

# A phenomenological study on the lived-in experience of mothers who gave birth during covid – 19 lockdown, namakkal district

Esakkiammal M

*Holy Spirit Institution of Nursing Education*

**Abstract:** Introduction: Pregnancy is one of the most pleasant and at the same time most critical periods in the life of most women. It involves a host of new and unprecedented emotions and experiences. Unfortunately, with the onset of the COVID-19 epidemic, pregnancy and childbirth for women are taking place in utterly new and unusual circumstances. Several issues have led to a state of confusion and anxiety among pregnant women in the current crisis.

**Objectives:** To explore and describe the lived - in experience of mothers who gave birth during covid – 19 lockdown.

**Methodology:** Purposive Sampling technique and quota sampling technique was used to select 6 participants through the Primary health centre, Elandhakottai. Data was collected through in-depth telephonic individual Interview method which was recorded for the study purpose. Each setting was the homes where each participant lived in the selected rural areas of Namakkal district. Participants were free to express their experience through their known language (Tamil).

**Results:** The transcribed data consisted of experience during Lockdown which included following: Experience of mother in antenatal , delivery and postnatal period during lockdown as, antenatal experiences like, Fear of spreading of corona, Felt suffocation to wear mask, adopted the covid protocols& experienced clean hospital setup, applied e-pass & went to mother's home, Had social support from parents, husband & neighbours, All mothers could take scan, registered private hospitals & scan centers was changed to corona centers, New private hospitals did not allow them, VHN communicated with mother got supplements, Anomaly scan not taken was anxious, there was no temple so no peace, Did household works and walked for exercise, Had covid test and were stressed till results came, Worried about safe delivery process.

Delivery experiences like, PHC sent ambulance for delivery, Inside the delivery room they removed the mask, one person's allowed inside the delivery room, delivery conducted by trained professionals, and

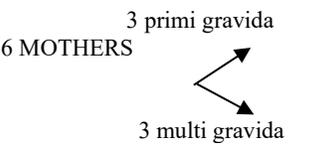
experienced clean physical setup and a mother with post EDD inducted medically and delivered the baby, a mother will be admitted only with corona test result so went back and waited long time felt helpless and baby did not cried immediately after birth they referred to GH.

Postnatal experiences like, they had family support, Health care professional took good care, Visitors were not allowed, One person allowed to stay in Post Natal ward, Clean physical setup, family planning advised but mother refused because of extended stay, and all baby's got vaccinated except one, Medical shop opened, mother had pain in episiotomy, breast feeding initiated within one hour, they stayed three days in the hospital.

## I. INTRODUCTION

A novel coronavirus outbreak was first identified in Wuhan, China in December 2019. It has since rapidly spread across the globe, to be declared a pandemic by the World Health Organization (WHO) on March 11, 2020. At present, more than 220 countries and territories around the world are affected, with numbers rising daily WHO declared currently affected corona cases in worldwide is nearly 193 million. And in India nearly 20.6 million cases noted. Tamilnadu nearly 25.4 lakhs cases and in Namakkal 46,801 cases are noted by the month of July 2021.

Pregnancy is one of the most pleasant and at the same time most critical periods in the life of most women. It involves a host of new and unprecedented emotions and experiences. Unfortunately, with the onset of the COVID-19 epidemic, pregnancy and childbirth for women are taking place in utterly new and unusual circumstances. A number of issues have led to a state of confusion and anxiety among pregnant women in the current crisis.

|                     |  |
|---------------------|--|
| RESEARCH APPROACH   | Qualitative approach   |
| STUDY DESIGN        | Phenomenological design  |
| POPULATION          | Mothers who gave birth during covid 19 pandemic lockdown in 2020   |
| SAMPLES             | Mothers who gave birth during a covid 19 pandemic lockdown 2020 in Namakkal district.  |
| SAMPLE SIZE         | <p>3 primi gravida</p> <p>6 MOTHERS</p>  <p>3 multi gravida</p> |
| SAMPLING TECHNIQUES | Purposive sampling technique   |

An estimated 116 million babies will be born under the shadow of the COVID-19 pandemic, this is given by UNICEF Countries with the expected highest numbers of births in the 9 months since the pandemic declaration are: India (20.1 million), China (13.5 million), Nigeria (6.4 million), Pakistan (5 million), Indonesia (4 million)

## II. NEED OF THE STUDY

The experience of the pandemic lockdown in India is different in terms of death rate and spread of infection as compared to some other countries of the world at the present time. (IJSJR.2020) Fear is making people vulnerable in developing physical issues as well as mental issues and also biologically fear causes stress and when we are stressed, the hormones cortisol and adrenaline increase and they suppress the effectiveness of the immune system. The suppression of immune system leaves the body vulnerable to disease and infection. The intact immune system will get over the novel virus, but with fear and weakened immunity, we are at risk of developing a severe disease India's birth rate is 18.2 births/1000 population (2020 estimation), nearly 46% of total population in reproductive age group, total fertility rate is 1.9%. in Tamilnadu crude birth rate is 15.5% and total fertility rate is 1.7%.

WHO recommends at least 4 antenatal checkups for pregnant women. Nearly 20-30% of all the countries pregnancies are high risk, leading to 70-80% of perinatal mortality and morbidity. The United Nations

Children's Fund (UNICEF) warned that pregnant mothers and babies born during the pandemic across the world were threatened by strained health systems and disruptions in services.

Sheela.U et.al (2020), reported following themes were identified during her study, like Unknown fear, Anxiety, inclination towards Spirituality and State of Dilemma. Most of the participant reported a negative overall experience but very much appreciated the support of husband and other family members. Shown strong peer relationships creating an environment which is supportive in nature.

### Problem statement

A phenomenological study on the lived-in experience of mothers who gave birth during covid – 19 lockdown, Namakkal district.

## III. OBJECTIVE

To explore and describe the lived - in experience of mothers who gave birth during covid – 19 lockdown

### DELIMITATION

The study is limited to,

1. Mother above 18 years of age
2. mothers from selected PHCs from Namakkal district
3. Data collected through telephone

### Methods:

### SAMPLING CRITERIA

#### Inclusive Criteria

Mothers who gave birth during the covid- 19 pandemic lockdown

1. Between the month of June and July 2020
2. Full term pregnancy
3. Both primi and multipara
4. Who had normal vaginal delivery
5. Those who able to converse in Tamil.
6. Those who registered.

#### Exclusive Criteria

Mothers who gave birth during the covid- 19 pandemic lockdown

1. With high risk condition
2. With covid-19 positive
3. Mothers who refuse to participate

#### IV. FINDINGS

The experiences of mothers were organized and presented as follows:

Section A: Experience of mother in antenatal period during lockdown

Section B: Experience of mother at delivery during lockdown

Section C: Experience of mother in postnatal period during lockdown

Experience of mother in antenatal period during lockdown

Multi mother's had common antenatal experiences like, Fear of spread of corona & covid news, had communication and follow-up from VHN, they felt suffocated to wear mask, due to covid protocols hospital were clean, one mother could not do last trimester scan, and Had social support from parents, husband & neighbours, had monitory support from the employer, and their nutritional intake was less.

Primi mother's had common antenatal experiences like, Fear of spreading of corona, Felt suffocated to wear mask, adopted the covid protocols & experienced clean hospital setup, applied e-pass & went to mother's home, Had social support from parents, husband & neighbours, All mothers could take scan, registered private hospitals & scan centers was changed to corona centers, New private hospitals did not allow them, VHN communicated with mother got supplements, Anomaly scan not taken was anxious, there was no temple so no peace, Did household works and walked for exercise, Had covid test and were stressed till results came, Worried about safe delivery process.

Experience of mother at delivery during lockdown:

Multi mother's had delivery experience like, they delivered in PHC, Inside the delivery room they removed the mask, One person allowed inside the delivery room, trained personal conducted the delivery, They had social support from neighbor, a mother will be admitted only with corona test result so went back and waited long time felt helpless and baby did not cried immediately after birth they referred to GH.

Primi mother's had delivery experiences like, PHC sent ambulance for delivery, Inside the delivery room they removed the mask, one person's allowed inside the delivery room, delivery conducted by trained

professionals, clean physical setup and a mother with post EDD was inducted medically and delivered the baby

Experience of mother in postnatal period during lockdown

Multi mother's had postnatal experiences like, they had family support, Health care professional took good care, Visitors were not allowed, One person allowed to stay in Post Natal ward, Clean physical setup, family planning advised but mother refused because of extended stay, and all baby's got vaccinated except one

Primi mother's had postnatal experiences like, they had family support, Health care professional took good care, Visitors were not allowed, One person allowed to stay in Post Natal ward, Clean physical setup, family planning advised but mother refused because of extended stay, The baby had normal birth weight ,breast fed within 30 minutes of birth, she felt pain in the sutured site and advised to apply antiseptic ointment, and all baby's got vaccinated except one

#### V. CONCLUSION

It was concluded that, both primi and multi mothers reported positive and negative experience simultaneously, they went regular antenatal checkup, good communication with Village Health Nurse, had good social relationship, underwent sanitarian protocols which was given by government, and also they had fear of corona infection and its protocols, worried about getting transport facilities & baby's condition, economical problems, not able to visit registered hospital, and not able to go out. They very much appreciated the support of husband and other family members. It was promising to have PHCs, opened for all mothers for their delivery. In spite of few curdle mothers and babies were safe and sound.

#### REFERENCE

Journals

- [1] Alyce. W et.al, (2020), "Pregnant women voice their concerns and birth expectations during the COVID-19 pandemic in Italy", Women and birth, volume 33, issue 4.
- [2] Therasa. E, et.al, (2020), "Maternal and child health during the COVID-19 pandemic:

- Contributions in the field of human biology”, American journal of human biology, volume 28.
- [3] Hector.M, et.al, (2020), “Experience of pregnant women in accessing healthcare services during the zika virus pandemic in villavicencio, colombia-2015-2016”, international journal of gynecology and obstetrics, 148(suppl 2), page no:29-35
- [4] Jennifer .c, Albow, Sulaivan.E (2020), “Pregnancy during a pandemic: the stress of covid-19 on pregnant women and new mothers” Oregon health and science university.
- [5] Valentina.L , et.al, (2020), “Analysis of the impact of the confinement resulting from covid-19 on the lifestyle and psychological wellbeing of spanish pregnant women”, International journal of environment research public health.
- [6] Riga.R, et.al, (2020), “Coronavirus study to track the experiences of expectant mums during global pandemic: Queensland”, Australian research centre.
- [7] Preis.H, et.al, (2020), “Pandemic-related pregnancy stress and anxiety among women pregnant during the coronavirus disease 2019 pandemic”, American journal of obstetrics & gynecology, volume 3.
- [8] Freitas.v, et.al, (2020), “The experience of women infected by the COVID-19 during pregnancy in Brazil: a qualitative study protocol”, Reproductive health volume 17, Article number: 108
- [9] Salehi.L, et.al (2020), “The relationship among fear and anxiety of COVID-19, pregnancy experience, and mental health disorder in pregnant women: A structural equation model”, Brain and behavior,
- [10] Brown.A, Shenker.N, (2020), Experiences of breastfeeding during COVID-19: Lessons for future practical and emotional support, Maternal and child nutrition.