Pregnancy during the COVID-19 pandemic: a qualitative examination of ways of coping

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Abstract
The COVID-19 pandemic and related public health restrictions have impacted the mental health and coping strategies of many population groups, including people who are pregnant. Our study sought to explore the ways that pregnant people described coping with stressors associated with the pandemic. N = 5879 pregnant individuals completed the pan-Canadian Pregnancy During the COVID-19 Pandemic Survey between April and December 2020. We used descriptive statistics to quantify sociodemographic characteristics and thematic analysis (Braun & Clarke, 2006, 2019) to analyze n = 3316 open-ended text responses to the question “Can you tell us what things you are doing to cope with the COVID-19 pandemic?” The average age of participants was 32 years (SD = 4.4), with the majority identifying as White (83.6%), female (99.7%), married (61.5%), having completed post-secondary education (90.0%), and working full-time (75.4%). We categorized participant responses into two overarching thematic dimensions: (1) ways of coping and (2) coping challenges. Ways of coping included the following main themes: (1) taking care of oneself, (2) connecting socially, (3) engaging in pandemic-specific coping strategies, (4) keeping busy, (5) taking care of others, (6) creating a sense of normalcy, (7) changing perspectives, and (8) practicing spirituality. Coping challenges included the following: (1) the perception of coping poorly, (2) loss of coping methods, (3) managing frontline or essential work, and (4) worries about the future. Findings highlight important implications for targeted prenatal supports delivered remotely, including opportunities for social support, prenatal care, and mental health strategies.

Keyword Prenatal · COVID-19 · Coping · Qualitative

Prenatal mental health
Pregnancy can be a joyous time in life, while also bringing hormonal, physical, emotional, and lifestyle challenges. Emotional distress, including anxiety and depression, is common in pregnancy and is elevated in pregnant people compared to non-pregnant people of similar ages (Dadi et al. 2020; Dennis et al. 2017; Fairbrother et al. 2016; Fawcett et al. 2020; Leach et al. 2017; Loughnan et al. 2018; Underwood et al. 2016; Zender and Olshansky 2009). Substantially elevated rates of perinatal distress are evident during the COVID-19 pandemic, with estimates of depressive and anxiety symptoms ranging from 40 to 57% and 60 to 81%, respectively (Khoury et al. 2021; Fan et al. 2021; Hessami et al. 2020; Yan et al. 2020). These pandemic-related prenatal symptom exacerbations are concerning for several reasons, including the detrimental impact of untreated mental health
Impact of COVID-19 on prenatal mental health

Though integral to slowing the spread of the virus, pandemic restrictions including physical distancing come with a significant cost for mental health and well-being, both in the short and long term (Brooks et al. 2020). This is problematic for many pregnant people who have experienced changes to important activities such as prenatal support classes and groups, in-person physical and emotional supports from friends and family, access to health-related resources, and medical visitation (Burgess et al. 2021). Additionally, women are disproportionately impacted by restrictions such as school and daycare closures, loss of employment, increased demand for unpaid labor, and increased domestic violence (Boserup et al. 2020; Scott 2020; van der Linden 2020).

Prenatal mental health and coping strategies

With increased stressors and demands being placed on prenatal people throughout the pandemic, in the absence of typical supports, it is important to consider the ways in which they have been coping. Coping refers to “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus and Folkman 1984, p. 141). Seeking and receiving social support to assist with coping is well-known to mitigate the effects of distress experienced during the perinatal period (Ibrahim et al. 2019; Khatri et al. 2019; Rowther et al. 2020). Social support network size, satisfaction with close relationships, and degree of social involvement can all act as buffers against stress and its negative impacts (Goletzke et al. 2017; Taubman-Ben-Ari 2019) and are identified as a key resource to reduce stress during pregnancy (Bloom et al. 2012; Rowther et al. 2020). An important facet of social support is the degree to which one’s preferred type of social support is accessible at the time it is needed most (Leahy-Warren et al. 2018). Seeking social support has been made more complicated due to COVID-19-related restrictions (Cigâran et al. 2021).

A limited number of studies have focused on the ways that pregnant people have been coping with the unprecedented changes associated with the COVID-19 pandemic. One recent study (Khoury et al. 2021) revealed that pregnant people who reported a higher negative impact of COVID-19 were more likely to use negative coping methods, such as denial, self-distraction, and substance use, which in turn was associated with increased risk of clinically significant levels of depressive and anxiety symptoms, and self-reported rates of stress, worry, and sleep difficulties. A subsequent qualitative study (Aydin and Aktaş 2021) reported that pregnant people used various ways of coping, such as focusing on the baby and finding indoor activities to participate in, to overcome their pandemic-related stress.

Method

Participants and recruitment

We used data from the Pregnancy During the COVID-19 Pandemic Survey (Giesbrecht et al. 2021). Initial data collection began on April 5, 2020, with recruitment strategies including social media platforms (Facebook, Instagram) using advertisements that directed potentially eligible participants to the study website (www.pregnancyduringthepandemic.com). Participants were eligible to participate in the study if they were ≥ 17 years of age, ≤ 35 weeks gestation at enrollment, residing in Canada, and able to read and write in English or French. All participants provided informed consent prior to data collection. The current study utilized data from the baseline survey collected before July 8, 2020. The study received research ethics approval through the University of Calgary Conjoint Health Research Ethics Board (REB20-0500), and approval for use of secondary data was obtained from the University of Manitoba Research Ethics Board. We examined the following open-ended text-response item (English responses): “Can you tell us what things you are doing to cope with the COVID-19 pandemic?”.

Measures

Sociodemographic characteristics

Information was collected at baseline regarding sociodemographic variables (e.g., age, income, education).
Depressive symptoms

The Edinburgh Postnatal Depression Scale (EPDS; Cox et al. 1987) was used to measure the frequency and severity of depressive symptoms in the last week. The 10-item self-report scale is summed, with a possible range of 0–30; higher scores indicate greater severity of symptoms (Cox et al. 1987). Clinical cut-off scores of ≥13 are associated with major depressive disorder (Cox et al. 1987). Internal consistency was good in the current study (α = 0.88).

Anxiety symptoms

The Patient-Reported Outcomes Measurement Information System (PROMIS) Anxiety Adult 7-item short form was used to assess general anxiety symptoms (Pilkonis et al. 2011). Raw scores were converted to T-scores using US general population norms as per standard procedure; the possible score range was from 36.3 to 82.7 (M = 50.0, SD = 10.0). T-scores between 60.0 and 69.9 represent moderately elevated anxiety while scores ≥ 70.0 indicate severely elevated anxiety (Cella et al. 2010). Internal consistency was good in the current study (α = 0.88).

Analytic approach

We used descriptive statistics to quantify sociodemographic and mental health-related characteristics. We analyzed open-ended text responses following thematic analysis (Braun and Clarke 2006, 2019) using NVivo Qualitative Research Software to assist with data organization and quantification of representativeness or frequencies of main and sub-themes. Thematic analysis involves six interconnected stages, which the analysts move back and forth between data familiarization, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun and Clarke, 2006). The rigor of our approach was assured by a clear documentation of the coding process and thematic framework development (audit trail), including two qualitative analysts (KR and LP) coding the data and arriving at the thematic framework based on independent initial coding (negotiated validity) and a review of hierarchy charts and maps in NVivo to assess thoroughness and representativeness of themes and sub-themes in the data.

Results

Sample characteristics

Pregnant participants (n = 3316) provided responses to the open-ended text-based question exploring ways of coping with the COVID-19-pandemic and related stressors, leading to a total of 7073 responses within all our themes. A single participant’s response often fits into multiple themes; therefore, all participant numbers (denoted by n) described below reflect the number of total responses rather than the number of participants. Participants were, on average, 32.5 years old (range: 17.9–49.0 years old) and identified as White (83.1%) and female (99.7%). On average, participants had one child (range: 0–6) and were married (76.4%) or cohabitating (20.6%). Most participants had a bachelor’s degree (42.0%), completed trade school or community college (21.3%), or had a master’s degree (20.1%). Most participants were working full-time (75.4%). Nearly 30% of our sample had clinically elevated levels of depressive symptoms (27.8%; EPDS scores ≥ 13), and 51.4% of our sample had clinically elevated rates of anxiety symptoms (PROMIS scores ≥ 60).

Thematic analysis

Thematic analysis revealed two overarching thematic categories: (1) ways of coping and (2) coping challenges, each of which include separate main and sub-themes (see Tables 1 and 2 for a presentation of quotes associated with themes and sub-themes; see Figs. 1 and 2 for frequency-related diagramming of themes and sub-themes). The main and sub-themes within the ways of coping theme include the following: (1) taking care of oneself, (2) social connection (sub-themes: family time, virtual, telephone, and distanced visits), (3) pandemic-specific coping strategies (sub-themes: limiting social contact, managing news, mask wearing, and physical distancing), (4) keeping busy, (5) taking care of others, (6) creating a sense of normalcy, (7) changing perspectives, and (8) practicing spirituality. The main themes within the thematic category of coping challenges include the following: (1) the perception of coping poorly or “not coping,” (2) loss of coping methods, (3) managing pregnancy and frontline or essential work, and (4) worries about the future.

Ways of Coping

Taking care of oneself

The most frequently reported main theme (n = 2390) within the ways of coping category was taking care of oneself. Participants described many important strategies employed to focus on their health and well-being, including accessing supports, spending time outdoors, engaging in self-care, exercising, returning to previously enjoyed hobbies, and practicing self-compassion.

Connecting socially

Social connection was another commonly reported way of coping (n = 1483), with participants noting connecting through...
| Theme                          | Direct quote                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| **Taking care of oneself**    | *I have worked very hard to ensure my athleticism and fitness goals have remained on track. Fitness and rigorous exercise are my work and life therapy. So far, while some days the energy is a battle, I have been able to stick to my regular exercise regimen during this pregnancy.*  <br>  *I reached out to the mental health supports available to physicians. I had a couple telephone visits with a psychiatrist, and I’ve been doing regular video visits with a psychologist. I started exercising. I’ve been learning and practicing mindfulness. I attended a mental health webinar for physicians that was very helpful. I’ve been very proactive.*  <br>  *I’ve been taking things easy. Resting when I feel overwhelmed and not pushing myself too hard mentally or physically.*  <br>  *I’m focusing on myself more. Listening to what my body needs, trying to focus on learning about my baby. It’s been a time for personal growth.* |
| **Connecting socially**        | *I’m focusing on myself more. Listening to what my body needs, trying to focus on learning about my baby. It’s been a time for personal growth.*  <br>  *Ensuring that I keep in touch with friends and family via social media, virtual meetings, and socially distanced visits (e.g., drive-by greetings). Keeping social and maintaining relationships is very important to my mental health.* |
| **Family time**                | *Enjoying the extra time with my dog and my husband, enjoying not having tons of commitments that usually make life busy.*  <br>  *Focusing on my family, enjoying time spent with my daughter.*  <br>  *My 14-month-old really helps me cope with everything that is going on. He brings so much joy and makes me laugh so much! I also have a very loving and supportive husband which makes life easier.* |
| **Virtually**                  | *At the beginning of the pandemic it was important to keep my social connections via FaceTime and zoom to help me cope.*  <br>  *Face-Timing my Mom almost daily, keeping in touch with friends in a group Facebook chat.*  <br>  *Staying in touch with family and friends via phone calls.*  <br>  *Forging new friendships through phone calls.* |
| **Telephone**                  | *Long phone dates with friends. I don’t normally talk on the phone.*  <br>  *Talking to people over the phone more often.*  <br>  *Staying in touch with family and friends via phone calls.*  <br>  *Forging new friendships through phone calls.* |
| **Physically distanced visits**| *My parents passing by our home (but remaining outside and keeping 2 m minimum distance).*  <br>  *I started having socially distanced hangouts when I was not coping well.* |
| **Engaging in pandemic-specific coping strategies** | *We are staying away from people. Friends. Crowded public places.*  <br>  *We are not seeing family or friends, keeping ourselves distanced from them.*  <br>  *I am making sure we stay at home and only go out for essential items. When I do go into a store, I make sure to hand sanitize as much as possible and keep distance from others. The hardest part of this is not being able to see people or visit in person. I used to love shopping but would trade that in for a girl’s night any day.*  <br>  *I’ve cut back on my news consumption as that was triggering more stress and worry.*  <br>  *I am trying to change my social media platforms, so I am more exposed to quality information from verifiable and trusted sources. I’m trying to limit my exposure to sensationalism and/or unqualified opinions on social media.*  <br>  *I was reading the news a lot in the beginning and looking at death toll numbers. I try to only look at the news once a day now.*  <br>  *I am ‘Unplugging’ from the news every now and again when it becomes too much.*  <br>  *At first, the pandemic was very stressful and overwhelming. I did a lot of research to understand some of the details of what was going on. Knowing more information helps me see the big picture and helps to not feel out of control.*  <br>  *I find myself googling a lot about COVID and pregnancy, as not much is known about its effects in the second trimester, especially on baby long term.*  <br>  *I ensure that I wear mask in public places.*  <br>  *Social distancing to promote health.*  <br>  *Keeping physical distance when I am at work.*  <br>  *Physically distancing to help reduce the spread of COVID-19.*  |
Table 1 (continued)

| Theme                  | Direct quote                                                                                                                                 |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| **Keeping busy**       | Distracting myself with art projects                                                                                                         |
|                        | Keeping busy, starting a side hustle                                                                                                          |
|                        | Playing phone games to disconnect from the current situation                                                                                   |
|                        | Escaping by watching tv and too much time on social media                                                                                      |
|                        | Spending lots of time distracting myself with social media and TV shows                                                                        |
|                        | Cleaning and changing my house arrangement just to keep myself busy and keep me from thinking                                                 |
| **Taking care of others** | Feeling my baby’s movements inside of me make me extremely happy and hopeful                                                                     |
|                        | I’m focusing on my children and their happiness during the day                                                                                |
|                        | I’m trying to create a safe and peaceful environment in our household for my family despite feeling anxious sometimes                          |
| **Creating a sense of normalcy** | Ensuring I keep a routine while working from home. This means changing out of my pajamas, working in my living room (not my bed) and eating proper meals. I’ve been doing video calls with friends weekly and seeing my Mom (while socially distancing) for walks outside a few times a week |
|                        | I am trying to keep our lives as close to normal as possible. Making goals, working on projects, spending quality time with close family and friends as much as possible |
| **Changing perspectives** | I am putting things into perspective. It could be much worse, others are really struggling right now or putting themselves on the front line |
|                        | I am changing my perspective to help cope. For example, not being able to take my partner in the ultrasound to see if I had lost the pregnancy. I thought, imagine the people who have had COVID who cannot see their family members |
|                        | I’m practicing gratitude—lots to be thankful for during this time. Working from home due to class suspension for students has allowed me to slow down and not take on too much. This has also allowed me to delve into work-related learning material I wouldn’t have had time to previously—I enjoy learning |
|                        | I’m taking things one day at a time. Just focusing on what I need to do each day of the week with my daughter and partner |
|                        | Just taking it day by day and trying to look forward to brighter days ahead                                                                    |
|                        | Staying calm, keeping things very simple, basic, natural. Taking the time to get back to basic needs, reset habits and routine                   |
|                        | I take one day at a time, accept the uncertainty as the new normal, try and go with the flow more, find ways to reduce stress, find joy in the things we can do |
|                        | I try to not worry about things I have no control over. Having fear of the unknown is detrimental so I choose to live life like always with adaptations to keep me and my family safe |
| **Practicing Spirituality** | Prayerfully, we pray that everything is under God’s control, and our family and our friends will be able to cope well, and stay healthy, stay strong throughout this Covid-19 pandemic. And we pray that this Covid-19 pandemic will be finished |
|                        | I am just praying a lot and talking to God to protect my baby                                                                                 |
Table 2  Qualitative responses—coping challenges

| Theme                                | Direct quote                                                                                                                                 |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| The perception of not coping poorly or “not coping” | Not coping  
I don’t feel that I am coping well. Mostly, I just feel that I’m waiting for things to return to normal. It’s difficult to accept that it will probably be a very long time before any real return to normalcy is possible. By the time that return does happen, I will be taking care of a small child, so my life will also be irreversibly changed by that.  
I’m trying to cope with sadness and loneliness throughout this pregnancy by keeping it to myself almost entirely. COVID-19 has stolen much of the joy of pregnancy for me  
Only leaving my house to go for a walk around the block with my family or play in our backyard has taken a huge toll on my mental health. I often have days where I feel extreme anger coursing through my body, and I have no explanation why. I don’t know if I am going crazy from not being able to get away from my home to even do something as trivial as grocery shopping or if it has to do with pregnancy hormones. I hide my feelings well from my partner and children because I don’t want them to think they have done anything wrong.  
I have no good coping strategies. I feel disconnected from friends, a loss of independence, and nausea and tiredness from pregnancy have meant I’m not working out at all whereas I used to do so 5 days a week. No exercise, no alcohol, no social life, and no sex plus more work stress means I’m coping poorly.  
Loss of coping methods I have placenta previa so not being able to exercise or have intercourse have taken a toll on my emotional state, as I’ve lost my two biggest outlets  
I’m currently on pelvic rest and modified bed rest and have been feeling quite isolated not being able to leave the house or go for walks as normal.  
I have very little coping mechanisms I can use during the pandemic. Close support people are not front line and do not understand the fear and frustration of feeling exposed and have poor advice. Cannot do usual activities with friend and family as normal or to cope. Cannot plan or prepare which is a coping mechanism for change.  
It’s been impossible to cope with the expectation that I work 7 h/day while looking after my 2-year-old by myself. My husband still has to go in to work, and since we don’t want to risk our parents’ health, I have had no help with childcare. Due to my pregnancy, I am not able to work while my toddler naps because I am so exhausted from not sleeping and looking after. Then I have to stay up late to get work done. Also, I have had to turn my toddler into a TV zombie, which is something I never wanted to do. So that has caused me a lot of stress and guilt.  
Managing pregnancy and frontline or essential work I am not coping well during the pandemic. My work life has been completely flipped around. I went from working in the operating room Monday to Friday weekends off, to being thrown into floor nursing working nights and 10 days in a row and every second weekend. My work life in the pandemic has caused me a great amount of stress and anxiety and being pregnant I am concerned by the work environment and schedule I have been thrown into. All the work stress I am experiencing is disturbing my relationship and effecting my abilities to enjoy my early stages of pregnancy. It has forced my attention away from the joy of being pregnant and has put all my attention on my negative work environment.  
Working full time on the front line. Overwhelmed with stress and exhaustion. Very understaffed and over worked. Long hours. A lot of fear of the unknown of how this virus is going to affect baby and I when I’m hands on with positive COVID patients. Gives me a lot of anxiety and stress and a lot of tears. Feel very unsupported by my employer.  
The major thing I’ve done is stop working. As a registered midwife I am a frontline healthcare provider, and though the risk to pregnant people from COVID appears to be low, I could not isolate, I worried how I would manage if I got infected and put my family at risk. The stress of the early days of the pandemic in terms of uncertainty, lack of PPE, and the physical and emotional stress of midwifery- now all with my toddler at home instead of being in daycare, meant I was not doing either job (being a midwife or a mom) very well. I started my leave at 28 weeks, 8 weeks earlier than I had originally planned. This will be a financial burden for us, but I think it was the right choice. Doing it all was too hard.
### Table 2 (continued)

| Theme                      | Direct quote                                                                                                                                 |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| **Worries about the future** | I have never done a home birth before and the closer I get to my due date has me feeling rather nervous. If COVID-19 was not an issue I would never have chosen to give birth at home. But having all my family with me supporting me is what I want and need. This is my first baby, and I pictured my pregnancy differently. Also, this is not asked but many women on Facebook including me have expressed anxiety over fear of having to give birth alone or without partner. If they have a cold, they will be considered symptomatic and not allowed in to the most stressful and scary thing I will ever do (first time mom). It leaves me so frightened and stressed anytime it crosses my mind, and this is not good for a growing baby. I am nervous for when things open back up – like going back to teaching at school in the fall. I am not currently struggling to cope, as I can remain in my own safe bubble. I am more worried for the future then what is happening currently. I’m trying really hard to not worry about money as we are quickly going through our savings. I’m very concerned about being able to get some of the things I need to have a baby (car seat, stroller, bassinet) and haven’t been able to get pregnancy pillows I need for sleeping because so much is out of stock. I’m also concerned my mom will never see me pregnant and may not get to meet the baby—because of COVID. |

### Ways of Coping, n = 6590

| Social Connection | Pandemic Specific Coping Strategies |
|-------------------|------------------------------------|
| family time, n = 699 | limited social contact, n = 319 |
| virtual, n = 568 | managing news, n = 319 |
| telephone, n = 153 | mask wearing, n = 81 |
| distanced visits, n = 63 | physical distancing, n = 49 |
| Taking Care of Oneself, n = 2390 | \( \text{Keeping Busy, n = 612} \) |
| Taking Care of Others, n = 560 | \( \text{Chasing Perspectives, n = 413} \) |
| \( \text{Spirituality, n = 65} \) | \( \text{Sense of Normalcy, n = 107} \) |

**Fig. 1** Ways of coping

family time \((n = 699)\), virtually \((n = 568)\), by telephone \((n = 153)\), and through physically distanced visits \((n = 63)\).

#### Connecting through family time

Participants described that public health restrictions limiting the number of close contacts, paired with activity cancelations and closures, allowed for more time and slower time spent with immediate family.

**Connecting virtually**

Participants described the vital importance of virtual connection, particularly early on during the pandemic and
during times when public health restrictions were more stringent.

**Connecting by telephone**

Many participants described talking on the telephone with family and friends more often during the pandemic, in comparison to pre-pandemic connections.

**Connecting through physically distanced visits**

With the rise of COVID-19 cases and public health restrictions during the time data was collected, participants navigated when and how to incorporate physically distanced visits into their social connections. Within the main theme of connecting socially, connecting through physically distanced visits included the smallest number of participant responses (n = 63).

**Engaging in pandemic-specific coping strategies**

Participants reported ways of coping specific to the COVID-19 pandemic, including limiting social contact (n = 319), managing news intake (n = 311), mask wearing (n = 81), and physical distancing (n = 49) when in public.

**Limiting social contact**

Although some participants noted their engagement in socially distanced visits with friends and family, many participants reported restricting in-person contact, particularly during times when COVID-19 rates were elevated.

**Managing news intake**

Participants described limiting news intake as a way of coping with COVID-19 related stress and anxiety, including news viewed through television, radio, the Internet, and social media. Participants noted an ebb and flow to their media consumption throughout the pandemic, balancing staying informed with pandemic-related information with over-consumption of news. Participants also described ways in which managing news intake was helpful to them. Specific to pregnancy, participants noted increased use of the Internet, including scanning online news sources for information about the impact of COVID-19 on pregnancy.

**Mask wearing**

Participants reported use of non-medical face masks to cope with stress associated with the pandemic.

**Physical distancing**

Physical distancing was the final pandemic-specific way of coping reported by participants.

**Keeping busy**

Participants described several ways that they “kept busy” through participation in distracting activities to cope with
stress associated with the COVID-19 pandemic (n = 612). Any activities mentioned with words of distracted or avoidance were coded within this sub-theme, including household projects, immersion in work, watching television, and scanning social media.

Taking care of others

Participants also described taking care of their growing fetus, as well as taking care of their immediate families (n = 560). Participants described coping with pandemic-related stress by focusing on engaging in health-promoting behavior (for themselves and baby), learning about infant rearing and development, and preparing one’s home and finances for baby’s arrival.

Creating a sense of normalcy

Participants also described the ways in which they tried to maintain pre-pandemic experiences, schedules, and routines with the hope of finding ways to create a “normal” life (n = 307).

Changing perspectives

Participants described engaging in several cognitive strategies to cope with pandemic-related stress, including social or global comparisons, practicing gratitude, focusing on the present moment, and accepting the things we cannot change or control (n = 413). Taking things 1 day at a time was a frequently noted statement within this sub-theme of changing perspectives.

Practicing spirituality

In our sample, n = 65 participants noted coping with stress by engaging in spiritual practices such as prayer, meditation, and trusting in their prescribed faith.

Coping challenges

Many participant responses (n = 483) included challenges they were facing. We categorized these reported challenges into four main themes: the perception of coping poorly or “not coping,” loss of coping methods, managing pregnancy and frontline or essential work, and worries about the future.

The perception of coping poorly or “not coping”

Participants (n = 214) described their struggle to cope with stressors experienced during the COVID-19 pandemic, noting that they were coping poorly or “not coping.” They identified social isolation and loneliness, challenges regulating emotions, and reduced practice of positive health habits as contributing to difficulties coping with pandemic-related stress.

Loss of coping methods

Some participants (n = 157) described that they were not able to engage in the ways that they used to cope with stressful situations before the COVID-19 pandemic. Participants also described a compounding impact of stress in terms of managing both pregnancy-related challenges in addition to the pandemic. The loss of emotional and instrumental support from friends, family members, and childcare centers impacted the ways in which participants were able to cope with pandemic-related stress.

Managing pregnancy and frontline or essential work

Several participant responses (n = 76) indicated their roles in frontline or essential work and the specific challenges they faced in their coping.

Worries about the future

Participants (n = 36) described anticipatory worry of an uncertain future. Upcoming labor and delivery, return to work, financial instability, and availability of supplies were some of the worries noted by participants.

Discussion

Our findings demonstrated that pregnant people reported a variety of ways in which they were coping during the pandemic. Participants reported coping by taking care of themselves, others close to them, or their growing fetus; finding social connection; keeping busy; practicing spirituality; changing perspective; focusing on the present moment; and employing pandemic specific strategies such as managing news intake and following public health orders. We also saw a small but notable portion of participants sharing challenges associated with coping. Participants outlined challenges such as loss of regular coping strategies due to the pandemic and related restrictions, being a frontline worker and managing specific challenges associated with this line of work, and worrying about what the future would hold in terms of labor and delivery and postpartum supports.

A promising finding that emerged from our data was that the most frequently coded theme was “taking care of oneself” as a way of coping. This included a range of activities such as exercise, accessing supports, and creating boundaries for oneself. Despite the negative impact we have seen COVID-19
have on pregnant people, many participants were trying to find ways to prioritize their self-care. Finding social connection was a frequently coded source of coping for our participants. Participants found unique ways to stay connected whether that be making more phone calls or driving by loved ones’ homes for a short outside visit, even while Canadian restrictions at the time forced families to remain within their household or in small bubbles (Assaly 2021). Encouraging pregnant people to take advantage of less traditional social connection approaches may be valuable even after the pandemic, given the importance of social support to mental health during the perinatal period and beyond (Milgrom et al. 2019). The loss of coping methods reported by many participants in this research (including loss of support from family and friends, childcare, and prenatal services) aligns with the exacerbated impact that COVID-19 has had on women and mothers (Aydin and Atkaş 2021; Khoury et al. 2021). Our findings did not highlight substance use as a prominent way of coping, with only a few participants using substances (e.g., alcohol, cannabis) to cope. These findings align with prior work in an overlapping sample who found rates of substance use among pregnant individuals were similar or lower rates of use compared to pre-pandemic rates (Kar et al. 2021).

Using a large Canadian sample of pregnant people, our findings extend prior research exploring ways of coping during the COVID-19 pandemic. Previous research has used quantitative methods (Khoury et al. 2021) or small sample sizes and limited discussion of coping (Aydin and Atkaş 2021). Furthermore, our findings are in line with research prior to COVID-19 which demonstrated common coping themes within this population were positive coping strategies, spirituality, and social support (Ibrahim et al. 2019; Shamsaei et al. 2019). Findings highlight the particular need for the provision of accessible social support provided through remote means (Mu et al. 2021).

Findings of this research should be considered within the context of its limitations. First, our participants were predominantly White (83.1%). Second, as each Canadian province experienced different case numbers and related restrictions, it was not possible to decipher what restrictions people were faced with at the time they completed the survey. Future research should continue to examine coping methods and unmet socioemotional needs among pregnant people during the pandemic with the goal of informing the development and dissemination of prenatal public health initiatives including targeted remote-accessed social support, prenatal care, and mental health strategies.

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