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Mental Health & Parental Concerns during COVID-19: The Experiences of New Mothers Amidst Social Isolation



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ABSTRACT

Background: : The COVID-19 pandemic has resulted in an unprecedented situation for new parents, with public health orders greatly affecting daily life as well as various aspects of parenting and new parent wellbeing.

Objectives: : To understand the impact of the COVID-19 pandemic on mothers/parents across Nova Scotia who are caring for a child 0-12 months of age.

Design: : This study utilized an online qualitative survey to collect data. Feminist poststructuralism and discourse analysis guided the analysis and discussion.

Setting: : Nova Scotia, Canada

Participants: : 68 participants were recruited from across the province of Nova Scotia.

Findings: : Mental health and socialization were both major concerns for new mothers/parents, as many expressed feelings of worry, anxiety, loneliness, isolation, and stress.

Key Conclusions: : Online support was sought by many new mothers/parents as a way of supporting their own mental health. Some found ways to make it meaningful for them, while others believed that it could not replace or offer the same benefits as in-person interaction and support.

Implications for Practice: : Informal and formal support systems are both essential for new mothers. As public health systems and health care services learn to adapt to COVID-19, further research is required to examine how health services may best meet the needs of new mothers/parents.

The COVID-19 pandemic has been uniquely experienced by new mothers/parents undergoing an important life transition amidst uncertainty, chaos, and rapid change. For the purpose of this paper, mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (World Health Organization, 2004). Mental health is important throughout the lifespan, though there exist specific mental health risks, as well as changes, that are associated with the postpartum period (Miller, 2002; Stewart and Vigod, 2016). In particular, isolation, hormonal alterations, pre-pregnancy depression or anxiety,

and demands of caring for a newborn can contribute to poor mental health (Howard et al., 2014).

To address mental health, mothers/parents have historically sought out social connections to cope with postpartum stress and feel more confident about their ability to care for their newborns (Darvill et al., 2010; Forster et al., 2008; Simkin, 1991, 1992; Teeffelen et al., 2011; Weiss and Lokken, 2009). Worldwide, as much as 85% of new mothers experience some type of mood disturbance during the postpartum period (World Health Organization, 2020). Postpartum depression is experienced by 6.5-12.9% of women globally, depending on the context (Howard et al., 2014; Munk-Olsen et al., 2006; O'hara and Swain, 1996).

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However, there is no published literature examining the prevalence of postpartum depression or anxiety during the COVID-19 pandemic. Despite this, it is important to consider that the COVID-19 pandemic presented a very unique circumstance and context given that there were many changes to daily life, socialization, and health service delivery in Nova Scotia. Postpartum depression not only affects new mothers, but fathers/co-parents and children as well (Letourneau et al., 2012). In essence, parenting can be challenging even at the best of times, and good mental health is important for ensuring positive short- and long-term health outcomes for both the new mother/parent and the baby, which includes the child's cognitive, motor, and language development (Brockington, 2004; Field, 2010; Netsi et al., 2018; Smith-Nielsen et al., 2016). Given the unique context, environment, and changes associated with the pandemic, there exist many stressors that have increased the likelihood of poor mental health after birth (Suzuki, 2020; Zanardo et al., 2020). Stressors during the pandemic may include quarantine or requirements to stay at home, as well as concerns about the risk of exposure to COVID-19 (Zanardo et al., 2020). The uniqueness of these added stressors, compounded by the reduction of usual mental health supports, is cause for concern and must therefore be further investigated.

Background

The World Health Organization (WHO) has declared that postpartum services and supports need to be accessible to all mothers and newborns (WHO, 2013). It is critical that all mothers, newborns and children have access to postpartum services and support to ensure physical, emotional and social well-being of the mother/parent and baby during the postpartum period (Sword, Watt, & Krueger, 2006). Social networking has also been found to be a critical part of the postpartum period for parents as it contributes to increased confidence and positive health outcomes (Aston et al., 2016; Price et al., 2017). Opportunities for face to face postpartum care and support have been significantly altered due to the COVID-19 pandemic. Services previously available include clinic or home visits with midwives, public health nurses, physicians, family, friends, family resource centres, and drop-in centres (Teeffelen et al., 2011; Hudson et al., 2008; Leahy-Warren et al., 2011; Negron et al., 2013). Even in non-pandemic times, parents have turned to public and private online forums including chat spaces created by mothers themselves (Aston et al., 2010; Haroon et al., 2013; Kersten-Alvarez et al., 2010; Nievar et al., 2010; Sadler et al., 2007). Now more than ever, online platforms have seen an increase in use by new parents (Price et al., 2018). A reduction in in-person health care services has been evident, with many individuals participating in telephone and video conferencing with health care providers due to the ongoing pandemic (Ortega et al., 2020). During the first wave, home visits by public health nurses were also significantly reduced and home births with midwives were suspended in Nova Scotia (Nova Scotia Health Authority, 2020) due to public health orders. It is unclear how these changes impacted new mothers/parents.

Health outcomes for new mothers/parents during the postpartum period predominantly focus on physical health with less attention on mental health, though both are interconnected and have been negatively affected by the pandemic (Davenport, Meyer, Meah, Strynadka, & Khurana, 2020). Mental health outcomes include a focus on confidence, stress, anxiety, and feeling normal, as evidenced in findings from previous research (Aston et al., 2016). Mental health is often socially and institutionally constructed to be less important than physical health, with relational and emotional aspects being devalued and de-emphasized (BC Healthy Connections 2020; BC Healthy Start Initiative, 2020; Aston et al., 2016). Yet, peer and social supports have been found to be essential in the postpartum period to improve maternal mental health (Dennis, 2010; Kaunonen et al., 2012; Tammentie et al., 2013; Youens et al., 2014).

The purpose of this study was to gain an in-depth understanding of parenting experiences in Nova Scotia during the first wave of the

COVID-19 pandemic (March-June 2020). In particular, we examined how attendance to the public health orders during the COVID-19 pandemic impacted the way new mothers/parents attended to their needs related to the social, emotional, and mental health for themselves and their babies.

Methods

Design

This study used a qualitative approach guided by feminist post-structuralism (FPS) throughout both data collection and analysis. This methodology was selected as it provides a way to understand how experiences are personally, socially, and institutionally constructed through different subject positions including gender, race, ethnicity, sexual orientation, class, socio-economic status, culture, or (dis)ability. In order to elicit participant narratives during the time of the COVID-19 public health emergency, we employed an online questionnaire of open-ended questions to collect the data, which was available through our research website: mumsns.ca. Recruitment was achieved through posting on various social media websites, including Twitter and Facebook. Demographic data was collected to screen for eligibility.

Setting & Sample

Using a convenience sampling strategy, new parents from across the province of Nova Scotia, in Canada, were invited to participate in this study using an online survey. Twitter, Facebook, and Instagram were used for recruitment and within 4 weeks (May-June 2020), we gathered responses from 68 new parents. This included all who were caretakers of a newborn 0-12 months of age, including but not limited to mothers, fathers, grandparents, and guardians. Although we were hoping to include a variety of caretakers in this study, all individuals who participated identified as mothers. The sample was homogeneous in the sense that the participants were primarily Caucasian (96.6%) and identified as being heterosexual (93.3%). Most of the participants were between 25-35 years of age (64.7%), living with their partner (92.6%), and currently living in an urban setting (77.9%). Over half (51.5%) of the participants did not have another child and all participants birthed their baby either vaginally or via Caesarean section (i.e., there were no adoptive parents in our sample).

Data Collection

The online survey was comprised of three main open-ended questions, which included asking new mothers/parents to describe how the COVID-19 pandemic impacted their parenting experiences, including any specific challenges or changes they may have experienced, and how they sought information. There were no field limits attached to the survey so participants could share as much or as little as they wanted.

Data Analysis

In paralleling the principles of feminist poststructuralism, data was collaboratively analyzed by a group of seven research team members using feminist poststructuralist discourse analysis (FPDA). Discourse analysis (Foucault, 1983; Scott, 1992; Aston, 2016) focuses on the social and institutional construction of meaning by examining the personal experiences of participants related to a particular phenomenon. Starting with beliefs, values and practices provides evidence as to how people negotiate their experiences through relations of power (Foucault, 1983; Scott, 1992; Aston, 2016). Other concepts used with FPS and discourse analysis include language, meaning, subjectivity, and agency. Subjectivity is understood as how people position themselves socially and in relation to others, such as a mother, father, or teacher. The concept of agency recognizes that all people have the potential to use power as they

negotiate their lives in ways that respond to and work through different social and institutional discourses in relations to others (Foucault, 1983; Scott, 1992; Aston, 2016).

Ethical Considerations

This study received approval from the IWK Health Centre's Research Ethics Board (#1025663). Before beginning the survey, potential participants had to confirm that they had read the consent form posted on the website and that by completing and submitting the qualitative survey they were consenting to have their words used in our research study and be published in reports and presentations. Included in the consent form was a statement that while there were no anticipated concerns for potential harm, if participants became upset while writing about their experiences, we suggested they speak with a health care provider with whom they were comfortable.

Results

Mental Health

A common theme across the participants was that mental health concerns and considerations were at the forefront of their postpartum experience during the first wave/phase of the COVID-19 pandemic. While many participants spoke about positive moments with their babies and families, their experiences with their own mental health were overwhelmingly negative. Several participants described feeling depressed, abandoned, lost, drained, irritable, sad, angry, and anxious. One participant referred to the accumulating nature of stressors – that is, related to being a new parent in general and also in navigating a pandemic, stating, “Anxiety also plays a big part in this difficult time. As a new mom you are already so nervous, so adding a pandemic to that pile of anxiety and worry” (Participant #2). The majority of participants stated that their mental health had been negatively impacted for a variety of reasons including loss of socialization, mourning of the parental leave they had imagined, feeling isolated from loved ones, the effects of compounded stressors, or an exacerbation of underlying mental health issues. For example, one participant stated,

My mental health is okay but not great, everyday feels like a struggle, my postpartum anxiety has come back full blown. I would also say that knowing everyone in my life has others that they have seen either through breaking the rules or from being an essential services employee is not helping. Neither is hearing that it might be 2 years before we can see our families again (Participant #13).

The participant felt that her anxiety returned due to the requirement to stay at home and follow public health orders, as well as her feelings of uncertainty in terms of how long the public health orders would last. What is interesting to note from our study is that while mental health issues were expected in general, mothers also spoke about their concern of an increased risk for mental health issues to occur because of public health orders created by COVID-19. Health discourses do focus on postpartum depression, as evidenced by a plethora of research (Yim, Tanner Stapleton, Guardino, Hahn-Holbrook, & Dunkel Schetter, 2015) and tools for assessment (Ukatu, Clare, & Brulja, 2018); however, the urgency and meaning of postpartum mental health during a pandemic was not perceived by the participants as being adequately addressed by the government or provincial health services. Mothers felt abandoned and finding help or support for their mental health was a significant concern for participants in our study. Mothers told us they were forced to search for and navigate formal support for their own mental health in ways completely unprecedented.

“I couldn't really explain how mentally/emotionally exhausted I was”. The majority of mothers spoke about how some of the health care or community organizations offered alternatives such as telephone

support or information posted on websites. That being considered, participants told us that in-person health visits for essential health services were not always enough even if they were possible during the first wave of the pandemic. This left mothers/parents feeling alone, abandoned, and helpless- and those feelings of isolation were incredibly impactful. One participant described feeling extremely nervous and anxious, saying it was “almost enough to put you in a padded cell”. This quote represents the experiences of many mothers in our study who expressed having mental health issues. Emotional strain influenced mental health, evidenced by statements such as feeling “emotionally empty with nothing more to give” (Participant #4) and “there were days full of tears” (Participant #45). Mothers understood their mental health through subjective knowing. They recognized how they were feeling and acting and could name their experience as a mental health condition; however, many struggled to contextualize their experience within the unique circumstances related to the pandemic. Many wanted to know if what they were experiencing was normal and in order to do this, they needed to talk with others including health care providers, family, and friends. Understanding the source of one's mental health is the first step to figuring out how to care for one's self. Mothers clearly articulated their belief that they were experiencing mental health issues or were at risk of developing mental health issues based on personal experiences, yet could not find appropriate supports.

Stigma also affected the experiences of mental health by the mothers in our study. Stigma is constructed through societal discourses that perpetuate stereotypical and negative meanings (Ahmedani, 2011). For example, social discourses may include negative beliefs that one should be embarrassed or fearful of postpartum mental illness, thus leading to practices of ignoring or not naming a mental health condition (Bodnar-Deren et al., 2017; Mickelson et al., 2017). In addition, feelings of inadequacy are noted in the literature as negatively influencing postpartum mental health (Johansson et al., 2020), as was evidenced in our data as well: “It was stressful, there were a lot of tears and feelings of inadequacy on my behalf.” (Participant #36). While mental health services do exist, such as including assessments and support from health care providers, they are often prioritized as ‘less important’ than physical conditions and therefore support services are less available and accessible (Krishnamurti et al., 2020).

Feeling left behind: Difficulties accessing information and support. Public health orders during COVID-19 made accessing information and support very difficult for mothers in our study. Many participants said they were concerned that they did not have the right information about how to best care for their baby, including how to safely breastfeed. With unclear information, mixed messaging, and unknown reliability of certain information sources, parents had to make difficult decisions regarding what sources and who to trust when it came to caring for their new baby. The issue of navigating shifting resources is exemplified by one participant, who stated

We had one meeting with public health before they reassigned our nurse to the COVID team and we were dumped. The breastfeeding clinic cut her tongue tie but did a phone follow up instead of in person due to COVID and dumped us even though we were still having feeding issues. (Participant #8)

In this quotation, the language of feeling ‘dumped’ is powerful and illustrates how many mothers in our study believed health care providers should be available to support them during the postpartum period. Being dumped suggests the ending of a significant relationship, a relationship that many mothers trusted as being reliable, consistent, and available. This signifies that mothers value the support of health care providers and believe that the patient-provider relationship is one of importance; without it, mothers may feel forgotten, abandoned, and vulnerable. Those feelings, especially for a new parent, may impede overall health, well-being, and parental confidence, which can have significant impacts on the infant and family as well. Mothers also expressed that they did not always feel supported and recognized by health care providers, which

added to their stress: “I also feel as if moms are being treated as second class citizens as they no longer offer 6 weeks postpartum checkups meaning that we are left to decide if things seem normal or not after giving birth.” (Participant #27). This quote demonstrates the frustration felt by the majority of mothers in our study. Again, feeling left behind and struggling to figure out what is ‘normal’. Figuring out what is normal is stressful and an important part of the postpartum period in non-pandemic times. Having limited access to postpartum services created an extreme situation for many of the mothers in our study.

The complexities of navigating postpartum health information on one’s own was overwhelming for many mothers. Many participants utilized agency to solve their issues and seek out the information they needed, as exemplified in one participant stating, “I had to research and learn myself how to fix my issues - again it has been difficult finding support but proud that I got breastfeeding figured out now! All myself too.” (Participant #21). Another participant also believed the amount of information was overwhelming and difficult to navigate; however, she chose not to engage in information-seeking as it was too stressful. “I don’t remember trying to look because I figured it would be pointless & stressful... just didn’t need the added stress.” (Participant #45). Agency in knowing what they needed (or didn’t) in relation to health information was apparent, though enacted in different ways by different parents.

Some mothers specifically spoke about their fears of COVID-19. They generally sought information from sources they deemed reliable, such as the provincial public health office. That being said, others still felt confused or misinformed about how to care for their baby during the pandemic: “I have become more concerned about the implications for children contacting the virus and the potential long term impacts it may have based on more recent research.” (Participant #61). Due to the lack of information and evolving evidence about how COVID-19 was spread, how it presented in young children and infants, and how it might be treated, parents prioritized keeping their family safe: “I also understand the importance of social distancing and just want to do what’s right to keep my family healthy.” (Participant #44).

Socialization for Mothers

Socialization for mothers was also of concern. Many expressed missing their mom groups, coffee chats, or parent-baby classes, all of which were opportunities they would usually use to connect with other parents to help their mental health and share common experiences, questions, or concerns. While many participants stated that they found online groups, such as new parent groups on Facebook, somewhat helpful, they also said the online platforms did not “make up for the in-person contact” (Participant #26). Making connections with other new parents was important, especially because support systems, such as the baby’s grandparents or other family members, could not help due to pandemic-related restrictions. Connecting with other mothers who are strangers can bring significant support and empathy and is referred to as ‘weak ties’ (Aston et al., 2020). Overall, mothers felt that they were missing out on social connections and commonly described feeling isolated, alone, helpless, like a burden to others, and very exhausted trying to independently manage being a new parent without support from others or the comfort in knowing that others were experiencing similar struggles. One mother stated, “I feel my mental health is suffering because of missing connection with other first time moms” (Participant #8), indicating the importance of shared experiences, mutual empathy, and an understanding source to share issues with (Aston et al., 2020).

The importance of socialization for mothers is often overlooked and not recognized as a vital part of the postpartum period. However, when it is associated with improving mental health, building confidence and ensuring self-efficacy, socialization becomes vitally important (Elliott, 2007; Siciliano, 2016). Socialization was difficult to achieve during COVID-19 due to the mandated public health orders. Although health care providers and parents would agree that socialization is im-

portant, according to the mothers in our study they were feeling that their needs for socialization to help their mental health were not taken seriously. The social construction of mothering often perpetuates a predominant belief that new mothers should naturally experience happiness and be content to stay home with their newborn baby (Johnston & Swanson, 2006). Dominant social discourses surrounding mothering tend to continue to place value on the nuclear family who may not have support from extended family and new mothers are expected to be ‘super moms’ (Meeussen and Van Laar, 2018; Newman and Henderson, 2014), glorifying a ‘be it all, do it all’ parent when, in reality, such expectations of the ideal parent can be impossible, harmful, and damaging. The effects of a lack of in-person socialization on the mental health of mothers and babies is clearly an important issue.

Mothers believe lack of socialization for baby could be harmful. The majority of mothers were extremely concerned about the lack of opportunities for their baby to socialize with others outside of the immediate household, with particular fear and belief that the lack of social development opportunities may impact their baby’s mental health in the long term. They were troubled about the potential emotional and psychological harms this might have on the development of their babies. Mothers were worried that their baby may have separation anxiety and felt upset and frustrated at the lack of options for their baby to get important socialization time. This is exemplified in the following quote:

Before the state of emergency was declared here we went to lots of play dates and group activities for babies, such as swimming, babies first books, walks in the park. Since the [state of emergency], we have been cut off from other babies and it worries me because this is an important time for parallel play and socialization. (Participant #14)

There are many theories available that explain developmental milestones for babies, and attachment and stranger anxiety are just two examples (Landers and Sullivan, 2012). These are very important psychological aspects of a growing baby’s mental health. The mothers in our study overwhelmingly recognized this as an important aspect of their babies’ development that should not be dismissed. The mothers’ words included “worried”, “pressure”, and “stressed”, therefore demonstrating that they believed their babies’ current and future mental health was a serious matter. Some participants believed that missing socialization milestones may not only negatively affect their babies at present, but may also have a far-reaching influence on their future health and ability to socialize.

Socialization between babies and extended family was also considered to be important for babies’ development. Two participants explained what it meant to them to share their baby with family members.

I am so sad that having spent years trying to have a baby and now that we finally do I can’t share her with anyone.[...] This is my family’s first grandchild so it just breaks my heart they will miss her whole babyhood.” (Participant #9)

My family is missing all of her milestones. [...] I don’t have anyone to share the little joys with like her first taste of a new food or the first time she rolls over. It’s heart breaking. (Participant #53).

Sharing the joy of their newborn was important to parents. Unfortunately, the reality of how the baby was introduced to the family was starkly different from what parents had pictured which in turn increased their concern and anxiety about the best way to socialize their babies.

Extreme isolation. While many parents were creative in making the best of their situation in trying to remain as social as possible, feelings of extreme isolation were a major theme in this study’s findings. Participants described feeling “lost at sea” (Participant #8) with no one to guide them or to help them figure out what was ‘normal’ in their journey of becoming a new parent: “Even in a room full of strangers I felt I could ask for help, and now all help is off the table” (Participant #4). Being unable to share their experiences with friends and family was dif-

ficult and parents felt that part of their experience had been “taken from [them]” in terms of feeling isolated from other new parents, friends or family. One parent described their experience of feeling isolated, stating “I feel everything is harder than it needs to be, and the joy is taken out of so much because I can’t share the experiences with friends and family” (Participant #9). This quote exemplifies the added stress of feeling like parenting was something that they had to navigate alone while emphasizing the importance of supports and the shared challenge, but also joy, of raising a baby. Socialization that was in person meant something different for parents when compared to online platforms or ways of connecting. For some, online connection was useful, but not as enriching as being in person and was viewed as a ‘next best thing’ solution.

Connecting online. Virtual technologies (such as telephone, FaceTime or online platforms) were widely used by new parents to keep in contact with their loved ones and to share as much as possible with them. The importance of memory-making and celebrating the baby’s milestones was well-represented in this study. Having a baby was not only a source of pride and joy for new parents, it was something they very much wanted to share and have others be involved with, despite the ongoing pandemic. Some parents also thought of creative solutions to help promote not only their own mental health and opportunities for socialization, but those of others as well. For example, one mother created an online support group on social media with the purpose of connecting with others. She thought others like herself would also want to be connected, stating “I have not searched for any information but I did start an online support group for other extroverts like myself who are struggling where I post a daily challenge to help keep myself and others motivated” (Participant #53). This specific participant led the group by posting daily challenges that fostered a sense of purpose and increased motivation while still being attainable and easily manageable. This example underscores the importance of the feelings, thoughts, and challenges that were experienced on a daily basis by participants.

During a time when both the present and the future was so uncertain, parents found solutions through their day-to-day activities that included video chatting with grandparents or sending photos to their friend group. In fact, some parents found they were more connected due to the pandemic, with one participant stating, “Friends and family have actually been connecting even more because everyone is home and wants to pass time and keep occupied.” (Participant #7). No matter how small, these actions made a difference for parents given the lack of usual services and resources that would otherwise allow them to connect with others, feel supported, and care for their own mental health. However, the need for virtual connection was very subjective and parents also felt pressure, at times, to maintain a social media presence or virtual connection because it was the only way to involve family and loved ones. One participant was overwhelmed by this, stating “I feel the biggest impact from COVID has been on my parents who text and call constantly and are driving me nuts.” (Participant #8). Virtual connection was important for some, but others found that it only added to their stress and the pressure of being a new parent.

Discussion

Based on the findings of this study, there exist several key implications for health care practice and research related to midwifery, public health, and health promotion, as well as maternal and infant health in general. From a health care delivery lens, it is important for health services and supports to be able to quickly adapt to meet the needs of new parents. The first wave of the COVID-19 pandemic illuminated many gaps in postpartum care that had already been in existence and became more pronounced with the effects of the pandemic. For example, new parents were often left to navigate much of their own health issues or experiences on their own and felt that, whenever support or information was provided, it was centered around the new baby’s wellbeing (Guerra-Reyes et al., 2017). Issues such as postpartum mental health can be difficult to approach or discuss, and are not always prioritized

by parents or health care providers (McCauley, Brown, Ofosu, & van den Broek, 2019). The unique circumstances presented by the pandemic and its effects on family, as well as maternal and newborn health, exemplify the need to prioritize and promote both social and mental health of families during the postpartum period. With Nova Scotia dedicating only 1.8% of its overall health budget to public health (Canadian Institute for Health Information, 2020), the lowest percentage in Canada, this study clearly illustrates the need for enhanced postpartum care in both pandemic and non-pandemic times. It would also be important to compare findings globally with countries that might have more or less of their health budgets dedicated to postpartum care. Findings highlight the incredible importance of having access to a variety of health care services and supports that focus on mental, emotional, and physical health for families inclusive of midwifery, medicine, public health, and community health services.

In reflecting upon the findings of this study, it is crucial that we examine the discourse(s) of postpartum mental health and how mental health is impacted by isolation. When parents experienced isolation as a result of abiding by public health orders, this compounded the issues of invisibility within postpartum mental health. Even when mothers recognized issues or potential harms regarding their mental health, they felt they could not seek adequate supports through public health or social networks. This points to a discourse within public health that shapes postpartum mental health as an ‘inconvenience’ that, in times of strain, can be forgotten or ignored. As has been described in recent research (Aston et al 2020), mothers find it important to give and receive empathy through shared experiences. This study supports recent literature in also emphasizing the importance of ‘weak ties’ (Aston et al., 2020) – that is, connections or resources that are not necessarily within one’s close social circle, but are still viewed by mothers as trustworthy, valuable, and contributive to broader, more diverse lenses on parenting (Granovetter, 1973; Rainie and Wellman, 2012).

Strengths & Limitations

This research provides an important contribution towards understanding new parents’ experiences during the first wave of the COVID-19 pandemic in Nova Scotia, Canada. However, there exist some limitations to this study. This study utilized a self-selected/voluntary sample of participants, some of whom may have been highly motivated to respond given their experiences or perceptions of certain public health orders. The quotes in this study reflect the subjective experiences of participants, though no validated tools used for assessing mental wellbeing were incorporated in this study. Also, the context and situation surrounding COVID-19 in Nova Scotia differed from other provinces in Canada at certain points throughout data collection, thus limiting this study’s generalizability. Strengths of this study include raw data that lends voice to the true, contextual, and unique experiences of new parents in Nova Scotia. Future directions arising from this research include the need to carefully investigate the impacts of the pandemic on present and future parental wellbeing and mental health.

Conclusion

During the first wave of the COVID-19 pandemic, mental health and socialization were two major issues for new parents in Nova Scotia. Parents navigated a changing social and health climate in different ways based on self-identified issues, concerns, strengths, beliefs, and values. For many parents, having a support system remained important to them in both sharing and raising a new baby, though many were forced to shift their interaction with those supports to online platforms. Feelings of isolation, worry, anxiety, and stress were prominent in this study’s findings, and parents relied upon both informal and formal supports and information to help them cope with their unique situation(s) as a new parent.

Credit Author Statement

Statement: MA and SP completed study conceptualization. MA, SP, RO, MS, BB, PJ, DI, and NAN were collaboratively involved in analysis. RO, MA, and SP wrote the initial draft. MA, SP, RO, MS, BB, PJ, DI, and NAN each participated in the review and editing of this paper.

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Declaration of Competing Interest

The authors have no conflicts of interests to declare.

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