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The experience of fathers during the covid-19 UK maternity care restrictions

Kathryn Andrews^{a,*}, Susan Ayers^b, Louise R Williams^c^a Community Midwives, Women's Health, University College Hospital, 2nd floor North, 250 Euston Road, London, NW1 2PG^b School of Health Sciences, City, University of London, Northampton Square, London, EC1V 0HB^c School of Health Sciences, City, University of London, Northampton Square, London, EC1V 0HB

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ABSTRACT

Objective: During the COVID-19 pandemic fathers in the UK were excluded from many aspects of maternity care to reduce escalating transmission rates. This study explores the experiences of fathers who had a baby during the pandemic to understand what effect these maternity restrictions had on them and their relationship to the baby.

Design: A qualitative interview study of the experiences of fathers whose baby was born during the pandemic-related UK maternity restrictions.

Participants and setting: Non-probability voluntary response sampling of 20 fathers: including 13 primiparous fathers and 7 multiparous fathers. Eligibility criteria were that fathers lived in the UK and had a baby born on or after the 23rd March 2020; the start of the most severe COVID-19 maternity restrictions. Participants were interviewed remotely via telephone using semi-structured interviews which were transcribed and analysed using thematic analysis.

Findings: Four themes, including ten sub-themes, were identified that described fathers' experiences of the maternity restrictions and the father-baby relationship. The themes were: (1) *The impact on paternal experience*: this theme describes a collective negative paternal maternity experience as a result of the restrictions. Notably, father exclusion produced feelings of isolation and a sense of loss, along with a disconnection from the pregnancy. (2) *The impact on the father-baby relationship*: this theme discusses the adverse consequence of the restrictions on initial father-baby bonding. (3) *Observed impact on mothers*: the observed detrimental impact that excluding fathers had on maternal mental health and well-being. Finally, (4) *Fatherhood in the 'new normal'*: the change of daily living during the pandemic aided profound family relationship building, improving long-term father-baby bonding, compared to pre-pandemic conditions.

Key Conclusions: The findings provide evidence of undesirable consequences the pandemic-related UK maternity restrictions had on birth partners. With restrictions to maternity care implemented across the globe, these concerns may be applicable at an international scale.

Implications for practice: This study adds to other contemporary literature on this subject and can inform discussion among maternity services of the importance of including fathers for improved parental well-being and initial infant bonding.

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Article

Background

During the COVID-19 (SARS-CoV-2) pandemic the National Health Service (NHS) reduced maternity care to a minimal ser-

vice to protect patients and staff from infection (RCOG, 2020; Topping and Duncan, 2020; Sanders and Blaylock 2021). One method to lower COVID-19 transmission was to prevent all non-essential persons from entering clinical settings (Public Health England, 2020). Most NHS Trusts excluded birth partners from antenatal care and permitted them to join the mother only during established labour (NHS, 2021). Partners were subsequently asked to leave shortly after the birth (RCOG, RCM and NHS England, 2020). Post birth, many NHS Trusts implemented a 'no partner' visiting rule (Sanders and Blaylock, 2021). Consequently, birth partners

* Corresponding author:

E-mail address: Kathryn.Andrews6@nhs.net (K. Andrews).

were uninvolved in maternity and initially spent little time with the newborn (Smith et al., 2020).

In the UK the large majority of birth partners are the father of the baby (Smyth et al., 2015). Father's involvement in maternity is known to improve pregnancy outcomes and support maternal psychosocial well-being (Bawadi et al., 2016; Forbes et al., 2018; WHO, 2002). Engagement in maternity care also contributes to father-baby bonding (Habib and Lancaster, 2006). Reduced involvement in pregnancy and childbirth is felt to be a barrier in forming close father-baby relationships (Wynter et al., 2021). Attending ultrasound scans during pregnancy, for example, can increase paternal attachment as the baby is visually realised (Walsh et al., 2014). Early father-baby bonding is known to be associated with better child physical, social and psychological outcomes (Sarkadi et al., 2008; Scism and Cobb, 2017). In terms of public health, several national and international reports document the importance of father engagement in maternity as it increases the health and well-being of the whole family unit (WHO, 2007; NICE public health guideline [PH40] 2012; Public Health England, 2015; National Maternity Review, 2016). Thus, fathers' exclusion from maternity care during the pandemic is of concern (Walsh et al., 2020).

Internationally, a growing body of research has explored service users' experiences of COVID-19 maternity restrictions, and many have found excluding partners is distressing for mothers (Cullen et al., 2021; Panda et al., 2021; Sanders and Blaylock, 2021; Silverio et al., 2021; Smith et al., 2020; Wilson et al., 2021). Anecdotal evidence and commentaries from clinicians predicted the detrimental effect the 'no partners' rule would have on father mental health and child development (Khashu et al., 2020; Menzies, 2021; Tscherning et al., 2020). Many parents have also voiced their concern of newborn behavioural development during the pandemic in a large nationwide survey of several thousand respondents (Best Beginnings, 2020).

To date just three papers have investigated birth partner experiences of COVID-19 maternity restrictions, one of which is based across two NHS trusts and the other two internationally in Italy and Australia. These used different methodologies, yet all had similar findings of the restrictions being associated with poor psychological outcomes and a sense of isolation in birth partners (Nespoli et al., 2021; Stacey et al., 2021; Vasilevski et al., 2021). As of yet no paper has intentionally studied the possible impact on father-baby bonding. This study therefore aims to extend this literature by exploring the experiences of fathers across the UK who had a baby during the pandemic, to understand what effect, if any, the maternity restrictions had on them and their relationship with the new baby.

In this paper, the term 'mother' represents pregnant or birthing person. When referring to 'father', this refers to those who identify themselves as the father of the birthing person's baby.

Methodology

Design

A qualitative study of the lived experience of fathers who had babies during the COVID-19 pandemic and the impact of the maternity restrictions on them and the relationship with their baby.

Setting

Semi-structured interviews were conducted remotely over telephone by the primary investigator one-to-one with UK-based fathers throughout May and June 2021.

Table 1
Sample socio-demographics.

Characteristics	n
Age (years):	
20-29	12
30-39	7
40-45	1
Sex:	
Male	20
Nationality:	
Ashkenazi Jewish	1
British	16
Chinese	1
Syrian	1
Swedish	1
Ethnicity:	
Black African	1
Black British	2
Chinese	1
White British	14
White Other	2
Living with mother & baby:	
Yes	20

Sampling

Non-probability voluntary response sampling was used in a targeted population. The use of voluntary sampling guaranteed suitable respondents who were willing to participate, improving the quality of the data gathered (Murairwa, 2015). Eligible participants had to be fathers of babies who were born after 23rd March 2020 as this was the time the severest restrictions were implemented at hospitals nationally (NHS England, 2020). Both primiparous (first-time) and multiparous (multiple time) fathers were recruited to gain insights into differing paternal circumstances. To create a realistic representation of the population, fathers who did not experience maternity restrictions were included, for example home birth, as well as those who did not live with the mother or were not the biological father.

Exclusion criteria were: being 18 years or younger; the baby being admitted to a Neonatal Intensive Care Unit (NICU), admission to which affects parent-infant bonding (Ionio et al., 2016); those who suffered a pregnancy loss (miscarriage or stillbirth) due to the focus on father-baby relationships; and non-English speaking fathers due to lack of funding for professional interpretation. To decrease sample heterogeneity, adopting parents and same-sex couples were excluded as their experience is likely different from that of a birthing or heterosexual couple and specific research is needed for this population.

Participants

Forty-nine respondents volunteered, and forty-eight met inclusion criteria. Twenty-eight did not reply after receiving the initial information. Seventeen readily agreed to continue, and three were subsequently followed-up and took part, meaning a total of twenty participants were included.

The sample was made up of 13 primiparous fathers and 7 multiparous fathers. Ages ranged from 24 to 42 years. All participants were married and cohabiting with the mother and were the biological father of singleton pregnancies. No non-cohabiting or non-biological fathers volunteered to participate. English was not the first language for three participants, however all had appropriate English language skills for data rich interviews. Of the sample, 25% were from an ethnic minority group, providing a suitable representation of UK minority ethnicities (Office for National Statistics, 2015). Sample socio-demographics are presented in Table 1.

Procedure

Ethical approval was obtained from City, University of London, School of Health Sciences Research Ethics Committee. Research was conducted as part of a postgraduate research thesis. Participants were recruited through social media as the ongoing COVID-19 pandemic barred educational research within the NHS (NHS HRA, 2020). Specific social media groups were contacted due to their focus on parent and father support: 'Birthrights', 'Pregnant then Screwed', 'Fatherhood – Health/ADHD', 'Dads AF' and 'Being Dad- Mind'. These organisations advertised the study on their interactive forums with a poster provided by the researcher.

Respondents were sent the participant and consent information. Explicit written consent was obtained from all participants. Participants chose the time and date for the interview. Consent and willingness to proceed was discussed at the beginning of each interview. Interviewing was conducted one-to-one with the researcher to aid genuine responses (Trier-Bieniek, 2012).

Semi-structured interviews were utilised as they draw out embedded data by developing a conversational tone (Galletta, 2013). A pilot telephone interview was conducted prior to ethical approval with a father who fit the inclusion criteria to pilot the interview schedule. This interview schedule was then refined through multiple reviews until the final version was approved by two senior research experts (SA, LW) and the Research Ethics Committee.

Hermeneutic inquiry was utilised, requesting the participant to talk through their emotions (Walker, 2011). Gentle probing was used to help participants reflect and elaborate (Guest et al., 2013). Interviews ranged from 18 to 53 minutes; non-conversational participants resulted in shorter interviews, whilst others made long digressions. Participants were allowed to discuss their experience without interruption. Each participant was verbally debriefed, then sent the debrief sheet and £15 retail eGift voucher.

Data analysis

Special attention towards the transparency and rigour of this thematic analysis was taken to ensure confidence in the findings (Braun & Clarke, 2006). All the interviews were anonymised and transcribed verbatim into a word-processing tool. Transcription was completed by the primary investigator ensuring intimate familiarisation with the data (Sutton & Austin, 2015). Transcripts were read through as the recordings played, ensuring precise documentation (Castleberry & Nolen, 2018). Data were then analysed with an interpretive phenomenological thematic approach with specialist software NVivo-12. Codes were produced across the entire data set systematically by the primary investigator. Initial coding resulted in 119 codes. These codes were grouped to create ten sub-themes through review and discussion with two research experts (SA, LW). These ten sub-themes were combined into the four overarching themes of the findings.

Ethical considerations

All participants read the participant information and returned signed consent prior to data collection. All identifiable information was removed during transcription. The audio-recordings were deleted. The transcripts were securely archived electronically with City, University of London for a 10-year period until deletion. Participants were informed they could terminate the interview at any time, were not required to answer questions and could withdraw their contribution without reason. After 14 days, when transcription had been completed, the participants could not withdraw their contribution, but could opt for their direct quotes not to be used.

Information on accessing local Improving Access to Psychological Therapies (IAPT) services was provided to all participants. Participants reporting or displaying symptoms of deteriorating mental health were encouraged to contact their GP or make an IAPT self-referral.

Rigour

Rigour was improved through reflexivity of the principal investigator who is a qualified midwife. In this case, professional experience generated the research topic and typical midwife-family interactions may have shaped the methodology, however a thoughtful effort was made to avoid biased views and analysis. Rigour was further improved by utilising computer programme Nvivo (Bergin, 2011). Triangulation was used by consulting two senior research experts (SA, LW) during data analysis to further enhance the credibility of the findings (Pilot and Beck, 2017).

Results

Four overarching themes with 10 sub-themes emerged from the thematic analysis. While separate themes, they are not standalone topics but interlinked together, depicting the whole experience of the participants.

THEME 1: The impact on paternal experience

Most participants greatly disliked the maternity restrictions yet understood the rationale for them being implemented. Accounts of uncaring clinicians added to common responses of feeling useless, isolated, and angry.

Sub-theme: Experiences of maternity restrictions

Many felt father exclusion from maternity was particularly harsh and were ostracised by the rules.

"... everybody else was allowed in the rooms, but me as a parent ... I was not allowed there, and I had to go home to an empty house." (P18)

Many fathers, and primarily primiparous ones, described a sense of loss, especially of precious life-long memories.

"They're memories that you just will never get back ... I've lost those chances now and nothing I do will ever get those back." (P2)

Some felt the restrictions tarnished what was meant to be a cherished experience.

"... there was nothing, I don't look back on the birth fondly at all." (P8)

For many, their exclusion from maternity felt nonsensical.

"... it just didn't feel rational, some of the restrictions they have, so that's, that's how it felt. It felt frustrating and irrational and quite disempowering." (P15)

The restrictions on partner attendance led to difficult decision making for the couples.

"... so that definitely made a decision, made her question her decisions of when we go in from home because she didn't want to be on her own." (P10)

Yet a small minority thought their presence in maternity was unnecessary.

"... as a father, I don't think you really need to necessarily be going to every single one." (P6)

Sub-theme: Conflicting feelings

Nearly all the fathers had conflicting feelings over the maternity restrictions.

"You're very torn between like, well, I need to be understanding there's other people in my position ... in the second breath, you're

like, well, I want to be there, I deserve to be there with my first child." (P2)

Many thought the novelty of COVID-19, and the severity it was initially reported at, meant they could not criticise the rules.

"It's hard to kind of critique the restrictions because obviously this was, this was pre-vaccine or pre-masks..." (P12)

The mother attending appointments alone was hesitantly accepted by most.

"... midwife appointments, I didn't go to any of those because of COVID and, um, like the heartbeat and stuff like that, I missed all that, but, um, I suppose at the end of the day, uh, to keep everybody safe, that was what we had to do." (P7)

Sub-theme: Clinician communication concerns

Staff were perceived as hostile and judgemental, especially towards those who had plans allowing their attendance to maternity care.

"... we had one midwife just sit down with us and say 'I don't see how on earth this has been agreed' ... it was really judgmental and really unnecessary" (P15)

Participants thought without their presence mothers were persuaded by clinicians to change birth plans or undergo unwanted interventions.

"... there was a lot of pressure on her that, okay, we're going to book you for an induction, but like, [the mother] said I don't want an induction." (P5)

Many felt effective clinician communication lacked throughout their maternity experience.

"There's nobody you can talk to it about, it's just 'ah well that's what the guidelines are', there's no, there's no discussing it, there's no person-centred care..." (P5)

Sub-theme: Emotional response

The overarching emotional response regarding the maternity restrictions was that of helplessness and uselessness.

"... I just felt a bit useless sitting at home, waiting for the time to be able to go in." (P1)

Despite wanting to be a responsible partner and parent, the fathers felt unwanted and isolated.

"... the pregnancy, the birth is something that is a team effort, but again, as a husband, you felt quite isolated and quite useless about it." (P16)

The 'no partners' postnatal rule was particularly upsetting.

"And then to have [the baby] here in my arms and then to be told, you've got to go now, um, it was devastating to be honest" (P18)

These emotions were followed by anger and disappointment, especially with distressed mothers requesting their support.

"I kind of lost it and just said, look, you know, if the hospital is going to effectively ban me from coming in and looking after her, I need you guys to step up a bit more." (P10)

THEME 2: The impact on the father-baby relationship

Partner exclusion from maternity care was felt to have caused a disconnection from the pregnancy and obstructed initial father-baby bonding.

Sub-theme: Exclusion impacting bonding

Many reported the maternity restrictions were barriers in forming a relationship with their baby.

"You don't form that kind of mental relationship with the child prior to birth because how can you? You've got nothing to see." (P2)

Their exclusion in the antenatal period led to fathers feeling separated from the pregnancy.

"... it didn't feel that we were having a baby..." (P19)

Most of the fathers reported their absence from perinatal appointments, along with the limited amount of time spent immediately post birth, contributed to an initial reduction in relationship building with their baby.

"...I only saw him for two hours after the pregnancy, so my wife said. If I'm going to be completely, completely honest, I think it did impact me for the bonding, absolutely." (P16)

Some were worried of the baby's attachment towards them.

"I was a bit concerned, like, you know, like face recognition and stuff like that and you know, all the smells and all the things that you kind of read about..." (P12)

Those who were able to form a relationship with their unborn baby felt they could not reinforce it post birth due to the postnatal no-visiting rule.

"I just met this little person that instantly have so much love for her, but then I couldn't, I couldn't help or I couldn't be a part of it." (P11)

Many discussed compensatory attempts to bond with the unborn baby outside of maternity encounters.

"... when I used to read stories to her bump ... I thought it just helps with the bonding." (P6)

A small minority thought the restrictions did not impact the relationship to their baby.

"I definitely feel that I could, I could bond even though I haven't been to the scans. Yeah, no, I never felt like that was an issue." (P5)

Sub-theme: Realisation of pregnancy

The exclusion from antenatal ultrasound scans was particularly hard felt.

"... not being there for all of the scans, as much as I wanted to be, you know, is crushing." (P2)

Fathers felt disconnected from the pregnancy as they were unable to see their unborn baby.

"... just this disconnection from this, well, it's not really a baby until it's with you." (P2)

"The whole time I wasn't allowed into any scans, so it didn't feel like, you know, we were having a baby for a long time." (P18)

Some paid for private scans to be allowed to see their baby.

"I wasn't able to go in and see that, so I paid out my own pocket." (P1)

Others felt discriminated against as they could not afford private healthcare.

"... if we'd gone for private scans and stuff, we'd have been both allowed in, 'cause we were paying ... that's a bit of discrimination, you know?" (P7)

The small number of fathers who were able to access ultrasound scans felt the scans were significant in actualising and connecting to the pregnancy.

"... it kind of made me feel like I already had like a, more of a connection with my daughter before she arrived." (P11)

Being able to see their baby during the pregnancy helped with bonding and initiated feelings of fatherhood.

"... there's nothing quite like seeing it as a moving image ... It really brings home the fact there's a living human inside my wife's tummy." (P13)

THEME 3: Observed impact on mothers

Although not questioned on the topic, the majority of the fathers thought the maternity restrictions had a detrimental impact on mothers. The absence of the father resulted in the mother hav-

ing to process information and advocate for her preferences alone, without support.

Sub-theme: The need for mother support

Most reported their exclusion reduced emotional support for mothers.

"We [UK lockdown restrictions] definitely went down too harsh, I think with mothers should have partners with them, for more access to be able to support." (P9)

Fathers described their absence from consultations decreased the mother's ability to process information.

"... she stops taking it in as much as maybe she should be, or if a second person was there." (P10)

Some felt vaginal examinations to prove established labour before allowing partner attendance was against the mother's rights.

"...it's a hugely intrusive, um, intrusive procedure anyway ... to have like that, in order to be able to have your partner with them I think it's just hugely abusive of one's human rights." (P15)

Participants were particularly frightened of the mother receiving bad news alone and having to relay this back to her unknowing partner.

"...finding out that they've got, um, a complication at a scan and finding that out alone, and then having to go to break the news to their partners themselves, I think really, uh, could potentially be really damaging." (P13)

Sub-theme: Maternal mental health

Some reported the mother became physically distressed when they were instructed to leave her shortly after the birth.

"... she got quite upset and she was a bit tearful, and the midwife turned to her and said 'why are you crying? You knew he wasn't going to be able to stay.'" (P18)

Over half reported mothers felt vulnerable and unsupported in the postnatal period without their presence.

"... she felt a bit more vulnerable, and she couldn't, she did start to suffer with quite, um, a little bit of mental health." (P16)

Many thought their exclusion from maternity care had a detrimental impact on maternal mental health.

"... what bothered me so, is more seeing it affecting my wife afterwards, um, in that she was kind of processing what happened on her own for that first 24 hours after birth ... she's trying to process something on her own." (P10)

Long-term poor psychological outcomes for mothers was further discussed as a consequence of the maternity restrictions.

"She was offered no support ... Um, and since [the baby] has been born, because of that she has suffered, I think, a little bit of PTSD. Um, so the aftermath hasn't been plain sailing for them either." (P16)

THEME 4: Fatherhood in the 'new normal'

The last theme emerged when questioning the participants on their initial experiences of fatherhood. Participants reflected on their role as a father and the 'new normal' within the wider COVID-19 context.

Sub-theme: Parenthood in the pandemic

Most experienced contradictory feelings of excitement and uncertainty of pregnancy during a pandemic.

"... we did question when COVID really kicked off and we were pregnant I remember us sort of saying, would we have carried on? Would we have thought differently?" (P17)

Transmission of COVID-19 and the unknown severity of the illness for expecting mothers and neonates was concerning.

"... that was really worrying because there was, there were question marks about the risks to pregnant women and unborn babies." (P14)

The loss of social support during lockdown and household isolation was challenging.

"... when you lose all your, all your childcare and you'd have two working parents you expect them to work while also looking after the child that no longer can go to nursery was quite difficult." (P5)

Though some actively enjoyed lockdown and were grateful for the lack of visitors.

"... there were no visitors, they weren't allowed. And actually, I think that really helped the bonding with [the baby]." (P13)

The overall response of fatherhood in the pandemic was positive. Many of the fathers enjoyed the isolation and work-from-home rules as this vastly increased their time spent with their new family.

"... if anything, lockdown restrictions inadvertently helped our bonding as a family." (P13)

"I spend every day with her, so five and a half months to be with her every day, I had time some fathers will never, ever get so it's been really, really special." (P18)

Sub-theme: Challenging traditional roles of fatherhood

In the last few decades, the perception of fatherhood, and what the role entails, has shifted visibly to more active participation in childrearing (McGill, 2014). Pandemic conditions saw a drastic change in daily life, which for these participants further challenged traditional stereotypes of fatherhood.

The maternity restrictions were felt to reflect a conventional opinion of fathers being inessential in pregnancy and childrearing.

"... exclusion of the dads at, uh, those sorts of appointments, certainly contributes negatively to, uh, to, to that perception of the dad is a bit of a second-class citizen when it comes to, um, you know, the family structures." (P13)

A small number of fathers discussed their parental right to be involved in maternity.

"... it was, felt like a fight, a fight to try and secure our, our rights, for the birth we wanted, it, it felt like an uphill struggle for, and we shouldn't have to do that." (P15)

Some spoke of wanting to challenge traditional and stereotypical roles of fatherhood.

"I saw the father-child relationship as like extremely important, like as important as the mother, as opposed to traditional thinking" (P8)

"... it's not the 1940s where dads are in a waiting room, having a smoke for a few hours, but that's not what we should be about." (P9)

Spending significant time with their families in the 'new normal' increased fathers' desires to stay within this contemporary childrearing role. Shared parental leave was readily discussed by many.

"... I eventually thought I might as well just take, uh, you know, take as much as I possibly can. And that decision was absolutely influenced by, uh, how, how close we, uh, we become as a family over the time that I was working from home." (P13)

Discussion

This study aimed to depict the shared experiences of fathers who had a baby during the pandemic and the impact of the maternity restrictions on the father-baby relationship. The results showed a collective negative maternity experience, disconnection from pregnancy, and perceived negative impact on maternal mental health. However, results also showed how pandemic conditions could improve long-term father-baby bonding.

These fathers felt ostracised from maternity care and their birth experience was largely negative. The maternity restrictions resulted in fewer significant memories being made, creating a sense of loss and isolation. This is consistent with other contemporary literature findings of birth partners feeling isolated and missing from important maternity events during the pandemic (Nespoli et al., 2021; Stacey et al., 2021; Vasilevski et al., 2021). Many of these fathers felt their exclusion was nonsensical and irrational, a sentiment reflected in hundreds of mothers' perceptions of the restrictions (Smith et al., 2020). Being unaware of the mother or baby's well-being induced and amplified fathers' anxieties; also comparable with findings in recent literature (Smith et al., 2020). The fathers felt some maternity staff were hostile or lacked communication entirely, similar to the reports from parents nationwide who were distressed by poor communication from health services during the pandemic (Sanders & Blaylock, 2021; Smith et al., 2020).

The partner restrictions, particularly exclusion from ultrasound scans, had a detrimental effect on initial father-baby bonding in the short term. Those who could not afford private scans felt disadvantaged and separated from the pregnancy. These findings support the anecdotal literature predicting the restrictions would likely have a damaging effect on parent-infant bonding (Menzies, 2021; Khashu et al., 2020; Tscherning et al., 2020). Many pregnant mothers in similar research voiced their concerns that fathers were "disconnected" from the pregnancy and unable to bond with the baby because of the restrictions (Smith et al., 2020; Stacey et al., 2021). Additionally, a national report found more a quarter of UK parents who had babies during the pandemic were worried about their relationship to their newborn (Best Beginnings, 2020). The findings of this study add to the growing evidence of poor parent-infant bonding as a result of the COVID-19 restrictions, yet suggest this is particularly relevant during pregnancy and the first days postpartum, and not necessarily longer-term.

These fathers felt their exclusion had a detrimental impact on the mother and her mental health. Their fear of mothers receiving bad news about the pregnancy when attending perinatal appointments unaccompanied is repeated across contemporary literature (Best Beginnings, 2020; Sanders and Blaylock, 2021; Stacey et al., 2021; Walsh et al., 2020). The findings also add to the increasing amount of research documenting poorer maternal psychological well-being during the pandemic (Smith et al., 2020; Sanders and Blaylock, 2021).

Finally, the maternity restrictions were thought to reflect traditional views that fathers are unnecessary in maternity. Yet, the nationwide lockdowns and work-from-home rules greatly increased a father's presence and involvement in childcare. The participants discussed their increased parental responsibility in the 'new normal' as a positive and joyful experience, which is reflected in the findings of national reports where parents described their pandemic parenting experience as positive and happy (Best Beginnings, 2020).

Limitations

Methodological weaknesses are the use of convenience sampling which means the sample is drawn from those who could access and use parental support social media groups. This potentially produced participants of a similar age and social class and, in turn, may have excluded certain groups and bias the findings (Benedict et al., 2019; Iliffe and Thompson, 2019). No non-cohabiting or non-biological fathers volunteered for participation also influencing the findings. Socio-economic information, such as occupation, education or income was not collected, therefore the sample is of unknown representation. The sample size is also rel-

atively small and of unknown generalisability, which is typical of qualitative research. Although desirable to have all ethnicities represented, no South Asian, Black Caribbean or Arab fathers volunteered. However, the sample demographics broadly reflect the general UK population.

Issues were identified during data collection and analysis. Some participants were unable to provide a comprehensive or detailed dialogue of their experiences. Others produced long digressions limiting time to ask questions or probe topics of interest. Member checking was not utilised, therefore true understanding of some participant statements may not have been accurate (Birt et al., 2016).

Conclusion

These fathers had a largely negative maternity experience during the pandemic. The maternity restrictions created feelings of loss and isolation, along with a disconnection from the pregnancy. Consequently, the initial father-baby relationship was adversely affected in the short-term. Partner exclusion from maternity care was thought to have had a detrimental effect on maternal mental health. The findings highlight the benefits of pandemic living conditions as father's became actively involved in childrearing. Living in the pandemic context facilitated closer and more profound family relations, improving long-term father-baby bonding.

The findings provide evidence of undesirable and poor outcomes caused by birth partner restriction to maternity care. As partner exclusion to limit COVID-19 transmission was implemented across the globe, these concerns may be applicable at an international scale. The findings support other recent research findings and can inform decisions among service providers to reintroduce the inclusion of birth partners in maternity care.

Ethical Approval

Ethical approval was granted by City, University of London Research Ethics Committee on 11 May 2021.

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Data statement

No data available. Due to the sensitive nature of the questions asked in this study, survey respondents were assured raw data would remain confidential and would not be shared.

Conflicts of Interest

There are no actual or potential conflicts of interest.

CRediT authorship contribution statement

Kathryn Andrews: Conceptualization, Methodology, Formal analysis, Investigation, Resources, Writing – original draft, Visualization, Project administration. **Susan Ayers:** Conceptualization, Methodology, Validation, Writing – review & editing, Supervision. **Louise R Williams:** Conceptualization, Methodology, Validation, Writing – review & editing, Supervision.

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