

Isolation, Fear and Anger: GGC Sociologists Research Pregnancy During COVID-19 Crisis

GGC sociologists, Drs. Beth Cavalier and Pamela Regus, conducted a study titled “Isolation, Fear, and Anger: The Impact of the COVID-19 Pandemic on Pregnancy and Childbirth.” It was published in 2022 in *Sociation* (vol 21) in a special issue. The article’s title appeals for all kinds of reasons. Cavalier’s and Regus’s study makes sense of some of those reasons. We interview them to both understand why and to learn about their article.

What was the motivation or inspiration to write this article?

Cavalier: I was pregnant in 2020, and my experiences about Covid are inexorably linked to how it felt to be pregnant during this unprecedented and scary time. I'm a sociologist, so I'm always interested in the sociological implications of things, and I knew Dr. Regus had done her own research about pregnancy, so it felt like a good fit to work together to examine the phenomenon sociologically.

What findings surprised you?

Cavalier: I wasn't especially surprised by the findings. If anything, I felt a connection to our respondents because many of them experienced very similar emotions that I did during pregnancy and through childbirth. It was especially interesting to talk to the participants who had multiple children, before and during Covid, because they had a frame of reference around their own experiences. Even in talking to others today who are part of the cohort who gave birth during significant Covid restrictions (2020 - 2021), I think there is still a lot of unprocessed grief about that entire time period.

Regus: The most surprising thing was the strong emotional responses the mothers had in recalling their pandemic pregnancy experiences. The fear and isolation, and the resulting sadness, caused by the pandemic really highlight the very social nature of reproduction that goes beyond the couple and includes family, friends, and community.



Drs. Beth Cavalier (L) and Pamela Regus (R) co-wrote a study on an underappreciated aspect of the COVID-19 pandemic. Their article page 1, below.

[Isolation, Fear, and Anger](#)

[Cavalier & Regus](#)

Isolation, Fear, and Anger: The Impact of the COVID-19 Pandemic on Pregnancy and Childbirth

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Abstract

This study examines the effect of COVID-19 protocols on women who gave birth during the pandemic. We examine the perinatal experiences of a small sample of mothers and contrast the medical model of perinatal care that focuses on the body-at-risk with the midwifery model that focuses on holistic care. Findings from this study show that both models advocated a more medicalized version of perinatal care during the pandemic that limited women's voice in the process of prenatal, childbirth, and postnatal care. The effect on our respondents resulted in feelings of anger, isolation, fear, and overwhelming sadness. The study highlights the social nature of pregnancy and childbirth and the importance of social support during the transition to motherhood.

Keywords: Pregnancy, Pandemic, COVID-19, Disability, Midwifery

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Introduction

In December 2019, the first coronavirus disease 2019 (COVID-19) case was reported in China. By March 2020, the World Health Organization (WHO) officially declared COVID-19 a pandemic (Cucinotta and Vanelli 2020), and widespread cases in the United States led to a significant public health response, including shutdowns, mask mandates, the shuttering of many schools, and restrictions on most public spaces. In addition, nearly every industry rapidly pivoted to providing services in new ways, including hybrid school instruction, telehealth medical appointments, online grocery shopping, and virtual participation in many aspects of social life. As cases in the United States rose and states tried to control the outbreak, governments and medical facilities issued quickly changing protocols for medical treatment, as hospitals strained under the weight of treating escalating cases, hospitalizations and deaths.

In New York City, one of the early epicenters of the outbreak, the state health department advised hospitals to bar partners, spouses, or other support persons such as doulas from assisting in a woman's labor and delivery in order to reduce the risk of

exposure to COVID-19 for hospital staff and healthcare workers (Gan-Or 2020). However, a public outcry against the ban recognized the physical and emotional support women need during labor and delivery and caused a reversal of the policy, backed by an executive order from Governor Andrew Cuomo that would allow one support person to assist (Gan-Or 2020). Hospitals and birthing centers around the rest of the United States quickly followed New York's lead, settling on policies that generally allowed only one caregiver or support person during and after delivery (Rothman 2021).

As the situation in New York City demonstrated, in the scramble during the early days of the pandemic, pregnant women were treated as a medical problem to be solved and were denied agency in their decision-making around their labor and delivery experiences. Hospital spokespeople quickly assured the public that all decisions regarding policies were made "with the best of intentions and safety of the mother, baby, and our staff as our guiding principle" (Van Sycle and Caron 2020), and other medical experts supported a no-visitor policy, noting that "saving lives was more important" than the emotional benefits of a support person. Advocacy from midwives and doulas helped

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147

Fear and Isolation Continued

A recent report (March 2023) suggested that the risks for pregnancy and the actual death rate for women in pregnancy and childbirth has actually increased in the USA. Is this consistent with the findings of your article, and what do you make of the report?

Cavalier: The U.S. has something like 3 times the rate of maternal mortality when compared to other industrialized nations, and as of 2021 Georgia had the highest rate of maternal mortality in the United States. These numbers are even more stark for Black women in particular. In Georgia, the total maternal mortality rate is 46.2 maternal deaths per 100,000 live births for all women, and 66.6 per 100,000 for Black women: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8679596/#:~:text=However%2C%20these%20steps%20have%20yet,births%20for%20African%20American%20women.> Pregnancy can literally change your bone structure permanently, and on a personal level, I had some health consequences that caused me to have one major surgery already and the continued likelihood of future surgeries. And as the data in the link indicate, it can also kill you. Yet state legislatures are increasingly criminalizing lifesaving reproductive healthcare and forcing girls and women to undergo this process against their will.

What do you think our health care system could be doing better with respect to its treatment of women during childbirth?

Cavalier: The health care system in general is complicated and confusing in so many ways that it doesn't need to be. When it comes to pregnancy and prenatal care, there are different kinds of appointments and different kinds of scans that are sometimes done by different kinds of doctors and the cost of all of these is mysterious and convoluted. The same is true for hospital births.

You get random bills from doctors that you didn't know you had seen. Now, in many states, should a person who is pregnant experience a miscarriage or loss or other serious complication, they also have to navigate the legal system and jump through hoops that put their lives at stake because lifesaving treatment and medication is no longer available to them.

The health insurance system also makes it difficult to center the experiences of pregnant women—it is harder to get coverage for things like doulas or midwives or birthing centers, for example. And the follow-up care for people after birth is abysmal. Most women only

have ONE follow-up appointment, six weeks later, even if they had a c-section, which is major abdominal surgery. In contrast, most newborns have three appointments in the same time frame. It is very easy for both mental and physical postpartum complications to slip through the cracks, sometimes with tragic consequences.

You titled your article "Isolation, Fear, and Anger: The Impact of the COVID-19 Pandemic on Pregnancy and Childbirth." Do you think people are still feeling isolated, fearful and angry as the country and world open back up after COVID-19 related shut downs?

Cavalier: There are so many areas of social life that are in flux and experiencing rapid social change, and on an interpersonal level it weighs on people. Pregnancy was one unique way to experience the Covid pandemic, but there were plenty of other groups of people who had similarly complicated experiences. We are going to be unpacking everyone's complicated emotions about all of that for years to come.

What can we do to avoid anger, fear and isolation?

Regus: Try to say something to people we interact with daily -- at the grocery store, the classroom, the restaurant or Starbucks. That brief interchange takes you out of yourself and for a moment you focus on someone else. It starts to build your awareness of the contributions you make to others.

"It feels like we have been in a three-year-long fight or flight response, which is not good for our nervous system in general."