et al., 2008, Smorti, Ponti, Ionio, Gallese, Andreol,
Bonassi, 2022, 146). The results of this thesis’ research show quite the opposite and surprisingly positive experiences of pregnancy and postpartum during COVID-19 pandemic. Based on the results, it can be concluded that the overall experience was good, and that the pandemic did not have an extreme impact on women and their pregnancies, except in the health case of one participant. Interviewed pregnant women during COVID-19 presented lower levels of anxiety and depression than expected. COVID-19 didn’t have as negative impact on psychological wellbeing of this women during pregnancy and postpartum as in some other investigated cases. To give an example, research from 2022 (Smorti et al, 2022) presented opposite findings while researching pandemic’s impact on pregnant women in Italy. Their results showed that pregnant women during COVID-19 experienced high levels of depression, hostility, and anxiety symptoms (Smorti et al, 2022 146). Similar findings were found in a study that focused on such experience in Turkey, where they conducted that coronavirus pandemic significantly influenced pregnant women by creating negative emotional effect and provoked anxiety symptoms (Sahin and Kabakci, 2021, 162). Certainly, it was inevitable that the restrictions and rules caused by the pandemic would disrupt the progress of pregnancy and the postpartum period, but they did not surpass normal levels of stress that women go through. Thesis’ analysis found that factors including social support, optimistic approach, positive thinking and taking control and the lead are the key for these results and had a great impact in protecting the maternal wellbeing which led to a low level of displayed stress.

Optimism in this context can easily be an inhibitor that helps women overcome stressful circumstances. Participants of this research didn’t allow negative thoughts to take over control of their mental state but continually hoped for the best. Generally, participants haven’t experienced high elevated stress and anxiety in fear of potential harmful outcomes of the pregnancy. Research have shown that optimism is associated with resilience (Carver et al., 2010) and serves as a protective factor for coping with significant life stressors (Scheier et al., 1986; Fredrickson et al., 2003, Leslie-Miller, Waugh, and Cole, 2021, 2). In other words, people who are characterized by high optimism will cope with stressful life situations in better and healthier ways. Positive anticipations encourage the emergence of positive emotions even during and in response to persistent stressors (Isto, 6). Study on the impact of
optimism on stress anticipation during COVID-19, conducted by Puig- Perez and colleagues, found evidence that optimism is related to reducing the psychological impact of the COVID-19. Their research showed that individuals with higher levels of post-traumatic stress symptoms displayed greater worry about the future, fear of infection, death and similar terrible outcomes compared to those with lower psychological impact levels (Puig-Perez et al, 2022, 9). These findings are applicable to the thesis’s study since all participants displayed optimistic approach as a dominant factor in their coping with their situation. Participant A: “Most things in life cannot go ideally and people must accept the situations and find the best way to deal with them. Things were new and yes scary, but there are positive things to take out. For me, honestly as strange as it sounds, there couldn’t have been a more ideal time for pregnancy.” Participant D: "Isolation and social distancing didn't really affect my emotional state that badly. It's not as bad as it sounds. You can always make yourself feel good and happy. I didn't let that period affect me like that, after all that is the most beautiful period you can't go back to it to do it again!" Positive beliefs play key role in maintaining mental stability and regulating negative thoughts. Participant F distinguished herself from women she encountered that were also experiencing pregnancy, and she singled out optimism as a factor for the distinction: “There were women in constant fear and obsessive over excessive care, but I really wasn't one of them. I believed everything will turn out good in the end.”

Women managed to take control in navigating their maternity experience during the pandemic and self-implemented solutions as a means of coping (Flaherty, Delaney, Matvienko-Sikar and Smith, 2022, 18) They were determined to find adjustments that work best for them and their child.

Results showed clear protective role of social support on maternal wellbeing. Participants displayed partner’s presence and support as healing and their support was reducing negative feelings and pain. This is connected to the proposition that during difficult circumstances individuals seek support and psychical presence from close people they have an attachment to (Mikulincer and Shaver, 2003, Smorti et al, 2022, 150). The levels of support from partner and family could possibly predict maternal wellbeing of women. Experiencing social support could protect future mothers from the potentially negative impact of prenatal symptoms of anxiety disorders (Ibarra-Rovillard & Kuiper, 2011; Lin et al., 2013, Tani, Ponti, Ghinassi,
Participant D confirmed this when she stated “My overall pregnancy experience was good, thanks to a good partner! Everything is easier with a good partner, and without him everything is generally more difficult, especially in situations like this.” All participants have had great amount of support from their partners and family. Thani and colleagues researched that the presence of anxiety symptoms was “significantly and negatively linked to a lower level of perceived social support” (Thani, Ponti, Ghinassi, 2021, 4) so it is not surprising that interviewed women showcased low level of stress and anxiety. Participant C gave detailed description of several types of social support she received before and after giving birth: “My parents cooked meals that didn’t make me sick, brought lunch daily and took my baby for walks. That gave me the opportunity to sleep or spend a bit of time unwinding. My sisters were available for emotional support and answers (they both had kids before), and my friends took me for walks and coffee when I needed it.” This is a specific description of how stable social support serve as protective factor by lowering the impact of life stress on well being of pregnant women (Elsenbruh, Benson et al, 2006, 869). Women during pregnancy and postpartum period need social participation and social stability in order to receive sufficient emotional and instrumental support (Isto, 875). Participant B, who experienced trauma by falling to coma for two months and had to withstand number of serious health complications, said: “Everybody gave me support and cared for me in all the ways they could. Many even, wrote to me and prayed for my healing and encouraged me to keep on fighting and going forward. This motivated me to get better and return healthy to my family.” It can be seen that strong support networks come forth as protective and preventive, even in the presence of additional risk factors (Isto, 875). Participant E: “The support of my husband and immediate family was priceless, and the behavior I found helpful was when they were calming me down, because I am a person who easily gets panicked by nature.”

Coronavirus pandemic impacted all areas of society, but it specifically influenced the change in health care system. Maternity care therefore experienced great alteration and disruption in its structure. As the government began to introduce certain measures and restrictions, the limitations in hospital settings increased. These changes included disruption of normal prenatal visits, reduced appointments and screening and similar difficulties of limiting neonatal care (Flaherty, Delaney, Matvienko-Sikar and Smith, 2022,2) Interviewed women
reported the impact these changes had on their experience of maternal and natal care. All six of them expressed frustration with limited care structures and processes. Women listed some of the biggest oscillations that effected their pregnancy journey. Those included prohibition of partner during childbirth, prohibition of visits during hospitalization and mandatory masks wearing, especially during labor. Participant D stated her frustration: “I was afraid that I wouldn't end up in the hospital without the right of visitation. This new health care system was terrible for me. If we didn’t end up going to a private clinic, my partner couldn’t attend even one ultrasound. He couldn’t attend the check-ups with me, and it was doubtful whether he would be able to attend the labor itself. When I was hospitalized for two weeks due to complications, my partner wasn’t allowed to visit me. I was only allowed to leave the necessary things downstairs at the gate. Excessive and unnecessary. They made a difficult enough period even more difficult and scary. Terrible, that was my biggest frustration.”

Attending or being in hospital alone without visits from partner, close friends and family was difficult for all the participants, but also for many other women who were part of the similar studies (Isto, 2022,16). After analyzing transcript, it was clear that throughout different stages of the pandemic there were inconsistent restrictions regarding the partners attendance during labor. In some cases, it was prohibited, while for some it was permitted. Nevertheless, all women expressed the concerns regarding the possibility that partner may not be present during childbirth or possible hospitalization. Lack of partner in the delivery room was particularly stressful for them. Participant C “That was the difficult part, because we weren’t sure if my husband will be able to be with me during the birth. The all clear came a couple of months before the birth of our son. But it was difficult being in the hospital for three days, with a small infant, not knowing anything, and not being able to see anyone or get emotional support in the hospital.” Participant F shared the story of how she carefully chose a hospital which stated they allow a partner to be present during labor, but right before her giving birth, the hospital send her husband home. She expressed her frustration: “I’ve decided on this hospital because of the benefits they offered, including partner’s presence during labor. That was most important to me. We both came to the hospital. They sent him home because he didn’t get tested and I was left alone without the support I needed in those moments. In my opinion, this was completely illogical because both him and I weren’t tested. And he had to
go, but I stayed here alone. There was no logic in it!” Being separated from their partners or any other close support system evoked a wide array of emotions such as fear and loneliness. Another obligatory restriction that brought much discomfort to women was mandatory mask wearing. Participant F shared: “I hated that we had to wear a mask. During the labor, the most important thing is breathing, but I can't breathe because the mask is on me. And it just created anxiety for me, because in addition to everything that childbirth brought to my body, I still had to deal with this as well. This forcing of the mask really bothered me.” Participant C supported this with: “The worst part was having to wear a mask in closed rooms with no AC during summer months. Especially with the sickness I was constantly feeling.”

During the COVID-19 pandemic, women during their postpartum period experienced a greater degree of psychological stress compared to previously reported stress levels (Wang, Cheng, Chen and Huang, 2022, 6) Women participating in this study reported that postpartum period was harder than their pregnancy period. Coronavirus consequences along with postpartum elements affected the emotional state of women as well as their social relations. Women reported experiencing more fear during postpartum, especially due to the risk of infection with the virus. Participant E: “Postpartum was more stressful for me than during the pregnancy itself, and I was afraid for the baby constantly. Basically, the postpartum itself was not great for me. I think I also suffered from the baby blues, luckily it passed through the first few months of the baby's life.” Participant C shared as well: “The worst part was worrying about contracting covid while having to worry about an infant. My baby had colic and infant cramps and he couldn’t sleep. So, I was constantly worried how I’ll survive if I get a high fever and everything that goes with covid.”

Isolation and separation from friends and the wider family also affected women more during postpartum than pregnancy. It seemed as if during postpartum their need for support was even more evident. Participant D expressed disappointment that her friends couldn’t visit her baby or even share this journey with her. “Postpartum was difficult for me, but also easy in a way. It was difficult for me because some people could not come and see the baby for a long time. I was also scared of infection, so I just tried to avoid illnesses for both her and me so that we wouldn't end up in the hospital.” Two participants shared their desires about more specific or structural support during postpartum and wished they had had support groups or
psychologist available. They expressed their need for connecting with other women that are going through similar circumstances. Participant E: “It would certainly be useful to have a psychologist or support group available, or women who are going through the same thing.” Participant C: “I would have loved to have had a mom group, where my baby and I could socialize, and I could have support through conversation and sharing.”

Researching and analyzing the obtained results, women mostly expressed a positive experience and some unexpected benefits. The main positive benefit was the health of their babies and themselves. Each participant believes that the restrictions, isolation, and high protection measures had a positive effect on preserving the health of their children and themselves. Participant E: “I think the advantage was that due to the distance, the baby was never in the first year of life sick.” Participant C: “The fact that I avoided public transportation and closed spaces, which probably kept me healthy during those 9-10 months.”

In conclusion, the current study should be evaluated considering strengths and limitations and propose possibilities for further research. Method used in the master's thesis was descriptive qualitative phenomenological method. This method limits the research due to its emphasis on the individual's experience of certain phenomenon. Since the focus of this method is in-depth study, the number of participants was also limited and small. This small number does not allow for generalization, so it is suggested to carry out further research on larger number of participants so the conducted results could be confirmed with greater certainty. Nonetheless, the representative number allowed for in-depth analysis and can be useful in understanding the experiences of women. Further research would be helpful in considering and comparing maternity care experiences during coronavirus pandemic. This would facilitate and improve the wellbeing of future mothers. Despite the abovementioned limitations, these results have significant individual and social implications. Results are valuable in gaining insight and in understanding the lived experiences and needs of women and future mothers experiencing difficult circumstances. Overall, they confirm the positive impact of contextual factors that serve as coping strategies and highlighted great need for providing stable support systems for pregnant women and future mothers.
Furthermore, these results suggest the need to improve the navigation of health care structures when disruptions such as unknown disease outbreak disrupt the normal functioning. Attention should be paid to better preparation for similar unexpected interferences.
CONCLUSION

The master thesis focused on exploring the experiences of pregnant women and new mothers during the period of coronavirus 2019 disease. On the basis of the thesis’ research, it can be conducted that COVID-19 significantly impacted the changes in the lives of pregnant women and the structures around them. The female body and organism adapt during pregnancy to new conditions and the pandemic and restrictions that followed had great additional effect on emotional state of women as well as their social lives. Although previous research brought evidence of the increased prevalence of negative symptoms among pregnant women during the COVID-19 epidemic, this research conducted surprisingly positive outcomes of pregnancy and postpartum. Participants reported that the pandemic did not have an extreme negative impact on their mental and emotional health even though it brought meaningful changes to their lives and pregnancy journey. Although pregnant women were in general more inclined to experience negative emotions and states, research participants managed to maintain mental stability and regulate negative symptoms that appeared. The answers obtained through in-depth interviews have shown that effective strategies for coping with COVID-19 significantly reduce risks and consequences that pandemic can leave on mental well-being of women. These strategies included factors as strong social support, optimistic approach towards the outcomes, positive thinking and taking control and the lead in their situations. These served as inhibitors that helped women overcome stressful periods.

The results haven’t reported only positive parts of the pregnancy and postpartum experiences because it was inevitable that women faced difficult situations. Results showed higher frustration and dissatisfaction with new health care system and imposed mandatory restrictions. Women reported that these brought discomfort and more fear instead of easing an already difficult situation. But the overall highlight was on the positive outcomes women took from these experiences.

The obtained results can be applied to assess the needs women have while facing pandemic and similar stressful, unusual circumstances. It sheds light to coping mechanisms and ways their experience was outlined as positive. Results also invites to
assess future interventions and preventive programs for pregnant women at high risk for psychological distress during the COVID-19 disease pandemic and to raise awareness of protective resources.
SUMMARY

In this master's thesis, the author investigates experience of the pregnancy and the postpartum period in women during COVID-19 pandemic. In the theoretical part, master's thesis presents the key theories and processes of pregnancy and introduces the coronavirus 2019 disease. In empirical work with the help of qualitative phenomenological methodology, the author explores the lived connection between the phenomenon of experiencing pregnancy and the postpartum period with the COVID-19 pandemic. Six adult women who were pregnant and experienced postpartum during COVID-19 were included in the research. The answers were obtained through in-depth interviews. The results show surprisingly positive outcomes of pregnancy and postpartum and bring evidence on how women managed to maintain mental stability and regulate negative symptoms that appeared. Research shed light to the needs women had going through their pregnancy journey. According to the results, effective strategies for coping with COVID-19 significantly reduced risks and consequences that pandemic could have had on mental well-being of women. Optimism served as an inhibitor that helps overcome stressful circumstances. Strong and stable social support played key protective role in maintaining mental stability and regulating negative symptoms in maternal wellbeing. Being separated from their partners or any other close support system may evoke a wide array of negative symptoms such as fear and loneliness. Receiving sufficient emotional and instrumental support comes fort as preventive.

The value of the research is in its in-depth analysis of specific type of support and coping mechanism women needed during stressful period of COVID-19. Their experience is valuable and should be supported by additional studies and research. The thesis suggests the need for further research which would enable more validity and possibility for generalization.

Key words: pregnancy, postpartum, COVID-19, phenomenological method
POVZETEK

Izkušnje nosečnosti in obdobja po porodu pri ženskah med pandemijo COVID-19


Ključne besede: nosečnost, poporodno obdobje, COVID-19, fenomenološka metoda
LITERATURE


Santos-Rocha, Rita. *Exercise and Sporting Activity During Pregnancy*. December 2018. [https://doi.org/10.1007/978-3-319-91032-1](https://doi.org/10.1007/978-3-319-91032-1) (pridobljeno 24.02.2023)


Tani, Franca, Ghinassi, Simon and Lucia Ponti. 2022. The role of maternal perceived social support on the relation between prenatal depressive symptoms and labor


ATTACHMENTS

ATTACHMENT 1.

INFORMIRANI PRISTANAK

Sklapanje sporazuma o suradnji u istraživanju

Između Tee Šestak,
studentice magistarskog studija drugog stupnja
Obiteljske i bračne terapije koji se izvodi na Teološkom fakultetu Sveučilišta u Ljubljani, i
______________________________.

Svrha istraživanja je prikupiti podatke za izradu diplomskog rada. Cilj magistarskog rada je
istražiti iskustva žena u trudnoći i postporođajnom razdoblju u Hrvatskoj tijekom pandemije
COVID-19 radi boljeg razumijevanja i podrške trudnicama koje se nalaze u teškim
okolnostima. Fokus istraživanja je na tome kako su se nosile s fiziološkim i psihološkim
promjenama izazvanim razdobljem trudnoće i nakon poroda, dok su istovremeno
doživljavale gubitak normalnosti i izvjesnosti u neobičnim okolnostima.

Oni koji su uključeni u istraživanje upoznati su i pristaju na:
- da je sudjelovanje u istraživanju dobrovoljno;
- da osoba sudjeluje u istraživanju samo ako je spremna dati istinite i točne podatke o
svojim stavovima i iskustvu;
- da se student koji provodi istraživački rad prema osobi mora odnositi pristojno, s
poštovanjem i skladu sa standardima profesionalne etike;
- da osoba u svakom trenutku može otkazati sudjelovanje u istraživanju;
- da studenti s prikupljenim podacima moraju postupati kao s povjerljivim podacima
koji moraju biti zaštićeni sukladno zakonskim odredbama;
- da se prikupljeni podaci mogu koristiti u istraživačke svrhe,
- da su dobiveni podaci namijenjeni isključivo za izvršavanje obveza iz kolegija Psihički razvoj partnerstva i obitelji.

Potvrdom ove privole putem e-maila, sudionik istraživanja potvrđuje svoju privolu za sudjelovanje u istraživanju.