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DIFFICULTIES EXPERIENCED BY PREGNANT WOMEN DURING THE COVID 19 PANDEMIC PROCESS IN
TURKEY:A QUALITATIVE STUDY
TÜRKİYE'DE COVID 19 PANDEMİSİ SÜRECİNDE GEBELERİN YAŞADIKLARI ZORLUKLAR: NİTEL BİR ÇALIŞMA

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ABSTRACT

Pregnant women were in the risk group in the COVID19 pandemic as in previous pandemics. Being in a risk group can make coping even more difficult. This study was conducted to determine the difficulties experienced by pregnant women during the pandemic process. This is a phenomenological and qualitative study. The study was conducted with 33 participants. An interview form consisting of 10 questions was used to collect the data. Qualitative data were evaluated with content analysis. The study data were categorized using codes, and then themes and sub-themes were created.

We found four themes and twelve sub-themes related to the strengths that participants experienced during the COVID19 pandemic. These four themes were determined as (a) emotional burden, (b) challenge, (c) support and (d) prenatal care checkups. Pregnant women were emotionally affected and compulsory social isolation caused pregnant women to feel lonely during periods when support is needed such as pregnancy, childbirth and postpartum period. Pregnant women wanted to be isolated, on the other hand, they felt a sense of loneliness. Pregnant women had to postpone their prenatal care checkups, and some pregnant women could not reach their doctor. Pregnant women were most concerned about the health of their babies. They had ambivalent feelings about social support during pregnancy.

Keywords: COVID19, pandemic, pregnancy, prenatal care checkups, support.

ÖZ

Önceki pandemilerde olduğu gibi COVID19 pandemisinde de gebeler risk grubunda yer aldı. Risk grubunda olmak başa çıkmayı daha da zorlaştırabilir. Bu çalışma, gebelerin pandemi sürecinde yaşadıkları zorlukları belirlemek amacıyla yapılmıştır. Bu, fenomenolojik ve nitel bir çalışmadır. Çalışma 33 katılımcı ile gerçekleştirilmiştir. Verilerin toplanmasında 10 sorudan oluşan görüşme formu kullanılmıştır. Nitel veriler içerik analizi ile değerlendirilmiştir. Çalışma verileri kodlar kullanılarak kategorize edilmiş, ardından temalar ve alt temalar oluşturulmuştur.

Katılımcıların COVID19 pandemisi sırasında deneyimledikleri güçlü yönlerle ilgili dört tema ve on iki alt tema belirlendi. Bu dört tema (a) duygusal yük, (b) zorluk, (c) destek ve (d) doğum öncesi izlem olarak belirlenmiştir. Gebelerin duygusal olarak etkilenmeleri ve zorunlu sosyal izolasyon, gebelik, doğum ve doğum sonrası dönem gibi desteğe ihtiyaç duydukları dönemlerde gebelerin kendilerini yalnız hissetmelerine neden olmuştur. Gebe kadınlar yalnız kalmak isterken, bir yandan da yalnızlık duygusu hissettiler. Gebeler doğum öncesi bakım kontrollerini ertelemek zorunda kalırken, bazı hamileler doktorlarına ulaşamadı. Gebeler en çok bebeklerinin sağlığı ile ilgili endişe duyuyorlardı. Gebelik sırasında sosyal destek konusunda ambivalan duygulara sahipti.

Anahtar kelimeler: COVID 19, pandemi, gebelik, doğum öncesi izlem, destek.

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INTRODUCTION

Pregnant women and their fetuses are among a high-risk group during infectious disease outbreaks.¹ In the three major influenza epidemics of the last 100 years (1918, 1957-1958 and 2009), pregnant women in the second and third trimesters were significantly more likely to be hospitalized or die than the general population.²

In the COVID19 Pandemic, compared to the general population, pregnant women increase the risk of contracting the disease, severe illness, pneumonia, morbidity or mortality due to the physiological, anatomical and immunological changes that occur during pregnancy.¹⁻⁶

With the declaration of COVID19 as a pandemic, measures such as social isolation, quarantine and curfew were taken to keep the spread of the epidemic under control. These measures have caused pregnant women to be affected by the disruptions that may occur in the health system during the pandemic, due to their need for reproductive health.⁷

This study was conducted to determine the difficulties experienced by pregnant women during the pandemic process.

MATERIAL AND METHODS

Design

The study is a qualitative research with a phenomenological approach. Phenomenology is a qualitative research method that allows people to express their understanding, feelings, perspectives and perceptions about a particular phenomenon or concept and is used to describe how they experience this phenomenon.⁸ Pregnant women were in the risk group during the pandemic. Because there was a risk for both themselves and their fetuses. Therefore, this study aimed to determine the difficulties experienced by pregnant women through their experiences during the pandemic process. In reporting this research, 'Consolidated Criteria for Reporting Qualitative Research (COREQ)' guidelines were used as a guide.⁹

Sampling

The research consisted of 33 participants living in different provinces of Turkey and pregnant during the pandemic period. Pregnant women who were not diagnosed with COVID19 and had no communication problems were included in the study. A qualitative study does not require a specific sample size; therefore, data collection is terminated when data analysis is performed during the data collection process and when concepts and phrases that could potentially answer the study questions begin to be repeated (i.e. saturation is reached).⁹ As a result, this study was concluded with 33 pregnant women.

The ages of the pregnant women ranged from 25 to 42 years. 1, 7, 21 and 4 pregnant women are primary school, high school, undergraduate and graduate graduates, respectively. In addition, 9 pregnant women were living in districts and 24 pregnant women were living in cities. Also, 12 pregnant women were unemployed and 21 women were working in a paid job. According to their statements, 1 pregnant woman had a low income, 24 had a medium income and 8 had a high income. In addition, while 31 pregnant women have a

nuclear family, 2 pregnant women have an extended family.

Data collection tools

In the collection of data, an Descriptive Information Form to determine the socio-demographic characteristics of the participants and an Interview Form 1-7 to determine the difficulties they experienced during the pandemic period were used.

Descriptive Information Form

The form included information about the participants' age, education level, place of residence, family structure, where the pregnant woman's family lived, working status during the pandemic, the spouse's employment status and perceived income level during this period.

Interview Form

It is a form developed by researchers consisting of 9 questions to determine the problems experienced by pregnant women during the pandemic process. The questions in the form are as follows.

1. How do you see yourself emotionally during the pandemic process?
2. Do you think you can take protective measures to prevent virus transmission during the pandemic process? What problems are you having about this?
3. What worries you the most because you are pregnant during the pandemic process?
4. Could you explain how the pandemic process affected the support you will receive from your family/relatives during your pregnancy? How did this situation make you feel?
5. How did the pandemic process affect your pregnancy follow-ups? Did you have any problems with this? Can you explain these problems? How did you feel?
6. How do you feel about giving birth during the pandemic? How did this process affect your decisions such as the mode of delivery and the choice of hospital?
7. During the pandemic, do you think you can take precautions against the risk of infecting yourself and your baby with a virus in the postpartum period? What are your concerns about this?
8. What do you think about the situation of not getting support from your relatives regarding your own care and your baby's care in the postpartum period during the pandemic process? How does it make you feel to be able to get support or not?
9. What do you think about the restriction of visitors in the postpartum period during the pandemic process? (Can you make restrictions? Visitors wanting to come, your ability to prevent this, etc.)

Collection of data

In the study, mothers were reached by using snowball and chain method, which are purposeful sampling methods. The data were collected between 11.06.2020-24.06.2020 using interview forms containing the introductory information of the pregnant women and a semi-structured interview. Participants' responses were collected using a Google Form survey. Due to the pandemic, the link of the interview questions was sent to a pregnant participant via social media. The pregnant woman was asked to send the link to another pregnant

woman she knew, and another pregnant woman to another pregnant woman. First, the possible participants were selected from the women who were consulted by the principal investigator, and then, through these participants, the women who were their relatives, neighbors or friends and met the inclusion criteria of the study were reached and the sample group was formed. When the concepts and expressions started to repeat (saturation point was achieved), data collection was terminated.

Analysis of the data

Qualitative data were evaluated by content analysis. The study data were categorized using codes, and then themes and sub-themes were created. In the evaluation of the data, coding was done manually and no program was used. The themes and sub-themes created were evaluated by taking expert opinion, unnecessary coding was removed, the links between them were regrouped, and the themes and sub-themes were finalized.¹⁰

Reflexivity

Two female researchers who carried out this study completed their doctoral studies in the field of Obstetrics and Gynecology Nursing. Researchers have conducted many studies on obstetrics and women's health and have clinical experience in this field. In the study, the interviews were conducted by the primary researcher, and the first and second researchers did the reporting together. Researchers live in different provinces and have different experiences and observations on pregnancy.

RESULTS

In this study, we found four themes and twelve sub-themes related to the strengths that participants experienced during the COVID19 pandemic. The first theme is the emotional burden theme, which includes the emotional changes experienced by the participants during the pandemic. The second theme is the theme of challenge, in which the participants try to cope with difficulties during the pandemic process. The third theme is the support theme, which includes the difficulties they experienced in getting support from their relatives regarding pregnancy, birth and postpartum

period during the pandemic. The fourth theme is prenatal care checkup (Table1).

Theme 1. Emotional Burden (Fear, Anxiety, Hope, Unknown)

In the study, it was seen that the anxiety experienced by the participants regarding their babies, themselves and their families during the pandemic, the fear of being infected with the virus, the uncertainty about the birth and the future put them under an intense emotional burden. This feeling experienced by pregnant women; It was defined under four sub-themes: (a) fear, (b) anxiety (c) Hope, and (d) unknown.

Anxiety

Most of the participants stated that they were worried about the virus infecting their baby, themselves and their loved ones during the pandemic process.

'I feel anxious. I am afraid of the repetition of the process. The possibility that people do not pay enough attention to this situation and that it may take a long time to return to our old order worries me. I am quite anxious, the unknown is very tiring. Most of all, she worries if something happens to my baby.' (P1)

'I am worried because if the disease is transmitted, I will have problems using medication because I am pregnant and I do not know how it will affect the baby. I do not go to the hospital for control as much as possible.' (P21)

'I am anxious because I have the fear of getting sick, the fear of harming my baby, the fear of losing my relatives.' (P27)

'Life outside gives me anxiety. When I first went to the hospital, I almost cried when I saw the streets secluded.' (P22)

'I am afraid that me and the people around me will be infected with the virus. I am worried that if it gets infected, it will have bad consequences.' (P20).

'I am anxious. First of all, I was terrified that something bad happen to my baby. Then I worried about my loved ones and relatives.' (P3).

'I am pregnant and afraid for my baby.' (P12)

'Tired, anxious, sad, stressed, helpless, lonely unhappy... I experienced almost all kinds of negative emotions.' (P32)

'I'm more worried about my baby than myself. I

Table 1. Theme and sub-themes

Theme	Sub -themes
Emotional Burden	Fear Anxiety Hope Unknown
Challenge	Control Adapt
Support	Loneliness Anxiety Limitation
Prenatal care checkups	Postpone Precaution Inaccessibility

making an effort to prevent virus infection.'(K5).

Fear

Most of the participants are afraid of being infected with the virus and harming themselves and their baby. They stated that they were afraid that they would not be able to take care of their babies if they were sick with the virus.

'I am afraid that the disease will infect one of my family and that I will not be able to help my family living far away in this process.'(P21)

'I was very afraid to go to pregnancy checkups, even I didn't go to pregnancy checkup for 2 months. I was afraid to even go to the market because there were many people coming from abroad to the neighborhood, I was careful to shop in markets that were not crowded. I never bought food from outside.'(P8)

'I am worrying that if I gave birth prematurely, no one would be able to come to my aid. I am pregnant and have a daughter. We have deep concerns about what our treatment will be like if I or my partner get sick and who will take care of our daughter.'(P22)

'I am afraid of getting sick during the pandemic process and harming the baby and myself. I hear from my environment that pregnant women who are infected with the virus are experiencing difficulties. Since I am a teacher, I think the risk of contagion at school is very high.'(P20)

'My only thought is to have my baby born healthy. Maybe not being able to do that scared me too much. Even if I gave birth to my baby in good health, the feeling of being sick and not being able to take care of him, maybe never in my baby's life, scared me a lot.'(P3)

'The possibility of giving birth while infected with the virus scares me.'(P23)

'It scares me that my baby and I are infected with the virus and have to be separated, the possibility of my other child being alone (I have another son), the medications I will take and the difficult treatment.'(P20)

'It scares me to know that people can't come when I want to reach out.'(P22)

'I am worried about the transmission of the virus to my baby and me during the birth, during my stay in the hospital.'(P2)

'I am afraid of how the treatment will be in case of catching this disease during pregnancy, the use of medication, and how my baby and I will be affected by this situation.'(P1)

Going to the birth alone scares me.'(P19)

Unknown

The participants stated that they experienced uncertainty about the 'future', 'the future of their babies', 'hospital and disease process'.

'I am not sure about anything for the future.'(P23)

'I think, 'What kind of world am I going to bring a baby into?' This worries me.'(P27)

'Pregnancy controls and not knowing how the disease will progress at birth worries me. If I get sick, will I stay in the hospital for a long time, how will my baby and I be affected by this situation, how will the drug use and treatment process be?'(P1)

Hope

Participants expressed their hopes in the pandemic process with expressions such as "We have taken the measures, the rest is destiny", "The pandemic will pass",

"I do not give up hope in God".

'The virus didn't worry me much. Because we took the measures, the next is destiny.'(P18)

'I hope the pandemic process will pass and I try not to worry.'(P31)

'I was badly affected by this situation. I have never experienced so much fear and anxiety in my previous pregnancy. But I do not give up hope in God, I pray for the virus not to be transmitted and for this process to end as soon as possible.'(P2)

Theme 2. Challenge (Control, Adapt)

Despite all the difficulties experienced by the participants during the pandemic process, it was seen that they challenged for the health of their babies and themselves. Under the main theme of struggle, two sub-themes were gathered under two sub-themes, control (a) and adaptation (b) to the new normal.

Control

The majority of pregnant women stated that they followed the rules of 'mask', 'distance' and 'hygiene' to protect themselves from virus contamination. Some participants, on the other hand, stated that they were afraid that they would not be able to prevent their visits to see the baby, which became a ritual in the postpartum period.

'As my wife comes into contact with many people due to her job, I stay with my family as a precaution. I used gloves and a mask when I had to go to the hospital for pregnancy checkups. It is a very difficult situation psychologically. When I got back from the hospital, I immediately took a shower and changed my clothes. I wanted a baby for 6 years and got pregnant as a result of treatment. People around me wanted to meet but I didn't. I can't take a step in the last week of my pregnancy, my body gets tired very quickly from being inactive at home.'(P4)

'I have never left the house except for pregnancy checkups.'(P6)

'We acted carefully, reduced our shopping and reduced it to a maximum of 2 per month.'(P8)

'We did not receive visitors to our house and we did not visit anyone. We did not go out of the house except for essential needs. We used masks and followed social distancing. We cleaned the products we bought. We used disinfectant all the time. We cleaned the environment we live in frequently.'(P20)

'I took precautions as much as possible. I followed the hygiene and mask distance rules. The only problem for me was that I was nervous when my husband came home from work because he worked in a crowded environment.'(P3)

'I'll have to restrict. I hope people will understand this as well.'(P30)

'In the city where I live, I only have friends, no relatives, so I don't think there will be many visitors. If they come to visit us, I will appropriately refuse them.'(P21)

'I guess I won't be able to restrict visitors. I don't want to offend anyone, but I'll hint that they don't come. Everyone missed each other so much.'(P22)

'I am worried for I will to give a negative answer to those who want to come to visit us.'(P20)

'I'm considering not accepting visitors, but I'm not sure if I can do it.'(P9)

'Even if I make a restriction, visitors will not conform.' (P19)

'I don't think I can restrict visitors. Although I do not want to accept visitors, especially our families will definitely visit.' (P31)

Adapt

Participants were physically and psychologically affected by the restrictions during the pandemic process, and stated that they tried to adapt to this new situation by 'doing regular sports', 'praying', 'meeting online with their friends' and 'trying to calm down'.

'For my baby's health, I try not to watch the news as much as possible and not to stress myself.' (P31)

'Inactivity had a negative effect on me during this process. I gained a lot of weight and my pain increased. I had online meetings with my friends to reduce my psychological impact.' (P22)

'Where I live, there were insensitive people who didn't follow the rules because people didn't care about the pandemic. So I did not dare to go outside, albeit cautiously, and I hardly did any hiking. I was also suffering from vitamin D deficiency and pain because our house was not exposed to the sun. Being inactive and being at home all the time made me tired. Not being able to get fresh air affected my sleeping pattern. In this process, I did regular sports with my brother at home.' (P1)

Theme 3. Support (Loneliness, Anxiety, Limitation)

In the study, it was seen that the participants experienced loneliness due to their families being far away from their relatives in terms of pregnancy and postpartum period during the pandemic, they were worried about not being able to receive support, and those who would receive support had a limited possibility of receiving support. Opinions of pregnant women on support are defined under three sub-themes: (a) Loneliness, (b) Anxiety, (c) Limitation.

Loneliness

The majority of the participants stated that they could not get enough support because their relatives were far away, and therefore they felt lonely. The feelings of some of the participants about support are ambivalent because they both want support and are afraid of the risk of virus contamination of the visits.

'Only my husband was with me, unfortunately, because our families were in different cities, they could not be with us. I am sad about this situation. Because, during my pregnancy, under normal conditions, my family would be with me often, but it is not possible at the moment.' (P6)

'In this process, I feel alone. I feel lonely because I can't see my relatives, and at the same time, the thought of being in the same environment with them worries me.' (P20)

'I didn't expect it to be like this. Until this process is over, I don't want to see my relatives for our health.' (P10)

'The pandemic period is really affecting us because we have a baby to think about before ourselves. Of course, I don't want anyone to come to my house for a while.' (P7)

'I can get support from my relatives. If I didn't get support, I would feel so helpless.' (P22)

'I could not experience emotional satisfaction due to my distance in my meetings with my relatives. I couldn't feel the spirituality, which is the best part of being

human.' (P3)

Anxiety

The participants stated that they experienced anxiety both because they would not be able to receive adequate support during pregnancy, childbirth and postpartum period, and because of the risk of being infected by the people who would provide support.

'I'm very worried about not getting enough support. It is right to restrict visitors as a precaution, but it is a pity that we cannot see each other with our relatives. But there can never be a situation like not following the rules.' (P32)

'Of course, it feels bad not to be able to get support, but meeting with a few people will be enough anyway. My relatives are already conscious people, I think they will pay attention to social isolation. But if anyone wants to come visit us, I guess I'll politely postpone it.' (P27)

'Our families will be with us after the birth. Their support and experience will enable us to get through the first months after birth more easily. It only worries me that they will use public transport on their way to the city (they live in another city).' (P1)

Limitation

Participants stated that they would limit their support during pregnancy, birth and birth, and limit the support and visits of people other than their parents.

'We will only receive support from our parents. We will not accept visitors outside of our family.' (P4)

'We will get support from our mothers. If this process gets worse, unfortunately we won't be able to do it either.' (P6)

'I will only get support from my parents.' (P33)

'I will get support from my mother. I am not considering accepting any other visitors. I'm not sure visitors will act accordingly.' (P9)

'I'm thinking of restricting visitors except our families.' (P5)

'I will get support from my mother in taking care of myself and my baby. If I can get this support without a setback, I hope that I will have a very safe period. Yes, of course I will make restrictions. I will not accept anyone except those who are very close to me.' (P3)

'There are a few people I interviewed, I think they will be enough. They will help me' (P23)

'I will get support from my mother. But I will quarantine my mother at home for 15 days before giving birth. I am happy to receive postpartum support.' (P13)

Theme 4. Prenatal care checkups (Postpone, Precaution, Inaccessibility)

In the study, it was observed that the participants had problems with prenatal care checkups during the pandemic process. The problems experienced are defined under four sub-themes as (a) postpone, (b) precaution and (c) inaccessibility.

Postpone

Majority of the pregnant women stated that they postpone their prenatal care checkups because they were afraid of being infected with the virus.

'I had to postpone the tests I had to do. I tried to go to the hospital as little as possible.' (P1)

'I didn't go to pregnancy checkups often.' (P10)

'The pandemic has caused the frequency of my pregnancy check-ups to decrease.' (P11)

'The frequency of my pregnancy check-ups has

decreased. While I was supposed to go for a control every 3 weeks, I went to the controls every 6 weeks in this process.'(P24)

'I postponed pregnancy checkups. I was also nervous when I went to the controls.'(P25)

'While I had to go three times for my pregnancy check-ups, I couldn't go to one. It was the peak period of the pandemic. It's a very bad feeling not being able to find out about your baby's condition.'(P26)

'I decided not to have pregnancy follow-ups as often as with my first baby. Because the hospital environment is very crowded, although masks and disinfection are taken care of, it is not possible to avoid virus contamination in the hospital. I plan to go every 2 months unless I have pain, bleeding or any discomfort. In the last weeks of my pregnancy, I may have to tighten my checks for my baby's health.'(P31)

'I could only go to pregnancy checkups once.'(P7)

'While I was having pregnancy checkups every month, I postponed my checkup for 3 months.'(P8)

'I postponed my pregnancy checkups by talking to my doctor.'(P9)

'I went less for pregnancy checkups.'(P19)

'I went to pregnancy follow-ups very rarely. I am afraid to go to hospitals and health centers.'(P20)

'I did not go to pregnancy checkups as much as possible.'(P21)

'I couldn't get my pregnancy checkups done.'(P32)

Precaution

They stated that the participants took precautionary measures to prevent virus transmission and had pregnancy check-ups.

'I was afraid to go to the hospital for my checkups. Due to my pregnancy controls, I did not touch unnecessary contacts and things while I was in the hospital, I took a shower as soon as I got home.'(P2)

'I was a little scared when I went to the hospital for my pregnancy checkups, but I took precautions and my doctor made calm and comforting explanations. Thus, I did not disrupt my routine checks. If I lived in a big city, I might not have this opportunity.'(P3)

'Since we took the necessary precautions, my pregnancy controls did not affect.'(P5)

'I had to go to my pregnancy checkups by wearing a mask and taking all the precautions. Because I had to.'(P12)

'I was nervous, but I did not neglect my pregnancy controls.'(P30)

Inaccessibility

Some of the pregnant women stated that they delayed their prenatal care checkups due to not being able to reach their doctor.

'I could not reach my doctor, I had to postpone my prenatal care checkups for 3 weeks.'(P4).

'In this process, I could not reach my doctor, I felt bad.'(P17)

DISCUSSION

Participants experienced fear, anxiety and uncertainty about their babies, themselves and their families during the pandemic process. Most of the participants were worried that their baby, themselves and their loved ones would be infected with the virus during the pandemic process, and they were afraid of harming

themselves and their baby. The inability to care for their babies when infected was another cause for fear. Some participants, on the other hand, stated that they were afraid that they would not be able to prevent the 'baby sight visits', which is a ritual in the postpartum period. One study showed that the coronavirus pandemic has significant potential to cause anxiety, distress and fear in pregnant women. The women in the study were worried about their own health and the health of their baby.¹¹ In another study, it was determined that the pandemic caused many negative emotions, especially anxiety and fears.¹² The results of another study were similar, and the pregnant women stated that they experienced "anxiety and fear" because of the risk of transmitting the virus to the fetus.¹³ In an Australian study, women were concerned about the health and safety of themselves and their families due to COVID19.¹⁴

The COVID19 pandemic has caused a high degree of uncertainty around the World.¹⁵ Unclear messages about the uncertainty and restrictions about the effects of COVID19 on pregnancy at the beginning of the epidemic increased the concerns of pregnant women in this process.¹⁶ In the study, the participants stated that they experienced uncertainty about the 'future', 'the future of their babies', 'hospital and disease process'. Pregnant women were a disadvantaged group in the epidemic, and they needed to receive antenatal care to protect their health and that of their babies. Uncertainty was associated with greater risk of anxiety for pregnant women.

Participants expressed their hopes in the pandemic process with expressions such as "We have taken the measures, the rest is destiny", "The pandemic will pass", "I do not give up hope in God". Fatalism is a philosophical trend that argues that everything is predetermined by a supernatural power and that no one can change this fate.¹⁷ The fatalism perception of some pregnant women may have been effective in their helpfulness during the pandemic process.

It was seen that the participants struggled for the health of their babies and themselves, despite all the difficulties they experienced during the pandemic process, and the majority of them followed the rules of 'mask', 'distance' and 'hygiene' for protection. In a study, it was seen that pregnant women took the necessary precautions to protect themselves from COVID19.¹⁸

In our country, families support women during pregnancy, childbirth and postpartum period. In the study, the majority of the participants stated that they could not get enough support due to the distance of their relatives and therefore they felt lonely. The results of the studies conducted in our country are similar.¹¹⁻¹³ In a study conducted in another country, women stated that they were afraid of being alone without their support, relatives and families during and after childbirth.¹⁹ It has also been reported that inadequate support during the pandemic increases the symptoms of anxiety and depression more among pregnant women during the first wave of the pandemic.²⁰ In our study, it was determined that some of the participants' feelings of support were ambivalent. Participants both want support from their families or relatives and are afraid of

being infected with the virus during these visits. Due to their need for reproductive health, women are exposed to disruptions that may occur in the health system during the pandemic.⁷ In the study, it was observed that the participants experienced delay and inaccessibility problems related to prenatal care checkups during the pandemic process. Some of the pregnant women took precautionary measures and had pregnancy check-ups. In a study, it was determined that pregnant women had difficulty in reaching the doctor and they delayed their pregnancy checks because they were afraid of being infected with the virus. In the same study, it was stated that the pandemic caused the expectation of antenatal care to deteriorate and the inability to access reliable information.¹¹ In another study, it was determined that the pandemic negatively affected the pregnant women to receive antenatal care.¹³ Taneri et al. In the study, it was determined that 17.1% of pregnant women did not go to prenatal visits due to COVID19 concerns.²¹ In another study, 17.4% of pregnant women had inadequate antenatal care.²² In the study of Kumru et al., it was determined that 17.2% of the pregnant women could not go to their prenatal follow-ups during the COVID19 pandemic and nearly half (45.9%) demanded that their follow-ups be reduced due to the risk of coronavirus.²³ Inadequate antenatal care may delay the intervention in risky situations that may arise during pregnancy.

CONCLUSION

Pregnant women were in the risk group in the COVID19 pandemic as in previous pandemics. Being in a risk group can make coping even more difficult. In this study, which we conducted to determine the difficulties experienced by pregnant women in the COVID19 pandemic, we determined that pregnant women were emotionally affected. It has been determined that compulsory social isolation caused pregnant women to feel lonely during periods when support is needed such as pregnancy, childbirth and postpartum period. Pregnant women who wanted to be isolated, on the other hand, felt a sense of loneliness. In addition to all these, they had ambivalent feelings about whether to ask for support or not because of the concern that the people they would receive support would be infected with the virus. At the same time, pregnant women are struggling with the negative effects of the pandemic. Due to the necessity of regular prenatal care checkups, the pandemic period caused more problems for pregnant women. Pregnant women had to postpone their prenatal care checkups, and some pregnant women could not reach their doctor. Some pregnant women did not delay their prenatal care checkups by taking precautions.

Ethics Committee Approval: Ethics committee approval (date 12.06.2020 and number 2020.13.144) and study permission were obtained from the Ministry of Health for this study.

Informed Consent: Informed consent was obtained from the participants. In the study, codes were used to anonymize the names of the participants, and the codes are shown as P1, P2, P3, P4...P33.

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REFERENCES

1. Dashraath P, Wong JLJ, Lim MXK, et al. Coronavirus disease 2019 (COVID-19) pandemic and pregnancy. *Am J Obstet Gynecol.* 2020;222(6):521-531. doi:10.1016/j.ajog.2020.03.021
2. Lema VM. COVID19 and Pregnancy. Review of current evidence & guidelines to health workers. June 2020. <https://ecsacog.org/wp-content/uploads/2020/07/ECSACOG-COVID-19-Gudelines-June-24-2020-.Rev-002.pdf>
3. Capobianco G, Sadri L, Aliberti S, et al. COVID 19 in pregnant women: A systematic review and meta-analysis. *European Journal of Obstetrics & Gynecology and Reproductive Biology.* 2020; 252:543-558. doi:10.1016/j.ejogrb.2020.07.006
4. Schwartz DA. The effects of pregnancy on women with COVID-19: Maternal and infant outcomes. *Clinical Infectious Diseases.* 2020;71(16):2042-2044. doi:10.1093/cid/ciaa559
5. Khaliq OP, Phoswa WN. Is Pregnancy a Risk Factor of COVID-19? *European Journal of Obstetrics & Gynecology and Reproductive Biology.* 2020; 252:605-609. doi:10.1016/j.ejogrb.2020.06.058
6. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-COVID-19-pregnancy-and-childbirth>.
7. Coronavirus Disease (COVID-19) Preparedness and Response - UNFPA Technical Briefs V March 23_2020
8. Rose P, Beeby J, Parker D. Academic rigour in the

- lived experience of researchers using phenomenological methods in nursing in nursing. *Journal of Advanced Nursing*. 1995;21(6):1123-1129. doi:10.1046/j.1365-2648.1995.21061123.x
9. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007;19(6):349-357. doi:10.1093/intqhc/mzm042
 10. Kyngäs H, Mikkonen K, Kääriäinen M. The application of content analysis in nursing science research. *Springer Nature*. 2020 https://www.researchgate.net/publication/338312621_The_Application_of_Content_Analysis_in_Nursing_Science_Research
 11. Sahin BM, Kabakci EN. The experiences of pregnant women during the COVID-19 pandemic in Turkey: A qualitative study. *Women and Birth*. 2021;34(2):162-169. doi:10.1016/j.wombi.2020.09.022
 12. Güner Ö, Öztürk R. Psychological and social impact and lifestyle changes among pregnant women of COVID-19 pandemic: A qualitative study. *Archives of Psychiatric Nursing*. 2022; 36:70-77. doi:10.1016/j.apnu.2021.12.005.
 13. Aydin R, Aktaş S. An investigation of women's pregnancy experiences during the COVID-19 pandemic: A qualitative study. *International Journal of Clinical Practice*. 2021;75(9): e14418. doi:10.1111/ijcp.14418
 14. Bradfield Z, Wynter K, Hauck Y, et al. Experiences of receiving and providing maternity care during the COVID-19 pandemic in Australia: A five-cohort cross-sectional comparison. *PloS One*. 2021;16(3):e0248488. doi:10.1371/journal.pone.0248488
 15. Rettie H, Daniels J. Coping and tolerance of uncertainty: Predictors and mediators of mental health during the COVID-19 pandemic. *American Psychologist*. 2021;76(3):427. doi:10.1037/amp0000710.
 16. Keating NE, Dempsey B, Corcoran S, McAuliffe FM, Lalor J, Higgins MF. Women's experience of pregnancy and birth during the COVID-19 pandemic: a qualitative study. *Irish Journal of Medical Science*. 2022;191(5):2177-2184. doi:10.1007/s1184 5-021-02862-2.
 17. Kaya A, Bozkur B. Development of fatalism Tendency Scale: Validity and reliability study. *Mersin Üniversitesi Eğitim Fakültesi Dergisi*. 2015;11(3):935-946. doi:10.17860/efd.55137
 18. Şenyuva İ, Baysal B. A year of COVID-19 pandemic in Turkey: knowledge level, attitude and perspective of pregnant and postpartum women. *Perinatal Journal*. 2021;29(2):133-142. doi:10.2399/prn.21.0292009
 19. Wilson AN, Sweet L, Vasilevski V, et al. Australian women's experiences of receiving maternity care during the COVID-19 pandemic: A cross-sectional national survey. *Birth*. 2022;49(1):30-39. doi:10.1111/birt.12569
 20. Brik M, Sandonis MA, Fernández S, et al. Psychological impact and social support in pregnant women during lockdown due to SARS-CoV2 pandemic: A cohort study. *Acta Obstetrica et Gynecologica Scandinavica*. 2021;100(6):1026-1033. doi:10.1111/aogs.14073
 21. Taneri PE, Torun SD, Yavuz M, et al. Antenatal care access and concerns of pregnant women during pandemic: a population-based study. *European Journal of Public Health*. 2021;31(3):64-78. doi:10.1093/eurpub/ckab164.078
 22. Martin MM, Knobel R, Nandi V, Pereira JG, Junior AT, Andreucci CB. Adequacy of antenatal care during the COVID-19 pandemic: Observational study with postpartum women. *Rev Bras Ginecol Obstet*. 2022;44(04): 398-408. doi:10.1055/s-0041-1741450
 23. Kumru P, Merih YD, Özdemir M, Akalin M, Cogendez E. Expectations of pregnant women for antenatal care services and factors affecting anxiety severity during the COVID-19 pandemic. *Ginekologia Polska*. 2022;93(2):142-150. doi:10.5603/GP.a2021.0179