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Title page:

‘I just had to park up at the hospital and leave her’: retrospective interview study of pregnancy, birth and parenting during the Covid-19 pandemic restrictions

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Abstract

Introduction

Lockdown restrictions during the Covid-19 pandemic had a negative impact on many aspects of our lives. In the UK some groups were disproportionately affected. Evidence indicated higher rates of stress and depression among parents during restrictions. Disruption to early

years education interrupted preschoolers' language and cognitive development. Associations between parental health and child behaviour are also apparent, where parents experiencing mental distress report their child has more difficulties with self-regulation. The longer-term impacts on infants born during restrictions, who are now approaching school age, are not yet known. It is important to get parents' retrospective reflections and explore the longer-term impacts of lockdown restrictions on families.

Materials and Methods

The study followed a retrospective qualitative interview design. Recruitment sampling ensured views were gathered from people of different genders, sexual orientations, birth/adoptive status and geographic areas. Those residing outside England were excluded; participants needed to speak sufficient English to be interviewed. Interviews were conducted using Zoom software and analysed using Framework Analysis.

Results

Seventeen participants were interviewed. Three overarching themes emerged: navigating antenatal and postnatal care alone; difficult decisions when caring for an infant and the long shadow on the family. Major issues which emerged included attending antenatal appointments - and in some cases giving birth - alone; limited postnatal care; disrupted parental leave; changes in employment and strained relationships. Residual effects continued for some participants, including psychological impacts.

Discussion

Although parents were able to report some positive consequences of the pandemic restrictions, the prevailing experience was one of restricted access to services and missed opportunities for support. In the event of a future pandemic, restrictions should accommodate couples from the same household more pragmatically, and children's developmental checks should not be deprioritised. Finally, as part of post-pandemic provision, in-person antenatal and post-natal care and consistent early years provision remain vital services which must be acknowledged by policy makers.

Acknowledgements

We would like to thank all the parents for the insights they gave to the BICYCLE team.

If the issues raised in this article affect you personally, please consider speaking with your GP, health visitor, school nurse or your child's teacher, as appropriate. If you are a healthcare worker you can also get support from NHS England, by visiting: NHS England » Support available for our NHS people
Games to support children's language and communication can be found at: BBC Tiny Happy People

Introduction

Lockdown and associated restrictions during the Covid-19 pandemic had a negative impact on many aspects of our lives that went far beyond the obvious primary impacts of serious illness or death (Ioannidis, 2020). In the UK, some groups were disproportionately affected. For example, Black people and those of other minoritised ethnicities were at greater risk of death owing to complex factors including overcrowded housing and poor access to health services (Mamluk & Jones, 2020). The elderly also experienced difficulties accessing services, along with sleep disturbances and a reduction of physical activity (Lebrasseur et al., 2021), and those with long-term conditions had an increased risk of death owing to their comorbidities (Adab, Haroon, O'Hara, & Jordan, 2022). People with intellectual disabilities experienced heightened anxiety and struggled to navigate remote consultations (Hughes & Anderson, 2022). For those with socioeconomic disadvantage, the pandemic amplified existing structural inequalities in income and poverty and socioeconomic inequalities in education and skills (*The COVID decade: Understanding the long-term societal impacts of COVID-19*, 2021). Pregnant women may not have been vaccinated owing to their continued exclusion from much of the pre-approval drug development process (Abbas-Hanif, Modi, & Majeed, 2022). Schooling arrangements were changed (Stone, Witzig, & McIntosh, 2022), GCSE and A level examinations were cancelled (McCluskey et al., 2021) and university teaching became remote (McGivern & Shepherd, 2022). The pandemic restrictions were found to have deleterious effects on adolescent mental health (Stone et al., 2022). Evidence also suggests parents experienced strain (Shum et al., 2023): large-scale longitudinal survey data indicated higher rates of stress and depression than usual among parents during restrictions. Those with primary school aged children, parents who worked from home and those with other adults in the home were particularly affected.

Disruption to early years education interrupted preschoolers' language and cognitive development (Sato, Fukai, Fujisawa, & Nakamuro, 2023). Children, particularly those from disadvantaged backgrounds, who were still able to attend centre-based care during the pandemic showed more growth in these skills than children unable to attend (Davies et al., 2021; Davies et al., 2023) Lockdowns appear to have exacerbated socioeconomic status-related inequities in parents' capacity to engage in enriching activities with their children (Hendry et al., 2022). Associations between parental health and child behaviour are also apparent: parents experienced higher than expected levels of mental distress during the pandemic, and parents who experienced sustained mental distress during the pandemic tended to report that their child showed more externalising and internalising problems, and greater difficulties with attention, regulation and thinking skills (Hendry, Gibson, Davies, McGillion, & Gonzalez-Gomez, 2023).

The longer-term impacts on infants born during restrictions, a group of children which will now be approaching school age, are not yet known, though findings from a recent School And Public Health Nursing Association (SAPHNA) survey (2024) found that some were not 'school ready,' for example unable to independently use the toilet. There is also some evidence regarding how pregnancy, birth, and postnatal care were experienced by those who became parents during the pandemic restrictions. Emerging findings from an online qualitative survey of 303 parents (Blakey, in press) indicated conflicting and negative feelings, such as grief related to missing key communal milestones, and concern that they were given inadequate and inconsistent advice. Parents also reported some 'silver linings' such as increased time and space for family bonding and using digital technology to connect with their wider networks.

It is therefore important to explore parents' retrospective reflections on this time in more depth and examine in detail the longer-term impacts of Covid-19 lockdown restrictions on families. These impacts were evidenced by 'No-one wants to see my baby' (Best Beginnings, 2021) the follow up paper to the Parent-Infant Foundation report 'Babies in Lockdown: Listening to parents to build back better' (Best Beginnings, 2020). In their recent update, the authors reported the continued existence of a "baby blind spot": an ongoing shortage of funding for voluntary sector and core services like health visiting. Families said their continuing struggles to access universal health care left them feeling alone and let down.

The current study

The scoping Patient and Public Involvement and Engagement (PPIE) interviews reported here began as preparatory work for a larger study [name redacted for review] investigating children's later outcomes following the pandemic lockdowns. We aimed to test the suitability of the proposed interview topic guide (Box 1) in a small number of interviews and to gain insights from parents on both the aims of the wider study and their own pandemic experiences. Parents who had children before or after the restrictions were asked to contrast their experiences with those children and their child/ren born during restrictions. We received an unexpectedly high number of responses to the call for interviews and concluded this was indicative of powerful parent experiences and that a deeper qualitative analysis was warranted to explore these experiences fully.

Specifically, our key research questions were:

1) What are parents' reported experiences of pregnancy, birth and parenting during the pandemic restrictions?

2) How did parents perceive the pandemic restrictions to have affected the early development of their child?

Materials and Methods

Study design: The study followed a retrospective qualitative interview design. The interview topic guide was designed by the first author and agreed upon by the author team (Box 1). Qualitative in-depth, semi-structured interviews were conducted online with parents; these were video/audio recorded with permission.

Recruitment: Recruitment took place via email or an in-person conversation among our existing PPIE contacts and other peers. This was a convenience sample, however as far as possible recruitment was also guided by purposive sampling to ensure that we gathered views from people with a range of genders, sexual orientations, birth/adoptive status, geographic areas including rural/urban families and North/South England. However, because some of these families had been involved in research relating to preterm birth, a higher-than-average proportion of families experiencing early births were included. Partners were also encouraged to be interviewed, either alongside participants or separately according to their preference. Participants were invited to tell their peers about the study and extend the invitation to be interviewed to those who were pregnant, gave birth or parented a young child during pandemic restrictions.

Inclusion and exclusion criteria: Participants were eligible to participate if they or their partner were pregnant, gave birth or parented a young child during the pandemic restrictions. Fathers were encouraged to contribute. The only exclusion criteria were not

speaking sufficient English to participate in an interview and residing outside England at the time of the restrictions, as guidelines differed in other parts of the UK.

Setting and procedures: Interviews were mostly conducted remotely using the Zoom software platform in July – November 2023; all were conducted by the first author, who is a postdoctoral qualitative researcher with extensive experience in this field. One participant met with the first author in person, and one responded to questions in writing. Three couples were interviewed together; the other interviews were one-to-one. Interviews took around 30 to 60 minutes to complete.

Participants were contacted via email or approached in person to schedule a mutually convenient interview time. The scope and purpose of the wider study was explained to all participants at the beginning of the interview. As this was PPIE activity, ethical approval was not required for participation. However, for publication purposes, especially concerning the use of direct quotes, the analysis and reporting of data were granted ethical approval by the [redacted for review] committee at [redacted] University [ethics reference redacted for review]. Participants consented verbally to being audio or video recorded (according to their preference). They also signed consent forms/emailed explicit permission if they agreed to their anonymised verbatim quotes to be used. Each interview was completed in one session and took around one hour to complete.

Topic guide: The topic guide was developed based on emerging literature, and to reflect themes that the wider study planned to investigate. As shown in Box 1, there were five broad concepts. Parents were asked to reflect retrospectively on their or their partner's pregnancy/pregnancies; birth(s); effects of lockdown on individuals, their partner; and their child/ren – both during the restrictions and subsequently.

Analysis: Data were analysed using Framework Analysis (Ritchie & Lewis, 2003), a matrix-based type of thematic analysis. Interviews were transcribed in full using Zoom software, negating the need for field notes. Transcripts were then manually anonymised and checked for accuracy by the first author. Initial themes and concepts were identified. Using a descriptive phenomenology approach (Matua & Van der Wal, 2014) these concepts were then used to construct a thematic index and assign an index label to each phrase or passage of the transcripts. The labelled raw data were summarized and synthesized into thematic charts. This matrix-based method facilitates systematic exploration of the range of views, both between and within cases, to produce both descriptive and explanatory accounts of the data. The matrix format also promotes sharing data in a multidisciplinary team and is regarded as being particularly suitable for interview data (Gale, Heath, Cameron, Rashid, & Redwood, 2013). Two of the co-authors (EVB and EP), who also became parents during the restrictions or in their immediate aftermath, took part in interviews for this study. Data were organized and analysed using NVivo v.12 (QSR International). Three uncoded interviews (17.5%) were reviewed by an independent rater for reliability. As this is a small and - owing to their unique characteristics and circumstances - potentially identifiable sample of participants, we have chosen not to attribute quotes to pseudonymised individuals in the reporting that follows.

Reporting: Qualitative data are reported here in accordance with Consolidated criteria for reporting qualitative research (COREQ) guidance (Tong et al, 2007).

Results

Seventeen parents agreed to be interviewed; 14 were women, three men. The sample included a gay (female) couple, an adoptive mother, and three of the parents of two sets of

twins. Most of the sample were white (n=14); there were three Asian participants. Seven babies were born preterm, eight were full-term; their family position ranged from firstborn to third child. Full participant characteristics are shown in Table 1.

The interview topic guide was found to cover all of the aspects of pandemic restrictions that parents felt should be discussed and no major changes were required. Three overarching themes were identified: navigating antenatal and postnatal care alone; difficult decisions when caring for an infant and the long shadow on the family. Within these overarching themes, there were eight subthemes: pregnancy, birth, postnatal care for mothers and babies, maternity and paternity leave, domestic and employment changes, thoughts on the impact on their child, impact on partnerships and family relationships, and residual effects after the lifting of restrictions. In the inter-rater reliability testing there was >95% agreement on the appropriateness of the themes and subthemes. Minor discrepancies were reviewed and resolved.

Navigating antenatal and postnatal care alone

Pregnancy

Participants described a range of disruptions to their pregnancies as a result of the restrictions. The major issue was attending scans unaccompanied and the anxieties this caused for both partners. For example, one couple conceived an unplanned third child during the lockdown and gave birth when restrictions were coming to an end; the father was not permitted to attend any of the mother's scans or tests, which, owing to her high-risk pregnancy, were frequent and extensive. This meant that he was unable to raise any of his own concerns with the clinical team. Another mother said although her husband was not

Participant	Sex	Sexual orientation (Straight/ gay)	Ethnicity (White/ Asian)	Family position of child	Sex of child	Birth status (Term/ preterm)	Further details
1	F	S	Asian	3	M	T	Family had older twin daughters, born preterm
2 (partner of 1)	M	S	Asian				
3	F	S	Asian	2	F	P	
4	F	S	White	2 & 3	M,M	P, P	Family had older daughter born preterm
5	F	S	White	1	F	P	
6	F	S	White	1	M	P	
7	F	S	White	1	M	T	
8	F	S	White	1 & 2	F, F	P, T	
9	F	S	White	1	M	T	Son was adopted
10	F	S	White	1	F	T	
11	F	S	White	2		T	
12	F	S	White	1	F	T	Neonatal doctor
13 (partner of 12)	M	S	White				
14	F	G	White	1	F	T	Neonatal doctor
15 (partner of 14)	F	G	White				
16	M	S	White				

17 (partner of 16)	F	S	White	1	M	P	

Table 1: Participant characteristics

allowed to attend her scan, she was grateful to have permission to take a video of the procedure to show to him afterwards. One said their husband was allowed in the waiting room but not the ultrasound suite, expressing frustration at what she perceived to be inconsistent and illogical rules, particularly as there was a medical trainee present for the scan. She pointed out that this person's presence posed much more of an infection threat to her than someone with whom she already shared a household. An expectant mother of twins had weekly scans alone, fearful that each was the one at which she would be told she would have to deliver early; this eventually came to pass at the fourth scan.

Birth

Birth experiences for couples were very varied. One father was instructed to wait outside the building until his wife was about to deliver, leaving her to labour alone:

> *"I had to just park up at the hospital and leave her. It was about 11 in the evening. I remember vividly … there was a car either side of me with another two expecting dads and we just all rolled down our windows and were just listening to the radio … just waiting for that phone call."*

Another mother had a similar experience, and as she then progressed very rapidly her husband missed the birth. She added that labour was when she needed him present in any case, as she had been in a great deal of discomfort and was forced to hobble to the nurses' station to ask for pain relief. Others' partners were allowed into the delivery room but then not permitted to leave for refreshments or fresh air; they were

advised that if they did so they would not be able to re-enter. After she had delivered her twins by Caesarean section, one mother reported her husband was allowed to stay with her in the recovery room, but not to accompany her to the postnatal ward. There was a general sense among this group of participants that rules pertaining to both pregnancy and birth felt arcane and piecemeal to them. However, a subgroup of participants said their partners were present throughout labour and delivery, owing either to their hospital's policy or the stage restrictions had reached by the time they gave birth.

Postnatal care for mothers and babies

The parent of twins who needed neonatal care had delivered them when the rules were one visitor per patient. Despite them having two children on the unit, she and her partner were not allowed to visit together, nor were they able to swap over during the same visit, even though their sons were in the same room and no other babies were present. This was distressing for them and meant a great deal of repeating information for the clinical team. The couple were also infuriated that they were made to sit outside in a waiting room in turn, where the infection risk was undoubtedly higher. The parents of another preterm infant had more positive reflections on their experience; they were pleased that grandparents and other visitors were not allowed onto the already busy and stressful neonatal unit. Their child was in a hospital on the other side of their city, and travelling to see him daily was made easier because of the lack of heavy traffic.

One parent of an unexpectedly preterm infant was told her placenta would be tested to determine the cause of her early delivery but was never given the results; she presumed this was because of pandemic disruption. She had already decided not to have subsequent

children but said had this not been the case she would have been deterred from trying to become pregnant again because of this lack of resolution.

Many said postnatal checks were done remotely, and they had to weigh their own babies rather than going to a clinic or receiving a health visitor. One mother even reported that their baby's physiotherapy was initially done by her, with a clinician giving instructions via Zoom. Another mother said she had purchased some scales and organised an impromptu weighing clinic for her peers; she was a medical doctor and when they all began weaning their babies she gave them first aid lessons because they were concerned about their children choking. She also paid to attend a postnatal support group online but acknowledged that this would not be financially viable for many. She pointed out that while all these initiatives harnessed the solidarity and community spirit that prevailed during the restrictions, they were far from preferable to standard care. Again, owing to the stage restrictions had reached at the time, for some participants postnatal care was more comprehensive.

Difficult decisions when caring for an infant

Maternity and paternity leave

A participant who had her first child at the beginning of the first lockdown told us:

> *"I joined the petition asking for three extra months of maternity leave. For me … there's a range of emotions, but one massive thing was definitely a loss of maternity [leave]."*

This mother had had a traumatic birth and was still recovering from blood loss while her keyworker partner worked shifts; she had to care for her infant alone, while recovering. One

father continued to work from home during his daughter's infancy as the pandemic had made his employment sector extremely busy. He told us this had a detrimental impact on his partnership, though he had liked elements of it:

> *"I really enjoyed being able to see more of [my daughter]. However, being constantly at home meant very little work-life separation and frustration on both sides with regards to the amount of help I was providing with the baby. Given I was at home, why couldn't I lend more of a hand?"*

He planned to take an extended period of paternity leave after the recent birth of his second child.

Domestic and employment changes

Some participants found a means of maintaining contact with their extended families by taking up offers of informal childcare or creating a support bubble with them when that was permitted. Two families moved in with maternal grandparents during the lockdown, for company and support, though this also brought disadvantages such as cramped living and lack of privacy.

Participants also experienced changes in their employment. For example, one mother told us her husband left his job because they were so worried about infection; his role had involved regularly visiting different civic buildings and mixing with large swathes of the public. Another husband had been self-employed and lost many work opportunities when the first lockdown began, so was at home for the first eight weeks of their baby's life. However, this was not a positive experience for the couple as the husband's mental health was suffering and his wife felt he was "forced" to be at home. One mother changed careers

when restrictions were lifted, having been made redundant, then returning to the same profession and finding her perspective on her job had changed. This was partly because it was client facing, requiring mask and visor wearing, and she also grew tired of clients' conversations persistently returning to pandemic experiences. She now worked in a role she could do partly from home, in a different sector.

The long shadow on the family

Thoughts on the impact on their child

Parents reported a range of impacts of the restrictions on their child. Some felt their child was unaffected, reasoning that very young children had never known different circumstances and could not have grasped how unusual these were; these parents felt adverse impacts were more keenly felt by older children, parents and families. Indeed, the adoptive mother said the restrictions were beneficial to her family, explaining that their son had experienced a lot of upheaval in his short life, and they wanted to bond and make him feel secure with them before introducing other people. She added that he had grown into a supremely confident child; he started nursery earlier than planned because of the restrictions, as his parents felt he needed the opportunities for social interaction this would offer, and despite her not being allowed in to settle him he adapted very well. However, other participants found it very difficult to hand over their child on the nursery doorstep, particularly if they had never been inside the setting themselves.

Some parents reported their child being "shy" or "clingy" when restrictions were lifted or being "better with adults than with other children." Conversely, others were said to be "chatty" or "keen to talk to anyone" and this was attributed to their child having grown bored of only their parents for company. None had concerns about language and cognition

besides the expected delays owing to their child's preterm birth that were relevant to some participants, and most parents felt the impact of restrictions was felt more by older members of the family (including older siblings) than by their child born during them, including the potential effects of schooling, work and socialisation restrictions. Nevertheless, some parents noted that their own mental and/or physical distress was likely to have impaired their ability to parent as effectively as they would like, and worried that this might have longer term implications for their child. For example, one explained they felt they may have initially bonded more securely with their infant child if their keyworker partner could have been present to relieve her fatigue and speed up her recovery from a difficult birth.

Impact on partnership and extended family relationships

Pandemic restrictions had ramifications for the broader family unit. The mother of preterm twins told us:

> *"We were in a very difficult position, we were splitting our time three ways … between home and hospital, between each other going on the unit, we couldn't leave [our older daughter] with my mum and dad all day … it literally felt like our family was completely torn apart."*

One mother who had her first child during restrictions felt that they had seriously affected her relationship with her partner in a negative way. She told us:

> *"He'd complain that he'd been at work all day, I'd complain: 'Well at least you got out and socialised' … we get on better with some distance and we weren't distant at all and we just got on each other's nerves. [The relationship] was ending … we weren't happy."*

Their situation improved when restrictions were ended, and they went on to have a second child.

The impact of the restrictions extended beyond the immediate family; one participant told us that her mother became a grandparent twice during that time, and was unable to meet her grandchildren, or provide any support to her daughters, for many months. However, some participants experienced the enforced isolation as an opportunity to "nest" and were relieved not to have to receive and "entertain" visitors.

Residual effects after the lifting of restrictions

For these participants, some aspects of life remained changed beyond the relaxation of restrictions. In one family, the older sister did not return to school when restrictions were lifted and was homeschooled until the following year, as her brother had a chronic lung condition; the family self-isolated, in a bubble with their maternal grandparents, for two years. The same family had also removed their daughter from school before the first lockdown, saying:

> *"We were terrified: I was pregnant and my dad was high-risk, I was high-risk. We had an agreement with the school."*

Another mother had developed postnatal obsessive-compulsive disorder and said she could "literally visualise the germs crawling on everything." She did not take her son to a park until he was two years old, saying she knew this was irrational but that at the time she could not escape the thought that if they caught Covid they would "go downhill." She also described bursting into tears of panic at the supermarket and having to leave without her shopping.

Post restrictions, some parents observed that their child's play involved elements of the guidelines, for example stopping to put on an imaginary mask before entering shops or pretending to sanitise their hands under a tap. More widely, they reported that many free drop-in parent and baby/toddler spaces did not reopen after the restrictions, and some that did reopen began limiting numbers or charging fees. This was not conducive to spontaneous activities, as it meant committing to plans which then frequently changed if their child was unwell or fussy. It also limited the opportunities for meeting new parent peers. In toddler groups, children had to stay on their own mat, which was difficult to enforce once they had learned to crawl, and at a music group one parent was told to provide her own musical instrument for her child. She pointed out that this made her feel she may as well stay at home because her child could simply play with it there.

Finally, one mother who was also an allied health professional said that many children did not receive their one- and two-year health checks because of the backlog created by the restrictions; this was regarded as worrying as any developmental concerns would often be detected by the checks.

Discussion

The interview data were interpreted within three overarching themes with a total of eight subthemes. These were: navigating antenatal and postnatal care alone (pregnancy, birth, postnatal care for mothers and infants); difficult decisions when caring for an infant (maternity and paternity leave, domestic and employment changes); the long shadow on the family (thoughts on the impact of their child, impact on partnerships and family relationships, and residual effects after the lifting of restrictions). As in Blakely et al.'s findings (Blakey, in press) some silver linings could be gleaned from their experiences for a

minority of participants, and many showed resilience and a stoic approach. However, their experiences of pregnancy, birth and parenting during the restrictions were, as a whole, overwhelmingly negative. These findings were echoed by Aydin et al (2022) who reported that one quarter of their 477 survey respondents had experienced COVID-related changes to their birth plan, including limited birthing options and reduced feelings of control, difficulties accessing pain-relief and assistance, and feelings of distress and anxiety. They are also reflected by Gray and Barnett (2022), whose qualitative interviews found that the pandemic was detrimental to the normal transition to motherhood. Finally, Viaux et al (2020) suggested that the lack of face-to-face management from healthcare staff and reduced contact with the wider family unit placed mothers in a situation of greater psychological vulnerability and heightened the risk of postpartum depression and of disrupted mother-infant bonding.

Many of the parents in the current study felt their partnerships and their mental health had deteriorated during that period, at least for a spell. Declines in relationship quality (Charvat, Ogan, Kanter, Kale Monk, & Proulx, 2023) during the pandemic have also been reported in the literature for the general population, particularly among younger adults, a group to which many of our participants belonged. Given the raised levels of stress and depression during restrictions among those who parented older children and were therefore not 'new' parents (Shum et al., 2023), it is not surprising that this would also be the case for individuals experiencing the major milestone of having a child. Some of the participants continued to feel mental health ramifications of the restriction period, and feared their children would be affected by this. The evidence so far suggests that these concerns may be well-founded (Hendry et al., 2023) and highlights the importance of supporting parents' mental health in their child's formative years. New parents also described impacts which

had rippled out from their immediate family to both extended relatives and friends, including limited opportunities to meet other new parent peers. This finding is reflected in the qualitative survey data collected by Blakey et al (in press) in which two of the emerging themes were the sense of 'feeling without a village' and atypical social experiences as a new parent.

Some of the variability in parents' experiences is likely attributable to the fluctuating intensity or relaxedness of the guidance and restrictions throughout the pandemic. Geographical location may also have played a role depending on the levels of local infection and the introduction of the tier system. However, there was also a prevailing sense that hospitals were acting at their own discretion, and adherence was influenced by whether they took a draconian or more flexible approach.

Although the challenges for parents of preterm babies were multifaceted, and not all were attributable to the pandemic, there was no doubt among the PPIE participants we spoke to that the restrictions exacerbated them. Parents of healthy, term infants also found pregnancy, birth, and parenting during restrictions very difficult. None of the participants blamed their clinical team for their experiences, acknowledging that staff were doing their best under extraordinarily difficult circumstances, and they believed the government "high ups" and "the powers that be" were responsible for restrictions which were sometimes felt to be contradictory or arbitrary. A particular case in point was the mother who was distressed that a medical trainee was allowed to be present for her antenatal scan but her husband was excluded. This protocol would have been in place to reduce the rate of infection coming through the hospital, rather than the perceived risk to her as a patient, but

it is noteworthy that this couple did not feel they had received an explanation for this practice, which felt illogical to them.

The Covid-19 pandemic was the first time the UK population has experienced such a widespread and long-lasting set of restrictions on our freedom of movement. Therefore, it is perhaps unsurprising that many parents experienced them as ad hoc, as in the example above, because rules were led by governmental statements in response to rapidly changing and fluctuating circumstances. The importance of keeping hospitals open and with the lowest infection rate possible no doubt compounded the degree to which restrictions were enforced within them, and the deployment of clinical staff for pandemic-related duties meant that these impacts lasted throughout the postnatal period for some parents.

However, some clear lessons could be learned from the parent experiences reported here, both in the unlikely event that the population faces a similar situation in the future, but - more importantly - in how post-pandemic services are delivered.

Recommendations

Firstly, we recommend allowing parents from the same household to experience all aspects of pregnancy, birth and immediate postnatal care as a couple. It is also imperative that every effort should be made to ensure that children do not miss their developmental checks at age one and two years. Besides these benchmark stages of early childhood and parenting, more insidious changes should also be remediated. The findings of this study endorse those cited (Blakey, in press; Davies et al., 2023; Hendry et al., 2022) which highlight the crucial roles of in-person antenatal and postnatal care and of early childhood education and care provision, and we note that the importance of these services is revealed in sharp relief when

they are curtailed. For this reason, we endorse the findings of the British Academy (2021) report and we encourage policy makers to recognise the societal value offered by these services and reinvest in them accordingly. Finally, we wish to underscore the importance of face-to-face contact between healthcare professionals and patients, as described by Bekaert et al (2024), and emphasise that while digital consultations may work well in some instances, a stronger therapeutic relationship is built through in person contact. Trauma informed health and social care practice by professionals (Care Learning, 2024) should also play a pivotal role in services as we move forward from the pandemic.

Strengths

This paper contributes to the growing literature regarding the longer-term, ongoing impacts of pandemic restrictions, and the subsequent changes to post-pandemic health and early years provision, on children, parents and the wider family unit. It will also be of relevance to specific stakeholder groups such as healthcare providers, childcare and education providers, and policy makers.

The sample of participants included diverse family structures, i.e., parents of both preterm and term babies, fathers as well as mothers, those with both firstborn and subsequent children, those with multiple births, an adoptive mother and a gay (female) couple. It is a relatively large sample for a qualitative scoping study, and we have captured a nuanced and detailed picture of the participants' experiences.

Limitations

This was a convenience sample of participants, gathered for expediency to fulfil our scoping exercise for the wider study. There were a higher proportion of preterm births among

participants than in the general population (Bliss, 2024) owing to their involvement in previous PPIE consultations. It is not as ethnically diverse as the UK general population and, as is typical of most convenience samples in developmental research, it is also likely to be skewed towards participants with higher socioeconomic status (Fernald, 2010). In the wider [redacted] study, participants will be purposively sampled to reflect ethnic and socioeconomic diversity in order to capture the full range of experiences and make potential comparisons with those reported here. Nevertheless, the challenges faced by this comparatively advantaged group were serious and wide-ranging, and this is likely to indicate even more difficult experiences in other parts of the population.

Conclusion

Although parents were able to report some positive consequences of the pandemic restrictions, the prevailing experience was one of restricted access to services and missed opportunities for support. These negative elements were felt by extended family networks e.g., grandparents besides couples, and some effects lasted beyond the lifting of the restrictions themselves. Indeed, for some they became permanent changes, for example changing career direction. In the event of a future pandemic, restrictions should accommodate couples from the same household more pragmatically, and children's developmental checks should not be deprioritised. Finally, as part of post-pandemic provision, in-person antenatal and post-natal care and consistent early years provision remain vital services which must be acknowledged by policy makers.

Box 1: Interview topic guide

Your pregnancy

- Scans (with/out partner?)
- Other antenatal checks e.g. midwife contact
- NHS/private care experiences throughout pregnancy, birth and early years
- Were any underlying risks or conditions monitored?

The birth

- Partner present?
- Where?
- ‘Natural’ delivery or other?
- After care e.g. health visitor

You

- Occupation, maternity leave, furlough, key worker, other responsibilities e.g. siblings, carer
- How did you find lockdown? Positives? Negatives? Mental and physical health, pregnancy related or other
- Wider family, bubble, local parents or groups, other friends?

Your partner

- Occupation, parental leave, furlough, keyworker, other responsibilities?
- Your relationship, as a couple and co-parents

Your child

- Post-natal exams e.g. weight, height, breastfeeding
- Language
- Cognition
- Characteristics e.g. shy, eager to mix?
- Do they have siblings? Older/younger? Ages, whether home schooled, differences in their early years?
- Did they go to nursery? Younger than planned?

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Data Access Statement: The data that support the findings of this study are available on request from the corresponding author, BM. The data are not publicly available due to their containing information that could compromise the privacy of participants.