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FIRST-TIME MOTHERS' EXPERIENCES DURING THE COVID-19: A QUALITATIVE ANALYSIS

Ecem Merve ALTAN GÜLCÜ

118637009

Asst. Prof. Sibel HALFON

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First Time Mothers' Experiences During COVID-19: A Qualitative Analysis

İlk Kez Çocuk Sahibi Olmuş Annelerin COVID-19 Dönemi Deneyimleri: Kalitatif Analiz

Ecem Merve Altan Gülcü
118637009

Tez Danışmanı: Dr. Öğr. Üyesi Sibel Halfon ……..
İstanbul Bilgi Üniversitesi

Jüri Üyeleri: Dr. Öğr. Üyesi Zeynep Maçkalı ……..……..
İstanbul Bilgi Üniversitesi

Doç. Dr. Mehmet Harma …….....
Kaidr Has Üniversitesi

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ABSTRACT

Transition to motherhood is difficult for most women, in addition to significant physical and psychological changes, they also need to learn a variety of parenting behaviors and adapt to new family bonds. Significant social, biological, and psychological changes occur throughout pregnancy and postpartum period. Even while most women anticipate pregnancy and motherhood with enthusiasm, doing so during a pandemic may be challenging and stressful (Draganovic et al., 2021). The effect of COVID-19 on psychological outcomes is anticipated to be significant when prenatal and postnatal changes are combined with the impact of the pandemic (Matvienko-Sikar et al., 2020). Factors such as the mother or newborn's fear of exposure to the virus, social isolation, reduced social support, inconsistency between birth and childcare expectations and actual experiences may all have contributed to a stressful postpartum period (Diamond et al., 2020). Moreover, postnatal women are at a higher risk of having depression, anxiety, and stress (Caparros-Gonzalez, 2020). The present study aims to understand Turkish first-time mothers' experiences during the pandemic and how they interpreted the effects of the pandemic restrictions on their motherhood journeys. In-depth interviews were conducted with seven participants who had given birth to their first child at least 36 weeks into their pregnancy during the pandemic. Not having any significant newborn disease in the babies of the participants and normal development of the babies are among the participant criteria. Interpretative Phenomenological Analysis (IPA) of the interviews revealed four themes: getting *ready for motherhood during the pandemic, need for connection, motherhood: a challenging journey and coping with the pandemic*. The findings were discussed in the light of the existing literature, suggestions for future research were presented and the contribution of the subject to clinical applications was discussed.

Keywords: transition to motherhood, motherhood during COVID-19, experiences of first-time mothers, postpartum period, pandemic, COVID-19.

ÖZET

Anneliğe geçiş çoğu kadın için zordur, önemli fiziksel ve psikolojik değişikliklerin yanı sıra çeşitli ebeveynlik davranışlarını öğrenmeleri ve yeni aile bağlarına uyum sağlamaları gerekir. Hamilelik ve doğum sonrası dönemde önemli sosyal, biyolojik ve psikolojik değişiklikler meydana gelir. Çoğu kadın hamileliği ve anneliği hevesle beklerken, bir pandemi sırasında bunu yapmak zor ve stresli olabilir (Draganovic vd., 2021). Doğum öncesi ve doğum sonrası değişiklikler pandeminin etkisi ile birleştirildiğinde COVID-19'un psikolojik sonuçlar üzerindeki etkisinin önemli olması beklenmektedir (Matvienko-Sikar vd., 2020). Anne veya yeni doğanın virüse maruz kalma korkusu, sosyal izolasyon, sosyal desteğin azalması, doğum ve çocuk bakımı beklentileri ile gerçek deneyimler arasındaki tutarsızlık gibi faktörlerin tümü, stresli bir doğum sonrası döneme katkıda bulunmuş olabilir (Diamond vd., 2020). Ayrıca, doğum sonrası kadınların depresyon, anksiyete ve stres yaşama riski daha yüksektir (Caparros-Gonzalez, 2020). Bu çalışma, Türkiye'de ilk kez anne olacak annelerin pandemi sürecindeki deneyimlerini ve pandemi kısıtlamalarının annelik yolculuklarına etkilerini nasıl yorumladıklarını anlamayı amaçlamaktadır. Pandemi sırasında ilk çocuğunu, hamileliğinin en az 36. haftası itibari ile doğurmuş olan yedi katılımcı ile derinlemesine görüşmeler yapıldı. Katılımcıların bebeklerinde herhangi bir önemli yeni doğan hastalığı olmaması ve bebeklerin normal gelişim göstermesi katılımcı kriterleri arasındadır. Görüşmelerin Yorumlayıcı Fenomenolojik Analizi (IPA) dört temayı ortaya çıkardı: pandemide anneliğe hazırlanmak, bağlantı ihtiyacı, annelik: zorlu bir yolculuk ve pandemi ile başa çıkmak. Bulgular mevcut literatür ışığında tartışılmış, gelecek araştırmalar için öneriler sunulmuş ve konunun klinik uygulamalara katkısı tartışılmıştır.

Anahtar kelimeler: anneliğe geçiş, COVID-19 döneminde annelik, ilk kez annelik deneyimleri, doğum sonrası dönem, pandemi, COVID-19.

1. INTRODUCTION

Each woman's experience of becoming a mother is unique (Nelson, 2003). Becoming a mother has been indicated to be a long-term developmental process that women negotiate (Mercer, 2004). The social, biological, and psychological changes that occur in prospective mothers throughout pregnancy and postpartum are significant (Yan et al., 2020). When women get pregnant, they begin to undergo identity changes and maternal identity begins to develop during pregnancy (Gloger-Tippelt, 1983). Many women do not believe that giving birth is enough to qualify them as mothers (Ali, 2010). Becoming a mother changes their internalized ideas about motherhood, their view of themselves, and who they are with other people. (Steinberg, 2005). Thus, when a woman becomes a mother, her biology, sense of self, and social relationships undergo significant changes. Therefore, entering motherhood has been the subject of various research (Lee et al., 2003; Navarro et al., 2007; Leigh & Milgrom, 2008).

Transition to motherhood is difficult for most women, along with significant physical and psychological changes, they also need to learn a variety of parenting skills and adjust to new family bonds. These major changes might make them vulnerable to mental illnesses (Biaggi et al., 2016; Zhu et al., 2021). The pregnancy, as well as the postpartum period, has significant consequences on maternal as well as family mental health (Lee et al., 2003; Navarro et al., 2007; Leigh & Milgrom, 2008). In a meta-analysis of 102 studies from 34 countries, %15.2 of 221,974 prenatal and postnatal women had been found to have anxiety disorders (Dennis et al., 2017). Another meta-analysis study involving 58 research with 37,294 postnatal mothers found that the overall incidence of postpartum depression among these participants was 12% (Shorey et al., 2018). Moreover, spousal relationship satisfaction declines during this transition, likely due to changes in established roles and routines, as well as less paired time spent together. In addition, according to Rondung et al. (2016), childcare and birth plan revisions might be more stressful for first-time mothers because of their greater

worries about pregnancy, anxieties about labor and birth, and concerns about their baby's health.

Another major factor affecting the well-being of first-time expecting mothers was the worldwide pandemic of coronavirus disease (COVID-19) (McMillan et al., 2021). The World Health Organization (WHO) proclaimed COVID-19 as a worldwide public health emergency in January 2020. COVID-19 significantly affected many pregnant and postpartum women. Various factors such as fear of the virus, forced isolation, and reduced social support increased the stress and anxiety in the prenatal and postnatal periods (Diamond et al., 2020). After disasters and other traumatic events, the frequency of mental health problems in pregnant and postnatal women has been indicated to be higher than in the general population (Yan et al., 2020). The psychological well-being of postpartum women was jeopardized in the event of the COVID-19 pandemic (Shefaly et al., 2021).

The mental health needs of pregnant and postpartum women became very important during the COVID-19 pandemic, as growing data reveals that prenatal and postpartum mental problems have significant negative effects on mothers, fetuses, and children (Yan et al., 2020). There is limited research, however, on the effects of COVID-19 on the experiences of new mothers (Riley et al., 2021). The primary purpose of this research is to examine the postnatal experiences of first-time mothers living in Turkey during the COVID-19 pandemic. This qualitative study also aims to understand how the mothers make sense of the effects of the pandemic on their postnatal experiences. The following research questions are addressed in the present study:

a. What are the postpartum period experiences of the mothers who gave birth during the COVID-19 pandemic?

b. How do the mothers make sense of the effects of the pandemic on their postpartum period experiences?

1.1. TRANSITION TO MOTHERHOOD

Becoming a mother is seen as a significant life experience that is accompanied by both positive and negative feelings (Taubman et al., 2009), that involves huge responsibility and dedication (Maushart, 1999). This stage of life not only has major changes (C. P. Cowan & P.A. Cowan, 2000) but is also connected with high stresses and vulnerabilities, that affect women's emotional and psychological well-being (Bueno, 2010; Darvill et al., 2010). During this time, parenting roles, duties, expectations, and behaviors vary, resulting in many adjustments to a family's structure and inner function (McGoldrick & Carter, 2003).

Women frequently feel various feelings such as excitement, joy, love, and pride after the birth of their first child (Ledley, 2009), and describe being more sensitive, empathetic, and perceptive to others (Laney et al., 2009). Despite the predicted pleasant sentiments, women frequently encounter feelings that are unfamiliar and hence surprising to them. According to Darvill et al. (2010), women did not anticipate experiencing unpleasant feelings. Particularly, they did not expect to feel as if they had lost control of their emotions. These emotional changes may negatively impact women's self-esteem (Bueno, 2010), resulting in feelings of fear, self-doubt, and inadequacy about motherhood (Wilkins, 2006).

The transition to motherhood impacts a woman's emotional, relational, and professional life as well (Bueno, 2010). From the prenatal to the postnatal period, a woman's level of stress throughout this transition increases (Krieg, 2007). Moreover, the psychological distress that first-time pregnant women experience may be especially high since they are confronted with severe changes in their sense of self and responsibilities. The psychological transition to motherhood has been described as a challenging period for women. This next section will focus in detail on identity, societal expectations, social support, mother-infant relationship, postpartum period, and maternal mental health.

1.1.1. Identity

In a meta-analysis of 125 studies that examined women's perspectives on their first-time maternal experiences, the results indicated two major issues during the transition to motherhood; identity and mental health problems (Brunton et al., 2011). There are various explanations for these difficulties. According to Bibring et al., (1959), pregnancy creates a maturational crisis and brings back old desires, identifications, and unresolved conflicts while providing new and higher adaptive coping mechanisms (Bibring et al., 1959; Lean, 1990). In pregnancy, mothers begin to construct their identities by visualizing "the ideal baby," feeling an "altered way of being," and yearning for family unity (Bondas & Eriksson, 2001). Benedek (1959) indicated that a woman regresses when she becomes a mother, bringing up preverbal memories that stimulate "the infantile attachment with her mother." In defining the trajectory of a pregnant woman's psychology, identification with her mother has been said to be the key (Lean, 1990). Brazelton and Cramer (1990) stated that 'The psychological preparation, conscious as well as unconscious, is closely interlocked with the physical stages of a woman's pregnancy…a parent-to-be needs to withdraw or regress in order to reorganize…[this] may carry them back to the struggles of ambivalent feelings of earlier adjustments' (p. 17). They said that once the mother realizes the fetus, she begins to identify with it and has fantasies 'based on her infantile relationship with her mother…this fantasied return to the womb allows for yet another working through of unfulfilled dependency needs and symbiotic wishes' (p. 21).

In a qualitative study, Bailey (1999) stated that pregnancy became a period of introspection and identity reflection for women. Transitioning to a new identity, while dealing with the big life changes that having a baby, brings a lot of fortitude and courage. According to Stern (1998), with the birth of a child, a mother is also born. He claimed that motherhood is not simply a period of life. It's a unique time in a woman's life that has never happened before. 'Motherhood constellation' is a phrase he claimed to characterize the distinct and separate psychic organization of mothers (Stern, 1998). The motherhood constellation is composed of three

separate but interconnected preoccupations: ‘the mother’s discourse with her mother, especially with her mother-as-mother-to-her-as-a child; her discourse with herself, especially with herself-as-mother; and her discourse with her baby’ (Stern, 1998). He discussed the distinctive mental organization of mothers that is acceptable and adaptable to the reality of caring for a newborn (Stern, 1998). Prenatal schemas are formed by the mother’s previous relationships with significant persons (Stern, 1995). A mother’s prior organizing schemes fade away when she becomes pregnant, making room for her new mental organization to take center stage, which may last for a while depending on the woman’s culture and working position (Stern, 1998). According to the motherhood constellation, there is an imaginary, subjective universe of representations of the mother. These representations exist alongside the real, external world, encompassing fantasies, hopes, anxieties, dreams, memories of her childhood, and her parents. These schemas-of-being-with representations are produced by subjective experiences of being with another person, either lived or projected (Stern, 1995).

Parenthood, according to Benedek (1959), is a developmental period for parents’ identity and maturation because of the changes and difficulties it entails. ‘Identifying as a mother and developing a motherhood identity involves integrating internalized ideals about how women believe they ought to mother with the living reality of motherhood’ (Laney et al., 2015, p.127). Many women experienced ‘self-loss’ when they became mothers. In grounded research with 55 first-time mothers, Rogan et al. (1997) found that motherhood begins with a continuous need to reassess and incorporate fresh knowledge. He discovered a process of working it out which includes women’s transition from feeling like ‘this isn’t my life anymore’ to ‘being in a particular tune’. New mothers felt exhausted, lonely, and confused about their identity because of this working out process (Rogan et al., 1997). Furthermore, new motherhood is associated with significant changes such as a strong sense of loss, loneliness, and fatigue (Rogan et al., 1997). Thus, becoming a mother causes many women to make changes in their identities, and adjust to a new lifestyle.

1.1.2. Societal Expectations

Every woman's mothering experience is unique. According to Tummala-Narra (2009), it is important to consider the context of a mother's life. For instance, the societal expectations and their effects on the mother's inner world and her views about herself. Women are typically expected to have only positive feelings about motherhood and to be the ideal mother that society portrays (Hare-Mustin & Broderick, 1979; Marshall, 1991). If they fail to meet this standard, they may feel guilty or blame themselves for their failures (Arendell, 1999). The 'perfect mother' is seen as someone who is entirely dedicated to her children and to her motherhood duties (Forna, 1999). According to Guendouzi (2010) women are continuously pressured to do well in their roles as mothers. In his research, he found that the characteristics of a "good mother" include being protective, loving, and caring of their children, as well as establishing strong social skills, and maintaining overall organization of life.

In a study by Buultjens and Liamputtong (2007), it was found that, if a mother was not happy after the delivery, the stigma was commonly associated with women, because mothers were believed to be unable to deal with the requirements of maternity or to have failed to connect with their infant immediately. Furthermore, having negative or ambivalent feelings linked with pregnancy and the postpartum period is inappropriate ((Trad, 1990). Consequently, there is a big disparity between how women feel in the postpartum period and how society suggests they should be (Hill, 2011).

1.1.3. Social Support

Mothers try to maintain their psychological well-being in the postpartum period in several ways. In a study done with 102 new mothers, women needed both internal and external resources, as well as a non-threatening perception of the transition to parenthood to maintain their mental health (Taubman- Beri-Ari et al., 2009). Self-esteem, self-control, emotion regulation, and secure attachments are

defined as internal resources, whereas external resources consisted of social supports. It has been emphasized that social support plays a significant role in assisting new mothers to adjust to motherhood (Emmanuel et al., 2011). By definition, social support is an interpersonal exchange of social resources that can take many forms such as emotional support, informational support, and physical support (Collins et al., 1993; Tietjen & Bradley, 1985). Moshki and Cheravi (2016) defined social support as 'family, friends, organizations, and colleagues. Social support networks have been linked to several mental health outcomes, such as depression, anxiety, stress, and the ability to cope with traumatic situations, as well as psychological well-being. It has been shown that having a bigger and more supportive social network reduced stress and increases feelings of well-being and self-confidence (Moshkş & Cheravi, 2016).

Stern (1998) emphasized that a mother's transition to parenthood requires a great deal of physical and emotional support. Stern (1998) believed that maternal figures play a critical role in assisting the new mother's transition into motherhood. This position may be fulfilled by a nurse who is available immediately after the delivery, as well as by friends and family members who know about mothering. In addition, Crnic et al. (1983) found that marital support led to more successful mothering and network support led to a more favorable attitude toward mothering. Father's support develops a sense of trust, affection, and reliance (Don et al., 2012). According to Smith et al. (2008), fathers may assist their families in a variety of ways. For example, fathers may be active in their children's lives by being physically close to them, assuming financial and emotional responsibility for their well-being, and/or participating in direct activities with their children. Each of these forms of support has been associated with favorable results for both mother and children (Smith et al., 2008). Several studies have explored the impact of father support on smoking during pregnancy, birth outcomes, and breastfeeding, and found significant positive results (Elsenbruch et al., 2007; Kiernan & Pickett, 2006).

Moreover, peer social support has been discovered as a protective factor that lowers depression and emotional stress during the transition to motherhood

(Bost et al., 2002). In a study with 13 first-time mothers, it was found that being linked with other pregnant women and new mothers was a crucial source of social support for first-time mothers (Darvill et al., 2010). Saranson et al. (1999) indicated that these social supports might enhance well-being and adjustment throughout the transition to motherhood. Thus, social support may moderate stress, depression, and delivery difficulties and can facilitate challenging life transitions (Tietjen & Bradley, 1985).

1.1.4. Mother-Infant Relationship

New motherhood is termed as a major 'life-cycle transition' in the literature (Mercer, 1986; Schumacher & Meleis, 1994). It starts throughout pregnancy and lasts for months after the baby is born (Mercer, 2004). The transition to motherhood was defined as critical because the quality of the mother-infant relationship has major effects on the infant's mental health (Beebe, 2005). According to Bretherton (1985), the dyadic nature of the mother-infant relationship has often gone unrecognized, leading to the misconception that mothers are solely responsible for forming attachment within the mother-infant relationship. Benedek (1959) emphasized the reciprocity between the newborn and her mother and noted that a mother gains confidence in her motherhood with a contented infant. This is also considered integration of her personality by the introjection of 'good-thriving-infant = good-mother-self' (p. 393). Psychoanalytic literature acknowledges that the emotional development of the newborn cannot be isolated from the emotional world of the mother (e.g. Beebe & Lachmann, 2003; Mahler, 1967; Winnicott, 1960). Recent research has accepted the importance of dyadic and dynamic mother-infant interaction (Beebe & Steele, 2010). Studies on the mother-infant relationship demonstrated that infants suffer when their caregivers are distressed (Beebe, 2005). Thus, the transition to motherhood is an essential component of the understanding of newborn development. Healthy newborn development is attained if the mother can discover hope and establish

her motherhood through the recall of her preverbal memories while caring for her newborn.

Attachment theory (e.g., Bowlby & Ainsworth 1991), has significantly influenced the culture of motherhood. Attachment theory emphasizes the significance of the quality of an infant's relationship with his or her main caregiver (Main & Solomon, 1990). One of Bowlby's most prominent findings was that 'the newborn and young kid should have a warm, special, and continuous connection with his mother in which both feel fulfillment and pleasure' (Bowlby, 1951, p. 358). Attachment theory helped to understand the significance of maternal mental health in the development of secure attachment (Ainsworth, 1979; Atkinson et al., 2000). Following Ainsworth's work, Martins & Gaffan, (2000) suggested that mothers with postpartum mental health problems are less likely to create a secure attachment with their newborn. Wilkinson and Mulcahy (2010) indicated that women, who had postpartum depression, were more likely to 'show insecure adult attachment patterns, have weaker marital functioning and insufficient social support, and had less connection to their newborn' (p. 257). Moreover, maternal mental health has been found to have a big role in maternal-fetal attachment since infant-caregiver bonding starts early on in pregnancy (Satyanarayana et al., 2011).

In sum, women go through major emotional, psychological, biological, and social transitions during this period (Bright et al., 2019). Furthermore, this period brings significant psychological turmoils that encompass new role expectations and identity changes. In this part, it was aimed to underline the challenges of becoming a mother and the importance of maternal mental health in the mother-infant relationship. In the following part, the postpartum period and maternal mental health will be discussed.

1.2. POSTPARTUM PERIOD AND MATERNAL MENTAL HEALTH

The perinatal period lasts from conception to 12 months after delivery (Bright et al., 2019). Prenatal and postnatal depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder (PTSD), and postpartum psychosis are examples of perinatal mental health disorders encountered by women during pregnancy or within a year after giving birth (Mind, 2020). According to epidemiological studies, between 15% and 25% of perinatal women experience a kind of psychological disorder which could be stress, anxiety, or depression (Kingston et al., 2014; Loughnan et al., 2018). Within the first three months after giving birth, about 20% of mothers will experience major or minor depression (Werner et al., 2015). Throughout the early postpartum period, mothers struggle with a variety of issues relating to delivery and infant nutrition (Raynor & Oates, 2009). During the perinatal period, psychological distress is also associated with damaged mother-fetal/infant bond, obstetrical difficulties, and developmental issues among children (Stein et al., 2014). However, psychological distress during this period is frequently underdiagnosed and neglected (Austin & Kingston, 2016).

The postpartum period is commonly defined as the time between giving birth and roughly 6 weeks following it, however, this can stretch up to 6 months after delivery (Romano, 2010). During the postpartum period, women could be more vulnerable to psychological stress and an impaired sense of well-being (Bright et al., 2019). Therefore, this period has been linked to an increased chance of developing major mental health problems (Robertson et al., 2003). Baby blues, postpartum depression, and postpartum psychosis are the three most prevalent postpartum manifestations, each with its clinical presentation, treatment, and prevalence (Robertson et al., 2003). Prenatal stress and prenatal social support are the key components of postpartum stress (Sumner, 2011; Tissera, 2020). Research that investigated support and maternal stress also revealed that paternal support was important for maternal stress, independent of race, education, or

marital status (Sampson, 2015). It has been suggested that prenatal social support reduces stress levels in the postpartum period (Sumner, 2011).

When it comes to postpartum anxiety, it was observed that women have higher levels of generalized anxiety compared to the general female population (Farr et al., 2014; Goodman et al., 2016). Postpartum anxiety has been said to be neglected or misdiagnosed as postpartum depression (Goodman et al., 2016). According to a meta-analysis on postpartum anxiety, which included 58 studies, 8.5% of women have one or more anxiety disorders through the postpartum period (Goodman et al., 2016). Similarly, a study which was conducted with a sample of 4451 postpartum women, revealed the prevalence of postpartum anxiety disorder as 18% (Farr et al, 2014). A qualitative study demonstrated that mothers felt anxious about their own and their baby's health, and not being able to regulate their emotions during the first 6 months postpartum period because of their hormonal changes (Wardrop, 2013). The lack of social support, psychiatric or medical history, and stressors during the prenatal period were listed as the risk factors for developing postpartum anxiety (Field, 2018).

After giving birth, it is rather usual for women to have minor depression symptoms, which are referred to as the "baby blues" and impact around 70% of new mothers (Stewart & Vigod, 2016). Sadness, mood lability, anxiety, irritability, and tearfulness are some of the most common symptoms. Notably, 'baby blues' do not have a significant influence on functioning and usually improve on their own after around two weeks (Stewart & Vigod, 2016). Postpartum/puerperal psychosis, on the other hand, is a severe episode of mental illness that occurs within days or weeks following giving birth. Postpartum psychosis occurs in around 1 in every 1000 women who have a baby and is far less prevalent than baby blues or postnatal depression (Royal College of Psychiatrists, 2014). Mothers who have postpartum psychosis can experience mania, depression, confusion, hallucinations, and delusions.

1.2.1. Postpartum Depression

Postpartum depression (PPD) or Postnatal depression (PND) is a depressive disorder that affects 10-15% of women who give birth (Royal College of Psychiatrists, 2014). Previous research indicated that the global prevalence of PPD ranged between roughly 9.5% in high-income nations, approximately 20.8% in middle-income countries, and 25.8% in low-income countries (Chen et al., 2019; Dadi et al., 2020). It is important to consider that although most of mothers with PPD recover within a few months, around 30% of them may have depression beyond the first year following delivery (https://publications.gc.ca).

Postpartum Depression is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as a major depressive episode "with peripartum onset if the onset of mood symptoms occurs during pregnancy or within 4 weeks following delivery" (APA, 2013; Stewart & Vigod, 2016). Notably, depression that lasts longer than four weeks or does not satisfy all the criteria for a "major depressive episode" may require additional treatment in the future. PPD is commonly characterized in clinical practice as a depression that begins between 4 weeks after delivery or up to 12 months following delivery (Stewart & Vigod, 2016). Feelings of inadequacy, guilty about motherhood performance, tearfulness and mood swings are some of the reported symptoms that are different from the symptoms defined in DSM-5 (Berggren-Clive, 1998; O'Hara & Swain, 1996). These different symptoms might also make PND difficult to diagnose.

As mentioned previously, postpartum depression is under-diagnosed; less than 40% of depressed mothers looking for help (Haynes, 2007). This finding is supported by the results of a more recent study done in Brazil by Faisal-Cury and colleagues (2021). In this research, it was found that there is a significant relationship between depression underdiagnosis and pregnant women when compared to non-pregnant women. There might be several reasons for these results. First, healthcare specialists may not be well trained in detecting the signs and symptoms of postpartum depression (Legere et al., 2017). Second, it can be related to the similarity between the symptoms of PPD and the somatic

experiences of pregnant women. Most pregnant women who do not have an affective disorder could experience sleep difficulties, and loss of appetite and energy (Wichman & Stern, 2015). Furthermore, it is also hard to identify postpartum depression, since some mothers can be unwilling to talk to healthcare specialists about their depression symptoms (Beck & Gable, 2000). Various factors might lead to the under-diagnosis of PPD (Legere et al., 2017). As a result, focusing on non-somatic symptoms such as a loss of interest in pregnancy, guilty feelings, suicidal thoughts, and a lack of pleasure in activities should be important during the screenings of maternal mental health (Wichman & Stern, 2015).

Maternal depression influences the whole family and is linked to marital problems and decreased occupational and social functioning. It is also critical in the quality of the mother-infant relationship in terms of disengagement, hostility, and intrusion (Werner, 2015). There are several studies showing that postpartum depression has a negative impact on the cognitive and emotional development of children (Zhu et al. 2014; Conroy et al. 2012). Importantly, it is found that PPD has negative effects on the infant's psychosocial and attachment functioning (Stuart, 2012; Goodman & Gotlib, 1999). Maternal mental health difficulties have been shown to increase the risks of suicide, infant development, and mother-infant relationship difficulties (Federenko & Wadhwa, 2004). Moreover, studies have found that depressive mothers could be unavailable, unresponsive, and insensitive toward their babies (Stuart, 2012). Children's mental health can deteriorate without a close and continuous relationship with their mothers (Bowbly, 1951). In sum, PPD has been characterized as a major worldwide public health concern in our decade due to its high prevalence and adverse outcomes (Radzi et al., 2021).

1.2.2. Risk Factors for Postpartum Depression

Researchers have found various risk factors that are linked to the onset of PPD in meta-analyses and systematic reviews (Beck, 1996; O'Hara & Swain, 1996; Beck, 2001; Robertson et al., 2004). Women with a history of mental health problems, insufficient social support, and an unexpected pregnancy have all been

recognized as risk factors for developing perinatal mental health difficulties (National Collaborating Centre for Mental Health [NCCMH], 2018). Moreover, romantic relationship problems (Joiner, 2000), intimate partner violence (Curry, 1998), and fear of childbirth (Storksen et al., 2012) are listed among the risk factors for perinatal depression.

There are various biological, obstetric, psychological, personal, interpersonal, demographic, and socio-economic risk factors for the development of PPD (Milgrom et al., 2008). Firstly, in terms of the demographic and socio-economic factors, the mother's age (both older and younger) tends to increase the risk. Also, there is an association between low socioeconomic status, level of education, and depressive symptoms (Milgrom et al., 2008). Secondly, concerning the biological factors, the literature is still in the early phases (Werner et al., 2015) and there are different results. For some researchers, the complex biochemical alterations that occur during the neonatal period may have a role in vulnerability to PPD (e.g., Yim et al., 2015). On the other hand, for others, there is no association between hormonal changes and postnatal depression (e.g., Buckwalter et al., 1999). Regarding the obstetric risk factors, there is a relation between postnatal depression and miscarriage or terminating a pregnancy history (Milgrom et al., 2008).

Thirdly, as psychological risk factors, the researchers found that when a mother or mother's family has a history of mental illness (especially depression), the possibility of developing postnatal depression was higher than mothers without a mental illness history (Milgrom et al., 2008; O'Hara & Swain, 1996). Also, there was a high risk of experiencing PPD, if a mother had high anxiety and/or depression during her pregnancy period (Beck, 2001). In addition to that, some personality traits like perfectionism and introversion were listed to be risk factors for PPD (Milgrom et al., 2008).

Finally, regarding the interpersonal risk factors, stressful life experiences such as unpleasant life events (e.g., self/ significant other sicknesses, the death of loved ones, difficult social circumstances) have been linked to the development of PPD. An illness that is related to pregnancy or birth complications has also been

identified as contributing factor to the development of PPD (Milgrom et al., 2008). Good social support was found to be important for maternal role development (Emmanuel et al., 2008; Leahy-Warren et al., 2011). Milgrom et al., (2008) claim that low levels of social support during the perinatal period are associated with a higher risk of PPD development. Moreover, social support is often noted as missing most notably between the mother and her partner (Stuart, 2012). Maternal depression has been linked to low social support and engagement of the father. It has been found that low levels of emotional support from the spouse and low levels of relationship satisfaction were predictive of high levels of maternal depression (Malik et al., 2007).

1.3. COVID-19 PANDEMIC

1.3.1. COVID-19 Pandemic and Mental Health

The 2019 coronavirus disease (COVID-19), which started in China, has grown into a worldwide health danger, with many infected people and deaths (Francesco & Vicari, 2021). By the 30th of January 2020, the disease has spread throughout China (Francesco & Vicari, 2021). Following this, the World Health Organization (WHO) announced the COVID-19 outbreak to be a public health worldwide emergency, and it was defined as a global pandemic on March 11, 2020 (Cucinotta, 2020, as cited in Aksu, 2020). A pandemic is a term used to describe epidemic illnesses that affect many continents or countries (Republic of Turkey Ministry of Health, 2020).

Millions of people's lives have been ruined due to COVID-19 with dramatic results for life, safety, health, and work (Blustein et al., 2021). According to Gruber et al. (2020), there are three ways COVID-19 can harm mental health. Firstly, the pandemic is long-term, spreading, and its end date is not certain. There are several losses such as daily routines, and resources to meet instant and upcoming needs. Secondly, the pandemic is defined as a multidimensional stressor due to its effects on individuals, families, and

occupational, educational, and medical systems. Thirdly, since there are strict restrictions such as social-distancing mandates, it is hard to decrease the influences of stress. Cacioppo et al. (2015) explained the negative effects of loneliness and reduced social interaction as risk factors for mental health problems.

There were several reports which showed that mental difficulties, such as depression, self-harm, anxiety, and suicide were increased during COVID-19 (Holmes et al., 2020). Almost half of the adults living in the USA (45 %) have stated that the stress and worry about the pandemic negatively influenced their mental health conditions (Panchal et al., 2020). During the pandemic, depression rates have increased from 5.4%-7.1% (National Institute of Mental Health [NIMH], 2019) to 20%-22% (Huang & Zhao, 2020; Shevlin et al., 2020), and anxiety rates have increased from 10.1%-19.1% (Bandelow & Michaelis, 2015; NIMH, 2017) to 22%-35% (Huang & Zhao, 2020; Shevlin et al., 2020).

All over the world, the COVID-19 virus has been controlled with the use of quarantine measures. To decrease the risk of new infections and to avoid viral spread, quarantines limit people's mobility and social lives (Manuell & Cukor, 2011; Centers for Disease Control and Prevention [CDC], 2020). The lockdowns and quarantines, especially the ones that are experienced for extended periods, increased the feelings of loneliness and boredom, and negatively affected people's physical and mental well-being (Zanardo et al, 2020). Quarantine disrupted social relationships and routines and caused uncertainty and confusion. During the COVID-19 epidemic, the quarantine caused negative psychological effects such as increased posttraumatic stress symptoms, confusion, and rage, which were linked to financial concerns, fear of infection, boredom, insufficient access to goods, and insufficient information (Zanardo et al, 2020). Economic difficulties and unemployment have also contributed to stress, anxiety, and depression (Brooks, 2020). During COVID-19, common risk factors related to increased levels of mental health symptoms were being female, being younger, having a history of mental or physical health problems, lack of social support, and having a poor socioeconomic position (O'Connor et al., 2020). A nationwide study found

that 59% of Americans feared losing their employment due to the COVID-19, 52% of them feared losing their assets, and 45% of them feared losing income due to workplace closures or decreased work hours (Bhattacharjee, 2020).

1.3.2. COVID-19 and Trauma

'Trauma' refers to any occurrence that endangers an individual's or a loved one's life. Traumatic life events may impair people's sense of security by reminding them of the reality of death, and they can have negative consequences on their psychology. Acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) are both trauma-related and stressor-related disorders. They can develop at any age because of exposure to traumatic events involving real or perceived danger to one's life, as well as recurring or severe exposure to traumatic events' details that trigger ASD or PTSD (American Psychiatric Association [APA], 2013). PTSD symptoms are longer in duration (at least 1 month) than ASD which is 3 days to 1 month. Intrusion, negative mood or cognition, avoidance, and arousal (e.g., insomnia, hypervigilance) could be the symptoms of both ASD and PTSD. Between 10% and 18% of people had depression, anxiety, or post-traumatic stress disorder symptoms during and after the Severe Acute Respiratory Syndrome (SARS) outbreak (Wu et al., 2005). A study of 253 people from China, one of the worst afflicted locations, found 7% of the participants had PTSD 1 month after the COVID-19 epidemic (Liu et al., 2020).

Epidemics (e.g. SARS, H1N1, Ebola, and the current COVID-19 pandemic) or traumatic life events such as earthquakes, terrorism, and hurricanes can create fear, concern, and confusion since they are uncertain and threatening situations (Demaria & Vicari, 2021). Pandemic-related uncertainty, lack of social contact, and prohibitions have various negative effects on an individual's mental health (S. Ozdin & Ş. Ozdin, 2020), such as post-traumatic symptoms, confusion, and anger (Brooks et al., 2020). Several stressors like fear of infection, inadequate supplies, the threat to personal safety and security, interruption of one's life, loss of financial resources and loved ones, as well as weakened interpersonal support

systems increased the ratio of the traumatic stress symptoms during COVID-19 (Chen & Bonanno, 2020).

Traumatic life events have negative consequences on the quality of mother-child relationship (Iyengar et al., 2014). Mothers' mental health is critical for the management and coping with traumatic experiences as well as for children's post-traumatic adaptation. According to Scheeringa and Zeanah (2001), maternal distress may be handed down from mothers to children. They called this intergenerational relationship of posttraumatic symptomatology. Growing evidence supports that maternal mental health problems such as disorganized attachment, parental dissociation, and/or frightening parenting behaviors were listed as risk factors for intergenerational trauma (Schuengel et al., 1999). Schore (2001) highlighted the critical role of mothers on infant brain development and psychology. According to him, a mother's trauma may negatively affects the mother-infant connection (Schore, 2001). Schore (2001) also indicates that failing to control stimulation and attention to newborn demands might lead to hyper-stimulation or neglect of the child. In sum, it will be important to consider pandemic-related traumatic experiences and their effects on maternal well-being.

1.3.3. COVID-19 in Turkey

In Turkey, the first case of COVID-19 was identified on 11 March 2020, and the first death was announced on 17 March (Turkish Health Ministry TH, 2021). In Turkey, to avoid the spread of COVID-19 school closures, transportation limitations, social distancing, and quarantine procedures were implemented (Ministry of the Interior, 2020a). Turkey's government stopped all educational institutions and turned to online education on March 23, 2020 (E.T. Çaykuş & T.M. Çaykuş, 2020). Turkey's authorities imposed a curfew and announced widespread lockdowns in various places for differing lengths of time. The entertainment venues such as cafes, bars, restaurants, cinemas, sports centers, shopping malls, etc. were all closed, and all flights were stopped in Turkey.

In Turkey, a study that explored fear-anxiety levels in COVID-19 shows that 95% of the participants were afraid of their families' being infected. In the same study, 92% of the participants expressed fear of being infected, and 60% of the participants thought that the epidemic had negatively affected their mental health (Doğan & Düzel, 2020). Another research investigating the levels of depression, anxiety, and health anxiety in Turkish society during the COVID-19 found that factors such as being a woman, living in cities, having a COVID-19 patient in the family, receiving previously or currently psychiatric treatment, and having a chronic disease, had serious negative effects on people (S. Ozdin & Ş. Ozdin, 2020).

Turkey has a collectivistic culture in which kinship connections and social relationships are vital to social behavior and psychological well-being (Kaya et al., 2021). Thus, family ties have an important role in the cultural life of Turkish society. Numerous individuals live in family apartments and communicate face-to-face in their daily lives. The lack of social support due to quarantine measures and the inability to spend time with families negatively impacted the psychology of individuals. A cross-sectional study done in Tukey, which aimed to investigate the mental health burden of the Turkish population and vulnerable groups during the COVID-19, found a negative correlation between perceived social support, especially from the extended family, and the total Depression Anxiety Stress scale scores. Even though social support is essential to well-being in all societies, being from individualistic or collectivistic cultures may indicate different effects on psychological well-being (Kaya et al., 2021).

1.3.4. COVID-19 and Maternal Mental Health

Women may be more affected by pandemic-related psychological effects than men (Connor et al., 2020). This is especially true for pregnant women, as recent research showed that 82.5% of pregnant and postpartum women have had mental health problems with COVID-19 (Ahlers-Schmidt et al., 2020). Another research, which assessed the psychological effect and anxiety experienced by

pregnant women in Italy during COVID-19, showed that pregnant women had a moderate to severe psychological effect because of the epidemic.–In the same study, anxiety prevalence in pregnant women has been shown to vary between 63% and 68% (Saccone et al, 2020). Moreover, Corbett and his colleagues (2020) found that 83.3% of pregnant women had anxiety concerning their older family members' health. 66.7% of pregnant women had worries about their other children and 63.4% about their unborn babies (Corbett et al., 2020).

As a result of COVID-19, several possible stresses might have a detrimental effect on maternal mental health during the perinatal period (Van Bavel et al., 2020). Although various studies indicated no risk of the virus for fetuses, many pregnant women worried about going to hospitals (Rasmussen et al., 2020). There has been a significant rise in the ratio of pregnant women in Wuhan opting for a cesarean section rather than waiting for labor in the hospital (41.9 %) (Liu et al., 2020). The most prevalent worries expressed by pregnant women to obstetricians in India were 'going to the hospital for prenatal check-ups and ultrasound scans' (Nanjundaswamy et al, 2020). Similarly, face-to-face prenatal counseling has been identified as the most important factor in increasing anxiety in pregnant women during COVID-19 in the United States (Moyer et al., 2020). Moreover, during the pandemic, most of the maternity wards were imposed limitations. Restrictions such as not allowing the pregnant woman's spouse to accompany her during delivery or limiting postpartum hospital visits would make this period harder for vulnerable postpartum mothers (Herman et al, 2020). Likewise, in the United States, prenatal treatment has been changed from face-to-face meetings to telephone or online consultations which would make it difficult for some women to access these sources (Moyer et al., 2020). In the United Kingdom, pregnant women were instructed to shield themselves and they could only meet with their households during the first phases of the epidemic (Caparros-Gonzalez & Alderdice, 2020). This limited their access to direct support from friends and family, as well as to social support with other pregnant women (Caparros-Gonzalez & Alderdice, 2020).

In a cross-sectional study done with 403 pregnant women in Turkey, anxiety, and depression rates were found as 64.5% and 56.3%, respectively (Kahyaoglu & Kucukkaya, 2020). Before the pandemic, however, the prevalence of anxiety and depression among pregnant women was between 7.8% to 22.3% (Tuncel & Sut, 2019). Therefore, the incidence of anxiety and depression in pregnant women has grown dramatically because of the global spread of COVID-19 (Kahyaoglu & Kucukkaya, 2020). The results of the same study showed that pregnant women with low education had a greater risk of anxiety and depression. Moreover, working during the pandemic and regular physical activity were also found to be important for not developing anxiety and depression during pregnancy (Kahyaoglu & Kucukkaya, 2020). Similar to other countries, 68% of pregnant women said they were uncomfortable going to the hospital or for face-to-face follow-up visits with doctors (Kahyaoglu & Kucukkaya, 2020). A qualitative study investigated the experiences of 15 pregnant Turkish women during the COVID-19 pandemic (Sahin & Kabakci, 2021). The results indicated 3 main themes which are (1) not understanding the seriousness and fear of the unknown, (2) coronavirus pandemic and disruption of the routine prenatal care, and (3) disrupted routines and social lives. The study's findings demonstrated that a coronavirus pandemic has a high potential for generating anxiety and fear in pregnant women (Sahin & Kabakci, 2021). Pregnant women who participated in the same research said that their expectations of prenatal care worsened. They skipped obligatory visits out of fear, and this prompted them to shift to prenatal care facilities. Moreover, their everyday routines at home and outdoors were disrupted or rearranged because of the pandemic. Due to their fear of infection, pregnant women could not do the daily walking activities that they considered very important for their health. Moreover, their cleaning routines at home were intensified (Sahin & Kabakci, 2021). As another result of the pandemic, they had a tough time during their pregnancies due to isolation and reduced social connections. People who don't have social support have been said to have negative psychological effects, such as feeling lonely in quarantine (Sahin & Kabakci, 2021).

Pregnant women have been identified as a vulnerable population (Brooks et al., 2020). According to Zanardo et al. (2020), in quarantine, emotions such as fear, guilt, sadness, confusion, irritability, and rage are common, and these emotions may be more challenging during pregnancy. Individuals' social connections assist them in managing stress and developing and preserving resilience, all of which are necessary for coping with psychological distress (Van Bavel et al., 2020). Social isolation (i.e., a lack of connections with people) and loneliness (i.e., the absence of a social network or a partner) however, were significantly associated with negative mental health outcomes (Leigh-Hunt et al. 2017). Uncertainty over the length of the COVID-19 increased pregnant women's concerns and anxieties. Increased anxiety during pregnancy increases the likelihood of developing postpartum depression or other mood disorders (Kahyaoglu & Kucukkaya, 2020).

1.4. PRESENT STUDY

The transition to motherhood is a major life event that has an impact on one's personal, relational, and familial well-being (Mcmillan et al., 2021). Even though most women look forward to pregnancy and parenting with eager anticipation, doing so during a pandemic may be stressful and demanding (Draganovic et al., 2021). Pregnant women and mothers of young children faced a variety of physical and emotional changes during the pandemic. They also had to deal not just with the fear that they or their fetuses or children would get infected, but with the serious healthcare issues that would follow (Soma-Pillay et al., 2016). It is inevitable for women to experience a variety of psychological, physical, relational, and emotional changes and adaptations throughout their prenatal, perinatal, and postnatal periods. The effect of COVID-19 on mental health has been indicated to be greater when prenatal and postnatal alterations are paired with the impact of the pandemic (Matvienko-Sikar et al., 2020). Postnatal women are at a higher risk of having depression, anxiety, and stress (Caparros-Gonzalez, 2020). Studies on traumatic life events (hurricanes or other virus outbreaks) have

shown that the intensity of the exposure is an important factor in postpartum women's mental health issues. Postpartum women have suffered because of social isolation, loneliness, and quarantines. They also have reported anxiety about accessing healthcare facilities and keeping up with prenatal visits during the COVID-19 epidemic (Caparros-Gonzalez, 2020; Ali et al., 2020).

The experience of first-time motherhood can be difficult for some mothers as it is already a significant change, and it may be even more difficult when COVID-19 is added to this experience. It has been discussed that quarantine and COVID-19 puts a lot of stress factors on first-time expectant mothers' lives, and studies showed that all of these caused mental health problems. Considering the gaps in the literature, the results of the study aim to provide a detailed perspective on the unique postnatal experiences of first-time mothers living in Turkey during the COVID-19 outbreak. In addition, it was designed to understand how the mothers make meaning of the effects of the pandemic on their postnatal period experiences. The following research questions are addressed in the present study:

a. What are the postpartum period experiences of the mothers who gave birth during the COVID-19 pandemic?
b. How do the mothers make sense of the effects of the pandemic on their postpartum period experiences?

2. METHODS

2.1. Personal Reflexivity as the Primary Investigator

As the primary investigator (PI) of this thesis, I would like to introduce myself and share my background and work experiences, which may contain some of the reasons that encouraged me to study first-time mothers' postnatal experiences. I am a 33-year-old woman, and I am a student at the Istanbul Bilgi University Clinical Psychology Graduate Program Child/Adolescent track. During my training in clinical psychology, I learned that a baby's first months with his/her primary caregiver are crucial. This early period includes the mother's pregnancy, delivery, and postnatal periods, and even the mother's relationship with her mother. In my clinical interviews with families, I always try to understand in depth both the prenatal and postnatal experiences of mothers, their support mechanisms, and the difficulties they experience during this period. When working with a child or adolescent, I observe and believe that it is very important to have a deep understanding of what their mother's prenatal and postnatal experiences were like.

As mentioned before, being a mother is a significant transition that could be difficult sometimes. I taught that it may have become even more difficult when COVID-19 is added to it, and I wanted to deeply understand what kind of experiences the mothers who gave birth during the pandemic had. In addition, I had the opportunity to observe how helpful getting information about the early developmental period of my patients as an intern clinical psychologist. Therefore, the research also aims to extend the perspectives of psychotherapists' when working with children who were born in the COVID-19 pandemic. While listening to the mothers' experiences in the interviews, I may have heard and made sense of them both as a researcher and as a clinician.

In addition, being with a clinical psychologist may have increased the willingness of the mothers to participate in the interviews. Some participants stated that they felt relieved to be able to tell someone that they had never shared

with anyone before. They thought that people would listen to them with prejudice or would be embarrassed because of the norms in society. They indicated that that's why they always played the happy mother role. One participant asked me for support about the difficulties she had with her baby.

This research is particularly important for me because, as a psychologist, I learned a lot about the mothers' inner lives and their difficult and exhausting experiences. Furthermore, this study has changed my views about being a mother. Before doing this research, I had concerns about being a mother in the future. Although I had heard about such traumatic and challenging experiences from the participants, I saw how they coped with all the difficulties despite the pandemic. I also learned a lot from them. In addition, the research was conducted at a time when the Omicron variant was available. This coincides with a period when the pandemic is milder and bans are being gradually lifted. It was difficult for me too to remember all those tiring, uncertain, and fearful days at the beginning of the pandemic interviews.

2.2. Participants

This study included seven Turkish mothers who gave birth during the COVID-19 pandemic. The first selection criterion was determined as the age 20-35 for the participant mothers since according to the population and health report of the Ministry of Health (2009), first pregnancies before age 18 are a risk factor for miscarriage, stillbirth, or maternal death during pregnancy as well as it is under the age of legal majority (Ministry of Health, of the Republic of Turkey, 2009). Additionally, the first pregnancy after the age of 35 is called advanced maternal age and is referred to as a risk factor for genetic anomalies and risky pregnancy. In addition, the most frequent maternal age is reported as the age range of 20-35 for mothers in Turkey (Ministry of Health, Republic of Turkey, 2009). As a result of this information, the selection criterion was determined as the age 20-35 for the participant mothers in this study.

The second selection criteria were babies. The participants who had normally developed, full-term babies were accepted for the study. According to the Ministry of Health (2011), a full-term baby refers to a baby who is born at least after the 36th week of pregnancy without any major neonatal illness. Thus, the narratives of the mothers' experiences should be based on their psychological needs rather than any concern about the health conditions of their babies. The third criterion was to become a first-time mother between March 2020 and May 2021 since the first COVID-19 case was announced in March 2020. After that, the government immediately placed restrictions in various areas, such as lockdowns. While there were some periods when these restrictions were temporarily lifted, the quarantines continued intermittently until June 2021.

Finally, mothers who did not have multiple pregnancies (primigravid) and who did not have multiple births (primiparous) were selected. In other words, participants who experienced miscarriage or mothers with other children were not selected. The sample was narrowed to first-time mothers since the previous studies showed that these women were "more distressed" than multigravida (who has been pregnant more than once) mothers. They would probably face more difficulties and need more support than experienced mothers (Kahriman & Arıkan, 2002). Moreover, participants diagnosed with any psychological disorder diagnosis were excluded from the study.

Seven first-time mothers, who gave birth during the COVID-19 pandemic, ranging between the ages of 29 to 35 were interviewed between February 20, 2022, and February 28, 2022. The mean age range was 31. All participants were from different professions such as a housewife, a teacher, a social worker, an interior architect, a research manager, an academician, and an advertiser. According to the participants' claims, all of their pregnancies were planned. The age of babies ranged from 11 months to 24 months in this study. Demographic information about participants was presented in Table 2.1. below.

Table 2. 1.

Information of Participants

ID	Age	SES	Occupation	Employment Status After Birth	Education Level	Residence	Baby's Age at Interview
P1	33	Middle Upper	Housewife	Not Working	Bachelors	Denizli	24 Months
P2	32	Upper	Teacher	Working	Bachelors	Tokat	11 Months
P3	29	Upper	Social Worker	Not Working	Bachelors	Ankara	22 Months
P4	31	Upper	Interior Architect	Not Working	Bachelors	İstanbul	17 Months
P5	35	Upper	Research Manager	Working	Masters	İstanbul	21 Months
P6	33	Upper	Academician	Working	PhD	İzmir	17 Months
P7	30	Upper	Advertiser	Working	Bachelors	İstanbul	23 Months

2.3. Settings and Procedure

Participants were recruited through convenience and snowball sampling techniques. Following the Ministry of Health and the Ethics Board Committee of Istanbul Bilgi University's approvals, an online announcement was shared on the primary investigator's social network. The participation criteria were announced in WhatsApp groups and social media. Participants contacted the primary investigator through the telephone number or e-mail address provided on the announcement.

The researcher conducted two pilot interviews to ensure the clarity and order of the interview questions. Following the pilot interviews, the questions were edited and finalized in cooperation with the thesis advisor. After ensuring that participants met the eligibility requirements and obtaining their agreement to participate in the research, the primary investigator sent them a consent form and a demographic form by e-mail before the interviews, which could be found in Appendix A and Appendix B. Participants were asked to read and send the

informed consent form back via e-mail, which included a statement that they agree to take part in the study and to have their voice recorded. Moreover, participants were expected to send the demographic form back to the researcher after they filled it out. This demographic questionnaire was constructed for this research to determine the sample's characteristics. The questionnaire included questions on mothers' and fathers' age, place of residence, education level, occupation, SES level, age of their baby, type of birth, and mothers' both psychological and social support system during the postnatal period.

Due to the epidemic, semi-structured in-depth interviews were conducted with seven first-time mothers through Zoom. Before starting the interviews, the researcher reviewed the study's aim and confidentiality with the participants. In addition, the participants were told that they could request the recording to be stopped or withdrawn from the research at any time, as it is a difficult subject to discuss. Moreover, the researcher observed the participants' emotional states and how they were influenced by the questions asked during the interview. During the interviews, the breaks were taken according to the participants' requests. Semi-structured interviews lasted between one and one and a half hours and they were conducted in Turkish. Throughout the semi-structured interviews, the primary investigator collected field notes and all interviews were audiotaped. After conducting the interviews, all of them were transcribed and coded by the primary investigator.

2.4. Data Analysis

Interpretative Phenomenological Analysis (IPA: Smith & Osborn, 2003) was utilized in this research to get a better understanding of the experiences of the firs-time mothers who gave birth during the COVID-19 pandemic. This study used a qualitative research design since it is considered that qualitative approaches emphasize the uniqueness of participants' experiences and examine them via the process of sense-making. First-hand experience is a focus of this approach, which is known as phenomenological. After transcribing seven interviews, each

transcript was thoroughly examined before coding to determine how the participants perceived the phenomena. A software tool called MAXQDA was used to code each interview and create the themes. Finally, 4 major themes and 14 subthemes were found, and they will be reported in the results section.

2.5. Trustworthiness

Multiple procedures were used to ensure the trustworthiness of the research. First, the data was gathered in two ways: audiotapes and field notes. The primary investigator took field notes during the interviews with both participants and the thesis advisor. Secondly, before beginning the analysis, the primary researcher listened to and made notes on all recorded interviews to find the most reflecting themes of the participants' experiences. Lastly, the investigator triangulation method was used; the completed themes and codes were sent to the thesis advisor for final review and approval.

3. RESULTS

The results section provides the findings of the analyzed data that was gathered from the semi-structured interviews with the seven first-time mothers who gave birth during the COVID-19 pandemic. In this section, the narratives of the participants, which are translated into English, will be provided with transcribed quotes to make their unique experiences meaningful and understandable. According to the interviews, 4 themes and 14 subthemes are revealed that best represent the lived experiences of the participants. All themes have subthemes that give a detailed summary of data analysis. Four themes emerged from the analysis of the interviews: *getting ready for motherhood during the pandemic*, *need for connection*, *motherhood: a challenging journey* and *coping with the pandemic* (Table 3.1.).

Table 3.1.

The Themes and The Subthemes of the Present Study

	Theme 1	**Theme 2**	**Theme 3**	**Theme 4**
	Getting Ready for Motherhood during the Pandemic	**Need for Connection**	**Motherhood: A Challenging Journey**	**Coping with the Pandemic**
Subtheme 1	Loss of Enjoyment in Pregnancy	Loss of Social Life	Overwhelmed with Responsibilities	Functions of Increased Technology Use
Subtheme 2	'I realized that my life has changed forever'	Lack of Support	'Breastfeeding Fascism'	Changing the Location
Subtheme 3	Stressful Delivery Due to the Pandemic	Transformation of Couple Relationship	'If there is postpartum depression, I lived it to the end'	Creating a Support System for New Mothers
Subtheme 4	'As the bans tightened, so did my life'			
Subtheme 5	'It was an experience I would never prefer'			

3.1. GETTING READY FOR MOTHERHOOD DURING THE PANDEMIC

The first major theme captures what it was like for each mother, getting ready for motherhood during COVID-19. This main theme includes the experiences of mothers during the unexpected COVID-19 pandemic period regarding their pregnancy, delivery, and transition to motherhood. The participants' responses also revealed their own and others' expectations and assumptions about motherhood. Moreover, it was found that there were new challenges in becoming a mother due to the pandemic such as hospital restrictions, quarantine period, lack of support after delivery, and feeling more alone and exhausted than usual. The theme and subthemes focus on the unique experiences that first-time mothers went through as they moved from pregnancy to postpartum during the pandemic.

3.1.1. Loss of Enjoyment in Pregnancy

This subtheme includes participants' experiences and mental states during their pregnancy. Mothers' experiences were examined in two categories, positive and negative descriptions. Regardless of their experiences' being positive or negative, participants' statements included similar COVID-19-related anxieties and concerns. Most stated that they felt extremely stressed, scared, anxious, sad, and bored due to the pandemic.

'*Honestly, it was a bit of a hassle since my pregnancy coincided with the beginning of the pandemic. The birth was also difficult. At the end of the day, pregnancy and birth coincided with the pandemic, so these processes were already difficult and bad.' (Participant #4, (P4))*

'*There was not enough research at that time as to the effects of the disease on pregnancy, whether it harms the baby or not.' (P6)*

The mothers also described their concerns about bringing children into the world due to the ambiguity of the pandemic. P2 portrayed her situation via the following words:

‘I was very worried about having a baby. You don't know what the disease is, you don't know how it affects the baby. What is this disease, TV news shows China, people fall and die there.’(P2)

Some participants whose pregnancy coincided with the pandemic period stated that they could not live this period as they wanted. As P4 mentioned, for some mothers there was a loss of enjoyment during their pregnancy period due to the restrictions of the pandemic such as hospital applications and quarantine periods.

‘On the hard part, as I said, for once (slip of the tongue), you cannot live that period to your heart's content. You want your mother to come to a checkup, your husband's mother to come to a checkup, but they could not.’ (P4)

Pregnancy is usually a pleasant experience, but not for the mothers who gave birth or got pregnant during the first several months following the pandemic outbreak. For most of the participants their pregnancies were not joyful, but rather stressful and full of concerns and uncertainties. Moreover, P5 also summarized her disappointment at the decrease in her doctor’s face-to-face support.

‘For example, I will go to a doctor's check-up. Normally, you go every week in the last week of pregnancy, but my doctor called me every three weeks, so I couldn't go every week. You are psychologically affected if there is a problem, whether it will be seen or not understood.’ (P5)

‘Being stuck at home was a bit boring as my pregnancy was in the pandemic. We ended up going nowhere, and suddenly everything was closed.’ (P2)

Wearing a mask during pregnancy is another restriction that has forced and stressed expectant mothers.

“It was a very stressful thing... Wearing a mask, for example, when I was pregnant and breathing hard... I was pregnant in the summer, my heaviest times had come at that time. Waiting in line at the hospital with a mask, walking outside, etc. created a lot of stress.” (P6)

At the same time, P4 described her pregnancy during the pandemic as extra challenging due to her concerns about the epidemic disease. She stated that

she and her husband were trying to cope with everything alone. Besides, mothers also stated that they were very worried about the health of their extended families due to the pandemic.

'*It was a difficult period because the pregnancy is a process that forces the expectant mother under normal conditions with the change of those hormones psychologically. On the one hand, you are dealing with hormones and, there is a disease, you are trying to protect both yourself and the baby. You can't see anyone from your family properly, you have to do everything alone with your spouse, it was a bit challenging in that respect.' (P4)*

'I started to be afraid because you think of your loved ones directly, my parents before me, my elders came to mind. My father is also working, and my grandfather is still working, so I always thought about them. My brother works actively in Istanbul, my father is a tradesman and he continued to be active.' (P2)

Although the participating mothers reported very negative experiences about their pregnancy period above, some of the definitions expressed positively are as follows. (Table 3.2.) The mothers, who had positive experiences throughout their pregnancies, described this period as 'a part of life', 'relaxing, 'enjoyable', 'healthy', 'exciting', 'happy' and 'missed'. In addition, negative or positive recall of pregnancy may also be related to how much of the pregnancy coincided with the pandemic. While some of the participants were pregnant before the epidemic, some got pregnant during the pandemic.

Table 3.2.

Positive Descriptions

A part of life	*'I already loved my doctor, he was a very harmonious person. We had a pregnancy period without exaggerating, treating pregnancy as something supernatural, continuing it as a part of life, even in the pandemic, without stressing ourselves too much.' (P6)*
Relaxing	*'Comfort and relaxation "It was relatively good, I quit my job at that time, I relaxed a bit.' (P5)*
Missed and enjoyable	*'We were able to travel very comfortably even before the birth. I had no problems with my husband in that respect. It was very enjoyable, I can even say I miss the pregnancy period.' (P3)*
Excited, happy	*'I was very happy, my husband was also very happy. I had already checked the blood test online, I couldn't stand it. My pregnancy was good' (P1)*
Healthy	*'I didn't have any problems during my pregnancy, I didn't have any health problems, neither did I nor the baby, we had a good pregnancy.' (P4)*

3.1.2. 'I Realized That My Life Has Changed Forever'

Even though this theme was supported by fewer data, the statements that were classified as such, were strong and present among all participants. As mentioned earlier, motherhood is a major life experience that has an impact on one's personal, relational, and family well-being. First-time mothers, who had negative experiences, described pregnancy as a period in which they suffered from sudden hormonal and emotional changes. It is also known that first-time mothers may be more sensitive to psychological distress as their sense of self evolves and they take on new duties and responsibilities. From the statements of P7, it could be understood that she began to undergo significant identity changes. She specifically conveyed her desire for balancing her identity and her concerns that she is no longer attractive.

'I'm going to be an ordinary mother from now on, you know, the adjectives that I observed from the outside were loaded. I was also worried about my femininity. I am no longer attractive, I have no allure anymore.' (P7)

The participants' responses revealed that there is a discrepancy between the expectations about the moment they heard the news of pregnancy and the experience of it. P6's statements about it here are striking; she used the metaphor of a movie scene. She described having had romantic expectations, yet experiencing the opposite made her feel stressed and anxious.

'When I found out I was a mother, I didn't feel anything. It's seen in movies like this or something like "Oh shit!" tears fall from the eyes, like a movie scene… When my pregnancy test was positive, I said, "Aha. We got burned!" I was ready, it was a process that we decided to carry out, but when I first learned about it, I was shocked and realized that my life had changed forever. This caused me a lot of stress. I was in shock, but I didn't experience extreme joy, so anxiety outweighed.' (P6)

As can be understood from the expression of P6; for some mothers, the transition to motherhood can begin with the pregnancy period or even as soon as they find out that they are pregnant. Some of the participants said that when they found out they were pregnant, they were very scared and questioned their decisions. Some of the participants were experiencing a sense of loss for their sense of self and for the life they had lived before having a baby. P5 described it as someone coming into her life and being the focus of everything.

'Someone will come into our lives and will be the focus of our life, what kind of thing how can this be.' (P5)

'I'm done with my life, I was thinking to myself how I did this or something. Will I dedicate myself to my child and give up my own life?' (P7)

It is understood that P5 and P7 mothers began to experience identity changes starting from the pregnancy period. P7 also seems to have experienced self-loss. All in all, some of the participants reported their feelings as fluctuating between ambivalences such as happiness and sadness, or delight and frustration.

3.1.3 Stressful Delivery Due to the Pandemic

Regardless of the specifics of the delivery, the event was undoubtedly powerful, profound, and significant. When the question of 'What was your experience like giving birth during the pandemic?' was asked, the statements of the participants were divided into two. Some participants said they had had a traumatic experience, regardless of the pandemic, affected by the inherent difficulties of birth itself. In other words, how the birth took place, whether it was painful, whether it was a cesarean or normal birth, and happened during giving birth causes the story of birth to be remembered positively or negatively. Especially giving birth in a 'hurried' manner, not being able to meet expectations, fear and stress of birth, and disappointment in the type of delivery (cesarean vs normal) adversely affected the birth experience of mothers. Like all women who have had traumatic birth experiences, P1 was preoccupied with what went wrong and the deep pain she had experienced. Her postpartum quotes reflect her sense of a missing instinctive connection with her daughter.

'After giving birth normally and feeling that pain, I saw the baby, then they took her to my husband. Eight hours of artificial pain made me tired beyond the birth. I don't remember beyond four hours. I just remember pushing the bed. (cries)' (P1)

In this research, the term "traumatic birth" and the adjective "traumatic" are used to describe a woman's description of her experience. Five of the participants mentioned that they had serious physical and mental distress during childbirth. Even after a certain period passed after giving birth, P5's negative emotions seem to be triggered again when she goes to the same hospital or thinks about childbirth:

'Let me tell you, I went in crying and came out crying. I went to the hospital with the feeling that I was going to an operation rather than giving birth because there was no one except my husband, they were taking only one person. He was supposed to be with me at the birth, but he couldn't. It was very bad for me, for example, when I go to that hospital, for something else, or when I take my

son for a checkup, the first time I go to that hospital for a checkup or something for myself, I still feel bad.' (P5)

P5's use and repetition of language (e.g. 'I go to that hospital' and 'bad') showed how depressing and upsetting her experience was. At the same time, grammatical errors in the language of P5's narration are also quite remarkable. While it was difficult for P1 to have artificial labor for a long time, cesarean delivery for P4 and delayed delivery and the baby not arriving for P7 increased the severity of birth anxiety.

'I was normally a person who was afraid of cesarean delivery. I did not have an optional cesarean section due to some medical necessity. I went into the surgery a little too nervous. The process started very tensely for me from the time of my hospitalization.' (P4)

Although P7's expectations about the delivery did not meet, she used humor as a coping mechanism. It was observed that she tried not to show her feelings and not to go deep during the interview. Therefore, the coping mechanism of humor was adopted by her to avoid potentially difficult emotional experiences.

'I had big dreams about giving birth, it's about normal birth, but my daughter didn't come. I think it has to do with my own anxieties too because at some point my contractions started. Even though I took a deep breath and took a shower, I've been through things like what are you going to do, now it's coming, so my daughter ran back (laughs).' (P7)

The findings revealed that the birth of a child induced a feeling of loss in all mothers. Those who experienced a larger loss of control, like P7, and severe dread at their child's delivery reported a larger feeling of loss. In addition, the differences between prenatal expectations and postnatal experiences, namely the failure to meet expectations, puzzled and challenged P2 and P3. P2 used the metaphor 'waterfalls will flow from me' denoting the pressure to meet expectations of how to feel and behave as a mother in the early postnatal period. She reported a discrepancy between how she felt and how she believed should behave after giving birth.

‘*I thought I felt ready because I've been working for this for four years (laughs), but when I gave birth, I honestly didn't feel much. I think that such waterfalls will flow from me (laughs), I think that I became a mother, but to confess I did not. Normally, when I watch birth videos or something, I always cry, I couldn't cry at that moment.” (P2)’*

‘I realized that I wasn't quite ready actually (laughs). Here, I tried to read books about child development during my pregnancy. (pauses). I felt ready, I prepared myself for motherhood, but unfortunately it was not like that (laughs). I can say that it was much harder.’ (P3)

As mentioned before, restrictions such as not allowing the pregnant woman's spouse to accompany her during delivery or limiting postpartum hospital visits were applied during the COVID-19 pandemic. These restrictions made this period harder for vulnerable postpartum mothers to cope with (Herman et al, 2020).

‘I can say that the idea of giving birth alone has worn me out a little more psychologically. Umm... I was always feeling like I'm going to give birth I'll do it alone and come back no one will be by my side.’ (P5)

‘I can say that my anxiety was several times higher as I gave birth at the beginning of the pandemic, that is, during the intense period. Also, my husband was going to go to the birth with me, but he could not enter because of the pandemic, he wanted it himself. And we said that my mother would come with me, but my mother also could not come to the hospital.’ (P3)

Moreover, because of the pandemic, the mothers stated that they felt very anxious and stressed both for themselves and their babies' health.

‘All of humanity is struggling with a disease and there was no vaccine at that time, there was no medicine, too many people were dying. Moreover, you will give birth, you will stay at the hospital. The hospital is already an environment where viruses circulate even under normal conditions. Also, during this pandemic period, we had a lot of anxiety about whether something would happen to the child or me. There is nothing you can do, you have to give birth. We experienced tension from the pandemic.’ (P4)

'Lived through constant stress, anxiety and worry about health, worrying about myself and my baby's health during the birth process.' (P6)

Furthermore, the mothers who had to go into childbirth with a mask said that this situation wore them out emotionally:

'I went into labor with a mask, it was a difficult thing for me. Umm, I mean, it was like I was going to another operation instead of giving birth. Are people normally happy when they enter that process? I could never experience it.' (P5)

'Giving birth with a mask made me nervous (laughs) I took my mask off there' (P2)

P2 also described that being masked after giving birth aroused the feeling that 'the best moments are covered with a mask', negatively affecting her postpartum experiences:

'My husband took a picture of me in the hospital room after giving birth. The child was in my arms, and I was masked, so in my most special, most beautiful moment, I felt like I was covered with a mask and imprisoned.' (P2)

Thus, it can be concluded that a woman's birth is a very subjective experience accompanied by a range of emotions. At the same time, giving birth under pandemic conditions increased the psychological burden of some mothers.

3.1.4. 'As the Bans Tightened, So Did My Life'

The mothers pointed out especially the negative effects of the quarantine and curfew during the pandemic period. The beginning of full closures with the quarantine process, and the coming of the ban on going out, caused depressive feelings, despair, stress, and fatigue in mothers. They defined this period as a "nightmare, deprivation of freedom, restricted in a fixed place, as if there is an economic war, like a state of emergency (OHAL)". They were filled with feelings of hopelessness such as "exhausting, very scary" and "it will always be like this" and "overwhelmed" that comes from being at home all night long alone. (Table 3.3.)

Table 3.3.

The Period of Quarantine & Curfew

Like a state of emergency (OHAL)	*'Complete closures, it was very exhausting. It made me very stressed, the bread vendors who came to that neighborhood made me feel like I was living in a state of emergency, not a pandemic. It is as if we are not in this state due to a disease, but in a very different way; there is an economic war (laughs) you know, it felt like that and it bothered me a lot.' (P6)*
Like a nightmare	*'I remember the first one very poorly because all I remember is tying my daughter to her sling and hanging out at home. We were going down to the garden of the house. Umm sounds like a nightmare back then.' (P7)*
Overwhelmed	*'The quarantine process was difficult, we were very bored, and we are people who love to travel with my husband. Anything so being locked in quarantine was very challenging for both the baby and me. I was really overwhelmed.' (P3)*
	'I can say that it was very difficult for me because I work from home five days a week. Already in a very intense work tempo, you are at home from Monday to Friday, you cannot go out in any way. There are bans on the weekend, you are at home again. I was so incredibly overwhelmed.' (P5)

It was seen that the difficulties of mothers vary depending on the period of pregnancy and birth that coincides with the pandemic. Mothers talked about the situations where they had more difficulties due to the increase in bans, especially during the beginning of the pandemic when the pandemic was more uncertain and intense.

'As the measures got tighter, my life started to get tighter in the exact proportion. For example, when you go for a doctor's check during pregnancy, you want to take your family with you at a certain point, mothers at least want to come, etc. We could not experience any of these, for example, because it was a period when the pandemic was very intense, there was no vaccine, there was no protection method.' (P4)

Moreover, experiencing complete closure with a baby and fear of not being able to buy his/her needs timely has been even more challenging for some mothers:

'I gave birth in May, there was a holiday at that time. Holiday bans came, there were weekend bans. I couldn't always find everything like; I'm giving an example here: my child's diaper is running out. I will shop online, the cargoes are late, you can't find everything or it's delayed. It put me under extreme stress.'(P5)

Besides, the uncertainty and the lack of information about the disease and getting the COVID-19 virus from the hospital during birth and starting to use masks for the first time in their lives caused some participants to describe this period as a 'terrible' experience.

'The pandemic started with our birth, so we came home from the hospital and the first bans started, so I can say it was a nightmare at first. Because at that time, the one who got COVID-19 was dying and we also got it from the hospital at birth. It was terrible. I wouldn't have gone out anyway, but if you go out, there was a ban. You had to wear a mask or you could die as I said (laughs), so it was a terrible psychology.' (P7)

P7's 'we' language was remarkable during the interview. Her laughing when talking about death was also somewhat contradictory. She stated that she lost her mother 10 years ago, yet she still felt angry with her mother, especially during her postnatal period. It was observed that talking about her loss was difficult. Therefore, she did not talk about her feelings much, instead she laughed or used aggressive words such as 'I fucked up' and 'like shit' during her interview.

In addition to several restrictions, it was a challenge for mothers not to wear a mask on the newborn or not to carry the baby outside with a mask afterward:

'*It's hard to walk around with a mask. You go out with the child, but you can't get oxygen, it's very difficult. You wear a mask, but I still do not put a mask on my child. Because I don't think my baby can control her breathing because she is still young.' (P1)*

Furthermore, mothers mentioned that among the restrictions in their lives, they could not enter crowded places, could not go out comfortably and had to increase their hygiene measures too much. P2 explained that she did not accept anyone to visit during her postpartum period, she still did not let anyone touch her baby, she did not make her kiss, and she had to warn everyone all the time. P5 also mentioned that all these restrictions were somehow reflected on her baby and that she could not act flexibly. She also worries about whether she is applying too much pressure inside.

'Normally, I try to be a little more flexible, especially at home, but when I go out, I say let's put cologne on your hand, wipe your hand with a wet wipe… If it wasn't for the pandemic, I could have been more flexible about them, so I wonder if I'm putting too much pressure on him.' (P5)

'At first, we were washing the packages coming from outside like crazy, how many times did we even wash the child's clothes? Everyone coming from outside was trying to wash their hands first and then clean themselves with cologne. For example, we heard that one of our relatives had corona, we met on this date, I wonder if he was infected, his stress was really high.' (P3)

P4 also said that the compelling effects of being confined to one place increase, especially as the baby begins to grow:

'This is both psychologically and physically challenging because you need movement, especially when the baby starts to grow, and your movements begin to be restricted. While working at home, this may not be possible, depending on your workload, you may not get up from your desk. Since our current way of doing business has changed due to the pandemic, it was necessary to sit at the desk for long hours in order to keep up with this.'(P4)

As P5 mentioned above (Table 3.1.4.1), some mothers who returned to work after giving birth and worked from home also complained about this situation. They talked about the prolongation of working hours, the feeling of being stuck within four walls and not being able to socialize.

'You can't do much when you're inside the house, maybe if you work at work or work outside, you can go out to get some air or go somewhere. At least

you can chat with your friends, which is important, yet I did not experience such a situation. Day and night, morning and evening, non-working hours were constantly spent inside the house between four walls. It's pretty boring.'(P4)

On the other hand, some mothers were satisfied with working from home. Although there are many exhausting experiences mentioned about the quarantine period, a few advantages brought by changing practices, including the home office during the pandemic, are also highlighted. Participants were asked about the factors that facilitate the pandemic process if any, and some mothers stated that working from home is among the factors that facilitate the pandemic period. They said that they were able to return to work thanks to the home office and that they could work without getting physically tired, especially during pregnancy.

'The best part, I think, was the change in the work format because I am an academician, but I am at the bottom of the hierarchy because I work as a research assistant doctor. I was working overtime, even though I was teaching, I had to come and go to school on days when I had no lessons. It was very tiring, we switched to working from home with the pandemic. It was so good.' (P6)

In addition, some participants stated that this way, both they and their spouses can spend more time with the baby, which strengthens the bonds.

'If it weren't for the pandemic, I'd probably be back at work. I think I would go to the office more. We were all together when there was a pandemic, so I think it was nice. I think it strengthened the bond between us, I think it worked, especially with her father.' (P7)

'I would have had to leave my baby much sooner. I would have worked much longer hours. I had to spend long periods of time with her to create the attachment bonding story that I had dreamed of, and I always thought I couldn't do that, but thanks to the pandemic, I think we really got that thing.' (P6)

Moreover, some mothers were pleased that their husbands were working from home because of the fathers' support in baby care. The mothers also mentioned that they did not feel alone since their husbands were at home as they were. Fathers' working from home can be interpreted as one of the positive effects of the pandemic on mothers.

'Thanks to the home office, I was able to return to work when my daughter was three or four months old. I'm an advertiser and I started working from home at the same time. My husband was always at home, so my daughter and my husband's ties were very strong. My husband has been very supportive of me.' (P7)

'It was good that my husband was working from home, I was not alone at home.' (P3)

3.1.5. 'It Was an Experience I Would Never Prefer'

A woman's attitude toward motherhood is influenced by a variety of variables. There are signs in the data that their support networks, quality of couple relationships, life experiences and personalities had a role in how these seven women handled this transitional life period. Nonetheless, the findings clearly suggest that the COVID-19 experience is also one of the key components which affect this period.

When mothers were asked about their experience of being a mother during the pandemic, P6 stated that it was an experience she would never prefer and that she could not do many things she wanted to do (for example, traveling, working etc.).

'It was an experience I would never choose. I would never have thought of getting pregnant in such a period. We were a couple who traveled a lot with my husband before the pandemic, and if there was no mishap during pregnancy, there were many plans and programs in terms of travel and socialization. I felt like all of these were taken away from me.' (P6)

The fact that the postpartum period due to the pandemic could not be lived as desired, as P4 stated, for example, not being able to travel, not getting family support, and handling many things alone, caused P7 to find this duration very exhausting and traumatic.

‘I think we would have traveled more. It would have been more enjoyable if I had somehow lived through those times when I couldn't sleep, eat or drink in a different environment.’ (P7)

This period, which is expressed as “the overlapping of everything”, has caused a state of alertness to be always felt due to the unique difficulties of being a mother and the changes created by the pandemic conditions and negatively affecting the lives of mothers. P6 defined this period as "living on the edge", P3 as "a bad experience" and P4 as "troublesome".

‘I gave birth by cesarean section, so I couldn't go out even if I wanted to, but the psychology of both the birth and the pandemic... Of course, there was the uneasiness of the process, combined with the pandemic, frankly, it affected me a lot.’ (P5)

‘It was a difficult process because the pregnancy, along with the change of those hormones psychologically, is a period that forces the expectant mother even under normal conditions, and when you come across an epidemic period, it creates such extra stress on you.’ (P4)

‘I never gave up on my precautions, I didn't do many things I could do, I couldn't work when I could normally work, so umm it was a bit stressful and exhausting. Although my husband and daughter had COVID, I didn't, but I'm still on the edge. Not for myself, but about the baby for some reason, I still have that anxiety, so I can say that it was difficult and tiring.’ (P6)

Experiencing the postpartum period in the pandemic meant "a very bad three months" and "a period when everything was taken away" for P6, while it was a period in which P1 decided not to see anyone. As it seems, since P1 was not supported during her postpartum period, she felt lonely after her birth.

‘Yes, there is still a pandemic now, but if my daughter was born now, I think I wouldn't be so tired. I think that at least I would have someone with me to support both baby care and housework. (cries) So I think I'd be more comfortable.’ (P1)

‘If I had lived motherhood without the pandemic, maybe I could have been a little calmer, a little more motivated.’(P4)

'If it weren't for the pandemic, I could feel more comfortable and freer.' (P3)

P1 said that the postpartum period was very tiring and increased her feelings of regret about being a mother. P4 also stated that her depression increased, she was overwhelmed, and she experienced feelings of inadequacy. On the other hand, some mothers said that the process was challenging in general, although they could not fully distinguish the effect of the pandemic.

'Being a first-time mother is a very difficult thing, on top of it being a pandemic, being alone, having the responsibility of the child or the responsibility of the house, it was difficult to try to be able to do it all alone. I couldn't get enough anyway, after a while I let go of the house altogether.' (P3)

'It turned me into a bad, bored, overwhelmed, unwilling person to do anything. I've become someone who thinks I can't do it, I guess I can't. My patience decreased, my tolerance decreased.' (P4)

Taken as a whole, mothers said that they would have experienced better motherhood if it had not been for the pandemic and especially the quarantine processes. They stated that if there was no pandemic, they would be able to go out with their children more, travel, and being at home all the time affected them a lot, they were very depressed and mentally tired.

3.2. NEED FOR CONNECTION

Mothers in the study were cut off from their friends and families because they spend more time at home due to their having a baby and the pandemic. On the other hand, emotional connection is essential for psychological well-being for humans since we are social creatures. This need for connection is a vital theme among the participants. Even though each participant clearly emphasized the desire for connection during the epidemic, their emotions, ideas, and attitudes concerning this dynamic seemed to be distinct. It seems that participants have shared common subthemes such as 'Loss of social life', 'Lack of support' and 'Transformation of couple relationship'.

3.2.1. Loss of Social Life

The loss of social life subtheme was one of the most prominent in all data. In the interviews, it was observed that the loss of socialization experience caused many problems for the mothers. With the loss of social life, socialization has also decreased, and it is thought that this decrease may have affected the psychological well-being of mothers. The loss of social life or socialization has brought many difficulties for first-time mothers. It is noteworthy that they often talk about the fact that they were alone both mentally and physically. While the mothers were describing the loss of social life, they mostly talked about areas such as not being able to meet with extended families, spending time with friends, and not being able to socialize in business life.

'It was hard not to meet anyone, and not being able to go out... If it weren't for the pandemic, my sister would come, my nephews would come.' (P1)

'For one thing, it affected me a lot in terms of business, I couldn't go to work due to the pandemic, I started not being able to be in a social environment with my colleagues.' (P4)

Some mothers, while describing the experience of being a mother during the pandemic, stated that not being able to meet with their friends, missing them and loneliness are among the factors that made it difficult. They described this experience as 'non-relationship', 'very sad and distressing', 'the state of being stuck at home', and 'the feeling of being alone'.

'*With the pregnancy, my whole social life decreased, of course, due to the pandemic, it was reduced to zero. The feeling of not being able to see anyone, the feeling of being alone, umm I was alone... Frankly it wasn't enough just to talk to people on the phone because I couldn't talk to anyone physically.' (P5)*

'The absence of my friends made it difficult, I would love my friends by my side. Umm it made it so hard being without them.' (P7)

'Being at home was pretty boring for me, because as a person who works actively and loves social life, being stuck at home made it very difficult for me.' (P2)

When mothers were asked what would have been different if they had experienced motherhood before the pandemic, they mostly made statements about socialization. All the mothers mentioned both their inability to socialize and their babies' inability to socialize with their peers.

'What would be different, I think again in terms of socializing. We could socialize more with the child and maybe he would be more used to other people. When he is not in contact with anyone, he knows the existence of a distant world, but he has no communication.' (P3)

'Since my child isn't among many people, I'm afraid of her being untamed, but I hope not.'(P2)

Furthermore, mothers are concerned about their infants' social development due to their inability to socialize well with their peers. At the same time, some mothers stated that socialization made them miserable, and this reflected on their babies.

'Mother and daughter, we could go out more, she could see more people, she could spend time with her peers. I could spend more time with my friends. In fact, the fact that I am not socializing can cause distress to all people in the house, including the baby.' (P4)

'I would have a more social life. No one talks to anyone except certain people. This, of course, affects the child's development; the girl was afraid of people. Also, it affects our psychology as well, seeing the same people all the time or not being able to see what we want to see.' (P1)

Moreover, some rituals and ceremonies are mentioned by mothers that are part of both pregnancy and birth. Some of the participants talked about the loss of these rituals of the postnatal period such as decorating the hospital room, photo shoots by a photographer, and baby visits.

'The fact that no one will be able to come to the birth, that I will be alone after the birth, that I will not be able to see my friends... I made shopping to decorate the hospital room, they are all at home now. I arranged a birth photographer; it was canceled due to the pandemic. I couldn't do any of these. They have always remained in me.' (P5)

‘For example, I wanted to do a photo shoot very much, but due to my fear of illness, I couldn't do a photo shoot at the hospital, nor did I want to decorate the hospital room, because no one would come. These are the things that stay with me, frankly.’ (P2)

Although there were many negative thoughts and experiences about the loss of social life, there was one thing that make the mothers blessed. Some participants found the period during the COVID-19 pandemic to be a time for quiet enjoyment of their baby and they saw this as a positive factor in their relationship with their baby, as they could spend more time with their babies. They defined this factor as the only good thing about the pandemic. They also stated that they were able to maintain smooth relations with their extended family without them intervening too much thanks to the pandemic.

‘A comment on the phone about breastfeeding was driving me crazy; 'work a little harder' (raising voice). I can't imagine them hovering over me. We were able to stay away from elder family as much as possible under the pretext of pandemic and prevent them from getting involved in certain things.’ (P7)

It seemed that the decrease in social life also helped mothers to relatively get rid of social pressure on issues such as breastfeeding, baby care, accommodating guests and kissing, and hugging people. For example, P6 defined social distance as ‘a trump card’ that she could play whenever she wanted.

‘In a way it was good because I had a trump card with me that I could tell anyone I didn't want near me. I played this pandemic trump card to everyone whose existence I thought would not be good.’ (P6)

‘In fact, since both of our families are nearby, we sometimes say that it was a good thing that it coincided with a pandemic. Since we both have a large family and the first grandchild, if it wasn't for the pandemic, I'm sure there would be a lot of people coming and going and I would have stressed it a lot.’ (P3)

3.2.2. Lack of Support

The postpartum period is also a crucial time for support. New parents need and require social support from extended family, friends, nurses, lactation consultants, and other health care professionals. Mothers in the study stated that they had to decide not to meet with anyone during the pandemic period and that they had a hard time in baby care because they were both inexperienced and alone. The mothers also mentioned their lack of support in housework. (Table 3.4.)

Table 3.4.

Lack of Support

Challenging & Lonely	*'We decided not to meet anyone. Let me say I took care of my child. This challenged me a little. There was also inexperience. And of course, the puerperium, loneliness... It inevitably affected my mood.' (P1)*
Sleeplessness & Stressful	*'It would be nice if I had a supporter because I was so sleep deprived. I think I could have rested a little more if I had another supporter by my side. If my mother was with us, at least she is more experienced in babysitting. Maybe I could not stress so much and sleep more, because I couldn't sleep at all, what are we going to do now, what will happen?' (P3)*
Cause of Postpartum Depression	*'Maybe I wouldn't have experienced the postpartum depression to the bottom because there would be someone else beside me, maybe they would support me psychologically.' (P5)*
Lack of Professional Support	*'I could not shape the support mechanisms as I prefer. I was thinking that I would do it in the form of professional support, that is, in the form of purchasing services, but I got nervous because I had to solve some things in a family environment.' (P6)*
	'No one could come because they were thinking about the baby. That's why I can say that we grope for the baby care (el yordamıyla bakım vermek). We had a lactation consultant, she came on the first day, then when we were positive, she couldn't come, she was already infected. I had a hard time.' (P7)

Some mothers complained of a lack of support, while others were overwhelmed by the family support they received. The mothers who were not pleased about the support they received from their mothers used statements such as: ‘My soul grew old because of the support’, ‘Overly conflicted’, ‘Tired of being strangers at home’, ‘No borders or private spaces left’ and ‘Limited support’.

‘It was very good for the child, but it was not good for me at all, because I do not get along very well with my mother. I continued our relationship with a beautiful border, but when I had a child, those boundaries were violated incredibly. The border, the private space, nothing remained, and whatever I wanted to leave behind, this time turned into a completely different field of conflict through a new living thing; my child.’ (P6)

‘*People should not be a hindrance when they say that we will support the mother-to-be who has just given birth. Too many urban legends are circulating. Mothers on the one hand say something, the neighbor above says something, someone's relative says something. Unfortunately, this is very common in our culture in our society.’ (P7)*

On the other hand, some mothers were satisfied with the extended family support and defined it as ‘endless support’, ‘moral support’, ‘helpful support’, ‘huge help’. Here, each mother's relationship with her mother and character differences come into play.

‘After returning home, my own mother helped me at home, along with my husband. Of course, her presence was a great support, helping both spiritually and taking care of the baby.’ (P4)

‘My mother-in-law and father-in-law are very supportive. My mother-in-law helps a lot with housework, thanks to my mother-in-law who cooks the meals, I come home in the evenings, and we take over the child with my husband.’ (P2)

‘I heard from my environment, I can say that what many mothers did not do, my mother and mother-in-law did. It was a 24/7 support, I didn't cook properly for two months. They helped a lot, thanks to them, they also provided moral support as well as physical needs.’ (P5)

While the mothers talked about the effects of support on them, they mentioned that the qualities of the close family and the fact that the family is traditional or modern can make difference.

'If you have an understanding family circle, life is very easy for you, but if you are in a traditional culture, it is much more difficult and wearisome.' (P3)

In addition, some mothers stated that if the pandemic had not occurred, they would have received more support in baby care and would have returned to work much earlier.

3.2.3. Transformation of Couple Relationship

Another effect of the pandemic is found to be on relations with the spouse. When mothers were asked about how the pandemic affected their relationships with their spouses, all the mothers said that their relationships with their husbands had altered, except for one mother. They mentioned some changes, transformations, and awareness regarding their couple relationships during the pandemic. Mothers described their relationships with their spouses during the pandemic period with the expressions 'ups and downs', '24/7', 'intertwined', 'you notice the slightest thing, there are arguments', 'tired of each other', 'our tolerance has dropped'. Two of the mothers stated that they saw aspects of their spouses that they had not noticed before. Also, even the mother, who said that there was no change, stated that she was overwhelmed by her husband working from home.

'It damaged my relationship with my husband. For example, when we were together in the house for such a long time, aspects that I had never known emerged. How many years have I been married, but I can say that there was a strange family dynamic transformation during the quarantine period.' (P6)

It has been found that the pandemic occasionally causes couples to lose their private space. Some mothers also stated that this situation negatively affected and damaged their relationships with their partners. One participant (P4)

mentioned that she could not find a topic to talk about or an activity to do with her spouse.

'I was working before the baby on weekdays, and he was working too. We were apart during the day, we didn't see each other. We were having something to talk about or we were saying let's go out and do something. Then it affects our relationship badly from time to time because of the pandemic, pregnancy, baby, because they all coincided at the same time.' (P4)

As P7 mentioned below, it is seen that conflicts have started due to too much closeness and therefore, relations between couples have been frayed.

'I mean, it had some ups and downs because we are together with him 24/7. We used to be a couple who had their own space. My spouse would make separate plans, I would do it separately, but being constantly exposed to each other was a bit of a challenge. We also started to work together, closely intertwined... I mean, there started to be some conflicts because of intolerance.' (P7)

'There are times when our tolerance for each other drops. the slightest thing catches your eye, there are arguments. It wasn't like this before. I always think it's something that comes from the pandemic and being stuck at home with the baby.' (P6)

Another mother (P6) expressed her communication with her husband as an inverted-U graphic during the pandemic period. She stated that they were good at first, but because they could not get rid of their energies over time, the love and respect between them were damaged.

In addition, mothers mentioned that the pandemic has taken the opportunity to experience what it would be like to start a new family and how their relationships with their spouses will be shaped during this time. From the mothers' statements we can see that the expectations of the mothers were not realized and there were some losses due to the pandemic. Moreover, some mothers also stated that they did not notice the disconnection in their relations with their spouses and that they had a period of intense anxiety.

'I feel like my relationship with my husband has taken away my right to understand what kind of family we would have been if the pandemic had not happened.' (P6)

'We had some troubles, the truth is, I thought it was very good. My husband thought that I was not interested in him, I was very interested in the phone at first, what will happen to the pandemic. I was a bit distant from everything and neglected for fear of what would happen.'(P2)

Some mothers also mentioned that they could not get the support they expected from their spouses and that everything was left to them. It is thought that this situation further wears down the relations. We can also see the effects of gender roles in society in the narratives of some mothers in the study.

'We do not have any support in baby care or housework. We do everything ourselves. Of course, since my husband is working, at the end of the day, everything is up to me. I'm not working, but I quit my job, of course, just because I'm taking care of the child, so I do everything.' (P4)

'He was coming from work, I was waiting for support. When I told him to put the child to sleep, he said he was tired. I am tired too. I don't stay up until the evening, do I?' (P1)

'My husband has started working, anyway, there are many times when I get bored because I have the baby's care during the day.' (P3)

On the other hand, three of the participating mothers stated that they were very satisfied with the support of their spouses. When asked about the effect of the pandemic on the spousal relationship; we can see that mothers who stated that they are satisfied with the support of their spouses have different satisfaction levels in the criteria of being a father and being a spouse during the pandemic period, as in the example of P7. While P7 stated that the pandemic had negatively affected their spousal relationship, they were intertwined and they had a very up and down relationship, she also indicated that she was very satisfied with her husband's paternal support.

'I felt so much more in love. I was thinking about what a good father he is, what a good person he is. I was finished without him, or maybe this wouldn't have

happened if it was another man. He really gave me the strength to resist, he was very supportive.' (P7)

'The first two months I went with full support, one month my mother, one month my husband's mother plus my husband of course. Since my husband already works from home once a week, he is the main support for babysitting and housework. Whether it's laundry, dishes or tidying up, he supports me.' (P5)

Contrary to all the other participants, one of the mothers (P3) stated that her relationship with her husband may have strengthened during the pandemic period. Moreover, when the participants were asked about the factors that facilitate the experience of being a mother during the pandemic period, mothers stated the importance of the presence of spousal support.

'My husband has been very supportive, as I said I was crying every day. He was always in the role of soothing at home. I think we went through this time period getting stronger. (laughing) I don't think our relationship has been badly damaged by the pandemic, it might even have been better.'(P3)

3.3. MOTHERHOOD: A CHALLENGING JOURNEY

The third main theme is about the challenges of motherhood. In this theme, mothers talked about the difficulties of being a mother, the responsibilities that come with it, which can sometimes be very tiring, and the psychological difficulties it causes. This major theme contains the effects of the pandemic during the baby's arrival and postnatal periods of mothers. During the interviews, it was observed that the participants had difficult times in terms of both physically and emotionally.

The mothers were questioned in general terms about their motherhood experiences. While describing their experiences, the mothers, who were in the study, mentioned many different emotions such as happiness, regret, anger, loneliness, anxiety, stress, inadequacy, and guilt. In the interviews, it was noteworthy that more negative emotions were discussed with the difficulty of both the pandemic and being a first-time mother. In addition to the contradictory

emotional experience of new motherhood, the heavy responsibilities of being a mother and the changes and difficulties caused by the pandemic were expressed by the mothers.

3.3.1. Overwhelmed with Responsibilities

Being a mother comes with unexpected and expected duties, responsibilities, and pressures. Mothers who participated in the study mentioned both psychological and physiological fatigue during the transition to motherhood since they handle most of the parenting and housework. While the participants talked about their experiences in the postpartum period, they mostly talked about the themes such as insomnia, inability to take time for themselves, inability to meet their personal care needs, and weight loss. Mothers used the following expressions when describing the puerperium period: ‘I know I couldn't take a shower for a week (P5)’, ‘I feel old, I look in the mirror, my wrinkles have increased, I think it's from lack of sleep (P2)’, ‘For two years, there has not been a night in which I slept without any interruptions. (P3).

‘One can endure anything, and everything can be handled, but it was very tiring to not being able sleep at night. I can say that I haven't slept uninterruptedly for seventeen months.’(P6)

‘I've gotten pretty thin, I mean, I'm even weaker than I was before pregnancy. Everyone says what have you become, the boy melted you and so on, but this weight loss thing happened unintentionally.’ (P2)

‘At first, insomnia was very difficult for me. Since I was sleep deprived for the first three days, I said take the child as soon as I got home. I'm going to sleep, don't wake me up, I said, are you giving food, do whatever you do. So take this kid.’ (P3)

Another factor that caused mothers to get very tired was expressed as breastfeeding. The mothers described this process using the expressions 'very tiring', 'insomnia', 'night and day', 'dependent on you'.

'Breastfeeding is a beautiful thing. (her voice is getting louder), but it is very tiring to breastfeed every half hour during the day and every hour at night.' (P1)

The data shows that, in addition to the responsibilities brought by motherhood, mothers were also having difficulties with the effect of the pandemic. They were taking on more responsibilities and feeling more stress during the pandemic. The participants stated that they had to be at home all the time during this period and could not provide adequate support mechanisms, so they had a hard time creating a space for themselves and were very overwhelmed.

'I find it difficult to create a space for myself, most of all, she wants to be together because we are all together because of the pandemic. I do not have a chance to spend quality time at home with a small baby.' (P7)

'I felt like everything was looking at my hand, so there was such an effort to keep up with everything. At first, it's time to milk, I need to pump my milk, but on one hand, I need to take my medicine, but on the other hand, I have to eat, it's all on me at once.'(P5)

As mentioned above, while the experience of motherhood can be difficult, especially for first-time mothers, the difficulty of the pandemic period has been added to this. Here, the effects of the pandemic can be seen in the expressions of the mothers. For instance, due to the strict hospital procedures during the pandemic, P3 could only go to birth and beyond with her husband. She had to choose between her mother and her husband. She mentioned that she had a very difficult three days in the hospital due to her inexperience and her baby's neonatal jaundice.

'It would be better if my mother was with me, that is, I had another supporter with me because I was so sleep deprived. I think I could have rested a little more if I had another supporter by my side. I couldn't sleep at all for the first three days at the hospital, it frankly wore me out physically.' (P3)

'*There were days when I was more impatient or more tired during care, as the pandemic caused extreme fatigue on me. There may have been days when I*

was more aggressive due to pandemic-related reasons because I couldn't soothe my baby when I could.' (P6))

P1 stated that she decided not to meet with anyone during the pandemic to protect her baby. However, since she could not get enough support from her husband, she became one of the mothers who had the most difficulties in terms of support both in baby care and housework. She cried during the interview and mentioned that she was very depressed and lonely. She also stated that the only place she could breathe was the research interview and that she would not leave the room for a while after the interview was over to take time for herself.

''When he comes from work, he says that there is a virus, let me go to a bathroom. He went for half an hour. It was making me angry. I think he was breathing for an hour. I also need a little breather, so I say I'm suffocating.'(P1)

In the study, when mothers were asked whether they experienced any anxiety or fear after giving birth; mothers stated that in addition to the health sensitivity of the baby's first period, they were very worried about the transmission of COVID-19 to both themselves and their babies and that they had a very stressful period. Mothers stated that they experienced their greatest fear in terms of health. One of the participants (P3) stated that although the experts said that COVID-19 does not infect children, or children get over it lightly, they were still very worried. She said that they are more worried about their children than themselves.

'Babies are much more sensitive when they are born, and so are mothers. Because I had a cesarean section and I carry a risk after the surgery, and the pandemic period, everything is doubled. All your worries and even your fears are rising from normal.' (P4)

'We always kept the child away, I did not give him to anyone, because there was an illness, it made me very nervous. It scared me, will this disease pass? It's very tiring to think about them. I can't take the child in public, I can't take him to the park. I even think about it while walking around with a stroller. Let's see when this nightmare will end.' (P2)

Another concern that arose due to the pandemic among mothers in the interviews is who will take care of their babies if something happens to them due to the epidemic. Mothers with COVID-19 were even more worried and stated that they had very difficult experiences for not infecting their babies. The study found that the pandemic may increase the likelihood that a mother who is a first-time mother to a baby's early stages will already be anxious.

'It was a nightmare, so traumatic for me. When I realized I was positive, my husband and I hugged and cried. Who will take care of this child now? I'm going to cry now, so when it comes to my mind, because then the positive person was dying, you remember. People were dying loudly, we cried loudly, so what would happen to this child if either of us left, I directly faced the fear of death, wondering what would happen to her, she was too young. Also, fear of losing her, in case something happens to her. What kind of a world did this child come into, what if she has to stay at home for the rest of her life, if this thing gets bigger... I felt like I was caught in a war, there is not even a shelter because we are positive at home, there is nothing to protect her.' (P7)

'I was worried then, of course, it wasn't all that light, will something happen, what will happen if the test is done, you won't be able to use medicine. The child will not be given medicine. Will something happen to the child?' (P1)

According to the results of the data, in addition to the emotional difficulties, the pandemic also had some physiological negative effects on mothers. P2 stated: *'My doctor said to take a walk, but I was too afraid to go out, I didn't. That's why I had a little trouble after giving birth. I still have low back pain, back pain, they pushed me hard.'.*

'It is physically challenging, because you need movement, especially when the baby starts to grow, and your movements begin to be restricted. While working at home, this may not be possible, depending on your workload, you may not get up from your desk. I was like this once; I came across a very busy period. Since our current way of doing business has changed due to the pandemic, it was necessary to sit at the desk for long hours in order to keep up with it. Whether you

work at work or work outside, you can go out for a breath of air or go somewhere.' (P4

All mothers who participated in the study mentioned this anxiety and fear. In addition, one of the mothers (P3) stated that she had eczema and rosacea after giving birth due to her high level of stress and that the pandemic influenced it, and she believed that such things would not have happened if there had been no pandemic. It was seen that the anxiety and fear caused by the pandemic caused psychosomatic reactions on P3.

'My anxieties are often exaggerated during times of illness. I get a little out of control there and I panic a lot. At first, I was on the alert with the influence of what I read at that time, as the fourth trimester in the newborn period was a period when the risk of sudden death syndrome was very high. I remember being so focused on breathing every moment. Then how will I protect this child, how will I pass it without getting sick?' (P6)

Mothers also had expressions of worries about returning to face-to-face working life since they think about their babies' health. P3 stated that although she has not yet returned to work, she is very worried about returning to business life. One of the participants, P3, said that she returned to face-to-face working life and this situation has caused their worries about the COVID epidemic to increase again. P6 also stated that even though her baby has grown because of her teaching face-to-face, she is still very worried about getting her COVID-19.

3.3.2. 'Breastfeeding Fascism'

When mothers were asked what they had experienced about breastfeeding experience, as can be expected, breastfeeding was one of the most prominent difficulties that mothers stated after giving birth. The most cited experiences with breastfeeding in the study are 'insomnia due to breastfeeding at night', 'the lack of milk', 'the stress of the mother when the milk does not come and the baby not being able to breastfeed', 'insufficient milk', 'social pressure', 'intrusive attitudes of people', and emotional difficulties due to all these.

'Bad, so the only answer I can give to this is bad because my psychology was already bad at that time. And when there is pressure from the society, such as not enough milk, not enough milk, etc. There is a saying that whatever you feel as a mother, your child will feel it, this is true. She was getting tense as I was getting tense, and she was having a hard time. As a result of the pressure, I saw from my social circle, I said one day, 'I will stop breastfeeding the child if you keep coming on so much'. It wasn't a pleasant experience, so it didn't happen for my child either, we quit after six months anyway.' (P4)

P2 stated that she realized that being anxious or stressed affected both her milk and her child. As the mother herself gets stressed, she has almost defined a cycle stating that her milk does not come, and she becomes more stressed.

'I kept feeding the child with formula, I continued to breastfeed because the child would starve, but he couldn't. The nurses are showing, he was trying to suck, but we couldn't do that because I'm too inexperienced. As I stressed, my milk did not come. The lack of my milk made me incredibly nervous.' (P2)

4 out of 7 participating mothers spoke frankly about the social pressure to breastfeed. The remaining three mothers have implicitly complained about the social pressure. P7 stated that she saw a lot of statements on Instagram that mothers who do not breastfeed could not bond with their babies, and that she felt very uncomfortable and even angry about this. P7 said that she invented a definition of 'breastfeeding fascism' against the pressure of her husband and social media about breastfeeding.

'I was encountering the phrases that you can't bond if you can't breastfeed a lot on Instagram and I made up something called breastfeeding fascism. I said this is a cover, a fascism. What does it mean to say you can't bond with a woman who can't breastfeed?' (P7)

Moreover, P1 stated that the first few days after giving birth were very difficult due to stress and exhaustion, as the milk did not come out. P1 also stated that she was very overwhelmed by the pressure of the people about breastfeeding, everyone was worried about milk, but nobody cared about the well-being of the mother, and she was very worn out.

In addition, P6 stated that she had a very difficult time breastfeeding for the first fifteen days, she was overwhelmed by her mother's overly intrusive attitude, but she allowed it a lot with the helplessness of that moment, and now she feels regretful about it. P4, also, stated that both the social pressure and the inadequacy of her milk made her very upset.

'I had a problem with breastfeeding, I read a lot, but I skipped breastfeeding. I realized later that it was a huge mistake. I had a very difficult time breastfeeding for the first fifteen days. The way of not knowing, of allowing everything, trying to try every idea, made me very, very tired. That little bit of my mother's overly intrusive attitude and my ignorance, I allowed my body a lot there, it created a lot of stress for me too, so I got off to a very bad start the first night after giving birth.' (P6)

Other participating mothers talked more implicitly about the pressure in society. P2 stated that she had to give her baby formula because breast milk was not enough, and she felt guilty about it. P3 complained about the general labeling in society and stated that this made things more difficult. She stated that she heard the words 'what kind of mother are you' from her social circle when she was very depressed or needed to be alone from time to time during her postpartum period.

While some of the mothers enjoyed this experience, the mothers, who were in the study, described it as 'disgusting', 'bad', 'too tiring', 'too stressful', 'too difficult', 'a constant dependency on you'. P7 stated that she experienced breastfeeding as rejection. It seemed that this lead to a mixture of feelings, including rejection, disappointment, guilt, and sadness for her.

'It was a disgusting experience for me, you are constantly being rejected by a living being. I try to put the breast in her mouth, she is constantly turning her head, screaming, trying, trying to catch, can't catch. Breastfeeding was like guilt to me. I don't want to breastfeed even though I have a second child, I don't want to get into that trouble (laughs) I hated the breastfeeding ritual that much. Breastfeeding is not a positive thing for me at all.' (P7)

In the data, it was found that this period could be even more challenging for mothers of babies with allergies to certain foods. For example, since P5's baby

had a milk allergy, the mother could not consume any milk-containing food for a long time. P5 stated that this period was very tiring for her and that it was one of the reasons why she could not enjoy breastfeeding. She stated that she was very overwhelmed and had difficulty because her baby constantly woke up at night and wanted to breastfeed. According to P5, the only good thing about breastfeeding was that it could be a baby soothing tool from time to time.

'It wasn't so perfect. It was difficult because I was on a dairy diet and was deprived of certain things. That process affected me a lot, it was very challenging. He constantly wanted to get up at night and suckle, which was pushing me hard. I was working, I needed to milk, I was taking a break at work and milking. When I work from home it was still hard, since he has to sleep, and he sleeps by sucking. There is a constant dependency on you. I did not like breastfeeding very much. Some people breastfeed with such love and such, I have never breastfed like that.' (P5)

'We also had an allergy adventure, we had both milk and egg allergies, I can say that that period was very difficult. That was one of the things that challenged me the most, by the way. Our milk allergy continued until about the twelfth month, and our egg allergy continued until the sixteenth month.' (P3)

Some mothers, as mentioned by P5 above, stated that they did not like a constant state of addiction and that it was too much for them. It is thought that this may be due to the woman's attachment to her parents, particularly her mother, as suggested by Bowlby's attachment intergenerational transmission theory. Some participants mentioned that they were overwhelmed due to their babies' desire for breasts.

'The constant clinging of "Mother breast, mother breast" has really worn me out, I can say that I am at the end of my patience now.' (P3)

'She wanted to suck so much. For example, I used to get up every hour at night and breastfeed, I was very sleep deprived in this period. She was constantly suckling during the day, always in my lap. Nineteen months later, I said, 'I'm psychologically depressed, I don't want to breastfeed'. Then we stopped breastfeeding with the help of a psychologist, so I got a lot of relief.' (P1)

3.3.3. 'If There Is Postpartum Depression, I Lived It to the End'

The mothers were asked about their postpartum mental states and what they experienced during this period. Some of the participants used expressions that could be symptoms of postpartum depression; ‘I cried every day for six months’, ‘I did not want to look after my baby for a long time’, ‘I felt like she was not my baby’, ‘I was getting depressed.’, ‘I felt numb towards my child’.

‘If there is such a thing as postpartum depression, I think I've lived it to the end. I was constantly crying because of the pandemic, and yes I was constantly crying.’(P5)

‘My deepest feeling was that I felt so numb. I remember saying I wonder if I don't love this kid as much as the people around me. My mom loves it so much that my husband does too. I don't feel that way at all. I don't have any pain or anything, I'm a perfectly normal standing healthy person. I was numb towards the child for a long time, three months. As a general mood, I was in the mode of looking at the world. This is my most dominant postpartum feeling, and I remember crying a lot.’ (P6)

‘I cried a lot. Even my husband was making fun of me now. Normally, you know, they say forty days of puerperium, but it turned into a joke that yours took about six months.’ (P4)

Mothers used the following expressions when describing their postpartum mood; 'I was very angry and intolerant (P7)', 'My psychology was very bad, frankly I didn't feel much when I gave birth (P2)', 'I remember feeling very angry and depressed (P6)'. In addition, common feelings and thoughts among mothers during this period include maternal guilt and lower self-efficacy beliefs with higher stress levels.

‘Honestly, it's never been what I imagined. I thought that I would hug, kiss, smell and sleep as my baby, but I also felt a slight guilt when I couldn't feel that emotional thing. I never felt the first warmth between the child and myself.’ (P3)

'It turned me into a person who is overwhelmed, doesn't want to do anything, thinks I can't do it, I guess I can't.' (P4)

'I was constantly crying. I was saying it doesn't work, I can't do it, I can't do it. How am I going to take care of this child when I'm alone? For the first two months, I went with full support. I was always in this mode, I was saying what will I do when I am alone, how will I take care of this child, I can't take care of myself, I can't take care of myself yet.' (P5)

One of the mothers (P7) mentioned that she could not get rid of the feeling of loneliness even though there were people around her in the postpartum period. The participant especially stated that her anger towards her mother increased a lot during this period. It is thought that she may not have been able to fully experience the mourning process for the loss of her mother and is in a more depressed mood compared to other mothers. It was again observed that she laughed while expressing her emotional difficulties during the interview. She also talked about the inequality between maternal and paternal responsibilities.

'I think the emotions I remember the most are anger and loneliness (laughs). Anger at others, anger at my mother. I was even angry with my husband. I said she is our child, but I am in pain, I am trying to breastfeed. This is very unfair, the duties of parents.' (P7)

In addition, as mentioned before, due to the conditions of the pandemic such as social distance and quarantine periods, the support mechanisms of mothers have been affected. One of the most important factors for mothers' psychological well-being during the postpartum period is the support provided to mothers both in baby care and housework. As understood from the interviews, social support has decreased due to the pandemic, suggesting that this may have caused mothers to feel more lonely, tired and fed up. While some mothers were completely unsupported during their postpartum period, others were able to receive support, albeit insufficient, from time to time.

'*For example, someone from the outside should come, a friend should come and take care of it for half an hour. I'll take a bath, read a book, or go out. I*

can delegate this to someone other than my mother because my mother was not always available.' (P6)

3.4. COPING WITH THE PANDEMIC

The mothers in the study also talked about how they coped with the COVID-19 pandemic period while describing their postpartum experiences. Although every mother has different strategies, some common ways of coping have emerged. To be able to understand this theme more comprehensively, three subthemes, namely 'Functions of increased technology use', 'Changing the location', and 'Creating a support system for new mothers' will be explored.

3.4.1 Functions of Increased Technology Use

When exploring how participants experienced their postpartum period during the pandemic as first-time mothers, most of them remarked that they found a way to connect with others. The most mentioned way is increasing the use of technology which is one of the COVID-19-related changes. The pandemic has transformed many aspects of people's lives. It shut down businesses, schools, and workplaces and cause millions of people to stay at home. Public health authorities recommended social distances, therefore, people needed to find new ways to connect and the world, since humans need social interaction to survive. As the mothers mentioned, the COVID-19 epidemic has forced individuals to rely on technology to preserve social and emotional connections while coping with the pandemic.

'*We had WhatsApp mom groups. Indeed, they also helped a lot, I got a lot of support from some mother groups. I give an example; I've milked my milk, I'm out right now, how many minutes do you think it can take? We were constantly exchanging ideas between mothers. They were things that made my life easier. We were supporting each other a lot, not only for such needs, but also*

psychologically. I even remember talking to a mother in the middle of the night, with someone I never knew, she cried to me like that, and I cried to her.' (P5)

According to the results of the research, there are methods of establishing emotional connections through social media such as following some phenomenal mothers on Instagram and being a member of WhatsApp mother groups. Two of the participants stated that social media increased solidarity during this period, it was very good for them, and they received support from it.

'Social media, interestingly, sometimes made it very difficult and sometimes easier. For example, the person who shared your research posting, 'we're in a mess,' among a lot of fancy things, was very good. Solidarity with women I don't know on social media made it easier.' (P6)

Another mother (P2) also stated that she used YouTube as a social media platform as a coping method during this period. P2 mother is a teacher and she stated that she shares question-solving videos and videos of reading the tales she wrote on YouTube in order not to break away from her students. During the interview, P2 seemed content as she used both a hobby and a way to keep in touch with her students.

'I opened a YouTube channel because I did not want to lose contact with my students. I put some question and solution videos so that my time would not be wasted. I also wrote and read fairy tales on YouTube. I tried to pass my time doing things like that.' (P2)

As P5 mentioned above, the mothers stated that video chat with smartphones and WhatsApp groups are among the factors that make this period easier for them. On the other hand, mothers also complained that they became too dependent on the phone, which, according to them, negatively affected their motherhood.

'I think the factor that facilitates this period is social media, interestingly, sometimes it makes it very difficult. It's like looking for a branch to hold on to. Since you can't go out, solidarity with those who have experienced a similar fate with you on social media, but I think it created a phone addiction. This is a negative effect of the pandemic on my motherhood again. Sometimes I found

myself on the phone as soon as I took care of the child, because that phone is the only door that opens to the outside. I'm still trying to reduce it.'(P6)

'We constantly find ourselves searching for something on the phone, we are trying to get healthy information, which is right and which is wrong, how do we do it...' (P3)

According to the statements of mothers, the use of technology has increased during the pandemic and they think that this also negatively affects their children. Two of the mothers, P1, and P2, stated that their children were introduced to the screen early, 'the camera has been on since birth'.

'The child needs to go outside for cognitive development. But I couldn't get it out of my fear. I felt that my child was bored, but because there was nothing I could do, I reluctantly made him watch the song on YouTube. I was saying that I would never do it, never let it be watched, but it was necessary not to talk too big.' (P2)

'My daughter does not want to see the phone, she does not want to video chat. She doesn't want me to take a photo or take it on camera. When someone calls, she runs away. She's right, so I think the kid got fed up because the camera has been on for two years since she was born.' (P1)

Another area where there has been a significant move to online transactions is work life. People and organizations worldwide have adapted to changing work and living styles. Because of the lockdown, most individuals have turned to the internet and internet-based services to communicate, connect, and continue their jobs from home.

'*My work life continues from home, meetings turn into Zoom, I don't have to go anywhere physically. I think it was good to get away from the office environment, so I liked it in that sense.' (P7)*

Although some mothers were pleased about this shift, others were not happy. They stated that it is difficult to work from home because the baby always wants its mother.

'For example, today was my day to work from home and attend meetings from home, but I had to come to school despite it. Because the moment my child

notices my presence in the room, he tries to contact me. It wasn't that hard in the first semester, but I have questions about how I will continue to work from home this semester.' (P6)

3.4.2. Changing the Location

Another sub-theme apparent in the narratives of the participants was changing the location. It seemed that it became one of the common solution methods applied by mothers and families in general during the pandemic period. Mainly, during the weekend curfews and quarantine periods, mothers found the solution by spending more time outdoors. This method has developed within the possibilities of each family; some participants stated that they had the opportunity to either go to their own summer house or the summer residence of their elders.

'Maybe it's a bit of luck for us, not every pregnant woman has such a chance. Since both me and my husband's family have summer houses, since my last months like this coincide with summer, we obviously went there as a getaway. It's been good for us.' (P4)

Mothers with different conditions stated that they either went to their elders' houses in other cities or rented a summer house. In general, it has been observed that the summer period is more comfortable for mothers as they could spend a little more time outdoors.

'We were very comfortable in the summer, because we spent time outdoors, and we had a very nice holiday for ten days in a summer rental in Kuşadası. It was very good for the child, I can say that he slept as peacefully as he had never slept.' (P2)

'We were out of town during the quarantine period with my husband's family, that's why it didn't affect us that much. We used to go out all the time, because it was a house with a garden, so it was not a problem. Other times we usually went down to the beach. I live near our house, very close to the beach. We had such a breathing thing going down to the beach in the evenings' (P5)

Mothers claimed that going out is one of the best things for them during the pandemic period. The mothers stated that they went down to the garden of their homes during the quarantine periods and that they went to the market on the days when there was no curfew. P7 and P6 suggested that mothers go out often, sit in places where people are not present, and take walks. On the other hand, P2 expressed her need for more open-air areas that are designated for mothers.

'We tried to be outdoors with or without a baby. We didn't restrict ourselves too much, but of course we didn't go indoors.' (P3)

'In the days when there was no curfew, our biggest escape was to go to the market.' (P6).

The mother (P1), who stated that they could not go out to the open air due to the conditions of her house and its location, stated that at the end of the first year they were very unhappy and moved to another house with a garden and a park around it. It seems that being able to go out during the pandemic period has become a very significant need for new mothers who have to spend all their time at home.

'The first year we were in another house, we could not go anywhere. We couldn't go to the garden, there was no park around us, nothing... We were constantly getting air on the balcony. Then we moved to another house which has a park around it. We used to go to the park with the child every day. Even if there was a curfew, we could at least walk around the park, in the complex.' (P1)

3.4.3. Creating A Support System for New Mothers

As it was mentioned before, the participant mothers talked about various methods of how they coped with this process. In addition, the participants were asked what kind of support they thought should be given to mothers during the pandemic process. Besides, they were asked what they recommend to those who will become mothers during the pandemic period. P3 mentioned that a mother's needs should be understood, and then, support should be given accordingly. She

mentioned that when people are trying to be supportive, sometimes support can be very frustrating.

'Whatever the mother needs, she should be supported in that way. Because sometimes it can be too suffocating, too much support, sometimes you want to be alone.' (P3)

Mothers stated the importance of support in their statements. According to P6, a mother should not go through the postnatal period alone because the pandemic has already isolated her. P6 stated that 'a postnatal support mechanism' could be established for mothers. As a first step, she emphasized the importance of the mother's being able to get support easily from her social circle. P5 also explained the importance of the extended family in supporting the mothers through the postnatal period.

'From the people she trusts to ask for support, she should not go through this period alone, that is, the pandemic will isolate it a bit.' (P6)

'They can get more support from their families. If there are those who do not, I urge mothers and mothers-in-law to be a little more sensitive.' (P5)

'The mother herself needs to relax, whether it is the pregnancy period or the postpartum period, it does not matter. The main thing I can say is that they should have someone with them, I think if they have the opportunity.' (P4)

According to P4, fathers are generally not willing to support, and she made a narrative based on gender roles in society. On the other hand, P3 described spousal support from a more egalitarian parenting perspective.

'So you definitely need support. In general, spouses are not enough in this sense, not everyone's spouse may be inclined or willing to take care of children. I'm on the lucky side, my husband is very willing to help, but not every father is like that. Therefore, by support, I mean the support of a grandmother, aunt, rather than the support of the spouse, it should be someone who can take care of it that way.' (P4)

'If everything can be talked about easily between spouses in that way, it is not possible for them to understand my needs from my eyes. Whatever you need at

that moment, take care of the child, change the diaper this time, you feed the baby.' (P3)

Moreover, P1 stated that it is significant to support mothers in housework and that extended family support can be effective in addition to spousal support since a new mother has a burden.

'At least, I think support should be given in housework, it is food, laundry, house cleaning. At the very least, the mother's burden needs to be reduced. It can be a spouse, a mother, a father, a sibling, or someone else.' (P1)

Furthermore, breastfeeding was another kind of assistance that was cited by mothers. Mothers who reported having a great deal of difficulty in this area underlined that breastfeeding should not be neglected and that assistance is essential. Two of the participating mothers, P7 and P3, believe it is essential for women to get assistance from a breastfeeding consultant or midwife.

'It is important that they get counseling about breastfeeding, maybe they can get support from a midwife.' (P7)

One other point notable for most of the participant was getting psychological support. The necessity of having psychological support for mothers during this period was stressed by four of the mothers who took part in the study. As a result of the pandemic, P2 and P5 argued that municipalities should give free psychological assistance to mothers. The significance of receiving psychological therapy was also mentioned by P6 and P1 in the study. P6 proposed that this psychological support may take the form of a women's circle, psychotherapy, or psychiatric support.

'Free psychological support can be given to mothers by municipalities because everyone's mental health deteriorated during this period. I think mothers are more depressed.' (P5)

'There could be free psychological support, mothers could be provided with support, because their anxiety level is quite high. I think it's not just me, but other mothers as well.' (P2)

'I'd tell her to get some counseling, one hundred percent. A psychological support is necessary. There may be a women's circle or one-on-one support from

a specialist at work, I would definitely tell her to carry out this process in the company of a psychological counselor, a psychiatrist, even from time to time.' (P6)

Besides, P7 emphasized the significance of taking care of oneself and how great it feels when she is able to do so. P6 mother also mentioned how vital it is for mothers to have time for themselves, such as reading or watching movies. Also, according to P4, mothers should engage in stress-relieving activity.

'It's important to do something to relax yourself. Even if you can't do anything, at least leaving the kid for an hour or two to go out is something that feels really good.' (P4)

Furthermore, both P3 and P2 emphasized that doctors should provide a little more information about the COVID-19 pandemic. P3 argued that doctors should provide more detailed information about the virus, the vaccine, and the effects of the virus on children and adults. On the other side, she also expressed concern about the pandemic's excessive information pollution. She stated that she was disturbed by speculations such as intubating and dying of people who had no disease at a young age due to the pandemic. Additionally, the P3 mother mentioned that such news causes her to worry about who would care for her child if anything were to happen to her.

'For a while, if something happened to me, there was a fear of what the child would do on his own. We were hearing about people who were intubated at a young age, and there was a lot of speculation, such as that he was young at his age, but he was still hospitalized, he did not have any disease or something.' (P3)

Moreover, one of the participants (P6) indicated that the state should create a financial assistance fund for mothers during COVID-19. She said that some mothers may have been concerned about losing their employment, and even if they weren't, she underlined the need for mothers to be able to satisfy their newborns' fundamental requirements.

'In my opinion, first, an additional financial support should be given to mothers who are working and living with the anxiety of losing their job during the pandemic period. Even if they did not lose their jobs, a fund had to be created to

ensure that they would meet at least their basic needs for their newborns. A fund should have been created that guarantees that she can use it comfortably when faced with a crisis.' (P6)

4. DISCUSSION

The primary purpose of this qualitative study was to understand the unique experiences of first-time mothers living in Turkey during the COVID-19 outbreak. In addition, the study was designed to understand how the mothers make sense of the effects of the pandemic on their postnatal period experiences. These two research questions will be discussed in this chapter alongside considering the literature on this topic; each major theme and subtheme will be evaluated. Additionally, the similarities and differences between the current study and the earlier research and concepts will be examined. Even though the primary focus of the research was on the postnatal experiences of the participants, it was crucial to investigate the experiences of pregnancy first. During the research interviews, it was understood that pregnancy and postpartum experiences should be considered as a whole while investigating the experience of being a mother. Following the discussion of the themes, potential clinical implications will be addressed in light of existing literature. Finally, this part will also discuss study limitations and future research.

The results of the semi-structured interviews with the first-time mothers showed four main themes: *getting ready for motherhood during the pandemic*, *need for connection*, *motherhood: a challenging journey* and *coping with the pandemic*. The first major theme that emerged was about '*getting ready for motherhood during the pandemic'*. It is believed that this theme harbors the answer to one of the main questions of the study: 'How do the mothers make sense of the effects of the pandemic on their postnatal period experiences?'. In a phenomenological qualitative study done by Draganovic et al. (2021), there were 30 Bosnian women, 15 pregnant and 15 new mothers, that were interviewed to explore their lived experiences of them during COVID-19. They found that both pregnant women and new mothers shared many common COVID-19-related fears and concerns. According to their findings, they were and still are subjected to tremendous stress and unpleasant feelings, and the epidemic has disrupted their sense of reality. They also discovered that pregnancy, delivery, and motherhood –

particularly for individuals who gave birth or got pregnant in the first few months following the epidemic – were not pleasurable or smooth experiences, but rather stressful and fraught with concerns and ambiguity. These findings are in line with the results of the present study, which was under the first theme, namely 'Loss of enjoyment in pregnancy'. According to the study by Draganovic et al. (2021), even though most women eagerly anticipate pregnancy and children, doing so during a pandemic may be stressful and demanding. Draganovic et al. (2021) also found that mothers talked about their negative experiences during check-ups and lack of support during delivery. These findings are also similar to the most mentioned topic in the present study under the theme of 'Lack of Support', 'Stressful delivery due to the pandemic', and 'As the bans tightened, so did my life'. In both studies, mothers complained about the lack of support during their delivery. Unlike that study, in the current study, the lack of support in the postpartum period was emphasized more by the mothers. This may also be due to the fact that the mothers' babies' age is different. While the Bosnian research was conducted in October 2020, the present study was conducted in February 2022, so the fact that mothers in the current study passed the immediate postpartum period, they had babies at an older age, and also the cultural differences may also have an impact on this situation. Collectivistic culture demands that individuals feel a sense of commitment and responsibility toward group members. As a result of living in traditional families (Persike & Seiffge-Krenke, 2012) and feeling greater guilt and shame for asking for assistance (Kim et al., 2008), persons from collectivistic cultures may feel more stressed over their financial obligations than people from individualistic cultures. In addition, Oarga et al. (2016) discovered that helping actions had a larger correlation with life satisfaction in countries where assisting others was a social norm. Due to social restrictions, people from collective cultures may have felt more stressed during the COVID-19, because they were unable to receive assistance from one another. The literature demonstrates that support from the pregnant woman's husband, mother, other family members, and peers throughout the perinatal period is essential for lowering stress, enhancing coping abilities, avoiding depression, and adjusting to

new motherhood duties during pregnancy and after delivering (McLeish & Redshaw, 2017). It is well-known that social support is crucial to promote resiliency in times of crisis, and that inadequate social support is related to negative psychological outcomes, such as feeling lonely in the pandemic quarantine (Brooks et al., 2020). Another theme common to Draganovic's and his colleagues' (2021) research is the fear of uncertainty; mothers experienced a lot of fear and anxiety due to the uncertainty of the disease at the beginning of the pandemic. Different from the Bosnian study, these findings were found for a Turkish sample in the current research.

The qualitative study by Sahin and Kabakci (2021), which was done with 15 pregnant Turkish women, demonstrates that the coronavirus pandemic has a high potential for causing worry, stress, and dread, which have a negative emotional impact on pregnant individuals. The research claimed that it would be beneficial to educate midwives and nurses not only on the physical health of pregnant women, but also on their mental health, and if required, to collaborate with mental health specialists. They also found some negative conditions which are mothers' anxiety about their own and baby's health, a decline in the expectation of prenatal care, a difficulty to get accurate information, and a reduction in daily routines and social connections which are similar to current study's findings. Although the present study was done with first-time mothers, not pregnant women, similar concerns and changes were found under the main themes of 'Getting ready for motherhood in the pandemic' and 'Need for connection'. In Sahin and Kabakci's study, Turkish pregnant mothers who could not go to doctors for control complained about not being able to contact their doctor, midwife, and nurse. Only one of the mothers in our study mentioned the 24/7 telephone hotline of a private hospital, the others complained about not getting enough information or accurate information and support. Therefore, it can be considered that in Turkey, the healthcare workers and state's support and information may not be at a sufficient level during the pandemic, especially at the beginning stages of the pandemic. This highlights the need for clear guidelines for policymakers and healthcare professionals about perinatal and postnatal care. Moreover, they found

a theme of social disruption and isolation that includes pregnant women being alone at home due to restrictions, and not being able to see their extended families. The participants of the current study expressed an almost vital need to interact with others because they lacked support, especially in the postpartum period. In general, except for special cases, the reason for this difference may be that mothers need more support in the postpartum period compared to the pregnancy period. As stated in the literature, Stern (1998) claims that maternal figures play a critical role in assisting the new mother's transition into motherhood. This position may be fulfilled by a nurse who is available immediately after the delivery, as well as by friends and family members who know about mothering.

In the present study, answers of the mothers that generated the fifth sub-theme, ‘It was an experience I would never prefer’, participants defined becoming a mother during the pandemic as ‘the overlapping of everything’ and they stressed how they felt overwhelmed, depressed, lonely, inadequate, regretful, and guilty. Another qualitative study by Bakouei et al., (2020), done with 12 pregnant Iranian women, it was aimed to explore the pregnant women’s experiences during COVID-19 disease. They found that pregnant women indicated feelings in this crisis such as fear, worry, boredom, nervousness, and discouragement, which led them to have no positive pregnancy experience under the theme of ‘unpleasant feelings during pregnancy’. These findings are also consistent with the current study. Bakouei and his colleagues also found sub-themes as ‘restrictions on social activities’ which is similar to our theme of ‘Loss of social Life’. According to their findings, the pregnant women complained about not being able to go to public places, not being able to buy for themselves and their newborn’s needs and not being able to make holiday plans, because of the pandemic. Similarly, in the current study, the mothers also complained about not being able to travel, meet with their friends in cafes and buy their babies' needs. Another sub-theme that they found is ‘virtual care’ which is also similar to our subtheme of ‘Functions of increased technology use’. According to their participants’ narratives, healthcare practitioners developed a WhatsApp or Telegram group for pregnant women to

address pregnant women's questions and concerns. In our study, mothers talked about the solidarity that their WhatsApp mother groups and mother influencers on Instagram which they received support from, instead of receiving this support from healthcare specialists. This difference in findings may indicate the insufficient number of healthcare professionals in Turkey in terms of support for pregnant or new mothers. Furthermore, unlike the current study, in the Iranian study, under the sub-theme of 'management of concerns', rituals related to beliefs such as praying, and lighting candles were mentioned to reduce the anxieties and worries of mothers. It is thought that this difference may be related to the differences in cultural beliefs.

Participants' answers generated another sub-theme which was titled 'I realized that my life has changed forever'. Here the participants emphasized how they were concerned about their identities and changing roles, and how they felt about their loss of self and appearance. These findings are in line with the sense of loss during the motherhood transition in the literature. A sense of loss has been recognized as a fundamental part of the transition to motherhood in the literature (Shelton & Johnston, 2006). Women's autonomy, time, identity, employment, and attractiveness are all affected (Shelton & Johnson, 2006). According to Stuart and Robertson (2012), being a mother is a big life shift in which women may idealize the benefits of their previous roles, such as independence, leisure time, and job focus. In this study, mothers stated that they could not spare time for themselves after becoming a mother and that they were no longer as independent as before. The psychological distress experienced by first-time pregnant women may be particularly acute since they were faced with new responsibilities (McMillan et al., 2021). 'Motherhood: A Challenging Journey' theme and its sub-themes captured the difficulties and changes associated mostly with the postnatal periods of mothers. Under the theme of 'Overwhelmed with responsibilities', mothers reported experiencing both physical and psychological exhaustion throughout the transition to motherhood, since women are responsible for the majority of childcare and housekeeping. Due to the pandemic's lack of adequate support mechanisms, this period was significantly more exhausting for the new mothers.

Furthermore, it should be considered that depression has also been connected to the conflict that might occur between a woman's expectations of motherhood and her actual experiences (Mauthner, 1999; Shelton & Johnson, 2006). In the current study, under the sub-themes of ‘I realized that my life has changed forever’ and ‘If there is postpartum depression, I lived it to the end’, the narratives of the mothers showed some differences and unpredictable difficulties between the motherhood experience they imagined, and the motherhood experience they lived. This could be discussed considering Stern’s (1998) claim about the discrepancy between the mother’s expectations and her experience of motherhood. Though some participants expected movie-like motherhood, they could only talk about the hardship of becoming a mother.

Although the mothers in the study were not given any depression scale, depressed narratives were observed in the interviews. During the interviews, it was observed that the mothers occasionally cried or teared up while describing their experiences. The participants were thought to be prone to postpartum depression, and their narratives did have the symptoms of postpartum depression. New mothers in the current sample were concerned about the exposure of their children and other family members, the impact of social deprivation on their children, and the long-term repercussions of the pandemic on children. Again, the results of the present study are consistent with the study conducted in Northeastern Italy (Zanardo et al., 2020, p. 84), which found that "concerns about the risk of exposure to COVID-19, combined with quarantine measures adopted during the COVID-19 pandemic, adversely affected the thoughts and emotions of new mothers, worsening depressive symptoms" and affecting their overall psychological functioning. According to McMillan et al., (2021) first-time mothers may be more prone to anxiety and depression than pregnant women. Besides, the transition to motherhood is a difficult time for women because they must learn a variety of parenting skills, adjust to new family bonds, and undergo significant physical and psychological changes (Zhu et al., 2021), all of which make them more vulnerable to mental illnesses (Biaggi et al., 2016). Anxiety and depression were common in pregnant women during COVID-19, according to the

results of another Turkish research, with rates of 64.5% and 56.3%, respectively (Kahyaoglu & Kucukkaya, 2020). Considering that women who entered motherhood during the pandemic period are psychologically more vulnerable after giving birth, it is significant to conduct larger scaled research in this area. According to Diamon et al. (2020), fear of mother or baby virus exposure, limited social support around childcare, and the gap between pre-pandemic birth and childcare expectations and actual reality may have led to a stressful postnatal time. The participants in the existing study did express worry over the COVID-19-related indicators of birth partner absence and visitor restriction following delivery. They were not allowed assistance when they likely needed it the most. The lack of birth partners and visitors after delivery, as well as the general reduction in social support and interactions with extended family and friends throughout pregnancy, led to greater feelings of stress and anxiety (McKinley, 2020; Thapa et al., 2020).

Moreover, as mentioned, becoming a mother involves social pressures that are unforeseen. According to Buultjens & Liamputtong (2007), if a mother was unhappy after giving birth, the stigma was usually linked to women, since mothers were seen to be incapable of coping with the demands of motherhood or to have failed to bond with their baby. Women are also typically expected to have only positive feelings about motherhood and to be the ideal mother that society portrays (Hare-Mustin & Broderick, 1979; Marshall, 1991). If they fail to meet this standard, they may feel guilty or blame themselves for their failures (Arendell, 1999). Parallel to the literature, the mothers in the study also talked about social pressure and prejudices while describing their motherhood experiences. They mentioned the guilt they experienced when they did not feel the emotions they should feel as they were told by society when they saw their baby for the first time. Social pressure has also led to the sub-theme of 'breastfeeding fascism'; mothers stated that they were overwhelmed and tired by the pressures and interventions from their social environment regarding breastfeeding and the statements as if a mother who cannot breastfeed could not attach to her child.

All in all, it is believed that the findings of the current study contributed to the literature by showing the difficulties and losses experienced by first-time mothers living in Turkey during the COVID-19 pandemic, and the importance of understanding these difficulties. Pregnancy, childbirth, and adjusting to life with a new baby could be joyful moments for a woman, but they may also be very stressful if they occur during a crisis like the COVID-19 pandemic.

4.1. Clinical Implications

The findings of this study have significant implications for clinical practice. The findings of the current study reveal the importance of understanding the postnatal experiences of first-time mothers during the COVID-19 pandemic. Many studies and theories are pointing out that the transition to motherhood, especially the first experience of motherhood, is a difficult transformation. The present study points out that women who have experienced motherhood for the first time may have had more difficulties due to the restrictions and difficulties caused by the pandemic. Therefore, this research will help therapists working with expectant mothers during the COVID-19 pandemic to become familiar with the extra challenges of this period. While working with a person who becomes a mother during this period, the therapist should keep in mind the effects of this period and try to understand the mother by taking these into account. In addition, it is thought that in the future, babies born in this period may also be affected by the difficulties experienced by their parents. Therapists who will work with children born during the pandemic period should also try to be attentive to the effects of this period on children. Therapists and schoolteachers must be more alert to the future social development of these children, due to the restriction of socialization in this period that coincided with their early socialization times, as seen in the statements of the mothers in the study.

According to Yan et. al (2020), taking care of pregnant and postpartum women's mental health needs during the COVID-19 epidemic is vital since prenatal and postpartum mental issues have harmful impacts on mothers, fetuses,

and children. As a result, health education, guidance, and monitoring of maternal mental health, breastfeeding, and parenting behaviors among pregnant women and their families are required, as well as, if necessary, prompt referrals to psychiatrists or pediatricians for further treatments. Also, the need of providing psychological assistance to the aforementioned population during this crisis is shown by our findings. Otherwise, negative outcomes may occur during pregnancy and postpartum period affecting both the mother and the baby. Moreover, given the mental health implications of a life-threatening epidemic for pregnant women and new mothers, organizational and personal resilience techniques should be studied. As a preventative measure for mental wellbeing, clear communication with frequent and accurate information about the epidemic should be offered. Emotional and behavioral responses are part of an adaptive response to extreme stress, and stress adaptation-based psychotherapy treatments may be useful. In times of epidemic or crisis, as mentioned by the mothers in the study, psychological support can be provided free of charge by the municipalities, especially for women who are pregnant or postpartum women. According to Nicolson (1999), when a woman enters motherhood, she needs to consider how her autonomy, physical attractiveness, sexuality, and jobs will affect her identity (Nicolson, 1999). Major changes happen in the family life with the arrival of a baby, for this reason, married couples should be trained and educated about parenthood before they begin to plan about having a baby. Mental health workers and/or nurses should be assigned to couples during pregnancies and after deliveries.

4.2. Limitations and Further Research

Certain research limitations should be mentioned. Firstly, although the participants' experiences were studied using semi-structured interviews, and the sample size and homogeneity were established by IPA requirements, it is crucial to point out that the study's conclusions cannot be generalized. Participants are a very homogeneous group of Turkish women from the upper class; just one mother

described her SES level as a middle-upper class, and their education level is likewise high. In a study done in Turkey, which aimed to examine the relationship between coping strategies, financial difficulties, social support, and psychological stress levels among Turkish midlife white-collar unemployed people in the Covid–19 period, it was found that psychological distress is moderately high for this group of unemployed people (Hatipoğlu & Tuncay, 2021). Also, a higher duration of unemployment and financial difficulties were associated with high psychological stress. In another study done in Tukey, which aimed to investigate the mental health burden of the Turkish population and vulnerable groups during the COVID-19 outbreak, especially exploring the effects of social support, it was found that lower education level and financial concerns were significantly associated with higher Depression Anxiety Stress Scales score (Kaya et al., 2021). Previous research has highlighted the impact of different income levels and unemployment on experiences during the COVID-19. Therefore, it is thought that it is important to focus on the experiences of people with different economic income levels in future studies. Moreover, although the age range was determined as 20-35 years among the criteria for participation in the research, the age range of the participants in the research was also collected in a narrower range which was between 29 and 35. Demographic and socioeconomic characteristics are also determinants of postpartum depression risk. There is a relation between the mother's age, poor socioeconomic positioning, lack of education; and a higher probability of depression symptoms (Milgrom et al., 2008). This study is a significant effort to get a comprehensive picture of the experiences of first-time mothers during the pandemic. However, more research may contribute to our understanding by examining mother populations of varying socioeconomic classes, races, ages, and ethnicity. Further, participants' overall physical and psychological health and marital quality probably also affect the well-being of these women during COVID-19, and those criteria were not considered in detail in the study.

Secondly, the researcher, who was both the interviewer and the coder at the same time, interpreted and coded the data to a considerable extent in this

qualitative study. Readers may view the researcher's bias as a potential limitation, even when the researcher applies some trustworthiness measures to ensure objectivity.

Thirdly, at the end of the interviews, mothers were asked how they felt about participating in this interview. All the participants stated that they were very relieved, that they had not shared this experience with anyone before, and that no one seemed to be aware of what they were going through. One of the mothers stated that when she saw the advertisement to participate in the study, she said, 'Finally, someone is doing something about what I'm going through and I can finally make my voice heard' and sent a request to participate quickly. Although the announcement of the research was only shared on social media, there were quite a lot of participant applications. Dozens of e-mails and messages were sent to the researcher's mailbox and Instagram account on the night the ad was posted. Some mothers sent long e-mails directly describing what they went through. At the same time, although the research participation announcement was shared only for the new mothers in Turkey, e-mails regarding participation were received from Turkish mothers who had motherhood experience in different countries such as Dublin, Australia, and Germany. As can be understood from here, it is very important to investigate the effects of COVID-19 on mothers and children in more detail, with mixed methods, and larger samples in different SES and cultures. One of the important concepts to be explored in the future is infant-parent attachment. As stated earlier in Martins & Gaffan's study (2000), mothers with postpartum mental health problems are less likely to form a secure bond with their newborn babies. In addition, research on the mother-newborn relationship has shown that newborns suffer when their caregivers are distressed (Beebe, 2005).

Finally, some studies discuss the COVID-19 pandemic period from the perspective of social trauma. When we consider the COVID-19 period as a social trauma, it could even have more effects. Therefore, to understand the long-term effects of COVID-19, it may be recommended to conduct a longitudinal study with new mothers and children who were born during the pandemic, for future reference. Another reason why mothers' postnatal experiences are so negative is

that the COVID-19 period may have traumatic effects on maternal sensitivity and parental reflective functioning capacities of some mothers. Ainsworth (1978) defined maternal sensitivity as maternal behaviors including recognition and accurate interpretation of newborn cues and the capacity to respond appropriately to those cues (Nicholls & Kirkland, 1996). In addition, the ability of mothers to recognize their infants' current behavioral state, pace their interactions in response to the babies' behavior, and encourage additional interaction was associated with more positive and prolonged infant interactions, including smiling, eye-to-eye contact, and vocalizations (Blehar et al., 1977). The parental reflective function is defined as the parent's capacity to contain her own thoughts and emotions, as well as those of her child. This is known as a requirement for the development of a secure attachment and other positive developmental outcomes (Slade, 2005). She emphasized that when this capacity is problematic or insufficient in early parent-child relationships, it might contribute to subsequent psychopathologies in the child. She noted, for instance, that when a mother's mind is obsessed with traumatic and stressful experiences and she cannot separate the child's mind from her own, it is very frightening for the child's mind and problematic for the child's self-organization. She is unable to mirror the child in a healthy manner. Moreover, higher levels of postnatal reflective functioning (RF) have been associated with more sensitivity during mother-child interactions (Grienenberger et al. 2005). Furthermore, lower postnatal RF has been associated with more negative maternal parenting behaviors, such as negativity, controlling parenting, and intrusiveness (Stacks et al. 2014). The COVID-19 period was extremely stressful and even traumatic for a great number of people. Therefore, it is recommended to investigate these two areas (maternal sensitivity and parental reflective functioning capacity) and to look at their effects on the mother-child relationship during and after traumatic live events.

In summary, isolation, social distance, and massive changes in everyday life may all raise the risk of depression in sensitive people like pregnant women and postpartum mothers. As a result, it is important to determine the psychological impact of the COVID-19 epidemic on both new mothers and new

fathers. In future research, using some depression and anxiety scales will be critical. Screening for perinatal and postpartum depression and anxiety has been suggested widely, and it should be the top focus during a global public health emergency. Moreover, it would also be significant to conduct a comparative study with families who were parents before the pandemic to understand the impact of COVID-19 on parents. All in all, despite the limitations, it is believed that the research provides a significant addition to the literature at a time when the whole globe is experiencing a shared crisis. The results provide some guidance to operationalize our participants' lived experiences into items for future mixed-method longitudinal research that will lead to interventions to mitigate the pandemic's negative impacts on perinatal women and new mothers.

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APPENDICES

APPENDIX A - The Informed Consent Form

Sayın Katılımcı;
Bu araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi olan Ecem Merve Altan tarafından Dr. Öğr. Ü. Sibel Halfon danışmanlığında yürütülmektedir. Bu çalışmada COVID-19 pandemi döneminde doğum yapan annelerin deneyimlerini araştırılmaktadır. Bu çalışma sonucunda pandemi döneminde doğum yapan annelerin doğum sonrasında yaşadıkları ve bu deneyimlerin annelik süreçlerine etkisini incelenecektir.

Araştırmaya katılım gönüllülük temeline dayanmaktadır. Çalışmaya katılmayı kabul ederseniz sizinle çevrimiçi olarak bir görüşme gerçekleştirilecektir. Görüşmenin yaklaşık 1-1,5 saat sürmesi beklenmektedir. Görüşmeler esnasında izniniz doğrultusunda ses kaydı alınacak ve araştırmacı not tutacaktır.

Bu araştırma bilimsel bir amaçla yapılmakta ve katılımcı bilgilerinin gizliliği esas alınmaktadır. Verdiğiniz tüm bilgiler gizli tutulacaktır. Ses kayıtları araştırma süresince yalnızca araştırmacının ve danışmanının erişimi olan bir harici bellekte muhafaza edilecek, araştırma sona erdiğinde silinecektir. Araştırma bulgularının sunumu ve raporlamasında kişi isimleri kullanılmayacak, elde edilen bilgiler toplu olarak değerlendirilecek ve bilimsel yayınlarda kullanılacaktır. Görüşme kaydınız ve kişisel bilgi formunuz çalışmanın bitiminden 5 yıl sonra tamamen silinecektir

Bu görüşmeye katılmanın, olumsuz bir etki yaratması beklenmemektedir. Ancak görüşme sırasında yanıt vermek istemediğiniz, size kendinizi rahatsız hissettiren sorular olursa bu soruları yanıtlamadan geçebilirsiniz. Görüşme sırasında dilediğiniz zaman kaydın durdurulmasını isteyebilirsiniz. Görüşme başlamadan önce, görüşme sırasında veya sonrasında dilediğiniz zaman soru sorabilirsiniz. Katılmayı kabul ettiğiniz takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden araştırmadan çekilme hakkına sahipsiniz. Araştırmadan

çekildiğiniz durumda verdiğiniz bilgiler değerlendirmeye alınmayacaktır. Bu çalışma katılımcılara, terapi ya da psikolojik destek vermek amacını taşımamaktadır. İstemeniz durumunda size psikolojik yardım alabileceğiniz yerler hakkında bilgi verilecektir.

Eğer bu araştırmaya katılmak istiyorsanız bu formun size iletildiği e-postaya cevaben **"Ekte gönderilen Bilgilendirilmiş Onam Formunu okudum ve anladım. Çalışmaya katılmayı ve ses kaydımın alınmasını kabul ediyorum."** cümlesini ve **adınızı-soyadınızı** yazmanız gerekmektedir.

Zaman ayırdığınız ve araştırmaya verdiğiniz değerli katkılarınız için teşekkür ederiz.

Çalışma hakkında daha fazla bilgi almak için Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Ecem Merve Altan (Tel: 05363231018; e-posta: mervealtan@hotmail.com) veya Dr. Öğr. Ü. Sibel Halfon (e-posta: sibel.halfon@bilgi.edu.tr) ile iletişim kurabilirsiniz.

APPENDIX B - The Demographic Information Form

1. Yaşınız?

   Belirtiniz:…….
2. Hangi ilde ikamet ediyorsunuz?
3. Belirtiniz:…….
4. Eğitim durumunuz?

   ( )İlkokul ( )Ortaokul ( )Lise ( )Üniversite ( )Yüksek lisans ( )Doktora

5. Mesleğiniz?

   Belirtiniz:…….
6. Bebekten önce çalışıyor muydunuz? ( ) Evet ( ) Hayır
7. Bebeğiniz olduktan sonra çalışmaya başladınız mı? ( ) Evet ( ) Hayır
8. Bebeğiniz olduktan sonra çalışmaya başladığınızda bebeğiniz kaç yaşındaydı?

   Belirtiniz….
9. Çalışma düzeniniz nasıl?

   ( ) Evden çalışıyorum ( ) Ofise gidiyorum ( ) Ofis ve Ev ( ) Çalışmıyorum

10. Çalışma saatleriniz nasıl?

    Belirtiniz:…….
11. Ekonomik gelir düzeyiniz? (Yıllık hane halkı kullanılabilir fert gelir ortalamasına göre seçiniz)

    ( )Alt (Yıllık Ortalama 9.000 TL)

    ( )Alt-Orta (Yıllık Ortalama 16.000 TL)

    ( )Orta (Yıllık Ortalama 22.000 TL)

    ( )Orta-Üst (Yıllık Ortalama 30.000 TL)

    ( )Üst (Yıllık Ortalama 66.000 TL)
12. Kaç yıllık evlisiniz?

    Belirtiniz:…….
13. Evliliğinizin kaçıncı yılında bebek sahibi oldunuz?

    Belirtiniz….
14. Eşiniz kaç yaşında?

    Belirtiniz:…….

15. Eşinizin eğitim durumu?

( )İlkokul ( )Ortaokul ( )Lise ( )Üniversite ( )Yüksek lisans ( )Doktora

16. Eşinizin mesleği?

Belirtiniz:…….

17. Eşinizin çalışma saatleri nasıl?

Belirtiniz:…….

18. Bebeğinizin doğum tarihi?

Belirtiniz:…….

19. Bebeğiniz kaç aylık?

Belirtiniz:…….

20. Bebeğinizin cinsiyeti?

( )Kız ( )Erkek

21. İlk hamileliğiniz miydi? ( ) Evet ( ) Hayır

22. Hayır ise; kaçıncı?

Belirtiniz:…….

23. Daha önce herhangi bir düşük deneyiminiz oldu mu? ( ) Evet ( ) Hayır

24. Evet ise; Lütfen zamanını yazınız.

Belirtiniz….

25. Bebeğiniz hamileliğinizin kaçıncı haftasında doğdu?

Belirtiniz:…….

26. Doğum nasıl gerçekleşti?

( )Doğal doğum ( )Sezaryen doğum ( )Epidural doğum ( )Suda doğum ()Diğer:……

27. Doğum sırasında veya sonrasında herhangi bir komplikasyon oldu mu?

Belirtiniz…….

28. Hemen doğum sonrasında bebekle tentene temas yapabildiniz mi? ( ) Evet ( ) Hayır

29. Odaya bebeğiniz kucağınızda mı çıktınız? ( ) Evet ( ) Hayır

30. Eşiniz doğuma girdi mi? ( ) Evet ( ) Hayır

31. Doğum esnasında hastanede yakınınız var mıydı?

Belirtiniz:…….

32. Doğum sonrasında yanınızda kim kaldı?

Belirtiniz…….

33. Bu kişi doğum sonrasında size ne kadar destek oldu?

Belirtiniz….

34. Şimdi bebek bakımında size destek olan birileri var mı? ( ) Evet ( ) Hayır
35. (34. Sorunun cevabı Evet ise cevaplayınız) Bebek bakımında size kim destek oluyor?
    Belirtiniz…..
36. Şimdi ev işlerinde size destek olan birileri var mı? ( ) Evet ( ) Hayır
37. (36. Sorunun cevabı Evet ise cevaplayınız) Kim size destek oluyor?
    Belirtiniz….
38. Gebelik esnasında veya doğum sonrasında siz ve/veya eşiniz COVID-19 geçirdiniz mi?
    Belirtiniz……
39. Bebeğinizde herhangi bir yeni doğan hastalığı oldu mu? (yeni doğan sarılığı, yeni doğan ishali, isilik, fıtık, pamukçuk vb.)
    ( ) Evet. ( ) Hayır
    Evet ise Belirtiniz:……..
40. Bebeğiniz sizce nasıl bir bebek?
    Belirtiniz….
41. Bebeğinizle ilgili belirtmek istediğiniz herhangi başka bir sorun varsa lütfen belirtiniz.
    Belirtiniz….
42. Doğum ertesi herhangi bir psikolojik zorluk yaşadınız mı?
    ( ) Evet ( ) Hayır
43. Evet ise; Bu zorlukla ilgili herhangi bir psikiyatriste başvurdunuz mu?
    ( ) Evet ( ) Hayır
44. Peki bu zorlukla ilgili herhangi bir ilaç kullandınız mı?
    ( ) Evet ( ) Hayır
45. Evet ise; ilacın adını ve miktarını belirtiniz:……
46. Bu zorlukla ilgili herhangi bir psikolojik destek aldınız mı?
    ( ) Evet ( ) Hayır
47. Evet ise; Ne kadar süre destek aldığınızı belirtin lütfen.
    Belirtiniz….

APPENDIX C - The Semi-Structured Interview Questions

Merhaba, öncelikle bu çalışmaya katıldığınız için teşekkür ederim. İhtiyaç duyduğunuzda ara verebiliriz. Bugün sizinle hamilelik ve doğum sonrası süreciniz hakkında konuşacağız. Size bu pandemi sürecinde geçirmiş olduğunuz hamileliğiniz, doğumunuz ve sonrasında yaşadıklarınız hakkında sorular soracağım.

HAMİLELİK & DOĞUM:

Öncesinde sizin için pandemi nasıl geçiyor? Hayatınızda neler değişti? Özellikle pandeminin ilk yılını düşündüğünüzde ruh haliniz nasıldı?

1. İlk olarak hamilelik sürecinizle başlayabiliriz. Pandemi sürecinde hamile olmak sizin için nasıl bir deneyimdi?

2. Sizi zorlayan etkenler oldu mu? (gerekirse; Sağlık durumunuz nasıldı? Psikolojik olarak neler yaşadınız? En iyi, en zor kısımları nelerdi?) Bu etkenlerden hangileri için yakınlarınızdan destek alabildiniz? (Eş, aile büyükleri, arkadaş desteği sorulabilir)

3. Pandemi sizce günlük rutinlerinizi nasıl etkilemiş olabilir? (Gerekirse: Karantina süreci nasıldı? İşinizi, sosyal hayatınızı nasıl etkiledi?)

4. Hamile olduğunuzu öğrendiğiniz an neler hissettiniz? Kendinizi anne olmaya hazır hissediyor muydunuz?

5. Hamileyken bebeğinizin nasıl bir bebek olacağını hissediyordunuz (ne gibi hayalleriniz, düşünceleriniz vardı?)

6. Pandemide bebek sahibi olmakla ilgili kaygılarınız ve korkularınız oldu mu? Evet ise; Neler?

7. Pandemi sürecinde doğum yapmak sizin için nasıl bir deneyimdi? (Gerekirse; Doğum nasıl gerçekleşti?)

8. Doğumdan sonra nasıl hissediyordunuz? (Gerekirse; Ruh durumunuz nasıldı?) Zorlandığınız anlar oldu mu? Evet ise; Sizi en çok zorlayan şey neydi?

9. Doğumdan sonra size destek olan var mıydı? Yanınızda kim kaldı? Bu destek size nasıl geldi? Neler hissettiniz?

10. Şu anda bebek bakımında size destek olan birileri var mı? Var ise; nasıl bir destek anlatabilir misiniz? Şu anda ev işlerinde size destek olan birileri var mı? Var ise; Nasıl bir destek anlatabilir misiniz?

11. Doğum sonrasında bebekle ilgili kaygılarınız ve korkularınız oldu mu? Evet ise; Neler?

12. COVID-19 oldunuz mu? Evet ise; Ne zaman? Nasıl geçirdiniz? Bu süreçte bebeğinizin bakımını nasıl sağladınız? Ailenizde başka kimler COVID oldu? (1.dereceden aile ferdi olduysa eğer; Bu kişinin COVID süreci nasıl geçti?)

13. COVID-19 aşısı oldunuz mu? Evet ise; Ne zaman aşı oldunuz? Aşı olmadan önceki karar verme sürecinizden bahsedebilir misiniz?

14. Bebeğinizi nasıl tarif edersiniz? Bebeğinizin günlük rutinleri nasıl?

15. Bebeğinizle ilgili yaşadığınız zorluklar nelerdir?

16. Bebeğinizle nasıl bir ilişkiniz var? Bebeğinizle ilişkinizi tanımlayan 3 sıfat/kelime söyleyebilir misiniz?

17. Bebeğinizi düşündüğünüzde onunla ilgili neler hissediyorsunuz? (Gerekirse; İlk kucağınıza aldığınızda neler hissetiniz?)

18. Bebeğinizi emziriyor musunuz? (Hayır ise; Ne zaman sütten kestiniz?) Emzirmek sizin için nasıl bir deneyim/deneyimdi?

19. Bebeğinizin ne istediğini veya neye ihtiyacı olduğunu nasıl anlarsınız?

20. Pandemi sürecinde anne olmak sizin için nasıl bir deneyimdi? Pandemi sürecinde anne olma deneyiminizi zorlaştıran unsurlar sizce nelerdi? Peki bu deneyimi kolaylaştıran unsurlar sizce nelerdi?

21. Sizce bebeğinizle ilişkiniz pandemiden nasıl etkilenmiş olabilir? Eşinizle ilişkiniz pandemiden nasıl etkilenmiş olabilir?

22. Hayal ettiğinizde anneliği pandemiden önce deneyimlemiş olsaydınız neler farklı olurdu? Pandemi olmasaydı bebeğinizle olan ilişkiniz nasıl olurdu?

23. Kendi deneyimlerinizden yola çıkarak düşünürseniz; bugün pandemide ilk kez çocuk sahibi olacak bir anneye neler önerirdiniz? (Gerekirse: İlk 3 öneriniz ne olurdu?)

24. Sizce pandemi sürecinde annelere ne gibi destekler verilmesi gerekirdi? (belediye vs.)

25. Bugün burada konuşmak, bu görüşmeye katılmak size nasıl geldi?

26. Sormak ya da eklemek istediğiniz bir şey var mı?

Çalışmaya katıldığınız ve verdiğiniz samimi cevaplar için çok teşekkür ederim.