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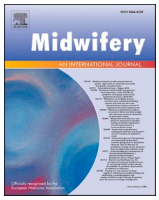

A very, very lonely, unmagical time. The lived experience of perinatal anxiety: A longitudinal interpretative phenomenological analysis

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ABSTRACT

Problem: Minimal longitudinal qualitative evidence examining lived experience of anxiety over the perinatal continuum limits holistic understanding of the course of antenatal and postnatal anxiety.
Background: Perinatal anxiety has deleterious effects on the mother and infant and is more commonly experienced yet less well investigated than perinatal depression.
Aim and method: To explore women's experiences living with perinatal anxiety to increase understanding of the condition; inform support given by midwives and other health professionals and provide practice, education, and research recommendations. Five women were interviewed at three timepoints, producing 15 datasets. Data was analysed using longitudinal interpretative phenomenological analysis.
Findings: Nine Group Experiential Themes emerged: the anxious mother, transformation, sets of ears and the anxious pregnancy (antenatal); baby as external focus, returning to oneself and the emotional unknown (early postnatal); and moving on, and shifting sands (late postnatal). Three Longitudinal Experiential Concepts explicated lived experience over time: maternal eyes, transforming existence, and emotional kaleidoscope. The lived experience of perinatal anxiety was revealed as socially constructed, with relationships with self, others, and the world key. The collision between anxiety and motherhood as social constructs provides perinatal anxiety with its unique characteristics.
Conclusion: Midwives and other healthcare professionals should understand the significance of perinatal anxiety, enabling disclosure of stigmatising and uncomfortable feelings without judgement. Research examining whether perinatal specific screening tools should be used by midwives and exploring the relationship between perinatal anxiety and depression is recommended. Education for clinicians on the significance of perinatal anxiety is essential.

Statement of significance

Problem	Perinatal anxiety has deleterious effects on the mother and infant and is more commonly experienced yet less well investigated than perinatal depression.
What is already known	Minimal longitudinal qualitative evidence examining lived experience of anxiety over the perinatal continuum means that holistic understanding of the course of perinatal anxiety is limited.
What this paper adds	Novel contribution using longitudinal interpretative phenomenological analysis with the addition of Longitudinal Experiential Concepts. Evidence of temporal experiential aspects key to perinatal anxiety related to existential maternal notions, ambivalence and social construction which render perinatal anxiety destabilising in nature and must be recognised by midwives and other health professionals.

Introduction

Perinatal anxiety, anxiety experienced during pregnancy and/or postnatally, is experienced by up to 39 % of women (Leach et al., 2017; Dennis et al., 2017; Folliard et al., 2020), with rates increasing during the Covid-19 pandemic (Muñoz-Vela et al., 2023). Perinatal anxiety can affect mothers' social, behavioural and cognitive function, causing excessive worry and impaired eating, lifestyle and work habits, reduced breastfeeding initiation, duration and enjoyment and suboptimal bonding (Furber et al., 2009.; Grigoriadis et al., 2019; Highet et al., 2014; Razurel et al., 2013; Coo et al., 2020; Fallon et al., 2018; Tietz

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et al., 2014). Fetal and neonatal impacts include altered neurocognitive development and stress responses (Tuovinen et al., 2020), low birth weight and pre-term birth (Gelaye et al., 2020; Grigoriadis et al., 2018), particularly when comorbid with depression (Uguz et al., 2019). Antenatal anxiety is a strong risk factor for depression but less well recognised by the public (Biaggi et al., 2016; Verreault et al., 2014; Smith et al., 2019), with depression more thoroughly investigated than anxiety (Henshaw, 2017; Martini et al., 2013).

Due to these potential sequalae, healthcare professionals must recognise the significance of the condition and understand what constitutes effective support, with early recognition in pregnancy as perinatal anxiety is a modifiable state (Ciesielski et al., 2015; Ayers et al., 2024). There is minimal qualitative evidence examining the lived experience of anxiety through pregnancy and into the postpartum, which negatively limits holistic understanding of the condition over time (Maguire et al., 2024; Dol et al., 2024). Longitudinal quantitative studies investigating the course of perinatal anxiety have reported conflicting findings, with the condition either resolving following birth (Liou et al., 2014), or continuing postpartum (Blackmore et al., 2016). This paper adds understanding of perinatal anxiety through longitudinal qualitative experiential examination with recommendations for clinical practice, education, and research.

Method

Ethics

The study received NHS Health Research Authority ethical approval in June 2021 (21/EE/0104).

Participants and recruitment

Participants were identified through the antenatal clinic of a large UK teaching hospital, with purposive sampling used to identify women reporting antenatal onset of anxiety symptoms based on GAD-2 screening questions. Women aged 16 and over from any socioeconomic demographic were included to gather a range of experience including that of younger people (Hawke et al., 2020). Exclusion criteria were women pre-viability pregnancy scan, or unable to complete an interview in English. A participant information sheet was given and follow up contact from the lead researcher, a midwife working within the clinic, was agreed.

Nine women of mixed parity were given study information of whom seven consented to participate, however two did not attend the initial interview or respond to further contact. As the final sample of five aligned with the idiographic nature of interpretative phenomenological analysis (IPA), concerned with detailed representation of individual perspective rather than a population (Smith et al., 2022), no further recruitment approaches were made. For this longitudinal study each participant was interviewed first at 32–37 weeks gestation (antenatal), then 8–13 weeks post-birth (early postnatal) and finally at 34–42 weeks post-birth (late postnatal), resulting in 15 datasets (Table 1), to provide a range of temporal perspectives. Four women were White British, and one Asian British. The mean age of the participants was 31, three had a diagnosed anxiety or stress-related condition prior to pregnancy, none had a historic or current diagnosis of depression, and all had uncomplicated vaginal births at term. Two were under the care of a specialist Perinatal Mental Health service (one antenatally, one postnatally); a further two accessed IAPT (Improving Access to Psychological Therapies) services antenatally; and one received no additional mental health support.

Reflexivity

The lead researcher was inextricably positioned as both midwife and researcher and reflecting on midwifery care for women with anxiety led to the focus of this doctoral work. An interpretative phenomenological rather than descriptive phenomenological approach was chosen to facilitate an analysis explicit about the ways in which via hermeneutic processes, the lead researcher was positioned within the data. Reflexive journalling enabled checking and challenge of the lead researcher's interpretative voice.

Procedure

Telephone interviews lasting 30–90 min took place between November 2021 and January 2023. The lead researcher, a specialist perinatal mental health midwife with three years' experience of clinical interviewing, conducted the interviews. Prior to study commencement, experts by experience from a maternal mental health charity with a range of conditions including anxiety, verified acceptability of the proposed recruitment and data collection processes, and two later reviewed the participant information sheet.

Data analysis

Interviews were audio-recorded, transcribed, anonymised and analysed following the principles of IPA (Smith et al., 2022). Study data was kept on secure university storage facilities and will be held for ten years. An interview topic guide (see supplementary material) was developed to include open, non-leading and evaluative questions designed to facilitate a detailed experiential account (Smith et al., 2022). Between interviews the guide was solely adjusted in relation to the time point, i.e. 'How has perinatal anxiety impacted your experience of pregnancy/new motherhood?', with no assumption of changes over time. The transcripts were read and re-read while re-listening to the audio recordings and annotated, with a descriptive, linguistic and conceptual focus, including reflexive comments. Next, Personal Experiential Statements (PES) were developed, followed by Personal Experiential Themes (PET) and once all cases were analysed, Group Experiential Themes (GET) were formulated (Smith et al., 2022). Initial analysis of the audio recordings and development of the PESs was undertaken by the lead researcher (KF). The two co-authors independently reviewed and annotated a selection of transcripts. Building the PETs and GETs was led by the lead researcher, with analysis developed iteratively via supervisory reflective discussion with the co-authors.

A longitudinal IPA approach of examining data for all participants at a single time point before looking at connections across time (Farr and

Table 1
Participant demographics.

Age (mean = 31)	Ethnicity	Parity (at recruitment) G*P**	Gestation at birth (weeks+ days)	Gestation at AN interview	Baby's age at EPN interview	Baby's age at LPN interview	Vaginal birth (spontaneous/ assisted)
34	Asian or Asian British: Indian	G1P0	39+3	34+3	10 weeks 2 days	34 weeks	Spontaneous
36	White British	G7P4	39+2	37+6	9 weeks 6 days	42 weeks	Spontaneous
27	White British	G1P0	37+2	36+2	11 weeks 4 days	38 weeks	Assisted
34	White British	G2P1	37+2	35+0	8 weeks 6 days	34 weeks	Spontaneous
24	White British	G4P0	39+1	32+4	13 weeks 3 days	34 weeks	Spontaneous

*Gravidity **Parity.
AN – Antenatal EPN - Early postnatal LPN - late postnatal.

Nizza, 2019) was used, as study length constraints required analysis concurrent with ongoing data collection. A novel step was added to the analytical method, the development of Longitudinal Experiential Concepts. This methodological development was introduced in the final stages of analysis, drawing on reflexive notations and journalling to build the concepts, and will be reported in detail elsewhere. A data audit trail was maintained; all authors collaboratively verified interpretations and themes and found consensus on formation of ideas with close reference to the original interview transcripts.

Findings

Nine Group Experiential Themes (GETs) and three Longitudinal Experiential Concepts (LECs) were identified (Table 2). This paper presents a narrative account of the GETs, with 4 antenatal GETs, 3 early postnatal GETs, and finally 2 late postnatal GETs, indicating how the LECs developed as an additional analytical step. All participants were represented at each time point, and consideration of a negative case, Lucy, provided additional insight. The names of all participants are pseudonymised.

Antenatal Group Experiential Themes

The anxious mother (subthemes: otherness; burdens)

Perceptions of their status as mothers, set the participants apart from others and anxiety rendered social exclusion. Lucy craved "*the normal sorts of things during pregnancy*", and Kate an experience that was *"like any other pregnancy"*. Gabi contemplated how anxiety about leaving home set her apart, *"If I had just been normal, I could have gone [out] by myself"*. Meena felt at odds, acknowledging guilt in her choice to conceive, *"there have been times where… I have thought to myself, erm, probably I shouldn't be carrying now"*. The participants' anxiety was a burden they carried: the weight of responsibility for the wellbeing of their unborn child. As Gabi noted "*it's me and only me that can protect her. I don't want her to come out and be a worried baby*". Meena's burden was evident through worry that "*mothers with anxiety or depression or mental health issues, [their] children can develop problems in their life like ADHD*". For Sam and Lucy, the potential for perinatal loss weighed on their minds with Sam reflecting it "*was all on me to keep this pregnancy and this baby alive*". Likewise, Lucy felt the responsibility of achieving a positive pregnancy outcome, partly for the sake of others, "*how do you go to those people and tell them something bad has happened?*".

Table 2
Longitudinal Experiential Concepts and Group Experiential Themes of the lived experience of perinatal anxiety.

MATERNAL EYES	TRANSFORMING EXISTENCE	EMOTIONAL KALEIDOSCOPE
THE ANXIOUS MOTHER (AN)	TRANSFORMATION (AN)	SETS OF EARS (AN)
Otherness	Fighting with self	Feeling heard
Burdens	Temporal collisions	Safety net
	Reflecting and self-understanding	
BABY AS EXTERNAL FOCUS (EPN)	RETURNING TO ONESELF (EPN)	THE ANXIOUS PREGNANCY (AN)
Distraction	Finding the way back	Lonely and unmagical
New worries	Looking forward	Grasping psychological safety
Omnipresent (LPN)	MOVING ON (LPN)	THE EMOTIONAL UNKNOWN (EPN)
	Coping	Relief and overwhelm
	Acceptance	Comfort
	Resolutions	Optimism
		State of flux
		SHIFTING SANDS (LPN)
		This too shall pass

AN – Antenatal EPN - Early postnatal LPN - late postnatal.

Transformation (subthemes: fighting with self; temporal collisions)

The participants conveyed a transformative experience beginning in pregnancy, reflecting incongruence between who they were prior to and during pregnancy, expressed as a battle with themselves. Lucy described *"fighting with yourself trying to do things because you don't know if you'll experience it again, but at the same time your head is just shut down"*. Sam was also defeated and withdrew socially, imagining herself more likely to organise a funeral when her sister suggested a baby shower, "*I was like why? What's the point? Might as well plan a funeral… I was just defeated*". Kate recognised that the person she had become due to anxiety was not who she used to be, *"I was like this just isn't me. That's when it really hit"*. Meena also saw a shift in herself, moved to new depths by anxiety, developing suicidal thoughts that were the *"worst, worst ever during my pregnancy"*. Temporal perspectives added to the significance of anxiety within this transformation; Lucy reflected on how her anxiety might impact her child's future engagement in social activities, "*I cannot have my children not experiencing that because I can't leave the house*". Gabi also considered her baby's future, perceiving her condition as problematic, "*you don't want to be overanxious because you don't want them to sense your worry… you don't want to stress the baby… you want them to be a happy baby*".

Sets of ears (subthemes: reflecting and self-understanding; feeling heard; safety net)

'Sets of ears' were characterised as variously operating multifaceted support functions. The perinatal mental health team gave Meena "*a set of ears to listen to myself, my worries or the reason for my anxiety*". Formal input from a wellbeing team helped Lucy "*relax and focus on myself a bit more. Also understanding the feelings when I'm anxious, has helped to get me out*". Kate appreciated peer support, speaking to "*someone who I could reflect off who had been through what I have been through*". Gabi informed herself through a mental health awareness course "*to try and help myself but also to see the signs in others*". A midwife listening to Kate's concerns made her feel *"like someone cared… actually understood and listened to what I needed to say"*. The support mechanisms built a crucial safety net, without which there was increased anxiety; as Meena reflected, her anxiety was impacted by her partner, who "*at times is not that supportive, he dismisses me*". The gaps Kate felt in her safety net came from her difficulties accessing community midwives, noting "*I felt a lack of support and kind of like I was doing it all by myself*". For Sam, the anxiety lessened "*when the specialist midwives got involved because somebody started listening*".

The anxious pregnancy (subthemes: lonely and unmagical; grasping psychological safety)

This theme centred on the felt experiences of the anxious pregnancy, which was lonely, unmagical and drove participants to seek psychological safety. Meena's anxiety made her "*feel a lot lower, down in terms of low mood and erm… crying*". Kate also described how her anxious feelings caused "*a kind of a low, like er, what do you call… a low cycle*". Meena fluctuated between anger and withdrawal, *"either like I'm expressing my anger or I've got a wall around me"*. Sam also shut down, *"I was numb… I wasn't eating, I was just literally laying on the sofa, I didn't get dressed for days, didn't function. It has just been a very, very lonely, unmagical time"*. Lucy similarly was unable to function, "*if I got closer to the front door I would just start panicking… that really just isolated me*". In common with Lucy, Gabi found home was solace, *"It's just my safe place… I can lock the door and let no-one in"*. Sam also reached for safety, speaking to a consultant *"to alleviate any stress before we even conceived"*. Lucy arranged additional scans, paying "*a silly amount of money so that every month we could have a scan*", hoping for relief from fear.

Early postnatal Group Experiential Themes

Baby as external focus (subthemes: comfort; optimism; distraction; new worries)

The baby's arrival brought comfort alongside new and unfamiliar worries. Meena found it "*Surreal … I know I had a baby but it's amazing to see her out… a fresh sense to our lives"*, an affirming sentiment echoed by Kate who described, "*a whole new lease of life"*. Gabi also spoke warmly, reflecting on her older children spending *"so much time with her and it's lovely to see… her being here has brought us all closer"*. Sam described a reduction in anxiety, *"[mentally] it has been a breeze"*. Lucy's experience was different, "*Everyone says when you give birth and they put the baby on your chest you just have this overwhelming love. It wasn't like that.*" Lucy found no comfort in the baby, "*I didn't feel like he was mine, I didn't really have any bond with him, I wasn't really bothered if he was there or not… I don't like this baby sitting next to me"*. In contrast, the other participants recognised the value of baby-related distractions, as Gabi noted, "*I've constantly got something to occupy me if you know what I mean… you ain't got time to think of yourself*". Kate also welcomed the distraction of "*nappies to change, feeding to do, bathing to do, playing and having cuddles"*. Despite these distractions, fresh worries replaced pregnancy anxieties. Gabi was concerned about leaving the house with the baby, *"constantly worrying about her and have I got everything she needs"*. Kate's new worry was the enormity of parenting, "*when she had arrived, things got a little bit real"*, which also resonated with Lucy who described after the baby arrived "*an 'oh crap' moment: I have a baby, what do I do?"*.

Returning to oneself (subthemes: finding the way back; looking forward)

Shortly after the births most of the participants perceived some return to their pre-pregnancy selves, another transformative phase as pregnancy-related anxieties diminished. Meena's anxiety reduced, positively impacting her mood "*the best that it can be…because my experience during pregnancy, it was one of the lowest*". Gabi's anxiety also lessened, as she rationalised her concerns, and thought "*more on a normal level now rather than thinking things that are probably never gonna happen"*. Kate similarly noticed her anxiety levels became "*a little bit like they were before pregnancy"*, while Sam noted *"I feel like me again"*. By contrast, Lucy's narrative highlighted a stark lack of returning to herself, finding *"my whole feelings and stuff had shut off. I just didn't want to be in the same room as him, didn't want to go near him"*. Thoughts about the future emerged, Sam contemplated a future pregnancy indicating she had ceased to exist during pregnancy, "*I can't do it again, I have to be here for the two children that I've got"*. Lucy's fears about the future were clear, as anxiety made her "*think more about any future babies… what if that all happens again and what if it's worse?"*.

The emotional unknown (subthemes: relief and overwhelm; state of flux)

Although for all except Lucy, a sense of anxiety lifting was present, the participants continued to express a mix of relief, overwhelm and a fluctuating, often internalised, emotional state. Meena described *"a positive high, giving me that positive encouragement to look forward to the future and everything"*. Sam found herself "*crying as soon as he was on me, it wasn't happiness, it was just pure relief that it was over"*. Although Gabi was relieved to no longer worry *"how I was before because I can see her"*, she was still "*constantly up checking her"*. Kate was also not entirely relaxed, as the baby crying caused her to feel "*on edge"*. Lucy was the most overwhelmed, as intrusive thoughts of harming her baby escalated, *"I was just trying to think about something else to distract myself, but it kept getting worse and worse. I could just feel myself like in a way pushing my hand down, to like, 'no don't do anything'"*. The polarised and contradictory emotions felt in this early postnatal period gave a sense of fluctuation. Lucy found it "*quite reassuring"* to realise she was worried about her baby. Meena noted that her anxiety was still "*from one extreme to the other"*, while Kate recognised that when a midwife didn't provide her with an arrival time "*it kind of threw me"*. Although Sam expressed being *"back to me"*, she was nevertheless anxious about a potential future pregnancy, wishing to plan a hysterectomy, "*I don't want to go through it because I wouldn't survive it"*. Lucy's anxiety fluctuated day by day, "*I just wake up a little bit more anxious some days than others, so I'll take a lorazepam"*.

Late postnatal Group Experiential Themes

Moving on (subthemes: coping; acceptance; resolutions)

Language of confidence in the final interview conveyed forward motion. Despite Lucy's challenges, and a recent attempt at significant self-harm, increased self-understanding helped her cope, *"It's not just me and it's not something I'm intentionally doing. You know hurting him or wanting to run away from him, it's just a chemical imbalance that I can't control. And I just needed some help with that"*. Similarly, Meena described the ongoing fluctuation in anxiety and suggested a manageable rhythm with anxiety "*up or down, like you would expect but it didn't necessarily have the bad effect to the same extent as before I had the baby"*. Meena had developed a unique coping strategy and would say "*the baby's name 10 times and look at her and concentrate on her instead of the source of the anxiety"*. Gabi managed anxiety by trying to "*rise above it… it will come into force more and I will think I'm just not doing that… I think I've gotten to grips, that this is how this is, just built in now"*. Kate's coping meant time to herself, enjoying "*when she's asleep and I can grab a cup of coffee and have breakfast"*. Sam was able to resolve disabling anxiety as she saw herself re-emerge, "*now I am me and before I was just looking at me. I felt like I wasn't there, I was just seeing myself disappear"*. Lucy too hinted at anxiety resolution, able to be "*more rational about things; I do have things that pop up in my head and stuff and I think I can't think about that right now, it's just not reality"*.

Shifting sands (subthemes: this too shall pass, omnipresent)

A temporal focus emerged as the participants described anxiety as a persistent presence but variable in severity. Meena considered advising her former self that "'*this too shall pass'… it's just an emotion which comes and goes"*. Gabi's emotions were mediated by the baby, finding "*when I am with her I find my anxiety kicks in then I can distract myself by playing with her"*. Kate's philosophical outlook helped her manage the unpredictability of anxiety, "*we just sit in the here and now and when the future comes the future comes"*. Gabi's perspective on the future referenced the longer-term impact of her anxiety on all her children, not wanting "*history to repeat itself [and] when they have kids that it will be the same"*. Lucy was also preoccupied about the longer-term, as she wondered whether her son would be "*…nasty or angry? Has everything that has happened gonna subconsciously affect him?"*. Lucy's natural world imagery powerfully illuminated the fluctuating nature of anxiety which "*comes and goes in waves, some days are really good… the next day there's a bit of a grey cloud over me"*.

Over the course of the interviews, anxiety was simultaneously concrete and fluid, revealing a disorientating and at times bewildering experience. This is a circular rather than linear psychological process, the only constant being the existence of anxiety, in the conscious or subconscious, waiting to emerge again, for the sands to shift.

Lucy

Lucy's narrative provided a counterpoint, presenting an alternate view to the other participants and drawing aspects of the experience into sharper focus. Antenatally, Lucy's experiences converged with the group, before a different trajectory post-birth set her apart, illustrating the dynamism of the evolution of individual experience over time (Farr and Nizza, 2019). Lucy's difference emerged in the postnatal interviews,

as she initially responded to the baby with little innate sense of mothering, *"I don't know what it is but I didn't have those feelings towards Charlie, I didn't like him, didn't like being with him or around him"*. Lucy's story, contrary to the other participants, indicated the anxiety she experienced during pregnancy did not ameliorate at birth or in the weeks and months beyond. Lucy realised her *"feelings had shut off. I think out of fear of hurting him. I just didn't want to be in the same room as him, didn't want to go near him"*, whereas Meena described powerful connection with her baby, *"It feels like magic or something… and she knows you're mum already and she wants to be with you and have a cuddle and everything straight away"*. These resonant reflections were 'gems' which enhanced the analysis (Smith, 2011). When juxtaposed they revealed aspects of maternal expression and response at the core of the women's experiences: the way Meena describes the joy of bodily closeness and innate connection as the baby *knows* she is mum, contrasted with Lucy's physical shutting off from the baby evoking the antithesis of mothering.

Longitudinal Experiential Concepts

A novel addition to the IPA method within this study was the development of Longitudinal Experiential Concepts (LECs), informed by Gadamer's discussion of interpretative horizons, seeking greater depth of temporal understanding through searching for what lies beyond superficial or immediately evident facets of experience (Gadamer, 2013). Once the GETs were complete and examined in their entirety, it was clear that they were bound by subtle experiential threads, which were not just connections between and across cases (Smith et al., 2022), but connections over time. These threads added a valuable horizontal view to the vertical (by time point) analytical process and related to notions of how mothers see their worlds (maternal eyes), transformation (transforming existence) and the multifaceted emotional experience of perinatal anxiety (emotional kaleidoscope). The LECs facilitated a model for lived perinatal anxiety, demonstrating the bedrock of experience over time, represented across and supporting all the GETs within the continuum (Fig. 1).

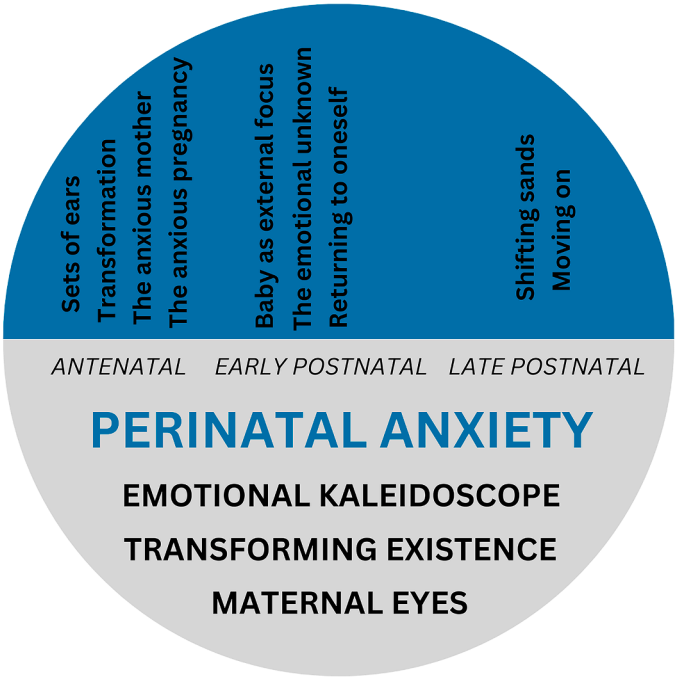

Fig. 1. The lived experience of anxiety over the perinatal continuum: core experiential concepts form the bedrock of the lived experience of perinatal anxiety.

Discussion

This paper provides a unique longitudinal interpretative phenomenological examination of perinatal anxiety and has revealed an experience of personal transformation imbued with existential notions of identity and motherhood, and qualities of emotional omnipresence and flux. We acknowledge that for some participants low mood was a feature of their mental presentation. As previously noted, depression is often comorbid with anxiety (Uguz et al., 2019), and the perinatal relationship between the two conditions warrants further exploration. Lucy's experience set her apart from the other participants postnatally, as ambivalence towards her newborn and escalating anxiety, led to the manifestation of severe perinatal obsessive-compulsive disorder (OCD) and was ultimately almost ruinous for the family. Lucy's counterpoint highlights a known protective mechanism for perinatal mental health: maternal connection to the baby. The Longitudinal Experiential Concepts illuminate less immediately obvious characteristics of perinatal anxiety, as a condition experienced in the social world.

Existential dimensions of becoming a mother

Previous qualitative work argued understanding existential dimensions of motherhood reveals the complete maternal experience. In an existential phenomenological exploration of early motherhood, Arnold-Baker (2020) noticed immediately evident practical shifts around organising one's life considering the demands of pregnancy, the care of an infant and the logistics of parenthood. However, another opaque layer of activity concerned with philosophical and existential notions also emerged. The author described how these notions cause ontological shifts, reshaping how women understand themselves as individual beings and within their worlds. Arnold-Baker (2020) notes that existential concerns are not easily recognised by new mothers, and can lead to an intangible sense of anxiety, worry, or extreme distress. This point was strongly identified in this study, which highlighted overt, immediately conscious elements alongside obscured mechanisms within the women's experiences. Existential notions were evident in multiple themes, illuminating expressions of identity, temporality, responsibility, mortality, relationships and the unknown. These concerns were woven throughout the data at all timepoints, and are represented by the Longitudinal Experiential Concept, 'transforming existence', verifying the relevance of existential notions within the complete experience of perinatal anxiety.

Maternal ambivalence

Lucy lived through disorientating feelings of dislike and protection towards her baby. Maternal ambivalence is a complex way in which women experience concern towards and about their offspring, and there may be opposing maternal emotions (Almond, 2010). When mothers possess unmanageable love and hate towards their child, this maternal ambivalence is destructive under the weight of guilt and stigma (Staneva, 2020). Ultimately feelings are unmentionable as Lucy found, compelled to hide distressing intrusive thoughts. Almond (2010) describes in maternal ambivalence a powerful sentiment which is troublesome yet normal. Troublesome as it presents a challenge to societal perceptions of hate, which when directed towards one's own child is 'immoral, unnatural and evil' (Almond, 2010). Normal in its ubiquity, Almond posits that maternal ambivalence is in fact a natural and shared experience of motherhood for many women. The first emotion described by Almond related to the feelings maternal ambivalence engenders is anxiety, grounded in cultural expectations and fear of being a bad mother.

This study showed both positive maternal-infant relationships, with interactions allaying anxieties, confirming love, and fostering nurturing behaviour, and a fractured relationship sparking infant avoidance and triggering complete psychological breakdown. This polarity in emotion

was represented through the Longitudinal Experiential Concept 'emotional kaleidoscope'. Staneva (2020) comments on the idealised picture of motherhood and the distress resulting from both conflict and ambivalence, arguing an acceptance of hostile negative experiences of pregnancy and motherhood enables them to become manageable, as was the case for Lucy, who recovered once she had disclosed her difficult feelings.

Understanding maternal ambivalence as a normal aspect of women's emotional lives would facilitate help seeking when needed (Almond, 2010). We agree that improved awareness among midwives and health professionals encountering mothers in the perinatal and early years of motherhood, would provide openings for support. It is imperative space is created for an emotionally literate understanding of the complex maternal concerns on which perinatal anxiety is founded. This study advocates for greater understanding of maternal ambivalence to enable women to feel less of the 'inadequate self' which, as described by Beato et al. (2022), mediates anxiety.

Perinatal anxiety and the social world

The participants' experiences were intrinsically attached to views of themselves within their social worlds as individuals and pregnant women, becoming mothers, as represented through the Longitudinal Experiential Concept, maternal eyes. Lucy's fears were compounded within an experience so far removed from personal and perceived societal expectations of mothering it almost destroyed her. Lucy's story is fundamental to the understanding of perinatal anxiety that this study brings. Viewed against the experiences of the other participants, none of whom were driven to distance from their infants, it highlights just how critical maternal social functioning is. Lucy's experience is echoed in the work of Fairbrother and Abramovitz (2007) who provide clues to the social construction of postpartum OCD, highlighting the perinatal experience as one of increased responsibility in-hand with the care-giving role, a reduction in healthcare professional involvement following pregnancy, and the influence of risk discourse which impacts parental perception of danger.

The cultural context of the mothers in the study is demonstrated through their intersubjective actions within their lifeworld and revealed perinatal anxiety to be a phenomenon concerned with societal expectations around mothering. The significance of motherhood to society is positioned at the heart of the reproductive success of a population with motherhood ideologies created within values of a heteronormative masculine hegemony, where women who choose not to, or are unable to, mother are othered, thus creating an unwelcoming environment for women who may not feel completely connected to their children (Silverio et al., 2021). Through the lens of social interaction theory, with notions of naturalism and inherent biology rejected; the ontology of motherhood concerns fellow social actors and cultural, political and economic constructs such as media, public health discourse and working motherhood (O'Reilly, 2010). With anxiety disorders socially constructed (Dowbiggin, 2009), and motherhood socially constructed, then the fabric of perinatal anxiety is where the two converge, providing the condition with its unique characteristics. Positioning perinatal wellbeing within a social ecological framework (Bronfenbrenner, 1979; Wadephul et al., 2020) facilitates a theoretical model for perinatal anxiety, demonstrating the social construction of anxiety and motherhood with existentially driven core concepts central to individual experience (Fig. 2).

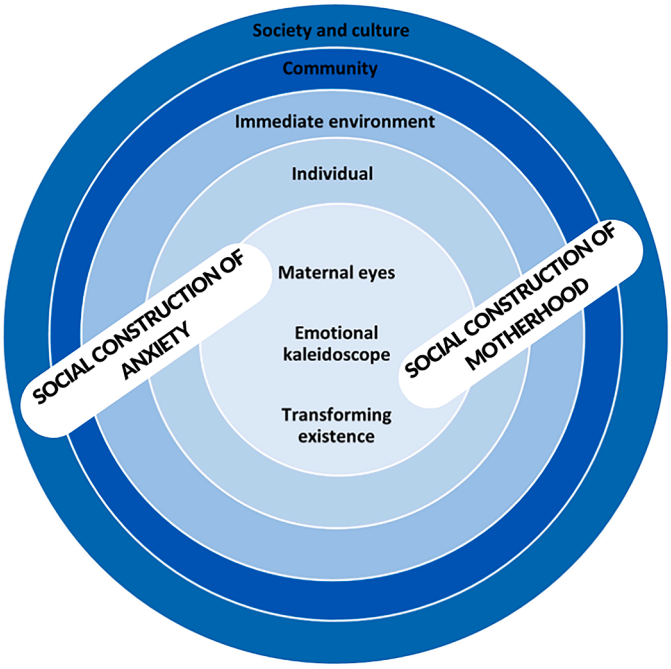

Fig. 2. Theoretical model for perinatal anxiety through the social ecological lens, with core experiential concepts central.

Limitations

The lead researcher was a midwife within the participants' clinical care team, which required the insider/outsider position to be accounted for carefully. The potential for influencing participants was addressed using an initial approach from other clinicians. Further work to measure and explore perinatal anxiety considering the notions raised in this study among other, more overtly diverse populations would facilitate wider applicability.

Conclusion

This study's rich detail and longitudinal approach have illuminated a novel view of anxiety over the perinatal continuum, including existential perspectives, maternal ambivalence, and perinatal anxiety within the social world. Important implications for healthcare practice include a need for greater awareness of the gravity of the condition with appropriate support and identification from maternity and child health services. The ability to hold space for articulating difficult feelings and receive these with compassion is essential and requires educational messaging to raise awareness of nuanced maternal conflict. Time for non-judgemental antenatal conversations that account for the stigma women may feel about their ambivalence or expectations of motherhood is needed. Midwives exploring maternal feelings towards the new baby could encourage openness, supported by a resource foregrounding such conversations. Further research considering whether perinatal specific anxiety screening tools should be routinely used by midwives and the mechanisms and relationship between perinatal anxiety and depression are warranted.

Ethical statement

The study received UK NHS Health Research Authority ethical approval in June 2021 (21/EE/0104).

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CRediT authorship contribution statement

Kelda J Folliard: Writing – original draft, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Kenda Crozier:**

Writing – review & editing, Formal analysis, Conceptualization. **Meghana M Wadnerkar Kamble:** Writing – review & editing, Formal analysis, Conceptualization.

Declaration of competing interest

The authors have no competing interests to declare.

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Supplementary materials

Supplementary material associated with this article can be found, in the online version, at doi:10.1016/j.midw.2024.104070.

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