


BMJ Open Strategies to support maternal and early childhood wellness: insight from parent and provider qualitative interviews during the COVID-19 pandemic

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ABSTRACT

Objectives The COVID-19 pandemic resulted in rapid changes to the delivery of maternal and newborn care. Our aim was to gain an understanding from parents and healthcare professionals (HCPs) of how the pandemic and associated public health restrictions impacted the peripartum and postpartum experience, as well as longer-term health and well-being of families.

Design Qualitative study through focus groups.

Setting Ontario, Canada.

Participants HCPs and parents who had a child born during the COVID-19 pandemic.

Interventions Semistructured interview guide, with questions focused on how the pandemic impacted their care/their ability to provide care, and strategies to improve care and support now or in future situations with similar healthcare restrictions.

Outcome measures Thematic analysis was used to describe participant experiences and recommendations.

Results We included 11 HCPs and 15 parents in 6 focus groups. Participants described their experiences as 'traumatic', with difficulties in accessing prenatal and postpartum services, and feelings of distress and isolation. They also noted delays in speech and development in children born during the pandemic. Key recommendations included the provision of partner accompaniment throughout the course of care, expansion of available services for young families (particularly postpartum), and special considerations for marginalised groups, including access to technology for virtual care or the option of in-person visits.

Conclusions Our findings may inform the development of healthcare system and organisational policies to ensure the provision of maternal and newborn care in the event of future public health emergencies. Of primary importance to the participants was the accommodation of antenatal, intrapartum and postpartum partner accompaniment, and the provision of postpartum services.

INTRODUCTION

Public health mandated restrictions that were implemented early in the COVID-19 pandemic may have had unintended consequences for pregnant individuals and their families. The introduction of virtual antenatal

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ We received an overwhelming response for participation from parents, indicating the importance of implementing strategies and policies that may improve the well-being of families.
- ⇒ Although we sampled a diverse group of participants, recruitment of healthcare providers was challenging in light of the ongoing pandemic.
- ⇒ We were unable to capture the perspectives of newcomers to Canada, although several of the healthcare professionals who participated specifically care for this population and could speak to common challenges.
- ⇒ Due to the convenience sampling approach, many of the participants recruited through social media had completed postsecondary education and reported a high household income; it is likely that individuals with fewer financial resources experienced additional barriers to accessing supports following delivery.

visits, restriction of in-person appointments to the pregnant individual only, limited essential care partner attendance during labour and delivery, and reduced availability of postpartum services, including lactation support,¹ may have negatively influenced the peripartum and postpartum experiences of patients. These changes may have also negatively influenced healthcare professionals (HCPs) who provide care to parents and babies. Social isolation during these critical years of childhood development may have also resulted in downstream effects for the well-being of children and their families.

A Canadian survey of 1477 expecting families found high levels of distress during the pandemic, with top concerns being hospital policies related to support persons during labour and not being able to introduce the baby to family and friends.² Research has also shown that the pandemic did not affect



all families equally: a population-based study in Ontario, Canada demonstrated an increase in maternal mental health visits during the postpartum period during the pandemic, with notable differences based on geographical and sociodemographic factors; these differences may have reflected barriers in accessing care among lower-income families, or a lower burden of maternal mental illness in areas with less restrictive public health measures during the course of the pandemic.³ As public health restrictions were lifted, individuals with fewer financial resources may have had less access to resources to mitigate social isolation following delivery. Federal restrictions on travel made it more difficult to sponsor family members to travel to Canada to provide support following delivery, leaving many newcomers with limited supports. The impact of the pandemic on maternal and newborn health may continue to have adverse effects on the health and well-being of families, and understanding and mitigating these effects requires further exploration. The pandemic affected maternal and newborn care worldwide, and understanding the unique needs of mothers and families during pregnancy and postpartum may inform strategies to support families in the event of another public health emergency.

The overall aim of the study was to gain an understanding of how the pandemic and associated public health restrictions impacted the peripartum and postpartum experience, as well as longer-term health and well-being of families. The specific purpose of this study was to gather information to inform the provision of pregnancy and delivery care in the event of another pandemic and associated public health restrictions, and to understand the longer-term effects on children, which may enable strategies to mitigate the impact of the pandemic on those most affected.

METHODS

Approach

We used basic qualitative description to explore the views of parents and HCPs on how the pandemic influenced the peripartum and postpartum experience, and the health and well-being of themselves and their baby.⁴ To do so, we conducted focus groups with parents who had children born during the first 2 years of the pandemic, as well as providers (physicians, social workers, educators, speech/language pathologists and occupational therapists) who care for pregnant individuals and/or children. Basic qualitative description is an approach commonly used in health services research to assess problems and derive solutions that do not employ or generate theory.⁵ We conducted focus groups rather than one-on-one interviews because group discussion can stimulate interactive, synergistic exploration of a novel or sensitive topic.⁶ We complied with the Consolidated Criteria for Reporting Qualitative Research⁷ (online supplemental file 1). All participants provided informed consent prior to interviews and parent participants received a US\$50 e-gift card

following interviews. There was no prior relationship between the researchers and participants.

Sampling and recruitment

We used convenience sampling to recruit providers that look after pregnant individuals and young children (here referred to as HCPs) and parents aged 18+ in Ontario who had a child delivered on or after 10 March 2020 (corresponding to the first COVID-19-related death in Ontario, after which public health mandated restrictions were implemented on 15 March 2020). Eligible HCPs included early childhood educators/childcare centre supervisors, paediatricians, family physicians/nurse practitioners, midwives, speech language pathologists and occupational therapists who care for pregnant individuals/infants and young children and their families. We recruited HCPs through the authors' (ANS and DC) professional networks and through snowball sampling to achieve a diverse range of multidisciplinary perspectives. A list of names and emails of potential participants were provided to a research coordinator (AS) who contacted individuals directly (with one follow-up email, if there was no response within a week) and through social media (Twitter). Interested participants were asked to contact our research coordinator (AS), who then sent an informational letter and demographic survey. Parents of children born during the pandemic were recruited through social media advertising on Facebook and Instagram using the @PandemicPregnancyGuide accounts. The advertisement directed parents who were interested in participating to email the research coordinator (AS), who sent back an informational letter about the study and a demographic data survey to determine inclusion criteria. The survey asked questions regarding age, gender, educational background, employment status, household income, ethnicity, whether the participant has recently immigrated to Canada, and the first three digits of their postal code. The participant could also include information on how the pandemic had affected them. The data provided on this survey were used to invite participants for focus groups, with the goal of achieving a broad range of experiences and perspectives. We aimed to involve a minimum of 25–30 participants with 6–8 per focus group.⁸

Patient and public involvement

Patients were invited to participate in this study through focus groups; they were primarily recruited via social media. We also sought broad representation from other key stakeholders who provide care to this population of patients. Dissemination of the results of this work will be through peer-reviewed publication and social media channels to ensure public access.

Data collection

We conducted three focus groups with parents and three focus groups with HCPs between July 2022 and October 2022. Focus groups were conducted by a third-party certified professional facilitator and were done virtually

on Zoom. The focus group questions were derived from study objectives (online supplemental additional file 1). We asked parents about how having a child during the pandemic affected them/their partner and their baby, and what strategies could improve peripartum and postpartum care and support for families in the context of an ongoing pandemic or in future similarly restricted situations. We asked HCPs how the pandemic affected parents and babies, how it affected their ability to provide peripartum and postpartum care and support for families, strategies needed to improve care and support now or in the future, and what single strategy they prioritised and why. Focus groups ranging from 52 to 103 min were audiorecorded and transcribed.

Data analysis

We conducted inductive thematic analysis through constant comparison and used Microsoft Office Word to manage data.⁹ ARG and HB (masters in public health research associate) independently coded the first parent and HCP focus group transcripts, then met to compare and discuss coding technique and themes to generate an initial codebook (first level coding). Thereafter, HB coded remaining transcripts, expanding or merging themes in the codebook (second level coding) and consulting with ARG weekly. ARG independently reviewed final coding. We tabulated data (themes, quotes) and compared themes between parents and HCPs, using summary statistics to describe participants and text to describe key themes (online supplemental file 2).

RESULTS

Participants

We included 11 HCPs and 15 parents in 6 focus groups, 3 each with HCPs and parents (table 1). Two (18%) of HCPs were male; all parent participants were female. HCPs included physicians (paediatrics and family practice), a nurse practitioner, a speech language pathologist, an occupational therapist and early childhood educators/childcare centre supervisors. Eight (53%) of the parents experienced their first birth during the pandemic; the majority were from urban areas (n=10, 67%) and had completed postsecondary education (n=11, 73%).

Themes

Online supplemental additional file 2 includes all themes and quotes organised by group (parents, HCPs) and focus group questions. Quotes show participant type and focus group number. Table 2 summarises themes with exemplar quotes. Themes with select quotes are discussed here, organised by focus group questions, noting any discrepancies between participant views.

Pandemic effect on care and support

Parents and HCPs agreed on several themes. Both noted the considerable impact of care partners not being

Table 1 Characteristics of healthcare providers and parents of children born during the pandemic who participated in focus groups

Healthcare providers	
Profession	
Family physician	1
Paediatrician	3
Nurse practitioner	1
Speech language pathologist	1
Occupational therapist	1
Early childhood educator/childcare centre supervisor	4
Practice setting	
Community	4
Academic	6
Not specified	1
Sex	
Male	2
Female	9
Parent participants	
Age group	
18–25	0
25–34	7
35–44	4
Not specified	4
Sex	
Female	15
Male	0
Parity	
First child	10
Second or more	5
Ethnicity	
Asian	6
Black or African	1
White or Caucasian	7
Multiracial or biracial	1
Recent immigration (within 5 years)	0
Annual income	
>100 000/year	9
No answer	6
Educational level	
College/university	6
Graduate studies	5
Not indicated	4
Employment status	
Employed full time	10
Unemployed	1
Not indicated	4

Continued

**Table 1** Continued

Geographic location	
Urban	12
Rural	1
Northern	1

allowed at the birth, or in prepartum or postpartum appointments, describing the experience as ‘traumatic’.

Who I feel for is my husband, really he missed out on pretty much everything, and I have a history of miscarriage I was like I have like a bit of trauma when it comes to ultrasounds. And having to go to those like alone was really hard. Yeah, my husband just missing the ultrasounds, like the appointments. (Parent group 2)

Parents and HCPs described difficulty accessing prepartum (eg, education) and postpartum (eg, postpartum physical examination, well baby checks) care and services. Both groups reported stress and anxiety due to this lack of care and support, as well as feelings of isolation. Mental health issues were heightened among first time parents, and less for those who had arranged for midwives, or could afford and had arranged for postpartum doulas. Parents and HCPs also talked about development delays. Parents remarked on babies being shy due to lack of socialisation. Many HCPs also noted this, along with other development delays in speech, and cognitive and physical development, noting that the long-term impact was unknown and voicing concern that it might be too late to intervene if such problems did not get diagnosed until the child started school.

Parents noted additional adverse impacts of the pandemic including poorly coordinated in-hospital care during and directly after birth, shortcomings of virtual visits and challenges with in-person visits due to restrictions, hesitancy to reach out to doctors for help given messaging about the overburdened healthcare system, having to search for information online, fear of getting the vaccine and of getting COVID-19, and babies being constantly sick on starting daycare.

I was so hesitant to reach out for help. The messaging everywhere from doctors, from the media was don't go, don't call, don't overrun the system. So anytime I had a question or there was something that seemed off to me, I was just so hesitant to call my doctor or to call anyone for help (Parent group 1)

HCP ability to care for parents and babies

HCPs said it was upsetting to witness the distress of parents.

As somebody who really values the infant-parent dyad...bearing witness to that distress for families was

really challenging and just really hard to see (HCP group 1)

With the shift to virtual care, many HCPs found it difficult to perform postpartum and early childhood visits. Given a lack of access to primary care and other support services, HCPs indicated that they did their best to coach families on what they could do themselves at home, how to navigate the healthcare system, and tried to make up for short-falls in the healthcare system to address the needs of parents.

We had to pivot to doing all our visits virtually...you can't do the same kind of standardized assessment in a virtual visit as you can with in-person (HCP group 3)

We were trying to give them things they could do to support their children at home while they wait[ed] for services (HCP group 2)

The programs that existed...they all changed during the pandemic...my practice has changed a lot, having to first off know what's changed, and second, helping families understand what they can access (HCP group 2)

At the center I was in, it's a house where they have a refugee center, and clinics in the basement. We're super basic there, you cannot socially distance at a site like that, there's not enough space. We had to really promote virtual. We would have some visits outside sometimes. If it was the winter, it was not feasible. If it was warm, we would do weights and circumferences and throat checks outside (HCP group 1)

Given the challenge of building trust, HCPs tried to better connect with parents and babies by modifying personal protective equipment and by going outdoors to visit with parents.

We did adopt the clear mask and that was helpful for doing therapy (HCP group 3)

We put swaddles between the staff and the child so they could hold the children. And then I bought aprons for staff so they didn't have to wear all those gowns and swaddles (HCP group 2)

We had them meet outside so they could speak to parents and teach them and talk to them (HCP group 2)

Recommended strategies

Table 3 summarises themes with exemplar quotes. Themes with select quotes are discussed here, noting any discrepancies between participant views. Parents and HCPs agreed on several themes. Both groups said that both the birthing parent and a support person should be allowed at the birth and prepartum and postpartum appointments. To this, HCPs added that the birthing parent and baby should be considered as a single entity. Both groups suggested training additional midwives, and homecare and community health workers. Parents

Table 2 Effect of pandemic on parents and their babies

Theme	Exemplar quotes	
	Parents	Healthcare providers
Care partner not allowed during appointments or birth	I also felt a bit sad that my husband couldn't be there for any of the appointments. That he couldn't see any of the ultrasounds and do anything like that. I didn't feel like he was as connected to this baby at the beginning (Parent group 1)	If the mum was in the unit it meant the dad couldn't be in the unit, and the mums felt and expressed a lot of guilt about wanting to work on breastfeeding but wanting their partner to also have access to their baby (HCP group 1)
Difficulty accessing prenatal and postnatal care and services	<p>Prenatal My biggest concern was that I had no prenatal education. I delivered at<hospital> and this was in July of 2020, and the OB floor was completely locked down. They weren't giving any and it was so new to the pandemic I don't think they had transition to like a virtual model (Parent group 2)</p> <p>POSTNATAL I was a bit surprised when I had my six week checkup postpartum and there wasn't a physical exam...I had a bit of a traumatic birth so I thought there may be more follow up but there wasn't. (Parent group 3)</p>	<p>Prenatal Lack of accessing prenatal care, which can lead to kind of more difficulties with babies (HCP group 3)</p> <p>Postnatal Some parents...might not be able to financially afford to be able to go into these programmes (HCP group 3)</p>
Poorly coordinated hospital care during and after birth	And I went in and the doctors were really busy and [the nurse] came and she told me that she broke my water, but she didn't. I went for multiple hours of contractions again but my labour didn't actually progress. Then there was a shift change, the nurse came in and she said they didn't actually break your water and that's why you've been in labor for this long. So they had to call the doctor but the doctor was busy, so a few hours later, they finally broke my water (Parent group 1)	---
Virtual visits too short and insufficient	I don't feel like there were as many questions, as many checks. It was very like okay, okay, okay you're fine, bye (Parent group 3)	---
In-person visits stressful due to COVID-19 protocols	Wearing all these masks, I was so exhausted going to the appointments. I couldn't even focus properly on the pregnancy when I was at these appointments because I was just so tired of not being able to breathe properly, and also being worried about who was around me and am I walking in the right spot. I think there was just a lot of stress regarding the appointments (Parent group 1)	---
Hesitant to reach out to doctors for help	The messaging everywhere from doctors, from the media was don't go, don't call, don't overrun the system. Anytime I had a question or there was something that seemed off to me, I was just so hesitant to call my doctor or to call anyone for help (Parent group 1)	---
Having to search for information online	Women are left to their own devices, searching social media. For example, I made myself sick in safe sleep groups, to the point that I couldn't sleep...I was so scared... that was a very sad thing (Parent group 2)	---
Fear of getting the vaccine and COVID-19	I even paid extra to get the private room, and they were like, well we can't guarantee it. I'm like, what do you mean? The pandemic isn't over, you can't put me and my newborn child with two people that I don't know (Parent group 2)	---
Stress and anxiety due to lack of care and support, and heightened anxiety about child safety	<p>The uncertainty that I've experienced as a mother, coupled with the uncertainty of the pandemic has exacerbated my imposter syndrome to be a mom and provide the right care for my child (Parent group 3)</p> <p>Less stressful for those with midwives and who already had a child Because it was my first child, when she was first born, I wanted help, I wanted visitors, I wanted people around. And I just felt like we were so alone. (Parent group 2)</p> <p>I had the midwives come to my house for the first 10 days after birth, so they were really good about following up (Parent group 2)</p>	<p>I saw significant stress and distress among parents. And I felt that often this led to anxiety, and some of it very warranted around a lack of equitable access to care (HCP group 1)</p> <p>That mental health piece, we saw that in infants right away, and we felt it with parents as well, their anxiety to leave the child (HCP group 2)</p> <p>It's maternal mental health for sure, but also all the things that go along with being a first time parent and your feeling of competency (HCP group 2)</p>

Continued



Table 2 Continued

Theme	Exemplar quotes	
	Parents	Healthcare providers
Babies more susceptible to getting sick	Since we started back at daycare in May, cannot keep her healthy. I know there's a little period of adjusting, but it seems so much more frequent to me than I experienced with my son (Parent group 3)	---
Babies have delayed development	He wants to be social and wants to interact with people, but also has no idea how to and it makes him nervous (Parent group 3)	Socially and emotionally they're also affected because a lot of the children were very, very attached to their parents (HCP group 3) Because of all the mask wearing, they're not seeing how your mouth is actually moving. A lot of speech is what we're noticing a lot (HCP group 2)
More bottle than breast feeding	---	We saw their breastfeeding success rates decrease. A lot of parents, both moms and dads, said, 'let's just do bottles. Let's just get out of here as fast as possible.' (HCP group 1)
Entire families hit by COVID-19 due to lack of paid sick days	---	COVID would hit the house, or a parent would think they had symptoms and they wouldn't stay home because they had to put food on the table...I was literally seeing in my practice how lack of paid sick days were impacting parents and the children (HCP group 1)

HCP, healthcare professional.

and HCPs thought it was important to provide free or subsidised services for marginalised groups. Both agreed on the need for better access to postpartum services including regular follow-up monitoring by healthcare providers. In addition, parents wanted credible informational resources, and HCPs recommended better advertising the services available; offering services in different locations at times convenient for working people and in different languages; and a coordinated centralised system. Parents and HCPs suggested that pregnant/postpartum individuals would benefit from peer support groups to reduce isolation, and parents would benefit from more subsidised daycare spaces. Parents also emphasised more opportunity for in-person medical appointments and choice of in-person or virtual for other services.

HCPs discussed several unique strategies: improve the virtual care system to more effectively triage patients to in-person or specialist care, and provide technology to families in need; catch up on the backlog of visits to assess child development, use clear masks to help children with speech development and alternative funding models for HCPs so that they are not limited by time per visit.

DISCUSSION

Focus groups with 15 parents and 11 HCPs revealed that pandemic-imposed restrictions resulted in traumatic experiences for parents stemming from partners not allowed at the birth, or at prepartum or postpartum appointments; difficulty accessing prepartum and

postpartum healthcare and other services; confusing and poorly coordinated in-person care during and after the birth, and short-comings of virtual visits; and lack of knowledge about where to find information for self-support to address gaps in care. This resulted in feelings of isolation, stress and anxiety. The impact appeared to be heightened among groups unable to pay for services and without access to technology. HCPs devised creative solutions to connect with parents and babies in person (eg, modifying personal protective equipment or meeting outdoors), and had difficulty with virtual services like postpartum visits, but they coached parents on self-support. Although rapid changes in the provision of care during the pandemic have generally not resulted in inferior perinatal outcomes (eg, no difference in rates of stillbirth,¹⁰ pre-eclampsia or severe maternal morbidity¹¹), the mental health and well-being of families delivering at this time should not be underestimated. This study is unique from other research that largely focused on describing experiences and challenges faced by parents and HCPs because we also explored strategies to improve maternal care should another situation arise that places restrictions on healthcare services. The importance of a holistic, team-based approach that does not rely on an individual's ability to pay for or independently search for additional services was emphasised.

The findings of this study are corroborated by other research. A systematic review of 56 studies (21 included in meta-analysis) of changes in maternity healthcare

Table 3 Strategies to improve care and support for parents and babies

Theme	Exemplar quotes	
	Parents	Healthcare providers
Consider birthing parent and baby as single entity to allow support person to attend birth and visits	Supposed to be a joyful moment, you just had a kid. So you're there by yourself and you're scared, there's fear. If there's someone with you, usually it's less stressful (Parent group 1)	We've treated the birthing parent and the baby as a dyad, they are one unit. And now the visitor or the second person at the bedside is the second parent (HCP group 1)
Better access to in-person medical appointments	Under a certain age...virtual appointments don't work. Especially when you're talking about medical things...they need to see your baby (Parent group 1) I took my daughter to the hospital...and they're having people wait outside and it was winter. And your child is already sick (Parent group 1)	---
Offer choice of in-person or virtual for other services	We took prenatal classes through our hospital...initially we felt disadvantaged because they were virtual...but afterwards, we were quite satisfied... we really appreciated having that as an option (Parent group 2)	---
Train more midwives, and homecare and community workers	It was very hard to find midwives around my area that were taking new patients, if they were overbooked (Parent group 2)	We need to really ensure that we have adequate home care health workforce and continue to train people to work in child care in the community (HCP group 1)
Provide free or subsidised services/policies to support the vulnerable	I think more free or low cost prenatal support (Parent group 2)	The funding for programmes in in areas that don't necessarily have that sort of support (HCP group 3)
Facilitate access to postnatal services	Credible information material Maybe downloadable resources in a reputable place so that if you are searching, you will find something from a hospital or from a healthcare professional, and not moms on the Internet (Parent group 2) Follow-up monitoring by healthcare providers Some way of checking in on both baby and mom (Parent group 2)	Follow-up monitoring by healthcare providers Doing a check-in, even once a month. And just connecting to see 'how's everyone doing?' (HCP group 2) Better advertise what is available Spreading the word, because I find we have a lot of families come, and they don't even know that it's available (HCP group 3) Offer in different locations at convenient times It's about making things as easy as possible for them to be able to get to it and be able to use it (HCP group 3) Provide interpreters having more interpreters, making things like that easier for families to access if language was a barrier (HCP group 3) Coordinated centralised system A more centralised, easy access system that allows families to get what they need would make many of our lives a lot easier and hopefully their lives easier (HCP group 2)
Peer support for mothers to address isolation	Having other new mothers around somehow to meet... Just to feel like you're not completely by yourself (Parent group 1)	More community support groups where parents can support each other who are going through similar situations (HCP group 1)
Accommodate more daycare spots	Even if the daycare had 20 kids, maybe with the alternated days, would still help. Like maybe on Monday, Wednesday, could be your kid, and then on alternate days, it could be other people's kids (Parent group 1)	Provide more subsidised childcare spaces will be good for parents. And making the process faster. (HCP group 3)

Continued



Table 3 Continued

Theme	Exemplar quotes	
	Parents	Healthcare providers
Improve virtual care system	---	Triage to in-person or specialists We didn't have triage processes to realise who should be seen in what format. We have to continue to develop an appropriate virtual care health system that sees people at the right time in the right place, and turns people, if more appropriate, to in person settings too (HCP group 1) Provide technology to those without Support for families who don't have access to technology was a really big thing (HCP group 1)
Catch up on backlog of visits to assess child development	---	Catch up on the backlog of visits and consults and procedures, and everything that needs to be done (HCP group 1)
Use clear masks to help with speech development	---	Getting higher quality masks that are clear that can show our mouths...it will continue to impact speech from them not seeing the mouth motions (HCP group 3)
More funding and alternative funding models for healthcare professionals	---	The way I get paid is a little bit different from other people, and that allows me to actually spend the time to be able to get families the services that they need and follow-up with them, but not all physicians are able to do that because of the way that they're paid (HCP group 2)

provision and healthcare-seeking by pregnant individuals during the COVID-19 pandemic revealed a significant decrease in the number of antenatal clinic visits and unscheduled care visits per week, and an increase in virtual antenatal care visits and hospitalisation of unscheduled attendees.¹² A qualitative evidence synthesis of 48 studies published from January 2020 to June 2021 involving 9348 patients and 2538 HCPs revealed negative experiences among both groups including altered maternity care due to COVID-19 restrictions and challenges navigating support systems among patients, and professional and personal challenges among HCPs.¹³ A survey of 253 patients and 77 HCPs at a single academic hospital in the USA found that most patients and HCPs felt that virtual visits improved access to care, but some expressed concerns about healthcare inequities including unequal access to virtual visits and that lack of technology such as home blood pressure cuffs could affect quality of care and safety.¹⁴ A survey of 4604 pregnant persons in Canada between 5 April 2020 and 1 June 2020 found that cancellation of prenatal appointments and birth plan changes such as lack of support person attending the birth were significantly associated with greater odds of clinically elevated depression, anxiety and/or pregnancy-related anxiety symptoms.¹⁵

Mitigating strategies recommended by participants of this study raise implications for future policy, practice and research. The most common and strongly articulated recommendation was to allow both the birthing parent and a support person to be present throughout the course of prenatal, intrapartum and postpartum care. Research shows that continuous support during childbirth from a spouse or partner reduces the need

for medical interventions, and improves both maternal and neonatal outcomes.¹⁶ Concordant with our findings, a qualitative study in Australia found that partners and support persons of childbearing individuals reported feelings of isolation, psychological distress and reduced bonding time with babies.¹⁷ Given such profoundly negative experiences, healthcare system and organisational policies to accommodate birth accompaniment should be developed for rapid operationalisation during future emergency situations. Pregnant and postpartum individuals are a unique group who require thoughtful accommodations for support during this time, and these accommodations differ from other healthcare-seeking individuals.

Virtual visits are likely to continue postpandemic, although physician payment for virtual antenatal and postpartum care has been discontinued in some jurisdictions, such as Ontario. Research shows that virtual maternal care is as safe as usual care. Evaluation of telehealth integrated care delivered from 20 April 2020 to 26 July 2020 compared with conventional care delivered from 2018 to 22 March 2020 at a single academic hospital in Australia found no significant difference in the number of babies with fetal growth restriction, number of stillbirths or pregnancies complicated by pre-eclampsia across low-risk and high-risk models.¹⁸ However, both parent and HCP participants in our study found telehealth unsatisfactory for prepartum and postpartum care, thus planning is needed on how to improve virtual maternal support. Our participants identified three strategies that could improve virtual care. One, they recommended peer support groups for pregnant and postpartum individuals to impart experiential knowledge and reduce isolation. A scoping review

of 21 studies showed that online peer support reduced feelings of isolation and improved the mental health of new parents.¹⁹ Two, HCP participants recommended a system to prioritise and triage patients to in-person or virtual care. Referring to telehealth in general, given the pandemic, others have also recommended that a standardised triage protocol be developed to assess acuity and prevent underestimation of illness severity, sort patients to place of service and determine if there is a need to escalate to an in-person evaluation or higher level of care.²⁰ Three, parent participants recommended being provided or referred to credible educational material because they hesitated to contact HCPs due to messaging about the overburdened healthcare system, and as a result, said they spent a lot of time on fruitless searches for information. Future research is needed to compile and package and/or develop prepartum and postpartum resources. That material should be disseminated directly to pregnant persons and also to HCPs who can share the information with their patients.

Support is also needed for HCPs who provide virtual maternal care. HCP participants said that they did their best to coach parents on what they could do themselves at home given the restrictions on prepartum and postpartum services. HCPs recommended several strategies. They recommended training additional workers to provide maternal services. Community health workers are non-HCPs that provide a wide range of health-related services and can reduce health inequities in marginalised populations because they often represent those groups and/or have knowledge of the sociocultural norms, values and behaviours of clients along with skill in communication and counselling.^{21 22} Further research is needed on how to grow, legitimise and integrate community health workers into the mainstream healthcare system. HCPs also recommended compensating HCPs through alternative funding models so that they are not limited by time per visit, and implementing a coordinated centralised system to connect parents with the services they need. These recommendations can only be addressed at the healthcare system level through ongoing communication leading to policy changes. In addition, study participants recommended three strategies to ensure that disadvantaged group access maternal services: (1) provide free or subsidised services to marginalised groups; (2) offer services in different languages and locations at times convenient for working people and (3) equip families with technology for virtual visits. In response to pandemic-imposed barriers to accessing virtual care during the pandemic, a narrative review identified three additional strategies to promote equitable access to virtual care: simplify complex interfaces and workflows, use supportive intermediaries and actively engage marginalised community members in planning virtual care.²³

This study featured several strengths. We employed robust qualitative research methods^{4 6 24} and adhered to standards for conducting and reporting qualitative research.⁷ We explored experiences and

recommendations among both parents and HCPs to gather diverse and comprehensive insight on how to improve future care. We achieved thematic saturation within and across groups as parents and HCPs articulated common experiences and recommendations. A few limitations must be noted. All participants were recruited in Ontario, Canada so the findings may not be transferable or relevant to parents or HCPs elsewhere in Canada, or in other countries with differing healthcare systems. Although social workers, midwives and family medicine obstetric providers were eligible for participation, we were not able to recruit them for participation. In general, HCP recruitment was challenging, likely due to significant healthcare worker strain during the pandemic. In contrast, we received an overwhelming response from parents to participate, likely indicating an unmet need to support young families during these challenging times. While our primary goal was to generate recommendations to mitigate the effects of the pandemic by families who were affected, the participants emphasised how traumatic their delivery experiences were, and hence this became a larger focus of the study, as it was of key importance to the participants. We were also unable to capture the perspectives of newcomers to Canada, although several of the HCPs who participated specifically serve this population. Lastly, due to the convenience sampling approach, many of the participants recruited through social media had completed postsecondary education and reported a high household income; it is likely that individuals with fewer financial resources experienced additional barriers to accessing supports following delivery.

CONCLUSIONS

Public health mandated restrictions during the COVID-19 pandemic resulted in experiences of isolation, stress and anxiety for parents with children born during the pandemic, and these experiences were heightened among marginalised groups. HCPs devised innovative solutions to the provision of maternal and newborn care but experienced significant challenges in the delivery of care in these unprecedented times. The knowledge from this study may be used to inform the provision of care in future times of public health mandated restrictions, acknowledging that pregnant individuals and their babies may require exceptions to these restrictions (particularly intrapartum), and marginalised groups in particular may require additional supports to technology or the option of in-person visits. The strategies recommended in this study may be applicable to pregnant individuals and families globally.

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Patient and public involvement Patients and/or the public were involved in the design, or conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not applicable.

Ethics approval This study involves human participants and was approved by Unity Health Toronto Research Ethics Board (REB#: 22-050). Participants gave informed consent to participate in the study before taking part.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement All data relevant to the study are included in the article or uploaded as online supplemental information. All data generated or analysed during this study are included in the published article and its online supplemental information files.

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Consolidated Criteria for Reporting Qualitative Research

Strategies to support maternal and early childhood wellness: insight from parent and provider qualitative interviews during the COVID-19 pandemic

Page in manuscript	Item	Guide questions/description	Page in manuscript
Domain 1: Research team and reflexivity			
Personal Characteristics			
1.	Interviewer/facilitator	Which author/s conducted the interview or focus group?	8
2.	Credentials	What were the researcher's credentials? <i>E.g. PhD, MD</i>	1,9
3.	Occupation	What was their occupation at the time of the study?	9
4.	Gender	Was the researcher male or female?	1
5.	Experience and training	What experience or training did the researcher have?	9
Relationship with participants			
6.	Relationship established	Was a relationship established prior to study commencement?	7
7.	Participant knowledge of the interviewer	What did the participants know about the researcher? <i>e.g. personal goals, reasons for doing the research</i>	7-8
8.	Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? <i>e.g. Bias, assumptions, reasons and interests in the research topic</i>	8-9
Domain 2: study design			
Theoretical framework			
9.	Methodological orientation and Theory	What methodological orientation was stated to underpin the study? <i>e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis</i>	7
Participant selection			
10.	Sampling	How were participants selected? <i>e.g. purposive, convenience, consecutive, snowball</i>	7
11.	Method of approach	How were participants approached? <i>e.g. face-to-face, telephone, mail, email</i>	7-8
12.	Sample size	How many participants were in the study?	9, Table 1
13.	Non-participation	How many people refused to participate or dropped out? Reasons?	n/a
Setting			
14.	Setting of data collection	Where was the data collected? <i>e.g. home, clinic, workplace</i>	8
15.	Presence of non-participants	Was anyone else present besides the participants and researchers?	8
16.	Description of sample	What are the important characteristics of the sample? <i>e.g. demographic data, date</i>	9-10, Table 1

Data collection			
17.	Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	8-9, Additional File 1
18.	Repeat interviews	Were repeat interviews carried out? If yes, how many?	n/a
19.	Audio/visual recording	Did the research use audio or visual recording to collect the data?	9
20.	Field notes	Were field notes made during and/or after the interview or focus group?	n/a
21.	Duration	What was the duration of the interviews or focus group?	9
22.	Data saturation	Was data saturation discussed?	18
23.	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	n/a
Domain 3: analysis and findingsz			
Data analysis			
24.	Number of data coders	How many data coders coded the data?	9
25.	Description of the coding tree	Did authors provide a description of the coding tree?	10-13, Table 2, Table 3, Supplemental File 2
26.	Derivation of themes	Were themes identified in advance or derived from the data?	7-8
27.	Software	What software, if applicable, was used to manage the data?	9
28.	Participant checking	Did participants provide feedback on the findings?	n/a
Reporting			
29.	Quotations presented	Were participant quotations presented to illustrate the themes / findings? Was each quotation identified? e.g. <i>participant number</i>	10-13, Table 2, Table 3, Additional File 1
30.	Data and findings consistent	Was there consistency between the data presented and the findings?	10-13, Table 2, Table 3, Additional File 1
31.	Clarity of major themes	Were major themes clearly presented in the findings?	10-13, Table 2, Table 3, Additional File 1
32.	Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	10-13, Table 2, Table 3, Additional File 1

PARENTS

How did having a child during the pandemic affect you and your baby during the birth and after?

Care partner not allowed during pre- or post-natal appointments or birth
 Being alone at appointments made it hard to make decisions/remember information
 Being isolated despite testing negative for COVID

Lack of pre-natal education for mothers

Lack of post-natal support

Poorly coordinated hospital care during and after birthing
 Not guaranteed private room
 Being isolated despite testing negative for COVID

Fear of getting the vaccine or COVID

Unable to get a virtual or in-person appointment for post-natal mother or baby health issues
 Delays in getting care

Virtual appointments too short and insufficient
 Virtual visits suitable/easier for minor issues
 Concern about less accurate home testing

In-person appointments stressful due to COVID protocols

Hesitant to reach out to doctors for help

Having to search for information online

More stressful for those having first child

Those with midwife felt little impact for birth or post-natal support

Babies more susceptible to getting sick

Babies are shy and scared due to little social interaction

What strategies are needed to improve care and support for birthing parents and babies

Changes are needed urgently

Allow both parents, or mother and a support person to attend appointments and birth

Better access to primary care appointments
 Holistic care to address various needs (e.g. mental health)

Medical appointments should be in-person rather than virtual

Offer choice of in-person or virtual for other appointments (e.g. pre-natal education)

Need more midwives to provide support and guidance

Provide subsidized or insured services (e.g. pre-natal education, doula)

Better post-natal support
 Credible information material
 Follow-up monitoring by healthcare provider

Address isolation through peer support from other mothers

Accommodate more kids in day care through creative solutions

HEALTH CARE PROVIDERS

How did the pandemic affect birthing parents and babies

Limited access to baby for non-breast feeding partner

Reduced breast feeding and increased bottle feeding

Stress and anxiety due to long wait times/virtual visits

Maternal mental health due to lack of support (especially first time mothers)

Difficulty accessing healthcare and support services (lack of programs, financial barriers, immigrants)

Entire families hit by COVID due to lack of paid sick days

Parents have heightened anxiety about child's safety

Babies/children have separation and social anxiety
 Long term impact unknown
 Won't be diagnosed until they attend school (may be too late to intervene)
 Social development
 Speech development (masking, lack socialization, lack doctors to diagnose)
 Cognitive and physical development (parents may not realize)

How did the pandemic affect your ability to provide care and support for birthing parents and babies

Upsetting to witness distress of parents (separated from babies, lacking technology for virtual care)

Difficult to do standardized assessments virtually

Lack of access to care and support

- Post-natal home visits

- Primary care or therapy (e.g. speech, occupational, behaviour)

Catching up on routine care (e.g. immunizations)

Challenging to provide care

- Help parents navigate changed healthcare system

- Make up for shortfalls in staffing/services

- Consulted with colleagues for advice

- Did more frequent virtual visits

Masks and PPE made it difficult to connect with babies and parents

- Modified PPE helped

Unable to build trust with or educate parents restricted from staff-child visits

- Met with parents outside or virtually

What strategies are needed to improve care and support for birthing parents and babies

Consider birthing parent and baby as a single entity to allow a support person to be present

Improve virtual care system (multilingual)

- Triage to specialists

- Triage those who need to be seen in-person

- Provide technology to those without

Train more homecare and community workers

More funding and alternative funding models for healthcare professionals

Make services more accessible

- Better advertise what is available

- Offer at a range of locations and convenient times

- Provide interpreters

- Coordinated centralized system

Follow-up monitoring by healthcare provider

Establish parent support groups

Catch up on backlog of visits to assess child development

Use clear masks to help with speech development

More funding and alternative funding models for healthcare professionals

Socio-economic policies to help vulnerable cope (racialized, low-income, marginalized)

- Subsidized child care

Additional File 1. Focus group guides for parents and healthcare professionals**Parents**

1. How did having a child during the pandemic affect you and your baby during the birth and after?
Were there any personal factors that affected access to care and support?
2. What strategies are needed to improve care and support for birthing parents and babies during pandemics or similar situations?
3. What is the single most important strategy and why?

Healthcare professionals

1. How did the pandemic affect your ability to care for birthing parents and babies?
What do you think might be some lasting affects?
How did you overcome these challenges?
2. What strategies are needed to improve care and support for birthing parents and babies?
3. What single strategy would you prioritize and why?

Additional File 2. Themes and quotes

PARENTS

How did having a child during the pandemic affect you and your baby during the birth and after?

Themes	Parent quotes
Care partner not allowed during pre- or post-natal appointments or birth	<p>All the doctors visits, I was not allowed to bring my husband, so it's like going by myself...And then when I gave birth, they told him he can't come to the recovery room (Parent group 1)</p> <p>My husband wasn't allowed to come in with us. You just gave birth, your body hurts. You need mental support as well as physical support carrying the car seat. And there wasn't that much sympathy or it's just like "No, he can't come" and I'm like, I can't physically carry this. Everything was a big hassle and I feel like it wasn't that much accommodation for people to have newborn babies (Parent group 1)</p> <p>I also felt a bit sad that my husband couldn't be there for any of the appointments. That he couldn't see any of the ultrasounds and do anything like that. I didn't feel like he was as connected to this baby at the beginning (Parent group 1)</p> <p>At the beginning of my pregnancy my husband could come. And near the end, as things were like getting more serious and it was showing that everything started being reduced, he couldn't come near the end, but he was able to come to the birth and all the other stuff (Parent group 1)</p> <p>I was a high-risk pregnancy. I had a lot of appointments, and a lot of ultrasounds and it would have been nice to have someone there to kind of take in some of the information and not be the only one (Parent group 1)</p> <p>I was having contractions that were very short and prolonged, but they— I wasn't dilating too much. I was at two centimeters for hours, but they didn't actually let my husband in. So, I was just in a room by myself, and I was asking them, "Can you please allow my husband and it's been hours". And like, I wasn't able to even have my husband with me. And it was, I was crying. The thing is that it was very isolating right. Because I thought that you need a support network, at that time, because there's literally like almost 10 hours of just constant contractions and I wasn't dilating. So, they kept putting oxytocin me and I kept, it was, it was a painful process. What I wanted was at least my husband to be able to like, hold my hand, or, during that time. It wasn't, they didn't allow that. I'm sorry [<i>wipes a tear</i>]. The worst part was the nurses weren't around either. So I was just isolated— you're in a room, you don't have your husband, you don't have anyone. They only said that I was going to be allowed a room after I reached three centimeters, but for hours I wasn't. I actually called them and said, "Can you please just give me a room, I just need my husband or someone next to me, because it's difficult?". And they said no. So they didn't even allow my husband inside of the hospital. So I told them, "Can I at least go outside and be next to my husband?" But they said I couldn't leave the hospital and I was entering my contractions. I went outside the hospital, and he was just holding me there. (Parent group 1)</p> <p>I was in a lot of pain for almost two months, and I couldn't hold anything. I could barely hold him, let alone, walk. And they tried to make it an issue for my husband to carry him to the doctor. But I had to plead with them and say, "hey I can't even hold him so it's either you get all three of us or you get none of us." Same with the circumcision. They tried to make it seem like it has to be me or dad. But I'm breastfeeding, so I have to be there. I have to always plead a case before an appointment and I have to always prepare myself for a fight every time I leave the house. It's inconvenient to be honest. (Parent group 1)</p> <p>It's all isolating like no one is around, online. No one can see you. Everyone's scared. So you just—and you're already feeling exhausted and the pregnancy is taking a toll. So just feeling more alone I think that really plays a lot on mental health and just even recovery afterwards (Parent group 1)</p>

My partner couldn't come to any of the, the appointments with me. (Parent group 3)

Yeah, I would agree. Some of my appointments I had to go to alone. Which, like, as a first time Mom, I don't know I just have a little bit of like a general anxiety around those types of visits, not sure what to expect. (Parent group 3)

My partner was not able to come to any of the appointments... The biggest thing was just not being able to have your partner, be there I would say. (Parent group 3)

No partner was able to come to any of the appointments. I did get all my appointments in person though with my OB. (Parent group 3)

One of my early appointments with my family doctor, she couldn't find a heartbeat. She immediately sent me to get an ultrasound done and my partner couldn't come in for that. And I found that to be really difficult emotionally because, , the ultrasound tech also took a long time to find the heartbeat. Anyway, it was a little bit scary for us. (Parent group 3)

Like my husband could not come with me to the ER, when I was postpartum 10 days and not able to...bleeding, I was bleeding and stuff and in a lot of pain. Like he couldn't come with me, and he couldn't come with me to that ultrasound, when we thought that maybe we had lost the baby. So those are two huge parts of my experience that I think were made worse because of the pandemic. (Parent group 3)

Who I feel for is my husband, really he missed out on pretty much everything, and I have a history of miscarriage I was like I have like a bit of trauma when it comes to ultrasounds. And having to go to those like alone was really hard [*PT3 crying*]. Yeah, my husband just missing the ultrasounds, like the appointments. (Parent group 2)

I'll discuss my pregnancy experience. One of the first test, that eFTS that they do in the first trimester. We actually got a positive for Trisomy-18, which is the Edwards syndrome. From then on—it was negative at the end was a false positive. But I had to go through like about, it took about eight, nine weeks of additional testing, ultrasounds, amniocentesis or amnio...whatever they call it. And all of that I had to go through by myself. And my husband couldn't be there. I couldn't bring a friend along for the appointment. So that was very isolating and at that time, I honestly felt my world was ending. (Parent group 2)

We got like a false positive or like it increased probability of Down syndrome. And, , and then the results were given to me over the phone, because they were limiting in person, appointments, and then having like the NIPT and a lot of the discussions for virtual. And so just not having that in person conversations and then not having my partner, be able to come with me to the subsequent appointments, when could be getting some information that could make me feel uncomfortable... to be alone in that experience was definitely stressful (Parent group 2)

I was completely alone for all of my appointments like the, I felt like my partner wasn't really engaged in the pregnancy until our baby was born. (Parent group 2)

it was a long period of just dealing with all of this alone doing all the research alone, and like it just was really isolating. (Parent group 2)

And then that's the other thing, you're totally alone. Like no one's visiting you, you're just waiting for these nurses to come in and hopefully they're helpful. Sometimes they weren't. And I was, I don't know, it was really just mentally it was a lot for me. (Parent group 2)

	<p>My partner wasn't allowed to go in I had, I was, I had a second-degree tear so I was in a lot of pain. And I had to like carry the baby in the car seat all alone, up all the stairs and around the hospital by myself. I hadn't, I didn't even know how to undress a baby by myself at this point or change a diaper and I had to do everything by myself. And it was just, I found that really challenging just being alone. (Parent group 2)</p> <p>I had to do the same thing but with my C-sections car. And they kept telling me I can't like "don't lift anything heavier than baby". But here I am like, carrying his backpack or diaper bag, the baby, the car seat, to all his appointments. I wasn't even supposed to drive. Of course, my husband drove me but like if you're you have to go alone. (Parent group 2)</p>
Being along at appointments made it hard to make decisions or remember information	<p>For me it was to have a c-section or to try a VBAC. Like, and I had to kind of hem and haw, like hash everything out individually with my OB. And then go home and talk to my husband about it and try and remember what his stats were and that made it a little bit more complex. (Parent group 3)</p> <p>Passing on that second hand information sometimes was kind of tough right. It's nice for them to hear directly from the provider, as well, just like you're hearing it. And you're not like trying to remember and pass on this second-hand information. (Parent group 3)</p> <p>My husband couldn't come with me so even when I did find help, it was like, I just felt super overwhelmed. And no one was there to sort of like, be like, remember what she said? like I'm sleep deprived and stressed, the babies crying. Like you can't, you're just like sort of forced to do it on your own. (Parent group 2)</p> <p>Yeah, just getting the information both of us at the same time, from the doctor instead of me having to like relay it in the car. (Parent group 2)</p>
Being isolated despite testing negative for COVID	<p>They COVID tested me in the nose and then also my one-hour old newborn with the swab the same size. And both of us were negative, I don't know. To this day I think if I was thinking clearly, I would have refused the COVID test on the newborn I think that was a little bit too much. But, yeah, we were even when the test came back negative within 24 hours, we were still kept in isolation suite. Nobody could come in around and when they did they treated us like we were like, like infectious. And it was just an awful experience mentally. (Parent group 2)</p>
Poorly coordinated hospital care during and after birthing	<p>DURING BIRTHING</p> <p>They told me that the baby was too big, so they gave me an induction. I was assuming it was a planned induction, they would have a bed and a room ready for me as well. So it was two weeks early, I was induced and I didn't have any contractions. So they sent me back home, and then they told me to come back in a few hours and then I got induced a second time. Then they sent me back home, and I started having contractions that were two minutes apart. I went back to the hospital, but they told me that there was no beds ready for me. And with the induction, what happened was, I my labor went on for a really long time, but I wasn't actually dilating. Finally, I reached three centimeters. And I went in and the doctors were really busy and [the nurse] came and she told me that she broke my water, but she didn't. I went for multiple hours of contractions again but my labour didn't actually progress. Then there was a shift change, the nurse came in and she said they didn't actually break your water and that's why you've been in labor for this long. So they had to call the doctor but the doctor was busy, so a few hours later, they finally broke my water. And then as soon as they broke my water I started dilating very quickly. I understand it's very busy, but um, it's a lack of communication between the patients, and the actual caregivers (Parent group 1)</p> <p>AFTER BIRTHING</p> <p>My now two year-old had some medical complications early on so we ended up back in the hospital. We were there for three months and I was there the entire time because there could be no visitors and no extra support – he was there from two to five months – I was the main caregiver. I didn't leave for 80 days at the hospital, and no one could come in and relieve me. And they didn't have rules set up, there was nothing, all the other supports were shut down. I hear that they often have volunteers who will come in and play with the kids to give the parents a break, and that obviously didn't happen. And I hear that there was a cart from the Ronald McDonald House that would wheel around all the wards and offer coffee and breakfast for the parents, which didn't happen so I always had to wait till his nap to head out. It was certainly something I wasn't prepared for</p>

	<p>and I don't know that the hospitals were overly prepared for it either. There wasn't a lot of sympathy. I understand all the healthcare workers were going through their own things as well. But it was kind of like, it is what it is and you kind of just have to deal with it (Parent group 1)</p> <p>For my second, even though it was a planned c-section, it ended up being somewhat traumatic. And I was released after almost 30 hours only. I know it's my second baby, and that usually is quicker and you get out quicker, but I was not ready to go home, I don't think. And they were kind of like, okay, you need to go. Anyway it was just really an awful planned c-section. And I was sent home early, like in my opinion, pretty early. I think that that definitely was COVID related. I think that they might have kept you longer had that not been the case. (Parent group 3)</p>
Fear of getting the vaccine or COVID	<p>Every time you go to the doctor, they always ask are you vaccinated. Every single visit had to do with the COVID screening, and I get it, we're in a pandemic but I think it's too much because, hypothetically, if I was sick and I needed to go to the doctor, like I'm pregnant, I have to go to a doctor's visit, does that mean I have to get delayed? Because, the fear of getting sick was more amplified. It makes me more nervous every time I go to the doctor (Parent group 1)</p> <p>I personally am not [vaccinated] because I was pregnant. I wasn't I wasn't comfortable with taking the vaccine while pregnant (Parent group 1)</p> <p>Now with the future, I'm in fear of childcare, like what's going to happen if I have to put him in daycare and he gets sick and then it's just a big chaos. So it's future fear as well (Parent group 1)</p> <p>NOT GUARANTEED PRIVATE ROOM I even like paid extra to get the private room, and they were like well we can't guarantee it. I'm like, What do you mean? Like the pandemic isn't over. You can't put me and my newborn child with two people that I don't know, in a room like this, I don't know, it just blew my mind. (Parent group 2)</p>
Lack of post-natal support and resources provided to mothers	<p>I had my child right at the beginning, like May 2020. There wasn't the support that I've been told that there is with the newborn stage. Because it was right at the beginning, and no one had figured out how to shift yet so everything was virtual. A big thing that was affected in regard to that was nursing. There was no one to come in to help me, there was nowhere to go to get help. So I ended up switching over to formula...in the end, he's all fine (Parent group 1)</p> <p>My first one was born right just before it started, so January 2020. She was growing up and getting out of the newborn stage. And when we were ready to go and see people, everything was shut down. I think for me, for her, it was really isolating, and I didn't really know what resources were there because everything was closed. Some of my other friends had a baby in the past and they were telling me, oh you can do all these fun things and take her in the stroller and go walking to the mall and do this, but nothing was available. So for me, it caused a lot of anxiety, like am I doing this right? Is there something that she's missing? I had no idea what I was supposed to be doing, completely isolated (Parent group 1)</p> <p>Even the aftercare for myself, the six week follow up appointment, I think it was offered as a virtual appointment. I found that kind of strange because I like to know that everything is going ok for me and I'm healing okay. But that opportunity wasn't there. So that made me a little bit uncomfortable. It was just adding a lot of worry and wondering, is there something that I'm missing. Even now, I still feel like maybe there's certain programming or certain interactions with other community members that would have been beneficial for their development (Parent group 1)</p> <p>Yeah, just what to do with, when they get sick was really scary and just not having that support to ask of like family members or friend (Parent group 2)</p> <p>In the beginning I did feel like we had like an okay sort of set of resources. And by the beginning I mean by like the first week. And then after that we were kind of just like thrown out into the deep end like...there was no real access to any lactation consultants here in <province>. The only one like through public health, the waitlist was crazy. (Parent group 2)</p>

	<p>There was challenges during the pregnancy and the limitations to resources and things, but the health of my child during the pandemic, fortunately, there was no complications. (Parent group 2)</p> <p>I guess overall surprised that like the lack of postpartum care available for mom. I was a bit surprised when I had my six weeks checkup postpartum and there wasn't a physical exam, and I was kind of anticipating that. But I—again, like my appointments were in person, and I suppose everything was okay. I had a bit of a traumatic birth so...I thought there may be more follow up but there wasn't. (Parent group 3)</p> <p>I only saw my OB once after was to take the stitches out after my C section. And then, I never saw a doctor again. To this day I think something's wrong because my C section scar still hurts. When I was at [hospital name] with my son he was three weeks when this happened. I was telling the nurse at [hospital name] like my stomach really hurts like is there somebody who can see me? And she said, No, you're gonna have to walk across the street to [other hospital name] to take, to get taken, like a look at. We can't treat parent. (Parent group 2)</p> <p>I wasn't talking to anyone about my pregnancy was very isolating giving birth. I gave birth vaginally. My first was a c-section so I had no experience of what giving birth, vaginally looked like. (Parent group 2)</p> <p>At our stage, I couldn't bring the car seat into the hospital so, and there weren't any wheelchairs, so I had to walk out of the hospital holding my newborn. And my C section I had, like, stitches that needed to be like...I was held together by thread. And they wouldn't give any support to leave the hospital. (Parent group 2)</p> <p>I had a therapist, but I had stopped seeing her for a while. And I think, as a direct result of the pandemic couldn't take me as a patient anymore and I could not find a therapist. I kind of felt like I didn't want to search too hard I will say this because I didn't want to completely start over. I wanted my therapist, but I also wanted someone who was like a trauma counselor, and I couldn't find anyone that was taking on patients. So, yeah, not an OB not, a family doctor GP whatever but—pediatrics, but a counselor, therapy, like mental health was...it was hard to find resources there. (Parent group 2)</p>
Virtual appointments too short and insufficient	<p>Before, you would go into the doctor's office, do everything in one shot. This time, they would call me for a 10-minute phone call and want you to [say] all your concerns within 10 minutes, which I feel like was not fair to me (Parent group 1)</p> <p>My second baby, he was born in December of last year so 2021. There was much more of an emphasis on virtual care, which I found a bit strange because I thought, if we're growing a baby inside, it needs to be checked quite frequently (Parent group 1)</p> <p>I think the doctors just assume that what you're doing more. I don't feel like there were as many questions, as many checks. It was very like okay, okay, okay you're fine, bye. (Parent group 3)</p> <p>VIRTUAL VISITS SUITABLE/EASIER FOR MINOR ISSUES I just wanted to say for some of the appointments that were done virtually or on the phone, I honestly didn't mind, when I didn't like physically need to be seen. It just for me it was like an ease. And it made having appointments easier. I didn't have to leave, or commute, or like take time off of work. I did appreciate that kind of. I just wanted to add that, it wasn't necessarily a negative thing. From my perspective, it was kind of just made my life a little bit easier. (Parent group 3)</p> <p>CONCERN ABOUT LESS-ACCURATE HOME TESTING</p>

	<p>I guess they changed how you'd be tested for the gestational diabetes. I think pre-COVID, you would drink a solution at the hospital. And then, , they would check your, your glucose levels. But I guess because of COVID, they changed how it was, like the testing for that. I asked my OB is, , is this different test as effective as how, the drinking test. Because they didn't want us to do that because you would have to sit there in the hospital for an hour, so they were trying to limit, having people there longer. And she said, yes, I mean it may not be, that we may not be able to detect it as well. I had to insist to take it, drink this solution and I had to send it to life labs. But...so I didn't like that kind of level of care was changed because of that as well where maybe then my gestational diabetes, if I tested positive for it, would have gone undetected. All those things were a little unsettling of the change or the quality of care. (Parent group 2)</p>
In-person appointments stressful	<p>I was always offered a virtual appointment, but I had the choice, if I didn't want to make it virtual, in most cases, I could go in, so I did choose to go in. But I remember it being very stressful because I was always worried, am I wearing the right kind of mask because it was still when we were figuring out what masks were better, how many layers are better. And then you would have to stand in line to do the screening and so I would always be worried I'm going to be late for the appointment so just like the added anxiety. Being pregnant, you get really out of breath. So. wearing all these masks, I was so exhausted going to the appointments. I couldn't even focus properly on the pregnancy when I was at these appointments because I was just so tired of not being able to breathe properly, and also being worried about who was around me and my walking in the right spot. I think there was just a lot of stress regarding the appointments (Parent group 1)</p>
Hesitant to reach out to doctors for help	<p><u>Messaging about not over-burdening the health care system</u> I was so hesitant to reach out for help. The messaging everywhere from doctors, from the media was don't go, don't call, don't overrun the system. So anytime I had a question or there was something that seemed off to me, I was just so hesitant to call my doctor or to call anyone for help (Parent group 1)</p> <p><u>Told by doctor only seeing emergencies</u> When it comes to family doctors, when it came to my son, who was two at that time, I went to do a physical, the doctors were like, "No, you can't do anything if it's not emergency". And what they deem to be essential or emergency is different than what a mother feels like as their emergency. So you're scared to call your doctor because you don't know if this is going to be considered serious. I don't know if this is an essential thing to be calling your doctor for? So you're more hesitant, whereas with my first son, I was calling doctor for every little thing. We just need that clarity. You don't want to mess things up or if anything happens, you want that extra green light, you're doing great as a parent (Parent group 1)</p>
More stressful for those having first child	<p>My experience was stressful already, but it was more stressful because it was my first child, so I had no idea, everything's new (Parent group 1)</p> <p>Luckily this pandemic child that I had, my little daughter, was my second child. It was beneficial because I had the first child so I got to figure out how motherhood was and not go through the whole shock of figuring it out in a pandemic, which is scary (Parent group 1)</p> <p>And I think if it was my first time, I think it would be even more anxious too (Parent group 1)</p> <p>I actually gave birth first birthday in 2019 in April and then the second one during may also last year. So newborn health wise I was kind of on top of what to look for. (Parent group 2)</p> <p>But I think just like the uncertainty that I've experienced as a mother, coupled with the uncertainty of the pandemic has, like, exacerbated. I guess my imposter syndrome to be like a mom and provide the right care for my child. Like it's just one of those things where everything is, like, so uncertain. So, for me personally I'm like, "am I doing the right thing? Am I making the right choices?". And, I think from other moms and caregivers that I have spoken to it seems similar. But I think there's just such a complexity that goes along with having a baby in a pandemic. (Parent group 3)</p> <p>For me, I found the opposite because it was my first child. This is her [holds up daughter]. When she was first born, I wanted help. I wanted visitors, I wanted people around. And I just felt like we were just so alone. (Parent group 2)</p>

Lack of prenatal education provided to mothers	<p>My biggest concern was that I had no prenatal education. I delivered at <hospital> and this was in July of 2020, and the OB floor was completely locked down. They weren't giving any and it was so new to the pandemic I don't think they had transition to like a virtual model (Parent group 2)</p> <p>But and then even still, it just wasn't that much information. Like I still just felt very lost on what to expect after the birth. And, and there's so much, so much emphasis on what happens at the birth but like, yeah, I need more information about what to do immediately after the birth, and the first few months of taking care of a newborn. (Parent group 2)</p>
Babies more susceptible to getting sick	<p>My daughter wasn't really exposed to anyone because we weren't going out. She didn't get sick, she didn't really get colds, or like mild colds for a while. The first time she got sick, unfortunately, she end up having to go to [hospital name], was admitted, had surgery for an infection that got into her throat. It was just like it went from zero to 100 so fast and I don't know if it's related but she yeah it was the first time she ever got sick so that that's been, I think the most difficult part (Parent group 2)</p> <p>I find she is a lot more sick than my son was. I'm back to work now so kind of just started daycare in May. Since we started back at daycare in May, cannot keep her healthy. And I know there's like the typical daycare thing where you kind of go through a little period of adjusting and they do kind of get sick, but it seems so much more frequent to me than I experienced with my son. I feel she just constantly has a runny nose. We've gone between like runny nose cough, whatever, it just caught like a little cycle and we can't seem to kick it. (Parent group 3)</p> <p>The only thing I can chalk it up to, or think about, is the fact that we were locked down, not really going out, not really seeing people not exposed to other kids very much either. And then now it's just like she's over a year old and it's just like, oh now a sudden we're open again. You're going to daycare; we're reintegrating back into kind of normal times. Things are just all of a sudden hitting at once and it's just, we can't seem to get ahead of it. (Parent group 3)</p> <p>My three-year-old would have been about 10 months when the pandemic hit. And I find that, I will agree with the sickness thing, we have never been sicker. And for like two years we weren't sick at all. I know that there's a lot of factors masks, sanitizing, not seeing people so that I can completely agree with. Both my kids have been very sick when things reopened. (Parent group 3)</p>
Babies are shy and scared due to little social interaction	<p>My three year old went from being a baby to not seeing anybody for a good amount of time. And so that included, like we were pretty strict, like that included grandparents. And every everybody in our lives. I found that once things started to sort of reopened and were able to see family he was very shy. It was, it was really, he was kind of scared of people. (Parent group 3)</p> <p>He's not a shy child. He's not a timid child around us. And masks was really interesting, so he was very afraid of , , people wearing masks. It was really just a very strange experience for us because once we started removing masks. He would be like, "Where's everybody's masks? Like what's going on? No no no, everyone has to be wearing a mask now!". He was able to verbalize that. I just found him to be a little bit socially awkward. (Parent group 3)</p> <p>I find again my three year old is definitely shy, like the exact same way that PT1 was describing. He's like so social but also can't function, socially. (Parent group 3)</p> <p>He wants to be social and wants to interact with people, but also has no idea how to. And it makes him nervous, I think. (Parent group 3)</p>
Unable to get a virtual or in-person appointment for	<p>Everything was online so like doctors wouldn't see our kids in person. They would be sick. I had an infant who is sick, and we weren't able to go in, physically to be seen by a doctor. I found that to be one of the biggest barriers for my family anyways. To access , medical services, we had to it was like jumping through hoops to be able to see a doctor. And I found that very frustrating with my baby, with the 13-month-old. The two-year-old. It was more concerning when a three-month-old needed to see a doctor but they wouldn't see him in person. (Parent group 3)</p>

<p>post-natal mother or baby health issues</p>	<p>Around 10 days postpartum, I had to go back to the hospital because of some c-section complications. I actually ended up going to the ER near where I lived. I tried to get a hold of my doctor to see me, there were no.—my ob to see me—there were no appointments. I couldn't get through to the secretary, so I ended up going to the ER, and I was there for quite a while. (Parent group 3)</p> <p>They didn't even have like, a system set up properly to book appointments, even though that's what they were asking you to do so. If you wanted to book an appointment you actually couldn't, and there was no one to get a hold of. So, the website was down whatever it was just like impossible. (Parent group 2)</p> <p>I had a second degree tear and I had, I—actually my stitches were bleeding for three months. And I actually had to beg to see my OB at about 10 week mark, and even that it was just give it more time. Whereas usually most of the time, all of this [not clear here] all the bleeding should be done by six weeks. So, it still doesn't feel the same. I think my stitches are done wrong at this point. (Parent group 2)</p> <p>DELAYS IN GETTING CARE I had the same OB for both my babies. I got to see my OB at 20 weeks with my first. And with this one I didn't get to see him until closer to 30 weeks. There was a huge, like, in my opinion, seeing, I think was like 20 weeks or something until I got in with the OB. There was definitely a delay of care for OB. (Parent group 3)</p> <p>Everything took longer. That's all. I just found everything was just always a wait. (Parent group 3)</p> <p>I actually also asked my OB to refer me to, I guess, in [hospital name] it's like the social workers/anxiety, depression type of clinic. I had asked her for a referral there multiple times during the pregnancy. Especially because during the beginning I was going through a lot, with the Trisomy-18 false positive, negative diagnosis. But honestly speaking, it's been almost over a year since giving birth but I haven't received any follow up from them at all. (Parent group 2)</p>
<p>Those with midwife felt little impact for birth or post-natal support</p>	<p>BIRTH We did it actually, not at the hospital but, like our midwife had a birthing suite. I was able to give birth in there. Which I think was a little bit better, again, not being in the hospital setting. They were able to be a little bit more relaxed... we were double vaccinated and so, as long as like we didn't have any symptoms or anything, we were able to not have to mask, me or my partner. The midwives wore masks, but they were okay with us not wearing masks. So, it kind of gave a better feel (Parent group 3)</p> <p>POST-NATAL I wasn't largely impacted because I went with a midwife. I think that if I had gone through an OB and gone for the hospital here, it would have been quite different. I had a midwife, and the midwife came to my home the first couple of weeks, checked in regularly with us in our home. And I found the follow up care to be excellent in that sense. (Parent group 3)</p> <p>Because I had the midwives come to my house for the first 10 days and then after birth, so they were really good about following up (Parent group 2)</p> <p>I did also pay for a doula. And I guess because of the COVID circumstances, in the learning experiences as a new mom. Just to have just, just one person visit us a couple of times as for getting our bearings and someone to ask questions. But, fortunately we were able to pay for that out of pocket. (Parent group 2)</p> <p>LACTATION SPECIALIST</p>

	I was able to actually hire a lactation consultant to come into my home postpartum. So I think overall, it seems that COVID didn't have an impact generally on my postpartum care. (Parent group 3)
Having to search for information online	<p>I found that I had to research, everything Should people wear masks when they come to see the baby? Should they do this? What's the proper...? I didn't really know the right answer, and nobody really could tell me. I read a lot of information through social media. I read a lot of information through that. What should you do when you have a baby and whether or not...my doctors never told me any of that. I think there was a lack of information. Understandably, we don't really have a pandemic every year, right? But it was just...there was a lack of what should you do? Or more of a "I don't know, do what's comfortable for you". (Parent group 3)</p> <p>I would say women are left to their own devices, searching, social media. For example, for me. I made myself sick in safe sleep groups, to the point that I couldn't sleep. Because all I was afraid of was over and over again was seeing SIDS and suffocation. I didn't have a baby nest. I wouldn't put him down on his stomach on me. I was so scared because all you see an algorithm like tricks you for the more you search, the more you see, the more you see, the more...And so I think that was a very sad thing. (Parent group 2)</p> <p>I had a bit of high blood pressure through my pregnancy so I had to kind of monitor on my own, which was interesting. (Parent group 3)</p>
Concern about less accurate-alternative home testing	<p>it was like, all of that stress and hashing it out with family members and figuring out who could come to your baby. It was a little crazy, although it was calmer in the hospital because no one could come visit you. (Parent group 3)</p> <p>That whole stress after trying to figure out or even during pregnancy...My family lives down south so like [city] region. Whereas I'm in [city] so like we didn't see family for a very long time, either. And then when baby was born, we did make plans. My mom isolated for two weeks prior, she worked from home, for two weeks prior. Well, we didn't know exactly the day when he was going to be born, so more like three weeks prior, so that she can come up and then be with us when baby was born. But even that, like the stress of like, being like "hey you're, you're actually isolating and you're not seeing anyone? And you're not—" I have five siblings, "you're not having any of my siblings over in that time either?". Like it's terrible to be like "don't see anyone" and like, "don't let them near you" and "I don't want you to see anyone because you're coming to see my newborn baby". And kind of that whole stress and even as things came up. We're going through the year now and then it's like Thanksgiving; "well are we all getting together for Thanksgiving? Are we allowed to come and see the baby now that it's Thanksgiving?" And then it's like, well Christmas time, "are we allowed to see each other then?". Always re-evaluating, "do we feel safe yet? What's the right call?". (Parent group 3)</p> <p>We were fine but mentally it was like this daily, like is it okay to have people come over? Like I've I'm feeling mentally, like I'm not going to get through this but what...like how many rules not going to break today and like who's going to judge me for this? And I had a lot of friends who, some of them like work in public health and were very, like, I don't know, I felt like they were judging everything I did. And it was like what am I supposed to do? Like I, I don't know. If I don't let my parents come over, I this is not going to end well for me. So I need to, I need to break some of these rules. (Parent group 2)</p>

What strategies are needed to improve care and support for birthing mothers and babies

Theme	Mother quotes
<p>Allow both parents or one parent plus a support person to attend appointments and birth</p>	<p>Would it be possible to bring two parents in instead of one parent role? Or, or parents and support person? Someone there that could like mentally to be there for you (Parent group 1)</p> <p>It's also someone else to take the information in, right? Oftentimes, when people get sick, it's good to have a support person there to help. You might be in shock from some information you're hearing or just everything that's going on, so it's good to have someone else can listen to all the information being given to you (Parent group 1)</p> <p>The emotional support is important, because during that time, everything's really overwhelming. And it's important to have someone that can just like, I don't know, just rub your back or something. That connection is really important during labor. That lack of connection is what stresses a lot of mothers out during labor (Parent group 1)</p> <p>This is actually a big, life-changing moment for everybody. So just having the space to acknowledge that and trying to encourage moments of joy still within this time. That was all just robbed. It was just the risk of anxiety and fear and stress and there was no moments of happiness and joy. Those you had to carve out yourself, and if you didn't, that's you lost your opportunity. So having staff and doctors pause to recognize that there is some happiness here to be felt. I can actually give you an example. When we went for our first daughter's appointment, it was during the beginning of the pandemic. They asked us to call from the parking lot and they'll tell us when to come up. And so we did all that and then when they phoned and said okay only one parent can go, I waited in the car because I didn't want to carry her all the way up the stairs for the appointment. My husband went with our daughter. The whole building was completely empty because no one was really allowed in, and the pediatrician said, "Oh, you're on duty today, maybe your wife didn't come". And then, and he [<i>husband</i>] said, oh we were told only one parent, that she's waiting in the car, and he [<i>pediatrician</i>] said, oh no bring her up, there's nobody here, it's fine, don't let her sit there. And that was such a nice moment and he called me and said "oh hey you can come up". It was just so nice to have that exception made. He knew this is one of the first appointments we've ever done with this baby and it will be meaningful for both of us to be there and that really meant so much to me. It was such a small thing for him but it just meant so much and these kinds of moments are important for the darkness. Just assess the situation to see is there any harm that can be done in this particular situation? If not, then maybe we can work with the patients (Parent group 1)</p> <p>Supposed to be a joyful moment, you just had a kid. So if you're there by yourself and you're taking and all the negativity all the misery you're scared, there's fear. If there's someone with you, usually it's less stressful (Parent group 1)</p> <p>I think it's important to allow them to be there for the ultrasounds and appointments as well. Because it's not only my baby, it's his baby as well right? (Parent group 1)</p> <p>It would have been nice to be able to have my partner especially like because it was my first pregnancy. (Parent group 3)</p> <p>I truly, truly believe that both partners should be allowed to be present at the very least when there is a possibility of loss of the baby or something like that. I get maybe if everything's routine and everything's all good, fine. But if you're at a higher risk pregnancy or you need support, mentally, physically, whatever, I think that a partner should be able to come with you. (Parent group 3)</p> <p>Yeah, I'm just trying to think. I definitely agree about both partners being allowed to be present. For me personally that was something that when my partner was with me on appointments my blood pressure was lower. When he wasn't able to be present, it was higher. (Parent group 3)</p>

	<p>I truly believe that your partner should have been allowed to come to the appointments. That's the big one for me. (Parent group 3)</p> <p>I think, PT1 touched on that right. It takes two people to create a baby. And so, like, the best care, , it takes two people to decide on what's best for the baby. how to support each other right. I think yeah it's not there's not just one parent, there's two parents. Two parents should be allowed and should be involved in, in all things baby. (Parent group 3)</p> <p>Well, I think the obvious thing is that your partner would have been able to come into those appointments. Your anxiety might have been lessened because of that. (Parent group 3)</p> <p>I think under certain circumstances, , maybe they can allow your, your partner to attend a couple of the appointments with you. When I went, the experienced, was kind of traumatic hearing their results from my 12 weeks scan, that there the potential risk of Down syndrome. And so, um, my ultrasounds after that, it was, it was pretty nerve wracking to be going on my own in case I was going to hear, some information that that would have been hard to digest. So it was in those circumstances it would have been extremely comforting, if my partner was, was there with me. (Parent group 2)</p> <p>You can catch so many of the other issues, um, that we've talked about. And then you also have a support person that you can depend on, that you can reach out to, and it stops you, um if you need to process information without your partner, this person is a trusted person you can bounce ideas off of. If you're having feeding issues, there's a person who can you can talk to about that who understands. (Parent group 2)</p> <p>I think even just providing for moms what they need. I think every mom is different and I think if hospitals have policies around care partners and, if a mom is having, losing the baby in the emergency room, can't bring your partner in with her. Because there's a policy, during the pandemic right now you can't bring a partner. I think asking moms what they need more so might be very appropriate. I think it could improve mom, and baby's health. While there can't be exceptions for everything, I think it's a moms go through a lot during the reproductive phase. I think all of it just knowing that they're being asked and provided with the best that someone can do. (Parent group 3)</p>
<p>Medical appointments should be in person rather than virtual</p>	<p>Make parents feel comfortable seeking care. I feel weird to call about little things or if he's sick. I feel like he has to be super sick for them to see him (Parent group 1)</p> <p>Recognizing that, under a certain age, and I don't know what that ages is, virtual appointments don't work. Especially when you're talking about medical things. Oftentimes, they need to see, like your baby can't tell you what's wrong, so they need to see the baby right? I've been asked before, does he have a sore throat, does he have this? I don't know, he can't tell me that! (Parent group 1)</p> <p>it just was so useless. Number one, he was at an age where he doesn't stay in front of the camera, so he was crawling, so just be chasing him around with the phone half the time, so [the doctor] can see. And then two, rather than her seeing and assessing, it was her basing it on what I'm saying and assessing. And of course parents do know the most because we were with our kids every day but I don't have that expert eye to notice things or give suggestions (Parent group 1)</p> <p>I also want to add in here what PT3 was saying earlier, being around someone else to like to take the information in...Yeah, because I tend at appointments to only hear the worst thing, and spiral there. My husband has accused me of doing that many times where the doctor would say, like a couple of things, but I only heard the one thing. And then, that that's not healthy for a wide range of reasons. (Parent group 2)</p> <p>OFFER APPROPRIATE WAITING AREAS (not outside)</p>

	I took my daughter to the hospital, couple months back, and they're having people wait outside and it was winter. And your child is already sick. It's negative 20 degrees. So I'm just like, if she never had a cold, she's going to get one tonight. So that was a huge problem. So finding a better place? It was a bit unethical (Parent group 1)
Need more midwives to provide support/guidance	<p>There's a shortage of midwives. In comparison with an OB, a midwife provides more direct, if you will have any questions, or because my OB was very busy, you don't have direct contact with the OB. During my pregnancy, I only saw the doctor once a month and with COVID, it was kind of reduced as well. If there was any concerns, just small questions, I would have to wait for an entire appointment to be set up. Versus having a midwife, he or she is more available for consultations and more immediate help. So, maybe seeing if there is more accessibility to move midwives. I think it's important (Parent group 1)</p> <p>I feel like in [province name] we need to make sure that midwife carries more available... if I had a midwife, I probably would have been more comfortable with my decision of giving birth vaginally. (Parent group 2)</p> <p>And I would hope that would be more available to others. And also more information about what midwifery is. Because I think a lot of people think it's just like alternative medicine, and like only natural births. But it's actually like evidence based practice and the best part of their practices is after care I think. (Parent group 2)</p> <p>Yeah, it was very hard to find midwives around my area that were taking new patients, if they were overbooked. (Parent group 2)</p>
Accommodate more kids in day care with creative solutions	The big problem, that I've even heard from my friends, the ones who have multiple kids, some of them are in daycare, and then the daycares were closed. So now you're dealing with two babies and one really needs your attention and the other is just running wild because they're not getting their daily activities. Even if like the daycare had 20 kids, maybe with the alternated days, would still help. Like maybe on Monday, Wednesday, could be your kid, and then on alternate days, it could be other people's kids (Parent group 1)
Address isolation through peer support from other mothers	Having other new mothers around somehow to meet and just to have those opportunities. I'm not sure how that would work, like if there's a risk factor, but if everyone is consenting and they're okay, then maybe that would be something that would really support. Just to feel like you're not completely by yourself. And even this focus group is really nice. I don't think I've really talked to anybody about these kinds of things. So just seeing other faces and knowing we all struggled through this has been just really nice to feel less lonely. It doesn't happen that often where we have other people to talk about this with (Parent group 1)
Better access to primary care appointments	<p>I just think better communication between all the kind of care partners. I really enjoyed my experience with the midwife, but the midwife always follows you up to six weeks postpartum and then after that it's transferred over to your family doctor. I've had multiple appointments with my family doctor canceled on me for various reasons. One time I even made an appointment and they called and they're like yeah sorry she's actually on vacation this week and I'm like, pardon me, like, why do we even put this appointment then. But just, information doesn't transfer well I find. And I'm going to my family doctor and I'm sure she got a report about my birth and everything, but I guess she doesn't read it I don't know. I felt I had to re-explain everything that had gone on since my birth to get her up to speed on my baby and everything. (Parent group 3)</p> <p>HOLISTIC CARE</p> <p>Delivering and having a child in a pandemic I think has for me, been difficult on my mental health. Who's going to be allowed in the house and things like that. I think kind of like a more holistic approach, check I think would be helpful. (Parent group 3)</p>
Offer choice of in-person or virtual for other appointments	we had to take our...we took prenatal classes through our hospital. And initially we were we felt we were very disadvantaged because they were virtual versus in person. But afterwards, after we completed them. We were quite satisfied and we liked that, , we could just do it from home together. Like it didn't make our day so busy with having to work, and then have three hours of your evening taken from the class. So I guess maybe one thing from this is, is maybe having both options available., depending on the people that would want to attend. Maybe some people would prefer in person, but some people may prefer virtual because it just works better in their schedule. And so, we really appreciated having that as an option. (Parent group 2)

Better post-natal support	<p>CREDIBLE INFORMATION MATERIAL Maybe downloadable resources in a reputable place so that if you are searching, you will find something from a hospital or from a healthcare professional, and not moms on the internet... Getting confidence for me, that, that what I'm reading is, is the generally accepted way to handle something my child's a little listless. what to do in this case? Or how to check a temperature on a newborn? Because it's not straightforward. (Parent group 2)</p> <p>And I think just clearly laid out information about things to expect post birth, diff—what to expect in terms of feeding. Like I remember being very confused about how much milk my daughter need to drink in the first week or so. And getting conflicting information from my, with what midwife versus the pediatrician from the hospital. Like he was really concerned about, like, the amount of milliliters she was drinking and midwife was saying it's fine and...so just like, having some really clear information about what we should expect signs to look for in the newborns, different strategies. I also didn't know about nipple shields, and how helpful that ended up being for me. Like, little things like that that could be helpful in the pre, the pre-natal support about postnatal support. (Parent group 2)</p> <p>FOLLOW-UP MONITORING BY HEALTHCARE PROVIDER you're sleep deprived, you don't know what you're doing. You're feeling overwhelmed and like you're chasing down the care, like no one's reaching out to you. I don't know who it would be. But if someone's asking you how you're doing instead of the other way around. I think it would go a long way, mentally, for sure. Yes. (Parent group 2)</p> <p>I was going to say the same thing. Like just some way of checking in on like both baby and mom. Like it's...how are you supposed to go, like, if you're not feeling, 100%, how are you supposed to find it in yourself to go get help? Like, I don't, the idea that we're supposed to, —they're like "oh mother's mental health, everybody be careful" like you might have postnatal, prenatal, all these different types of depression. (Parent group 2)</p> <p>Number 4 speaks to me [point four: "Follow up in that newborn time. Not having to chase down care. Post-natal visits to check on birth parent"]. I feel like a lot of these things can be handled by a solid number four. (Parent group 2)</p>
Provide insured or subsidized support services	<p>PRE-NATAL EDUCATION I think more free or low cost prenatal support. Like all the prenatal groups, we have to pay for and look for. And then yeah I didn't have a great experience doing it virtually. (Parent group 2)</p> <p>DOULAS Just want to add to that, like, a doula—like, I think we should also add in there, I don't know if everyone agrees, but about the midwife care—just like information on doulas. A lot of people have no idea what a doula is. I have friends who have had children and don't know what a doula is. And they could definitely be of great help to many of course. But it's of course not covered. It's not inexpensive. Fortunate enough to have been able to afford one. ...but I know there are many that can't. (Parent group 2)</p>
Changes are needed urgently	<p>I would say there's some urgency. I delivered in July of 2020; I feel like it's probably before many people in the group. So I can only assume that there will be greater impacts if actions don't happen fairly quickly. Even if just something to start something in motion, don't have to get it right. (Parent group 2)</p> <p>I would like to see is like to, like, yeah, I guess I'm just reiterating what was just said. Like urgency, like this...I think for a long time, like moms have been feeling this sort of, left neglected, lonely. It's isolating. (Parent group 2)</p>

HEALTH CARE PROVIDERS

How did the pandemic affect mothers and babies

Themes	HCP quotes
Limited access to baby for non-breast feeding partner	<p>If the mum was in the unit it meant the dad couldn't be in the unit, and the mums felt and expressed a lot of guilt about wanting to work on breastfeeding but wanting their partner to also have access to their baby (HCP group 1)</p> <p>If you have a dad involved or a non-breastfeeding parent, their ability to experience a positive attachment within the NICU is going to be affected because they're not physically present as often as they would have been. Typically, both parents have access to the NICU 24 h a day, whether it was the level 3 or the level 2 unit. And that was not the case, especially in the first few waves of the pandemic, and even access for siblings within the unit is still not in place (HCP group 1)</p>
More bottle than breast feeding	<p>We saw mums become incredibly distressed as their breast milk volumes decreased, whether that was because they weren't having the physical closeness of their infant in the NICU, because they had let their partner have a turn in the NICU. We saw their breastfeeding success rates decrease... And so a lot of parents, both moms and dads just said, "let's just do bottles. Let's just get out of here as fast as possible." (HCP group 1)</p> <p>There's tons of evidence around the benefits of breast milk specifically for premature babies (HCP group 1)</p>
Stress and anxiety due to long wait times and lack of in-person visits	<p>I saw significant stress and distress among parents. And I felt that often this led to anxiety, and some of it very warranted around a lack of equitable access to care. But sometimes I saw some parents, because of longer wait times for consultations particularly in the outpatient setting, trying to book more visits when there wasn't necessarily access to more visits, and requesting in-person visits when a lot of primary care was doing virtual care at the time (HCP group 1)</p>
Entire families hit by COVID due to lack of paid sick days	<p>COVID would hit the house, or a parent would think they had symptoms and they wouldn't stay home because they had to put food on the table, and then would go to work and get sick, and that would lead to this reverberation of exponential stress and distress. And this happened multiple times. I was literally seeing in my practice how lack of paid sick days were impacting parents and the children (HCP group 1)</p>
Babies have delayed development	<p>LONG TERM IMPACT UNKNOWN (some will recover, others may not)</p> <p>I can't say that I follow babies enough to say objectively, scientifically or medically that I know there was bad outcomes. But I have a feeling that there were some missed visits. I have a feeling there were some missed diagnosis, that some things presented later than they should have, and probably led to at least delayed care, let alone the potential sequelae that would come after that (HCP group 1)</p> <p>Another patient had a condition that required traditionally intensive hands-on therapy. I only saw them as part of a clinic that I'm affiliated with. I saw them 3 months later after I had referred them for intensive therapy to resolve this issue. The caregivers said that they were discharged, they had no in person visits, there was never a therapist to put hands on this child, and the child still presented with the underlying issue that I had referred them for. It was super frustrating. This is an issue that's now gonna plague this kid for years. It's not something that's gonna resolve, and in fact, gets more difficult to treat as the kid gets older (HCP group 1)</p> <p>We are dealing with the younger group of children, not so much schoolagers, so I'd say the age group that we deal with in [learning center], we have time to help repair or undo. (HCP group 3)</p>

I believe that for some of the children, we have some children that will adapt and relearn where you have, where you have some that are very closed off, and you're gonna have to work twice as hard to get them to where they should be socially and emotionally wise. Some will probably come out of it, some probably won't. (HCP group 3)

WON'T BE DIAGNOSED UNTIL THEY ATTEND SCHOOL (may be too late to intervene)

Whereas for the children that are in our school age setting, I also ran a program over by [neighbourhood], where a lot of the children are more stuck on the behaviors of 'it's mine, it's mine, no you can't play with this, I have it. This is your box. This is your group of things.' (HCP group 3)

Because of the area that we're in we're hoping that it's not a marginalized - It will be a marginalized diagnoses. Because of the area they're not going to get the services that they require. They're gonna fall through the cracks and then that's something that we're afraid for them. You know, I mean you know we see at 2 years old, 3 years old, and if we don't get the services now, we're afraid when they go to school that it's going to be much more difficult for them. (HCP group 3)

I think generally, we've seen that there are fewer opportunities to interact, to socialize with peers for parents. Like we were saying earlier, to you know, receive mentorship and be a part of a community like PT4 was saying, to be able to see you know, 'what are other kids doing, should my child be doing that?' And then in a more formal setting, also, you know, while they were missing vaccines like PT3 was talking about, they were also missing the screening that we do at those visits as well. A lot of these kids, that would have been caught you know let's say, at the eighteen-month visit, and then referred on for developmental services or further assessment were getting missed as well. (HCP group 3)

I agree with the lack of having eyes on and having screening happening I think is one piece. And I think that the downstream effects of this is just as what PT1 has said, which is, kids will be caught later, and probably in school, and by that time we have less time ahead of that to be able to do interventions which is really frustrating. And especially in the communities that I work in, we already are incredibly marginalized, and there's already a huge lack of services, I can just imagine it snowballing and getting worse and worse. (HCP group 3)

SOCIAL DEVELOPMENT

I do think we're gonna see more anxiety and more difficulties with emotional regulation and socialization in general. So like knowing how to interact with your peers, or with other people in different situations. I think we might see like a lot of kids who already are probably more comfortable like I'm thinking also about the ones who are already more comfortable like online than they are in person. (HCP group 3)

We've seen it with many of our new parents that the infants and toddlers, were really coming in, and we've noticed right away that there's been anxiety with parents leaving children, and even the separation anxiety with infants, our transition period has been much longer, because the children have not been left with anyone. (HCP group 2)

That mental health piece we saw that in infants right away, and we felt it with parents as well, their anxiety to leave the child. (HCP group 2)

Mental health attachment is a massive issue for premature babies, when it goes on to mental health issues as they get older. The ability of the infants to attach to parents, both the birthing parent and a secondary parent, if there is one involved. That's actually a really key thing that a lot of people aren't talking about, at least within the NICU experience (HCP group 1)

I think socially and emotionally, they're also affected because a lot of the children were very, very attached to their parents. Initially when they start day care they always are, with the separation anxiety. But I find during the pandemic it was more because they were home for such a vast period of time before coming out and being with others. (HCP group 3)

I think for the first time in my adult life I've seen children have anxiety, social anxiety. Babies that would go to anybody now, because of, I call them COVID babies, they kind of have social anxiety. (HCP group 3)

I definitely agree with the Social Anxiety piece. I think we're seeing a lot more kids with like really extreme stranger danger, like they've never been outside of their family bubble. (HCP group 3)

I do find the kids now, and it all depends on what age group you're dealing with. We no longer really deal with school age, children, but I know school age children because of their level of knowledge and understanding it's exactly what everyone's saying. It's social anxiety, and everybody, 'no, no, you stay over there. You stay over here.' (HCP group 3)

Again, what we've, it was just up until recent that we had to have the children actually distance from one another, and I believe that played an impact on the way that social skills are developing, going forward with this little, this group of kids here. We've gotten back into the flow of things now, we can use certain types of toys, and we are allowed to be closer to each other, we could have more than 2 people at a table now. But in their tiny little lives, some of them it might have just been a blip, because a lot of it they really didn't understand, like if they started out as a toddler, and then they're into the preschool age, or what have you or kindergarten age. (HCP group 3)

There has been no community base where the family has been connecting with anyone, the children had no sense of bonding with anyone. That transition took so much longer, and the bonding to feel you know safe here at the center took a long time. (HCP group 2)

I mean joking about pandemic babies. But even in the office they cry a lot more. They're a lot more anxious, you know. There's a delay in that social development. I think there will be different kind of attachment issues from being only with your parent for 2 years. (HCP group 2)

I also feel like we've seen kids with just more language delays, and kind of social communication delays, because they aren't interacting with their peers as much or as often as they would have been allowed to do if we weren't in the pandemic. (HCP group 3)

I also think it's affected them socially, their behaviors, how they interact with one another. They are now starting to become a little bit better now that we've more opened up the room freely that they can...It was an aspect where the children played with the toys, and after playing with the toys, you had to go and wash the toys, which is not per se normal way to play. You play with the toy, you share it with your friend, you rotate, things like that. I think they're relearning those normal behaviors. (HCP group 3)

SPEECH DEVELOPMENT IMPEDED BY MASKING/LACK SOCIALIZATION/LACK DOCTORS TO DIAGNOSE

We did notice coming from toddlers and infants, just their speech. Because of all the mask wearing they're not seeing the actual, how words are being – your mouth, how your mouth is actually moving, and things like that. A lot of speech is what we're noticing a lot. (HCP group 2)

The children have really been suffering because we are still masked here. That's one of the things that we're struggling with is that they don't see the staff without masks. That's one of the things that we're having a really hard time is the speech. It's a really big thing here. (HCP group 2)

It definitely did impact the children though, and the speech, I believe, is probably the number one tell I guess that we could see in rooms. Because we have a lot of children now that in terms of their speech it seems like they're delayed. We know that in multi-language home sometimes speech is delayed because their brains are making the pathways, and then they're able to speak 2 languages. But it just seems like, because it's not just at my center it's sort of, it's sort of everywhere or what have you. (HCP group 3)

	<p>From us as educators. We do see the last 2 years, we see a lot of diagnoses for children with a lack of speech. There's a lot of diagnoses that have been...undiagnosed. They come to us and children have not been properly diagnosed, because there's been a lack of doctors. (HCP group 2)</p> <p>The anxiety and social communication difficulties that will keep going, and that tie into language difficulties as well. I think the speech part, the sounds and stuff can catch up as, we're not masking as much anymore and they can have support. But some of that early language piece, if they really didn't get a lot of the socialization early on, I think that can have lasting impacts. (HCP group 3)</p> <p>For families that were waiting for or that were participating in speech and language services that was all happening. And much of it still is online. And same thing with early intervention services, where folks would, you know, workers and professionals would go into homes and provide that sort of support also became discontinued and disrupted. I think you know depending on who it was, there was probably a differential impact where the kids who already had concerns probably had a greater sort of impact that they bore. But generally across the population there was probably a lot of disruptions that occurred. (HCP group 2)</p> <p>DELAYED COGNITIVE and PHYSICAL DEVELOPMENT (parents may not realize) There's been a lack of community engagement, so they don't know how to compare their children to other children because they're not socializing. So that's the unfortunate part, when they come here, and then we let them know, 'hey their cognitive ability is not where they their milestone should be', or their physical ability. We have children that have poor muscle tone. They don't know what to compare to, because they're not – haven't had that social with other children, with other community members, haven't been to parks, haven't been to parties. Those are all things that we're navigating. (HCP group 2)</p> <p>I also think there's maybe a third group which is people who have who have children who have developmental differences, who then say, 'well, it's just the pandemic', and then then don't worry about it at all, and don't engage with services, which is another group that's sometimes even harder to engage. They have children who, you know, are 2 and a half that don't speak, and they're like 'well it's just because of the pandemic they weren't seeing things', whereas we would sit, like I would want them to have services. They're just like 'No, they just need more time.' (HCP group 2)</p>
Parents have heightened anxiety about child's safety	<p>Even the parents, they demand more from us in terms of safety. And I have one parent that is always reminding us not to put the child down, make sure they don't fall, make sure they don't bump into the furniture, because during COVID all she did was build like a little fort for her child at home and protect the child. I think we all go into anxiety of some stuff. (HCP group 3)</p> <p>DUPLICATED FROM ABOVE We've seen it with many of our new parents that the infants and toddlers, were really coming in, and we've noticed right away that there's been anxiety with parents leaving children, and even the separation anxiety with infants, our transition period has been much longer, because the children have not been left with anyone. (HCP group 2)</p> <p>That mental health piece we saw that in infants right away, and we felt it with parents as well, their anxiety to leave the child. (HCP group 2)</p>
Difficulty accessing healthcare and support services	<p>LACK OF PROGRAMS I guess I have noticed, and I'm not sure if this is correct, perhaps a difficulty in accessing – or a lack of accessing prenatal care which can lead to kind of more difficulties with babies...I've just noticed that there's been many women who've had difficulty in accessing prenatal care during the pandemic. (HCP group 3)</p> <p>FINANCIAL BARRIER</p>

	<p>I also think that the financial aspect of it where some parents financially may not be able, if it's not within their reach, or means to get to some of these programs and they might not be able to financially afford to be able to go into these programs. That can also be a deterrent in assisting them. (HCP group 3)</p> <p>PARTICULARLY IMMIGRANTS</p> <p>I think new immigrants who have the young children. Because just coming here, having English as a second language makes life difficult to navigate. So those areas need a lot of help. (HCP group 3)</p>
Maternal mental health due to the lack of support services	<p>A lot of maternal mental health really suffer. And particularly, I'd see it from a parenting context. And what it looks like or what I'm hearing about how things are at home, families struggling, again difficulty relying on networks and supports. Both, kind of informally, in terms, of family, friends, and community and even just chatting with other parents, on the playground wasn't happening. And then the other piece was being able to see providers for supports as well. Whether that was, physician, nurse practitioner or therapist or counselor. I think maternal mental health has been a struggle, especially for families that had babies for the first time during the pandemic where they were trying to navigate that parenting journey in isolation. (HCP group 2)</p> <p>I think for parents, a lot of them are a lot more tired than they would be had they had other supports and other people in their lives. I think it changes how they view themselves as parents. I think it's maternal mental health for sure, but also all the things that go along with being a first time parent and your feeling of competency, your feeling of a sense of community, it was all different, and I don't know how that will translate, 5, 10 years from now. I think there will be parents who, because these are their earliest memories with their newborns, I think it's gonna look different. (HCP group 2)</p> <p>We have the [community hub] but the wait list for any kind of services is astronomical, it is still suffering. And it is because with our health care system right now, especially with parents, there's a few community groups, that we're affiliated with, where the [municipal public health authority] will do little, a couple workshops here and there. We don't have a lot of supports, and the mothers in the community they really miss that kind of - when the [municipal public health authority] would come out and do sessions, they would do the breastfeeding sessions, and they would do them in our community center and stuff like that. (HCP group 2)</p> <p>See with maternal mental health. Does that mother need to get a diagnosis of anxiety and depression or postpartum, or something labeled before she can go get a counselor? For some moms, yes they do and then other months, they don't. But it just depends on your ability to navigate. I think the navigation part it always disadvantages certain groups. (HCP group 2)</p>

How did the pandemic affect your ability to provide care and support for mothers and babies

Themes	HCP quotes
<p>Upsetting to witness distress of parents</p>	<p>SEPARATED FROM BABIES OR FAMILY SUPPORT In the early part of the pandemic there was a lot of, just, emotional distress for parents, because they were not allowed into the NICU. If there was an outbreak, or if somebody had tested positive, groups of parents were kept away from their babies. Which was incredibly upsetting, as like a healthcare professional, as somebody who really values the infant-parent dyad. So yeah, just I think bearing witness to that distress for families was really challenging and just really hard to see (HCP group 1)</p> <p>When I think back to early in the pandemic, when we just basically closed everything and we only saw newborns, I think it was hard on parents. Because many of our families have other relatives that will come for the birth and help them at home, and no one was allowed to visit, and so you have these new parents who have no family support. (HCP group 2)</p> <p>VULNERABLE PARENTS LACKING TECHNOLOGY FOR VIRTUAL CARE I worked in outreach at a refugee center and I do community based childhood care. The pandemic essentially disconnected parents who are already experiencing structural vulnerabilities further away from health care and health workers. Many parents struggled with virtual formats of care, including zoom and phone, and for those who didn't have adequate access to technology, this became a hugely difficult thing to deal with...There was great distress and anxiety that many of them expressed because they felt like they were bad parents, because they didn't have access to hardware and funding for virtual options, or were unable to take time away from work (HCP group 1)</p>
<p>Difficult to do standardized assessments virtually</p>	<p>The other thing is with ongoing outreach and community child care, you need to do measurements, you need to do weights and things like that. And so, it's not amenable to virtual care (HCP group 1)</p> <p>At the center I was in, it's a house where they have a refugee center, and clinics in the basement. We're super basic there, you cannot socially distance at a site like that, there's not enough space. We had to really promote virtual. We would have some visits outside sometimes. If it was the winter, it was not feasible. If it was warm, we would do weights and circumferences and throat checks outside (HCP group 1)</p> <p>In terms of my core developmental pediatrics practice, that shifted to almost fully virtual, which was really hard, especially for kids when we're trying to do developmental assessments which are meant to be very play-based and in-person and very nuanced in terms of the interactions that we with kids and youth. That went to virtual and again we were trying to make things work. (HCP group 2)</p> <p>We do a lot of consultation and assessment. With the hospitals kind of locking down and not allowing, patients who didn't need to be there to come in, and we had to pivot to doing all our visits virtually...the challenge really is that you can't do all the, you can't do the same kind of standardized assessment in a virtual visit as you can with in-person, and then there's definitely kids that unfortunately I think fall through the cracks sometimes, because we're not able to see them in-person and really get the whole picture. (HCP group 3)</p>
<p>Lack of access to care and support</p>	<p>POST-NATAL HOME VISITS Home care health worker resources were really hit hard through the pandemic. So the nursing visits, that were really important for some of the patients I care for at home, started to drop off, and essentially were absent at some point. And that was really tough to see how home care was affected (HCP group 1)</p> <p>There's a lot of barriers with infants, it was difficult. So that teaching aspect was really hard on us. We had to find ways to get around it (HCP group 2)</p> <p>Then, very hard to get breastfeeding support, because all those clinics were closed. (HCP group 2)</p>

	<p>PRIMARY CARE/THERAPY (tried to offer things they could do at home) Very hard to connect these families to family doctors, all their clinics were closed. (HCP group 2)</p> <p>In terms of the families that we were seeing that had previous diagnoses, we were trying to give them things they could do to support their children at home while they wait for services that were obviously fragmented. If that was speech therapy, occupational therapy or behavior therapy. (HCP group 2)</p>
Catching up on routine care	<p>I would say from – more so now I'm dealing with a lot of catch-up of things that were missed or not completed. Like so much routine childhood, vaccine catch-up. Like every day in my clinic, I'm always catching up like 4 year old, or like maybe 2 and a half year old that have gotten 0 vaccines thus far. Because they didn't have care, they either didn't have a care provider, so couldn't go to a walk-in clinic or their care provider wasn't providing in-patient, in-person care, and so they weren't able to get any vaccines. And now they're trying to get into school or daycare whatever, and it's a lot of catch up. (HCP group 2)</p>
Challenging to provide care	<p>HELP PARENTS NAVIGATE CHANGED HEALTHCARE SYSTEM</p> <p>I think last piece is just around like social navigation because all of the things that we were used to like, the programs that existed and what we could refer people to or the different community centers or sites that may be able to provide extra stuff, they all changed during the pandemic. And I'm trying to, my practice has changed a lot, and having to first off know what's changed, and second off, helping families understand what they can access, and what may be more difficult for them. have changed. (HCP group 2)</p> <p>Helping navigate, complicated and ever-changing systems of what someone can do, what they can't do in terms of vaccination status, non-vaccination status. A lot more of my time was spent trying to figure out who could be in the room, or who could be around the patient and answering a lot more questions about how to keep infants and children safe – or sorry infants and parents safe. When they were going home, a lot of questions about 'Well, can I have someone come over if they're unvaccinated?', 'Can I have someone come over X, Y and Z.' And it was a little bit different from pre-pandemic. (HCP group 2)</p> <p>I did work as a home visitor, and initially was really challenging to keep the parents away from the hospitals. And then the providers. It was difficult for them not to let the parents in. And with all the new changes that we had to go through, they were struggling decluttering, little things like that, and also, not letting the parents bring food from home and things like that. They had to totally change their setup and it was a struggle dealing with that. (HCP group 3)</p> <p>I'm echoing PT1's sentiment where it's that it was a very, very difficult piece to the whole pandemic, where something that was a regular thing. (HCP group 3)</p> <p>This is speaking to PT2's point, sorry, PT4's point, where she was saying about the parents not being able to go into the hospitals. But this was something that was, that had been developed in order to mitigate the spread of COVID, because again that was at like the very beginning, and not a lot was known about it. But it made the job extremely challenging in the sense for those providers having to as PT4 was saying, rearrange their whole place...(HCP group 3)</p> <p>If there's parental mental health concerns then they would have to be seen more often in our clinic as well. And it's difficult when there's no resources to offer them. Places like where PT4 works like where they can get connected, and feel a sense of community, we're not there either. I think we just had to do the best we could. But I would say its kind of chaotic and fragmented. (HCP group 2)</p> <p>It was very difficult during the pandemic to get any resources for clients. Health care, and even now it's still lacking. We're still struggling for parents in this area. (HCP group 2)</p>

	<p>Well, it was kind of chaotic, because we are usually – well at least I like to know who I'm taking on for primary care, and who I'm referring back to a family doctor. But you never knew if that baby would be able to connect, they would come back to our clinic but then you never knew if they didn't come back if they connected with another family doctor, or not. This uncertainty about how to hand over care. (HCP group 2)</p> <p>MAKE UP FOR SHORTFALLS IN STAFFING/SERVICES</p> <p>We ended up seeing so many babies during the first 6 months of the pandemic, and just trying to just help them feel supported as best they can when they are very isolated, and it was kind of a very vulnerable time for the parents. (HCP group 2)</p> <p>I feel like that chaos in the clinics...from a provider standpoint, we were just trying to make sure everybody was seen. But I think there often wasn't the same eyes on the family when they were coming in for follow-up visits. It was whoever might be covering the clinic at that time. I know I tend to see kids that are a bit older, and for me that's 18 months, and up so not quite babies. But the clinics where I was covering where I was seeing kind of younger children, either that had been newly born, or if they were, screening visits or routine visits that were happening afterwards. (HCP group 2)</p> <p>In-patient perspective, in terms of the NICU, I felt again there was less support that was available. And therefore, you had to provide more support as a care provider. (HCP group 2)</p> <p>I think families felt quite isolated like PT2 was saying, it would tend to see parent coming in solo. Maybe they were facetimeing in another parent for advice. They didn't have the same sort of places to go in the community to connect with other parenting communities as well, whether it was the [child play center], or even just connecting with neighbors and family members as well. There was a lot of isolation there, so I think that overall between a provider standpoint or even within the community, parents had less spaces to go to for advice and for counseling and support and mentorship in their parenting journeys. (HCP group 2)</p> <p>From the developmental point of view, like PT1 and PT2 have referrals sent to them whereas I kind of see people often first time. And I'm seeing a lot of children who have had developmental concerns. Even with like they were born in the pandemic, and they have not had any care providers until around now and they have many developmental delays. I'm doing a lot of developmental assessments and try not to send too many to PT1. (HCP group 2)</p> <p>CONSULTED WITH COLLEAGUES FOR ADVICE</p> <p>I'll just say that the practice that I do, it's kind of just part of what I do. You do a lot of things that maybe many other physicians don't necessarily do like providing the social, like really getting into the meat of the social pieces and trying to problem solve. I guess I would talk – Often it's like talking to the people around you that have tried to navigate these systems before you. Like talking to PT2 and PT1 for example, people that have been able to help. We have developmental case conferences there's lots of other pediatricians around that I can ask, and then kind of from an interprofessional lens, asking people that I work with like social workers, patient navigators, community, like community birth workers, or whatever, who I am around. Many of them have already tried these things, and it's really about relying on those networks that you that you have, which I don't know if it's that different from pre-pandemic. (HCP group 2)</p> <p>DID MORE FREQUENT VIRTUAL VISITS</p> <p>I think I kind of touched on like how we were trying to do the challenge of just doing more virtual and hybrid visits and trying to avoid or try – really what happened is we wound up doing more frequent visits. When we're seeing kids in person, it would be less often. We just did more of those, more check-ins. (HCP group 3)</p>
Masks and PPE made it difficult to	For us, because the pandemic and because of [municipal public health authority] guidelines, we had a hard time with infants – and we did have a 2-month-old at the time – with bonding because we had to wear barriers. That was our biggest because we aren't naturally nurturers. We had to wear a lot of barriers. That was one of the things, was the masks, it was a gown, so the physical barriers was very difficult for the staff. (HCP group 2)

connect with babies and parents	<p>In the rooms, the PPE that had to be, we had to wear while providing care, it created sort of a barrier, in the sense that the interactions, seeing facial expressions, we know that the unspoken word is what 90% of communication, and what you could, see in people's faces, when they're talking or what have you is really important. And all of that was essentially taken away and replaced by, we sort of look like minions when we are in our yellow, donning our yellow gowns, and then we had either the face, shield or the goggles, and then the mask, and... it was a lot on kids. (HCP group 3)</p> <p>I think in one aspect, as some of us can be very affectionate with the children, and that, we, that touch, you weren't able to really connect that way with them, some of them needed that hug, the babies, you weren't really you couldn't hug them. You couldn't... I don't know if you're understanding what I'm trying to say. But like that connection that way, that physical touch that was – I find that that was a was a bit of a struggle. (HCP group 3)</p> <p>I'm a touchy feely person, so even now we still have to wear mask in the rooms, and I like to hold babies and kiss them and I still miss that. And I think we're still going through it. We still have to wear masks, and we constantly have to be careful how we interact with the children not to get to close. (HCP group 3)</p> <p>Even with the speech, like PT3 was saying, because you have the mask on, we had a lot of families some didn't, even speak English. They couldn't even see our mouths just to even try to figure out what we were trying to say because of the mask. (HCP group 2)</p> <p>It's all because we've been wearing masks, and they can't see our mouth movements when we're moving them. We do know that its super important for like a child if you're gonna be in the care of somebody to actually see that person no matter what they look like. (HCP group 2)</p> <p>MODIFIED PPE HELPED</p> <p>I was gonna say that we, I have used the clear mask. I have at workplace, I mean, I think, because I'm in speech language pathology, that seeing the mouth was very important. We did adopt the clear mask, and that was helpful for doing therapy. (HCP group 3)</p> <p>What we were able to do is, we decided to put a cloth between the barriers, we would have our gowns on, and I had bought just like cloth like what they call the swaddles, and We put the swaddles between the staff and the child so they could hold the children. And then I bought actually aprons for Staff, so they didn't have to wear the gowns, we got rid of the gowns that we had something as a barrier, and they didn't have to wear all those gowns and swaddles and all of that. It was a little bit less cumbersome. Because the bond, like the physical bond, is what children need right and especially our communities. (HCP group 2)</p>
Unable to build trust with or educate parents restricted from staff-child visits	<p>Okay, challenges that I found there to be a very big trust gap between the parents and the staff. Because parents were not able to come into the center and they weren't necessarily interacting with their child's immediate teacher, they were interacting with the screener. Simple things like if a parent had to get the message to the child's teacher, they had to give send that message through the screener. And I find it was, sometimes it was a bit of a struggle to build that that trust with the parent, especially as the parent was not a returning parent, but they were new. (HCP group 3)</p> <p>Parents coming into rooms and seeing child-staff interaction and going to just blind trust, which was again difficult on both parts. (HCP group 3)</p> <p>I just feel like our lives completely changed. We went nervous to touch the children. Parents were afraid of us. Everything just changed. (HCP group 3)</p> <p>The parents are starting to trust us now, but we lost trust of the parents. (HCP group 3)</p> <p>We could not educate parents in the way that we usually do. What our process is, is we allow parents in, we speak to them, we coach them, teach them. Because of the areas that we're located in we didn't have any of that going on, so that was very difficult for both of us. (HCP group 2)</p>

	<p>That teaching aspect was really hard on us. We had to find ways to get around it. (HCP group 2)</p> <p>Parents were not now inside the building. That was another really difficult thing. We were not making those personal connections with families. (HCP group 2)</p> <p>MET WITH PARENTS OUTSIDE/VIRTUALLY Parents not coming in, we had staff go to the door. Something – and the weather outside, we had them meet outside so they could speak to parents and teach them, and talk to them. (HCP group 2)</p> <p>I Do WebEx meetings with parents where I would talk to them about our resources, and meet outside of them, and still give them links to like you know, [community center] and stuff like that where they could get some resources. (HCP group 2)</p>
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What strategies are needed to improve care and support for birthing mothers and babies

Themes	Quotes
Consider birthing parent and baby as a single entity to allow a support person to be present	<p>We've treated the birthing parent and the baby as a dyad, they are one unit. And now the visitor or the second person at the bedside is the second parent. And if there is no second parent, that is, you can have a support person for the birthing parent. That is a massive shift in perspective from the beginning of the pandemic. If we had more hospitals with single patient rooms for NICU and level 2 nurseries, that would perhaps be more feasible. But even just the perspective that the birthing parent and the baby are one unit that you can't separate, as a healthcare professional who witnessed the trauma that these parents went through on top of the trauma of having a baby in the ICU is a real fundamental shift (HCP group 1)</p>
Improve virtual care system	<p>TRIAGE TO IN-PERSON OR SPECIALISTS We didn't have a really robust virtual care system. We were not very good at it, we were not efficient, we were not effective. We didn't have triage processes to realize who should be seen in what format. We have to continue to develop an appropriate virtual care health system that sees people at the right time in the right place, and turns people, if more appropriate, to in person settings too (HCP group 1)</p> <p>I'm thinking about comments earlier around parental mental health and isolation as well, and just thinking about opportunities that families could have for support. If it's hard to get into your typical sorts of hubs, whether it's a you know your primary care team, if you even have one like we were saying. Or with other sorts of communities, are there other places that families can go that's not an emerg department? If they're in crisis, and so could we look at greater tele-mental health support? Or even, you know, if there's stigma around that like, I'm thinking about families that are maybe not in crisis but are struggling, and could there be other sorts of resources or touch points that would be easily accessible? You know I'm thinking with that we would need to multilingual and accessible in various sorts of ways to provide that type of support as well. (HCP group 2)</p> <p>I mean like potentially, it might be providing those services in a virtual way, because maybe they aren't able to like, because they're immunocompromised, they're not able to safely leave the house. Or offering outdoors programming where they feel they can more comfortably access. I guess just having different options, so that people feel there is still something they can do while still feeling safe. (HCP group 3)</p> <p>There's lots of calls to, in development, to make it less diagnostic specific, and more functional specific. If you have speech delay, you should see speech therapist. If you have motor delays, you should see, you know, a physio. And I think that does happen to certain, degree, but not for everybody. So then other people have to wait till they go see a Specialist who then says 'Yes, you have speech delay now you have to see speech therapy.' And it's not the same for everyone. But I do think we are heavily diagnostic specific. (HCP group 2)</p>

	<p>Some way to triage the kids that needed to be seen in person versus the things that could be done virtually. The kid who had a really severe torticollis, that kid needed to be seen in person, and it really wasn't prioritized. Similarly, we have kids that we would normally send home with home care, and there was no homecare. So the parents were just on their own and that put pressure on the clinics to try and support these families with as many virtual visits as we could (HCP group 1)</p> <p>PROVIDE TECHNOLOGY TO THOSE WITHOUT</p> <p>Support for families who don't have access to technology was a really big thing. In both hospitals I worked at, we had an iPad visiting situation. So if a parent was having to isolate away from the baby, they could do iPad visits. That's great for people who have access to iPads. So we needed some sort of tangible way to support families accessing technology who didn't have actual access to that prior, whether it was due to financial reasons. That was a big thing that stuck out to me. Because the babies were in the ICU, there were already ways that they could access sort of employment insurance or the other program for children with severe illnesses that families were also able to access. So I know, using CERB and stuff wasn't a huge program that a lot of families access. The primary parent would take the severe illness program, and perhaps the second parent would use CERB (HCP group 1)</p>
Train more home care and community workers	<p>We need to really ensure that we have adequate home care health workforce and continue to train people to work in child care in the community. In the work that I do, this was a very thin workforce that just got decimated by the pandemic and it affected the people I cared for (HCP group 1)</p> <p>Borrowing from colleagues who've done this work in Brazil and other low and middle income countries, using community health workers. People who may not be doctors or nurses, but are trained in community health, and have a certain neighborhood to go door to door. Now that's a total system transformation we're talking about but that could've been helpful in a situation like this (HCP group 1)</p> <p>Just provide parents with a lot of resources in the community to help speech and language and also social and emotional development. (HCP group 3)</p>
Socioeconomic policies to help vulnerable cope (racialized, low income, marginalized)	<p>We need to get continue to invest in policies that support low-income households to withstand events like the pandemic. Many of us have social safety nets that would support our households through a situation like that. CERB was a really good thing for a lot of low income households, and allowed a lot of parents to get through tough situations. Paid sick days is another example. Raising Ontario Disability Support Program rates is another one (HCP group 1)</p> <p>This pandemic had a disproportionate effect on low income, racialized people, families, and children, for sure. Any response that is really gonna meet the needs of children and families has to really recognize that that's the case. Equity informed strategies, and approaches need to be built in and how that can translate to policy. But I think this, at the high level, needs to be like a central focus for a conversation like this (HCP group 1)</p> <p>We've seen firsthand how not okay our health system is for people who are racialized, for people who have fewer financial resources. And we need to be able, as a system, to better support the people who have less access to the health system. We've got people who can't afford to pay for parking, so can't come and visit their baby. It's not okay. And it needs to be better if we're gonna go through a pandemic again (HCP group 1)</p> <p>Additionally in a similar vein, easily accessible, low barrier social services. (HCP group 2)</p> <p>I think, having community driven policy design is really important. I think we saw over the pandemic that there was this really splotchy, patch work-y sort of approach to creating policy, and then back peddling, kind of trying to adjust it afterwards, when we realize that's that there were certain segments of our communities that were being left behind. And those are voices that were not at those policy tables. I think, having a really meaningful engagement process in the design of those policies is really important to understand you know, who might we be missing. (HCP group 2)</p>

	<p>I would add is like an equity framework rather than an equality framework, which is how we always like. I even think about swimming lessons in Toronto. You can offer them in a low count for everyone. But you know the same families always get all the swimming lessons, and then the ones that need this swimming lessons they don't even know how to call at like that time of day. (HCP group 2)</p> <p>I think the last kind of thing I'll say is a lot of communities know what they need and being able to put trust in communities. A lot of our indigenous community, we know our population, and we know what we need, and sometimes we don't always have the funds to be able to do that, but we make ends meet, so it's not a kind of a one size fits all picture. (HCP group 2)</p> <p>The funding for programs in in areas that don't necessarily have that sort of support. (HCP group 3)</p> <p>SUBSIDIZED CHILD CARE/OTHER SERVICES Do think that there needs to be more money put into particularly early childhood development, and early childhood care, so whether that be \$25 daycare, for example, that's a policy, decision. (HCP group 2)</p> <p>I think, provide a more subsidized Childcare spaces will be good for parents. And making the process faster. (HCP group 3)</p> <p>I think maybe offering incentives, like, for example, maybe a certain amount. Let's say they, they had to register for certain programs, and then, as long as they can prove that they are actually taking the children, then you get it covered or your supported somewhat. That could possibly help. (HCP group 3)</p>
Establish parent support groups	<p>More community support groups where parents can support each other who are going through similar situations. Maybe there could have been some mentoring and pairing that could be done between families so that there can be some ongoing learning and support. Not everything is like a medical emergency, sometimes things are just normal, but a lot of socially isolated families and parents...there could have been some really great, psychosocial benefits from, at creating communities of support, using online models. And maybe that's a way in the future that we could equip the system to better support these families with young children (HCP group 1)</p> <p>A lot of our families were previously accessing early years centers for social support and that just got absolutely decimated. The early years teachers were trying to do some virtual stuff. It's an opportunity for social connection, for parents to say, "Hey, my kid is doing this. Does your kid do that?" There's this organic opportunity for connection that was really lacking (HCP group 1)</p>
Catch up on backlog of visits to assess child development	<p>Catch up on the backlog of visits and consults and procedures, and everything that needs to be done. There is a whole strategy around that, right? I'm sure people smarter than me are trying to think about right now (HCP group 1)</p> <p>Reconnecting with parents and catching up on where are the kids, developmentally, emotionally, doing a lot more outreach. Because I think there's a whole cohort of families that if you had your first kid, you don't really know about an early years centre, right? Often you learn about these programs through talking with your network but if you haven't really had a network, or your network's been blown up, it's hard to reconnect with these really important programs. And I'm afraid that in the current climate they're gonna just disappear. There are people who are really great at referring when they see sort of issues, and seeing, whether it's a speech issue, or a motor issue, or emotional, social, emotional issues, they're great at sort of referring to those services. But our wait lists are so backlogged right now, that in itself is a barrier. If somebody flags something, and then there's nothing we can do for so many months. It's really disheartening and stressful for people, parents as well (HCP group 1)</p>
Use clear masks to help with speech development	<p>I think the way that we could, I guess, help that issue in terms of the children seeing speech from adults is by getting higher quality masks that are clear that can show our mouths. Because we're no, we no longer have to wear the eye protection, but, like I think it will continue to impact speech so long as that, from 18 months the toddler, beginning to preschool, from them not seeing the mouth motions and the movement or what have you, they will be the ones most impacted, I believe, by speech. And it will continue happening until we can I guess find some sort of solution where the mask is</p>

	<p>protecting the staff, they feel protected, and it still does the job by showing all mouth movements, the whole face, the whole bottom half. (HCP group 3)</p> <p>Again for the kids, the masks would be the best, like a quality mask that was clear, so that the children can see their educator speak to them. And again, I can't, I can't press as to how important it is for them, even just seeing the mouth move while you're talking right. It teaches them right, and for that to be gone for a whole like, I guess that that COVID generation, like born in, born in 2020, or in our centers, from 2020 to 2022. Yeah, it's gonna really – You'll see it down the line, unless the masks start coming off. Maybe it was, in schools, I'm not even sure if the teachers wear masks in school still. But at the child care center level, that's what we wear, and that is the impact that we're having on the children in the sense that we have no choice. Unless they provide us with the materials that would again be sufficient enough to protect the staff. Like know that if, because realize, when Staff see that they're they're scared, remember, we have to get down to their level to communicate with them. (HCP group 3)</p> <p>I think, for the hearing impaired there are masks that that are clear. That could possibly help, incorporating some of those kind of masks for the staff. (HCP group 3)</p>
More funding and alternative funding models for healthcare professionals	<p>I also think it's important to remember that not all that – there are lots of communities and service providers that are actually doing really good work in this area, but they're not necessarily incentivized or appreciated by policy-level, by the government or by policies. In my work, fortunately, the way I get paid is a little bit different from other people, and that allows me to actually spend the time to be able to get families the services that they need and follow up with them, but not all physicians are able to do that because of the way that they're paid for example. So thinking about how we can not only incentivize doing good holistic work, and not only – but making it a requirement that people and services, service providers do that kind of work well. (HCP group 2)</p> <p>I wish they should be more, like the funding, I know we don't have unlimited funding, but front-line staff need to be prioritized over administration. Like I just, we just need to kind of say how do we get these families seen quicker? (HCP group 2)</p>
Facilitate access to services	<p>BETTER ADVERTISE WHAT IS AVAILABLE</p> <p>I think I definitely agree. And then also wonder about like more funding for well, more locations, but also for advertising or kind of spreading the word, because I find we have a lot of families come, and they don't even know that it's available. You know they're kind of surprised like 'oh there's this free programming'. Can we change the system to make that more clear? (HCP group 3)</p> <p>OFFER AT RANGE OF LOCATION AND CONVENIENT TIMES</p> <p>Just making things more accessible, making it easier for everyone to be able to access resources that are available. (HCP group 3)</p> <p>More locations, less cost involved. Times that, times that actually coincide with the parent and the work that they might have to do over the course of the day, cause like they might not be able to get there on time or, you know. It's about making things as easy as possible for them to be able to get to it and be able to use it. (HCP group 3)</p> <p>PROVIDE INTERPRETERS</p> <p>I was gonna say, even adding in like having more interpreters, making things like that easier for families to access if language was a barrier, you know. Just meeting people where they are, and helping them, letting them know that 'Yeah, you know you have these resources are here, this is how we're gonna help you get them.' (HCP group 3)</p> <p>To echo, the, I think it was PT4 or PT2 that was saying about the interpreters. And PT1 has mentioned that as well. That is, it's super vital, especially now, and especially for the clients that we serve. It would be so better for us to be able to communicate with them, although we do the best that we can, or whatever, but in a more robust way. (HCP group 3)</p>

	<p>If they don't have – and then families who have difficulty with, you know, being able to pick up the phone, families that don't speak English or French, getting services and getting notifications of services and missing those things, then it further marginalizes them. (HCP group 2)</p> <p>COORDINATED CENTRALIZED SYSTEM</p> <p>I think about back when I was a kid. I'm from [province] and the public health unit did all the routine childhood vaccines, and they didn't go to pediatricians or family doctors. And so they would call the families to make sure that this is all happening, and it's made a system where everything is kind of all in one in one space, because everyone is part of a public health unit. If I think about now, if I have, you know a kid with speech delay, I need to send them to an audiologist at one hospital. I need to send them to [healthcare organization] for their speech therapy. I need to send a letter to their daycare you know, and it's just all these things are going to multiple different locations that all don't speak to each other, and sometimes don't even speak to me. (HCP group 2)</p> <p>A more centralized, easy access system that allows families to get what they need, I think, would make many of our lives a lot easier and hopefully their lives easier. (HCP group 2)</p> <p>Yeah, I think having some kind of hub where they can access – just the way it's just so fragmented. And it gets so frustrating, where the doctor has to give you a referral, the referral has to go to the speech– you know, all these...It just gets so frustrating and daunting for a lot of the clients that I know... Who goes to [healthcare facility]? Who goes to [healthcare facility]? Who goes here? It really gets confusing to everyone. I think getting these resources combined together, unified so that it becomes easier to access. (HCP group 2)</p> <p>I think that everyone needs to have a primary care provider that's easily accessible in person. The fact that so many of our families don't have primary care providers has made this even worse, because there's nobody seeing them, they don't know who to turn to and they have a number that they call to try and find a family doctor but then that hardly works sometimes. Having a health system that is easily accessible for primary care. (HCP group 2)</p> <p>I think we're just, the word that comes to mind is access. Like now that we are open, why is it still so hard to access? I think some of these systems were already hard to access, it's like the pandemic just broke them. We were just getting, kids, you know, picked up by some combination of early years, family doctor, you know, neighbor down the street, and families are just getting their own kind of support from that, and then when you strip it all away and you're trying to restart it all, it's like you just see all of the ways in which those systems have already been under strain (HCP group 2)</p>
Follow-up monitoring by healthcare providers	<p>What we did here with our staff during the pandemic is, we did a check in. And it was, we did it with the staff. But I'm thinking that this was something that might work, with, especially with parents, and staying at home with their children and having no one else to connect with. If somehow we could get some kind of maybe it's with medical, maybe it's with Telehealth, but doing a check-in even once a month. And just connecting to see 'how's everyone doing?' And yes, it would be again a lofty goal. But just having someone to be able to connect with them. 'How's it going? How are you doing?' And then you know, getting those kind of conversations happening. You know 'I'm concerned they're not eating, they're not walking', you know (HCP group 2)</p> <p>Just that check-in would be something more than that – what they need right, just to have them open up. We did that with the staff, and we were, we'd be surprised how they would, what they wouldn't say to you, you know, in person, when I would email them, and say, 'just checking in, you doing okay?', and they would email me back, 'you know, today was a really rough day, and you know, you know, I have a lot of anxiety, you know, there was 2 people with Covid'. And those check-ins really did work for us. And I don't know if that's something that might work. (HCP group 2)</p>