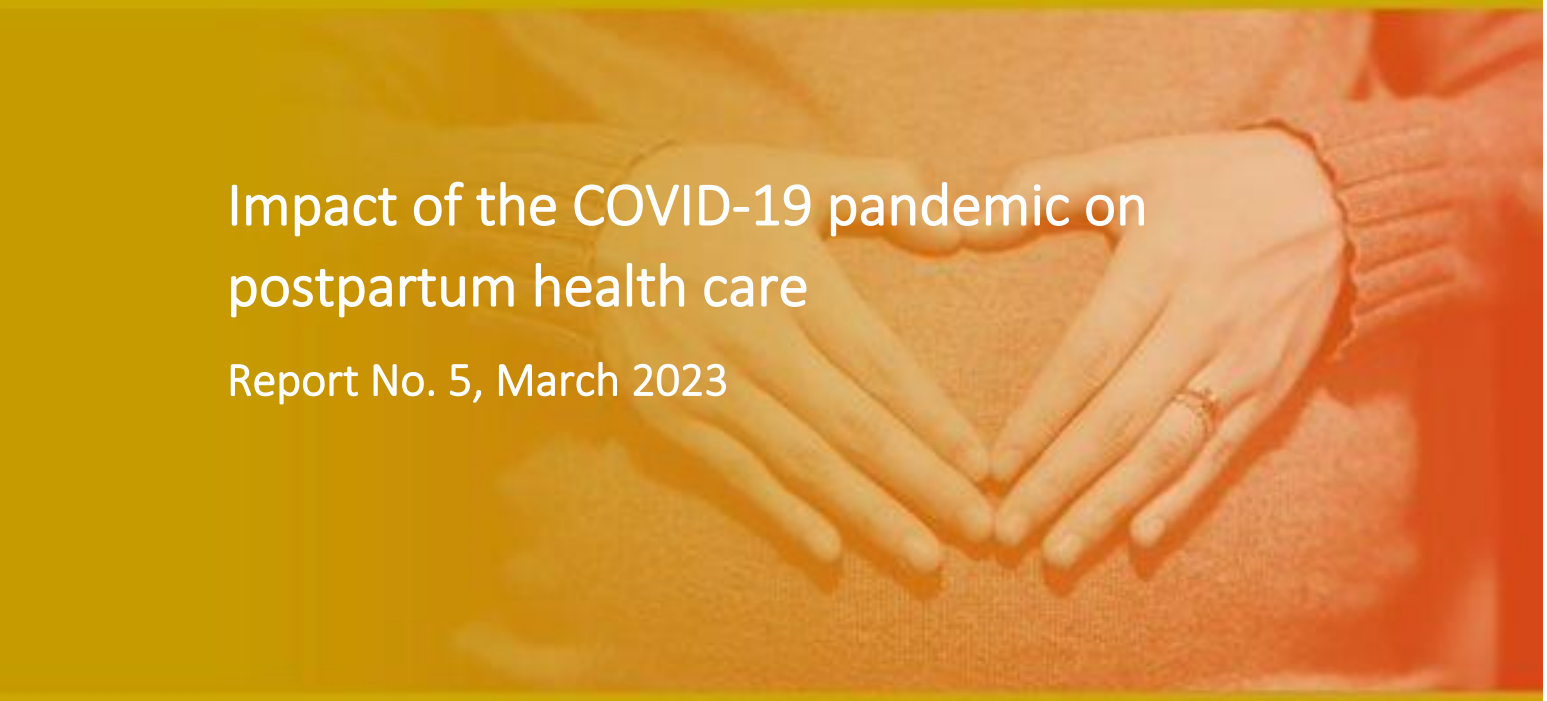
Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia



Impact of the COVID-19 pandemic on postpartum health care

Report No. 5, March 2023

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Impact of the COVID-19 pandemic on postpartum health care (Report No.4 of the Series)

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1. Introduction

In March 2020, the global pandemic caused by COVID-19 created an international health and care crisis. In Catalonia, as in many other places in Spain, Europe and the world, health services were overwhelmed and at risk of collapse, not only to respond to the ravages caused by the new disease but also to address other situations, such as care for pregnant women before, during, and after childbirth.

In this context, the measures adopted in the health services to face the emergency scenario caused important alterations in the processes of maternity care as it had been carried out up to that moment. Furthermore, some voices denounced that the sexual and reproductive rights of women during pregnancy, labor, or postpartum were being subordinated to the demands of the management of the pandemic and, on some occasions, violated.

Based on the interest in understanding the extent in which health care for women was affected at such a fundamental moment in their lives, the Inclusive Societies, Policies and Communities Research Group (SopCI) and the UNESCO Chair Women, Development and Cultures of the *Universitat de Vic-Universitat Central de Catalunya* promoted the research project Sexual and Reproductive Rights in times of pandemic: maternity and COVID-19 in Catalonia. The project initially received funding from the Ministry of Equality (Secretary of State for Equality and against Gender Violence/State Pact against Gender Violence). Subsequently, it also received funding from the Secretariat for Universities and Research of the Department of Enterprise and Knowledge of the *Generalitat de Catalunya* (2017SGR0657). The study was approved by the Research Ethics Committee of the *Universitat de Vic-Universitat Central de Catalunya*.

Beyond the publications and other scientific results derived from the project, we believe that the data generated are of great relevance to, firstly, shed light on situations, not always positive, that thousands of women in Catalonia had to live at a time in their lives with an enormous need for care and support. Therefore, it also seems important to us to publish the main results of the research in this brief report format to make them accessible to different audiences:

- to women who were pregnant or become mothers in times of pandemic,
- to the groups, organizations, associations and other feminist spaces dedicated to promoting the rights of women to become mothers in conditions of care, respect, free choice in the different phases of the processes, and with attention focused on their needs and desires,
- to those responsible for managing services and promoting policies for pregnancy, childbirth and postpartum care,
- to the media,
- to all citizens.

As said above, the COVID-19 pandemic had a devastating impact on the Catalan health care system. This impact resulted in enormous difficulties not only to respond to the ravages caused by the disease, but also to maintain attention to other situations and health care needs. In a context marked by tragedy, where thousands of people lost their lives or were seriously ill, the "collateral effects" of the pandemic and the indirect impacts of the situation on other groups in need of health care were silenced and relegated to the margins of the media, political and social agenda. Pregnant women or women who had recently become pregnant are an example of this: follow-ups, tests, support groups to pregnancy, labor,

and childbirth and postpartum were cancelled; the entry of companions was prohibited during tests and labor itself; family visits at the hospitals were prohibited; women were forced to give birth wearing masks; the hospitals where they were supposed to give birth were changed at the last minute and, overall, neither the changes nor their impacts were shared with the women. Going deeper into these situations based on the women's own accounts is essential not only to make them visible, but also to understand the impact they have had on women, their children, and their immediate environment. And, above all, we hope that a photography such as the one we provide here will contribute to generating lessons that will help to make things a little (or a lot!) better, particularly regarding placing respect for and defense of women's sexual and reproductive rights at the center of public policies and health services.

This is the **fifth in a series of reports resulting from the research project Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia**. The first focuses on the care received during childbirth by COVID-19 positive women. The second report addresses the impacts of the pandemic on women's possibilities to have an attendant of their choice present during childbirth during the pandemic. The third report examined women's chances to be accompanied by a person of their choice present during pregnancy follow-up also in the context of the pandemic. The fourth report studies the impact of the COVID-19 pandemic on the health care received during pregnancy follow-up, as well as the cancellation of tests, appointments and courses or support groups, and the conversion of the care system to a telematic format. This fifth report analyzes the impact of the COVID-19 pandemic on postpartum care and follow-up in Catalonia, particularly regarding alterations and cancellations of courses, support groups, appointments and tests in the puerperium period, as well as the conversion of in-person follow-up of this postpartum period to a telephone or telematic follow-up format.

As with pregnancy monitoring, changes made to in-person postpartum tests and appointments (converted to telemedicine format or cancelled outright) were explained as a way to prevent the spread of COVID-19. However, such changes may have compromised universal access to women's sexual and reproductive rights (World Health Organization, 2016, 2022). While telemedicine health care may be important in regions with difficult accessibility or where there is a shortage of health professionals and health facilities (Brown & DeNicola, 2020), telemedicine care can by no means replace in-person care. Telematic appointments and tests should be understood as complementary to in-person contacts and not as substitutes for them (Lalor et al., 2022). They can also contribute to the social isolation of pregnant or postpartum women, which, in turn, can have a negative impact on their mental and emotional health (Montagnoli et al., 2021). Added to this is the fact that, as part of the childbearing process, the postpartum period usually receives less social and institutional attention than pregnancy and childbirth. After the birth of the baby, the mother often ceases to be the center of professional and non-professional care, and this may contribute to underestimate the importance of maintaining accompaniment at a time of transition to a fundamental stage of their lives, a stage in which the need to recover physically (and often emotionally) from the process of pregnancy and childbirth is intertwined with the demand for advice and support to successfully develop the care and upbringing of the baby.

We have chosen this topic to continue this collection of reports on the impact of the pandemic on maternal health care with the aim of contributing to the reflection on the tensions that arose during the worst moments of the COVID-19 crisis between humanized and person-centered care in postpartum follow-up and health care, and the security measures adopted in a context of risk of contagion. Our interest in this subject is based on the premise that the decisions made under the pretext of preserving the health of the population may have had negative effects on the lives of women and, particularly, on the intensity and quality of the care received. In this regard, it is worth asking whether the benefits of

these decisions outweigh the price that women were forced to pay. The results of our research presented in this report suggest that the answer is that they do not.

If you wish to be informed about the publication of data and results of the research project and to receive future reports, you can fill out the form you will find in the following link and we will send them to you:
https://mon.uvic.cat/catedra-unesco/en/activitats-2/maternitat-i-pandemia-covid19-a-catalunya/

2. Methodology

2.1. Preparation of the research

This research has an eminently exploratory character and a quantitative approach, based on the collection of data from a survey addressed to women who were pregnant from January 1, 2018 until the end of September 2021. We had therefore a target group (women with an experience after March 13, 2020) and a control group (women with an experience prior to this date).

The dimensions and axes of analysis helped to measure the impact of the management of the COVID-19 pandemic on health services for maternity care and support and were structured considering three axes: 1) the impact on services, 2) the impact on women's experiences, and 3) women's strategies and agency in the face of the changes. In addition, the specificities of each stage and the magnitude of the elements analyzed made it necessary to segment the axes according to the phases of pregnancy, labor and childbirth, and postpartum. In a schematic way (and without considering the indicators in detail) the operationalization has considered:

Pregnancy:

Impacts on services

- Proximity and continuity of care
- Support and information services that empower women and enable their active participation in the pregnancy-partum-postpartum process
- Humanized and person-centered care
- Safety measures in services against the risk of COVID-19 infection

Impact on women's experiences

- General well-being
- Mental and emotional health

Women's strategies and agency in the face of changes in service operations and risk of COVID-19 infection

- Seeking alternatives
- Seeking safety from the risk of COVID-19 infection
- Non-use of services for other reasons

Cross-cutting themes

Childbirth:

Impacts on services

- Proximity and continuity of care
- Support and information services that empower women and enable their active participation in the pregnancy-partum-postpartum process
- Humanized and person-centered care
- Level of demedicalization

- Safety measures in services against the risk of COVID-19 infection

Impact on women's experiences
- General well-being
- Mental and emotional health

Women's strategies and agency in the face of changes in services operations
- Seeking alternatives
- Seeking safety from the risk of COVID-19 infection
- Seeking safety from other risks
- Non-use of services for other reasons

Cross-cutting themes

Postpartum:

Impacts on services
- Proximity and continuity of care
- Support and information services that empower women and enable their active participation in the pregnancy-partum-postpartum process
- Humanized and person-centered care
- Level of demedicalization
- Safety measures in services against the risk of COVID-19 infection

Impact on women's experiences
- General well-being
- Mental and emotional health
- Breastfeeding

Women's strategies and agency in the face of changes in service operations
- Seeking alternatives
- Seeking safety from the risk of COVID-19 infection
- Non-use of services for other reasons

Cross-cutting themes

The design phase of the survey took place between April and July 2021, with a previous phase of review of scientific and press articles on the subject, as well as three exploratory interviews with women with their own experience of pregnancy and/or labor and childbirth during the pandemic. The survey was also reviewed by an active midwife prior to its dissemination. The survey has 156 questions divided into the following 10 sections:

O: Filter questions, to determine eligibility to participate in the study, as well as the itinerary to follow once the survey had begun.
A: General sociodemographic and labor, pregnancy, and postpartum data.
B: Data on pregnancy follow-up.

C: Data on possible bad news and/or complications during pregnancy follow-up.
D: Data on the childbirth preparation course and other preparation resources for pregnancy follow-up.
E: Data on the overall assessment of pregnancy follow-up.
F: Data on labor and childbirth.
G: Data on COVID-19 positive or considered false negative women at the time of labor.
H: Data on hospital postpartum.
I: Data on home postpartum.

Depending on the time at which the pregnancy occurred, there were different itineraries: women who had experienced the entire pregnancy, labor and childbirth, and postpartum process in the context of the COVID-19 pandemic; women who had experienced labor, childbirth and postpartum in the context of the COVID-19 pandemic; women who had experienced postpartum in the context of the COVID-19 pandemic; women who were still pregnant at the time of the survey or who had a pregnancy termination, abortion, or miscarriage in the COVID-19 pandemic context; and women who experienced the entire pregnancy, labor and childbirth, and postpartum process previously to the COVID-19 pandemic.

The data collection phase was carried out during the months of July, August, and September 2021. The questionnaire was disseminated online in Catalan, Spanish and English. It was distributed through social media, carrying out specific dissemination actions in local media and/or media related to the subject. A total of 2,600 responses were obtained, of which 2,070 were considered valid (1,862 from the target group and 208 from the control group). The sample size offers a margin of error of ±2.3% for a 95.5% confidence and maximum indeterminacy scenario.

The comparative analysis of the sociodemographic characteristics of the sample with the Birth Statistics published by the Catalan Institute of Statistics (according to variable, 2017 or 2020 data) points to a bias in the level of education of the participants in the survey, since they have a higher level of education than all pregnant women in Catalonia in recent years. For this reason, the data have been weighted to readjust the results to a representative sample.

2.2. Characteristics of mothers at the postpartum period

The most common profile of the women who participated in the study and who answered the questions on postpartum care during the pandemic is that of a woman between 30 and 40 years old who is a first-time mother, whose delivery ended vaginally and at term (not premature). More than half (57.2%) experienced the postpartum period prior to the possibility of being vaccinated for COVID-19 and among those who were able to be vaccinated, vaccination rates were slightly above 56%.

- **Age.** 71.2% of the mothers are between 30 and 40 years of age, those over this age represent 8.7% and those under 30 years of age represent 20.2%.
- **Parity.** 59.2% of the sample corresponds to primiparous mothers, while 40.8% already had one or more daughter/son.
- **Completion of delivery.** A total of 79.7% of deliveries were vaginal and 20.3% by cesarean section.
- **Prematurity.** 15.1% of deliveries were preterm and the remaining 84.9% were term deliveries.

- Vaccination against COVID-19. 57.2% of the women experienced postpartum prior to the extension of vaccination for their age and social group and, therefore, without being vaccinated, while 42.8% had the option to be vaccinated. Among those with the option to be vaccinated, 56.6% were vaccinated at the time of postpartum and 43.4% were not.

3. Main results

3.1. Alteration of appointments and courses during postpartum period

- Among the health services directed to women after the birth of the baby, follow-up appointments and postpartum and breastfeeding courses or support groups are essential for the care and attention to the health of the woman and the newborn child. With the pandemic, these services were altered, some were cancelled as a preventive measure due to the possible risk of contagion, and others were replaced by telephone or telematic services.

- In the case of postpartum follow-up appointments, the overall results show that 1 out of every 4 women had their in-person appointments disrupted. Thus, 24.9% suffered cancellations, which mainly provoked negative feelings: abandonment (34.3%), indignation (30.8%) and helplessness (30.0%) (See Graph 1 and 2).

- Despite the pandemic scenario and the fact that many women did not have the option to get the COVID-19 vaccine at the time of postpartum, missing their in-person appointments was not an option chosen by them. As the results show, more than 96% of women did not cancel any in-person appointments for fear of possible COVID-19 infection. Thus, only 3% of the women stated that they preferred to avoid in-person contact and did not attend any postpartum follow-up appointments for fear of contagion (See Graph 3).

- Faced with the cancellation of in-person appointments, some health services opted to replace them with telephone and/or telematic appointments. Among the women whose in-person appointments were cancelled, two thirds had at least one telephone or telematic appointment. However, 28.2% of women were not offered this alternative when their in-person appointments were cancelled, thus being excluded from the required care (See Graph 4). The evaluation of the in-person appointments, on a satisfaction scale, is positive for approximately 30% of the women (See Graph 5).

- In the case of the postpartum and breastfeeding course or group, only 6.3% of the women were able to participate in one of them and 71.7% of the women did not have the opportunity to take it at their health center, since the course or group was cancelled due to the pandemic. In contrast, in the cases in which it was possible to attend the in-person course, only 1.4% of the women chose not to attend the course for fear of contracting COVID-19. On the other hand, 9.1% of the women decided not to attend because they thought it would not be necessary. And 11.6% of the women do not remember or could not answer this question (See Graph 6).

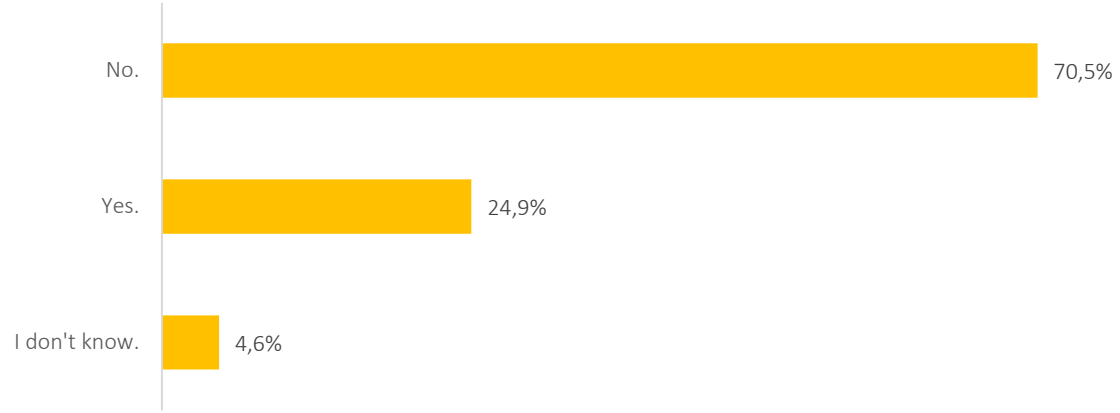
- In addition, in half of the cases (52.7%) the postpartum group or course was not replaced by a telematic modality, so that women were not provided with any option for this type of accompaniment. For 39.5% of the women, the opportunity for a change of format, from in-person to telematic, was provided. Finally, it should be noted that 7.9% of them do not remember or could not answer this question (See Graph 7).

- Likewise, the evaluations between distance and in-person courses and groups differ significantly, especially in the highest satisfaction score, where, in the distance formats, 29.9%

of the women say they are very satisfied, while the very satisfied women in the in-person courses and groups are 56.9% or almost twice (See Graph 8).

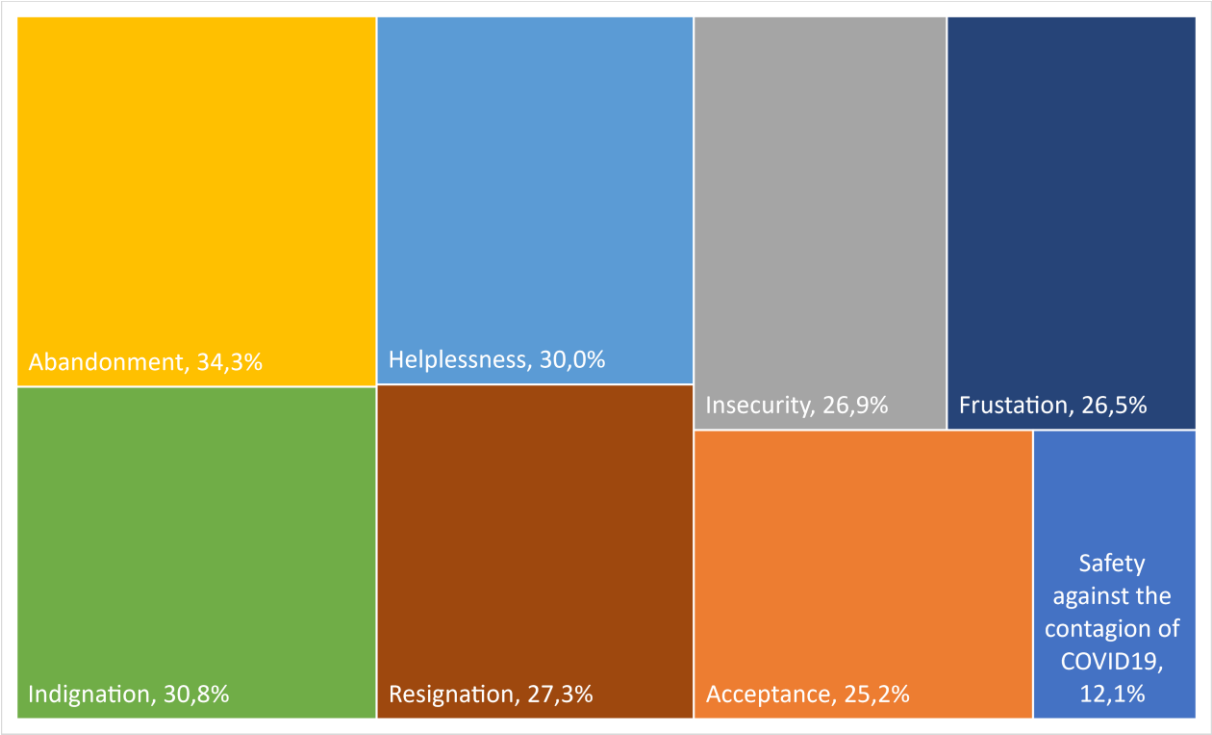
- In sum, about 30% of the appointments and 70% of the in-person postpartum courses or groups were cancelled during the pandemic, and telephone and/or telematic alternatives were not offered in all cases. In the face of cancellations, 65.8% of women were able to opt for remote options in the case of appointments and 39.5% in the case of postpartum and breastfeeding support courses or groups.

Graph 1. Because of the COVID-19 pandemic, were you cancelled in-person postpartum follow-up appointments? In percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 2. If you had in-person postpartum follow-up appointment cancelled, how did you experience it? Only values above 5%. Multi-response, in percentage, Catalonia.

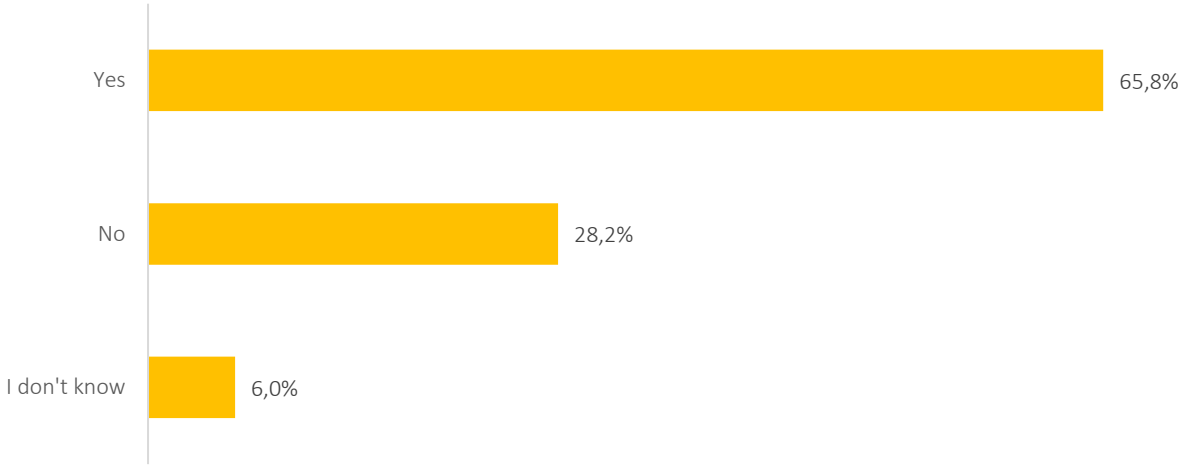


Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 3: Did you decide not to attend a postpartum follow-up appointment because you were afraid of contracting COVID-19? In percentage, Catalonia.

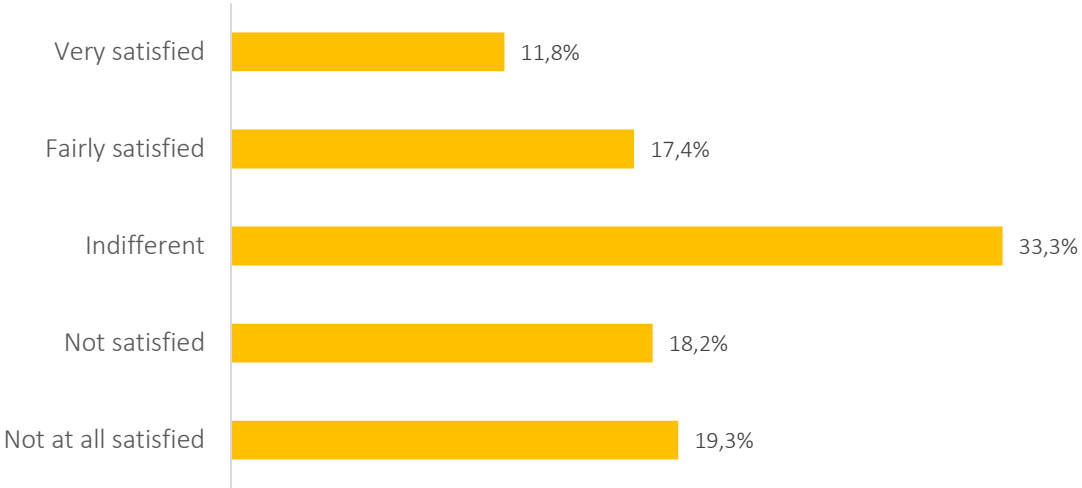
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 4: In case of cancellation, did they replace the cancelled in-person postpartum follow-up appointments with telephone and/or telematic appointments? In percentage, Catalonia.



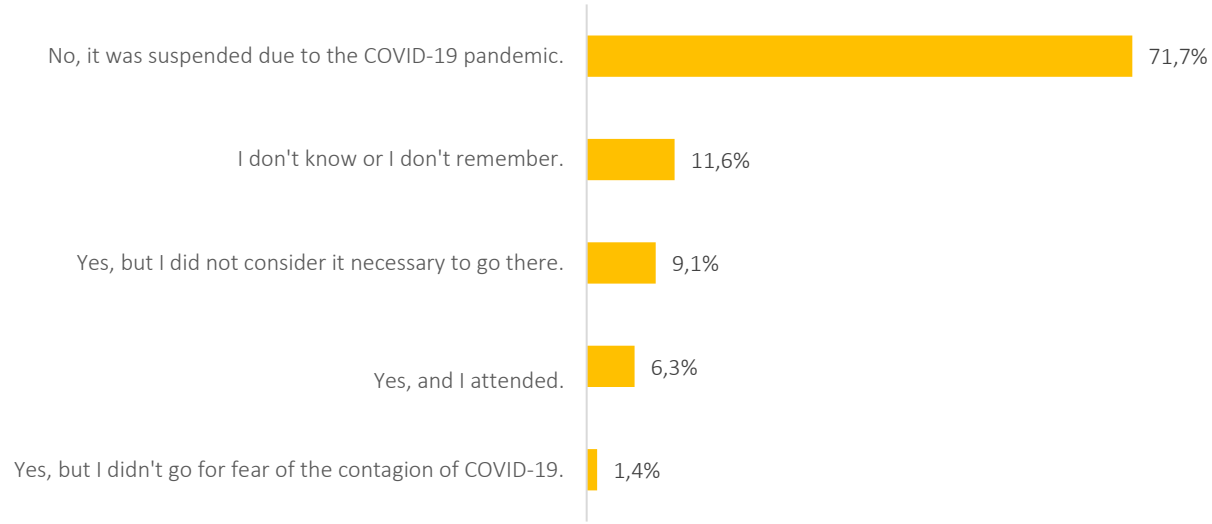
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 5. On a scale where 1 is not at all satisfied and 5 is very satisfied, how would you rate the telephone and/or telematic postpartum follow-up appointments? In percentage, Catalonia.



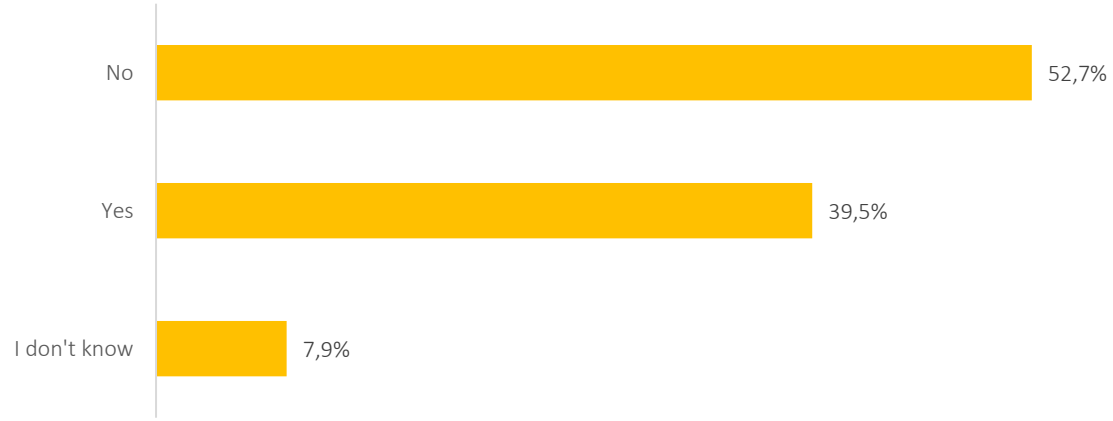
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 6: Did you have the opportunity to attend a course or group on postpartum and/or breastfeeding support at the health center? In percentage, Catalonia.



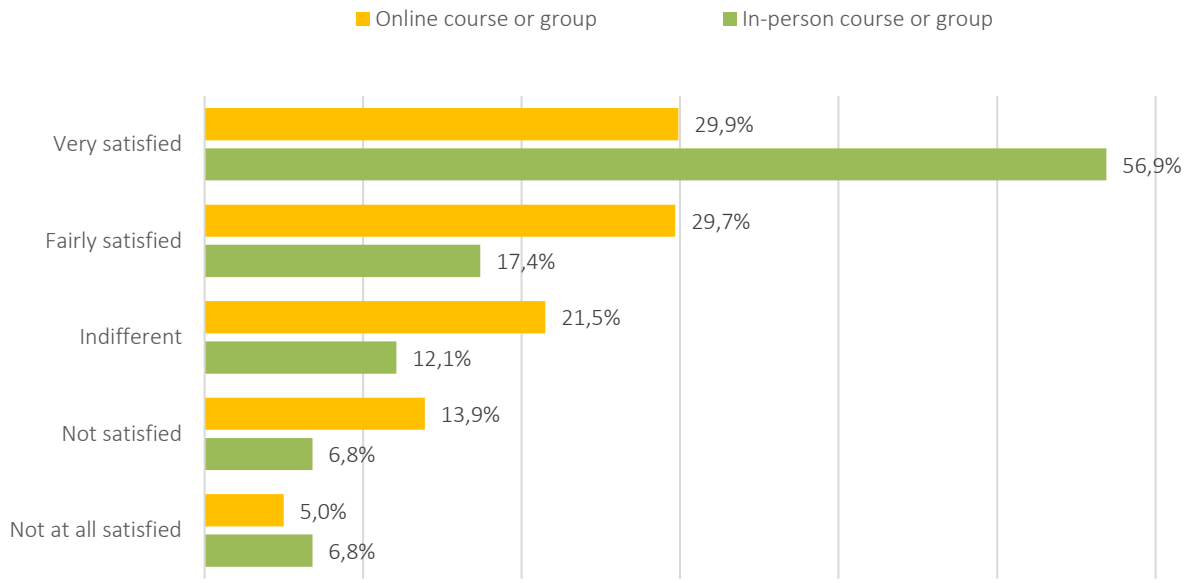
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 7: Was the in-person postpartum and/or breastfeeding support course or group replaced by a telematic one? In percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 8. On a scale where 1 is not at all satisfied and 5 is very satisfied, how would you rate the postpartum and/or breastfeeding support course or group? Comparison between in-person and online. In percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

3.2. Affectation of postpartum follow-up by public and private health care system

- Beyond the general results on the impact of the pandemic on postpartum care in Catalonia, there are some differential patterns according to the sociodemographic and contextual characteristics of the women. For example, the health care system they used. A total of 66.5% of the women underwent postpartum follow-up in the public health care system, whereas 23.5% did so in a private center. Six percent claimed to have received no postpartum care at all and 4% used alternative services (e.g., through midwives' cooperatives or self-employed midwives). However, in this section we focus on public and private services.

- The comparative analysis between the public and private health care systems points to differences in both care and the perceptions and evaluations of the experiences lived. Thus, while in the public health care system 25.7% of women saw their postpartum follow-up appointments cancelled due to the pandemic, the figure is reduced by 10 points in the case of the private health care system (15.6%) (See Graph 9).

- The evaluation of the feelings experienced by the women in the face of the cancellation also differed according to the health care system. For the women treated under the public system, feelings of abandonment (33.2%), resignation (28.2%), indignation (24.4%), helplessness (24.3%), insecurity (23.6%), and frustration (21.4%), which can be considered negative, prevailed. Regarding neutral or positive feelings, in the public system only acceptance (25.5%) and security against contagion (11.3%) stand out, with lower percentages than the negative ones (See Graph 10). In contrast, in the private health care system, acceptance is the main feeling recognized by the women (41.6%) and, overall, higher scores are observed for positive feelings than in the public system: safety against contagion accounts for 14.9% and tranquility 7.4%. However, negative feelings also occur in the private system, although in a different order, with resignation (34.1 %), insecurity (32.3 %), frustration (22.6 %), indignation (22.5 %), helplessness (21.6 %), and abandonment (19.2 %) occupying most of the ratings recorded (See Graph 11).

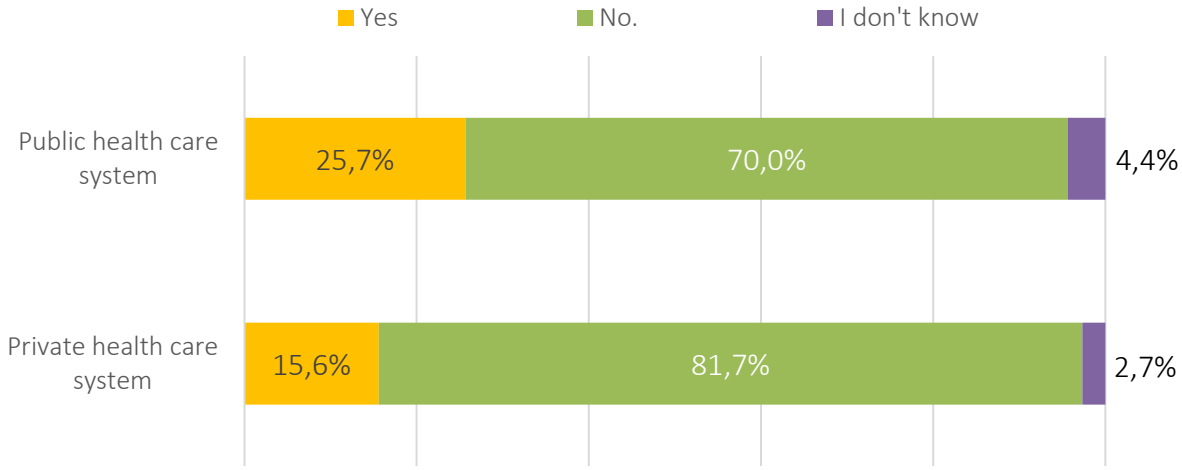
- More appointment were cancelled in the public health care system, but there were also more substitutions to the telephone and/or telematic modality compared to the private system. While 72.9% of the appointments in the public system were replaced, only 55.7% of those in the private system were replaced by telephone and/or telematic appointments (See Graph 12).

- Regarding satisfaction with the telephone and/or telematic attention received, women expressed somewhat different opinions depending on the health system. In both cases, women's evaluations are concentrated in the intermediate values, although this is more marked in the private system. Thus, in the public system, their opinions are somewhat more heterogeneous and are distributed between indifferent (34.3%), not satisfied (20.3%), fairly satisfied (17.7%), not at all satisfied (14.1%) and very satisfied (13.6%). In the private health care system, more than half of the women (53.3%) were indifferent to satisfaction with telephone and/or telematic appointments and their levels of little or no satisfaction were lower than those of the women who underwent postpartum follow-up in the public system (See Graph 13).

- Following the same pattern as appointments, in-person postpartum and/or breastfeeding courses or groups also suffered more cancellations in the public system (79.0%) than in the

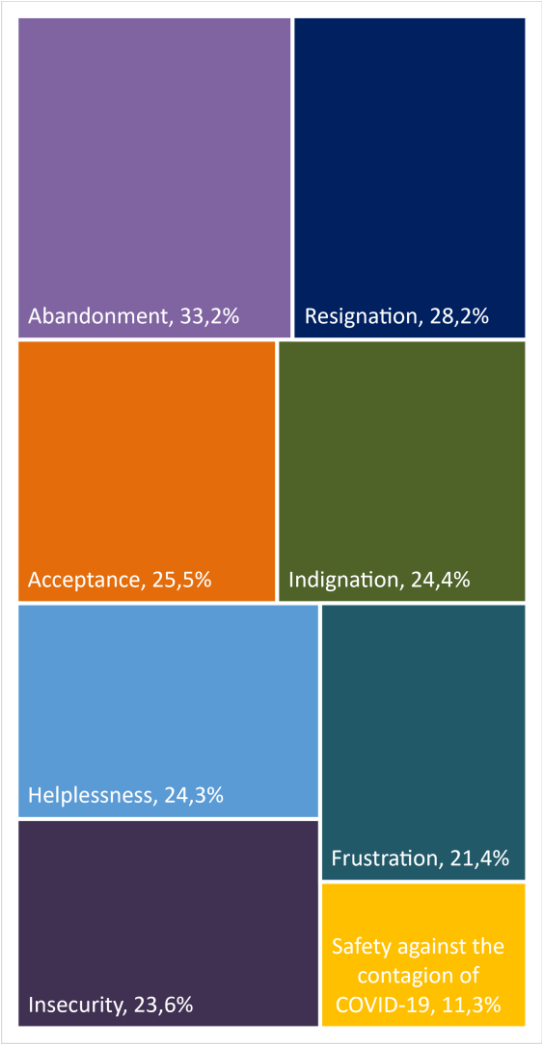
private system (52.4%). However, women in the private system considered it unnecessary to attend the course more frequently (13.6%) than those in the public system (7.7%). In this sense, more women in the private system (3.8%) reported not participating in the course for fear of infection with COVID-19 than those in the public system (0.6%) (See Graph 14). Faced with the cancellation of in-person courses or groups, the public system offered online courses to 43.8% of the women, while the private system only offered this option to 29.5%.

Graph 9: Because of the COVID-19 pandemic, were you cancelled for in-person postpartum follow-up appointments? By health system. In percent, Catalonia.



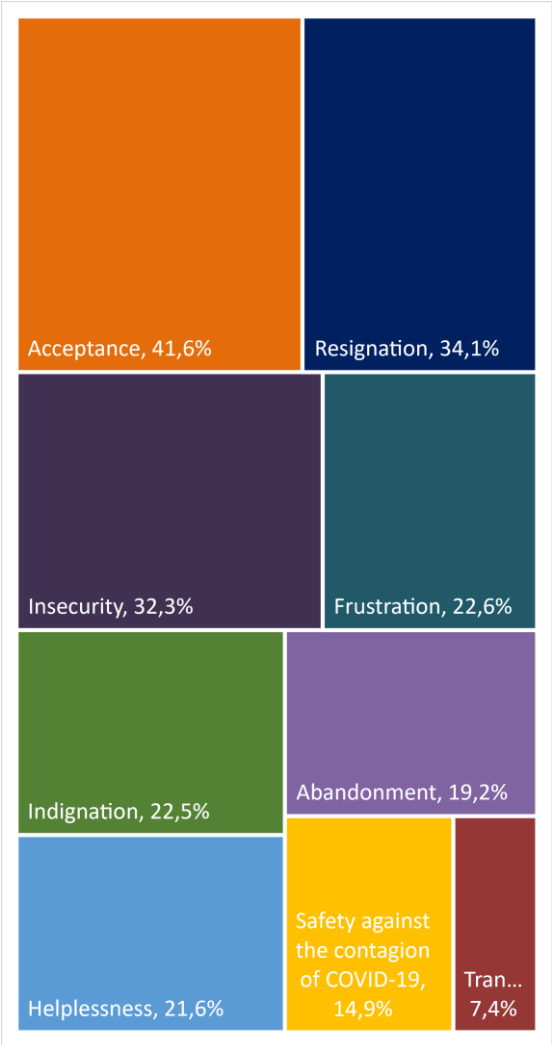
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 10: If you had in-person postpartum follow-up appointments cancelled, how did you experience it? Check the options that best represent your experience. **Only public health care system** and values above 5%. Multi-response, in percentage, Catalonia.



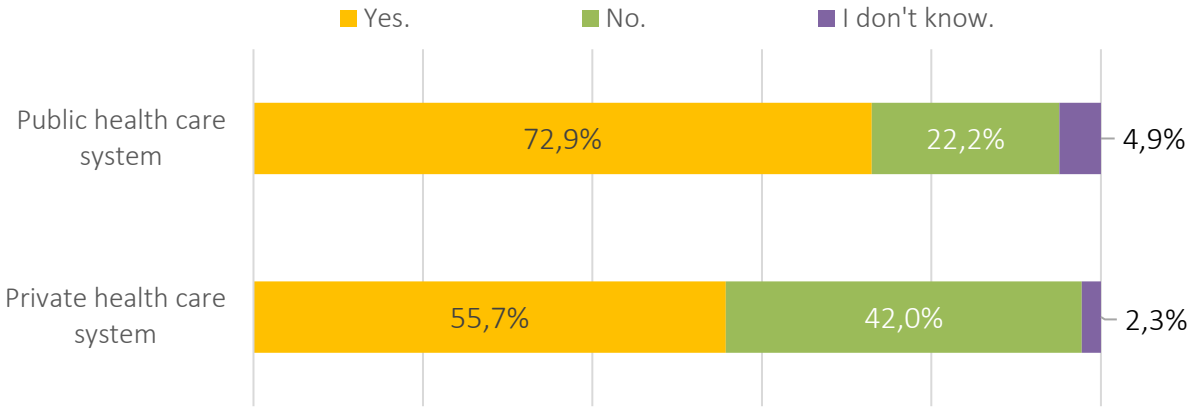
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 11: If you had in-person postpartum follow-up appointments cancelled, how did you experience it? Check the options that best represent your experience. **Only private health care system** and values above 5%. Multi-response, in percentage, Catalonia.



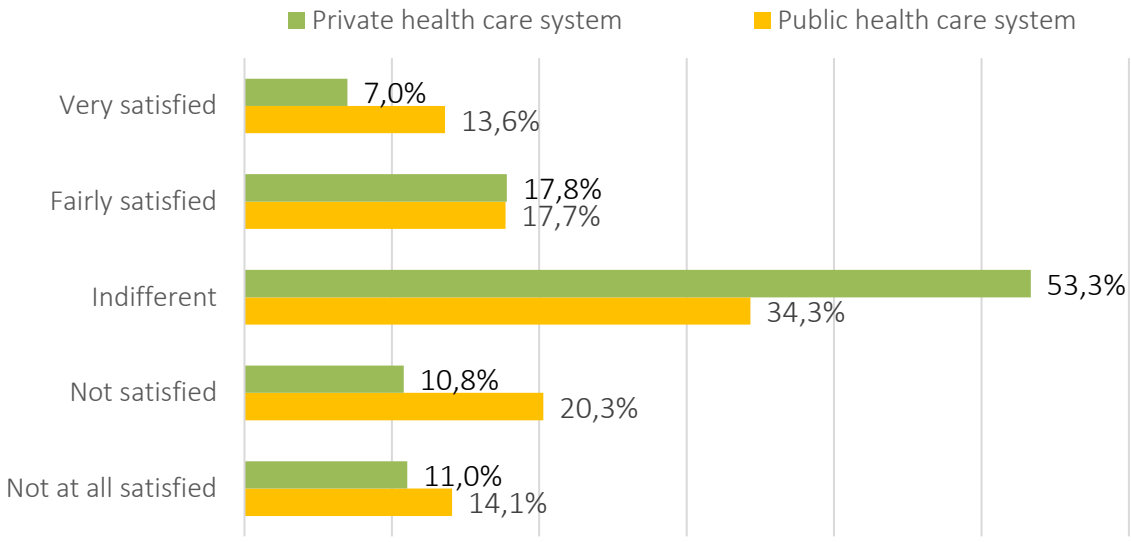
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 12: Did you replace cancelled in-person postpartum follow-up appointments with telephone and/or telematic appointments? By health system. In percentage, Catalonia.



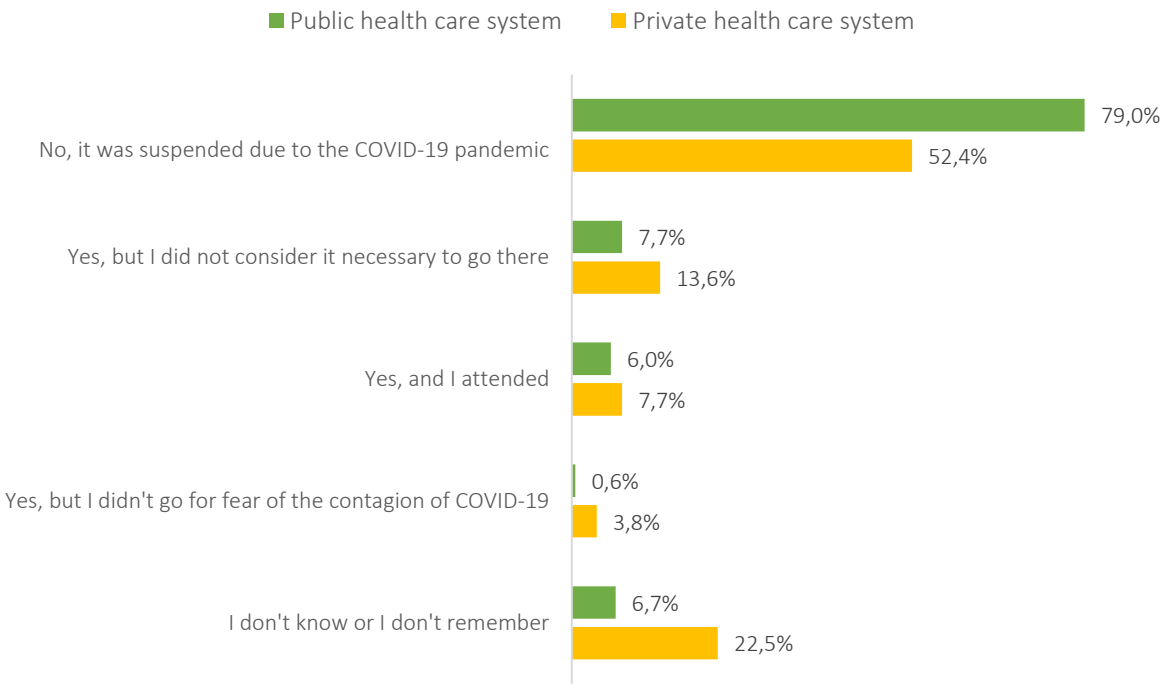
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 13: On a scale where 1 is not at all satisfied and 5 is very satisfied, how would you rate the telephone and/or telematic postpartum follow-up appointments. According to health system. In percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 14: Did you have the opportunity to attend a course or group on postpartum and/or breastfeeding support at the health center? According to health system. In percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

3.3. Effects on postpartum follow-up according to number of children and/or daughters

- Previous childbearing experience may influence both postpartum care needs and perceptions of the postpartum experience. Multiparous women have prior experience and tend to have more information, resources, and strategies around the postpartum period than first-time mothers.

- The cancellations of in-person appointments were almost identical for primiparous and non-primiparous women: it occurred to 25.7% of primiparous women and 23.8% of multiparous women, so the difference is not very significant (See Graph 15). This is probably related to the fact that both primiparous and multiparous women made similar use of the public and private systems: The public health care system used during the postpartum period for 63.1% of first-time mothers and 68% of those who had been mothers before.

- Regarding feelings related to the cancellation of in-person appointments, primiparous women reported feeling abandonment (36.5%), resignation (30.9%), insecurity (27.8%), helplessness (26.1%), indignation (26.0%) and frustration (22.1%). Other feelings related to cancellation were acceptance (26.6%) and safety from COVID-19 infection (10.7%) (See Graph 16). For multiparous women, indignation (39.2%), helplessness (37.3%), frustration (34.8%), abandonment (30.3%), insecurity (25.1%) and resignation (20.8%) dominated the feelings regarding cancellation of in-person appointments. Acceptance (22.6%) and security in the face of infection with Covid-19 (14.7%) also stand out among the experiences (See Graph 17). Thus, primiparas expressed more feelings considered neutral, namely acceptance and resignation, than multiparas. An explanatory hypothesis might be that the latter experienced a comparative disadvantage compared to their previous experience, which accentuated the negative feelings about the pandemic situation.

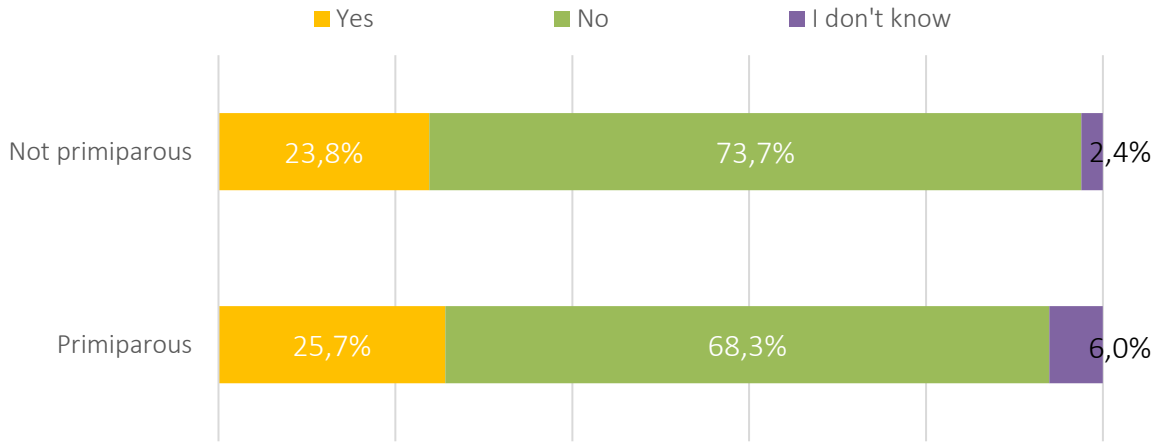
- Regarding the substitution of in-person postpartum follow-up appointments by telephone or telematic ones, primiparous and non-primiparous women experienced different scenarios. While approximately 7 out of 10 primiparous women had a substitute appointment in telematic or telephone format, the weight among non-primiparous women was 6 out of 10 (See Graph 18).

- With respect to the evaluation given by women to the attention given to telephone or telematic appointments, primiparous women are more indifferent (39.3%) than non-primiparous women (21.2%). In general, non-primiparous women are divided between the opposite poles of not at all satisfied (31.8%) and fairly satisfied (21.9%), while primiparous women are concentrated in the middle (39.3%) (See Graph 19).

- In the situation of cancellations and substitutions of postpartum follow-up services, some women were left completely without care or follow-up. The suspension of in-person postpartum courses or groups affected primiparous and multiparous women equally, with 7 out of 10 women stating that their course was cancelled because of COVID-19 (See Graph 20). But in the case of primiparous women, more than half (51.4%) were offered a telematics alternative, a figure that drops to 20.3% in the case of multiparous women.

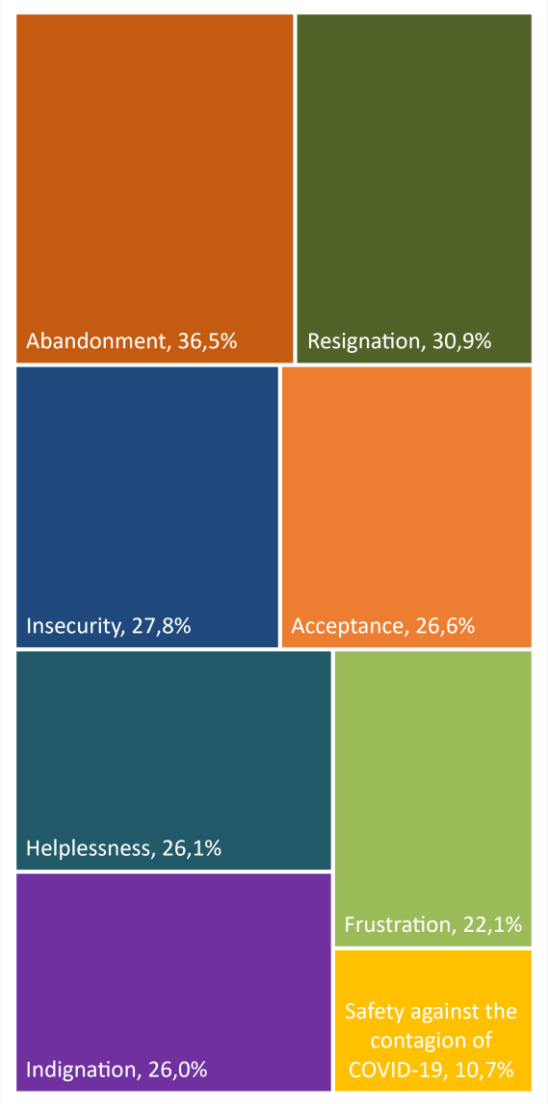
- Regarding the feelings associated with not being able to participate in a group or course during the postpartum period, whether in-person or online, differences were observed by parity. Primiparous women reported more feelings of abandonment (42.8%), helplessness (32.4%), insecurity (30.0%), indignation (29.7%), resignation (29.2%), frustration (26.0%), acceptance (14.4%) and indifference (8.1%), with neutral or positive feelings being marginal (See Graph 21). On the other hand, for multiparous women, acceptance represented 54.4% and security in the face of infection with COVID-19 represented 5.8% of the feelings associated with not being able to participate in a course or group during the postpartum period. Thus, those who had gone through the postpartum experience before were more accepting of the situation of not having a support network during the postpartum period. That said, not insignificantly, abandonment (19.6%), helplessness (17.3%), resignation (14.9%), indignation (14.1%), frustration (13.9%), indifference (12.8%) and insecurity (5.3%) are also part of the experience of non-primiparas (See Graph 22).

Graph 15: Because of the COVID-19 pandemic, were you cancelled in-person postpartum follow-up appointments? By primiparity. By parity. In percentage, Catalonia.



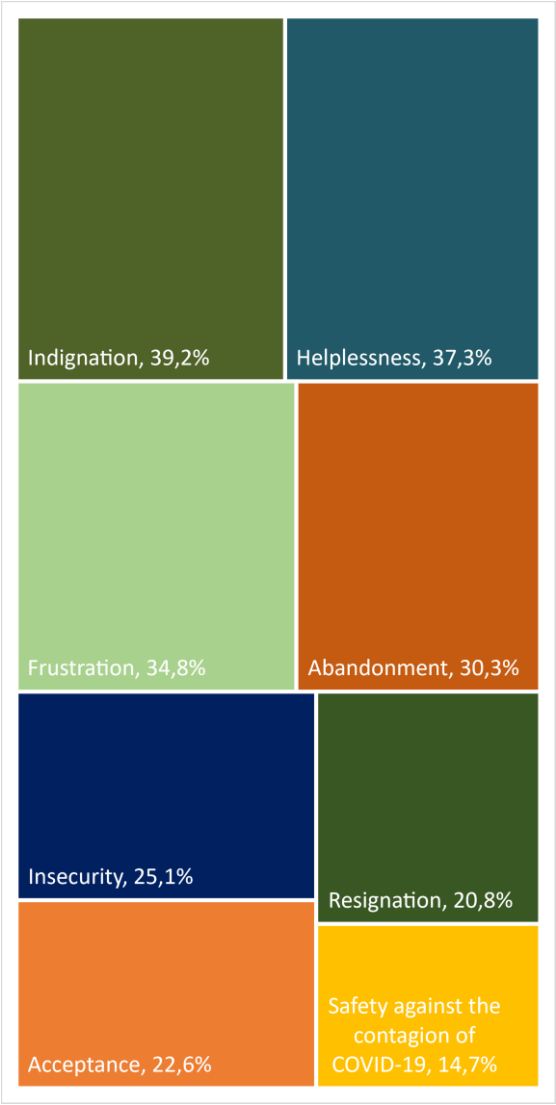
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 16: In case you were cancelled in-person postpartum follow-up appointments, how did you experience it? **Only primiparas** and values above 5%. Multi-response, in percentage, Catalonia.



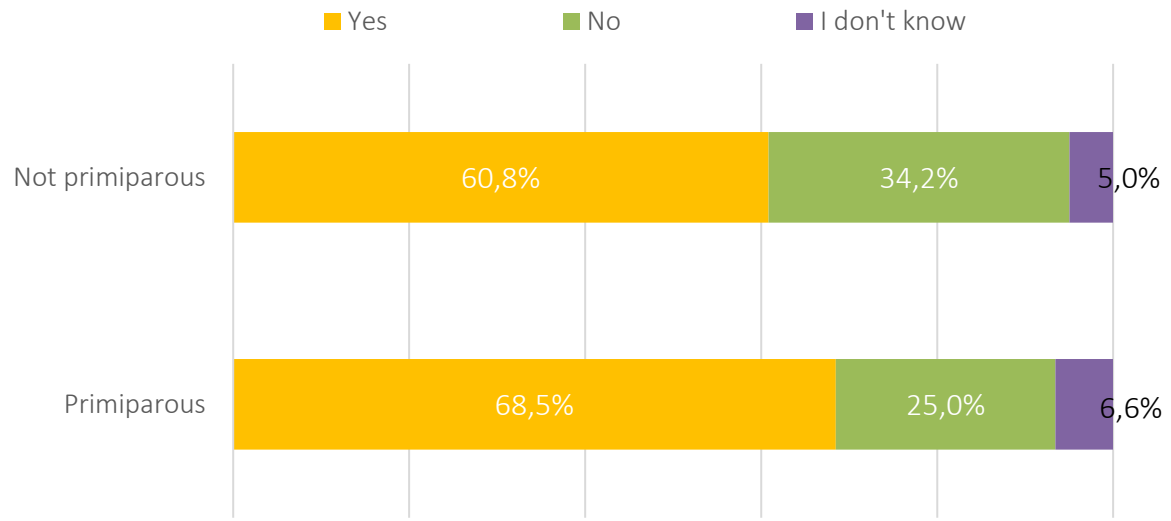
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 17: In case you were cancelled in-person postpartum follow-up appointments, how did you experience it? **Only multiparous** and values above 5%. Multi-response, in percentage, Catalonia.



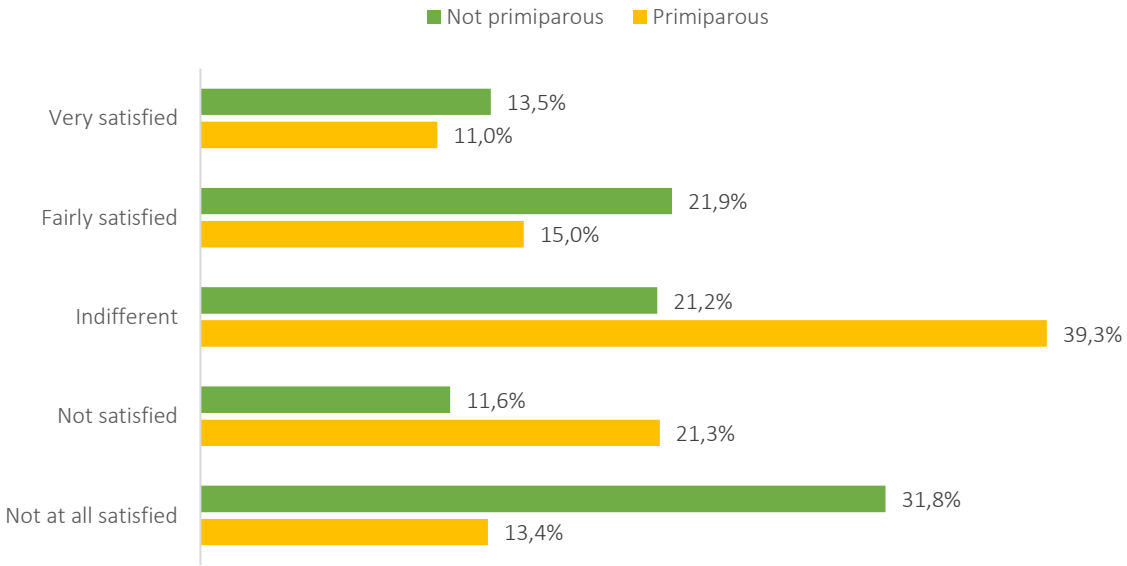
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 18: Did you replace cancelled in-person postpartum follow-up appointments with telephone and/or telematic appointments? According to parity. In percentage, Catalonia.



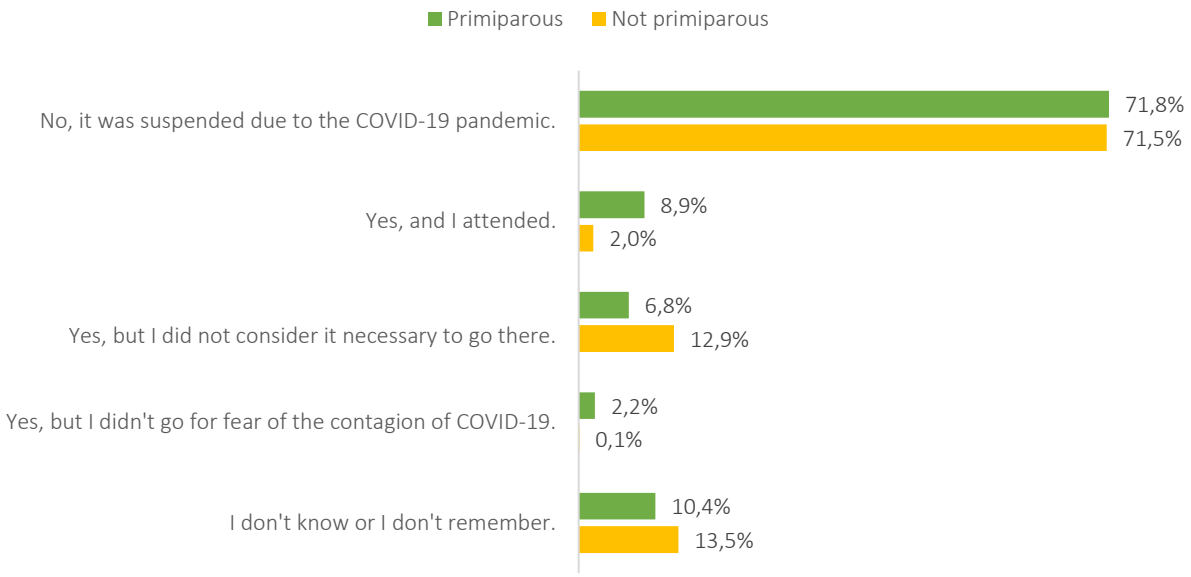
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 19: On a scale where 1 is not at all satisfied and 5 is very satisfied, how would you rate the telephone and/or telematic postpartum follow-up appointments. According to parity. In percentage, Catalonia.



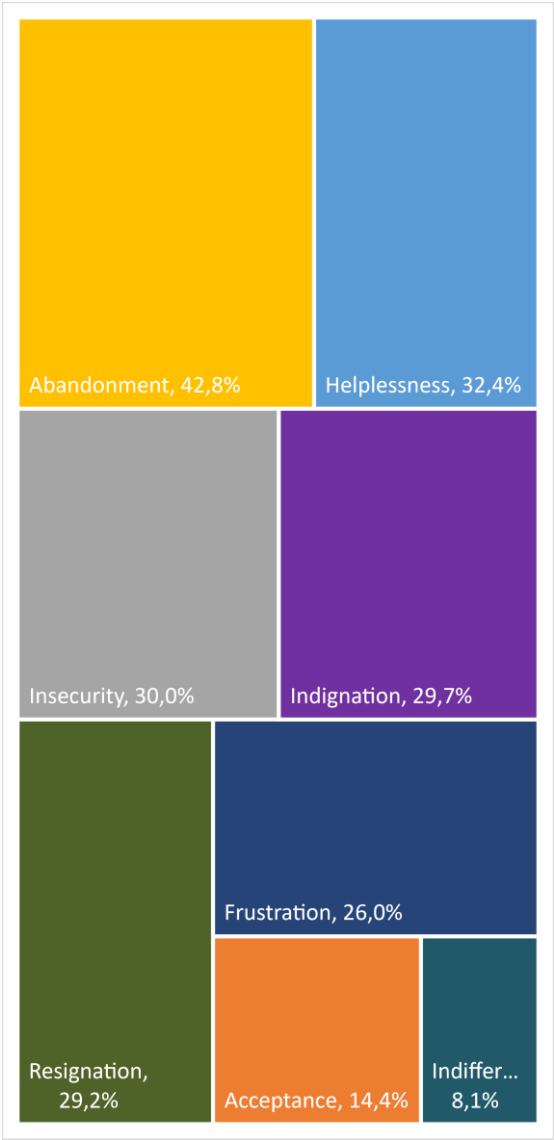
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 20: Did you get to attend a course or group on postpartum and/or breastfeeding support at the health center? According to parity. In percentage, Catalonia.



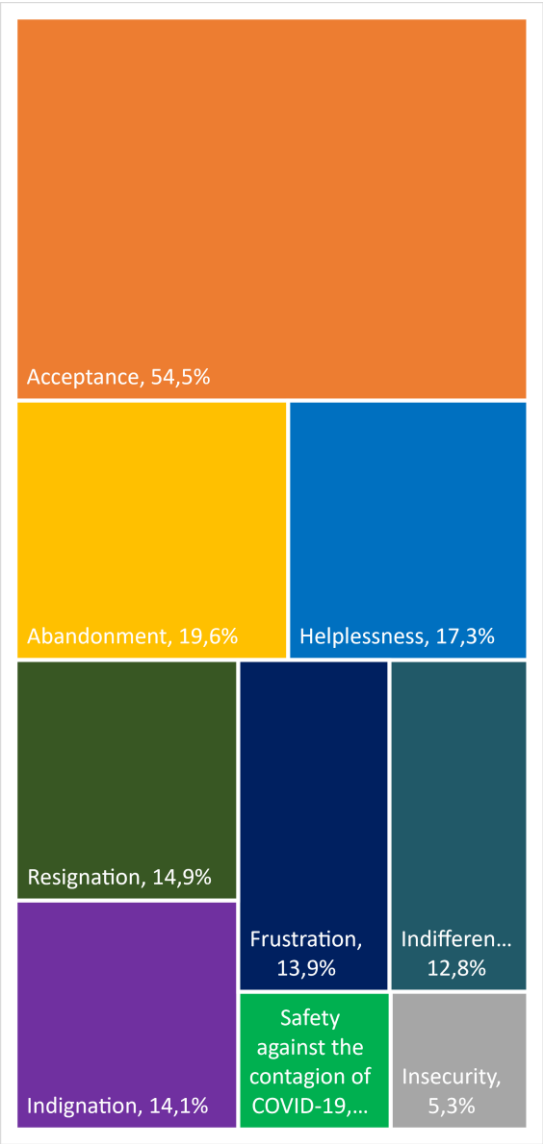
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 21: If you were not able to attend any type of course or group for postpartum and/or breastfeeding support (either in-person or online), how did you experience it? **Only primiparas** and values above 5%. Multi-response, in percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 22: If you were not able to attend any type of course or group for postpartum and/or breastfeeding support (either in-person or online), how did you experience it? **Only multiparous** and values above 5%. Multi-response, in percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

3.4. Alternatives for postpartum and breastfeeding accompaniment

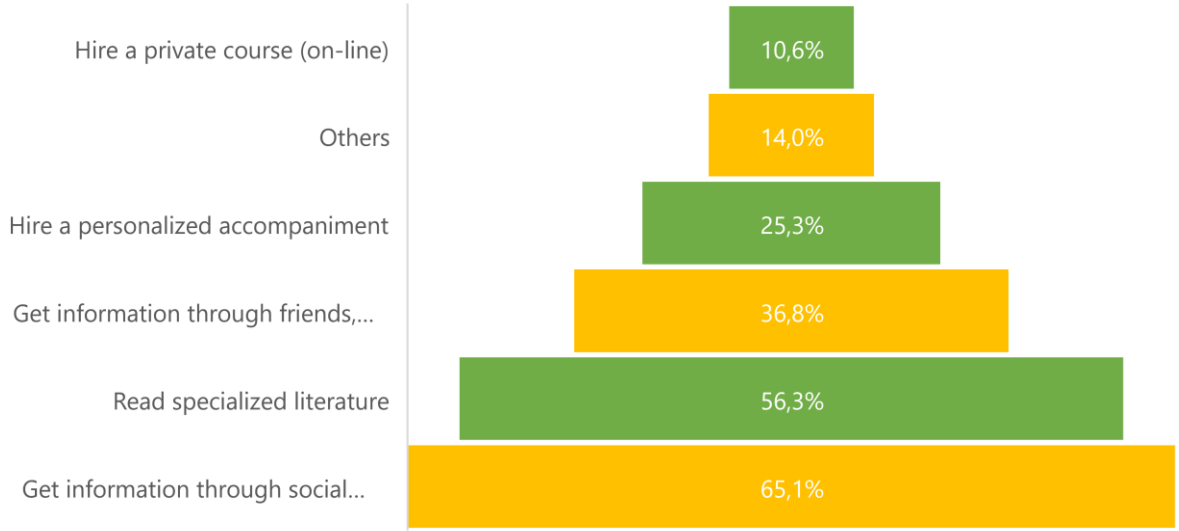
- Faced with changes, rescheduling and cancellations of appointments and courses, 46.5% of the women took the initiative in seeking possible alternatives for postpartum and breastfeeding support, while 53.5% did not seek alternatives.

- The main alternatives considered were getting information through social media (65.1%), reading specialized literature (56.3%), getting information through friends, acquaintances and/or relatives (36.8%), hiring a personalized accompaniment (25.3%) and hiring a private online course (10.6%). Other types of diverse and minority alternatives represent 14.0% in total (See Graph 23).

- Among the reasons that led women not to opt for an alternative search for accompaniment were considering that it was not necessary (51.2%), not knowing that it existed (23.5%), not being able to afford it financially (13.5%), not having time (13.2%) and various other reasons (8.6%) (See Graph 24).

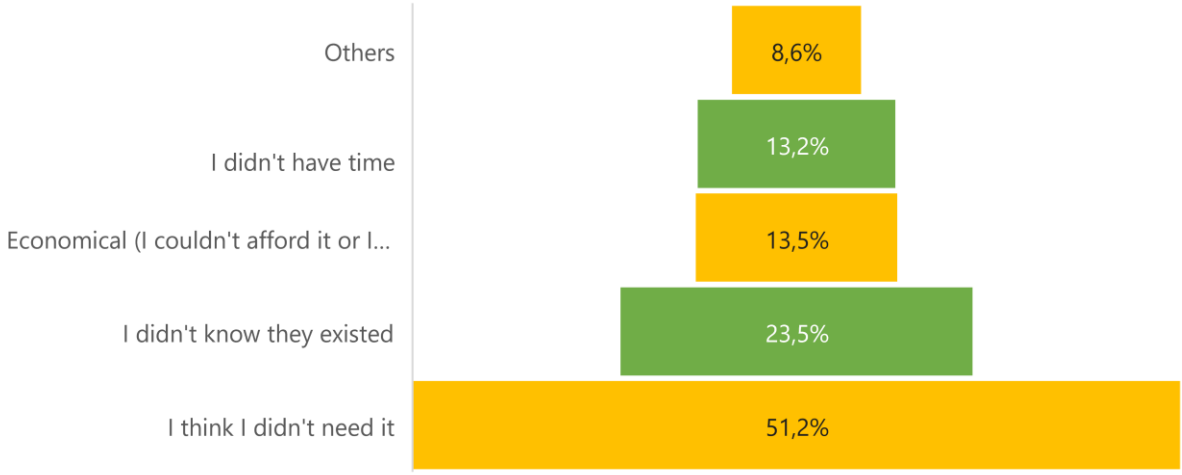
- Not opting for alternatives is not a neutral issue. The level of household income is closely related to those cases where not opting for alternative follow-up is argued for economic reasons. Households with incomes below 15 thousand euros per year represent 58.8% of the response (See Graph 25). In addition, they represent 27.7% of those who were unaware of the existence of other follow-up options. On the other hand, primiparous women more frequently reported a lack of knowledge of alternatives, representing 78.5% of the total, compared to 21.5% of multiparous women.

Graph 23: What other type of postpartum and/or breastfeeding support or accompaniment did you opt for? Multi-response, in percentage, Catalonia.



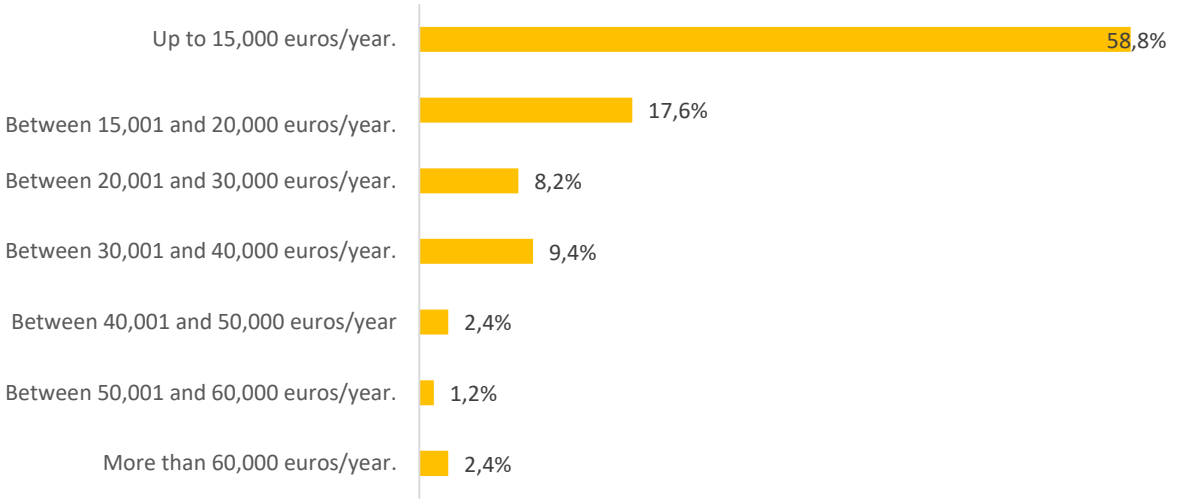
Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 24: If you did not opt for any other type of accompaniment or support for postpartum and/or breastfeeding, why did you not do so? In percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

Graph 25: Not opting, according to household income level, for any other type of postpartum and/or breastfeeding accompaniment or support for economic reasons (could not afford or I wasn't comfortable paying it). In percentage, Catalonia.



Source: Sexual and reproductive rights in pandemic times: maternity and COVID-19 in Catalonia.

4. In summary

- The pandemic has significantly altered women's access to their sexual and reproductive rights also during the postpartum period. The reduction of in-person health care in the postpartum period and beyond was justified by the safety of mothers, babies, and health professionals from infection, but almost all women (96.4%) did not fail to attend their in-person appointments for fear of contracting COVID-19, even in the absence of important preventive measures such as vaccinations. In other words, women considered it important to access health services in-person at this time of their lives despite the risk of infection for themselves and their children.

- About 3 out of 10 women had at least one postpartum follow-up appointment cancelled and 7 out of 10 were unable to participate in in-person postpartum and breastfeeding support courses or groups. The fact that appointments were prioritized over courses or support groups may be explained by the more urgent need for postpartum clinical follow-up, but both types of accompaniments are essential during the postpartum period, as courses or groups provide support in specific postpartum and parenting situations (both physiological and emotional) and open the possibility of creating both formal and informal community-based support networks.

- These results focus on the need to have their own specific spaces for pregnancy, labor and childbirth, and postpartum care outside the health care setting, thus avoiding the violation of reproductive and sexual rights in different contexts, but mainly in exceptional situations such as the COVID-19 pandemic. In the specific case of postpartum, the results add to a constant in maternity care, which is the lack of resources, time and importance given to the care of the mother after childbirth.

- In the face of cancellations of in-person appointments and courses and groups, substitutions were offered in an online modality so that women would not be left completely unattended. However, both the suspension of in-person appointments and courses and the possibility of carrying them out telematically were conditioned by the public and private health care systems. Thus, it was in the public system where there were more cancellations of in-person appointments, but there were also more possibilities in this system to replace them with an online version.

- About 7 out of 10 women attended by the public system had their appointments replaced by the distance modality; the same occurred with about 5 out of 10 women in the private system. As for postpartum and breastfeeding courses or groups, the possibilities of the public and private systems are repeated. That is, in the public system about 7 out of 10 women had their sessions cancelled, while in the private system this was the case for 5 out of 10 women.

- The fact of not being able to participate in any postpartum and breastfeeding support course or group, either in-person or online, had a particularly negative impact on primiparous women, who had much more negative feelings about it than multiparous women. Most women chose to inform themselves through social media and read specialized literature as an alternative to cancellations. Those who did not opt for complementary support considered that they did not

need it, especially women with previous pregnancies, or were unaware that this possibility existed, especially primiparous women.

- Likewise, it cannot be ignored that the economic capacity of women and their families conditioned access to alternatives to cancellations, with those households with lower purchasing power being those who renounced these options for economic reasons to a greater extent. Universal health care guarantees that the unequal distribution of wealth is not a limiting factor in people's wellbeing and health. In times of crisis such as the COVID-19 pandemic, the capacity of the public health care system to guarantee citizens' rights is tested.

- The fact that social media are emerging as alternative and complementary spaces to health care presents opportunities from the point of view of the democratization of access to information, but at the same time poses challenges in terms of guaranteeing truthful, secure information that is adjusted to this type of format. There are also challenges in terms of universal accessibility in relation to new technologies and specialized literature.

- Finally, as noted above, follow-up of the postpartum phase is given much less social importance in relation to pregnancy and labor and childbirth, and the birth of the child displaces the mother from the center of health and social attention. This was already the case before the pandemic and continued to occur during the pandemic. However, physical assessment of women in the postpartum period is essential. It is not replaceable by telematic care and, most certainly, by cancellation of follow-up appointments. Women suffer sequelae to their pelvic floor and other musculature, have stitches, scars, bruising and sometimes suffer problems such as blood loss and infections. The response to these direct effects of pregnancy and childbirth can only be in-person if women are not to be abandoned to their fate in conditions that are often enormously painful and become chronic. In this sense, the results described in this report show very significant setbacks in the sexual and reproductive rights of Catalan women between the spring of 2020 and the fall of 2021.

5. References

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