BABIES IN LOCKDOWN

Listening to parents to build back better

August 2020

best beginnings
working to give every child the best start in life

HOME START

Parent-Infant FOUNDATION

Our organisations

Best Beginnings works to inform and empower parents of all backgrounds during pregnancy to their child's fifth birthday, giving them the knowledge and confidence to look after their mental and physical health and to give their children the best start in life. In collaboration with parents, professionals, other charities and academics, we develop, disseminate and evaluate our core service, the free NHS-approved Baby Buddy app.

Through personalised and empowering daily information and 300+ films, Baby Buddy guides parents through pregnancy and early childhood and links them to other support including the 24/7 Baby Buddy Crisis Messenger service. In line with our commitment to reduce inequalities, Baby Buddy is a "Proportionate Universalism" intervention; universally available across the UK, it is disproportionately used by parents whose voices are seldom heard and whose children are at increased risk of poor outcomes. Best Beginnings convened the Early Years Digital Partnership, of which Home-Start UK and the Parent-Infant Foundation are both members, is a member of the Maternal Mental Health Alliance and sits on the steering group for the First 1001 Days Movement, an alliance of over 140 organisations.

Home-Start is a local community network of trained volunteers and expert support that is helping families with young children through their challenging times. We are there for parents when they need us most because childhood can't wait. Home-Start works with families in communities right across the UK. Starting in the home, our approach is as individual as the people we are helping. No judgement, it is just compassionate, confidential help and expert support.

Families struggling with postnatal depression, isolation, physical health problems, bereavement and many other issues receive the support of a volunteer who will spend around two hours a week in a family's home supporting them in the way they need. Across all four nations of the United Kingdom, 13,500 home-visiting volunteers support over 27,000 families and 56,000 children to transform their lives. There are almost 200 local, independent Home-Starts working in 71% of local authority areas across the UK. Home-Start UK is a member of the Maternal Mental Health Alliance and sits on the steering group for the First 1001 Days Movement.

The Parent-Infant Foundation is the national charity proactively supporting the growth and quality of specialised parent-infant relationship teams across the UK. There are currently only 30 of these teams. They are infant mental health teams that work with families experiencing severe, complex and/or enduring difficulties in their early relationships, where babies' emotional wellbeing and development is particularly at risk.

Through collaborative leadership we grow more local teams and support the sustainability of existing ones; we increase the quality of parent-infant teams; we generate evidence to create a compelling case for further investment and we campaign at the national level on behalf of babies and their families. The Parent-Infant Foundation is a member of the Maternal Mental Health Alliance. In addition, the Foundation also provides the secretariat to the First 1001 Days Movement of which we are also a member.

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Foreword

Lockdown has been a seismic shock for every family and community. Sadly, the voices of the hardest hit have been heard the least. This report sets about to change this by exploring pandemic and lockdown reflections from a diverse group of expectant and new parents during the critical first months and years of their babies' development. As family support systems withdrew and the world socially distanced, we reached out and listened to the experiences of newborn babies and their parents.

As charities that exist to support families, parents and children, Best Beginnings, Home-Start UK and the Parent-Infant Foundation were alarmed that the voices of parents with new babies have been absent from key pandemic responses. As a result, we worked with Critical Research to survey 5,000 new and expectant parents on their lockdown experiences and found a mixed picture, shining a light on huge disparities between different families and communities.

From the fear of infection at hospital appointments and economic anxiety, to isolation from loved ones and lack of face-to-face support from frontline services, the aftershocks are being felt across social and geographic demographics. Some parents reported enjoying the benefits of a slower life and more time together at home, many more reported anxiety, confusion, grief and loss. All have had to navigate huge uncertainty but the experiences of this have been dramatically unequal.

As we begin to rebuild after the pandemic, our research highlights how important it will be to move beyond pre-pandemic support structures for families. We need to shift from the patchy, fragmented and decimated family support landscape to a nurturing society that supports the caregiving capacity of parents during their transition to parenthood. Support and services should wrap around the needs of families and communities. This will happen if parents are enabled to take a lead in designing better systems, working alongside charities, community groups, and statutory services.

For this vision to become a reality, we call for an immediate Baby Boost investment for COVID-19 generation babies, families and communities to mitigate the detrimental impact that the pandemic is having on infant and parental mental and physical health. Alongside this, we urge the Westminster Government to develop the Parent-Infant Premium – a mechanism to provide longer-term, sustainable investment in effective support for families that addresses the inequalities faced by too many babies – and for the devolved nations to spend the funds in the best way they identify to narrow gaps in outcomes. Together these investments will improve outcomes, save money, reduce inequalities and avoid a multi-generational post-pandemic lottery.

The time for action is now. The future of a generation of babies born during and after this pandemic depends on us building back better.

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Founder and CEO of Best Beginnings

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Executive summary

Introduction

Lockdown has been disruptive and challenging for everyone. Our survey reveals the disproportionate impact of COVID-19 and subsequent measures on those pregnant, giving birth or at home with a baby or toddler. For generations, no other group of parents has had to navigate pregnancy, birth and beyond under such extraordinary circumstances.

The evidence is unequivocal that the first 1,001 days of a child's life, from pregnancy to age two, lay the foundations for a happy and healthy life. The support and wellbeing of babies during this time is strongly linked to better outcomes later in life, including educational achievement, progress at work and physical and mental health.[1]

We know that 2,000 babies are born in the UK every day, which means that over 200,000 babies were born when lockdown was at its most restrictive, between 23rd March and 4th July. Our survey suggests that the impact of COVID-19 on these babies could be severe and may be long-lasting.

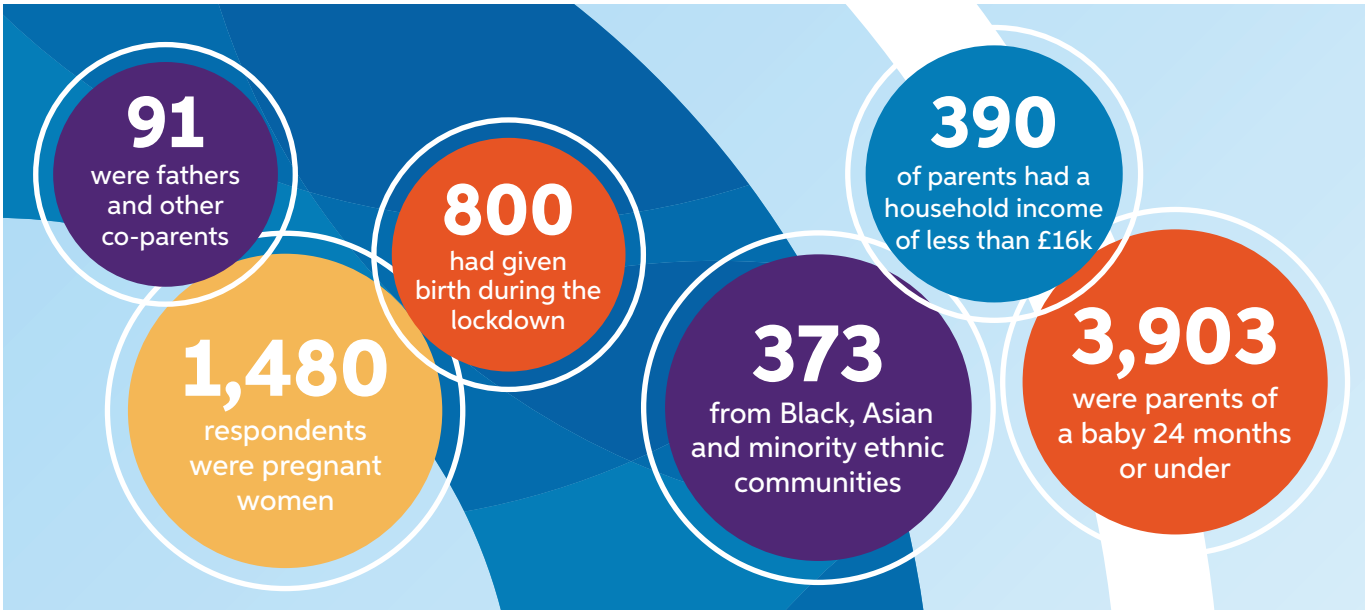
Background to the survey

Best Beginnings, Home-Start UK and the Parent-Infant Foundation, all leading organisations advocating for parents and babies, commissioned Critical Research to work with them to gain insights into the impact COVID-19 is having on babies and their parents of all backgrounds from across the UK.

The online survey was live between 29th April and 3rd June 2020.

They were supported by young parents and influencers from Black, Asian and minority ethnic communities in the development, testing and promotion of the survey in their endeavour to capture and represent the experiences of parents of all ages and backgrounds.

Our survey had 5,474 respondents:



Some respondents fall into more than one category.

1. Center on the Developing Child (2007). The Science of Early Childhood Development (InBrief). Retrieved from www.developingchild.harvard.edu.

Headline findings

COVID-19 has affected parents, babies and the services that support them in diverse ways

Differences in the experiences of lockdown, of care and support received and in accessing information and support were striking.

Some parents struggled enormously and described feeling abandoned or falling through the cracks, while others thrived. Some services were badly affected, others stepped up and did more than ever.

Families already at risk of poorer outcomes have suffered the most

Many families with lower incomes, from Black, Asian and minority ethnic communities and young parents have been hit harder by the COVID-19 pandemic. This is likely to have widened the already deep inequalities in the early experiences and life chances of children across the UK.

We are conscious that a survey of this type is unlikely to have reached the families with the very highest levels of need, for whom the impacts are likely to be profound.

The pandemic will cast a long shadow

Our survey reflects the adversity already experienced by many families and this is only the beginning.

The pandemic will cast a long shadow, both in the increased stressors on caregiving relationships and in the secondary impacts on parents and babies themselves.

1 The impact of COVID-19 on babies

Almost 7 in 10 (68%) parents felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.

"I planned to enrol my 15-months-old (in March) to a nursery to help him with his social skills – he does not say words and is not responding to his name which worries me. Not this is not possible [sic], I suspect his development is possibly behind but can do nothing about it at the moment. My 4 months old has only seen his brother, father and my face. I'm worried about his development also, I planned to take him to various classes, meet other mums with babies – this is also not possible at the moment."

A mother, 37 years old from Greater London. She has a four-month-old baby and a 15-month-old child. Her first language is not English, she is White, living with her partner and their household income is £30k-£60k.

A third (34%) of respondents believed that their baby's interaction with them had changed during the lockdown period.

"I have been crying for hours on end, having anxiety and panic attacks which are all out of the ordinary for me. This has affected my nine month old son who has seen me experience this and has been more tearful and clingy with me… My son is hating me working from home because he doesn't understand why mama is ignoring him when he can hear me and is now super clingy with me. He had never had screen time or seen me use a mobile before this. Now most of his social interactions are online and he doesn't understand why I am locked away 35 hours a week in the bedroom."

A mother, 38 years old from Scotland. She is 28 weeks pregnant and has a nine-month-old son. Her first language is English. She is White, married or in a civil partnership and their household income is £60k-£90k.

One quarter (25%) of parents reported concern about their relationship with their baby, and one third (35%) of these would like to get help with this.

"My two-year-old has become violent and upset quite a lot of the time due to this. He's finding it hard just seeing and being in contact with two people. I fear for the effects this lockdown will have on him later in life."

A mother, 24 years old from Scotland. She is five months pregnant and has a two-year-old child. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.

Almost half (47%) of parents reported that their baby had become more clingy. One quarter (26%) reported their baby crying more than usual. The numbers of those reporting increases in babies crying, having tantrums and being more clingy than usual was twice as high amongst those on the lowest incomes than those on the highest. More parents aged 25 and under reported babies crying and being more clingy than usual.

"He is clingy with parents and brother as that's the only people he has really seen the last couple of months. He doesn't get to go to baby clubs. He has limited places to visit."

A mother, 33 years old from the West Midlands, England. She has an eight-month-old child. Her first language is English, she is Asian, married or in a civil partnership and their household income is less than £16k.

2 The impact of COVID-19 on parents

The experiences we gathered from parents about the impact the pandemic has had on them are diverse and fall broadly into three themes.

a. The impact of COVID-19 on the health and wellbeing of parents

6 in 10 (61%) parents shared significant concerns about their mental health.

"My anxiety is through the roof and I'm trying to get professional help with it to manage, but I've been told there is a long waiting list."

A mother, 39 years old from South East England. She has a one-month-old child. Her first language is English, she is White, living with her partner and their household income is £60k-£90k.

A quarter (24%) of pregnant respondents who cited mental health as a main concern said they would like help with this, rising to almost a third (32%) of those with a baby.

"I feel lost in the world. I am mentally, psychologically and emotionally in a standstill."

A mother, 32 years old from North West England. She has a four-month-old baby. Her first language is English, she is Black, widowed, divorced or separated and her household income is under £16k.

Only around 3 in 10 (32%) were confident that they could find help for their mental health if they needed it.

"Struggling with accessing mental health support during my pregnancy – not sure who I am able to call. I was told I would be referred to perinatal mental health services, but was told nothing about when they would contact me and I have no idea how to get hold of them. I am struggling so bad right now and the worst part is I have extreme anxiety when it comes to phone calls which seems to be the only option at the moment."

A mother, 29 years old. She is currently nine weeks pregnant. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.

Almost 9 in 10 (87%) parents were more anxious as a result of COVID-19 and the lockdown. There was a notable variation amongst respondents who reported feeling "a lot" more anxious: White 42%, Black/Black British 46%, Asian/Asian British 50%, Parents 25 years old or under 54% and parents with a household income of less than £16k 55%.

"My eldest son has ADHD so it has been hard on him. I'm in a lot of pain with a bad back and really need some sort of physio or to be able to go swimming but can't. We're all very anxious about money."

A mother, 28 years old from the West Midlands. She is 16 weeks pregnant and has a son with ADHD. Her first language is English, she is White, living with her partner. She is a frontline NHS, social care or healthcare worker and their household income is under £16k.

b. The impact of COVID-19 on the parenting journey

Two thirds (68%) of parents said their ability to cope with their pregnancy or baby has been impacted by COVID-19. The percentage of all respondents that reported their ability to cope was affected "a lot" was 16% and this figure was significantly higher amongst Asian/ Asian British respondents at 26%.

"I think I'm struggling with postnatal depression due to COVID. I was fine before as I was going to places, doing things, going to classes. But now being stuck at home with in laws has had an effect especially being worried about COVID. Not being able to see my parents, one of them has dementia so its been very difficult dealing with guilt. I think I'm suffering from low self esteem and therefore I feel detached from my baby. I feel as though she doesn't see me. I could be wrong and just needs some help."

A mother, 32 years old from the West Midlands. She has an eight-month-old baby. She is Asian/Asian British, married or in a civil partnership and their household income is £30k-£60k.

It has been isolating and lonely for many.

"It's made a challenging time unimaginably hard and lonely."

A mother, 22 years old from South East England. She has a newborn baby. Her first language is English, she is White, living with her partner and their household income is £16k-£30k.

Some expectant and new parents have found a silver lining at this time.

"The impact of no other visitors was positive for us as my baby was more settled and I actually took time to speak to other mummies and share experiences. Which is different from my previous experience in hospital."

A mother, 25 years old from Northern Ireland. She has a newborn baby. Her first language is English. She is White, living with her partner and their household income is £30k-£60k.

c. The impact of COVID-19 on parents that are working on the frontline

Nearly half (46%) of NHS, social care or other healthcare staff who are pregnant or have young children are concerned about staying safe at work. They told us that they feel let down and unprotected in their workplace. Those from Black, Asian and minority ethnic backgrounds felt this especially acutely.

"I am a frontline NHS healthcare professional, our guidance has been completely different to non NHS. I was expected to be patient facing including seeing COVID patients until a petition was sent and the guidance was eventually changed weeks later – yet if you were pregnant in any other profession you'd been working from home. It's funny how this seemed to fit with worries about staffing – the sceptics would suggest the NHS couldn't afford to loose a load of pregnant healthcare workers! We're not more immune because we work for the NHS."

A mother, currently 31 weeks pregnant, 31 years of age. Her first language is English, she is White, married or in a civil partnership and their household income is over £90k.

3 The impact of COVID-19 on care, services and support

In the antenatal period

Nearly 4 in 10 (38%) pregnant respondents were concerned about getting reliable pregnancy information and advice.

Perceived access to information appears to be a core part of managing anxiety. Those who answered 'yes' to the question 'have you had the information you needed?', who also reported feeling 'a lot more anxious' as a result of COVID-19 were half the number who answered 'no' to the same question.

"I feel I've had little support from my epilepsy team during pregnancy. Pregnancy related appointments for my epilepsy have been cancelled with no rescheduled date – why couldn't this be done via phone?"

A mother, 34 years old from South West England. She is currently 40 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

Respondents in the lowest income bracket felt less equipped with the information they needed during and after their pregnancy compared with those in highest income bracket (23% with an income under £16k vs. 16% of those with an income over £90k).

"There is very little information on how COVID-19 can effect myself or my baby if I get it. I also waited a long time for contact with the midwife despite having serious complications in past pregnancy."

A 26-year-old from the North West of England who is 12 weeks pregnant. She is White, married or in a civil partnership and their household income is £16k-£30k.

Fewer Asian/British Asian and Black/Black British respondents felt they had the information they needed during pregnancy or after birth compared to White respondents (28% and 23% vs 19% respectively). Black/Black British respondents were less likely to have accessed information and support via the web or apps.

"Feel very anxious about how much more dangerous it is for black mothers at the moment, and lack of acknowledgement/information around this from midwife and authorities."

A mother, 36 years old from Greater London. She is currently 29 weeks pregnant. Her first language is English, she is mixed race, married or in a civil partnership and their household income is over £90k.

Over a third (34%) of those who gave birth during lockdown stated that care at birth was not as planned.

Depending where they live this varied from around 1 in 5 (South West, 21%) to 3 in 5 (West Midlands, 62%) not receiving care as planned.

"I had a traumatic birth and had to go into hospital to be induced due to being two weeks overdue. I was unable to have my birth partner (husband) with me until on the labour ward, this affected me emotionally. After birth when I returned to the maternity ward following a C-section I had to go without my husband and remain there on my own, again this affected me emotionally…"

A mother, 31 years old from South East England. She has a newborn. She is White, married or in a civil partnership and their household income is £30k-£60k.

In the postnatal period

Just 1 in 10 (11%) parents of under twos have seen a health visitor face-to-face.

"Not having face-to-face visits with health visitors or midwives in the weeks following the birth, makes me anxious that she hadn't been "checked" for any potential health concerns which may have arisen after birth. i.e. skin conditions, feeding, weight gain or loss."

A mother, 31 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

Over half (55%) of respondents are breastfeeding, but over half of those (53%) using formula had not planned to do so. In the South East of England this figure rose to 60%.

"Baby not feeding so sent home with care plan. This failed as midwife refused to come to the home to provide breast pump (couldn't buy one as shops shut) resulting in no way to feed baby. Midwife over phone essentially just said you'll have to bottle feed!"

A mother, 34 years of age from the West Midlands. She has a one-month-old baby. She is White, married or in a civil partnership and their household income is over £90k.

Just over a quarter (28%) of those breastfeeding feel they have not had the support they required.

"Difficulties with breastfeeding one-month twins. Difficult for me but they will still be fed. However if we have to resort to using formula as a result of a lack of breastfeeding support then this could well affect their future health!! Formula is NOT a substitute for breastfeeding and there's no reason why breastfeeding can't work with proper support!"

A mother, 42 years old from South West England. She has two one-month-old babies. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.

Respondents cited a variety of concerns about care.

"I'm pretty sure I have PND* but I don't feel the NHS has the time to help me at the moment."

A mother, 36 years old from North West England. She has a ten-month-old child. Her first language is English, she is mixed race, married or in a civil partnership and their household income is £30k-£60k.

*Postnatal depression

Whilst some respondents valued digital health appointments, they left others feeling exposed and humiliated.

"On day 6 my episiotomy stitches burst and became infected. The delivery suite told me to contact the community midwife, who told me to contact my GP. I was advised by the GP receptionist that I would have a telephone consultation with the GP but I needed to provide photos of the wound and infection. This felt completely wrong, a complete invasion of my privacy, as I was being asked to send an email containing photos of my vagina and perineum to a generic GP practice email address to ensure I could receive antibiotics for the infection."

A mother, 31 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

A call to action – our policy proposals

This report focuses on the impact of COVID-19 on families, but many of the problems discussed existed before the pandemic. The crisis exacerbated and illuminated issues such as the gaps in services and care for families during pregnancy and the first few years, as well as the inequalities in early experiences and outcomes. Therefore, the struggles described by the families participating in this survey are unlikely to disappear when the virus is under control and lockdown lifts.

Some sectors of the UK economy and society may be keen to return to normal after lockdown, but 'normal' was not good enough for our youngest children and their parents. This pandemic presents a unique opportunity for a seismic shift in thinking and action.

Sustainable investment in the support structures for babies, children and families is long overdue. We must not only restore our depleted services. We must also harness the voices of parents of all backgrounds to find new solutions, innovate and build systems of support and services that deliver to their needs and the needs of their children in the 2020s and beyond.

There must be sustained and thoughtful investment in public services, charities, communities and families to enable post-COVID-19 rescue, recovery and repair. We need to build support and services to enhance the caregiving capacity of parents so that all children can receive nurturing care and thrive, not just survive.

To that end, we propose three specific fiscal measures to address the unique needs of this cohort of parents and babies and to drive lasting change:

1. A one-off **Baby Boost** to enable local services to support families who have had a baby during or close to lockdown.
2. A new **Parent-Infant Premium** providing new funding for local commissioners, targeted at improving outcomes for the most vulnerable children.
3. **Significant and sustained investment** in core funding to support families from conception to age two and beyond, including in statutory services, charities and community groups.

These measures are urgently needed for the parents whose earliest days with their children have been irrevocably changed and for a generation who, at the very start of their lives, have been failed by existing support mechanisms. COVID-19 has been enormously damaging but it also presents a unique opportunity to ensure we protect those who have felt its effects hardest, by building back better with support structures that prevent this degree of harm from occurring again.

Background to the **Babies in Lockdown** report

COVID-19 has affected babies, parents and the services that support them in hugely diverse ways.

The findings in this report demonstrate the impact on different aspects of families' lives and we highlight where there were significant differences between particular groups, such as those from Black, Asian and minority ethnic communities, young parents or those on the lowest incomes.

What is evident is that this pandemic did not affect families equally and those already experiencing adversity and challenge were more likely to see this exacerbated during the lockdown.

About the parent survey

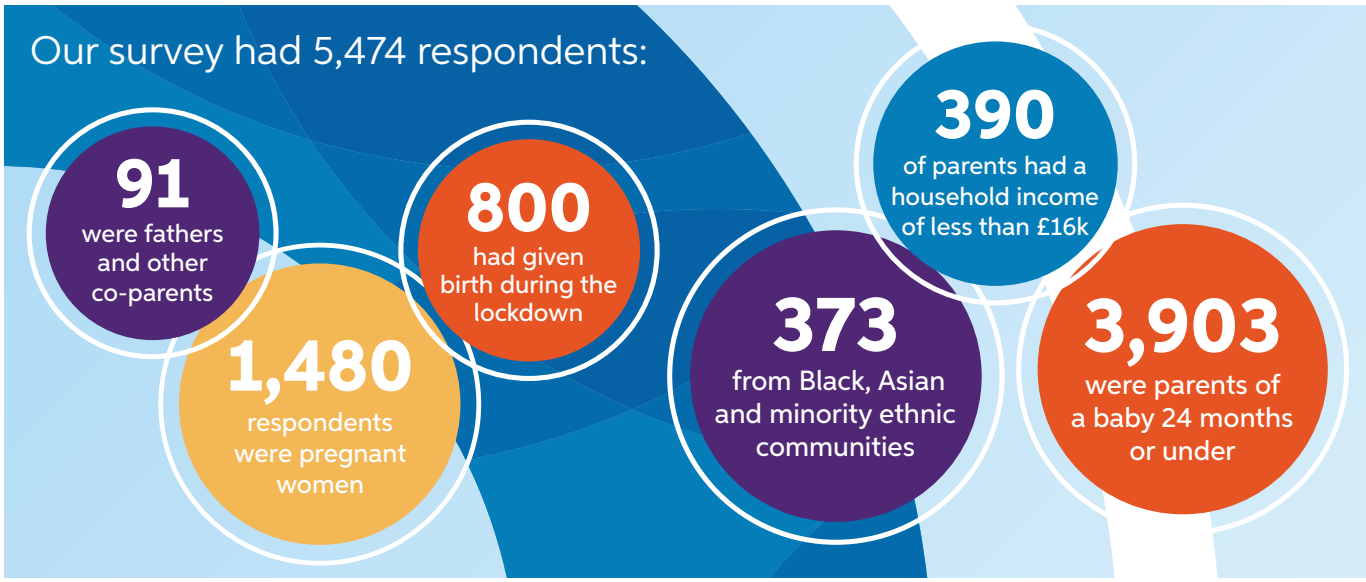
As lockdown began, it became evident that the needs of the families we serve were being overlooked. Seeking to learn more about the experiences of pregnancy, birth and life at home with a baby at this unique time and building upon a COVID-19 survey that Best Beginnings had delivered to users of the Baby Buddy app earlier in lockdown, together we launched our joint online survey hosted by Critical Research. Our survey contained a mix of closed and open-ended questions offering the opportunity for parents to say more about their experiences, if they chose to do so.

Our survey was disseminated across the four nations of the UK through our combined networks and social media channels, including the support of the Maternal Mental Health Alliance. We made particular efforts to reach parents from seldom-heard communities, including trialling the survey with a diverse group of parents before its launch and working purposefully to ensure that our data represented the experiences of a broad range of voices not usually represented in research, such as same sex, Black, Asian and minority ethnic, single parent and low income families, as well as families whose first language is not English. To do this, we actively collaborated with diverse influencers and community connectors, seeding the survey outwards from these individuals and using their platforms to bring marginalised voices into the conversation.

Over the duration of the survey period, from 29th April to 3rd June 2020, we gathered 5,474 responses. The qualitative and quantitative findings of the survey form the basis of this report. It captures the experiences of a cohort of babies and their parents under circumstances such as we have never seen before. The findings build a complex picture showing wide regional variations, inequalities between different communities and the emotional rollercoaster and challenges that parents have faced.

A total of 373 parents from Black, Asian and minority ethnic communities completed the survey which, as a percentage of the total survey wasn't fully representative. However, despite this, their voices come through loud and clear in both the qualitative and quantitative findings and have informed our policy recommendations.

Significance testing was conducted between the response to questions based on the demographic variables (eg: ethnicity, age and income). This found differences between groups which were statistically significant. These findings informed our recommendations and will be written up in academic papers in the coming months. The full data-set and analysis will be made publicly available in August 2021.



Some respondents fall into more than one category.

Survey findings

1 The impact of COVID-19 on babies

There is clear, compelling evidence that the first 1,001 days, beginning in pregnancy, are a significant and influential phase in development. This is an age of opportunity. During this time, children need nurturing care from their parents and caregivers.[1] Parents want to give their baby the best start in life and need a supportive environment for them and their child to really thrive. Some parents need extra support to overcome challenges and to be able to provide nurturing care for their babies.

Supporting families in the first 1,001 days will improve the future health, wellbeing, learning and earning potential of the next generation. This time lays the foundations for children's developing emotional wellbeing, resilience, and adaptability, the competencies they need to thrive.[2] Our survey found that the lockdown made parenting much more difficult for many families, and parents were concerned about the impact the pandemic had on their unborn babies, babies and toddlers.

In the survey parents were invited to reflect on what their babies would be saying if they had words. A sample of these imaginative quotes can be found in Appendix 3.

Almost 7 in 10 (68%) parents felt the changes brought about by COVID-19 were affecting their unborn baby, baby or young child.

"I hope I'm wrong, but I am concerned about parent baby bonding and the impacts of my stress on baby development. I'm also concerned about the lack of access to birthing classes and antenatal exercise."

A mother, 29 years old from South East England. She is 20 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

"I'm currently living with my mum my 6 year old sister and my 9 month old son. It's been a nightmare there's no privacy I don't have any space or time to myself which I really need especially with my mental health issues. Even when it comes to my online counselling appointments I constantly feel like they are being listened in on. My mum is always shouting at my sister because she won't do her work which jus creates a hostile environment for me and my son. I suffer with anxiety and depression which keeps me up most nights n then my son doesn't sleep well so I barely get any sleep. I'm constantly tired there's always noise and it makes it hard for me to deal with my son in a patient matter because I'm constantly annoyed an on edge. I just want to move out and get my own place. Even in my own room I don't have privacy because my mum just walks in whenever to put things in and take things out I'm just really sick and tired."

A mother, from the North West. She has a nine-month-old baby. She is Black/Black British, single and her household income is under £16k.

1. World Health Organisation (2018) Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential.
2. First 1001 Days Movement (2020) Consensus Statement. Retrieved from 1001days.org.uk.

One quarter (25%) of parents reported concern about their relationship with their baby, and one third (35%) of these would like to get help with this.

"My daughter is 19 months and very active. We live in a small flat so have always been very social and active, going out and meeting friends and engaging in activities and groups. I worry about her development, the changes in her routine, changes in nursery (keyworker provision so she is still attending but is not with her peers, most other key worker children are 3/4) loss of family contact. I am more snappy with her and I worry about how this will affect her emotional development and our relationship."

A mother, 35 years old, from South East England. She is nine weeks pregnant. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

Almost half (47%) of parents reported that their baby had become more clingy. One quarter (26%) reported their baby crying more than usual. The numbers of those reporting increases in babies crying, having tantrums and being more clingy than usual was twice as high amongst those on the lowest incomes than those on the highest. More parents aged 25 and under reported babies crying and being more clingy than usual.

"My boy has become very attached and clingy to myself as he doesn't spend any time away from me at the moment. His behaviour has also taken a bit of a turn for the worst as I believe he is getting frustrated that he can't run around to burn some of his energy off."

A mother, 26 years old from Wales. She is currently 22 weeks pregnant and has a toddler. Her first language is English, she is White, living with her partner and her household income is £16k-£30k.

A third (34%) of respondents believed that their baby's interaction with them had changed during the lockdown period.

"Definitely affecting the social interaction of my 18m old as he doesn't socialise with other young children like he did at nursery, is missing out on developing relationships with family members and is getting very attached to having my husband and I around all the time, which will probably result in separation anxiety later."

A mother, 29 years old from South East England. She is currently 24 weeks pregnant and has an 18-month-old child. Her first language is English, she is White, married or in a civil partnership and her household income is £60k-£90k.

"I wasn't so bothered at the start but now I'm really getting fed up and worried, I feel bad for my children especially the younger two who haven't been out for the past 2 months, my 5 year old keeps getting emotional and frustrated and asking "when is the coronavirus is going?""

A mother, 39 years old from the West Midlands England. She has a 22-month-old child and a five-year-old child. Her first language is English, she is Asian, married or in a civil partnership and her household income is less than £16k.

Changes in sleep patterns were noted by almost a fifth (19%) of parents.

"She is no longer in her routine, is a lot more crying and her sleep pattern is out."

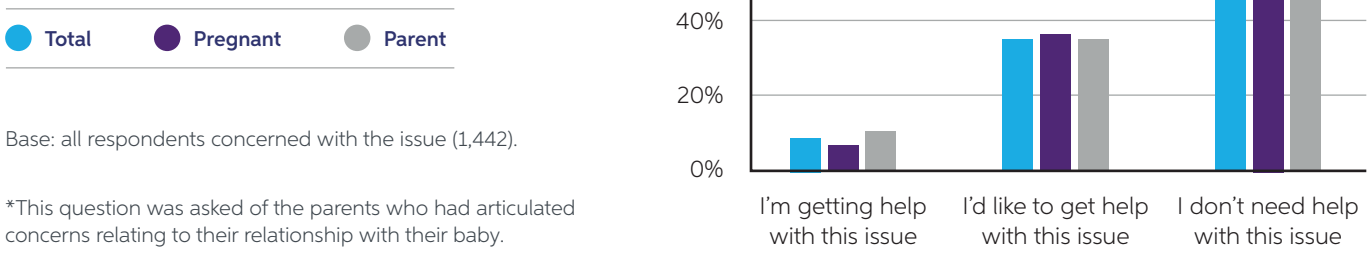
A mother, 36 years old from Wales. She has a one-month-old child. Her first language is English, she is White, married or in a civil partnership and their household income is £16k-£30k.

1.1. Parents' relationship with their baby

Just over a quarter (26.3%) of the parents in our survey were concerned specifically about their relationship with their baby. Of these, over a third (35%) would like to get help with this.

Figure 1. Percentage of parents that would like to get help with an issue they have identified in their relationship with their baby*

Are you getting help with this issue, would you like to get help with this issue if you could, or do you feel you don't need help with this issue?



Base: all respondents concerned with the issue (1,442).

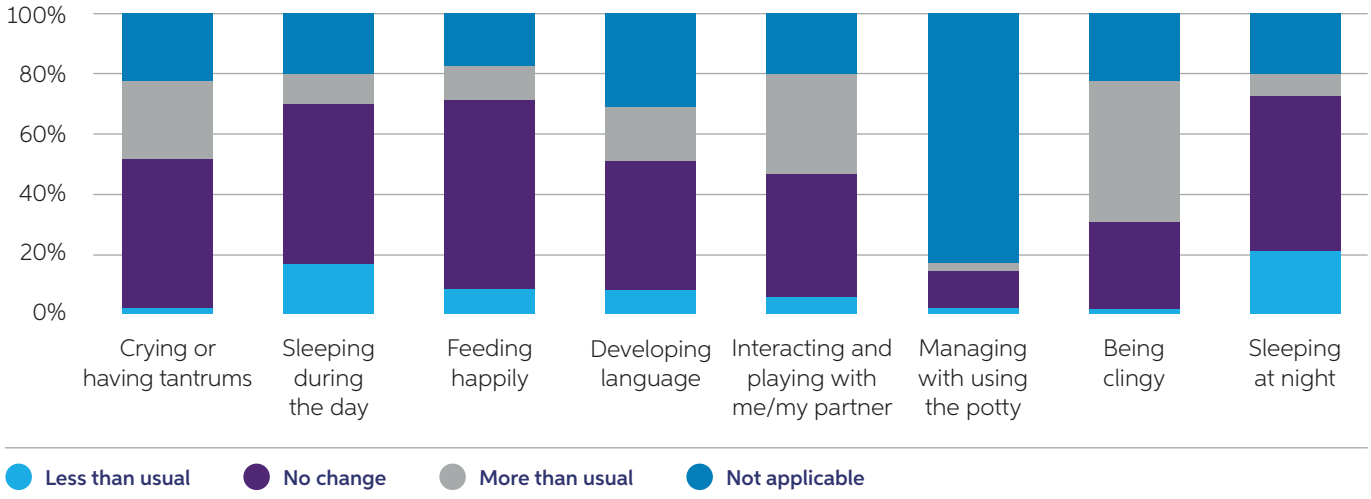
*This question was asked of the parents who had articulated concerns relating to their relationship with their baby.

1.2 Changes in babies' behaviour

We were interested to learn more from our survey respondents about the impact of the lockdown and consequent changes in family lives, on babies. Many respondents felt that their babies' behaviour had changed because of the lockdown.

Figure 2. Understanding changes in baby/young child behaviour because of COVID-19 and the stay at home advice

Q21. Has your baby's behaviour changed because of Covid-19 and the stay at home advice?



Our survey findings demonstrated that groups already known to be at higher risk of poor outcomes, such as low income families, young parents and those from Black, Asian and minority ethnic communities were more likely to have a difficult experience of lockdown. The differential impacts of the pandemic and the lockdown for particular groups of expectant parents and parents of babies must be recognised. Urgent measures are needed that will address the adversities experienced by those families disproportionately affected and acknowledge the crucial phase of development in the early years that has been so disrupted.

CASE STUDY

Case study: Fim is 35, lives in London and is a mother to a two-year-old.

Lockdown has been so stressful, especially early on when we couldn't even go out for fresh air. My daughter picked up on how I was feeling – she became very clingy in a way she'd never been before, I couldn't even shower properly because she got so upset.

Before lockdown she was fine – now I feel she could sense what was going on and it even made her feel depressed. There was no exercise and no activity…

Knowing my friends were all facing their own issues during the pandemic, I couldn't really speak to them and it made me feel more isolated. I hope there's not another lockdown – it's been such a hard time, especially for people worried about financial security and job losses.

Our survey showed that households with an income under £16,000 were significantly more likely to report an adverse effect on their babies' behaviour during lockdown. Two fifths (43%) of respondents in this bracket said their babies cried more during lockdown, compared to almost a third (29%) of respondents in the next highest bracket.

Table 1. Baby's behaviour: crying or having tantrums – by income

Q21. Has your baby's behaviour changed because of COVID-19 and the stay at home advice?

Crying or having tantrums	Under £16,000 per year	£16,000 - £30,000 per year	£30,001 - £60,000 per year	£60,001 - £90,000 per year	Over £90,000 per year
Less than usual	2%	2%	2%	1%	2%
No change	38%	47%	50%	52%	56%
More than usual	43%	29%	26%	21%	18%
Not applicable	17%	22%	22%	25%	25%

Base: all respondents who have given birth in the last 2 years/have partners that have given birth in the past 2 years (3,965).

More than two thirds (64%) of respondents with an income of less than £16,000 felt that their babies were more clingy during lockdown, compared with half (52%) in the next highest bracket, a trend that continues with increasing income.

Table 2. Baby's behaviour: being clingy – by income

Q21. Has your baby's behaviour changed because of COVID-19 and the stay at home advice?

Being clingy	Under £16,000 per year	£16,000 - £30,000 per year	£30,001 - £60,000 per year	£60,001 - £90,000 per year	Over £90,000 per year
Less than usual	1%	1%	1%	1%	2%
No change	18%	26%	29%	33%	38%
More than usual	64%	52%	48%	41%	35%
Not applicable	17%	22%	22%	25%	25%

Base: all respondents who have given birth in the last 2 years/have partners that have given birth in the past 2 years (3,965).

Similar variations were seen when we looked at the data by age of respondent, with the youngest feeling that their babies were crying more than usual, not far off double the number of those in the oldest age bracket expressing this.

Table 3. Baby's behaviour: crying or having tantrums – by age of respondent

Q21. Has your baby's behaviour changed because of COVID-19 and the stay at home advice?

Crying or having tantrums	25 or younger	26-30	31-35	36-40	41+
Less than usual	2%	2%	2%	2%	4%
No change	36%	46%	49%	55%	60%
More than usual	37%	28%	25%	23%	22%
Not applicable	25%	24%	24%	20%	14%

Base: all respondents who have given birth in the last 2 years/have partners that have given birth in the past 2 years (3,965).

There is a complex interplay between parental anxiety and distress and infant experiences and behaviour. Whilst the data does not tell us what has caused the changes, the findings are very concerning and do not augur well for child development.

Parent-Infant teams supporting families during COVID-19

Parent-Infant FOUNDATION

The Parent-Infant Foundation supports the growth and quality of specialised parent-infant relationship teams around the UK, of which there are currently only 30. These teams bring together a range of highly skilled professionals to support and strengthen the important relationships between babies and their parents or carers.

Parent-infant teams generally work at two levels:

- **They offer direct support for families** through a range of interventions where early relationships are experiencing severe, complex and/or enduring difficulties, where babies' emotional wellbeing and development is particularly at risk.
- **They are expert advisors and champions for parent-infant relationships.** They support the local workforce to understand and support parent-infant relationships, to identify issues where they occur and take the appropriate action.

Mahida, aged 25, and her then 21-month-old son were referred to the NEWPIP service in Newcastle because Mahida had postnatal depression and was finding motherhood difficult, especially bonding with her son. As Mahida describes, "I worked with a therapist for almost a year – it helped me understand that I wasn't the only one experiencing motherhood in the way I did, and my relationship with my son has really strengthened now. Throughout lockdown, we've continued to have support from our family via Zoom. I would have really struggled during lockdown without this help."

Prior to lockdown, almost all work of parent-infant teams was face-to-face. During lockdown they have adapted to deliver services by phone and online. Families have responded differently to remote working. Those experiencing poverty, chaotic homes or more significant difficulties have been particularly disadvantaged, often lacking the devices, data, Wi-Fi and/or safe, calm space to engage. Some families have thrived in the virtual space, where it is easier for them to "attend" appointments. Many young parents find the increased use of WhatsApp and other text or video-based services familiar and welcome.

Practitioners too have different experiences of working virtually. Most are concerned that it is harder to establish how the baby is and to assess and monitor any safeguarding risks without being able to see the wider context and read families' non-verbal cues.

Most workers describe the change in the work as moving from therapeutic endeavour to listening, containment, help with practical needs such as finance or getting food, or stress management. Many practitioners are anxious that the child's voice has been all but lost from the work.

Alongside offering therapeutic work during the crisis, parent-infant teams have also played their wider role, championing infant mental health and supporting universal and targeted services.

As well as the switch to phone and video therapeutic work, The Little Minds Matter: Bradford Infant Mental Health Service have recognised the stress facing families, and have worked at pace with local partners, like Public Health, to create a video to help parents who were struggling to care for a crying baby which has been widely accessed via social media. Connecting with other professionals has continued, virtually. For example, in June they ran a webinar with an international expert, attended by over 200 people.

At the start of lockdown, parent-infant teams saw a fall in referrals as other universal services stopped seeing families. Referrals have increased and it is expected that they will rise significantly as contact with other services resumes and either new or exacerbated relationship difficulties are identified. Where the pressures of lockdown have increased family stress, babies now need relationship support more than ever.

2 The impact of COVID-19 on parents

2.1 Impact on parental health and wellbeing

2.1.1 How parents are feeling

The survey asked people 'Which three words best describe your mood over the past five days?' Most of the words given were negative – anxious, tired, low, stressed, frustrated, lonely, sad, bored, emotional, worried, exhausted.

However, happy was the second most common word for word number one. This tells us something important: during this time of great uncertainty, the ordinary joy in pregnancy and at the birth of a baby, has been set amongst new and greater challenges, worry, fear and uncertainty. These have affected parents' experiences in different ways.

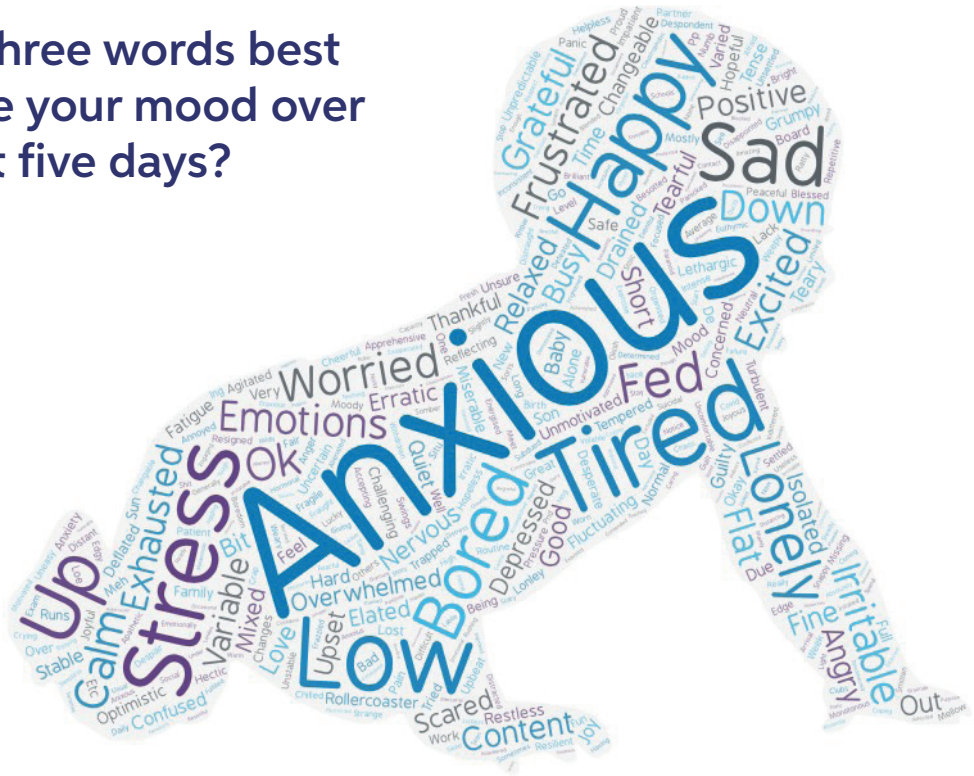
Some of the parents who answered our survey were able to find a silver lining in spite of the challenges.

"I think that it has been brilliant for our daughter to have both parents home together and to have time with her dad that ordinarily she wouldn't have. They have been able to bond."

A mother, 33 years old from Wales. She has a 7-month-old child. Her first language is English, she is white, living with her partner and her household income is between £30k-£60k.

For some respondents the lockdown brought advantages, such as increased time at home and the presence of fathers and other co-parents. However, for many the time was one of very considerable stress, with exacerbations of usual worries during birth and entry to parenthood manifesting into severe and unacceptable experiences.

Which three words best describe your mood over the past five days?



CASE STUDY

Nadia lives in South London and is a mum of two, an 11-month-old and a two-year-old.

Before Covid my life was very hectic. My partner and I were constantly trying to navigate between nursery runs, pick-ups and work life balance. I got Covid in early March and my partner looked after our children, but balancing work and childcare was a struggle for her while I recovered. I was in total isolation – just me in the flat struggling to even eat.

Living in lockdown in a small flat with young children has been difficult, especially keeping them socially distanced in the communal garden. Working full time from home has meant I've been able to spend more time with the children though and see more of their development.

Technology has been a blessing and a curse. It's kept me connected during the darkest times where I have been unwell with my physical or mental health, but it's been very triggering for my eldest child as he feels neglected when I'm working. I've had to learn to enforce boundaries with work and be unapologetic about my circumstances. This is my home environment and my children are entitled to make noise or I may have to pick up something whilst on a work call. I am a parent first and I have had to learn to juggle work and home life without childcare.

2.1.2 A very anxious time

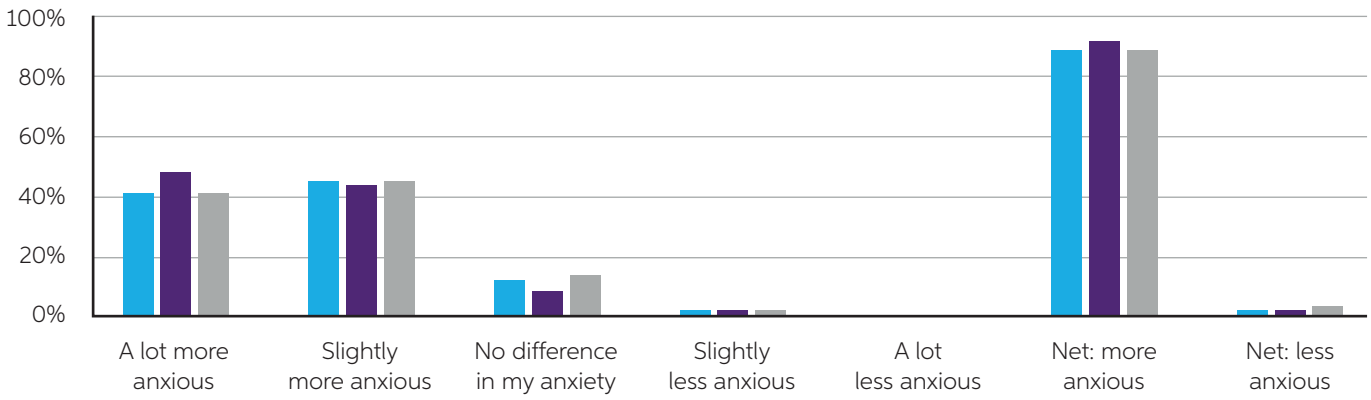
Overwhelmingly, our respondents were concerned about COVID-19 and the lockdown with almost 9 in 10 (87%) feeling more anxious as a result.

These are worrying and difficult times for everyone, so it is therefore perhaps not surprising that the majority of parents felt anxious. In addition to the concerns affecting all of us, expectant and new parents had concerns about themselves and their babies, born and unborn, just as their usual support of family, friends, health professionals and community services were not available to support them to navigate the choppy waters of early parenthood.

The overall trend in the data showed that fewer parents experienced anxiety as income increased, with over half (55%) of those earning the least reporting feeling 'a lot' more anxious compared to one third (32%) of those earning the most. A similar trend was seen across parents of different ages, with younger parents reporting feeling a lot more anxious.

Figure 3. Anxiety and COVID-19 by life stage

Q4 & Q4b. How has COVID-19 made you feel about your or your partner's pregnancy/being a parent?



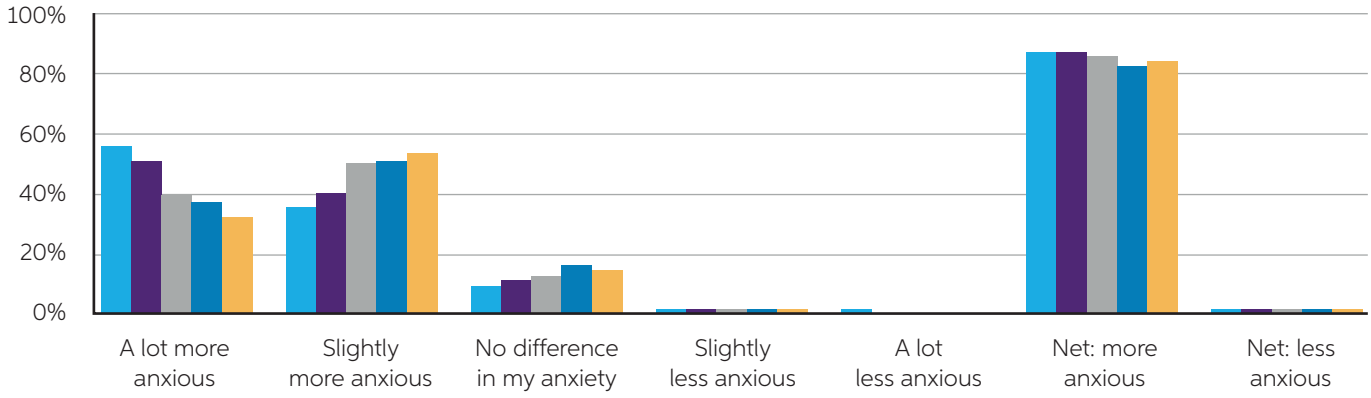
Total · Pregnant · Parent with a baby under 2

Base: all respondents (5,474).

In Figure 3, it is evident that more pregnant respondents are more anxious as a result of COVID-19 than parents with a child under 2.

Figure 4. Anxiety and COVID-19 by income level

Q4 & Q4b. How has COVID-19 made you feel about your or your partner's pregnancy/being a parent?



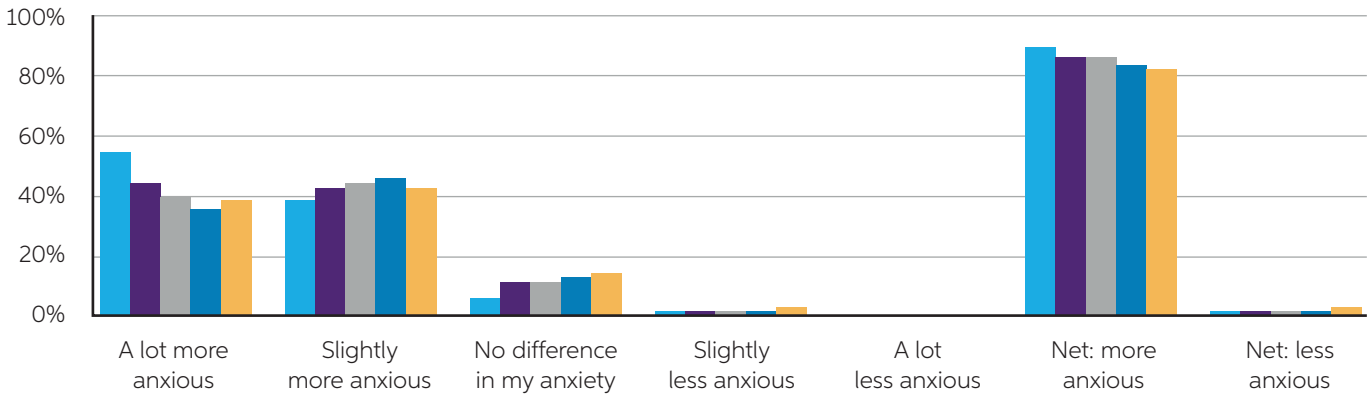
Under £16,000 per year · £16,000-£30,000 per year · £30,001-£60,000 per year · £60,001-£90,000 per year · Over £90,000 per year

Base: all respondents (5,474) by household income.

We saw a downward trend in anxiety across income groups, from lowest to highest incomes, with 55% of respondents with incomes below £16k reporting being 'a lot more anxious' in contrast to 32% of those with the highest incomes. Conversely, 53% of those with the highest incomes reported feeling only 'slightly more anxious' in contrast to 35% of those on the lowest incomes.

Figure 5. Anxiety and COVID-19 by age of respondent

Q4 & Q4b. How has COVID-19 made you feel about your or your partner's pregnancy/being a parent?



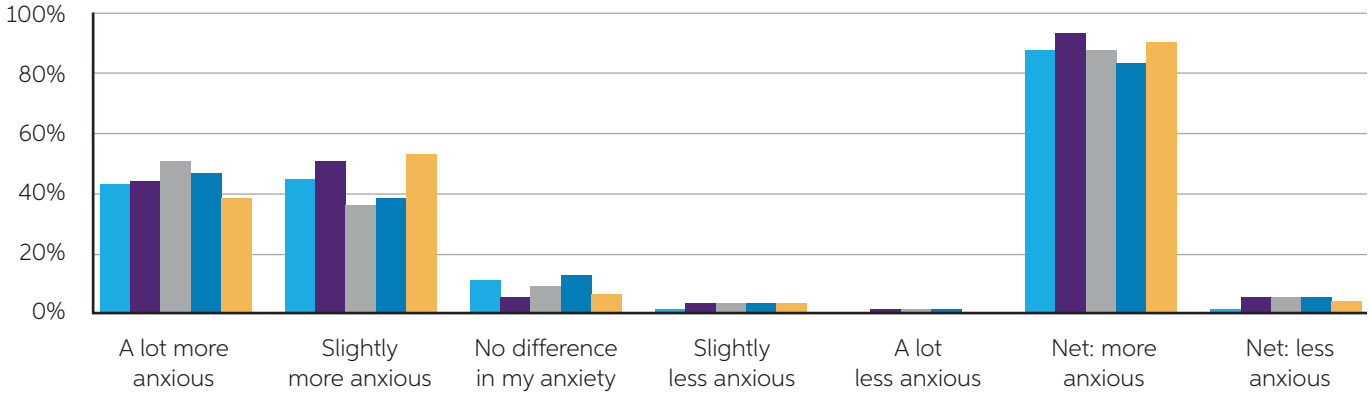
25 or younger · 26-30 · 31-35 · 36-40 · 41+

Base: all respondents (5,474) by age of respondent.

Anxiety was highest in the youngest age group. 54% of the respondents below 25 and 44% of the respondents between 26-30 years reported being 'a lot more anxious'.

Figure 6. COVID-19 and anxiety by ethnicity

Q4 & Q4b. How has COVID-19 made you feel about your or your partner's pregnancy/being a parent?



White · Mixed · Asian or Asian British · Black or Black British · Other ethnic groups

Base: all respondents (5,474).

What this graph illustrates is that Asian/Asian British respondents reported higher levels of anxiety, with 50% indicating that they were 'a lot' more anxious as a result of COVID-19.

"It has been difficult. On the verge of breaking up with my partner. Constant worry about my children. The isolation has negatively affected me, my partner thinks I need help with my mental state."

A mother, 37 years old from Greater London. She has a four-month-old child. Her first language is not English, she is White, living with her partner and her household income is £30k-£60k.

Higher levels of anxiety in the perinatal period are not in themselves unusual and are often transient. Manageable levels of stress are not problematic. However, high levels of enduring anxiety can be toxic to a developing baby in utero and problematic in relation to parents' capacities for reflection and offering nurturing care to their babies.

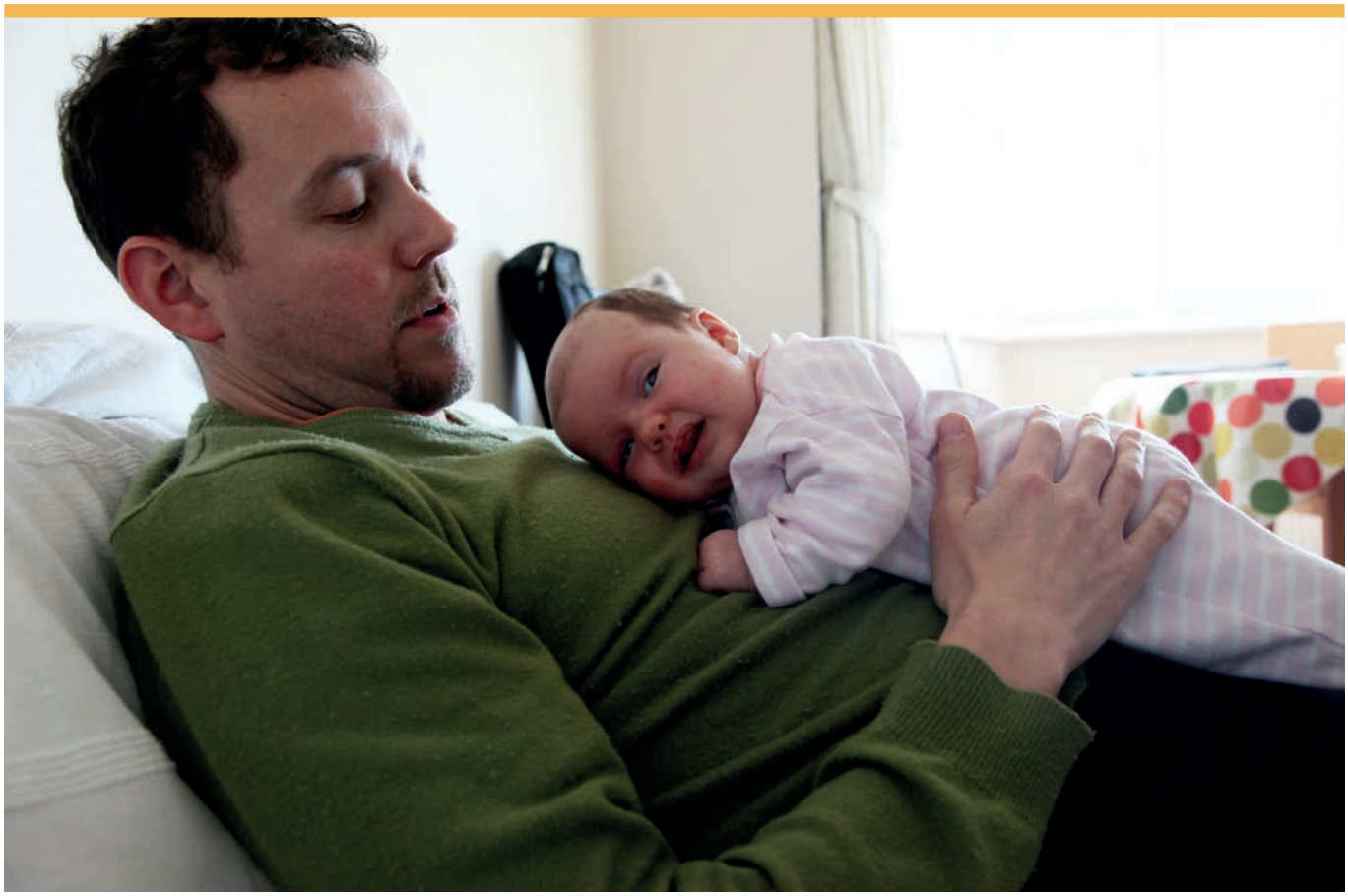
"I found it therapeutic to be 'heard' at a time where the loneliness can be deafening. Thank you for listening to the views of those who are pregnant in a pandemic."

A mother, 34 years old from South East England. She is currently 15 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.

As parents, the effects of stress caused by the pandemic or its consequences, (like experiencing violence or not having enough food or concerns about homelessness) can be overwhelming and lead to a state of "fight or flight" response which makes it unusually difficult to plan or reflect, or to stay calm. These responses to stress can override a parent or caregiver's ability to provide the supportive relationships babies need, or even to do things to help themselves to get back on track.[3]

For our survey population, factors underlying increased anxiety included the perceived risks to themselves and their baby, the disruptions and changes to antenatal and postnatal care and the loss of support from crucial social networks and services.

7 in 10 (69%) of those who are more anxious because of COVID-19 say their ability to cope with their pregnancy or their baby has been affected.



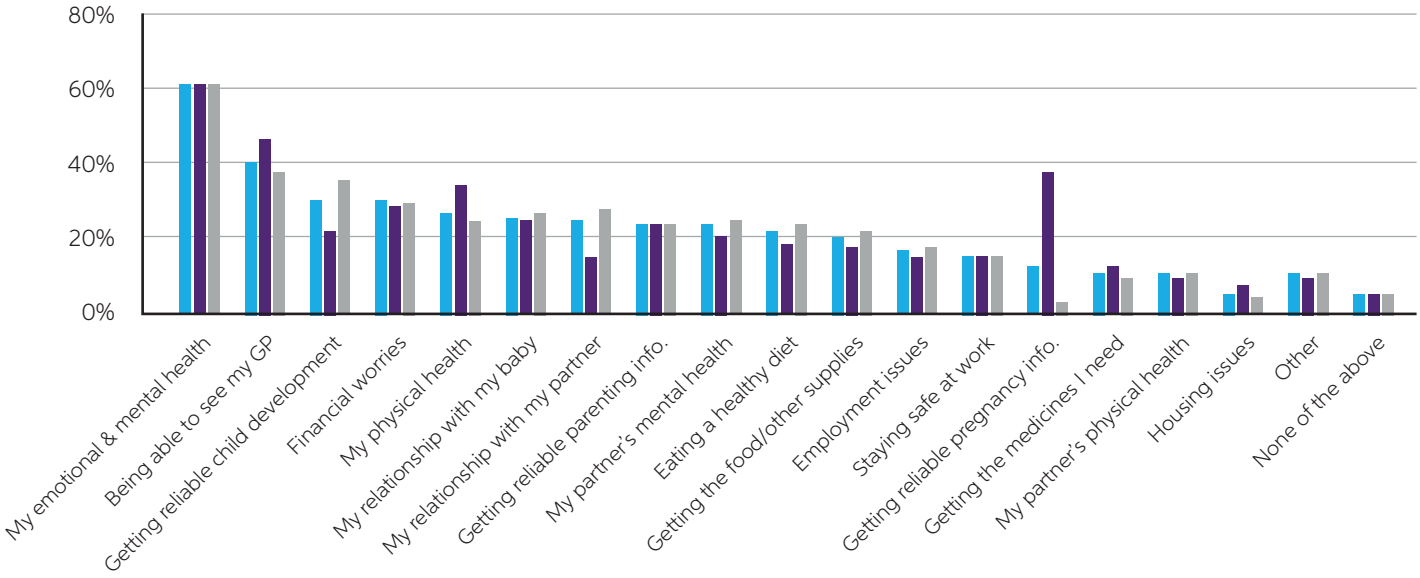
3. Huizink, A., Menting, B., De Moor, M. et al. (2017) From prenatal anxiety to parenting stress: a longitudinal study. *Arch Women's Mental Health*. https://doi.org/10.1007/s00737-017-0746-5.

2.1.3 Parents' main concerns

We asked respondents to indicate their main concerns during the lockdown. The findings revealed important variations according to whether they were currently pregnant or had a baby, their age, their household income and their ethnicity which we explore below.

Figure 7. Main concerns right now – antenatal versus postnatal

Q14. What are your main concerns right now?



Total · Pregnant · Parent with a baby under 2

Base: all respondents (5,474).

2.1.4 Parental mental health

Parental mental health was cited as a main concern for just over 6 in 10 (61%) of the respondents.

A quarter (24%) of pregnant respondents citing mental health as a main concern said they would like help with this, rising to almost a third (32%) of those with a baby.

"I have been working from home for 10 weeks I am a nurse sister, but have been working from home triaging referrals. I have 4 year old twins. I feel my mental health has suffered. I have been very up and down. Not seeing the midwife at 16 weeks was a big concern. Also not having my partner at my 12 or 20 week scan has heightened anxiety."

A mother, 29 years old from Wales. She is currently 18 weeks pregnant. Her first language is English, she is White, cohabiting and their household income is £16k-£30k.

Fewer than 3 in 10 (32%) were confident that they could find help for their mental health if they needed it, with regional differences noted.

"It has been a very, very lonely time and I have battled with my mental health whilst trying to keep positive in the company of my child and husband."

Pregnant and a mother, 35 years old from South East England. She has a child and is 38 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.

We already know that around 1 in 5 women and 1 in 10 men will experience a mental illness in the perinatal period.[4] Research shows that 7 in 10 mothers will underplay the severity of their feelings and stigma remains a very real barrier to parents speaking out about their mental health at this time. Very many more than this will suffer levels of distress that will not reach clinical thresholds.

Perinatal mental illness is associated with increased risk of premature delivery, reduced mother-infant bonding and delays in cognitive/emotional development of the infant.[5] Emerging research[6] is pointing to a rise in the levels of postnatal depression already being seen during the pandemic. Our findings point towards this in the high levels of distress respondents were experiencing and therefore to the likely increase in demand for services.

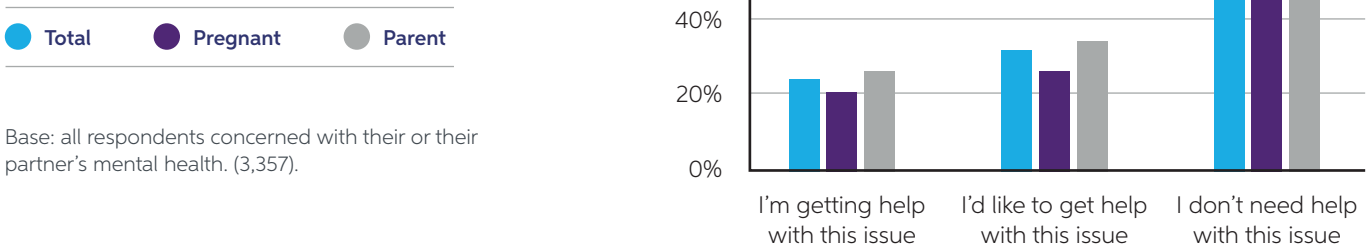
2.1.5 Accessing help for mental health concerns

3 in 10 (28%) of those for whom mental health was a main concern want help with issues relating to their or their partner's mental health. 43% of respondents were not confident that they could access help with their mental health if required. Confidence in accessing help with mental health was highest in Scotland with almost two fifths (38%) feeling confident in being able to access support. West Midlands respondents reported the lowest confidence in being able to access support for their mental health with half (49%) stating that they were unconfident that they could access help for their mental health if required.

Respondents told us of their struggles with their mental health as a result of the lockdown and worries about COVID-19, with delays in being able to access support, concerns about the impact of their own emotions on their babies and with experiences of isolation and worry about the virus contributing to deteriorating mental health.

Figure 8. Emotional and mental health – antenatal versus postnatal

Q14b. Are you getting help with this issue, would you like to get help with this issue if you could, or do you feel you don't need help with this issue?



Base: all respondents concerned with their or their partner's mental health. (3,357).

4. https://www.nspcc.org.uk/about-us/news-opinion/2019/fight-for-a-fair-start/.
5. Stein A, Pearson RM, Goodman SH, et al. (2014) Effects of perinatal mental disorders on the foetus and child. *Lancet*. https://doi.org/10.1016/S0140-6736(14)61277-0.
6. Davenport, M. et al. (2020) *Moms Are Not OK: COVID-19 and Maternal Mental Health*.

CASE STUDY

Mahida is 25, lives in Newcastle Upon Tyne and is mum to a 21-month-old.

I was referred to NEWPIP, my local parent-infant relationship team, in mid 2019. I was experiencing postnatal depression and was finding motherhood difficult as a result, especially in terms of bonding with my son.

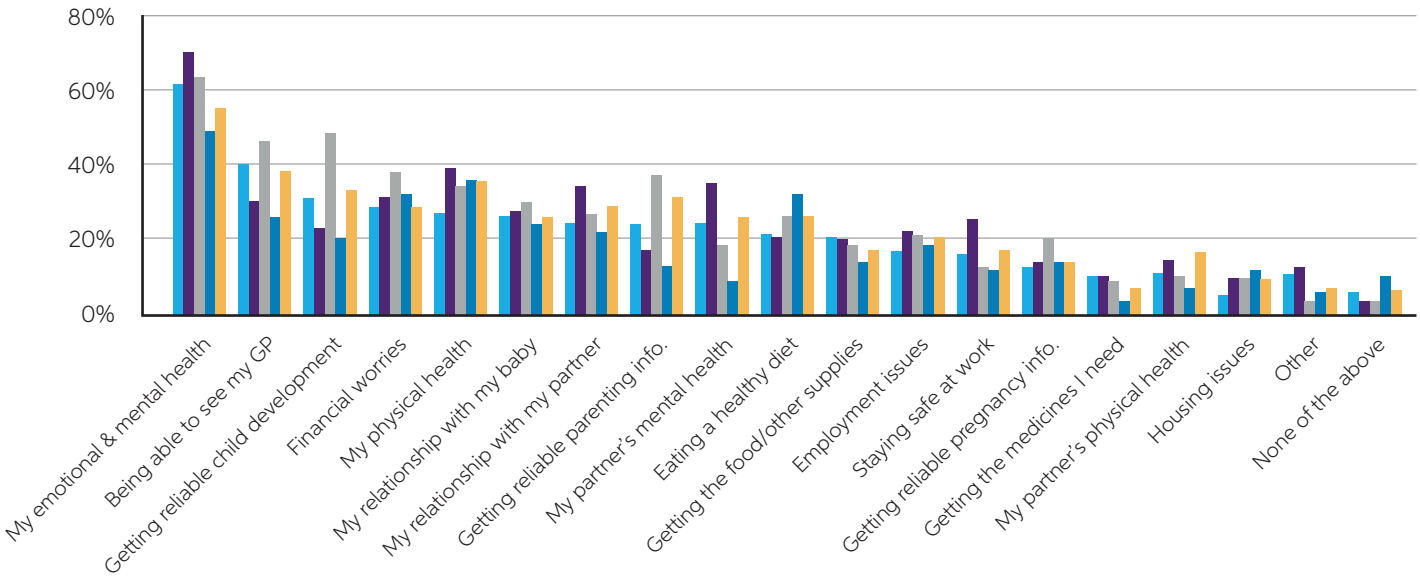
I worked with a therapist for almost a year – it provided a space for me to talk to someone and to be heard. This helped me understand that I wasn't the only one experiencing motherhood in the way I did and my relationship with my son has really strengthened now.

Throughout lockdown, myself, my husband and our son have continued to have family support via Zoom and phone calls. I would have really struggled during lockdown without this help.

2.1.6 . Variations in parents' concerns

Figure 9. Main concerns right now – by ethnicity

Q14. What are your main concerns right now?



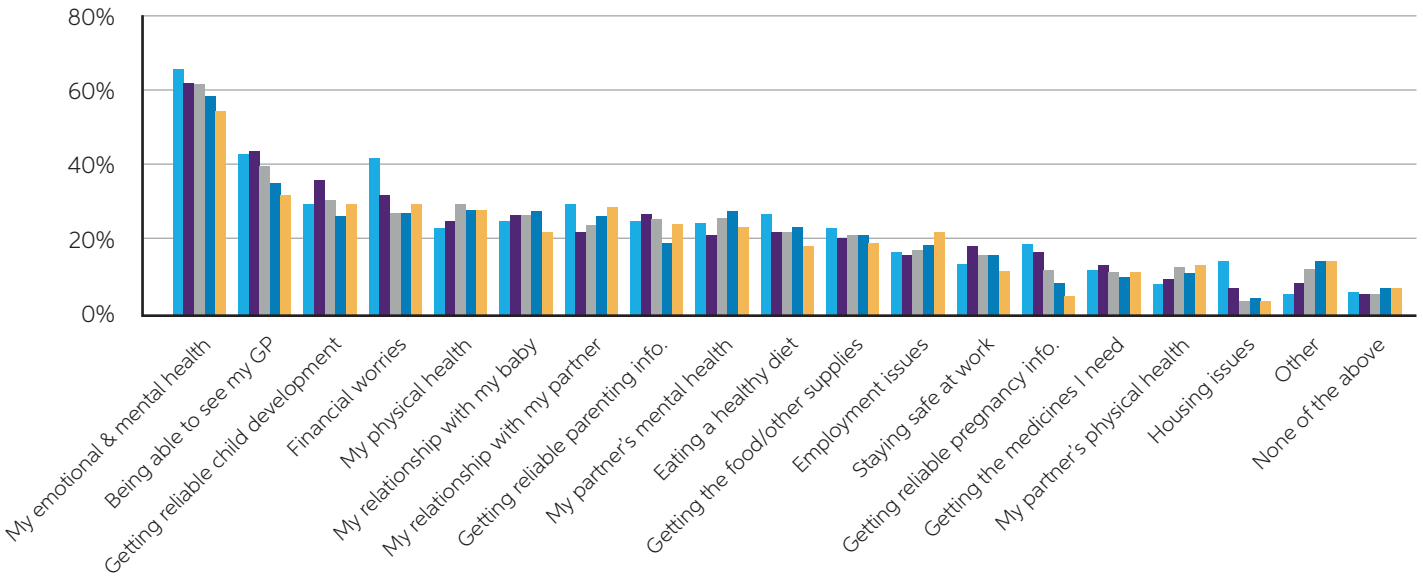
White · Mixed · Asian or Asian British · Black or Black British · Other ethnic groups

Base: all respondents (5,474).

The survey revealed statistically significant variability in respondents' main concerns across the different ethnic groups. Asian/Asian British respondents showed a higher level of concern related to getting reliable information for pregnancy, parenting and their child's development, and financial worries. For those who were Black/Black British they reported higher levels of worries related to healthy eating, and for White respondents it was about getting the right medicines.In addition, respondents of a mixed ethnicity reported higher levels of concern about their mental and physical health, their relationships, their partner's mental health and staying safe at work.

Figure 10. Main concerns right now – by age

Q14. What are your main concerns right now?



25 or younger · 26-30 · 31-35 · 36-40 · 41+

Base: all respondents (5,474) by age of respondent.

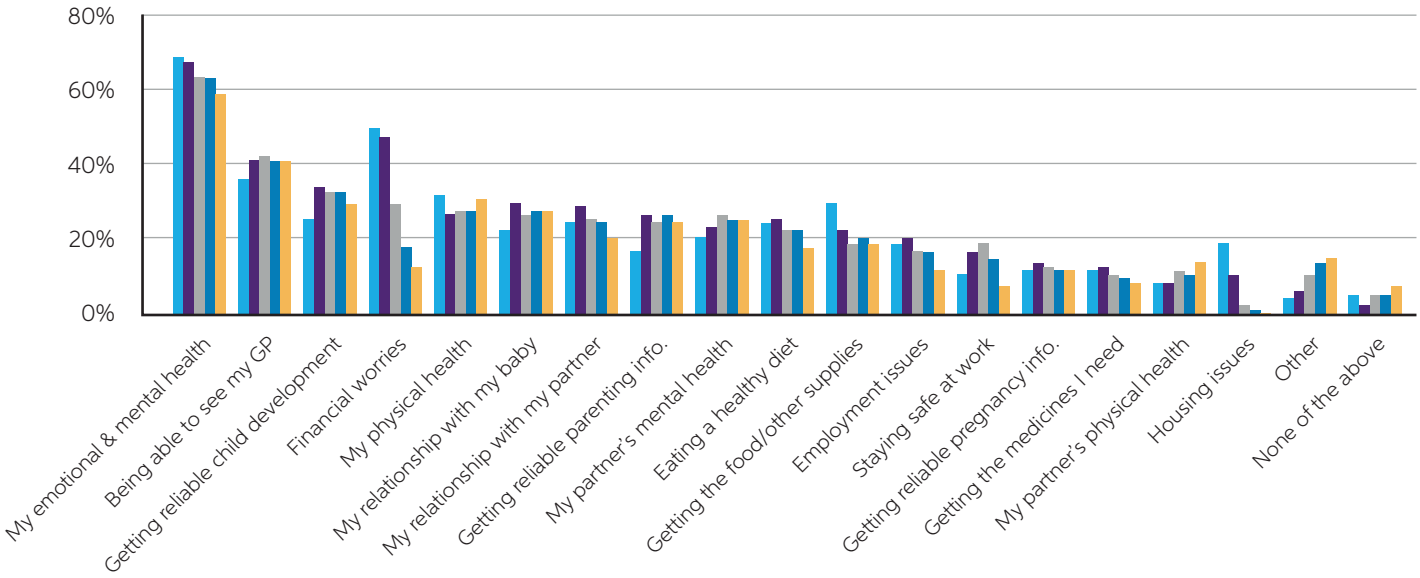
Younger respondents (<25 years of age) were most likely to cite the following as main concerns, all of which were higher than their older counterparts: their mental health, financial worries, relationship with others, eating a healthy diet, getting reliable pregnancy information and housing issues.

In addition, those 26-30 years of age had statistically significant higher levels of concern about being able to see their health professional, financial worries, getting reliable child development information and advice, getting reliable parenting information and advice, staying safe at work, getting reliable pregnancy information and advice, getting the medicine they need and housing issues.

Respondents over 30 reported significantly higher levels of concerns around their own physical health and that of their partner.

Figure 11. Main concerns right now – by income

Q14. What are your main concerns right now?



Under £16,000 per year **£16,000-£30,000 per year** **£30,001-£60,000 per year** **£60,001-£90,000 per year** **Over £90,000 per year**

Base: all respondents (5,474) by household income.

As shown in Figure 11 above, some of the main concerns of respondents also follow a clear socio-economic gradient and reflect the way in which the pandemic has been experienced very differently by those from different socio-economic backgrounds . For example, greater numbers of respondents whose income is below £16k reported to have concerns for their emotional and mental health, financial worries, and housing issues.

Those with incomes between £16k-£30k, again had higher numbers reporting mental and emotional health and financial worries as main concerns, though in smaller numbers that those from the lowest incomes. This income bracket also reported in greater numbers than others concerns about their relationship with their babies and with their partners, concerns about eating a healthy diet, employment and housing issues.

Those with higher incomes, of £30k-£60k, reported in greater numbers their concern for their partner's mental health and staying safe at work. And for those with the highest incomes it was concern for their partner's physical health that stood out as being greater in relation to those on lower incomes.

CASE STUDY

Sophie is 26, lives in Suffolk and has two children, a three-year-old and a nine-month-old.

I'd been struggling with postnatal depression before lockdown and it's got harder. My three-year-old boy used to go to nursery so we had quite a good routine, but that's just gone right out of the window. His behaviour has been challenging – he would hit me or his sister and he would get told off.

Because they are so young it's hard to explain that you can't go out, that you can't do this or that. Even now if we go to the park I say to him "you need to wash your hands because of the germs. The man on the telly has said so". It's affected my mental health as well.

My partner is a home delivery driver for a supermarket. He has still been working so I keep telling him not to touch anyone, as I don't want him bringing the virus home with him.

We moved out of London last year but my family are all still there, so it's been hard not being able to go and see my mum. I'm stuck indoors all day, the children are very needy and I sometimes feel, "I can't do it. I just couldn't do it anymore".

I have support from a Home-Start volunteer and we speak every week now. We can sit on the phone, just talking about anything because I just need someone to talk to who isn't a baby.

2.2 The impact of COVID-19 on the parenting journey

2.2.1 A mixed experience

Summarised below and in quotes throughout the report, we highlight what parents told us and demonstrate the breadth of their experiences.

Positive
Opportunities to relax and prepare
Fathers and other co-parents able to spend more time with their babies and young children
Time to bond with baby
More time to play with babies and toddlers
Valuing family relationships
Outstanding care during the birth

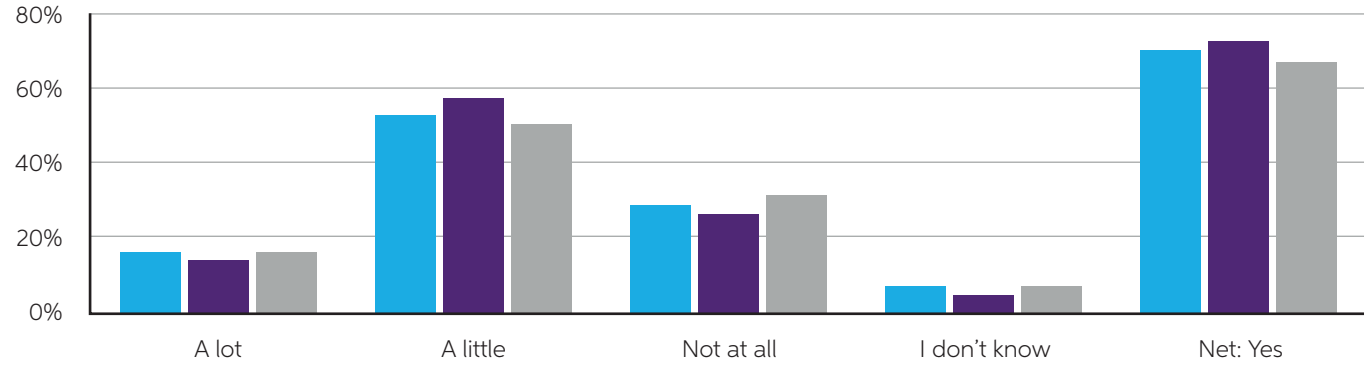
Negative
Fathers and other co-parents absent from antenatal care, labour and birth
Changed birth plans
Birth trauma
Fears of parents themselves becoming unwell or dying
Fears about risks to babies – socially, emotionally and physically
Difficulties with breastfeeding
Crucial missed opportunities and cancelled appointments
Loneliness and isolation
Concerns about child behaviour
Worries about socialisation for babies and toddlers

2.2.2 Coping during lockdown restrictions

Over two-thirds (68%) of respondents said that overall, their ability to cope with pregnancy or caring for their baby had been affected by the COVID-19 restrictions.

Figure 12. How COVID-19 has affected ability to cope with pregnancy or young child during lockdown

Q15 & Q15b. How has COVID-19 affected your/your partner's ability to cope with your/their pregnancy or young child?



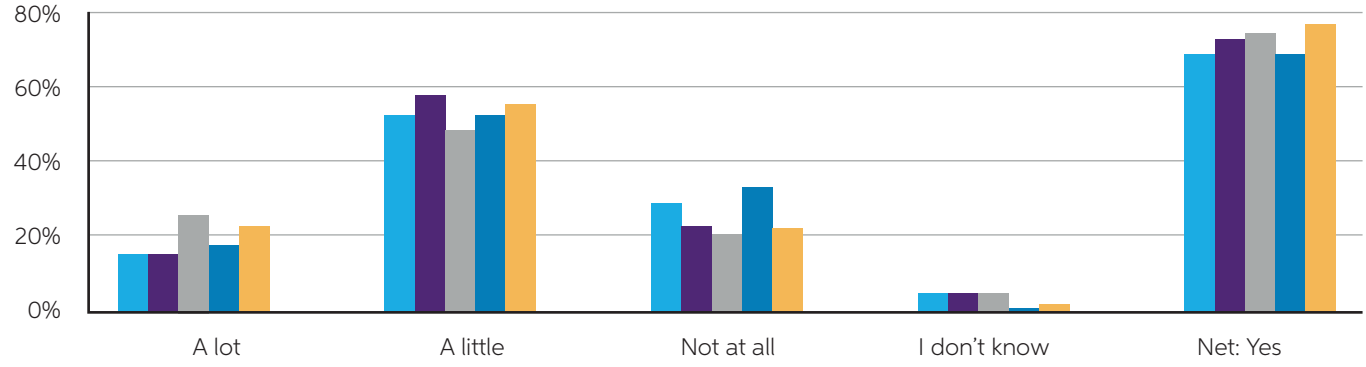
Total · Pregnant · Parent with a baby under 2

Base: all respondents (5,474).

This effect was particularly pronounced among Asian/Asian British respondents, with more than one quarter (26%) of parents expressing that their ability to cope was affected a lot.

Figure 13. How COVID-19 has affected you/your partner's ability to cope with pregnancy – by ethnicity

Q15 & Q15b. How has COVID-19 affected your/your partner's ability to cope with your/their pregnancy or young child?



White · Mixed · Asian or Asian British · Black or Black British · Other ethnic groups

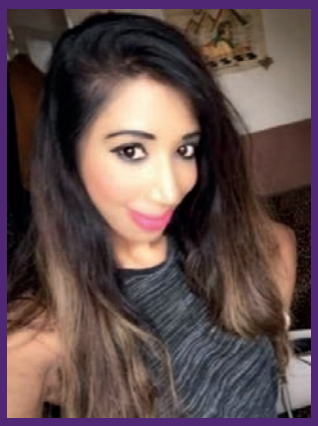
Base: all respondents (5,474).

Variations in coping among parents of different ethnicities warrant attention. Further investigation is required to understand the factors underlying these variations – such as the differential ways in which COVID-19 is impacting upon Black, Asian and minority ethnic communities and the structural inequalities that compound these impacts.

In the context of COVID-19, the increased incidence of hospital admissions for Black, Asian and minority ethnic mothers has been noted so we were particularly interested to understand further the particular experiences of these communities. For example, research published in the British Medical Journal[7] in May found that pregnant Black women were eight times more likely to be admitted to hospital with coronavirus than pregnant White women, while pregnant Asian women were four times more likely.

"It's just a really unsettling time to be pregnant, particularly as first-time parents. I feel grateful that I am able to work from home but worry about having to go back to work and being at risk of catching the virus when testing is so limited and there is no vaccine. I feel even more anxious as a black woman, given that both pregnancy and COVID-19 is more fatal for Black people."

A mother, 28 years old from Scotland. She is 16 weeks pregnant. Her first language is English, she is Black, married or in a civil partnership and her household income is £60k-£90k.



CASE STUDY

Nadia lives in South London and is a mum of two, an 11-month-old and a two-year-old.

I've been out of work since March and then we went into lockdown. I've been a bit lonely and stressed because I was always on my own and I was bored because I couldn't go out.

I had my baby in June – I was five days overdue and had a lot of pains so I went into hospital the night before. Because it was my first one I didn't know what to expect. My partner was only allowed in just fifteen minutes before I gave birth and wasn't allowed to stay with me at the hospital overnight.

When I came home it was much better, because home is home isn't it? At the hospital they couldn't even wash my baby because of coronavirus restrictions.

I couldn't visit family or friends, but Home-Start have been in touch with me making me feel more comfortable. It's hard to take your baby out at this stage, but sometimes I don't have a choice not to if I need nappies. I take her in a car seat so it's not too bad, but the car seat is very heavy. It puts me off going out to do the shopping because it's not just me, it's thinking about her. It has sort of doubled up responsibility, of feeling safe.

7. Knight, M. et al. (2020) Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study. *BMJ* https://doi.org/10.1136/bmj.m2107.

Best Beginnings supporting families during COVID-19

With an unwavering focus on reducing inequalities and informed by our guiding principles of **innovation**, **evidence** and **collaboration**, Best Beginnings works to give every child the best start in life. Since its launch in 2014, Baby Buddy has been our chief vehicle for achieving this. Baby Buddy is a free and advert-free NHS approved, engaging app. It is endorsed by organisations including RCGP, RCM, RCPscyh, RCSLT and CPHVA and has been independently academically evaluated. Baby Buddy is designed to:

- directly inform and empower parents from pregnancy until their child is six months old and to support relationships
- augment and amplify frontline statutory and charity services – "as well as", not "instead of".

Baby Buddy includes powerful analytics allowing us to interrogate the anonymised aggregated data set, giving us insight into usage patterns and impact. These findings underpin our current work and inform developments, including building the next iteration of Baby Buddy. Baby Buddy 2.0 will include pathways for fathers and other co-parents and we are working with NHSX with the aim of it becoming an interoperable digital personal child health record in early 2021.

As COVID-19 struck and lockdown meant that expectant and new parents were cut-off from their family and support networks, Baby Buddy stepped up as a "digital best friend", with personalised daily information, 300+ films and 24/7 access to the Baby Buddy Crisis Messenger. Pre-pandemic, most parents were recommended to use Baby Buddy by their midwife, health visitor or GP. So, with lockdown and the resulting reduction in face-to-face appointments, we were expecting fewer new registrations. Instead, we have seen 16.7k new registered users during the "core" lockdown period (23rd March – 4th July 2020). This is a 9.3% uplift on the same period in 2019.

During the 104 days of "core" lockdown, Baby Buddy was used more than 2.3 million times with the usage being highest amongst parents from Black, Asian and minority ethnic communities (BAME) and for whom English is a second language (ESL); 85% used Baby Buddy on average more than once a day.

	ALL	BAME	ESL
High usage (>45 times)	67.3%	95.3%	93.8%
Extremely high usage (>100 times)	51.5%	85.7%	85.0%

In early lockdown, we commissioned researchers at UCL to undertakea COVID-19 survey of Baby Buddy users (pending publication). 436 respondents completed the survey and 32 took part in follow-up telephone interviews. Insights gathered mirror those in the 5000+ survey findings in this report. In addition, we asked questions about Baby Buddy. 97% respondents reported they would recommend the app to friends and family. 89% said Baby Buddy was helping them at the moment, by being a reliable source of information, helping them bonding with their baby and supporting their emotional and mental health.

"The information is so useful – I share it with my husband. We've looked at the videos – the baby moving in the womb. It's really good for my husband because he didn't get to go to the scan and I worry he is not bonding with the bump. He hasn't heard the heartbeat."

Telephone Interview with a 21-year-old British Pakistani women who was 21 weeks pregnant

Throughout the pandemic we have been working with NHS England, the Maternal Mental Health Alliance and Public Health England to adapt existing Baby Buddy content and create new COVID-19 specific written and film content. Films featuring Prof. Jacqueline Dunkley-Bent, the Chief Midwifery Officer and Dr Alain Gregoire, the Chair of the Maternal Mental Health Alliance can be found in Baby Buddy and also www.youtube.com/bestbeginnings.

2.3 The impact of COVID-19 on parents who are frontline workers

Nearly half (46%) of NHS, social care or other healthcare staff who are pregnant or have young children are concerned about staying safe at work.

"It makes you feel like there is a big risk but that you and your baby aren't important because of the job you do. I want to jack it in, registrations and all and likely will after I've served my time to not pay back the enhanced SPL*."

A mother, 29 years old from South East England. She is 20 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

* Shared parental leave.

"...feel that as a keyworker with no option to work from home, I have to sacrifice my child..."

A mother, 32 years old from North East England. She has a seven-month-old child. Her first language is English, she is White, married or in a civil partnership, and their household income is £30k-£60k.

One of the very concerning findings from our survey was the way in which those who were pregnant and therefore deemed to be 'vulnerable', who were also essential workers, found themselves caught between pressures to work and a desire to protect themselves and their babies.

Within the survey we asked respondents to tell us if they, or their partner, worked outside the home. Our survey respondents included:

- 451 frontline NHS, social care or healthcare role
- 213 non-healthcare roles with contact with the public
- 302 with a partner in a frontline NHS, social care or healthcare role
- 986 with a partner in a non-healthcare role with contact with the public

Our findings point to the need for further research and clear guidance for those who are pregnant and working in an essential occupation during the pandemic.

"I feel most sorry for pregnant NHS workers under 28 weeks pregnant. They have additional pressure as they have the choice whether to work clinical or not. There are no non-clinical roles available, so the pressure and discrimination they feel is huge..... I know of others who have felt pressured to return to work as the evidence says they are no more at risk."

A mother, 31 years old from Scotland. She is 20 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

NHS workers from Black, Asian and minority ethnic backgrounds expressed additional concerns relating to the increased risks which they felt they were being exposed to and the lack of support for this.

"I was working with Covid patients in critical care before I found out I was pregnant. I am a newly qualified nurse and I had to push to be risk assessed once I found out at 2/3 weeks. My trust were good and they shielded me immediately. My concern is that I was exposed to Covid, even though I had PPE, I found out after being FIT tested that the mask I was using I had failed it, so it made me consider all the times I was looking after patients with an ineffective and ill fitting mask."

A mother, 39 years old from the East Midlands. She is eight weeks pregnant. Her first language is English, she is Black/Black British, married or in a civil partnership and their household income is £16k-£30k.

ONS figures about key workers published in 2020[8] tell us:

In 2019, 10.6 million of those employed (a third of the total workforce) were in key worker occupations and industries.

The largest group of those employed in key worker occupations worked in health and social care (31%).

1 in 6 (15%) key workers were at moderate risk from the coronavirus (COVID-19) because of a health condition.

Almost a third (31%) of key workers have children aged between five and 15 years; 16% have children aged four years or under.

Of all households with dependent children (under 16 years), 6% were key workers and lone parents; 9% were households where both members of the couple were key workers.

Table 4. Numbers of key workers by ethnicity

	White (5056)	Mixed (96)	Asian or Asian British (145)	Black or Black British (90)	Other ethnic groups (42)
Frontline NHS, social care or other healthcare role	417 (8%)	5 (5%)	12 (8%)	13 (14%)	4 (9%)
Non-healthcare key worker having contact with the public	199 (4%)	7 (7%)	4 (3%)	2 (2%)	1 (2%)
Other role outside the home	142 (3%)	5 (5%)	10 (7%)	4 (4%)	1 (2%)
No/not applicable/ prefer not to say	4307	79	119	71	36

8. Office for National Statistics (2020). *Coronavirus and Key Workers in the UK*. Retrieved from: https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/coronavirusandkeyworkersintheuk/2020-05-15.

3 The impact of COVID-19 on care, services and support

In the space of a few days, as lockdown began, the landscape of professionals and services supporting families at this crucial time in their lives changed. Most appointments switched from face-to-face to telephone or online; the regularity and frequency of routine appointments changed; fathers and other co-parents were no longer able to attend antenatal appointments or the early stages of labour and traditional social support and support services became differently accessible. Some areas saw up to four fifths of health visitors redeployed elsewhere.[9]

The experiences of parents and the care, support and information they sought and received varied hugely. Parents shared with us in-depth details of their birth experiences, online and digital information and frontline support and services. Experiences varied for families with different demographics.

3.1 Pregnancy and birth

Over a third (34%) of those who gave birth during lockdown stated that care at birth was not as planned.

Depending where they live, this varied from around 1 in 5 (South West 21%) to 3 in 5 (West Midlands 62%) not receiving care as planned.

"I was 38wks when they announced lockdown. I was worried that my partner may develop symptoms and would miss the birth of our first baby due to strict rules at the hospital. My last midwife appointments felt impersonal and detached, there was fear on my behalf but also from my midwife for having to continue to work in uncertain circumstances. The hospital birth was not as planned but this was due to complications on admission, ending in an assisted ventouse delivery with an episiotomy. I was in labour at home for around 20hrs before I was 'allowed' to go to the hospital to be triaged; I believe I was discouraged from attending the hospital until it was very much last minute due to COVID-19. I also feel that if I had given birth 2 months earlier I would have been given a cesarean section but the midwives did not want "unnecessary admissions to the ward" and I was sent home 6hrs after the birth with no midwife visit the next day. This was delayed to day 5."

A mother, 31 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.

9. Written evidence submitted to parliament by the Institute of Health Visiting (2020). Retrieved from https://committees.parliament.uk/writtenevidence/4597/html/.

3.1.1 Giving birth during lockdown

"I had to go to the isolation unit to birth my baby without any birthing partner and not a water birth. This was a scary prospect without my partner with me but I had a dedicated midwife who was amazing and went above and beyond to put me at ease. I was swabbed during labour and tested positive for COVID-19 so I am thankful for the steps put in place to protect the staff. I was discharged the same day as giving birth. I had to wear a face mask for the first few weeks when holding and feeding my newborn and I was petrified I would pass it on to him."

A mother, 31 years old from North West England. She has a one-month-old child. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.

It was notable that some respondents commented on the outstanding care received in their labour and expressed their gratitude to doctors and midwives for helping them manage their labours at this challenging time. Others pointed to the lack of continuity in antenatal care and the changes to what they had expected of care during this time. While many women felt that despite the changes and restrictions as a result of COVID-19, their care was good, there were exceptions to this which were described in the open-ended questions. These demonstrated individual experiences of very poor care. There were also notable variations in the regional data.

The maternity care women receive can have a lasting effect on their physical, emotional and psychological wellbeing.[10] Capturing the views of women who used maternity services during the lockdown through a survey such as ours enables important insight into their experiences and potential impacts.

"….I had a mental health birth plan in place which I was very concerned wouldn't be followed due to COVID-19 but the staff at the hospital were amazing and I had an incredibly positive experience which I will always be grateful for."

A mother, 28 years old from South West England. She has a newborn baby. Her first language is English, she is White, married or in a civil partnership and her household income is £16k-£30k.

Over 3 in 10 (34%) did not have the care at birth they had expected

Of these, almost 4 in 10 (38%) felt it was impacting on their ability to cope

Experiences of care varied widely by region. In the West Midlands 6 in 10 (62%) did not have the care at birth as expected. In the South West, the figure was around 2 in 10 (23%).

We asked the question of respondents who had given birth during the lockdown period "Have you received the care at birth that you had planned?". We recognise that this question is a broad one and does not lend itself to straightforward comparisons with what might be the case outside of lockdown, without having more detailed data on what was different – be that setting, pain relief, or continuity of care, for example.

However, our survey captured a rich variety of experiences from which we can make inferences about possible impacts. One theme that emerged from open-ended responses was around induced labour, where women were reporting distress at going through this without the support of their partner. These women were particularly likely to be affected by the rule about partners not being allowed to accompany women in hospital until they were in established labour. Women who went into labour naturally at home were more likely to be able to stay at home with a partner through early labour, but those who were induced experienced early labour in hospital where rules were enforced.

10. National Childbirth Trust, The Royal College of Midwives and the Royal College of Obstetricians & Gynaecologists (2012). Making sense of commissioning Maternity Services in England – some issues for Clinical Commissioning Groups to consider.

We know from the 2019 maternity survey that 44% of women had an induced labour and research demonstrates that induced labour may be more painful; that those whose labour is induced are more likely to have an epidural (47% of women whose labour was induced compared to 19% of women with a spontaneous birth); more likely to go on to have an emergency caesarean section (22% compared to 11% for respondents whose labour was spontaneous) and more likely to require an assisted delivery (21% compared to 14%).[11] The lack of involvement of fathers and other co-parents as a result of lockdown is likely to compound these issues further.

"I worry that I am not getting the maternity care I should and this is negative for my unborn child. Some care is great but a lot of other care is really lacking and I think it puts unborn babies at risk. I also worry for when he arrives. The lack of support for us at the moment, lack of postnatal classes and postnatal checks, lack of socialisation for babies... I could go on... all of it has a massively negative effect."

A mother, 31 years old from North West England. She is currently 27 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

CASE STUDY

Tinuke is 28, lives in Greenwich and is a mum of two.

When the lockdown really took hold I was at the last stage of my pregnancy. It was such an anxious time for me – I was so scared of going to hospital and catching Covid. As I was low risk with this pregnancy my midwife agreed I could go ahead with a homebirth, but two weeks before my due date these were cancelled as ambulances could no longer support midwives. I was absolutely devastated – the idea that I wouldn't have to give birth in hospital was the one thing that was keeping me sane.

After that I was at home, heavily pregnant, self isolating with a toddler. It was very challenging as I did not have enough support. My husband was at home but working full time, no one could visit and my son couldn't go to nursery so I just couldn't rest. I had no support from the hospital during this time and arrived for some appointments only to find they had been cancelled or moved to another vicinity.

Thankfully the actual birth was smoother than I expected and I had a wonderful midwife. Using the Baby Buddy app once I left hospital really helped, since I wasn't able to go to the children's centre like I did after my first child. The Baby Buddy App reminded me to do the things that my health visitor would normally talk to me about and it actually feels like somebody was speaking to me.

Isolated in the middle of a pandemic, it just feels nice to have something (even though it's an app) that cares for you and really does feel like a friend.

11. 2019 survey of women's experiences of maternity care: https://www.cqc.org.uk/sites/default/files/20200128_mat19_statisticalrelease.pdf.

The 2016 report Better Births[12] placed women's choices about their care at the centre of a new model of care intended to drive up standards and reduce inequalities. At its core was the recognition of the benefits when women are offered choices at all stages and in all aspects of their pregnancy, including choice of provider; choice of birth setting; choice of pain management during the birth; choice regarding the involvement of their birth partner and choice of how to feed their baby.

The findings from our survey have revealed that the lockdown and the different ways in which government guidance was interpreted by maternity services at a local level meant that there was a great deal of variation in the choices available.

Themes from our open-ended responses highlighted a lack of access to home-birthing, midwifery-led units and water births which impacted upon birth experience. The restrictions on fathers and other co-parents' involvement in care and the impact of this on birth experience was striking. Improvements in the involvement of partners during labour have been noted in the 2019 Maternity survey, with 97% of women saying that during labour and birth, their partner or someone else close to them was involved as much as they wanted, up from 94% in 2013.

The proportion of women who said that their partner or someone else close to them was able to stay with them as much as they wanted after their baby was born has also improved, rising from 63% in 2015 to 74% in 2019. We can anticipate that the changes brought about as a result of COVID-19, in the involvement of fathers and co-parents, will have had a significant negative impact on the experience of care.

Table 5. Regional variation in care at birth

P8. Have you received the care at birth that you had planned?

	East Midlands	Greater London	North East	North West	Northern Ireland	Scotland	South East	South West	Wales	West Midlands
Total in region	434 (8%)	410 (7%)	224 (4%)	606 (11%)	117 (2%)	469 (9%)	1120 (20%)	82 (15%)	451 (8%)	275 (5%)
Total giving birth during lockdown	43	37	20	87	14	59	227	126	83	39
Yes, care at birth as planned	63%	62%	45%	55%	57%	63%	67%	77%	65%	38%
No, care at birth was not as planned	37%	27%	55%	38%	43%	37%	31%	21%	29%	62%
Don't know	–	11%	–	7%	–	–	2%	2%	6%	–

Base: all respondents who gave birth in the COVID-19 period (800) by postcode.

12. National Maternity Review (2016) Better Births: Improving outcomes of maternity services in England https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf.

Amongst the open-ended responses a mixed picture of care has emerged:

For many parents the care they received during labour and birth was very positive	***"Fabulous experience…... All midwives made us felt at ease and completely unaware of all the other issues going on with Covid."*** A mother, 28 years old from Scotland. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.
Labour and birthing experiences were significantly impacted, with women birthing in isolation, labouring alone and delaying attending hospital	***"… Partner only allowed for delivery. Spent 2 days in his car. Also my temperature was a problem so mw had to wear full ppe and suits."*** A mother, 36 years old from Wales. She has a newborn baby. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.
Visiting restrictions and aftercare were especially difficult for parents with babies in NICU/NNU	***"I had my twins 6 weeks ago, 2 weeks into lockdown they was in nicu for 10 day as I was 34 weeks and 5 days when they born. Just under 4 lbs for both….. Since having the care from nicu I had seen one midwife and one health visitor, I feel like we was just given the babies and basically keep them alive…"*** A mother, 33 years old from North West England. She has twin newborn babies. Her first language is English, she is White, married or in a civil partnership and their household income is £16k-£30k.
For some the quieter postnatal wards were an unexpected bonus	***"We were in hospital for a week after the birth and in the hospital we had all the support we could want/need in neonatal and on the ward. It was quite nice with the ward being quiet, i.e. no visitors except partners. My husband could only visit for a short time each day due to our other children. Everyone did an amazing job considering their own feelings towards being at work and being at risk."*** A mother, 40 years old from Scotland, she has a newborn baby, she is married or in a civil partnership and their household income is £60k-£90k.
The absence of partners or husbands in early labour, birthing and on the postnatal wards was experienced by many as difficult and distressing	***"I had to give birth early to a preemie on my own as Covid stopped my partner from finding a babysitter for our older children."*** A mother, 26 years old from Scotland. She has a newborn baby. Her first language is not English, she is White, married or in a civil partnership and her household income is under £16k.

3.1.2 Experiences of fathers and other co-parents

The lockdown restrictions meant exclusion of fathers and other co-parents at antenatal appointments and their absence from all or most stages of labour had an impact on both partners. Pre-COVID, up to 1 in 10 fathers would develop a mental health problem around the birth of a baby.[13] Involvement in the routine appointments and confidence gained in interactions in the earliest days help fathers to bond with their baby.[14] It is an important part of building stronger couple relationships, sharing the load and learning how to parent together.

"Exclusion of dads causes unnecessary stress and worry and makes expecting mums feel unsupported and dads unvalued."

A father, 32 years old from the East Midlands, England. He has a one-month-old baby. His first language is English, he is White, married or in a civil partnership and his household income is £30k-£60k.

Same sex couples also experienced exclusion from appointments.

"My wife and I have spent years trying to get pregnant. We have gone through rounds of IUI, IVF, meds, needles, operations and procedures to finally find that it had worked in December 2019. Then COVID-19 hit and we were left facing a world where I was a high risk pregnancy, we were first time parents, we had done so much to get to where we are and everything fell from under our feet. My wife couldn't attend antenatal appointments with me, even those that were emergency checks due to possible problems such as amniotic fluid leaking etc."

A mother, 31 years old from North West England. She is currently 27 weeks pregnant. Her first language is English, she is White, in a civil partnership and her household income is £30k-£60k.

CASE STUDY

Naz is 24, living in South East London and mum to a newborn.

Before the pandemic I was really excited about my pregnancy and wanted my partner to be fully involved in the process. Then we went into lockdown and he wasn't able to attend appointments with me anymore – it was so hard feeling like he was missing out and having to do all this alone with my first child.

My biggest fear was birth and not knowing whether my partner could be with me. I had complications during my water birth and was really stressed knowing that if we moved from the birthing centre my partner would have to leave. In the end I was moved to a labour room where I had my baby boy by forceps delivery. Within 45 minutes my partner had to leave – he couldn't see our son again until I left the hospital on day three.

I had to have a spinal injection and stay on the labour ward, with only one other woman there with me at the opposite end. When I could finally leave I had to walk out alone with heavy stitching and all of my belongings – no one offered to carry anything for me.

Once home the experience was still horrible as my baby wouldn't latch on – I had to wait five days to see a midwife and resorted to giving him milk in a syringe in the meantime. I also experienced numbness down my left side, which was undiagnosed despite trips to the labour ward and A&E.

13. Singley, D. B., & Edwards, L. M. (2015). Men's perinatal mental health in the transition to fatherhood. *Professional Psychology: Research and Practice*. https://doi.org/10.1037/pro0000032.
14. Meier, M.E., & Avillaneda, L. (2015) A Literature Review of Paternal Involvement in Prenatal Care. *Journal of Family Strengths*. http://digitalcommons.library.tmc.edu/jfs/vol15/iss1/10.

Due to a substantive reduction in midwifery appointments and antenatal classes as well as parents not being able to visit their hospital, fathers and other co-parents have had significantly reduced opportunities to participate in important parts of the pregnancy and birth journey.

Together these can disrupt bonding, placing strain on couple relationships and likely increasing the risks of developing mental health difficulties.

"I'm scared for my child. I'm scared for my partner. I'm scared that my furlough leave is not guaranteed after 30th June. I'm scared that if I lose my job I'll not be able to pay rent. I'm scared of going homeless and having nowhere to go as the housing organisation is closed. I am terrified."

A father of an unborn child, 18 years old from Northern Ireland. His partner is currently 13 weeks pregnant. His first language is English, he is White, living with his partner and his income is under £16k.

CASE STUDY

Steve is 36, lives in Manchester and is a dad of one.

Our son was born in March, three days before lockdown officially started. I'd left my job shortly before – I wasn't very happy there and my partner was kind enough to say, "we can afford it for a couple of months, why don't you take some time and spend some time getting to know your son?"

My partner feels she was sort of robbed of her maternity. One of the things she wanted to do more than anything was go to this group called Puddle Ducks swimming and she's only recently been able to meet up with other new mums in the area. But she's been amazing – I can't believe that she's managed as well as she has. We didn't want to have the cliché of mum stays at home, dad goes to work and it was harder than I expected.

I've struggled quite a bit mentally. There were a lot of times where I was worried I would drop my son. I was sleep deprived, absolutely abysmally down in the dumps and I was finding very little help for fathers out there in terms of support.

Health visitors asked more about my partner, which I completely understand. She's been through two lots of trauma, mentally and physically, but I was struggling with my mental health. That might sound awfully selfish, but it was like "I'm trying to get help".

I then found Dad Matters (Home-Start Oldham, Stockport and Tameside project to support dads). I also started a podcast called Inside Dad and I make it slightly humorous at times, but then signpost to the likes of Dad Matters and suggest dads talk to their midwives – they are there for you as well. It may not feel it but talk to them.

3.2 Experiences of the postnatal period

Just over 1 in 10 (11%) parents of under twos[15] have seen a health visitor face-to-face.

"I'm not sure where to turn to for extra support if I'm concerned about anything.. all I've had after being discharged from the midwives is a phone call from the health visitor and nothing else."

A mother, 19 years old from South West England. She has a one-month-old baby. Her first language is English, she is White and single. She preferred not to disclose household income.

Over half of respondents are breastfeeding (55%), but over half of those using formula had not planned to do so (53%). In the South East of England this figure rose to 60%.

"Felt unable to access some help, really struggled with breastfeeding and finally managed to get an appointment to be assessed but only watched from across the room as social distancing and not able to be shown correctly."

A mother, 31 years old from South West England. She has a one-month-old baby. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.

Whilst some respondents valued digital health appointments, they left others feeling exposed and humiliated.

"I missed out on breastfeeding workshops, so this has been a huge struggle and still is. It's very hard to learn over a zoom call….I hate that I'm using formula and I hate that I hate breastfeeding. I am distraught that I finally succumbed to the shame of breastfeeding on a zoom call to ask for support with feeding for it to help a little as I was praying it would be the answer. I have never been so low."

A mother, 30 years old from the East Midlands. She has a one-month-old baby, Her first language is English, she is White, living with her partner and their household income is £60k-£90k.

3.3 Accessing care and support

A change in experience and frequency of contact between antenatal and postnatal care was evident in the closed questions, as well as being apparent in the open-ended responses where the lack of access to professional support in the postnatal period was frequently mentioned.

Almost three quarters (74%) of pregnant respondents have had face-to-face contact with midwives. This contrasts with just over one in ten parents of babies aged under two (11%) having seen a health visitor face-to-face.[15]

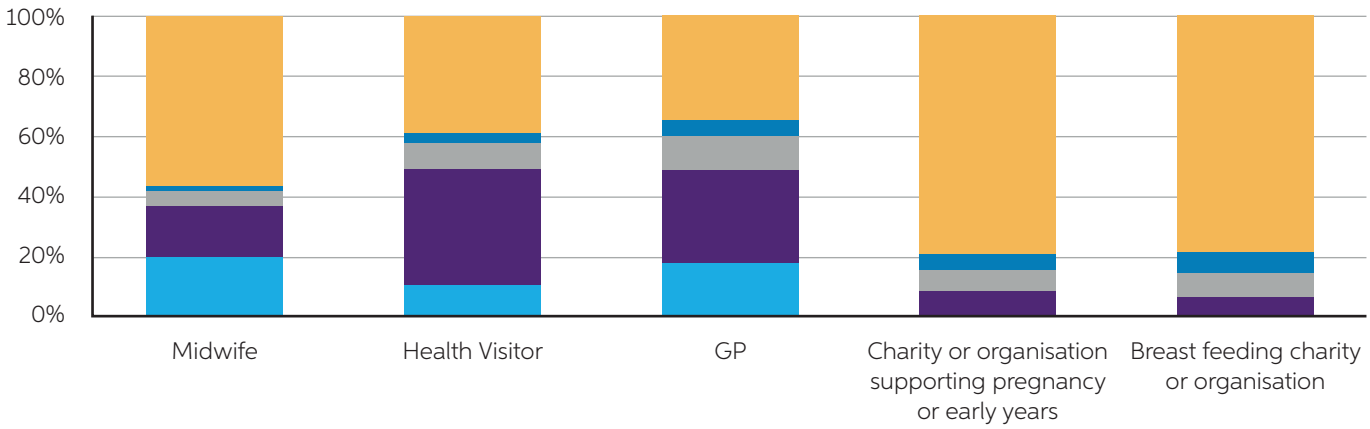
"It's not good that we are left alone, no contact from health visitors."

A mother, 39 years old. She has a seven-month-old baby. Her first language is not English, she is White, living with her partner and her household income is £16k-£30k.

15. In our sample 81% of babies were aged one year or less and 39% of the babies were aged **under two months**.

Figure 14. Contact with statutory and voluntary services in the postnatal period

Q6. Have you had any face-to-face, telephone, video or email/text contact with the following?



Face-to-face contact · Telephone contact · Email/text message contact · Video contact · No contact/Not applicable

Base: all (non-pregnant) respondents with a child aged under two (3,965).

Contact with health professionals varied by region with Scottish and Welsh respondents having significantly more telephone contact and Scottish respondents, along with those from and Northern Ireland, having more face-to-face contact with Health visitors, in proportion to the sample size. This mirrors differences that exist in health visiting services between nations even in "normal" times. In England, families are only entitled to five contacts with health visitors. In Northern Ireland and Wales families get nine reviews while in Scotland there are 11.[16]

Contact with midwives for pregnant respondents also varied by region, with those in the South East of England having significantly more support across all contact types (face-to-face, telephone, email or text, video), followed by the South West of England who also reported more face-to-face contact and email or text than their counterparts in other regions.

16. Nursing Times 2019 "MPs call for additional health visitor check at the age of three" https://www.nursingtimes.net/news/public-health/mps-call-for-additional-health-visitor-check-at-the-age-of-three-26-02-2019/.

3.4 Breastfeeding and breastfeeding support

There is an overwhelming body of evidence that breastfeeding has significant benefits for babies and their mothers, including improved physical health outcomes such as a reduced risk of obesity.[17] Breastfeeding and responsive infant feeding are supportive of babies' emotional wellbeing. There are complex relationships between infant feeding and perinatal mental health. When it is going well, breastfeeding can benefit mothers' and babies' mental health.[18] However it is also true that women with mental health problems can be more likely to struggle with feeding[19] and conversely, challenges around feeding can be a trigger for mental health problems.[20] Therefore access to high quality infant feeding support is incredibly important.

We asked respondents whether they were feeding their infant in the way that they had planned and whether they had received the breastfeeding support they needed. We also invited them to tell us more about their experiences if they wanted to. Our survey revealed very varied experiences geographically and for individuals.

Over half (55%) of all postnatal mothers were breastfeeding at the time of this survey. Over a quarter (28%) of women stated that they did not have the support they required with breastfeeding, which is in line with findings from a recent pre-COVID study where 30% of women wanted more help.[21] In our survey, over half (55%) of those exclusively formula feeding had not planned to do so. In the South East, this figure rose to 60%.

The last nationwide study of infant feeding[22] found that mothers who did not receive help or support for problems with breastfeeding were more likely to have stopped breastfeeding within the first two weeks of their child's birth compared to those who did receive such help or support (27% compared with 15% after leaving the hospital, birth centre or unit). In our survey, women cited feeling rushed out of hospital, poor follow-up care and poor access to information and support once at home as the main barriers to establishing breastfeeding with their babies. There were also practical issues for respondents around breastfeeding their babies outside of their homes during the lockdown.

"I feel really let down as regards breastfeeding support and have really struggled to keep this going despite really wanting to breastfeed. My baby has a tongue tie that is not being treated on the nhs but is having an impact on his well being and his weight gain. We are confused as how to access support for his health and development and scared to access healthcare support for myself."

A mother, 32 years old from the East Midlands England. She has a newborn baby. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.

"Felt very isolated and almost abandoned once home. No outdoor space so has feel quite claustrophobic. Stopped in a park to breastfeed when out on daily exercise and got moved on by police."

A mother, 31 years old from South West England. She has a 1-month-old baby. Her first language is English, she is White, living with her partner and her household income is £30k-£60k.

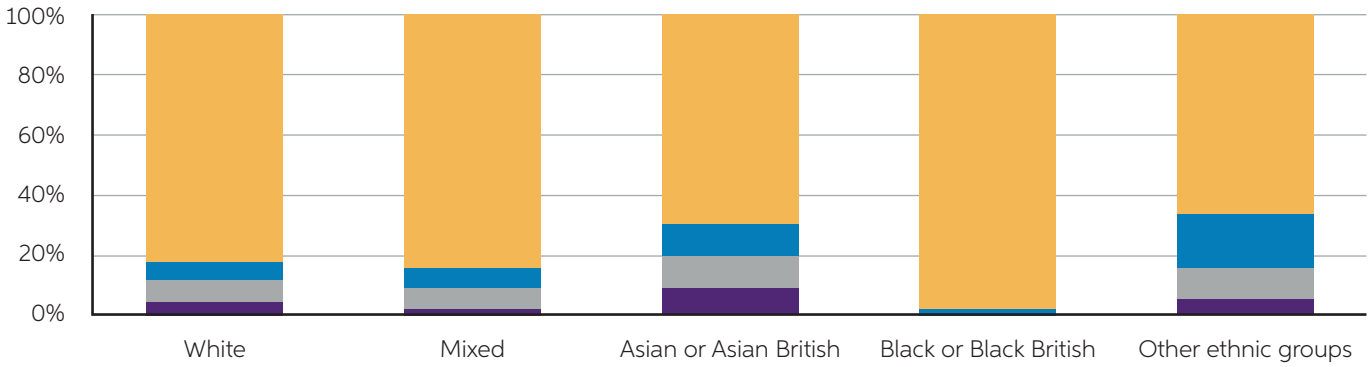
17. Grube, MM et al (2015) Does Breastfeeding Help to Reduce the Risk of Childhood Overweight and Obesity? A Propensity Score Analysis of Data from the KiGGS Study. Plos One, DOI: 10.1371/journal.pone.0122534.
18. Breastfeeding: Synthesis. In: Tremblay RE, Boivin M, Peters RDeV, eds. Encyclopaedia on Early Childhood Development [online]. http://www.child-encyclopedia.com/breastfeeding/synthesis. Updated June 2017. Accessed June 6, 2018.
19. Dennis, C. L., & McQueen, K. (2009). The relationship between infant-feeding outcomes and postpartum depression: a qualitative systematic review. Pediatrics, 123(4), e736-e751.
20. Borra, C., Iacovou, M., & Sevilla, A. (2015). New evidence on breastfeeding and postpartum depression: the importance of understanding women's intentions. Maternal and Child Health Journal, 19(4), 897-907.
21. YNPEU (2019). You and your baby- a national survey of health & care. https://www.npeu.ox.ac.uk/assets/downloads/maternity-surveys/reports/You%20and%20Your%20Baby%202018%20Infographic%20v0.5%20-%2004-Nov-2019.pdf.
22. McAndrew, F., Thompson, J., Fellows, L., et al (2012). Infant Feeding Survey. https://sp.ukdataservice.ac.uk/doc/7281/mrdoc/pdf/7281_ifs-uk-2010_report.pdf.

Black or Black British respondents were least likely to have had any contact with breastfeeding support organisations or charities, which is consistent with research into Black women's experiences of maternity in usual times. This disparity highlights an area for concerted investigation. It is critically important that there is well funded, high quality, accessible breastfeeding support for Black, Asian and ethnic minority families and diversity within national and local breastfeeding charities and NHS support groups. Women identify a lack of expertise and support in primary and secondary care settings and lack of access to voluntary sector support as key barriers to breastfeeding.[23]

The COVID-19 New Mum Study has recently reported on the breastfeeding experiences of a cohort of women during lockdown compared with a cohort who gave birth outside of lockdown.[24] They report that "the effects of the pandemic on infant feeding may vary depending on the context, access to support and special circumstances experienced by individual mothers". They did highlight that both groups had experienced difficulties in accessing support. This is similar to the findings from our survey too.

Figure 15. Contact with breastfeeding charity or organisation by ethnicity

Q6. Have you had any face-to-face, telephone, video or email/text contact with the following? [Breastfeeding charity or organisation]



Face-to-face contact
Telephone contact
Email/text message contact
Video contact
No contact/Not applicable

Base: all respondents (5,474).

23. Annah Psarros (2018) Mothers' voices: Exploring experiences of maternity and health in low income women and children from diverse ethnic backgrounds. Maternity Action.
24. Vazquez-Vazquez, A., Dib, S., Rougeaux, E. et al. (2020) The impact of the COVID-19 lockdown on the experiences and feeding practices of new mothers in the UK: Preliminary data from the COVID-19 New Mum Study. *medRxiv*. https://doi.org/10.1101/2020.06.17.20133868.

3.5 Appointments during lockdown

While it is clear what the rationale is for switching from face-to-face to digital consultations, the emotional impact for mothers receiving care in this way must not be underestimated.

Whether it was being helped with breastfeeding via video and the discomfort of filming a baby trying to make a latch onto the breast, or the experience of seeking medical help for an infected wound after birth, the mothers in our survey made clear how difficult this was for them.

"On day 6 my episiotomy stitches burst and became infected. The delivery suite told me to contact the community midwife, who told me to contact my GP. I was advised by the GP receptionist that I would have a telephone consultation with the GP but I needed to provide photos of the wound and infection. This felt completely wrong, a complete invasion of my privacy, as I was being asked to send an email containing photos of my vagina and perineum to a generic GP practice email address to ensure I could receive antibiotics for the infection."

A mother, 31 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.

3.6 Access to information and advice

Nearly 4 in 10 (38%) pregnant respondents were concerned about getting reliable pregnancy information and advice. Perceived access to information appears to be a core part of managing anxiety.

"... I still haven't met my midwife face to face, she wasn't there for my booking in appointment and my 16wk appointment got changed to a telephone call. I'm not going to meet my midwife until week 25. Lots of information regarding Covid all over the place but there is still a lot of unknown. Being pregnant lowers your immune system, lots of medicines can't be used, I'm Asthmatic & recently black people are now known to be 2 x more likely to have complications if they contract Covid. It would be good to have an idea of the plan going forward as even if I can work from home will my child eventually going to nursery where they can't socially distance put me at greater risk."

A mother, 36 years old, from the East Midlands. She is currently 20 weeks pregnant. Her first language is English, she is Black/Black British, married or in a civil partnership and their household income is £60k-£90k.

"The communications from my local NHS trust have been absolutely fantastic. The Head of Midwifery, has done incredibly helpful and reassuring videos very regularly. These have made an enormous difference to my confidence about giving birth and ante and postnatal care. I think all her team deserve to be highly commended for how they have handled this incredible situation!"

A mother, 39 years old, from the South East. She is currently 38 weeks pregnant. Her first language is English, she is White, living with a partner and their household income is more than £90k.

People in the lowest income bracket felt less equipped with the information they needed during and after their pregnancy.

"feel this situation has stopped me getting the support i need as a mum from family, health visitor and breastfeeding groups. My baby has had no interactions outwith the household other than the appointments wich may effect development. Being unable to be out in the sun for enough time resulted in prolonged jaundice wich we were then unable to get treatment for in hospital. This took almost a month to completely clear."

A mother, 25, no postcode given, has a baby of two months. Her first language is English, she is White, married or in a civil partnership and their household income is under £16k.

Fewer Black/Black British and, Asian/British Asian respondents felt they had the information they needed during pregnancy or after birth. Black/Black British respondents were less likely to have accessed information and support via the web or apps.

"Information hasn't been great coming from the hospital in terms of birth preparation. It's nice to know others are going through the same so you can support each other. I've struggled to work and keep my toddler entertained. Getting mum guilt. From being at home I've put on more weight than I should which makes me worry about baby being big and me being able to shift the weight."

A mother, 32 years old from Greater London. 35 weeks pregnant. Her first language is English, she is Black/Black British, married or in a civil partnership and her household income is £60k-£90k.

3.6.1 Access to reliable information

Overall, two-thirds (67%) of respondents felt that they had the information they needed to look after themselves. However, this varied by region as well as by other variables, such as ethnicity, age and whether pregnant or with a baby. Importantly, having the information needed appeared to be associated with respondents feeling less anxious as a result of COVID-19.

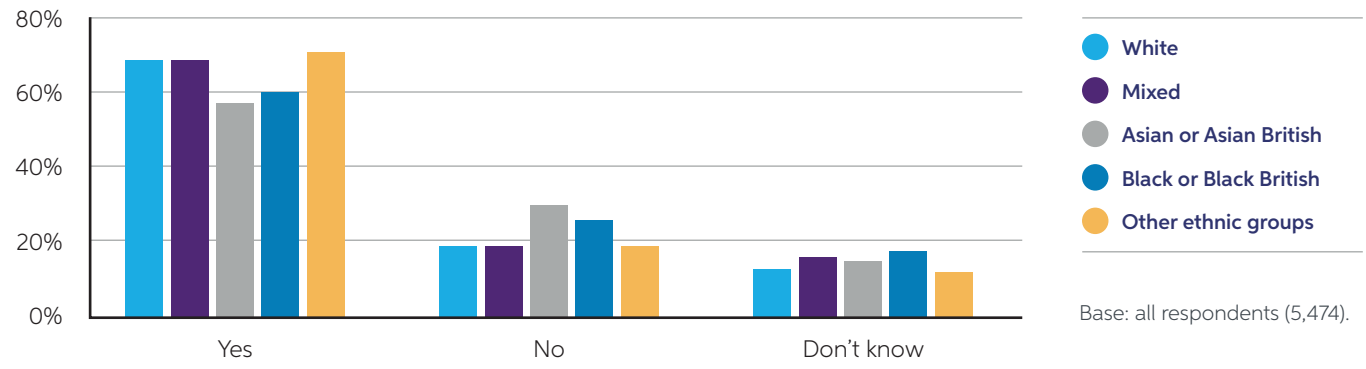
Just over a third (38%) of those who were pregnant cited access to reliable pregnancy information and advice as a main concern, as compared to just 1 in 8 (13%) of those with a baby under two. Demographic variations in the perception from respondents that they had the information they needed to look after themselves and their pregnancy or baby warrant further investigation.

Among our respondents, comparatively fewer Asian/Asian British, Black/Black British felt they had access to the information they needed. This finding is consistent with previous research which has highlighted the need for culturally relevant and sensitive information.[25]

At the end of June, NHS England issued guidance saying that pregnant women from Black, Asian and minority ethnic backgrounds should receive increased support and tailored communications. The letter to maternity units also stated that information should be recorded about the ethnicity of every woman, and other risk such as health conditions, age, body mass index (BMI) and whether they live in a deprived area.[26]

Figure 16. Access to information – by ethnicity

Q5. Have you/your partner had the information you've needed to look after yourself/ themselves and their pregnancy or family?



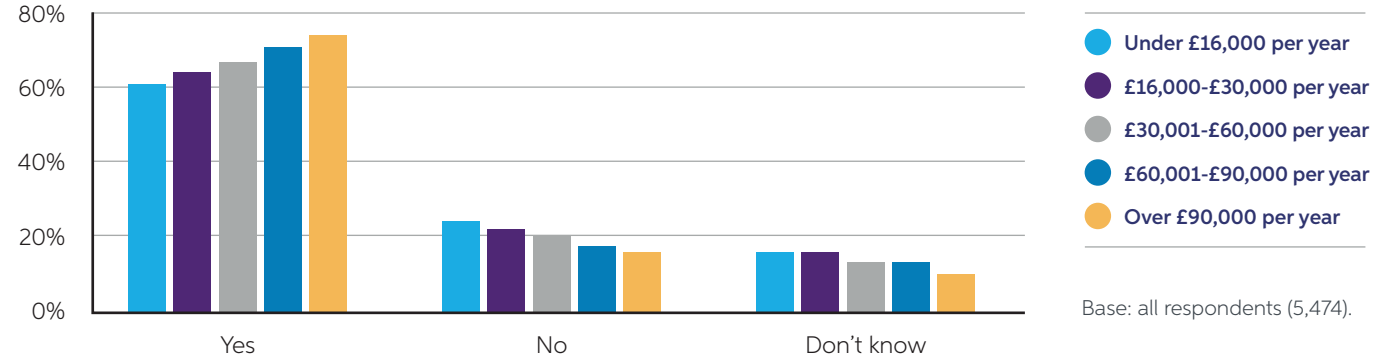
Base: all respondents (5,474).

Respondents on lower incomes were also more likely to say they did not have the information they needed.

25. Kuldip K. B., & Sarah M. S. (2008) Addressing ethnic inequalities in maternity service experiences and outcomes: responding to women's needs and preferences. *A Race Equality Foundation Briefing Paper*. Retrieved from https://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-brief11.pdf.
26. https://www.england.nhs.uk/2020/06/nhs-boosts-support-for-pregnant-black-and-ethnic-minority-women/.

Figure 17. Access to information – by income

Q5. Have you/your partner had the information you've needed to look after yourself/ themselves and their pregnancy or family?



Base: all respondents (5,474).

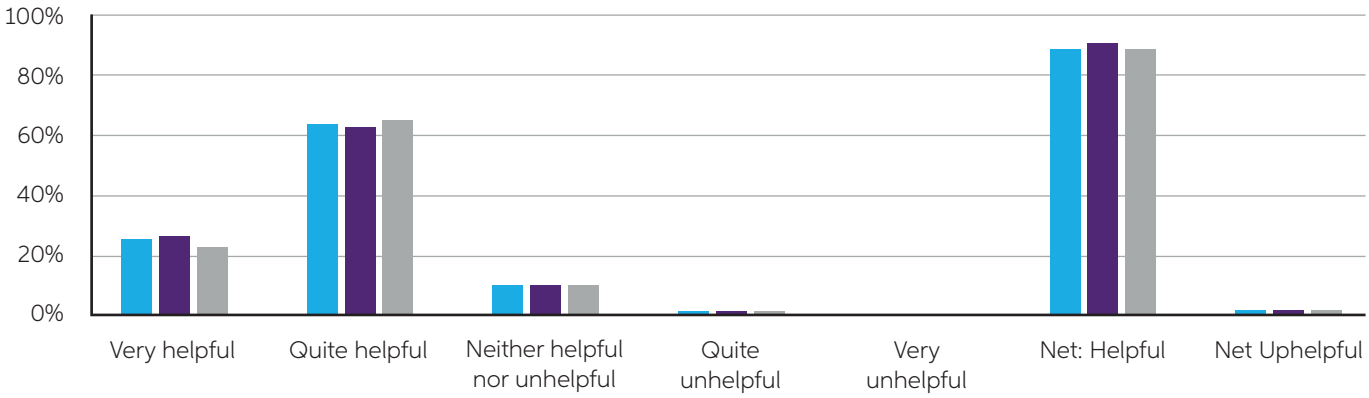
3.6.2 Online information and support

Those who are pregnant are using apps and the internet more than parents of babies aged under two. Almost 9 in 10 (89%) find other websites about pregnancy, giving birth or parenting a new baby helpful.

Sources of support varied amongst those of different ethnicity. Asian respondents were less likely to go to friends or family for additional support; Black/Black British respondents were the group least likely to go to their GP, to use websites or to use online forums/support groups; White respondents were more likely to consider attending Accident and Emergency than Black or Asian respondents.

Figure 18. How helpful are websites or apps from charities

Q11. How helpful have you found each of the following? Pregnancy or parenting websites or apps from charities.



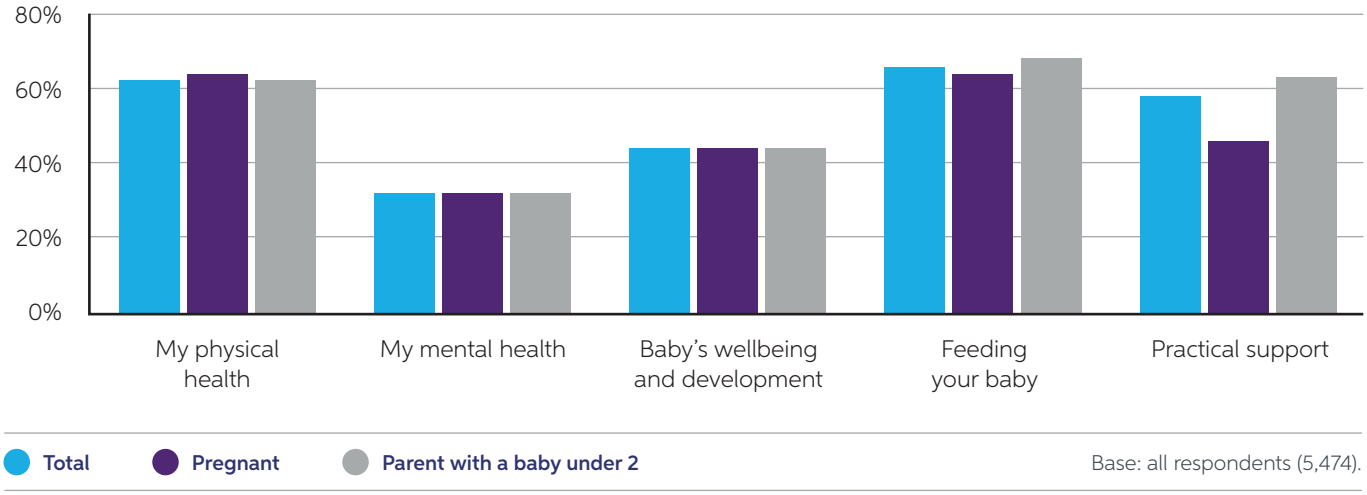
Total Pregnant Parent with a baby under 2

Base: all respondents using an app or the internet for information on pregnancy/giving birth or parenting a new baby (selected in the previous question) (1,988).

3.6.3 Accessing additional support

Figure 19. Summary of net confidence* across each element of support

Q8. How confident are you that if you need more help or support with the following things during COVID-19 you would know how to get it?



*Net confidence is the sum of respondents who selected 'very confident' and those who selected 'quite confident'.

Among our respondents, most said they would turn to family and friends for additional support. We asked respondents to rate their confidence in accessing support for a range of needs – physical health, mental health, babies' wellbeing and development, feeding baby and practical support.

As has been highlighted earlier, there was a lack confidence in accessing support for mental health with only one third (32%) of respondents expressing confidence in being able to access support if required, which is notable as respondents most frequently cited their mental and emotional health as a main concern. It is notable too, though unsurprising, that parents with babies felt less confident in accessing practical support.

"It feels like you have been left behind and ignored."

A mother, from North West England. She is 30 weeks pregnant. Her first language is English, she is White and living with a partner. She preferred not to disclose household income.

Home-Start supporting families during COVID-19

For almost 50 years Home-Start have provided face-to-face support for families in their own home. From 23rd March 2020, this was no longer possible. The lockdown meant an immediate pausing of all home visiting support.

Almost all Home-Starts have continued to support families and have innovated to work in new ways to continue to be alongside families. 94% of Home-Starts have been delivering telephone support to individuals. 68% have been delivering groceries to families who couldn't leave their houses to reach shops or food banks. 60% are working in partnership with local authority Children's Services to support families at risk.

We supported mums like Mercedes, who received support from Home-Start York's new local Volunteer Telephone Befriending Services. "During the Coronavirus pandemic, Home-Start has really helped us keep sane," she says. "It's helped us keep a routine, and keep up with everyone. They've continued to be a huge support through calls and video calls and I couldn't thank them more for everything".

Home-Start Trafford, Salford and Wigan were able to deliver a much-needed food parcel to David* a dad with complex health needs who has had to self-isolate completely. When his isolation began, David said "I don't know what I am going to do. I can't let my child starve. I know they are looking after my health, but my child comes first". They have also provided David with lots of fun ideas and activities he can do with his daughter at home and will be keeping in touch to make sure they have all the support and supplies they need to get them through the next few weeks.

Early on, families were sharing with us that children were bored and lacking inspiration in lockdown, so many local Home-Starts innovated with story time sessions from celebs, and putting together activity and craft packs for families. These have proved such a welcome relief for families particularly those showing signs of struggling.

Photo copyright Home-Start UK

In the face of reduced support from statutory services such as social workers and health visitors, many local Home-Starts have worked in partnership with local authorities to keep in touch with vulnerable families.

The impact of social isolation on families will be huge and long lasting. There is an expectation that we will see referrals to Home-Starts increase over the coming months as families begin to come into contact with health visitors and other services again. But even before that happens 1 in 3 (35%) of Home-Starts report that demand for their service has increased and half have said that demand has remained the same, even as support has changed.

Things won't return to as they were – but there are opportunities in the new world – to ride the wave of digital innovation we have seen and build on the evidence of what works to keep relationships and connection at the heart of our work with families, to continue to integrate our work alongside statutory support, to grow more partnerships with other organisations to make family support more accessible to more families and to work together to raise public and governmental attention to the needs of families.

The importance of these findings

Parents and caregivers play a vital role in early child development and can provide a buffer between external crises and babies' experiences. However, if parents do not have the physical or emotional capacity to provide nurturing care, then crises such as the COVID-19 pandemic can have potentially significant and lasting impact on babies' development, with knock on impacts on later learning, earning, mental and physical health.[27]

The pandemic has already been described as a "pandemic of inequality".[28] Our survey findings were consistent with this analysis, showing that parents whose voices are seldom heard and whose children are at higher risk of poor outcomes, such as families with a low household income, young parents and those from Black, Asian and minority ethnic communities were more likely to have a difficult experience of lockdown, further exacerbating existing inequalities.

Evidence from our survey demonstrates that the specific conditions of the lockdown have increased parental stressors known to impact negatively on caregiving. Factors such as increased levels of stress; high levels of concern about mental health; low confidence in accessing mental health support; significantly reduced social support; and problems accessing reliable information about risks for pregnant women and babies have all made parenting more difficult during the pandemic.

While many parents will have been able to give their babies the nurturing care they need, some will have struggled, existing relationship problems may have been exacerbated and in the most extreme cases, there will have been new and recurring cases of abuse in all its forms.[29] Without urgent action to tackle these adversities, the pandemic could have long lasting effects on our babies and their life chances.

27. Yoshikawa, H., Wuermli, A. J., Britto, P. R et al. (2020) Effects of the Global COVID-19 Pandemic on Early Childhood Development: Short- and Long-Term Risks and Mitigating Program and Policy Actions. *The Journal of Pediatrics*. https://doi.org/10.1016/j.jpeds.2020.05.020.
28. Wright L, Steptoe A, Fancourt D. (2020) Are we all in this together? Longitudinal assessment of cumulative adversities by socio-economic position in the first 3 weeks of lockdown in the UK. *J Epidemiol Community*. https://doi.org/10.1136/jech-2020-214475.
29. Romanu, E. & Belton E. (2020). Isolated and struggling: Social isolation and the risk of child maltreatment, in lockdown and beyond. *NSPCC*. Retrieved from https://learning.nspcc.org.uk/.

A call to action – our policy proposals

Our survey has revealed that thousands of parents across the UK are struggling and feel that services are not able to respond to their or their babies' needs. While these are exceptional circumstances, the crisis has exposed deep issues that have been ignored for too long:

- Patchy provision for mental and physical health in the first 1,001 days for parents and their babies.
- The journey to parenting and early life is disproportionately difficult for some families, such as young parents, those on low incomes and from Black, Asian and minority ethnic communities.

The Government must act now to avoid a generation of babies who do not get the support they need for a strong start in life. We join our partners across the children's sector to call for the Government to prioritise children, as it has prioritised health and the economy during the coronavirus pandemic. It is time for leadership and a "rescue, recovery and repair" plan for the nation's children. In other documents, together with our partners, we have written extensively about specific actions needed in this plan.[30,31,32]

This report focuses on the impact of COVID-19 on families, but the issues raised are wider than that. The Government must provide urgent help to families and restore our depleted services. They must also enable and encourage local partners to work with parents and communities to develop innovative approaches which will support parents of all backgrounds to give their babies the care they need to thrive.

This will require the strategic deployment of new resources. We therefore call for:

1. A one-off **Baby Boost** to enable local services to support families who have had a baby during or close to lockdown.
2. A new **Parent-Infant Premium** providing new funding for local commissioners, targeted at improving outcomes for the most vulnerable children.
3. **Significant and sustained investment** in core funding to support families from conception to age two and beyond, including in statutory services, charities and community groups.

30. https://parentinfantfoundation.org.uk/1001-days-movement-champions-babies-during-covid/.
31. https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/covid-19-recovery-briefing-early-years.
32. https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/covid-19-recovery-briefing-children-and-young-peoples-mental.

Whilst additional funding is necessary to drive change, it is not sufficient and must be accompanied by clear leadership, joined-up strategic action and policies that better equip and encourage local systems to implement effective services and hold them to account for failure to deliver. Public spending currently increases as children get older. Funding given to older children should be matched by investment in the critically important early years. Not investing in the first 1,001 days is a false economy and results in costs to individuals, families, communities and the economy in the longer term. The stories shared by families in our survey have highlighted this.

We recommend action and investment for families across the UK. Our detailed recommendations here are specifically for the Westminster Government. The existing funding, structures and services in the devolved administrations vary and therefore the exact proposals below may need adjustment to work well in each devolved nation. Any increases in funding from the UK Government for families in England must result in increases in grants paid to the devolved nations, which should also be used to invest in the first 1,001 days, the "age of opportunity", to achieve similar goals.

Recommendation 1

A one-off Baby Boost to enable local services to support families who have had a baby during or close to lockdown.

The families whose babies were born during, immediately before and immediately after lockdown, perhaps experienced the crisis most acutely – missing out on valuable face-to-face contact with professionals, experiencing heightened anxiety and reduced support around labour, birth, the initiation of feeding and the postnatal period when support from professionals, family and friends is so vital.

Alongside professional support, many parents have also missed out on the opportunity to build the all-important social networks which many new parents rely upon. Our survey has shown powerfully the impact of the pandemic on some of these parents and how they have struggled to access support. The impact of the pandemic on new parents has been backed up by other research, for example a study showing that postnatal depression has nearly tripled during the crisis[33] – an issue which we know not only causes suffering for mothers but can also, without support, can affect the parent-infant relationship.[34]

Government has provided £3.7bn in emergency grant funding to local authorities to cope with the impact of COVID-19.[35] However, this funding will be focused on immediate crisis provision (such as PPE and support for care homes) and to fill gaps in income created by the lockdown. There is unlikely to be any funding remaining to boost support for families. Similarly, whilst there has been funding for the NHS, we expect most Clinical Commissioning Groups are focusing their funding on acute services at this time. There is therefore a need for an injection of funding specifically for babies and their families. Without such explicit targeting, these families will not get the attention they desperately need.

The need for additional resource to help new parents who have struggled and missed out on support during the pandemic has been recognised by the House of Commons Petitions Committee who argued that "the Government should fund and provide additional catch-up support targeted at this cohort of parents to enable them to access both the professional and more informal support that plays such an important role during the first few months of parenting".[36]

33. Davenport, M. H., Meyer, S., Meah, V. L., Strynadka, M. C., & Khurana, R. (2020). Moms Are Not OK: COVID-19 and Maternal Mental Health. *Frontiers in Global Women's Health*, 1, 1.
34. Hogg, S. (2013) Prevention in Mind: All Babies Count Spotlight on Perinatal Mental Health, *NSPCC*.
35. https://www.gov.uk/government/publications/covid-19-emergency-funding-for-local-government.
36. House of Commons Petitions Committee (2020) The impact of COVID-19 on maternity and parental leave.

The Government has announced £1bn new funding for schools to close gaps in achievement caused by COVID-19. This equates to around £112 per pupil.[37] We call for a Baby Boost of this amount for every baby born during or close to lockdown, which would equate to £55m across England.[38] This money could be used to enable additional contact with families with very young babies, to meet the backlog in health visiting and GP appointments that have been missed and to enable public services and charities to reach out to understand families' needs, identify risks and issues and offer support.

How does this compare to other funding announcements?

The Government has announced a series of funding packages to support those hit by the COVID-19 crisis. These include:

- £75m to get Britons home at the start of lockdown.
- The job retention ('furlough') scheme which pays up to £2,500 per month to employees.
- £1bn for schools to close the gaps in achievement (of which £350m is a tutoring package).
- £50m fund for councils to support their local high streets to get safely back to business.

Recommendation 2

A new Parent-Infant Premium to provide new funding for local commissioners in a way that will create a new focus on improving outcomes for the most vulnerable children.

COVID-19 revealed and exacerbated the huge inequalities in the resources available to families in the UK and the experiences and life chances of children. As we recover from this national crisis, we have a chance to do things differently, to be ambitious and to make change. Alongside increased core funding for services that support families in the early years of a child's life, there also needs to be a sharp focus on closing the gaps in outcomes between children from more disadvantaged communities and their peers.

The Parent-Infant Premium is modelled on the Pupil and Early Years Premiums, which enable schools and early years settings to close achievement gaps between disadvantaged children and the rest. Inequalities begin and are often embedded, long before children start school, with disadvantage typically widening with age.[39,40] We also know that home has a bigger impact on children's outcomes in the early years than childcare settings.[41] There is therefore a clear argument for any premium payment aimed at improving the attainment of more disadvantaged children to support services for families and interventions in the home in the earliest years of life. The Parent-Infant Premium, together with the Early Years and Pupil Premiums, ensure there is funding to close inequalities from pregnancy throughout childhood.

37. There are 8.89million children at school in England in 2020 https://explore-education-statistics.service.gov.uk/find-statistics/school-pupils-and-their-characteristics.
38. Using ONS birth statistics from 2018 we estimate that over 175,000 babies were born during lockdown in England, with a further 313,700 born in the three months before, or three months after lockdown.
39. Asmussen, K., Law, J., Charlton, J., Acquah, D., Brims, L., Pote, I., & McBride, T. (2018). Key competencies in early cognitive development: Things, people, numbers and words. London: EIF.
40. Feinstein, L. (2003). Inequality in the early cognitive development of British children in the 1970 cohort. Economica, 70(277), 73-97.
41. Melhuist, E and Gardiner, J (2020) Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to age five years DfE Research Report.

The Parent-Infant Premium would result in sustained additional funding to local areas across England to support strategic, joined-up efforts to improve outcomes in the first 1,001 days and beyond. It is not a one-off spend or a single initiative but a sustained investment that will drive system change.

The Parent-Infant Premium would operate similarly to the Pupil Premium in many ways, but be adapted to fund support for families in the earliest years of life. Details on how the Premium might work are set out in Appendix 1. In short:

- Funding would be given to local commissioners with an expectation that health and local authorities would work together to commission support for families from a range of providers.
- A grant would be paid quarterly according to the number of babies and children in the local area who are at risk of poor outcomes, from the last trimester of pregnancy until their third birthday.
- Recipients of the grant would be held to account for using this money to close gaps in outcomes.
- There would be flexibility in how the money can be spent: local decision makers could use it as they feel best to improve outcomes for disadvantaged children. It does not need to be spent only on eligible children, provided it is used in a way that improves outcomes for these children.[42]

Recommendation 3

Significant and sustained investment in core funding to support families from conception to age two and beyond, including in statutory services, charities and community groups

Before COVID-19, services for families in England in the first 1,001 days had been depleted by a decade of austerity to a point at which many were no longer able to offer a meaningful and effective service, let alone cope with a crisis. Cuts in funding, paired with a lack of central government leadership and local accountability, also led to huge variability in services across the country. This was highlighted by three separate Select Committees[43,44,45] in the year before COVID-19 and has been described again in the recent report by the Children's Commissioner.[46]

- Funding for local authority children and young people's services fell by £3bn between 2010/11 and 2017/18 – a 29% reduction.[47]
- Local authority spending on early intervention services for children and young people fell from £3.7bn to £1.9bn between 2010/11 and 2017/18 – a 49% decrease.[48]
- Since health visiting was transferred to local authorities in 2015, the funding for the Public Health Grant has fallen by £700m.[49]
- Local government spending on Children's Centres has fallen by an estimated 60%, from £1.5bn in 2010/11 to £570m in 2017/18.[50]

42. For example, the Pupil Premium can be used on whole school measures (e.g. Enhanced Teacher training and recruitment) if these improve outcomes for disadvantaged children.
43. Education Select Committee (2019) Tackling disadvantage in the early years.
44. Health Select Committee (2019) First 1000 days of life inquiry.
45. Science and Technology Committee (2018) Evidence-based early years intervention.
46. Best Beginnings. A proposal for a new early years guarantee to give all children in England the best start in life (July 2020). Children's Commissioner for England.
47. Children's Services Funding Alliance (2019). Children and young people's services: Funding and spending 2010/11 to 2017/18.
48. Children's Services Funding Alliance (2019). Children and young people's services: Funding and spending 2010/11 to 2017/18.
49. Local Government Association (2019) Health and Local Public Health Cuts.
50. Children's Services Funding Alliance (2019), Children and young people's services: Funding and spending 2010/11 to 2017/18.

The policy recommendations above will direct specific new resources towards families with the highest levels of need. However, they do not fully address the chronic underfunding of services for all families. Therefore, there must also be a significant and sustained improvement in core funding for local authorities and Clinical Commissioning Groups to spend on services that support families from conception to age two and beyond, including statutory services, charities and community groups.

Our services urgently need more funding. But there is also an opportunity now to better use other resources in our communities to support families. The COVID-19 crisis mobilised many of our communities particularly to support the NHS and older residents. We can learn from this and find ways to do more to strengthen families, networks, neighbourhoods and communities so that people can better support each other and solve the problems they face together. We must not only restore our depleted services, but work with and through families and communities to find new solutions, innovate and build services fit for the children of the 2020s and beyond.

Conclusion

Our survey reveals a mixed experience for expectant and new parents during lockdown. Many parents have coped well but our findings reveal that large numbers of parents across the UK are struggling, anxious, concerned about their babies and young children and unable to access the support they need.

While these are exceptional times, the crisis has exposed deep issues in family support that have been ignored for too long. The needs of expectant and new parents and their children have been shockingly absent in discussions about recovery and we want that to change.

As charities working with families, parents and children, Best Beginnings, Home-Start UK and the Parent-Infant Foundation aim, with this report, to highlight the needs of the youngest in society. We call on all governments across the UK to act now to avoid the risk that the current and future generations of babies do not get the support they need for a strong start in life.

For this vision to become a reality, we call on the Westminster Government for an immediate **Baby Boost** investment for COVID-19 generation babies, families and communities to mitigate the detrimental impact that the pandemic is having. Alongside this, we urge the Government to develop the **Parent-Infant Premium** – a mechanism to provide longer-term, sustainable investment in effective family support to address the inequalities faced by too many babies – and for the devolved nations to spend the funds in ways they identify to narrow gaps in outcomes.

These measures must be underpinned by substantial and sustained investment in core funding for support for families. Together, they have the potential to improve outcomes, save money, reduce inequalities and avoid a multi-generational post-COVID lottery.

This potential will only be fully realised if decisions are actively shaped by the needs and voices of parents and their communities. Our report has shown, yet again, the value of listening to the voices of those who are seldom heard.

The stories families have shared with us in this report show that we cannot afford to wait. They also highlight the distance we need to travel if we really are to build back better and ensure that the future cost of the pandemic is not unequally distributed to the most vulnerable families and children.

It is often said that from crisis comes opportunity. We hope that this crisis can catalyse meaningful change for families in the UK, creating a better, more equitable society in which more children are happy, healthy and able to thrive. This is the time for positive and assertive action. We must value and invest in what really matters – our children and their futures.

Appendices

Appendix 1: how the Parent-Infant Premium could work

This appendix sets out details for how the Parent-Infant Premium might work. This would benefit from testing and refinement by the Government in partnership with the sector. Our proposals have their limitations – grounded in broader issues such as the current lack of integration and limitations in outcomes measures. We have proposed a pragmatic way that this policy could be implemented quickly, together with suggestions for future improvements.

Identifying need

The Pupil Premium is given to schools according to the number of children who claim free school meals, looked after children and children of armed forces families.

The Parent-Infant Premium could be linked to similar indicators (although it would have to use income/benefit eligibility measures since young children cannot obviously claim free school meals). There is a clear case to target funding at other disadvantaged groups, such as Black, Asian and minority ethnic families and young parents, but it may be difficult to administer this. Income can act as a proxy for wider disadvantages.

Since child development is shaped by what happens before birth, the Parent-Infant Premium should be paid per family from the third trimester of pregnancy until the age of three (when the Early Years Premium begins), thus creating a continuous premium payment that follows the child through childhood.

Funding does not have to be spent on interventions that are only for eligible children. It can be used to support any local action that will close gaps in outcomes.

Recipients

Because there isn't a single service (like schools) which the new premium can go to, it should go to local commissioners. Commissioning of services for families in this life stage is complex and fragmented and there is no clear leadership/ overarching responsibility for the first 1,001 days.

Ideally the funding should be given to a local multi agency group to enable a joined-up response, but no multi agency group currently has commissioning powers. Therefore, we propose that the funding should be given to local authorities to spend in partnership with health and other partners on the Health and Wellbeing Board.[51]

Going forward, the Government should be clear on which local commissioning partnership has responsibility for improving outcomes from pregnancy to age three and also enable partners to pool or align budgets and commission together against shared outcomes (learning the lessons from Children's Trusts which were developing this approach in the early 2000s).

51. We can also see an argument for it to be given to health commissioners to spend with partners, including local authorities, through their Integrated Care System.

Outcomes

The Pupil Premium is focused on raising attainment for disadvantaged pupils. The Parent-Infant Premium should be focused on improving outcomes for babies and toddlers from disadvantaged backgrounds.

There are two outcomes measures currently used in the early years to assess children's development. The ASQ-3 which is used in the 2-2.5-year-old check carried out by health visiting services and the EYFS Profile which is used by schools when children are in reception year (the year they turn five). In terms of timing, the ASQ is the best outcome measure to use for the Parent-Infant Premium. However, there are limitations of this measure:

- The ASQ-3 is a developmental delay screening tool rather than an assessment of development and as such the percentage of children meeting the threshold is relatively high.[52]
- The ASQ-3 is conducted as part of health visitor checks and the strain on health visiting services influences whether or not it is carried out and the quality of the assessment. Research by the Office of the Children's Commissioner suggests that on average 20% of children do not receive their 2.5-year-old check, with as many as 65% of children in some local authorities missing it.[53]
- The ASQ-3 does not measure social and emotional development, which we know is critically important in the early years. The ASQ-SE does do this and is used alongside the ASQ-3 by some services.

There is clearly a need for a wider discussion about whether we have an accurate picture of the wellbeing and development of two-year-olds in England. In the meantime, the ASQ-3, ideally used with the ASQ-SE, could be used to measure and monitor the impact of the Parent-Infant Premium.

Funding

The Pupil Premium payments for children eligible for free school meals in England are currently £935 per secondary school pupil and £1320 per primary school pupil. A larger payment is given for looked after children. We recommend that the Parent-Infant Premium should be £1000 per baby in families who would be eligible for free school meals if their child was older.

12-14% of pupils in England are currently eligible for the Pupil Premium. Assuming a similar rate (13.5%) of young children would be eligible for the new premium, this would equate to around 275,000 pregnant women, babies and young children and so an annual spend of £275m.[54] Just as with the Pupil Premium, a larger payment could be given to looked after children.

Ensuring the funding improves outcomes

The Pupil Premium is not ring-fenced but there are measures to hold local partners to account for ensuring it is used as intended. A similar suite of measures could be used to guide the use of the Parent-Infant Premium.

- Monitoring and publishing outcome measures at a local level.
- Requiring recipients of the funding to publish a strategy for how they will use the premium (ideally in partnership with other local commissioners and service providers to ensure a joined-up approach).
- Sharing best practice and enabling evaluation. The Early Intervention Foundation could provide a toolkit for how the Premium might be used and support local evaluation of its impact – as the Education Endowment Fund does for schools.

52. NHS Digital and Ofsted (2017) Ages and Stages Questionnaire (ASQ-3) Analysis Children and Young People's Health Services Data Set (CYPHS), Experimental Statistics, October 2016 – March 2017 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/643759/ASQ3_analysis_Oct16_to_Mar17_main_findings.pdf.
53. Best Beginnings. A proposal for a new early years guarantee to give all children in England the best start in life (July 2020). Children's Commissioner for England.
54. Using the 2018 live births data there were 625,661 live births in England in 2018. 13.5% of this number is 84,462. The third trimester to age 3 is 3.25 annual cohorts of babies.

What difference would it make?

£1000 per baby per year could be invested in evidence-based interventions which would make a clear difference to early outcomes. Two examples of such interventions below are taken from the Early Intervention Foundation's Guidebook[55], but there are of course many others that can be delivered by universal, targeted and specialised services in the statutory and voluntary sectors.

The Solihull Approach Parenting Group is a universal parenting intervention where parents attend 10 weekly two-hour sessions for groups of 12 parents. Parents identify personal goals and the strategies that will help meet them and reflect on their child's behaviour and their relationship with their child.

The Solihull Approach emphasises containment, reciprocity and behaviour management. The programme begins with a home visit, where parents are expected to identify personal goals. Parents then monitor their progress in relation to the goals originally identified at the first home visit. Parents can be signposted into more intensive programmes if it is felt that their needs are not being met.

This intervention costs less than £100 per family and there is some preliminary evidence[56] that it improves children's behaviour.

Circle of Security (COS) is a group programme that improves parent-infant relationships among socially disadvantaged children between the ages of one and five. It is delivered by highly skilled psychologists – such as those working in specialised parent-infant relationships teams – to groups of six parents who attend twenty 90-minute group sessions.

The sessions make use of an individualised treatment plan developed for each parent-child dyad on the basis of issues identified during an initial assessment. Strategies are developed to help parents reflect on their behaviours through the use of video-feedback guidance used in the 20 group sessions.

This intervention costs between £100 and £500 per family and has preliminary evidence of improving attachment security which is linked to a wide range of later outcomes.

55. https://guidebook.eif.org.uk/.
56. The EIF rate this evidence as "level 2", which is described as preliminary evidence. To meet this level, the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

Appendix 2: demographic profile of respondents

Appendix 2 Table 1

Total Survey Respondents		N= 5, 474	
Pre/post natal		**Survey**	
	Pregnant	27% (n=1481)	
	New Parents	73% (n=3965)	
Mother/Partner		**Survey**	
	Mother	98% (n=5365)	
	Partner	2% (109)	
Age		**Survey**	**ONS**
	Under 20	0.5% (n= 27)	2.90%
	20-24	5% (n=268)	13.83%
	25-29	21.5% (n=1145)	32.46%
	30-34	40.3% (n=2148)	32.46%
	35-39	24.7% (n=1318)	18.96%
	40-44	6.1% (n=327)	4.01%
	45+	0.6% (n=33)	0.35%
Location		**Survey**	**ONS**
	England	70% (n=3892)	86%
	Wales	5% (n=451)	4%
	Scotland	8% (n=469)	7%
	Northern Ireland	3% (n=117)	3%

Total survey respondents		N= 5, 474	
Ethnicity		**Survey**	**England and Wales***
	Asian	3% (n=145)	9.70%
	Black	2% (n=90)	4.20%
	Other	1% (n=42)	4.10%
	Mixed	2% (n=96)	1.90%
	White	93% (n=5065)	65.60%
	Not known/stated	n/a	14.60%
English as a first language		**Survey**	**England and Wales***
	Yes	95% (n=5215)	59%
	No	4.55% (n=249)	14.80%
	Prefer not to say	0.18% (n=10)	26.20%
Relationship status		**Survey**	**ONS**
	Married or civil partnership	65.3% (n=3576)	51.50%
	Cohabiting	29.3% (n=1605)	n/a
	Single,widowed or divorced	4.7% (n=260)	n/a
Annual household income		**Survey**	
	<£16,000	7.7% (n=390)	
	£16,001 – £30,000	18.4% (n=934)	
	£30,001 – £60,000	44.7% (n=2269)	
	£60,001 – £90,000	20.7% (n=1051)	
	over £90,000	8.6% (n=435)	

* **Maternity Services Data set from NHS Digital Table 1.** Profile of survey respondents (contextualised with national level data where possible)

In total, we had 5,474 respondents over the period of the survey from 29th April to 3rd June. The vast majority of respondents (98%) were mothers, with only 1% fathers and other co-parents to someone who is pregnant and 1% partner to someone who gave birth or adopted in the last two years. The mix of respondents might be understood to reflect the channels of dissemination alongside the self-selection in respondents who were most represented in the months before and after the birth of a baby.

The representativeness of the sample is limited when considering the main demographic factors of pregnant and new mothers. The representativeness from the four nations of the survey followed a similar pattern to the national distribution which is positive. When comparing the distribution of the age groups of mothers in the UK and the survey, there is an under-representation of mothers under 24 and an over-representation of mothers over 30 in the survey. It is evident that there is a significant ethnicity bias in this sample, as 93% of the survey respondents were White, with Black, Asian and minority ethnic groups making only 7% of the sample, compared to the 15.8% in England and Wales. There was an over-representation of participants who are married or in civil partnership in comparison to the national variation in the UK. However, the analysis of the survey findings includes exploring and accounting for the differences between groups and subgroups.

It is important to note that there are significant inconsistencies in how demographic data for pregnant, new mothers and fathers and other co-parents collected across the four nations. This limits the ability to create a comprehensive comparator for most variables and reduces the accuracy of a weighted data sample. This is especially true for the ethnicity of pregnant or new parents, as there seems to be a significant variation in how data is collected from different health entities across the four nations.

For this reason we chose to take a closer look at the unweighted data in an attempt to understand the impact on individuals in more detail, using available national level data for context where possible (Table 1.) The study biases that arise from analysing an unweighted sample must be acknowledged in the report findings. The data has been analysed by relevant demographic factors to increase the accurate representation and understanding of the findings and deeper insights are captured through the qualitative data in quotes from participants.

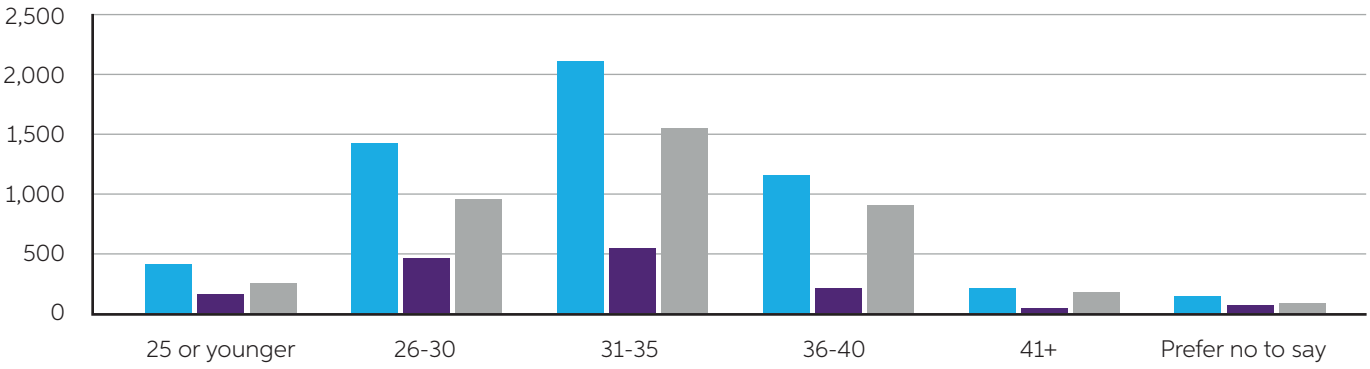
The decision not to weight the data may have an impact on contextualising the survey findings at a population level, but it is a potential extension of this report that would need a more systematic data collection techniques that are promoted through collaboration with national data collection bodies.

Ages of respondents

The ages of the respondents ranged from age 15 (37 weeks pregnant) to age 55 (parent to a one-month-old). The age range with the most respondents was 31-35 years old.

Appendix 2 Figure 1. Age of respondents

P1. How old are you?



Total Pregnant Parent

Base: all respondents (5,474).

Compared to the national distribution of mothers across age groups, mothers under the age of 25 were underrepresented in our survey. Despite the national distribution showing that a lot of women aged 30-34[57] are having babies, a greater majority of our respondents fell in this age range and therefore are overrepresented in our sample. The survey also over-represents mothers over 45. (Table 2).

57. Office for National Statistics (2018): *Birth characteristics in England and Wales: 2017*. Annual live births by sex, ethnicity and month, maternities by place of birth and with multiple births, and stillbirths by age of parents and calendar quarter. Published 10 January 2019. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2017.

Ethnicity of respondents

Appendix 2 Table 2. Profile of respondents

	Total	I am currently pregnant	My partner is currently pregnant	I gave birth in the last two years, or I have adopted a child aged under two-years-old	My partner gave birth in the last two years, or we have adopted a child aged who is under two-years-old
All	5,474	1,480	29	3,903	62
White	5,065 (93%)	1,356	27	3,625	57
Mixed	96 (2%)	33	1	62	–
Asian or Asian British	145 (3%)	41	–	103	1
Black or Black British	90 (2%)	32	–	57	1
Other ethnic groups	42 (1%)	7	–	33	2

Base: all respondents (5,474),

The profile of respondents by ethnicity varied across the regions of the UK. Overall, the total sample numbers fell well below that which would be representative of the population. Ethnicity data obtained by Public Health England from the Maternity Services Dataset from NHS Digital outlines the reported ethnicity group of pregnant women in 2018 in England and Wales. Figures have been rounded prior to aggregation and percentages calculated on rounded data. These numbers include women with existing children and it covers a time period between January and June 2018 (Appendix 2 Table 1).

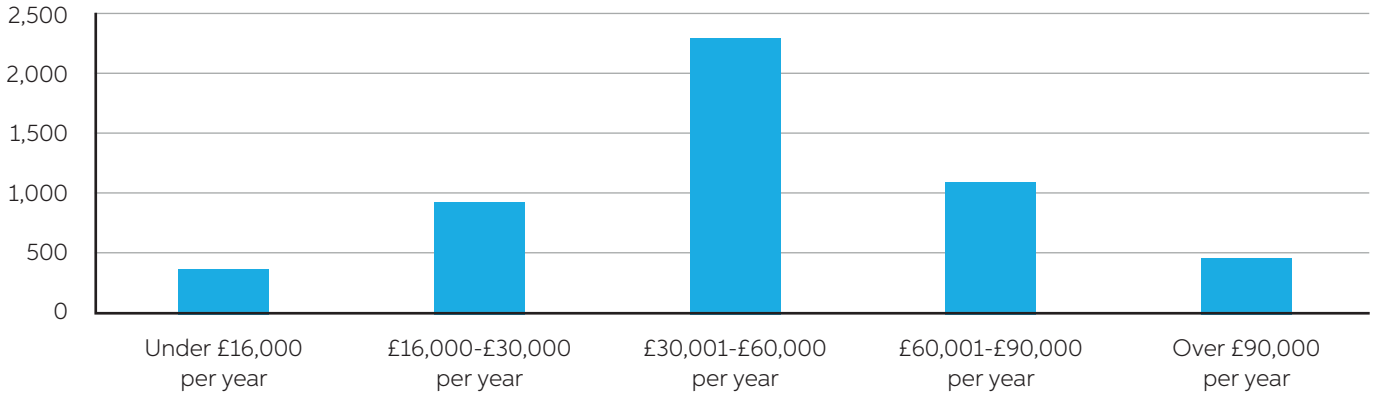
It is evident that there is a significant bias across the total sample population as 93% of the survey respondents were White with Black, Asian and minority ethnic groups making only 7% of the sample, compared to the 15.8% in England and Wales (Appendix 2 Table 1). As noted earlier, this varied by region.

Household income

Whilst we did not collect information on other indicators of socio-economic background, such as employment, education or home ownership, we did ask respondents for information about their household income. 26.1% of respondents have an annual household income of under £30,000. The income bracket for most respondents (44.7%) was £30,001 – £60,000.

Appendix 2 Figure 2

Q6. What is your approximate total household annual income, including any pension payments but after tax and National Insurance?



Representation from the devolved nations

Our respondents came from around the UK including a representation from the devolved nations in line with general population figures.

Appendix 2 Table 3

	East Midlands	Greater London	North East	North West	Northern Ireland	Scotland	South East	South West	Wales	West Midlands
Total Respondents by locality (n=4188)	8% (n=434)	7% (n=410)	4% (n=224)	11% (n=606)	2% (n=117)	9% (n=469)	20% (n=1120)	15% (n=82)	8% (451)	5% (275)
I am currently pregnant (n=1302)	7.1% (n=93)	8.1% (n=105)	3.5% (n=46)	13% (n=169)	2.5% (n=33)	7.7% (n=100)	27.3% (n=355)	17.4% (n=226)	8.8% (n=115)	4.6% (n=60)
My partner is currently pregnant (n=26)	7.7% (n=2)	7.7% (n=2)	–	15.4% (n=4)	7.7% (n=2)	11.5% (n=3)	23.1% (n=6)	11.5% (n=3)	7.7% (n=2)	7.7% (n=2)
I gave birth in the last two years, or I have adopted a child aged under two years old (n=3,545)	9.5% (n=337)	8.4% (n=298)	4.9% (n=174)	12% (n=425)	2.3% (n=81)	10.1% (n=358)	21.1% (n=749)	16.4% (n=581)	9.3% (n=330)	5.9% (n=212)
My partner gave birth in the last two years, or we have adopted a child who is aged under two (n=54)	3.7% (n=2)	9.3% (n=5)	7.4% (n=4)	14.8% (n=8)	1.9% (n=1)	14.8% (n=8)	18.5% (n=10)	20.4% (n=11)	7.4% (n=4)	1.9% (n=1)

P8. What is your postcode? (We want to check we are hearing from parents-to-be and new parents from all over the country. This is not used to identify you in any way.)

Base: all respondents (5,474).

Table 5. P8. What is your postcode? (We want to check we are hearing from parents-to-be and new parents from all over the country. This is not used to identify you in any way.)

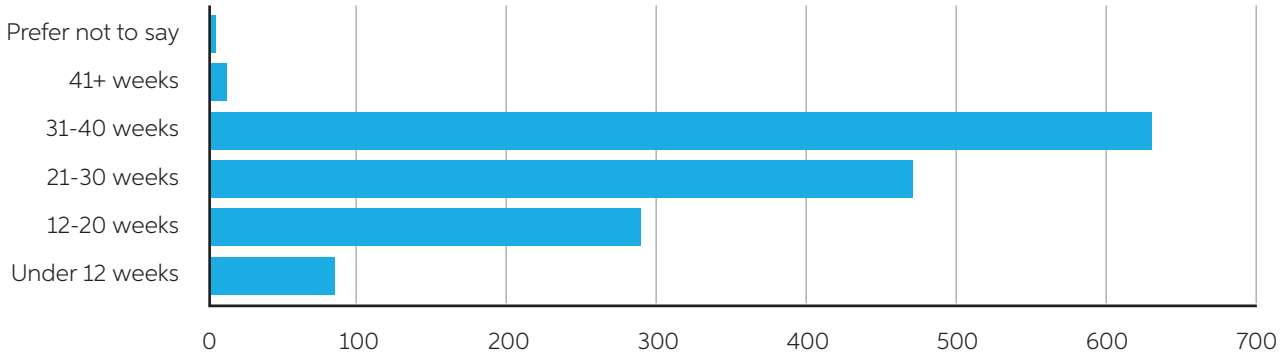
Base: all respondents. (5,474)

Respondents cover a broad range of stages of pregnancy and age of child

Respondents were largely concentrated around the three months before birth and three months after birth.

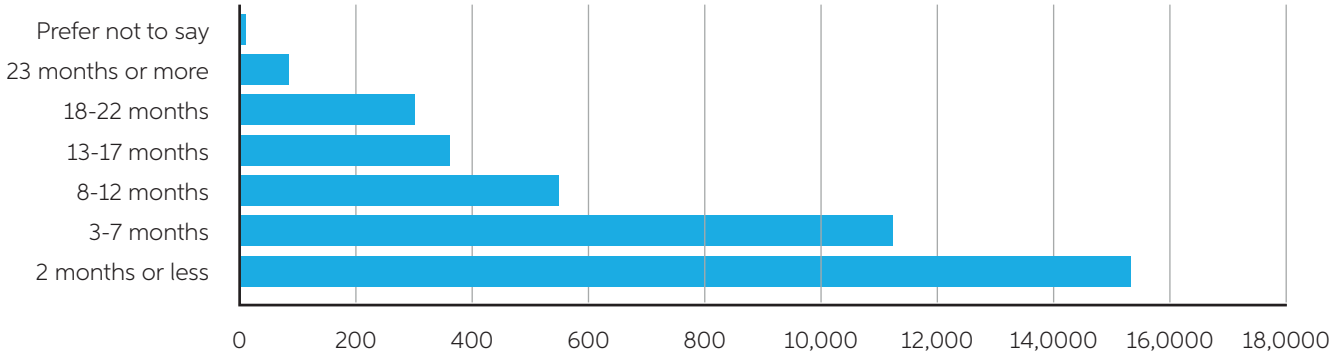
Appendix 2 Figure 3 and 4

Q2. How many weeks pregnant… are you… is your partner?



Base: all pregnant/partner respondents (1,480 pregnant 29 partner 1,507).

Q2b. How many months old is your baby?



Base: all with child under two (and not pregnant see below) (3,903)*.

*If a respondent ticked having a child under two and pregnant they were treated as a pregnant respondent.

English as a first language

The sample is a predominantly English-speaking sample, which does not fully follow the distribution in England and Wales (see table 1)

Relationship status

51.5% of the live births in the UK in 2018 were within marriage or civil partnership. In this survey, those who were married or in a civil partnership comprised 65% of respondents, those cohabiting 29% and those who were single, widowed or divorced making up just under 5%. There is an overrepresentation of participants who are married or in civil partnership in comparison to the national variation in the UK.

Appendix 3: further insights from parents

This appendix contains quotes that were not included in the report but that further illustrate our findings. Section A includes quotes from parents that run along the themes of the report whilst section B includes a selection responses from parents when our survey asked them 'If your baby could talk, what would they be saying now'. These and the quotes used in the report, are just a fraction of what we heard from the 5,474 survey respondents.

Appendix 3 Table 1

A. Additional quotes from parents	
1. The impact of COVID-19 on babies	
"It's been lovely to have my partner working from home. He spends more time with our toddler. I run out of ideas to keep our toddler occupied but he seems happy enough. He's developed so much in the last 8-10 weeks that I worry he's not being stimulated as much as he should be by new experiences and meeting people etc. I worry he'll forget some family members who don't like to make video calls. I also worry that even when the lockdown is fully lifted, whether we'll feel safe to let him play in public places like the park or toddler groups."	Pregnant and a mother, 42 years old from South West England. She has a toddler and is 8 weeks pregnant. Her first language is English, she is White, living with her partner and her household income is £30k-£60k.
"It took us a long time to conceive our child and we imagined life as parents much differently than this. Our child has no relationships with other family members and no exposure to the outside world. I worry about how this will affect her. It also means that as a mum I don't get any time to myself or time with friends and family for support on the harder days and I'm irritable toward my partner."	A mother, 27 years old from North East England. She has a five-month-old child. Her first language is not English, she is White, living with her partner and her household income is under £16k.
"Support wise for families of children with additional needs it's horrific. There is no help available at all and there were very limited services before all of this. My 3year old is due to start school in september…. His educational psychologist hasn't seen him to outline where his needs will need to be met in a school environment and how they can support him. He has very limited and little speech, he is talking even less since all this, regardless of going all of the speech and language exercises and talking to him constantly. He has become very withdrawn and now developed a lot more autism traits."	A mother, 34 years old from Wales. She has a one-month-old baby and is a frontline NHS, social care or healthcare worker. Her first language is English, she is White, married or in a civil partnership and her household income is £16k-£30k.
"My child will not have been treated the same as my other children. I attended support groups and play sessions with them and my new baby is going to miss out on all of it."	A mother, 34 years old from Wales. She has a one-month-old baby and is a frontline NHS, social care or healthcare worker. Her first language is English, she is White, married or in a civil partnership and her household income is £16k-£30k.

"With my 17 month old I worry constantly about her development. She doesn't see anyone but us, and she doesn't get outside except for the garden because I'm too scared to even go for walks and my husband is immunocompromised so he can't take her either. She still doesn't have any words despite us talking to and reading with her constantly. She hasn't had her first dentist checkup yet either, it was supposed to be a couple of weeks ago but was obviously cancelled."	A mother, 36 years old from South West England. She is 25 weeks pregnant and has a 17-month-old child. Her first language is English, she is mixed race, married or in a civil partnership and her household income is £60k-£90k.
"I think that it has been brilliant for our daughter to have both parents home together and to have time with her dad that ordinarily she wouldn't have. They have been able to bond."	A mother, 33 years old from Wales. She has a seven-month-old child. Her first language is English, she is White, living with her partner and her household income is £30k-£60k.
"I think there are positives and negatives-positives are that he's getting to spend more time with me and my husband and we're seeing him develop in ways we wouldn't have if he'd been at nursery. However, I worry about him not seeing other people and children of his own age group and wonder if this will lead to difficulties with socialising and increased dependence on me and my husband eg he's definitely become more clingy with me since he hasn't been going to nursery."	A mother, 38 years old from South East England. She is currently pregnant. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.
"My son is missing out on socialising with family and friends. He is missing new experiences and is becoming very clingy with both myself and my partner due to being with us so much. He is not being stimulated enough by the things I can provide at home."	A mother, 31 years old from North West England. She is currently 20 weeks pregnant and has a child under the age of two. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.
"It has been wonderful to see my daughters bond with her father develop…"	A mother, 35 years old from North West England. She has a ten-month-old child. Her first language is English, she is White, married or in a civil partnership and her household income is £60k-£90k.
"I feel that as my child is only 17 months , she is unaware of the changes and is happy playing in the house/garden. Also as she still goes to nursery 2-3 days per week (both parents keyworkers) this gives her different stimulation and perhaps less likely to get bored. I also think we have benefited as a family having more time to spend at home together, even if working from home with a young child has its own challenges!"	A mother, 31 years old from Scotland. She has a 17-month-old child. Her first language is English, she is White and married or in a civil partnership. She is a frontline NHS, social care or healthcare worker and her household income is £30k-£60k.
2.1 The impact of COVID-19 on parents – antenatal	
"I have noticed that my mental health is not great, I feel less motivated and more lethargic, I struggle to get up in the mornings and spend a lot of time feeling worried. I think this is related to not being able to see friends, family and colleagues."	A mother, 28 years old from Scotland. She is currently 16 weeks pregnant. Her first language is English, she is Black, married or in a civil partnership and her household income is £60k-£90k.

"It has been a good thing spending more time at home, being able to take care of myself and our unborn child. Eating when is needed and sleeping when needed. Not having to work through morning sickness and running to the loo every 5 minutes. And as my husband is able to work from home it has given us much more time together which has been amazing."	A mother, 37 years old from South West England. She is currently 13 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.
"It's had a positive impact on my pregnancy because I am furloughed and not working. I have more time to focus on my wellbeing and I am able to relax. I also have more time to exercise and make healthy food choices."	A mother, 40 years old from North West England. She is currently 17 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and her household income is £60k-£90k.
"For now my unborn son is safe. However, my wife has been unable to join the pregnancy journey. Unable to see him move at a scan, hear his heart beat or even just be by my side. She is doing all she can to bond with him prior to his arrival but it isn't the same. I think this is a negative. "	A partner, 31 years old from North West England. Her partner is currently 27 weeks pregnant. Her first language is English, she is White, in a civil partnership and her household income is £30k-£60k.
"I have really enjoyed the parenting experience during lockdown. My partner and I are in the fortunate position of being homeowners and having plenty of indoor and outdoor space, so we have not felt particularly claustrophobic and have lots of opportunity to take breaks when needed. I have felt very grateful to be able to spend so much quality time with my family; to support my partner during her pregnancy and to provide stimulation and engagement with our son."	A father of an unborn child, 31 years old from Greater London. His partner is currently 26 weeks pregnant. His first language is English, he is White, living with his partner and his household income is £30k-£60k.
2.2 The impact of COVID-19 on parents – postnatal	
"My husband is unemployed so it's a real worry but I'm trying to be positive in that he's spending so much time with our baby, much more than he ever would have done before and that's had a positive impact on their relationship. However our relationship is having it's ups and downs, my moods are erratic and sometimes I feel out of control."	A mother, 37 years old from Greater London. She has a ten-month-old baby. Her first language is English, she is White, married or in a civil partnership and her household income is £60k-£90k.
"I'm anxious not only about catching the virus and transferring it to my baby but also about the negative effects that the lack of socialising, limited experiences and lack of contact will have on my baby's development at this crucial age. Not having the extra help from grandparents means my relationships with baby/partner are becoming strained. I also have financial worries about supporting my family as myself and my husband are now unemployed."	A mother, 37 years old from Greater London. She has a ten-month-old baby. Her first language is English, she is White, married or in a civil partnership and her household income is £60k-£90k.
"… the postnatal care has been amazing after giving birth…"	A mother, 28 years old from South West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.

"I've struggled significantly with health anxiety since having children, as well as with anxieties related to trauma, and Covid has increased my fears around my children's physical and emotional health and wellbeing."	A mother, 36 years old from South West England. She has a 20-month-old child. Her first language is English, she is mixed race, married or in a civil partnership and her household income is £60k-£90k.
"It's lovely to have so much alone time with my baby and not have visitors disturb your day or make you clean up…"	A mother, 38 years old from the West Midlands England. She has a one-month-old child. Her first language is not English, she is White, living with her partner and her household income is £60k-£90k.
It's relentless. I'm so fucking tired. My wife is stressed. Going to the supermarket is stressful. Going out can be stressful. People are not respecting social distancing. If the nursery was open for my 17 month old child, it would mean 3 days in which I can dedicate myself more to my youngest child and my wife could sleep a little."	A parent, 39 years old from Scotland. They have a one-month-old child and a 17-month-old child. Their first language is not English, they are White, married or in a civil partnership and their household income is £30k-£60k.
"My baby sees her mum cry more and more and get frustrated much more easily. She can't be a very fun mummy at the moment."	A mother, 32 years old from South East England. She has a seven-month-old child. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.
"We have been socially isolating with my parents so I feel very lucky. I was heavily pregnant when all the covid stuff began and that definitely caused me increased anxiety, since the new baby arrived I've been less anxious but we have been staying inside and isolating with my brother bringing us shopping because I can't imagine not breastfeeding or being with my babies if I got really poorly so aside from occasional exercise we have been at home the whole time…"	A mother, 33 years old from North East England. She has a newborn baby. Her first language is English, she is White, living with her partner and her household income is less than £16k.
"I had planned to breastfeed and got everything ready I needed, but was having trouble with milk supply, and soreness. In essence I gave up trying because it hurt too much to continue, and I didn't have the support I needed to get me through that stage."	A mother, 29 years old from South East England. She has a newborn baby. Her first language is English, she is White, living with her partner and her household income is £30k-£60k.
"I had a lot of trouble with breastfeeding and Homestart has been helpful on the phone but face-to-face meetings with them and the health visitor etc would have been far more helpful but I totally understand why it cannot happen."	A mother, 31 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and her household income is £30k-£60k.

Appendix 3 Table 2

B. Babies' voices	
"Why can't I see my family? I want to get to know them. Why do you get upset? Is it my fault?"	A mother, 32 years old from South East England. She has a four-month-old and two other children. Her first language is English, she is White, married/in a civil partnership and her household income is between $30k-£60k.
"Just hold me and everything will be fine"	A mother, 33 years old from North East England. She has a four-month-old and a three-year-old. Her first language is English, she is White, married/in a civil partnership and her household income is between £30k-£60k.
"I'm bored and want to go out mummy. Why is everyone so grumpy and crying? Why can't I cuddle granny?"	A mother, 30 years old from East Midlands, England. She has a 23-month-old baby. Her first language is English, she is White, cohabiting/living with her partner and her household income is £16k-£30k.
"Why are we alone? Why does mummy cry a lot? Why are we stuck inside?"	A mother, 24 years old from West Midlands, England. She has a two-month-old. Her first language is English, she is White, single and her household income is under £16k.
"This feels really strange. Mummy is snappy and distracted. I want to go outside and I miss my grandparents"	A mother, 40 years old from North West England. She has an eight-month-old. Her first language is English, she is White, married and her household income is between £30k-£60k
"Mummy gets sad, daddy makes her smile. I've not met anyone else but see faces on a screen. I spend all my time with mummy while daddy works. I like music and we all sing. We go for walks but its very busy."	A mother, 35 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married/in a civil partnership and her household income is between £60k-£90k.
"Im ok but please try to relax im sorry Daddy couldnt see me or come to appointments to support you but i will arrive safe and sound."	A mother, 27 years old from Greater London, England. She is 21 weeks pregnant. Her first language is English, she is White, cohabiting/living with her partner and her household income is between £60k-£90k.
" I miss my grandparents, and routine. My mummy argues with my sisters more and I don't like it. I wish I could have my favourite foods again. I don't know why everything is different."	A mother, 31 years old from South East England. She has an 18-month-old baby and 2 older children. Her first language is English, she is White, married/in a civil partnership and her household income is between £16k-£30k.

"Mama how are we in a standstill?"	A mother, 32 years old from North West England. She has a four-month-old baby and a three-year-old child. Her first language is English, she is Black, widowed/divorced or separated and her household income is under £16k.
"I don't understand why people stopped interacting with me? How do I make sure that the last 2 people left don't leave me?"	A mother, 33 years old from South East England. She has a six-month-old. English is not her first language, she is Asian, married/in a civil partnership and her household income is £30k-£60k.
"Are we going in the trolley at the supermarket. Are we going seeing everyone from group and nursery and why do people stand at the window and run away if I crawl near them?"	A mother 33 years old from North West England. She has a ten-month-old baby. Her first language is English, she is White, cohabiting/ living with her partner and her household income is £30k-£60k.
"we can't go outside as there is bad germs outside"	A father 28 years old from East Midlands, England. He has a 15-month-old baby and a toddler. His first language is English, he is White, married/in a civil partnership and preferred to not disclose his household income.
"I'm frighten please keep me safe."	A mother, 29 years old from South East England. She is 39 weeks pregnant. Her first language is English, she is White, married/ in a civil partnership and her household income is between £60k-£90k.
"I can't go to the park or swimming or see my grandma and friends because of the bug"	A mother, 37 years old from Scotland. She has a two-month-old baby and 2 older children. Her first language is English, she is White, cohabiting/living with her partner and her household income is between £16k-£30k.
"I wish mum would stop crying, but know it's because her friend died only a few days after we came home from the NICU from COVID19- I wish I could meet other babies and go outside in the sunshine"	A mother, 27 years old from South West England. She has a one-month-old baby. Her first language is English, she is White, married/ in a civil partnership and her household income is between £30k-£60k.
"They have seen a sad and lonely mummy, a lonely mummy and a worried mummy. Mummy is more distracted and doesn't spend enough time laughing or playing with us. She is distant"	A mother, 29 years old from Greater London, England. She has a two-month-old baby and a toddler. Her first language is English, she is from another ethnic group (Chinese, any other ethnic group), cohabiting/ living with her partner and her household income is between £16k-£30k.

"Baby in NICU: I imagine they would have felt lonely being in hospital for 2 months and is not being able to visit all the time and never together. They would have felt anxious, angry and confused when we had to stay away and when we were unable to room in due to Covid confused why the breast was there sometimes and not others."	A mother, 34 years old from South West England. She has two-month-old twins. Her first language is English, she is White, married/ in a civil partnership and her household income is between £30k-£60k.
"I'm bored of your face everyday. Why dont we see friends anymore? why dont we have as much fun? why are you sad? where's daddy i dont see him very much now"	A mother, 35 years old from Greater London, England. She has a one-month-old baby. Her first language is English, she is White, married/ in a civil partnership and her household income is between £30k-£60k.
"I feel your heart beating fast in here"	A mother, 26 years old from North West England. She is 28 weeks pregnant. Her first language is English, she is White, cohabiting/ living with her partner and her household income is between £30k-£60k.
"Don't worry mummy we'll get to do it at some point. I'm happy enough I have a roof over my head and food in my belly and all the love I could ever want."	A mother, 34 years old from South West England. She has a seven-month-old baby. Her first language is English, she is White, married/ in a civil partnership and her household income is less than £16k.
"I like that my mum is relaxed at home and I get to spend lots of time with my big brother and dad. It's great being at home and knowing my mum is looking after herself and letting me grow nicely. We go for walks everyday and it makes everyone happy"	A mother, 37 years old from Scotland. She is 11 weeks pregnant and has a toddler. Her first language is English, she is White, married/in a civil partnership and her household income is £30k-£60k.
"I love being at home with my family and playing in the garden. I am very pleased to have stopped wearing nappies and i like picking my clothes and trying to put them on. I would like to go to Granny's house soon."	A mother, 36 years old from Wales. She has a 23-month-old. Her first language is English, she is White, married/in a civil partnership and her household income is £30k-£60k.
"It's great cus mummy and daddy are at home and we're having quality family time together"	A mother, 32 years old from the West Midlands, England. She has a 14-month-old child. Her first language is English, she is White, married and her household income is between £30k-£60k.

"I like being with Mummy and Daddy all day long – just the 3 of us!"	A mother, 39 years old from Greater London, England. She has a newborn baby. Her first language is English, she is White, married/in a civil partnership and her household income is over £90k.
".... It's great being at home and knowing my mum is looking after herself and letting me grow nicely. We go for walks everyday and it makes everyone happy".	A mother, 37 years old from Scotland. She is 11 weeks pregnant and has a three-year-old child. Her first language is English, she is White, married/in a civil partnership and her household income is between £30k-£60k.
"Don't worry mama, you're doing your best and if I need something you'll know what to do."	A mother, 24 years old from West Midlands, England. She has a one-month-old baby and a three-year-old child. Her first language is English, she is White, cohabiting/living with her partner and her household income is between £16k-£30k.

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