REVIEW

Pregnancy and Childbirth during COVID-19 Lockdown in Patients under Treatment for Psychological Disorders

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ABSTRACT

This article aims to discuss the psychological consequences of the COVID-19 lockdown for patients being treated for psychological disorders and preparing for childbirth. Two clinical examples are used for illustration.

1. The COVID-19 Lockdown Impact on Pregnancy and Childbirth in Patients under Treatment for Psychological Disorders

COVID-19 teaches the priority of health without which there can be no economic or social wealth. So far, this very serious disease has caused “more than one million deaths and 33 million confirmed cases worldwide” [23], often resulting in long hospital stays in isolation and patients dying alone.

In addition to the physical disease, COVID-19 has had traumatic and post-traumatic effects on the psyches of many people [12,15,20,22]: foremost on patients who have been hospitalized and, although they have survived, have undergone major stress caused by the fear not only of dying, but of dying in solitude without being able to see family members due to the no-visitor policies of hospitals. On the other hand, there is the shock of losing a parent, a partner, a son or daughter. The grief of losing a loved one is coupled with frustration because the person was unable to be with the sick relative in the final moments of life, was left with the agony of knowing the loved one suffered alone, or felt traumatic devastation in the case of the sudden onset of the disease.

On another level, some are in a constant state of anxiety due to the possibility that they might become sick, a possibility that has existed for many months now and shows no sign of declining. This is causing psychosomatic
disorders even in people who have not caught the virus. Another important source of stress is the fear of job loss for those with small businesses or temporary contracts, or the fear of long-term unemployment for the jobless \[19,17,22\].

In families, this state of alarm has been inevitably perceived by children, who, as a consequence of the lockdown and orders not to leave the house, go to school, play at the park, or meet with friends, have shown stress-related symptoms such as fear, anxiety, difficulty sleeping at night, eating disorders, and even learning and developmental loss (poor academic performance in school-age children and diaper regression in younger children).

Another important group that has been affected and is still affected by the negative psychological consequences of the disease is pregnant women and new mothers during lockdown, particularly those already suffering from anxiety and depression due to pre-existing personal issues \[2,4,5,10,11,18,24\]. The extent of their needs depended very much on each woman’s personality and temperament and/or economic and social status. However, what all the women shared was an intense fear of contracting the virus from other hospital patients and of having to deliver the baby without their partner. They felt isolated in their homes, frustrated about being unable to see relatives or friends and sharing with them their emotions, and felt they were in the shadows since all of the attention was focused on the pandemic. They furthermore felt deprived of the joy of expecting a child and going shopping for baby clothes and essentials.

What we observed at the Women’s Psyche Center in Melloni Hospital was that the COVID-19 pandemic has exacerbated symptoms of anxiety and depression in pregnant patients, particularly those with one or more risk factors: pre-existing psychopathologies, mood disorders, low socio-economic level and education, recent immigration, unplanned pregnancy, obstetrical complications, low perception of social support, troubled relationship with their partner or single parenthood, stressful life events \[14\].

The lockdown has also affected patients in that it has weakened protective factors such as the ability to gain in-hospital access to support services during pregnancy and post-partum, the perception of partner and family support (e.g., the partner is so concerned about the pandemic that he is unable to care for the woman’s emotional needs), socio-economic level (e.g., job loss or fear of unemployment).

Moreover, it is worthy to note that during the lockdown many patients suffering from anxiety, depression and psychiatric disorders faced challenges accessing mental health services in hospitals and often were simply unable to do so. This circumstance increased the risk of worsening psycho-pathologies such as post-partum depression, impulse control disorders, anxiety attacks, substance abuse, and eating disorders \[5,10,19,16,24\].

More specifically, there was an increased risk that the parent who was depressed, emotionally imbalanced or anxious because of economic stress could not manage the child alone and would mistreat the child \[6,9,17,13\] whether by neglecting the physical and emotional needs of the child, being verbally or physically aggressive in response to the child’s cries or requests (even risking shaking the crying baby and causing head trauma), or being overly concerned that the child might become sick during this time of enormous difficulty and referring excessively to their pediatrician, doctor and any maternity and newborn services available \[13,7,8\].

2. The Women’s Psyche Center at Melloni Hospital of Milan (Italy)

The Women’s Psyche Center was instituted in Milan in 2004. The Center is committed to providing health and maternity care for women and is part of the Psychiatric Services available at Macedonio Melloni Hospital, a public hospital for women and infants.

The Center offers care to women who suffer from psychiatric disorders and psychological issues during particular phases of their life cycle: the premenstrual period, pregnancy, post-partum and perimenopause.

With the aim of helping prevent maternal psychopathology, the Center offers assistance during labor and birth preparation classes organized by Melloni Hospital. The obstetrics and gynaecology, pregnancy pathology, and puerperium departments also receive assistance from the Center.

Women recommended by their GMPs, pediatricians, and private doctors are typically referred to the Center.

The Center’s psychiatrists provide over-the-phone consulting to other medical professionals on what medication is safe to prescribe during pregnancy and breastfeeding or pregnancy planning.

Counseling and psychological support is offered to mothers and couples who seek help in coping with the emotional toll of having their newborn hospitalized in a neonatal intensive care unit.

The Women’s Psyche Center is composed also by a team of psychiatrists, who over the years have developed high expertise with particular respect to drugs that can be effectively used in the perinatal period. The doctors continuously revise indeed the international literature to stay up-to-date with the new scientific evidences.

In the first psychiatric session, the biological and hor-
monal risk factors are assessed to minimize side effects on an existent psychopathology or recurrence. The psychiatrists explain the risks and benefits of treatment considering the different bio-psycho-social model for each patient. The psychiatrists also carry out a psycho-educational drug intervention with the patient and with the partner too.

The Center also works to raise awareness among women about psychopathological consequences on mother-baby dyads and on the newborn/baby. To this end, the Center regularly hosts “infant-mother observation” meetings held by developmental psychologists of the Neuropsychiatry Unit of Childhood and Adolescence of Sacco-Fatebenefratelli Hospital. The meetings help new parents on various levels, from recognizing and preventing psychopathological risks that could affect the baby, to teaching the parental couple how to prevent any evolutive risks, to identifying protective factors in the familiar and social background.

The Center’s team is assisted by psychomotility therapists specialized in newborn massage who observe mothers or couples during the newborn’s massage treatment. Regular meetings are also scheduled with the psychiatrists and/or psychologists of new mothers to discuss their case, after newborn assessment and treatment.

The Center also features an Outpatient Therapy Program which consists of assessment, diagnosis, risk evaluation, and treatment of women’s antenatal and postnatal psychopathologies (anxiety disorders, post-partum depression, bipolar disorder, post-partum psychosis, psychological maladjustment to maternity changes).

A treatment path is personalized for each mother, who receives specific therapy indications and treatments. The program is modulated and adapted to the characteristics of the patient and a therapeutic pathway is scheduled for a maximum of two years, from pregnancy to when the baby is 18 months.

During the first visit, a psychiatrist or a psychologist meets the woman, depending on the severity of the supposed illness at the moment the woman contacts the Center and if any pharmacotherapy is necessary.

Several follow-ups are scheduled to monitor the medication plan, any symptomatology, and/or the recommended psychotherapy plan.

Psychotherapy is flexible and patient-centered. Individual cognitive-behavioral psychotherapy, dynamic psychotherapy, and systemic psychotherapy are all available. The Center’s medical professionals arrange a series of generalized psychoeducational talks to discuss perinatal disorders, emotion deregulation, symptoms, and available resources for women, partners and relatives.

Selected and motivated women receive trans-diagnostic group psychotherapy based on Linehan’s program.

Therapy is also offered to new parents who need support with parenting. New fathers (husbands or partners) are involved as a support figure or when they themselves display mental disorders or difficulties in adapting to new fatherhood.

The Center’s treatments focus on:

1. Home care: A psychiatrist and pediatrician observe and treat affected mothers at home. A psychologist observes family members in the home environment and treats women who are unable to access the Center. The duration of the project is in accordance with the grant agreement.

2. Volunteer home visits: Volunteers trained to support patients with psychiatric disabilities visit selected patients at home. The volunteers then report to psychiatrists and psychologists in the Center and together arrange supervised sessions.

3. Recurrent miscarriage: Gynacologists and psychologists collaborate to manage women affected by recurrent miscarriage. The Center addresses psychological areas such as recurrent loss, fear of infertility, decision-making regarding Assisted Reproductive Technology.

4. Pregnancy loss: Psychologists meet and support women or couples who have suffered a loss due to fetal death or undergone pregnancy termination for fetal anomalies. They encourage the grief process and feelings related to their loss.

5. Premenstrual syndrome and premenstrual dysphoric disorder: Psychiatrists collaborate with gynaecologists about diagnosis and management of specific symptoms and effective pharmacological and non-pharmacological treatments. In addition, a dedicated CBT program is arranged to help patients recognize the feelings and thoughts that contribute to distressed mood and functional impairment.

6. Menopause: Assessment consulting on symptomatology and pharmacotherapy is provided by psychiatrists during the perimenopausal phase of transition to menopause.

The Center also promotes training courses for healthcare professionals who work at Melloni Hospital in the perinatal area. The aim is to improve assistance for women affected by psychopathologies and, in general, to increase maternity health in a woman-centered environment in hospitals. The Center’s psychiatrists and psychologists also train interns of the School of Specialization in Psychotherapy.

Prevention and awareness campaigns about perinatal psychopathologies and women’s health aimed at the general public are also promoted during public events or spe-
specific conferences.

In addition, the Center has recently launched Shareraadio.it, a new project in collaboration with WebRadio Underground Milan, and created its own Women’s Journeys radio program. The goal is to promote a healthy culture of women, children and family, connecting the Center to other mental health services across Milan and involving patients and healthcare professionals.

In response to the COVID-19 pandemic emergency, a network of four hospitals (Melloni, Fatebenefratelli, Sacco, and Buzzi) has launched a new mental health service called “SOS Healthcare Professional Stress” for all healthcare professionals involved in caring for patients affected by COVID-19. The Center at Melloni Hospital has arranged a first aid psychological service to help medical workers cope with the psychological and physical pressures the outbreak has put on them. Psychiatrists and psychologists hold meetings or consultations over the phone to help these professionals manage compassion fatigue, distress from long and tiring shifts, anxiety symptoms, traumatic stress disorders. As far as prevention, the SOS Service also gives pointers on how to handle job stress and promote adaptive responses.

3. First Clinical Example: Childbirth during the COVID-19 Lockdown

This example illustrates the case of a woman in her eighth month of pregnancy during the COVID-19 health emergency.

We will attempt to analyze her feelings of isolation due to the lockdown and the emotional aspects associated with a Cesarean delivery in a subject whose psychological fragility came to light during pregnancy.

Already a mother to a two-year-old girl, the patient is a woman of 35 years who arrived at the Center prior to the lockdown at the recommendation of her gynecologist for an anxiety issue linked to natural childbirth. This pregnancy had been wanted and planned.

During the post-partum of her first daughter, the patient had shown symptoms likely of a depressive nature and had not been treated. She had delivered the child naturally and suffered medical problems for which the patient had had to undergo specific treatments. The pain and treatments seemed to have exacerbated a pre-existing vulnerability.

The past experience of a difficult childbirth and the psychological condition during post-partum resurfaced as the birth of the second child grew near.

During a routine visit with her gynecologist, the decision to have an elective C-section was made. The patient was relieved, but the fear of reliving the psychological struggles she had experienced during the first months of maternity still lingered.

When the lockdown happened, further fears added to the patient’s existing concerns.

It was agreed that the patient would continue her weekly therapy sessions over the phone in order to provide her with emotional support during this complex time of pregnancy and unexpected social isolation.

The emotions and thoughts that emerged during those weeks had mainly to do with her feelings of loneliness, distance from her parental network, and lack of practical support. The patient was home alone with her daughter since her husband’s work commitments meant that he could not be present during the day.

How could we guarantee safety and support during her pregnancy and after the birth? A legitimate question since it is known that a lack of practical and emotional support represents a risk factor for the development of post-partum depression, and even more so in an already vulnerable subject who has a history of emotional difficulty during the post-partum period.

But this was certainly not the only aspect we had to consider. The patient also felt further anxiety on account of not knowing what the hospital stay would entail or how the Cesarean section procedure would take place.

Considering that this situation was new to the therapist as well, the question was what strategy would be useful in assisting the patient manage the emotional burden of pregnancy at this phase in the middle of a lockdown?

We ensured psychological support in an effort to assist her in processing and managing the anxiety she felt as a result of isolation.

It was important that she be able to express and share her concerns, while we took steps to provide practical personal strategies and identify enjoyable activities for her to engage in.

Our priority was to guarantee a sense of security and consolidate the patient’s stable internal images of her loved ones since the negative emotions seemed to also relate to a feeling of abandonment.

Reinforcing the idea that she was not alone proved to be an effective tool in reducing the effects of isolation. The patient was encouraged to maintain contact with her loved ones through various communication channels, video calls being the most appreciated and useful.

Her home, just as her womb for her unborn child, became a safe haven.

As already mentioned, another complicated aspect that the patient was fearful of was having to face a C-section during the COVID-19 emergency. This was not what she
expected or imagined her birthing experience to be.

Because of the healthcare emergency, it was not possible for her husband to be by her side. She was thus deprived of her partner’s symbolic protection.

With the support of the gynecologist and the obstetrical team, she was fully informed as to what her hospitalization during lockdown would imply. Having this information helped offset some of the uncertainty of an already uncertain moment.

Although she had received reassurance, knowing that her husband could see her and the newborn after the birth following safety protocols and only for a few minutes left her feeling bewildered.

In this case, it was useful for her to think of others, specifically the medical staff, as positive figures and to instil in her the idea that once in the hospital she would receive all the help she needed.

The therapist also worked to explore the woman’s own internal resources with the aim of boosting her sense of self-effectiveness.

Finding new ways to “stay connected” made it possible for the patient to enjoy the “welcome” ritual and introduce the newborn to friends and family through group video-calls.

In conclusion, containing and restructuring the patient’s anxieties most likely helped the patient implement functional strategies that enabled her to enjoy her maternity, even in such complicated times.

4. Second Clinical Example: A “Traditional” Family during the COVID-19 Lockdown

Carla had her second child in August 2019. She had a difficult pregnancy because of an internal medical problem, which required hospitalization and surgery on an abdominal vein. She is 37, married, and her first child is a 7-year-old girl. Before her second pregnancy she worked full time as a caregiver for an elderly woman, in addition to looking after her daughter and doing the housework. While she was pregnant, her sickness caused a lot of pain and exhaustion, to the point that she had to stop working and was put on bed rest. Carla’s husband also worked full time, so when he came home, he was tired and just wanted to relax. The couple’s roles fit the traditional mold.

While Carla was in the hospital, her husband cared for their daughter, did the housework, and continued working full time. He was worried about his wife, and he was unusually kind and affectionate.

After the delivery, Carla came home with the second child only to find that the domestic dynamics had shifted back to their original state. All the housework was once again on her shoulders and she alone was left to look after the newborn. After a few weeks she was exhausted, moody, frayed, and angry with her husband. She came to the realization that their relationship was unsatisfactory and she demanded he be more considerate and well-mannered. The couple’s constant yelling and arguments were taking their toll. Her patience with the children was unstable, but she never acted out against them.

Carla benefited from pharmacotherapy and psychotherapy; the meetings at the Center were the only time she had to herself and they were productive. Carla became self-proficient, but then COVID-19 and the lockdown happened. Fortunately, she continued with her psychiatrist and psychotherapist over the phone, even though Carla’s husband objected to her medical treatment, drugs, and psychotherapy.

During the outbreak she stayed home, looking after the 9-month-old child and her older daughter, whose learning went on-line as elementary schools were closed down. Like many parents, mainly mothers like her, Carla had to teach and explain lessons to her child.

Carla lost her job. As a source of added stress, social isolation underlined the inflexibility of the role between husband and wife and exacerbated the couple’s conflicts.

Carla’s husband became even more anxious and controlling. They were living together 24/7 during the lockdown and Carla struggled to make decisions during their repeated arguments. When the contagion ended, he still forbade her to go out for fear of the Coronavirus, and their quarrelling increased.

Carla has been carrying on her psychotherapy by phone. She is learning anger regulation, to be assertive, to recognize her needs, to explain her reasons without screaming, and to forgo expectations, which only result in disappointment, if she wants to receive compliments and affective rewards for her efforts towards the family, children’s education, and housework. She wants to be a good example for her children. Now she is trying to accept her husband and his limitations. “He had a bad childhood, too” she says. She plans on staying with him as long as she can and is looking for a job.

5. Conclusions and Future Research

The pandemic and lockdown have highlighted our human fragility from a biological, psychological, and even social standpoint. In addition to death and sickness, it has caused and is still causing severe traumatic and post-traumatic stress disorders in both adults and children. Fear of contracting the disease and of job loss has depleted our sense of security and trust in others; a colleague or friend can...
suddenly become the bearer of disease and death.

More specifically, for patients who already suffered from depression, anxiety and psychiatric disorders, the pandemic has worsened their ability to face pregnancy and the post-partum period. The risk of child maltreatment and neglect and domestic violence has become dangerously high, especially since patients now have only limited access to mental health services. Hospitals like Macedonio Melloni- Women’s Psyche Center have been pivotal in offering online support to these patients and helping families to reduce these serious risks.

Coming research will continue to measure the negative effects that lack of available treatment due to the COVID-19 lockdown has on patients during pregnancy and in the post-partum period for both parents and children.

References


