

services alone (antenatal appointments, scans, labour/birth services and postnatal wards) caused anxiety for many across all maternity pathways, and among those who had to attend services alone, many described a lasting impact on their mental health. Women's sense of isolation was clear, but its implications varied based on their personal circumstances and was not always perceived as negative overall. However, for some this meant increased anxiety and more need for mental health and emotional support. For example, of the 323 women to whom the survey question was relevant, 70% found it difficult to be seen by a mental health specialist as part of their maternity care. This in turn may have affected how they experienced maternity services during that time, for example, the proportion of women who rated each area of care as excellent was lower among those who experienced domestic abuse or had mental health conditions than those who did not.

Maternity staff described how they navigated a highly stressful everyday environment while working during the pandemic, balancing the various sources of anxiety and concern arising from both their own personal lives and work. For 64% of staff responding to the survey, work-life balance was worse during the pandemic than beforehand. Increased workload was a major theme arising from both interviews and survey responses. Changes in workload were evident in that more than half of staff experienced increased virtual delivery of antenatal and postnatal care including feeding support, online antenatal care provision and women choosing homebirth. Staff's resilience and ability to cope with stress, as well as to support stressed colleagues, was a defining feature of how they worked through everyday challenges across all levels and professional groups. Against this backdrop, staff addressed safety concerns for themselves and women, and navigated ongoing changes in service organisation as well as in their usual roles. These included temporal changes in their remit. For example, a quarter of staff who responded to the survey reported working in a different role at some point during the pandemic, of whom 53% felt able to deliver the role expected of them, while 33% did not feel able to do this. Staff reported that changes in roles and service organisation were not in keeping with usual organisational culture in the NHS, with decisions and communication perceived as more 'vertical' than usual. For example, less than half of staff who responded to the survey agreed that maternity service changes were well communicated to them. These changes caused stress to staff. However, staff

visitors at all. And not knowing when you were going to get home and all that kind of thing. So it was quite difficult at that point.’ (P04)

Conversely, only 18% of women reported feeling the same about family/friends visiting. In this case, the rules and restrictions were generally well understood and for many women and staff this had represented an unexpected positive feature of postnatal care under COVID:

‘from chatting to other friends they found when they were in hospital when they had their baby a couple of years ago that the whole hospital experience was very loud. There was [sic] people coming and going all the time, like visitors, whereas I didn’t find that. It was quiet.’ (P02)

Similarly, staff voiced a strong opinion that restricting postnatal ward visiting to partners was beneficial, and that doing so in the future (in addition to allowing older children to visit) would benefit maternal wellbeing, rest, bonding, breastfeeding and increase peer support from other women in hospital. A benefit that some staff felt was also noticeable following discharge due to further visitor restrictions imposed by the wider national COVID guidance was an improvement in breastfeeding rates:

‘I think that our breastfeeding rates have actually improved because they’re not having visitors round to the house (...) and actually what we’re finding is we’re not getting those big weight losses, so we’re not having people interfere too soon, so it’s actually improving our [breastfeeding] rates, but I do think that women not having loads of visitors round to the house has made a huge difference on the success of breastfeeding as well, because they’re not having to pass the baby round to all the family members and missing out on feeding cues.’ (P05)

Receiving postnatal care at home

Almost all (98%) women received postnatal care in-person in their home after the birth, with 70% receiving three or more visits. Almost a quarter of women also

received care by telephone. Overall, women's experiences of home-based postnatal care were very positive and perceived as very comprehensive and of a high standard:

'Certainly, my aftercare, the midwives and health visitor were excellent, and always asked, "How are you feeling emotionally? And are you coping well?" And stuff like that. And there was an acknowledgement that it was a difficult situation, so I felt that – it was my first pregnancy, so I'm not sure whether those are routine questions or not, but I did always feel like when they came round they acknowledged that it was a difficult situation and they were concerned certainly about emotional well-being of not just myself but the family, was husband okay and baby, and all that kind of stuff.' (P03)

Receiving postnatal care centred more around the home than the hospital was highlighted as positive by families with older children and those with added postnatal care needs such as recovery from a caesarean section, or additional infant care needs such as those linked to jaundice, which overall resulted in positive care experiences from women and their families:

'our postnatal care was actually really good as well. Our midwife came round to our house. She was very good, it felt comfortable her being in our house that was ... she was good, she gave us information about what to expect. We got more midwife visits than we've ever had with our first [child] – Oh, and the other thing was, it was good, this little guy was really jaundiced and instead of the usual, well, go up to [the hospital] and get it sorted and it taking hours and going [to the hospital] and what do you do with a three year old, they came to our house and did a blood test and was really – So we got really good community care, really good community care, probably better than before the pandemic (...) I would say if you take into account the phone calls and then the community visits my care was probably more centred around my home than the hospital (...) [this] definitely worked for us, definitely, yes. Especially after a
