



FAMILIES IN AUSTRALIA SURVEY  
TOWARDS COVID NORMAL

Report no. 7

# Becoming a new parent in the COVID-19 pandemic

Insights on the Australian family experience

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MARCH 2022



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## KEY MESSAGES

- This research provides insights about the value of family at the time of new parenthood and pregnancy, in the context of COVID-19.
- Health service experiences were often commented on, with some expectant parents mentioning anxiety and fear about their future engagement with health providers or hospitals. Some new parents reported feelings of loneliness and isolation, and some disappointment connected to their experiences, feeling that they had missed out (or were missing out) on the supports they sought.
- The impact of diminished contact with and support from others on new and expectant parents was especially apparent. Family support was often missed, given the inability for family to travel and be present to help with the newborn.
- The support of a partner or spouse in relation to pregnancy and new parenthood was highly valued and missed when not available.
- Among the expectant and new parents, negative impacts on wellbeing were linked to experiences such as attending appointments alone or to feeling a lack of support and connection with others as new parents. Having limited access to formal supports and services as well as informal social supports seemed to contribute to these issues.
- Overall, a lack of wider family connections appeared to heighten challenges, while increased importance was placed on the family that respondents lived with, who provided much valued support.

## INTRODUCTION

Pregnancy, birth and new parenthood are significant life events for young families, with all the transitions and new experiences these stages bring. The COVID-19 pandemic has meant that in Australia, as in many countries around the world, expectant and new parents have found themselves navigating pregnancy, birth and early parenthood through extraordinary circumstances, with more limited access to family and to formal supports and services.

The purpose of this publication is to report on the experiences of a sample of expectant and new parents in Australia, highlighting some of the challenges faced, as well as some of the opportunities presented to families at this time. Aside from the impacts of the pandemic, the research highlights the important role of close and extended family at the time of new parenthood, and some of the ways that this family experience of pregnancy and new parenthood may be supported throughout and beyond the COVID-19 pandemic.

This research uses data collected at the end of 2020. In Australia, the impacts of COVID-19 escalated and continued throughout 2020, with some varied experiences across different regions of the country. There were financial and employment impacts on families, as well as restrictions on families' own activities, restrictions on access to wider family supports and on access to supports and services. While research evidence is still emerging, it is apparent that the experiences of Australian families in 2020 were diverse and, for some, particularly strained. For some examples see the [Families in Australia Survey publications](#) (see also De Young, Paterson, Gash, & Vasileva, 2021; Evans et al., 2020).

This report presents research using the second Families in Australia Survey. The Families in Australia Survey covers a wide range of topics, with the survey open to anyone in Australia aged 18 years and over. The second Families in Australia Survey was conducted in November–December 2020 and included a question that asked for open-text responses about experiences of pregnancy or new parenthood. This report is centred on qualitative analysis of

these responses. Comments were sought from around 500 respondents who were pregnant or had a baby born in 2020. Analysis of these responses is supplemented with analysis of other data from the survey.

The issues that emerged in this research covered a breadth of topics. This included experiences of COVID-related restrictions on access to family supports, on supports provided through antenatal classes and mothers' groups, and on experiences of services including hospitals, general practitioners (GPs) and specialists. Experiences of pregnancy and new parenthood in 2020, as reported by survey participants, included positive and negative emotions, and these are also described in this research.

While this research included reports about interactions with the health system as part of the experience of pregnancy and new parenthood, rather than focusing on how the private or public health systems responded to the pandemic, the main goal was to document the family experiences. This research, then, is particularly pertinent to the body of research that confirms the positive role of social supports during pregnancy in contributing to the positive wellbeing of mothers (see e.g. Bedaso, Adams, Peng, & Sibbritt, 2021). Such social support is most commonly the partner or spouse but also includes other family, friends and the community. For example, the review by Battulga, Benjamin, Chen, and Bat-Enkh (2021) explored the importance of social support during pregnancy in relation to subjective wellbeing, finding that social supports were important, with this support helping 'to buffer the impact of possible stresses' (page 16), which is particularly relevant in the context of the COVID-19 pandemic.

For experiences of pregnancy and new parenthood, and more contextual information about Australian health service responses to the COVID-19 pandemic, see Sweet and colleagues (2021); Vasilevski and colleagues (2021) and Wilson and colleagues (2021). Their study presents findings from qualitative research about experiences of becoming a mother during COVID-19 in Australia, with similar themes emerging to those presented here. Similar themes also emerged in research in the United Kingdom, see Best Beginnings, Home-Start UK and the Parent-Infant Foundation UK (2020). Findings from these studies are noted in the section below.

## BACKGROUND

### Pregnancy and new parenthood

Pregnancy, birth and new parenthood are significant life events, bringing both joy and challenges. In addition to physical changes, pregnancy and birth often brings changes to the mother's work, family and social roles along with substantial lifestyle changes. A range of emotions from happiness and elation to anxiety and fear may be experienced in the lead up to giving birth, as mothers adjust their routines and prepare for the transition to parenting a newborn. Further, their wellbeing may vary across the pregnancy and into new parenthood (Anderson, Webster, & Barr, 2018).

The other parent also faces significant life changes and a range of emotions at this time. Most research about partner experiences has focused on the experiences of fathers. For example, Rominov, Giallo, Pilkington, and Whelan (2018) investigated fathers' needs and experiences of support for mental health and parenting during the perinatal period, finding that they, like mothers, experience a diverse range of issues across the perinatal period.

### Services and supports

Expectant and new parents in Australia have access to a range of services through the universal health care system, although some parents will elect to use private health care services. Services that are particularly relevant at this time are those that address the health and wellbeing needs of expectant and new parents. These services are largely focused on the birth mother, although the other parent may also be involved in these service visits. For example, it is now common for fathers to be in attendance at the birth, and fathers may also join the antenatal appointments and postnatal home visits (Wynter, Di Manno, Watkins, Rasmussen, & Macdonald, 2021).

The wider needs of expectant and new mothers within the community are recognised, evidenced by the numerous organisations available for support. In addition to allied health services, support is offered by organisations such as local government agencies, early parenting centres and organisations such as Caring Mums, Parentline and the Women's Information and Referral Exchange (WIRE). During the period of pregnancy and early parenthood, parents can establish and maintain new networks in settings such as birthing classes, maternal and child health services and with allied health professionals including general practitioners and midwives.

Upcoming and new parenthood is also a time in which support from family and friends can be very important, with new parents sometimes relying on help and support from their own parents at this time (Johnston-Ataata, Kokanović, & Michaels, 2018).

## COVID-19 and new parenthood

For those who became new parents in 2020 and in 2021, pregnancy and new parenthood existed in the context of the COVID-19 pandemic. While experiences of and responses to the pandemic have varied over this time and by jurisdiction, many becoming pregnant and/or giving birth during 2020 will have experienced some impacts. (The data were collected at the end of 2020, so do not capture the experiences in 2021 or beyond.) From the beginning of the pandemic, there were restrictions on access to health services generally and to pre and postnatal supports, with many face-to-face appointments changed to telehealth, limitations on who could accompany expectant or new parents to face-to-face appointments, and cancellations or changes to different supports such as prenatal classes and new mothers' groups. (See Sweet et al., 2021; Vasilevski et al., 2021 and Department of Health, 2020 for more information.) New parents have also been impacted by restrictions on travel as well as international and state or regional border closures that have limited connections with family and friends.

Resources for parents, and for others supporting new parents, during the COVID-19 pandemic have been provided by organisations such as Beyond Blue ([How to support new parents - Beyond Blue](#)), the Centre for Perinatal Excellence [COVID-19 Updates for Pregnant Women, Children and Parents - COPE](#) and the Australian Government Department of Health [Coronavirus \(COVID-19\) and having your baby | Pregnancy Birth and Baby](#).

There is currently limited research evidence of what the challenges to expectant and new parents in Australia looked like, although a number of articles focusing on experiences with the health system have been authored by Sweet and co-authors. For example, Sweet and colleagues (2021) investigated the childbearing experiences of becoming a mother during COVID-19 in Australia. They identified four main themes: feelings of isolation, advocating for self or others, navigating through the experiences, adjustments and emotions that becoming a mother brings and, lastly, all at the same time as staying safe from COVID-19. Further, Vasilevski and colleagues (2021) reported on the experiences of partners and support persons, highlighting some of the impacts of the restrictions imposed on partner participation at appointments and in hospital.

In the UK, in 2020, a group of leading organisations that advocate for parents and babies, Best Beginnings, Home-Start UK and the Parent-Infant Foundation, conducted an online survey to gain insights into the impact of COVID-19 on young families across the country. They found that families were affected in diverse ways and those already at risk of poorer outcomes suffered the most. Of note, their findings pointed to lasting impacts on family relationships, along with secondary impacts on parents and babies themselves. Areas of significance reported by respondents included the health and wellbeing of parents, parenting experiences, and interruptions to care, services and support during the antenatal period (Best Beginnings et al., 2020).

## Report overview

This report contributes to the research evidence about pregnancy and new parenthood in Australia, as it was experienced in 2020, when COVID-19 impacts were often felt by families. The report first describes the data and analysis approach, and this is followed by the research findings, summarised into the broad themes that emerged from the research. These themes cover service experiences; help support and connections; self and family time; and wellbeing. A summary concludes the report.

## METHOD AND DATA

### Overall methodology

This report uses data from a cross-sectional survey conducted in Australia in November–December 2020, described below. This survey included questions capturing retrospective reports about pregnancy and new parenthood over the previous year, which were asked of the appropriate subsample within a module of questions about fertility and fertility decision making (see the section [Expectant parent and new parent participants](#)). The survey had a broader focus, aiming to capture information on various topics related to family wellbeing, with a particular lens on the impact of the COVID-19 pandemic. Information captured throughout the survey has also been used in this report, including the demographics, and some reporting about help and support and access to services. The focus of the report is on the analysis of the qualitative data captured in the survey (see [Methods](#)).

### Data: Families in Australia Survey

*Towards COVID Normal* was the second survey in the [Families in Australia Survey](#). This series of surveys has been conducted by the Australian Institute of Family Studies, starting with the first in May–June 2020, which was developed to capture the initial impact of COVID-19 on families. Further surveys in the series have been conducted to find out about family wellbeing by hearing directly from families, and to provide research findings to families, services and policy makers.

All Australians aged 18 and over are eligible to participate in the Families in Australia Surveys. The surveys are online only and designed to take around 20 minutes to complete. The surveys are promoted through the media, social media, newsletters, internet advertising and word of mouth. The second survey was promoted directly to people in the demographic for which questions about pregnancy and new parenthood would be applicable. Participants from the first survey, who opted in to being contacted about later surveys, were also invited to complete this survey.

With this recruitment approach, the Families in Australia Survey is a non-probability sample and, as such, it is not representative of the Australian population. Compared to the Australian population, the sample over-represents individuals who are: female, middle-aged, tertiary educated and those living with a spouse or partner. Residents of Victoria, the ACT and Tasmania were also over-represented. The survey is not likely to represent the experiences of some demographic groups, such as those from lower socio-economic backgrounds and non-English speaking backgrounds. In total, there were 4,866 participants to this second survey, of which 3,627 completed all survey questions.

The second survey ran from 19 November to 23 December 2020, when restrictions had been eased in most states. At the time of the survey, Victoria was newly emerging from a period of tighter restrictions.

### Expectant parent and new parent participants

Out of this total sample, 399 had a new baby in the previous year and another 121 respondents indicated they or their partner were pregnant at the time of the survey – a total of 520 respondents. Of those with a new baby, almost all had been born in 2020 (and these births were distributed over the year), although 17 were included whose babies were born late 2019. We refer to these respondents with a baby born in the past year as ‘new parents’ but some of them were not first-time parents, as shown in [Table 1](#). These respondents were invited to provide a comment about their experience of pregnancy or new parenthood and, overall, 405 provided a comment, including 110 expectant parents and 295 new parents.

## Methods

This report is largely centred around survey responses to an open-ended question, in which survey participants were asked about their experiences of pregnancy and/or new parenthood – their current circumstances were used to determine whether they were only asked about pregnancy, or also asked about new parenthood.

*How would you describe the experience of pregnancy [and/or new parenthood], given the impacts of COVID-19? (e.g. about your access to supports, access to family, access to friends, stress)*

Basing the research on a response to an online survey question like this, as opposed to a more in-depth interview, may not capture all the details and complexities of each family's experiences; however, we found the responses to these questions resulted in a very rich set of data, particularly given the size of the sample, that includes families of different backgrounds across Australia.

At the time of analysis, there was little comparable research available. So, to analyse these data, the themes were allowed to emerge from the responses themselves, rather than to be shaped by any existing literature. The themes were identified through researchers' review of both the 'new parent' and 'expectant parent' responses, in which there was a considerable overlap in themes. Each comment was coded as to whether it included reference to any of the subthemes that had been identified. These subthemes were grouped into broad areas, summarised in [Table 2](#). Content analysis was used on all the responses, such that each response could be coded against the theme or themes mentioned.

The coding allowed for the identification of positive comments. However, as is often the case in such data collections, it was much more common for the challenges to be articulated rather than the positive elements.

Where there are differences in the experiences, as reported by particular groups of parents, they are highlighted in the report, although they are not a key focus. Differences were explored according to whether respondents were new parents or expectant parents, and considering whether respondents were first-time parents. Respondents from Victoria were compared to other states, given that the greatest restrictions had been experienced in Victoria at the time of the survey. Comparisons by gender and relationship status were also considered.

## Other survey data analysis

While the research findings are presented around the findings from the qualitative research, the report includes analysis of some other survey data to provide context. For these comparisons, another cohort of families is included, that of respondents who were 20–45 years old who were neither pregnant nor new parents.

## RESEARCH FINDINGS

### Sample characteristics

As noted above, 520 respondents were pregnant at the time of the survey or had a new baby in the previous year. Of these, 405 provided a comment when asked about their experiences of pregnancy or new parenthood, and as these responses are the focus of this report, their characteristics are shown in Table 1.

- Most respondents were mothers (or expectant mothers) but some fathers' perspectives are also reported.
- Most respondents were in opposite-sex couple families.
- Sample counts were highest for NSW and Victoria.

Experiences of pregnancy and new parenthood were expected to vary for those who were experiencing it for the first time:

- Among the respondents who had a child in the past year, for half of them, this was their first child.
- Among the respondents who were pregnant at the time of the survey, 42% were pregnant with their first child.

**Table 1:** Sample characteristics of expectant and new parents who commented on their experience

Respondent characteristics		Pregnant N	New parents N	Total pregnant/ new parent
All		110	295	405
Gender	Male	15	14	29
	Female	93	279	372
	Other/prefer not to say	2	2	4
Relationship	Partnered (opposite sex)	100	275	375
	Partnered (same sex)	3	5	8
	Single	4	13	17
	Other/undetermined	3	2	5
Number of children at survey	None	46	0	46
	One	44	152	196
	Two or more	20	143	163
Age group	18–29	26	64	90
	30–39	81	217	298
	40–49	3	14	17
State	NSW	40	110	150
	Vic.	34	84	118
	Qld	12	48	60
	Other states and territories	24	53	77

**Note:** Another 11 expectant parent and 104 new parents did not provide comments in the survey.

## Summary of content analysis

The key themes emerging from the comments are summarised in Table 2. They have been grouped into broad topic areas, with these topic areas used to structure the presentation of findings, below.

The themes in bold text were the ones that were most common, as identified in the content analysis. The top four themes, starting with the most prevalent, were:

- diminished connection to and support from family and friends
- negative remarks (e.g., 'awful', 'difficult')
- specific comments about fathers/partners and the hospital/appointments
- feeling alone, lonely, isolated.



**Table 2:** Summary of themes from the qualitative responses

Broad topic area	Themes
Service access and use	<b>Experiences of the birth preparation, the birth itself and immediately after</b>
	Positive medical/birth experiences
	<b>Restrictions to who can be present for appointments and in hospital (limited access to support people and family, such as siblings of the baby)</b>
	<b>Reference to the father/partner and the hospital/appointments</b>
	Positive experiences of the restrictions on visitors in hospital and later
	<b>Challenges with prenatal and postnatal appointments</b>
Help, support and connections	Experiences of telehealth for antenatal classes and medical appointments
	Challenges with appointments and hospital visits due to difficulties accessing child care (given other children unable to attend)
	<b>Diminished connection to and support from family and friends</b>
	Lack of access to supports generally
	Missing access to support groups and playgroups, etc.
	Inability to celebrate and share about the pregnancy or new birth

Table continued over page →

## Broad topic area

## Themes

### Self and family time

Positive comments about the support provided by fathers/partners

Positive experiences of having more home time for self and family

Positive experiences of more down time, working at home, no travel, and being at home

Challenges of new parenthood with everyone at home, home schooling

### Difficulties with mental health, anxiety, fear and stress, postnatal depression

Feeling alone or lonely, isolated

Wellbeing

Negative comments (e.g. 'awful', 'terrible')

Positive comments

Impacts on physical health, including restrictions on exercise

## The wider context of COVID-19

Worries about COVID-19

Negative experiences of mask wearing

No impact

No impact, or all OK

**Note:** The themes in bold text were the ones that were most frequent.

The word cloud, shown in Figure 1, also makes apparent some of the emerging issues. Consistent with the theme related to connection and support of family friends being the most coded, 'family' and 'support' were commonly written words. Respondents' experiences with services also featured in the word cloud with 'hospital' and 'appointments' two of the words frequently mentioned. Other words in the word cloud are relevant to one or more of the main themes.

**Figure 1:** Word cloud showing most frequently used words in comments about pregnancy or new parenthood in 2020



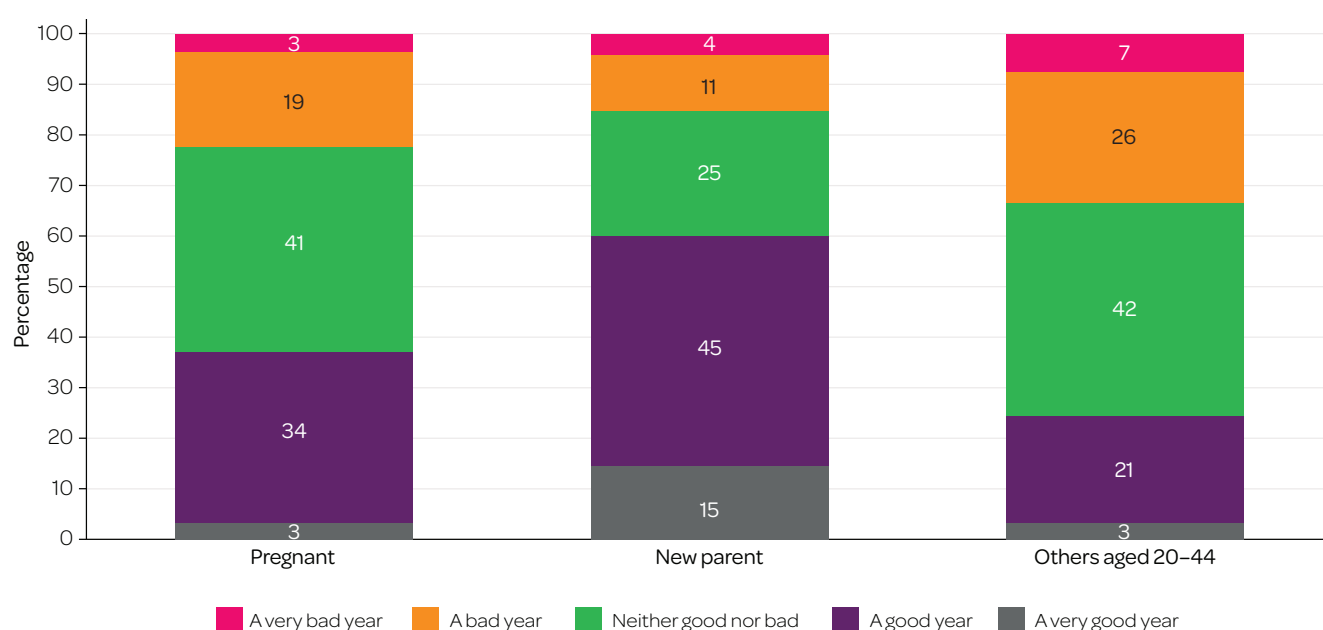
We noted above that analysing differences across demographic groups is not the main purpose of this research but some findings were apparent in comparing the coded responses:

- Compared to the new parents, the expectant parents were less negative, and were more likely to say their experience of pregnancy had not yet been impacted by COVID. The expectant parents were more likely to mention experiencing some uncertainty about what their birth experience was going to be like. Comparisons of first-time parents to other parents didn't reveal strong differences.
- Compared to those in other states, those in Victoria reported more negatively about their experience.
- In comparing genders, mothers more often reported negatively about their wellbeing and access to supports, when compared to fathers.
- Among female respondents, negative reports about wellbeing and supports were especially apparent for single mothers and mothers in same-sex relationships, compared to those in an opposite-sex relationship.

## Overall findings and reflections on 2020

Before turning to the qualitative data, we refer to a question asked of respondents at the conclusion of the survey. They were asked to reflect on the year and give it a rating from the range of 'very bad' to 'very good'. Figure 2 shows that respondents who had experienced pregnancy or new parenthood were less negative about 2020, compared to other similarly aged respondents. (See also [A Year in Review: How we Experienced 2020](#) for analysis of this question across the rest of the Families in Australia sample.)

**Figure 2:** Rating of 2020 by pregnant people, new parents and others aged 20–44 years



In considering these general responses, it is important to note that many families experienced significant impacts in 2020, including changes in employment, finances and housing. For some, these meant impacts on relationships. Some faced additional stress within the home as a result, while for others, the experience of 2020 was positive in relation to how household members worked together and supported each other. Pregnancy and parenthood were not always easy on top of these other COVID-19 impacts; while for some, it was an important positive aspect amid the other challenges. The quotes below are taken from respondents' concluding comments about the year.



*Devastating. Missing out on joy of sharing our baby with their grandparents and aunty, losing that family support option. Difficulties meeting other mothers for support, anxiety about taking baby out of the house, financial stress due to uncertainty of partner's income while we are solely reliant on it.*

**Female with one child**, born in June 2020, South Australia

*Whilst 2020 was a really tough year, we got through it and as immigrants have been through worse. I would love to see our relatives overseas again and get some support to help my husband and I reconnect after five months of a sleepless newborn.*

**Female with one child**, born in July 2020, Victoria

*Compared to many, we fared well in 2020 and bought a house, got engaged and had a baby. I'm very grateful we also held down jobs throughout.*

**Female with two children**, one born in October 2020, Queensland

*My personal circumstances made this year amazing – welcoming my first child to the family. It was an incredibly challenging year which forced me to assess my priorities and life. Despite the worry, upheaval, isolation, distress and fear COVID-19 caused, I am grateful, it helped me structure my life.*

**Female with one child**, born in October 2020, New South Wales

In reflecting on the year, expectant or new parents often referred to happy experiences of pregnancy and parenthood as over-riding the more negative experiences of the year.

*We have had more family time than we could have ever expected but so much less with family outside our household. Things have been hard and so different to what I could ever have imagined this time last year but I could never look back on the year and wish it away. We welcomed our third baby into our family and I have been determined to enjoy him and be positive about the silver linings of 2020 so COVID has not jaded everything!*

**Female with two children**, one born in May 2020, Victoria

*2020 was a bad year overall but it was also good because I had my baby boy.*

**Female with two children**, one born in January 2020, Queensland

*We had a lot of personal achievements such as buying our dream home and having a baby but otherwise the year would have been terrible.*

**Female with one child**, born in October 2020, South Australia

In providing comments specifically about the pregnancy or new parenthood, there were also examples of those who identified positive elements of the experiences, sometimes amid further reflections of the challenges they had faced.

*Not even a pandemic can change the fact that having a baby is one of the most amazing and wonderful things you can do. We are so grateful for the beautiful baby we have and for providing light in a difficult year to us and everyone around us. There were some absolute difficulties.*

**Female with one child**, born in May 2020, Victoria

In fact, parents or expectant parents sometimes relayed the pros and cons of COVID, as some of the more challenging aspects were weighed against some advantages.

*Pros: wife didn't need to travel on public transport so less worried; less likely to catch anything from others; able to sleep/rest whenever possible, where work allowed; we were able to go to more online fertility classes as they were over zoom. Cons: I couldn't join her in ultrasounds; we couldn't get support from family (chores); we couldn't visit the hospital or go to fertility classes in person; exercise for her was very limited and we were worried about her going to shops, etc.; she was stuck in the house a lot of the time and was quite bored; wearing a mask outside made it very difficult for a pregnant person to take a walk; getting advice from people/family in person was very difficult; I had to take on a lot of the workload without much support from others due to the restrictions.*

**Male, spouse/partner pregnant with first child, Victoria**

We report more on the challenges facing families who experienced pregnancy or new parenthood in 2020 in the detailed results sections below.

## Service experiences

Pregnancy and new parenthood are times in which mothers and fathers may have a heightened need for different services, from the early medical appointments for check-ups and scans through to birth preparation, the birth itself and then services for mother and child, or the family more broadly, in the early months of a child's life. The comments about pregnancy and new parenthood covered the breadth of these times. The analysis of comments is preceded by a brief examination of some survey data about use and demand for services.

### Use and demand for different services

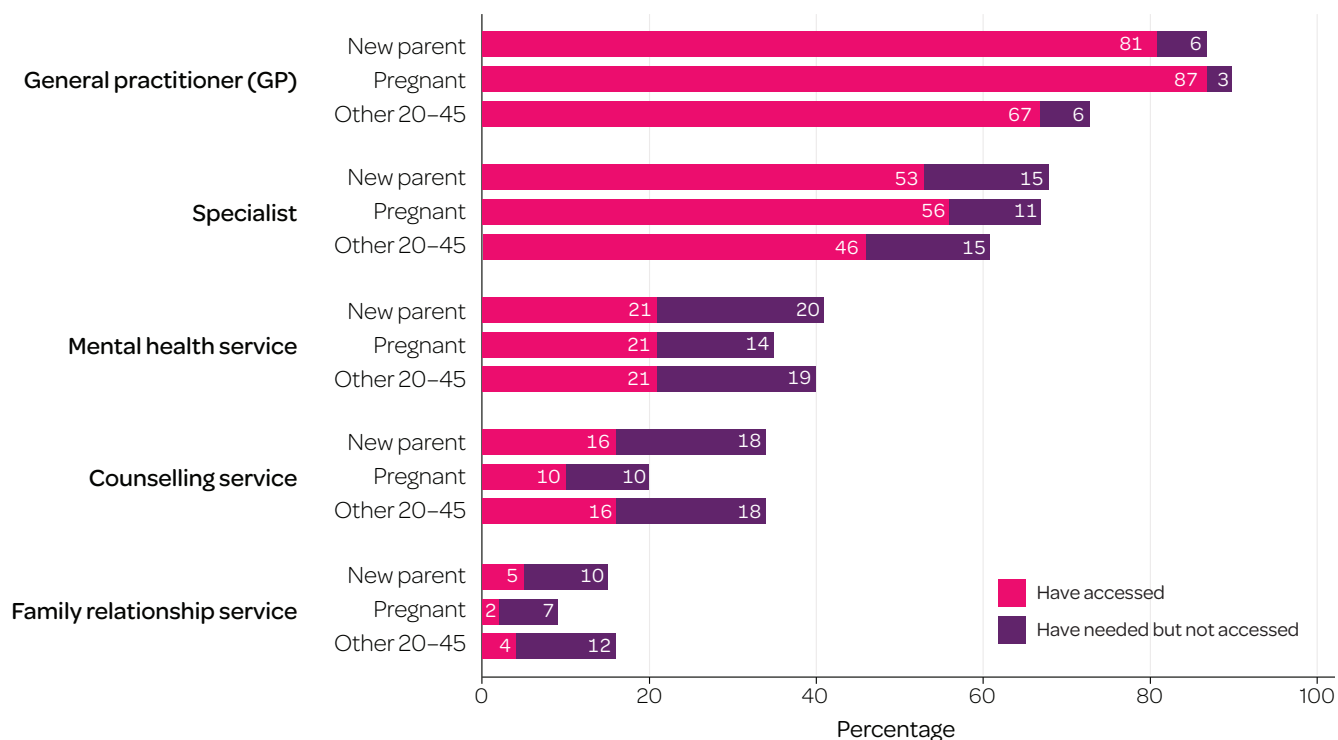
Figure 3 shows expectant and new parents' reported use of services in the past month and whether they needed but could not access any of these services.<sup>1</sup> These reports are compared to those of 20–45 year olds who were neither pregnant nor new parents to put these findings into context.

- The majority who were pregnant or new parents had accessed a GP but a small number indicated they had been unable to. Rates of GP access were considerably higher for the expectant/new parents than for other 20–45 year olds.
- A high proportion, just over half, of those who were expectant/new parents had accessed a specialist, although 15% of the new parents and about one in 10 of the expectant parents indicated they needed but had not accessed a specialist.<sup>2</sup> Rates of access were a little lower for the comparison group of 20–45 year olds.
- There were particularly high rates of unmet demand for access to mental health services, counselling services and family relationship services across all cohorts.

<sup>1</sup> See also [Australia's mothers and babies, Antenatal care - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au) for regular reporting about access to antenatal care among new mothers. At the time of this research, the most recent data referred to 2019, for which 55% of women attended antenatal care within the first 10 weeks of pregnancy and 77% had their first antenatal visit within the first trimester.

<sup>2</sup> The survey did not capture the nature of this specialist but it would be expected that many of the pregnant and new parent respondents would have made use of obstetricians and/or paediatricians.

**Figure 3:** Services used and needed, by type and cohort



**Note:** Small numbers reported having accessed or needed other services.

Respondents were asked if there were any other services or supports needed in the past month that they could not access.<sup>3</sup> Reflecting their life stage, a range of supports and services targeted at expectant and new parents were identified, including:

- midwife visits
- breastfeeding support/lactation consultant
- maternal child health services
- perinatal/postnatal support groups
- perinatal/postnatal mental health services.

This is expanded on further below, as service access was commonly mentioned by those reporting on the new parenthood experience. Others referred to services that were also referenced by those not in this expectant/new parent cohort, such as dentists, optometrists, physiotherapy and massage.

In commenting on the services they needed but could not access, some also referred to missing the support of family and friends that would have been there without the COVID-19 restrictions and, again, we return to this when reporting about family help and support.

<sup>3</sup> New parents and pregnant respondents were more likely to indicate there was another service they had not been able to access (13% of new parents, 9% of pregnant respondents), compared to 8% of others aged 20-45.

## Services for pregnancy and new parents

### Shared family experiences of appointments

One of the most expressed challenges of the pregnancy experience was that of needing to attend antenatal and health appointments alone due to broad or hospital-specific COVID-19 related restrictions. For many, this meant that what was typically a shared family experience, or at least a shared experience of both parents, was often experienced by the mother alone. Mothers reported finding this a lonely and sometimes stressful experience, while fathers and other partners expressed sadness at missing out. This was linked to feelings of fathers/partners being disconnected from the new parenthood experience.



Expectant mothers reported that attending health appointments **by themselves** was a **lonely** and sometimes **stressful** experience.

One of the other restrictions facing some expectant respondents who already had children was that there were restrictions on taking their children along to appointments. With child care closed or restricted for a time in some locations, and restrictions meaning reduced access to support by other family members, this posed difficulties for some expectant parents in coordinating appointments with arrangements for children's care.

*There has been a lot I haven't been able to share with even just my partner, let alone family. It's been a bit difficult having to go through all appointments by myself and having to visit the hospital by myself when I was having pregnancy problems.*

**Female pregnant with second child, Victoria**

*I wasn't involved at all during pregnancy as I wasn't allowed in ultrasound or any doctor appointment. Also had a tough time with other kids unable to go or be looked after as appointments were two hours from home.*

**Male with pregnant partner and two children, Victoria**

Being unable to have children accompany expectant parents to appointments (or later, in hospital) was also expressed with a sense of disappointment that this meant the new baby's siblings or other family members could not share this experience.

### Telehealth and other issues with medical appointments during pregnancy

Access to medical appointments was significantly disrupted for many parents-to-be, with face-to-face appointments limited and appointments by telehealth offered instead. While there were occasional positive reports about the convenience of telehealth, survey participants reported that they often found these appointments to be inadequate and contributing to anxiety over their pregnancy.

Face-to-face appointments were difficult to get but when they were available, survey participants reported these appointments often changed or moved location due to updated circumstances with COVID, which contributed to stress.

*The frequency of appointments dropped drastically. Would have been harder if first pregnancy.*

**Female with two children**, one born April 2020, New South Wales

*Sad to miss out on being able to attend appointments but I have great respect for health care workers and respect for the restrictions, so I am not resentful. There will be many more experiences for us to share.*

**Female with female partner**, pregnant with first child, Victoria

*Difficult. Health care has been very unusual via the telehealth system. No doctor or nurse has physically seen me to check my blood pressure, monitor the heart rate or anything else. This is disappointing and worrying (although I understand the reasoning).*

**Female pregnant with second child**, Victoria

*Easier, telehealth has been easier to manage non-urgent appointments. As a second-time mum I haven't had any issues because I need less support.*

**Female with two children**, one born in November 2020, Western Australia

*It has been really hard as there has been nothing else to focus on/distractions. Access to familial and friend support has reduced significantly; however, for the most part, access to required health care has been ok via telehealth. It was really hard not being able to be at the embryo transfer or the first two scans for both myself and my partner.*

**Female with female partner**, with one child and pregnant, Victoria

*Honestly, pretty good, the rules were set in place to prevent the spread. If anything needed to be recorded, scan, so forth, doctors were okay with this.*

**Female (single)**, first child born July 2020, Tasmania

## The birth itself

Many of the comments about the birth itself related to restrictions on who would be able to attend as a support person and experiences of this, or worries and uncertainty about how this might be impacted by restrictions. Expectant parents often expressed some anxiety or at least uncertainty about this, and some new parents reported having worried about it ahead of the birth, given the rapidly changing situation with COVID-19 and changing rules within the health sector.

*Stressful and lots of unknowns around medical care and labour in hospital.*

**Female with male partner**, with more than three children, youngest born in May, Victoria

Some participants reported that they elected for private arrangements, including home births, to allow more control over their experiences. These participants tended to report positively; for example, praising the work of the midwives.

For others, the experience of the birth and being in hospital was reported to be difficult, given the COVID restrictions and impacts of limited supports (also discussed later).

*Very difficult. Wasn't as enjoyable as previous pregnancies and the birth/hospital experience was horrid.*

**Female with male partner**, with more than three children, youngest born in October, NSW

*Having no one at antenatal appointments and only one person allowed at the birth had a huge impact on my birth experience. I believe I would have had a much better outcome if I had been allowed more support people.*

**Female with male partner**, with one child born in August, NSW

Comments on rules around in-hospital visiting were often made, and usually in relation to the challenges of restrictions on family visitors. However, we note that some new parents appreciated these restrictions.

*Isolating. It was fantastic not having everyone visit while we were in hospital after the birth though.*

**Female with male partner**, with first child born in July, SA

*The hospital didn't have visitors so you could sleep and bond. And not feel you had to dress to impress after a 12-hour intense labour.*

**Female (single)**, first child born July 2020, Tasmania

Some parents relayed having had difficult birth experiences, telling of unexpected and complicated medical situations that they felt unprepared for, and often reporting feeling unsupported and anxious. While such feelings are likely to be apparent even outside of a COVID-impacted period, these mothers may have had heightened experiences of isolation from usual supports given the restrictions.

### **Services following the birth**

Following the birth, parents sought access to services such as lactation consultants and maternal child health services (see Figure 3 for types of services accessed or needed). There were many comments from survey participants about being unable to access the services they sought or being dissatisfied with these services being offered via telehealth. Such reports were often accompanied with comments about how this had contributed to loneliness, anxiety or stress. The perceived lack of access to these services was made challenging for those who also lacked access to support from family and friends at the time.

*Pregnancy was unaffected, having a new baby was hard. We weren't allowed to have family see him in hospital, friends couldn't visit, we had extra complications with birth and some oxygen needs and CAFHS was not open to help, no one was able to provide any support and I wasn't able to connect with mothers. It was lonely, scary, I had no idea what I was doing and even though I called parenting helplines all the time it wasn't until face-to-face appointments opened again that I got the problems we were having addressed. It also meant I wasn't connected to any other mothers with babies.*

**Female with one child**, born in March 2020, South Australia

*Not great and very lonely. Education classes were cancelled so I didn't feel calm or confident going in to the birth. My partner was excluded from most appointments so it was a struggle keeping him involved and I feel frustrated still, even with vaccines, etc. We had no contact or support from anyone except a few visits from the midwife/maternity and child health nurse in the first fortnight.*

**Female with one child**, born in May 2020, New South Wales

*Isolating and sense of total abandonment from all support services. Like we didn't exist.*

**Parent (gender unspecified) of one child, born in March 2020, Victoria**

But there were some positive perspectives, also, on the value of continued access to services during COVID.

*Home birth midwives and continuity of care support before and after pregnancy had a massive impact on us. This really helped us get through a difficult and isolating time where we otherwise struggled. We did access counselling services through EAP due to the anxiety of pregnancy and childbirth during COVID.*

**Male with two children, one born in September 2020, Victoria**

## Summary

Access to services was significantly impacted by COVID-related restrictions in 2020, with this covering the breadth of experiences from pregnancy, the birth and new parenthood. While some parents reported positively about their experiences with services, or at times expressed an understanding about the changes to service provision, there were many reporting to have felt anxious or disappointed as a result of their experiences. Feelings were exacerbated by the additional restrictions facing expectant and new parents in relation to their other possible sources of help and support, discussed in the section below.

## Help, support and connections

Mothers, fathers and expectant parents are likely to have a heightened need for help and support from those around them, including family and friends. For expectant and new parents who were living in areas where COVID-19 related restrictions were in place, getting help and support was more difficult. Not only were the supports lacking but the restrictions meant many expectant and new parents were unable to share this usually celebrated life stage with their family and friends. These comments are discussed below, after some analysis of the broader survey data.

## Receipt of help and support

The Families in Australia Survey asked people to report on the help and support they had received in the past month. The types of support received are shown in Table 3, with the most common being emotional help for expectant parents, new parents and others aged 20–45 years.

**Table 3:** Types of help received by respondents who were pregnant, new parents or otherwise aged 20–45 years

Help type	Pregnant %	New parent %	All new parent/ pregnant %	Others, aged 20–45 %
Emotional	40.8	49.7	47.5	42.4
Shopping	19.2	33.0	29.5	18.5
Domestic	16.7	29.9	26.6	15.5
Transport	11.7	20.9	18.6	14.9
Financial	12.5	12.0	12.1	10.6
Personal care	4.2	3.4	3.6	2.5
Other	5.0	10.1	8.8	8.3

**Note:**  $n(\text{new parent}) = 358$ ;  $n(\text{pregnant}) = 120$ ;  $n(\text{others aged 20–45}) = 1,641$

New parents were more likely than other cohorts to have reported receiving emotional support, shopping, domestic and transport help.

The sources of support are shown in Table 4. The two main sources of support or help were relatives and friends. New parents were the most likely to have received help from relatives or friends.

**Table 4:** Source of any type of help, by cohort

	Relative %	Friend %	Neighbour %	Work Colleague %	Organisation %	Other %
Pregnant	43.3	32.5	5.8	12.5	5.0	3.3
New parent	55.9	42.5	5.6	9.2	4.7	3.6
All, new parent or pregnant	52.7	40.0	5.6	10.0	4.8	3.6
Others, aged 20–45	41.2	36.6	5.0	12.1	4.4	6.0

There were some patterns in respect to who typically provided different sorts of help:

- Relatives provided all sorts of help and support, most commonly emotional support. Especially for new parents, relatives provided help with shopping and domestic tasks. This was true also for expectant parents but to a lesser extent. Some also received help with transport and finances from their relatives.
- Friends were particularly important as a source of emotional support. Friends also helped some people with shopping, more so for new parents.
- Neighbours and work colleagues were less often referred to as being providers of help and support, although work colleagues provided emotional support to some people. This was more common for expectant parents rather than for new parents.

## Help, support and connections for pregnancy and new parents

We return to the summary of comments that were made by expectant and new parents on themes related to help and support. This included references to (lack of) connectedness with family and friends. Other themes covered here relate to access to other support networks and to missing out on celebrating and sharing.

### Diminished connectedness with and support from family and friends

For many people, face-to-face contact with friends and family was impacted in some way by COVID-19 restrictions. This was keenly felt by expectant and new parents, who would otherwise have enjoyed the support of family through pregnancy and new parenthood. As noted above, family and friends were able to provide emotional support, with it being possible to stay connected through various means. However, the practical help and support that may be especially valued by new parents was not always available. New parents were impacted by the restrictions on visiting other households, as well as by border closures and restrictions on international travel.

*Extremely isolating, my father wasn't allowed to be at the hospital and had to leave the country days later and my mother was not able to come at all. No family or friends met the newborn for several months or could offer any support.*

**Female with two children**, one born in March 2020, Victoria

*No one could visit and it felt quite lonely and overwhelming at times. Access to family and friends was nil.*

**Female with two children**, one born in May 2020, Queensland



*My baby was 6 weeks old when the first lockdown occurred. We were cut off from family and friends for many months of this year and there are still loved ones who have not met my child. Under normal circumstances these people would have been very involved in our family life.*

**Female with one child**, born in February 2020, Victoria

*Family support was wonderful – my brother's family voluntarily self-isolated for three weeks before the baby came so they could look after our toddler and visit us to help. On the other side, the grandparents couldn't meet the baby or see the toddler for a couple of months after the baby was born, which made them very sad.*

**Female with two children**, one born in April 2020, Queensland

Several comments referred to the challenges of having no family support at or around the time of the birth, particularly in the context of the challenges around changes to accessing services.

*Challenging. Insufficient family and formal support. Devastated having family miss early weeks of child's life. Exhausting as a first-time parent.*

**Female with one child**, one born in August 2020, Victoria

*Awful. Wasn't able to go to most appointments. Wasn't able to spend time with friends and family while pregnant. Wasn't allowed [to have] my partner at scans. Time limits while in hospital after having baby for my partner. No visitors at hospital. Highly stressful times.*

**Female with one child**, one born in July 2020, Victoria

Others commented on the lack of support through difficulties with the children's or mother's health. Generally, the experience of lack of support was reported to be very challenging for many.

*We have both missed out on new parents group. Community support is limited in what they can do. We haven't been able to have friends and family around to help during the newborn period. I have been very isolated being a new mum with no mum friends, all group activities have been cancelled so I can't even make mum friends. The only support we have is my husband's mother, and she works full-time so is unavailable a lot. This has been the hardest, most isolating six months of our lives.*

**Female with one child**, one born in June 2020, Victoria

*Awful. My post-natal physiotherapy classes at the hospital were cancelled. There were no opportunities for things like new parents group, playgroup, baby/mum exercise groups, etc., so there was no way to connect with other parents with new babies. My spouse had to work from home, so I didn't get any alone time with the baby either. It aggravated my post-natal depression and as a result I needed to seek out more mental health support.*

**Female with two children**, one born in February 2020, ACT

This specific theme, which was coded to 'diminished connections to and support from family and friends,' was especially apparent for the new parents (rather than expectant parents) and for first-time parents, who appeared to have originally anticipated having these connections and this help upon the arrival of the baby. It was likely that many of these respondents would have made such plans in a pre-pandemic time, with pregnancy for most having begun in 2019 or early 2020. Participants in Victoria were much more likely than those from other states to have made a comment that covered this theme.

## Broader support networks

New parents often enjoy the supports and social connections provided by other new parents (or parents to be) through antenatal classes, mothers' groups, playgroups or parenting classes. These opportunities were curtailed or altered during the COVID-19 pandemic, with some being replaced by online alternatives. Many of the survey respondents expressed sadness about having lost those opportunities.

*Extremely stressful and disconnecting. Mothers' groups were cancelled, and people could not visit in the hospital. Our baby is very unsettled and we lack support.*

**Male with two children, one born in April 2020, ACT**

Others made more general comments about lack of supports. This was most common among single mothers.

## Missing out on celebrating and sharing

For many parents-to-be and new parents there is much joy in sharing the upcoming or new parenthood with friends and family. This includes the casual sharing of a growing pregnancy with loved ones, the baby shower, and visits by family and friends soon after the birth. There was a great sense of sadness expressed by survey participants that these opportunities to celebrate and share the pregnancy and new birth were lost due to COVID-19 restrictions. At the end of 2020 a number mentioned they had not yet been able to introduce newborns to their grandparents. This was especially so for those with parents overseas.

*Felt a bit robbed of the experiences that come with being pregnant. Limited family visits and support, no baby shower (was planned but limits on numbers of people changed two days before). No one could visit in the hospital. Some family members interstate. Husband was refused entry into scans so I had to be alone. No parent groups.*

**Female with one child, born in September 2020, South Australia**

## Summary

As noted in the early summary of the content analysis, diminished connection to and support from family and friends was the top reported theme in the comments from expectant and new parents. Of course, connections and contacts with others was a recurring issue across Australia and elsewhere in 2020 and beyond, particularly for those experiencing lockdowns that curtailed face-to-face contact with others. But for those facing new parenthood, this was keenly felt, not only because of the sadness of being unable to share in the joy of a new birth but also in not being able to accept the help and support of others at a time of significant change. The lack of help and support and diminished connection with others comes through, also, in respondents' references to their personal or family time and how it was experienced in 2020.

## Self and family time

This section summarises comments that often overlapped regarding personal experiences of the pregnancy and new parenthood. In commenting more on family time, this includes reflections of how COVID-19 caused a change in pace and opportunities to work from home or for their partner to be able to be more involved because of being at home. Partner participation, though, was also seen to be negatively impacted by the restrictions on access to some of the health care appointments and in hospital, as discussed earlier and in more detail below.

## Slowing down, working at home and positive impacts

On the positive side, some parents noted being able to slow down, to work at home, avoid travel and varied commitments. They reported that this meant they were able to rest more or were better able to manage periods of morning sickness. This was also related to reports about quality family time.

*On the positive side, working from home arrangements because of COVID was very convenient during pregnancy and I feel I was able to manage others' expectations/social pressure well due to the restrictions and not having to go anywhere. It has been difficult not having practical more-hands support when we could benefit from it but it was also a blessing to not be able to have visitors at the hospital and the first few weeks at home. My husband and I didn't have to fend off requests to visit and were really able to enjoy our newborn to ourselves without pressure/expectation.*

**Female with one child**, born in October 2020, Victoria

*Impacted my decision not to continue paid employment during pregnancy as my industry involved in either direct health care provision or teaching in crowded classrooms of nursing students. Upsides: no exposure to usual seasonal illness, no social pressures, no commuting or in-person work while managing morning sickness and fatigue.*

**Female with female partner**, with two children, one born in November 2020, Victoria

## Partners providing care and support

At the time of the birth and immediately after there were some mothers affected by the more stringent restrictions to who could attend services. This limited the support they could receive from their partner or spouse, or from the child's father, and was reported to be quite difficult for some. In particular, a number of mothers commented on the loneliness and isolation they experienced when the child's other parent was only able to have two-hour visits in the days after the birth. A couple of respondents mentioned discharging themselves early from hospital because of this.

*Visiting restrictions were in place when I gave birth. I discharged myself from the hospital earlier than planned as that was the only way my partner was able to spend time with our daughter, and the only way I could have support. We had planned for extended family to fly over to help with the baby for when my partner went back to work, but they were unable to come due to border closure, so I had to manage largely alone as my partner had to fly out for work.*

**Female with one child**, one born in March 2020, Western Australia

Partners were sometimes mentioned as being a valued support by sharing in the care of older children to allow appointments related to the pregnancy or infant to be managed. However, this was not always easy for families to manage, given constraints in the partner's employment, and with some families facing financial and employment instability related to COVID-19.

The valued role of partners, or the children's father, in being a support more generally in the home in the time after the birth was also mentioned, particularly when they were able to work from home. This meant they were able to be more involved in providing help and support than they might otherwise have been, which was especially important when other family weren't available.

*It was scary, I was very anxious about the health of my family, I was disinfecting and cleaning everything like never before. My husband being home (stood down temporarily) was a big help though, he was very supportive. It was heartbreaking not having mum with me during labour and/or to visit me in hospital. I felt anxious and depressed at times due to lack of face-to-face appointments, check-ups, family and friends support.*

**Female with one child**, one born in June 2020, Victoria

Challenges were apparent, however, with some parents finding the experience stressful.

*My wife struggled with pregnancy-related illness (mental and physical) through first trimester, which fell right on the stage 4 restrictions. Our infant son was also going through a rough patch sleeping. My wife needed a lot of care, my son needed a lot of care, we were all in a tiny city flat, and I was trying to work for four days a week while looking after both of them. No one could come and help due to stage 4 restrictions. I found it immensely challenging. I hardly slept, did drink a bit more and didn't resume my smoking but did go back on nicotine gum to help with the stress. The weeks where our son couldn't go to day care were the total nightmare, as they coincided with the time my wife couldn't get out of bed and work was really busy and stressful.*

**Father with pregnant partner**, Victoria

## Family time

There were two ways that family time was referenced in relation to the new parenthood experience. These comments were more typical of the new parent cohort, rather than expectant parents. One of the themes was the positive perspective, in which parents commented on the 'bubble' that they were able to stay in, providing a welcome opportunity to bond as a family with a newborn. This even extended to the period immediately after the birth, in the hospital, with some survey participants appreciating having this time for the family alone without visitors.

*New parenthood was great to be in our newborn bubble; however, after 12 weeks we really needed support. Especially my husband, who was working really hard to care for me and bub.*

**Female with one child**, born in July 2020, Victoria

*If anything, it was beneficial, as the time off work for me, as the father, gave me extra time at home with our baby that I wouldn't have otherwise have had.*

**Male with one child**, born in February 2020, Victoria

*Not having people come and visit really helped us to bond with our baby and really concentrate and focus on him and ourselves without any outside pressures.*

**Female with one child**, born in May 2020, Victoria

*Challenging in that my husband couldn't come to obstetrician appointments or scans, baby shower was cancelled, and couldn't have visitors. But also some advantages in husband working from home and therefore being much more involved in our child's life, enjoying our bubble in first three months of baby's life.*

**Female with one child**, born in August 2020, Victoria

*It was actually a relief that people couldn't come around and we couldn't go anywhere, in some ways. It meant that our little family could indulge in the newborn bubble without worrying about seeming rude.*

**Female with two children**, one born in April 2020, Queensland

*Some of it was easier, like having my partner work from home meant I had more sleep and support than I otherwise would have for months. It also meant he got to see her grow. Was hard for extended family but for me it worked out very well.*

**Female with one child**, born in June 2020, Victoria

For some, there were challenges in managing family time, and this was most often reported in families with older children as well as a newborn. With some children being in remote learning and access to child care limited, this posed challenges for parents who felt they were juggling a lot. In these circumstances, or when fathers were working at home, some mothers also mentioned they missed out on 'alone time' when they could focus just on their newborn.

*It was hard to be in lockdown with a six week old, a preschooler and no family support.*

**Female with two children**, one born in January 2020, Victoria

*Horrible. Family wasn't able to meet baby and I had my older children home from school so missed that one-on-one time.*

**Female with two children**, one born in March 2020, Northern Territory

This theme arose in more general terms in comments from participants remarking on the difficulty of the situation, given newborns, sick children, recovering from a difficult birth, for example, with no access to the family supports that would typically have been available. There were also more challenges around access to formal supports when facing difficulties as a new parent.

## Summary

The changes to life across Australia in 2020 had some positive flow-on effects for expectant and new parents, with some being able to slow down and avoid outside pressures and commuting. The opportunity to work at home was particularly valued by expectant parents. For new parents, some found that the experience of the 'bubble' of their new family was a positive one. However, for others, the period of pregnancy and new parenthood was challenging, particularly for families who would have liked more support from others.

## Wellbeing: mental and physical health

It is most notable in terms of wellbeing that a large number of respondents, when invited to make a comment about pregnancy or new parenthood, began their comment with a negative word such as 'awful' or 'terrible', followed by more detailed insights on the experience. Some did provide balance and included positive reflections, and it is very likely that if prompted to do so, a large majority would have positive reflections to make. The negative comments are unlikely to reflect the totality of the birth and new parenthood experience.

Here, we focus on the comments related to the respondent's wellbeing. Comments about personal wellbeing (reflecting feelings and emotions) were much more likely from female (mother) respondents, rather than from fathers.

## Concerns directly related to COVID-19

In commenting about experiences of pregnancy and new parenthood, some parents referred to their concerns about COVID-19 and the potential health impacts on them and their baby. Concerns were heightened through needs for face-to-face appointments at medical facilities including the hospital.

*I felt concern for the health of my family and also the lack of resources; that is, support from my parents who are interstate, and also the possibility of not being able to buy or access necessities. I was anxious about going to my hospital appointments in my third trimester due to COVID testing being available there.*

**Female with one child, born in June 2020, Western Australia**

There were worries about the unknown effects of COVID-19 on pregnant mothers and babies.

There were other mentions of issues that were directly related to COVID-19. This included the challenges of wearing masks, and the difficulties experienced when there were shortages of supplies in the supermarket.

## Isolation and loneliness

Some common words often written on their own in response to the question about the experience of pregnancy and new parenthood were 'lonely' and 'isolated'. This was, not surprisingly, linked to comments about being disconnected from family and friends. This was especially likely among the comments of new mothers, who were also facing a time in which their family roles were changing and workplace and other contacts were more limited.

*I was isolated. I had him the day Australia shut down. It was the most lonely and isolating time I had ever experienced as I didn't even have my ex-husband around as he had to go to WA for work. I was alone with two kids and no support.*

**Female with two children, one born in March 2020, Queensland**

## Mental health, anxiety, fear and loneliness

Comments about isolation and loneliness were frequently linked to negative comments about wellbeing and, as above, were typically comments made by mothers. This included comments about their mental health or anxiety, some referring specifically to depression. Some of the anxiety was reported to be related to the uncertainty of restrictions and how services and supports would be impacted, as well as feelings of anxiety related to having to attend appointments related to the pregnancy or birth alone.

*Stressful – had to go to my first scan alone, masks and distancing during some health care visits, antenatal classes cancelled, constantly changing situation re. hospital visitors.*

**Female pregnant with first child, Queensland**

## Summary

In the overall summary of the content analysis, we noted that it was common for respondents to begin their description of the pregnancy or new parenthood with a negative word, such as 'awful' or 'terrible'. It was also especially common for respondents to mention, in some way, being isolated or lonely. These words, along with others that express difficulties are apparent in the Word Cloud in [Figure 1](#). For some, this appeared to be an especially difficult year. For others, the comments indicated they had had some challenges, perhaps some fears or periods of depression related to specific experiences, such as around the birth. For example, some of the quotes above highlight challenges with parts of the pregnancy experience. Some respondents who provided more detailed comments, in fact, highlighted the varied emotions, with negative feelings apparent but also some of the happiness, as reported in the section 'Help, support and connections'.

## SUMMARY

This research drew largely on the comments of expectant and new parents responding to the Families in Australia Survey at the end of 2020. Content analysis of these comments, paired with analysis of some of the other survey data, highlighted many of the challenges as well as some opportunities faced by these families in 2020, a year in which the COVID-19 pandemic had considerable impacts across Australia. These impacts were also apparent after 2020, as the pandemic continued.

We note that in the Families in Australia Survey, the nature of the question asked of expectant and new parents, that prompted a comment about their experiences of pregnancy or new parenthood, is likely to result in respondents focusing on a top-most concern, or perhaps what they thought was the worst (or perhaps the best) part of their experience. While most provided a negative comment, others had something positive to say, or articulated mixed experiences. While in-depth interviews would, no doubt, reveal a fuller and more complex picture of how pregnancy and new parenthood was experienced, the themes that emerged from analysis of the approximately 400 comments were similar to those emerging from other research based on interview data.

With the health sector having to make significant adjustments to the delivery of services during the COVID-19 pandemic, it is not surprising that this was commonly touched on by expectant and new parents. Experiences of health services were unlikely to reflect previously held expectations and, as evident in these data, this was associated with some anxiety and fear, some feelings of loneliness and isolation, and some disappointment. Expectant and new parents commented on their experiences with health services, and the change to telehealth, as well as impacts on the supports they had expected or wished to use. While some parents did report positively on their experiences, there was some indication of parents missing out on the supports they sought.

The main aim of this research was not to focus on experiences of health systems and services; however, these experiences were central to many responses, and were often linked to the key focus of this research, being that of family experiences. The restrictions within the health sector meant new parents had diminished support from partners or extended family during appointments and the birth, and some had added complications in managing child care when children could not accompany them to appointments.

The impact of diminished contact with and support from others on these cohorts was especially apparent for the new parent cohort. It was clear that new parents often wished to have the support of others at this time. Family support was often noted as being something that was missed, given an inability for family to travel and be present to help the family with the newborn. While this included references to extended family, for pregnancy, it was the support of a partner or spouse that was most highly valued and missed when not available. With the increasing participation of fathers as well as mothers in antenatal appointments, and the birth itself, there is demand for services to be delivered in a way that allows such involvement.

As has been shown in other research and other populations in the context of COVID-19, many people have experienced anxiety and other challenges to their wellbeing because of COVID-19. This research showed this to be true for expectant and new parents, with some of the negative emotions linked to particular experiences (such as attending appointments alone), while others were linked to longer-term experiences, including feeling a lack of support and connection as new parents. Having limited access to formal supports and services seemed to contribute to these issues.

As noted in the introduction, access to social support is important in relation to individuals' wellbeing, with this social support potentially coming from a partner or spouse, other family or friends. There was certainly considerable evidence from this sample of poorer wellbeing accompanying the restrictions on access to social supports. With the ongoing impacts of the COVID-19 pandemic meaning some families have continued to have restricted access to family, the cohort of families experiencing pregnancy and new parenthood may need particular attention to address any potential longer-term impacts on individual and family wellbeing.

As noted in the introduction, a number of organisations have provided practical advice and connections to services for expectant and new parents during COVID-19. These resources also provide advice to those supporting new parents, with ideas for how assistance can be provided. These resources appear to address the varied issues that have emerged in this research; for example, providing advice about access to services, ways to keep in touch and providing emotional or practical help.

This research provides insights about the value of family at the time of new parenthood and pregnancy. In the context of COVID-19, it shows clearly how a lack of family connections heightens challenges, while the family you live with can provide much valued support as new parents grow together.

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## ABOUT THE SURVEY

*Towards COVID Normal* was the second survey in the [Families in Australia Survey](#) (AIFS' flagship survey series). It ran from 19 November to 23 December 2020, when restrictions had been eased in most states.

The pandemic in Australia triggered an unprecedented set of government responses, including the closing of Australia's borders to non-residents, and restrictions on movement, gatherings and 'non-essential' services.

Although the health consequences over the period were not as severe in Australia as they were in many countries, social and economic effects were profound. The *Towards COVID Normal* survey attempted to capture some of those effects. The survey was promoted through the media, social media, newsletters, internet advertising and word of mouth.

### Survey participants

In the first survey, there were 7,306 respondents, of which 6,435 completed all survey questions. There were 4,843 couple respondents.

In the second survey, 4,866 participants responded, of which 3,627 completed all survey questions. There were 2,610 couple respondents.

### Credits

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