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Exploring the information seeking behaviour of first-time parents during the pandemic: the lived experiences of three new mums who “should know better”!

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This article uses an autoethnographic approach to explore the information seeking behaviour (ISB) of three new mums during the Covid-19 pandemic. The authors recount their lived experiences of the Covid-19 pandemic, and how it impacted upon and influenced their lives as new parents. The focus is on how they searched for advice/guidance relating to child and postpartum health during this time because all the authors are information professionals and, in theory, ‘should know better’. Between them they have a wealth of experience in working with information of all types and teaching information literacy skills (CILIP ILG, 2018) to students, academics, professionals (in various sectors) and researchers. They wanted to share their stories to reinforce that everyone needs help navigating the sea of information available, especially when contact with health professionals is reduced, and to share ideas for developing professional and parent education.

Keywords: Perinatal mental health, Perinatal education, Health literacy, Covid-19, Pandemic, Women’s experiences, Maternity care, Information seeking behaviour

What is Information Seeking Behaviour?

In its broadest sense information seeking behaviour (ISB) is a deliberate attempt to find information in response to a perceived need for information, it includes formal and informal sources and approaches (Wilson, 1999). It is central to all our lives and has changed with technological and societal changes.

What is information literacy and how does it link to health education?

There are many definitions of information literacy, however the Information Literacy Group’s high-level definition ‘*Information literacy is the ability to think critically and make balanced judgements about any information we find and use*’ (CILIP ILG, 2018, p. 3) is appropriate in the

context of the experience of new parents who often need to find contextually relevant and authoritative information quickly without much external guidance or support. When information skills are discussed in relation to health and wellbeing it is often referred to as 'health literacy'. The World Health Organisation defines health literacy as the skills and tools needed to 'appraise and use information and services to make decisions about health' (World Health Organisation, 2014, p.12).

Professional competencies vs personal experiences

Professionally the authors promote and teach the importance of information literacy skills, including health literacy, however, emotive and/or traumatic lived experiences in the pandemic made it hard to maintain a rational and critical approach to information seeking and sensemaking (Christianson and Barton, 2020). This is exacerbated when access to health professionals and health services were restricted.

What is autoethnography?

Although difficult to define, autoethnography has three core features:

1. Primary data comes from the author's personal experiences
2. It explores the interaction between individuals, institutions, and wider society
3. Outputs can be more varied compared to more traditional research methodologies; it is led by the data available (Chang, 2016)

We chose to examine information seeking behaviour using autoethnography as we recognise that birth and parenting experiences are incredibly personal, and by reflecting on our own situations we can add to knowledge in this area. The stories provided below are not meant to demonise or critique any individual or service but to present, with hindsight, the lived experience of three women who became parents in 2020, with common themes providing evidence for the need for support services to develop an understanding of importance of information and health literacy awareness throughout the first 1000 days.

- **Penny**

Our son was born in April 2020. He arrived very quickly at home which was not the plan. He was delivered by my husband, and the paramedics got there just in time for the final push. We were then taken to hospital to be checked over.

Due to the pandemic my husband was only allowed a short visit to the delivery suite and couldn't come to the maternity ward with us. I was alone, reeling from the birth and panicking. I didn't want to waste staff time as they were already so overworked, and our son was alive so I should just 'get on with it'. But I needed an explanation as to why I'd delivered so quickly or any potential problems it could cause for our son. I read my notes and tried to decipher handwriting and acronyms (what does BBA mean?), so I turned to my phone for help. My phone became my lifeline whilst in hospital and beyond. I could use it to talk to family and friends and send them updates that I so desperately wanted to do in person. It helped me feel less isolated and lonely. However, it was also where I started to drown in the sea of parenting and health information. Despite my professional experience all good information practices quickly went out the window as my anxiety grew. I wanted answers quickly and my phone provided this without 'bothering' anyone. I did manage to find out that BBA means 'born before arrival' and having had my fears about BBA quashed, 'The Internet' became a place I could trust.

When home, scrolling through my phone became commonplace as I tried to reconnect with family, friends and society. Some of the apps I used during pregnancy were great, they only cited reputable information, but I craved human contact and 'real world experiences.' Forums/Facebook groups became my parenting community and opened me up to so many, often conflicting, opinions and 'methods'. But when you're exhausted, scared, and think you need an answer immediately these strangers on forums become oracles.

Actively looking for information helped me feel 'in control', which was particularly helpful when my life was being dictated to me by lockdowns and I was still struggling to deal with the birth. But when my phone didn't give me an answer, my anxiety got so much worse.

Despite being on the 'at risk' list I wasn't diagnosed with postnatal depression until our son was 2 and a half years old, granted this is still within the first 1000 days but it delayed recovery. Most of my maternity leave was in lockdown and reduced contact with health professionals meant it got missed. Looking back, I know I 'masked' a lot of my feelings and was more concerned with using the limited time I did get with health professionals to discuss my son anyway. If I'd had the expected level of contact, I don't think I would have been able to keep up the charade and may have got help sooner. It wasn't until I stumbled across the Birth Trauma Association on social media that I acknowledged my traumatic birth experience. I'd spent months feeling guilty about viewing the birth as traumatic because it wasn't 'bad enough', we had a live baby after all, but the charity made me realise that all trauma is trauma.

Now, in hindsight, I can see how anxiety, exhaustion, the pandemic, and ease of access to information on my phone created a perfect storm of 'less than ideal' information seeking behaviour, and despite my own professional expertise, when it comes to parenting and the health of your baby it is really hard maintain a rational brain.

- **Jess**

My daughter was born at the beginning of 2020 and was 10 weeks old when the first lockdown in the UK was announced. The birth was medically induced at almost 42 weeks and ended with a forceps delivery, partially retained placenta and a fourth-degree tear.

I exclusively breastfed and then tried bottle feeding expressed milk after two weeks, but she refused the bottle after around two months, and my understanding of the information I gathered through patient leaflets and a free pre-natal education class run by a retired midwife from my local Church was that the baby must feed every three hours. I did not know this was only the recommendation until the baby regained birth weight (which my baby quickly did) and continued to feed at four-hour intervals for around three months, which had long lasting repercussions with my mental health owing to having only slept in two to three-hour chunks for that time. I was diagnosed with PND after a month, but no one ever asked me about my sleep.

I had no information before the birth on taking care of my body. I never saw any guidance that explained about caring for your breasts, except the signs of mastitis. I saw two midwives, went to a breastfeeding support group, looked up everything on the NHS website and rang the breastfeeding helplines listed on the back of the leaflets and they were all going through the same ring binder of advice reading out the same information to me. None of the advice was personalised and none of it worked, my nipples remained cracked and covered in eczema and feeding was incredibly painful. My baby had a good latch and was feeding well, so why was I in so much pain? I felt that I was making a fuss over nothing and clearly this was something I was doing wrong.

Overly concerned with getting it 'right' and managing the emotions of my partner, my extended family, and my baby instead of my own needs was, I now recognise, a fawn response to my trauma where I would not articulate my own desires or needs owing to a constant desire to

please others, to avoid confrontation (Gaba, 2020). I therefore took any information or advice given by loved ones as Must Dos rather than something to think critically about. I am a librarian that practices and has published on critical information literacy and critical library pedagogy, I was the subject expert on childhood studies. I knew I should have known better and yet, my innate trauma-driven desire to please everybody and do the “right” thing by my baby led to me leaping down the Mumsnet rabbit hole. Because of my fawning, I had to follow every bit of conflicting, unproven, unevaluated, uncritical advice. My head felt like a library of other people’s opinions, and I couldn’t catalogue them properly.

By the time lockdown started I had completely lost my sense of self. I was lost in a whirl of panic. Now my partner was home during the day, how would he fit in with the routine I HAD to follow otherwise the women on the Internet would be upset with me? My communication was poor, and I couldn’t explain my responses as I did not have the self-awareness to see that I was reacting to trauma. I felt that, after contact with the health visitor services was severed during lockdown, I had no one to advocate for me.

- **Rosie**

I gave birth to my son in late June 2020, seven weeks before his due date in mid-August. I had struggled throughout pregnancy with bad sickness and nausea at the beginning, as well as bad anxiety which only got worse once lockdowns were announced in March 2020. I went to my 20-week scan and every proceeding appointment alone. On the morning of my son’s birth I noticed that something wasn’t quite right and that I hadn’t felt him move as much as usual. I’d already been into the Maternity Assessment Unit the weekend before with concerns about his movement, so I felt a bit silly calling them up again and worried that they’d think I was overreacting. The midwife on the phone, however, was so kind and said that they’d rather me come in 100 times and everything be fine those 100 times, than the one time I didn’t go in and for there to be a real serious problem that gets missed. I went straight down to the hospital and this was probably the best decision I’ve ever made when it comes to following my instincts.

It hits home even more when reading about a UK study that showed how attendance at an obstetric unit for reduced foetal movement dropped from an average of 22% of all pregnancies in the year before the pandemic to 18% in the first two months of lockdown (Brown, 2021, p. 28) As soon as they hooked me up to one of the monitors and I heard the sound of my baby’s

heartbeat, I knew something wasn't right. His heart was beating dangerously fast. The midwife got a colleague and another monitoring machine to get a second opinion, but there was definitely something not right. The next thing I knew, some doctors were summoned to the room, and I was told that it would have to be an immediate delivery by c-section. My son's dad was in the hospital car park, due to covid restrictions, and we were told that he wouldn't be able to come in for the c-section because there wasn't enough time to do the necessary covid tests for him, so I had to go it alone.

The next few hours were a surreal blur, with the c-section happening and then getting moved to the delivery suite while they took my son down to the neonatal unit to be examined and put into an incubator. I didn't get to hold him until 3 days after he was born and he was on a CPAP for the first 48 hours of his life. My partner was able to briefly come into the delivery suite and they took us down to the neonatal ICU to see our baby about an hour after he was born. After that, they admitted me to the postnatal ward, but my partner had to leave me at the door and couldn't come back to the hospital until the next morning. The 'visiting' hours on the neonatal ward were restricted to two hours per day for parents in June/July 2020. In the first few days immediately after birth, I didn't mind this too much as I needed some time to physically and mentally rest after the c-section. We lived close to the hospital so travelling back and forth wasn't an issue. However, it soon became obvious that establishing exclusive breastfeeding was going to be impossible while my son was still in hospital with the time allocated to parents seeing their babies being so restricted. I've since learned that this wasn't even part of national or even worldwide guidance at the time, and at no time was there a blanket policy in the UK stating that mothers were not allowed to be with their babies (Brown, 2021, p. 100).

After twelve days in the neonatal unit, my son was allowed home. He came home with a feeding tube in and we had excellent support from a couple of community nurses from the unit who came out every day until they were confident that my son could go 24 hours by either having only breastfeeds or a mixture of bottle and breastfeeds. I count myself lucky in that I also had invaluable support from my mother, who was a health visitor who specialised in infant feeding and breastfeeding support - who retired about a month after my son was born. Without knowing I had this support available, I don't think I would have been able to establish breastfeeding in the way that I did, and I have an element of guilt about that when I think of all of the other breastfeeding mothers who won't have had access to that level of support because of the pandemic.

When it came to finding information, as well as support from my mum, I had a number of friends who had breastfed for 6 months or longer and who had a wealth of reputable links and sources they could send me. International Board Certified Lactation Consultants (IBCLCs) on Instagram became my lifeline! There was also an excellent breastfeeding peer support Facebook page for my local area, where my mum had met some of the moderators and engaged with them as part of her health visitor role. However, with Facebook pages in particular, especially a couple of pages I joined relating to postnatal mental health, I realised that I had to be particularly discerning when scrolling the posts late at night and reading some of the comments. The desperation and sheer anxiety and panic emanating from other new mothers really started to affect my own anxiety and sense of wellbeing. I'd get sucked into reading these long threads where there was plenty of misinformation getting shared, as well as many mothers getting increasingly desperate and panicky and just needing some reassurance and support. I had this catastrophic sense that none of us were OK and that we'd all been cheated out of the antenatal, birth and postnatal experiences we'd all deserved.

The main symptom of my postnatal depression and anxiety was rage. I was so, so angry about everything that had happened it was almost frightening to have these thoughts and feelings. As women, we're conditioned to feel like anger is bad, and any outbursts or even just attempts at vocalising how we feel can see us labelled as "crazy" or unstable and result in high levels of shame for feeling angry. I tried so hard to keep on top of my feelings and put on a brave face that showed everyone I was coping, but this was not a sustainable way to behave. I've seen accounts of postpartum rage in the mainstream media (Innes, 2022) and in other sources online (Elvie blog, 2022) and have since been able to talk about my symptoms with friends and family, which helped me to feel less isolated. As Jess mentioned, the 'fawn' response to a traumatic experience was also pretty strong for me, and I realised that I was able to talk the talk and seem fine to health visitors and other professionals I came into contact with, but the reality was that I was unwell and needed help. I was eventually prescribed some antidepressants in early 2021 and took these, at varying doses, up until early 2023.

At the time of writing, I am highly unlikely to have another baby, for a number of reasons. I had many months of feeling grief and pain about how I wasn't able to have a 'proper' experience of birth and maternity leave and for a while I wanted to rush into having another baby to ease those feelings, despite that being a terrible choice for my long-term wellbeing. I'm now at a point where I accept the grief and have realised that it will probably never go away, but living with it will become easier and it's all part of the life experiences that make me who I am. I am

sad on behalf of all of us who experienced the things we did by becoming mothers during the pandemic, but I am also in awe of our collective strength and want to ensure that our stories are not forgotten.

Recommendations

Despite our experiences being so different, the challenges brought by the pandemic highlighted key themes across our experiences:

- Feelings of not wanting to ‘bother’ anyone
- People pleasing/masking and feeling like other people ‘had it much worse’
- Online parenting communities providing some good advice, but also increasing anxieties and feelings of anger
- Information seeking from authoritative figures often not personally helpful or relevant, especially if only delivered remotely

We therefore have the following recommendations, firstly to new parents:

- Re-evaluate your use of information sources, especially at three in the morning
- Having said that, even professionals get sucked in and doom-scroll
- Never feel guilty for telling the truth about how you are living, that your trauma doesn’t matter or isn’t ‘bad enough’

Secondly, to health and parenting education practitioners and policy makers:

- Antenatal support needs an additional health and information literacy strand, for both birthing parents, partners and carers, and adoptive parents
- Anyone who supports new parents needs to be given the time and resources to be able to provide in-depth personalised care and support, including in health literacy

- New parents need reassurance that even in difficult times, with reduced staff, our views/queries/concerns are still valid
- Mental health concerns need to be interrogated more, especially in relation to trauma responses

Information literacy within antenatal support- what would this look like?

The relationship between information-seeking practices and anxiety during big life changes has been documented (Charpentier et al, 2022) but guidance also needs to be realistic. We choose information that is easy to find. Good information needs to be made easier to access. However, there also needs to be recognition that when you're exhausted, stressed, and worried about your baby you will end up thinking that strangers on the internet are oracles. We need a 'stop, look and listen' for parents searching for information - Pause, breathe, evaluate.

Future research

We would also recommend that more research is conducted on information seeking in times of trauma, what this looks like, and what can be done to promote information seeking that is truly critical, and helps people experiencing trauma, including new parents, make balanced judgements and choices.

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