

The Coronavirus pandemic

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The coronavirus pandemic: exploring expectant fathers' experiences

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ABSTRACT

The Coronavirus pandemic raises significant concerns about pervasive social inequities and disparate gender relations, particularly between mothers/fathers. Indeed, the pandemic engendered a general *retreat* into traditional parenting roles across myriad, everyday, institutional, spaces, including workplaces, homes, and welfare/healthcare services. These effects have been especially marked for couples expecting a child. Visitor-restriction policies, implemented to curb viral-spread within healthcare settings, effectively 'barred' many expectant fathers in the UK (and elsewhere) from attending antenatal appointments, and even the birth of their child; milestone moments widely regarded as significant socio-cultural 'rites-of-passage' in fathers' transition to parenthood. Many pregnant women had to face these moments alone, sparking campaigns including #ButNotMaternity. This paper critically examines how such institutional responses exhibit a complex 'welfare trade-off' effectively (re)positioning fathers as spectators, rather than participants, in pregnancy/parenthood and risk embodying a potential U-turn to recent decades' emphasis on involved, equitable fatherhood. Drawing upon the accounts of expectant mothers/fathers in the UK reported in the popular press since March 2020 and the #ButNotMaternity campaign, it employs thematic social-media analysis to explore the emotional impacts of visitor-restrictions and the gendered, emotional governance of parenting amidst the pandemic through the exclusion of particular (fathers') bodies within maternity care spaces.

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Introduction

Parenting is a heavily gendered, emotional, practice, typically entailing differing societal expectations, even pressures, on mothers/fathers (Barker, 2011). This gendering is especially evident in the period of *becoming* a parent; during pregnancy and into early parenthood, when parenting is particularly (inter)embodied, highlighting mothers'/fathers' differing reproductive, bodily capacities (Ranson, 2014). As a geographer, I am interested in parenting as a *spatial* practice; as something which is 'done' in and across various everyday spaces/places and how spaces *matter* to the enactment of parenting (Luzia, 2010). Moreover, as a principally feminist geographer, I am especially interested in parents' gendered experiences of space/place and how parenting spaces are themselves

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typically gendered (Barker, 2011). Within the context of the coronavirus pandemic, the spaces of pregnancy/expectancy have become particularly incoherent and complex, with many expectant parents – fathers and other partners especially – largely *not* going to places they might ordinarily expect. This paper explores expectant fathers' experiences of being 'barred' from maternity care spaces amidst the pandemic.

Indeed, expectant fathers' voices/experiences have been largely unexamined within much family/parenting literature, including emergent works on pandemic parenting (i.e. Tscherning et al., 2020). My research seeks to explore the lived, emotional experiences of expectant fathers across various social settings – including their experiences of work/home, welfare/healthcare services, online environments, social spaces, etc. Through examination of the presence – or rather absence – of fathers' bodies within maternity care, this paper emphasises the continued, if not heightened, significance of space/place to parenting during the pandemic. It thus furthers interdisciplinary work on parenting, healthcare and gendered emotions/experiences of the pandemic, as well as adding to the broader fields of family/parenting geographies, specifically the limited work on fathering. It is, however, important to also acknowledge the unique, gendered, experiences of LGBTQ+ parents/partners who have similarly been unable to attend appointments/births, and whose experiences may subsequently parallel those of expectant fathers – albeit felt in distinct ways (for this, see excellent work by Greenfield et al., 2021). Indeed, emergent works have highlighted the exacerbation of homophobic and transphobic (ibid.), as well as racial, inequities within maternity care during the pandemic (Reingold et al., 2020); injustices which require urgent further interrogation, but which are beyond the scope of this paper.

Pandemic maternity care

The pandemic has seen significant changes to the provision of maternity care services in the UK. Following the announcement of the first national lockdown in March 2020, many local health authorities oversaw the implementation of severe 'visitor-restriction' policies within healthcare settings, restricting hospital access. These policies effectively 'barred' many expectant fathers in the UK – and across Europe more broadly – from maternity care spaces, meaning that many have 'missed out' on important milestone appointments, sometimes even the birth, of their child (Lista & Bresesti, 2020). Many pregnant mothers therefore had to go through these moments alone, largely without the support of their (birth)partner.

Some commentators have argued that these policies are in breach of WHO Guidelines on 'respectful' maternity care, in violation of human rights and based on 'less than robust evidence' (Reingold et al., 2020: 319). Indeed, these policies have been subject to significant academic and societal critique (Lista & Bresesti, 2020; Mikhailova, 2020, *DailyMail*), also sparking the #But Not Maternity campaign, which called on the UK government to lift these restrictions (<https://www.change.org/p/partners-allowed-for-entirety-of-labour-birth-in-all-hospitals-butnotmaternity/u/27919501> [Accessed: 10/12/2020]). These commentaries are not to downplay the significance of restrictions in minimising viral-spread – particularly within healthcare spaces, protecting mothers, babies, healthcare staff and other patients. Nor is it to detract from a range of other important healthcare issues i.e. delayed operations/check-ups and mental-health concerns – including for mothers (Dib

et al., 2020). Rather, these commentaries demonstrate how institutional responses and coronavirus-restrictions exhibit a complex 'welfare trade-off' with virus-protection which ultimately engender a general *retreat* into traditional gendered parenting roles, an effect perhaps most evident in maternity care (Lista & Bresesti, 2020). This paper illuminates the emotional fallout of these restrictions on expectant fathers, focusing on their experiences of being 'barred' from maternity care spaces, thus making a novel contribution to research on gendered, emotional governance of parenting in times of crisis.

Through a brief overview of parenting geographies, highlighting the critical role of space and gendered emotional governance in parenting, this paper begins by establishing an 'emotional geographies' framework of expectant fathering, providing a conceptual foundation to critically examine expectant fathers' emotional experiences during the pandemic and governance over the presence, or absence, of their bodies in parenting spaces (Anderson & Smith, 2001; Davidson et al., 2005). This is articulated more explicitly through exploration of extant, interdisciplinary, research on expectant fathering, noting pre-existing issues of fathers' feelings within maternity care spaces, particularly feelings of marginality, and the emotional importance of particular socio-cultural practices, which take place in these spaces, in becoming a father (Draper, 2003, 2002). Following a methodological rationale of this project, the paper draws upon the accounts of expectant mothers/fathers in the UK, reported in the popular press between March-December 2020 and as part of the #ButNotMaternity campaign. Employing thematic, social-media analysis, it empirically corroborates Das and Hodkinson (2020) (largely theoretical) commentary of the pandemic's impact on fathers' mental-health/wellbeing, given the emotional pressures of restrictions, as well as Lista and Bresesti's (2020) claim that such institutional policies risk embodying an 'unexpected turnaround' – albeit temporarily – to recent decades' emphasis on involved, equitable fatherhood, effectively (re)positioning fathers as *spectators*, rather than active participants in pregnancy/parenthood.

Conceptualising an emotional geographies of expectant fathering

Parenting geographies seek to uncover how parents negotiate, experience and understand space/place (Luzia, 2010). Indeed, geographers have examined myriad spaces of parenting, from homes, playground/parks, to cafes and online spaces, with critical attentiveness to their heavily heterosexualised and classed dynamics (ibid.; Jupp & Gallagher, 2013). Recognising parenting as fundamentally a gendered practice, much of this work focuses primarily on the experiences/accounts of mothers – an important acknowledgement of mothers' substantial and central role in fulfilling the responsibilities, commitments and emotional/physical/domestic labours of parenting (ibid.; Barker, 2011). Geographical examinations of fathering, however, remain comparatively rare, resulting in a general dearth of understanding of *fathers'* experiences/perceptions of parental space (Luzia, 2010, though see Barker, 2011 on fathers' caregiving in cars as an exception). Critical examination of fathers' experiences is imperative for understanding the gendered nature of parenting spaces/places. Attending to the significance of emotions and space, in particular, facilitates understanding of fathers' feelings of inclusion/exclusion in various parenting spaces/places and the influence of this on their (in)equitable participation in parenting – or rather their sense of being/feeling *able* to actively engage in the responsibilities of parenthood/childcare (ibid.).

Examination of *expectant* fathers' experiences is particularly pertinent; there are particular places expectant parents go during pregnancy/early parenthood which are unique to this period, such as maternity care appointments, antenatal courses, baby groups, etc. (Draper, 2003, 2002). Exploring how expectant fathers feel in these spaces – as well as understanding their changing attachments to existing places in their lives (social, work, home), and the competing demands within other places, particularly work – can help forge an agenda for ensuring fathers' ability to participate, equally and fully in parenting (Ranson, 2014). Through this paper, I utilise an emotional geographies framework to examine expectant fathers' experiences of being 'barred' from maternity care spaces during the pandemic, marking a temporary U-Turn, or pause, to recent decades' emphasis of father-involvement during pregnancy (Lista & Bresesti, 2020).

Emotional geographies is a highly versatile body of work interrogating how emotions are central to experiences of space/place (Anderson & Smith, 2001; Davidson et al., 2005). Emotions are always felt *somewhere*, through bodies and places, and spaces themselves also *evoke* emotion, particularly through the inclusion/exclusion of bodies (ibid.). Moreover, this literature understands emotions as key mechanisms through which we are governed in particular places, marking them as deeply political entities, which are typically gendered (Anderson & Smith, 2001; Davidson et al., 2005). Parenting geographies have explored how 'state policies, interventions and services' shape the everyday spaces, practices and emotional experiences of being – or becoming – a parent (Jupp & Gallagher, 2013: 155). To articulate this, I now turn to extant literature on expectant fathering, much of which comes from broadly Health Science disciplines, providing a useful focus on maternity care spaces, as well as highlighting pre-existing issues amplified during the pandemic.

Expectant fathers and the gendered spaces of maternity care

Alongside shifting societal expectations of fatherhood in recent decades, there have been significant changes to expectations of father-involvement during pregnancy/childbirth – from the 'absent' breadwinner of the 1960s, to the 'modern', intimate, father involved in the entire process (see King, 2016 for an excellent historical overview). Thus, the discourse of a 'good' father 'being there' has grown in significance to even before the child is born (Herrera, 2020). However, pregnancy/maternity care services remain largely 'female' domains (Dolan & Coe, 2011); spaces where expectant fathers frequently report feeling overlooked, 'invisible' and ultimately out of place (Widarsson et al., 2012). This gendering of space is compounded by the 'pervasive and persuasive,' sentiment that 'men don't have children, women do', referring to women's (assumed) reproductive capacity to carry and birth children, compared to men's biological inability (Mohr & Almeling, 2020: 163).

Moreover, researchers have examined the role of hegemonic displays of masculinity within expectant fathers' experiences in maternity care spaces and encounters with clinical staff (Dolan & Coe, 2011). Dominant expectations of 'masculine' or 'manly' behaviour are typically characterised by control and denial of weaknesses/vulnerabilities, with emotional stoicism being especially emphasised (ibid.; de Boise, 2018). Men are often expected to be able to remain cool, calm and collected and to control their emotions,

which would signal vulnerability, thus demonstrating their ‘strength’ and control over any ‘weakness’ (ibid.). Consequently, men are largely socialised to conceal their emotions and difficulties as much as possible, and thus to be un-needing of help/support from others.

As sociologists Das and Hodkinson (2020) argue, new/expectant fathers’ experiences are heavily underpinned by the communicative metaphor of the unemotional ‘rock’; the expectation of providing unwavering support and reassurance whilst also being a pillar of strength, able to cope with their own anxieties/concerns. Though this responsibility may be equally significant for female/non-binary partners, this metaphor is implicitly gendered, imbued with discursive assumptions of hegemonic masculinity through its association with strength, impermeability, protection and control (ibid.; Dolan & Coe, 2011). These lofty expectations can have very damaging effects on expectant fathers’ emotional/psychological wellbeing due to the substantial pressure to be strong and unemotional. This is because fathers’ own emotional and mental-health struggles are (self)interpreted as a ‘failing’ to wholly fulfil their role as the ‘pillar of strength’, eliciting feelings of guilt, embarrassment, even shame (Das & Hodkinson, 2020). These feelings, in turn, provide barriers to fathers seeking support due to feeling ‘unworthy’ of help – particularly in comparison to their partner, who fathers often acknowledge are going through more significant changes than themselves (ibid.). These assumptions of emotional stoicism are internalised by both expectant/new fathers and clinical staff within maternity care spaces, creating barriers to staff successfully providing support, whilst creating further difficulties in fathers feeling able to ask for help (Dolan & Coe, 2011), leading to their continued sense of feeling overlooked and invisible (Widarsson et al., 2012).

Milestone experiences and ‘body-mediated moments’

Draper (2003, 2002) argues that, consequent to its heavily gendered and embodied nature, pregnancy is often a rather unstructured time for fathers, emphasising the importance of various ‘milestone moments’ in providing this structure in the transition to parenthood (also H Draper & Ives, 2013). She terms these ‘body-mediated moments’; experiences where fathers actively engage in mothers’ embodied experience of pregnancy, developing their own sense of involvement, enabling the process to ‘feel more real’ (Draper, 2003, 2002). In particular, Draper outlines the significance of a series of moments including pregnancy confirmation, announcement, attendance of ultrasound scans and experiencing foetal movement, which are ‘culminated’ in fathers’ presence/involvement during labour and birth (ibid.).¹

In the UK, fathers are, ordinarily, largely encouraged to be actively involved in maternity care appointments during the perinatal period, based on the belief that ‘involving men as early as possible lays the foundation for better, more involved fatherhood’ (Draper & Ives, 2013: 723). This is not a deterministic process – a father’s attendance at a scan does not inherently mean he will be a ‘good’ father, nor an egalitarian caregiver; nor does this mean that there are not good and legitimate reasons why some fathers may have limited involvement under some circumstances, i.e. at the behest of the pregnant mother, or if there are concerns over coercive behaviour/abuse (ibid.). Rather, these experiences embody important, ritualistic, ‘rites-of-passage’ in fathers’ transition to parenthood (Draper, 2002, 2003). They offer important, and very often emotional, opportunities for fathers to bond with their unborn child, providing them with a sense of active

involvement in the pregnancy and ultimately help develop a sense of commitment to an involved-father identity. Indeed, father-involvement during pregnancy is generally associated with positive family outcomes, with largely positive effects on children and mothers, as well as fathers themselves, along with broader implications for gender equality (Ranson, 2014). Clearly, the value of appropriate inclusion of fathers within maternity care spaces is well-acknowledged and, ordinarily, emphasised (Draper & Ives, 2013). Through this paper, I critically examine the ‘pausing’ of this emphasis and expectant fathers’ current experiences due to ‘visitor’-restrictions, focusing on antenatal appointments and childbirth.

Methodology

Data for this analysis derives from a broader, ongoing, doctoral research project which explores expectant fathers’ experiences of different spaces/places, conducted during the coronavirus pandemic. This project primarily involves periodic, in-depth interviews with expectant fathers living in the UK, gaining in-depth insight into their evolving experiences throughout pregnancy (and into early parenthood). However, social-media analyses were also conducted to contextualise participants’ experiences amidst those of other parents during the pandemic. This paper concerns the latter phase of data-collection, drawing upon the narratives/experiences of expectant mothers/fathers in the UK, reported in online news articles between March-December 2020 and shared via social-media posts/comments on a major social-network platform as part of the #ButNotMaternity campaign. This social-media campaign encouraged expectant mothers (and partners) to write #ButNotMaternity on their baby-bump, or elsewhere on their bodies, to raise awareness of the emotional distress caused by institutional coronavirus-restrictions in maternity care spaces. Many parents, both mothers and fathers, then began automatically sharing their lived, emotional experiences of these restrictions, providing a rich and current dataset. Indeed, social-media analyses are often beneficial sources for gauging public attitudes towards government policies (SMRG, 2016), as are news reports.

Data were manually collected by copying/pasting narratives into separate documents for analysis (see Sloan & Quan-Haase, 2017: 108 on this as a valid technique). News articles were searched using key phrases (including *covid/coronavirus*, *expectant fathers/parents*, *pregnancy*, *pandemic*); social-media data by scrolling through the public hashtag #ButNotMaternity over one day (10 December 2020), gathering all narratives which detailed expectant parents’, specifically fathers’, experiences. Narratives were posted over several months, particularly between September-November 2020, thus providing a snapshot of posts visible on that day.

The newspaper search yielded 11 online news articles, from national and local sources,² presenting a total of 33 parent narratives, including both individual and couples’ experiences. A further 25 narratives were gathered through public social-media posts/comments. Posts which only shared the message of the #ButNotMaternity campaign, or comments which expressed sympathy/support without sharing their own story, were excluded. Narratives were included if they made *explicit reference* to expectant fathers’ experiences, whether shared by mothers or fathers. Consequently, some of the experiences explored in this paper are based upon second-hand narratives posted by mothers, a limitation of the dataset. Other limitations of the data include the fact that all parents

were seemingly in long-term, heterosexual, relationships and were majority-white. Thus, this paper cannot wholly speak to the experiences of parents from minority groups, though its findings may be transferable. Narratives were coded thematically using NVivo12 utilising an inductive analytical framework (SMRG, 2016). This is visualised in Figure 1, which shows how the analysis paid particular attention to gendered experiences, spaces, milestone moments and the 'emotive character of content' (ibid.: 11, similarly see Pedersen & Lupton, 2018 on maternal feelings expressed on Mumsnet).

Social media posts/comments varied in length, with some providing extremely detailed accounts, describing mothers being alone in hospital, crying on the phone to their partner, and even experiences of being told they had lost their baby during check-ups. Though these may represent rather extreme (negative) cases, they still meaningfully capture the raw, emotional experiences of expectant parents during the pandemic, experiences which often resonated strongly with others. Each and every one of these stories were incredibly moving and often difficult to read. Gathering this data was therefore emotionally-intense; the experiences conveyed were so powerful/potent, and widespread, that reading through them was often very upsetting, even as a female researcher with no children or experience of pregnancy/miscarriage.

Ethical considerations

There are many ethical conundrums of conducting online/internet research (Sloan & Quan-Haase, 2017; SMRG, 2016). Questions around obtaining explicit informed consent is a particularly thorny issue and there is no clear consensus on this (de Boise, 2018; Pedersen & Lupton, 2018). This paper draws upon 'extant data', user-generated content 'created independent of any intervention, influence or prompts by the researcher ... [with] no direct contact with the users' (Sloan & Quan-Haase, 2017: 182). All data was publicly available and this project has undergone full ethical review and approval (ERN_20-0750A).

Moreover, by sharing their stories in the news, or via the #ButNotMaternity campaign, these individuals arguably *want* their stories to be heard and shared (de Boise, 2018) with some posts receiving 10,000+ reactions. This clearly marks them as being visible in 'public', as opposed to private, internet space (Sloan & Quan-Haase, 2017). However, to protect the identities of these parents, all potentially-identifying information has been removed. Names have been replaced with pseudonyms and it is not stated whether a quotation is from a news article, social media post or comment. Quotations have also been slightly adjusted to prevent them from being 'backtraced' (further ensuring privacy) whilst maintaining their original sentiment (ibid).

From 'being there' to being out there: expectant fathers' experiences

This analysis explores expectant fathers' emotional experiences of coronavirus-restrictions implemented within maternity care spaces. Empirical accounts of expectant fathers have been, heretofore, largely absent in the literature on pandemic parenting (see Dib et al., 2020; Reingold et al., 2020; Tscherning et al., 2020), an oversight this paper seeks to rectify. As shown in the coding chart of Figure 1, this is an extremely complex story, with considerable emotional and political nuance, which would be impossible to convey

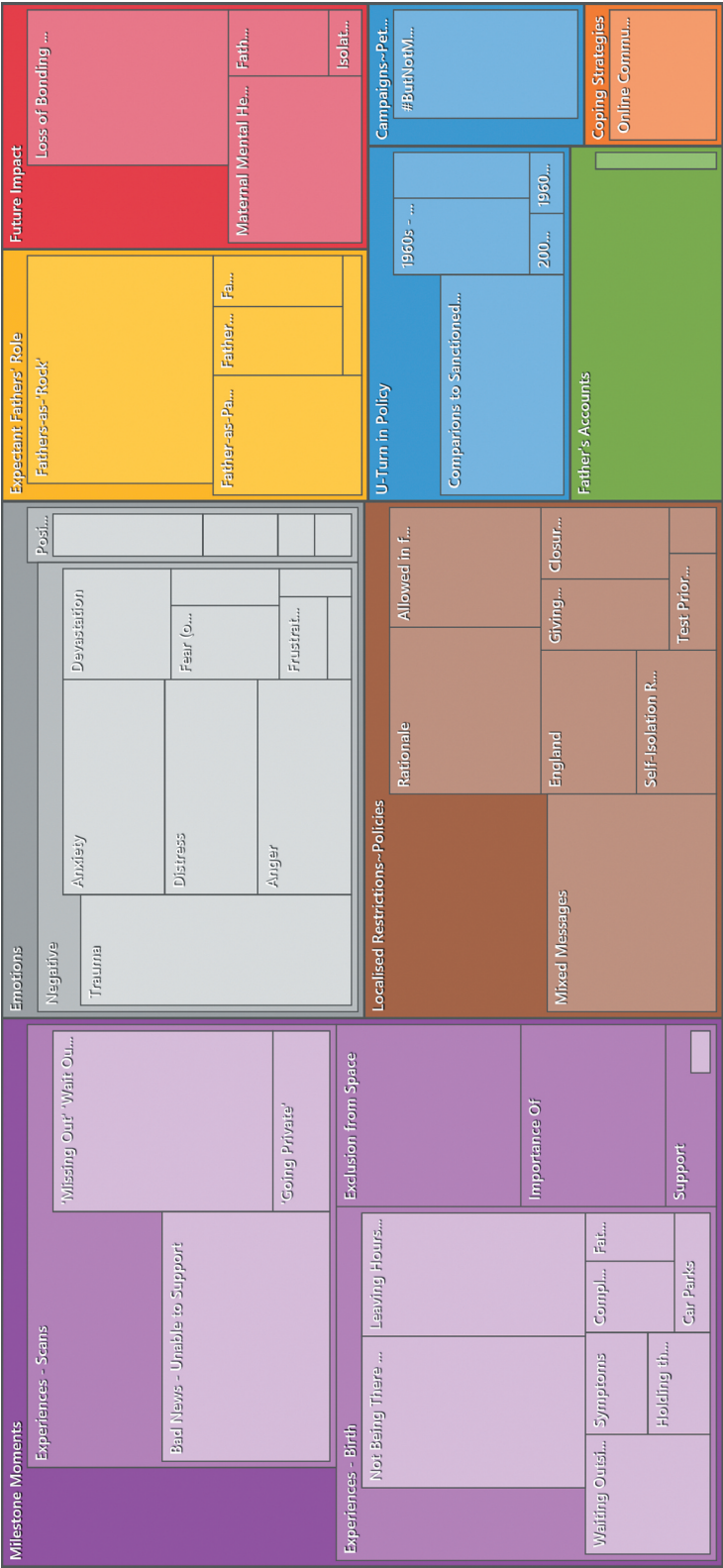


Figure 1. Nested Hierarchical Coding Chart Visualising Data Analysis.

fully within the confines of this single paper. This analysis is structured to reflect two key encounters with maternity care spaces; specifically, antenatal appointments/ultrasound scans and labour/childbirth, exploring the emotional fallout of restrictions on expectant fathers' experiences of these 'milestone moments' (Draper, 2003, 2002).

Whilst there is some overlap between these experiences (waiting, feelings of helplessness, being unable to support), there is considerable emotional nuance to expectant fathers' encounters with these spaces during the pandemic, particularly given the *temporalities* of these encounters. Indeed, time is a well-acknowledged factor within emotional geographies (Anderson & Smith, 2001; Davidson et al., 2005). The anxiety/despair of missing an antenatal appointment – perhaps not yet even knowing, but hoping, that there *is* a baby – waiting outside for 1–2 hours, is different from the anxiety of waiting outside for hours, even days, during labour/birth, with the profound knowledge that one's child could be born at any moment, meaning that one will actually *be* a father; and that this momentous, life-changing event is happening *now*.

Missing out: antenatal appointments and ultrasound scans

Antenatal appointments/ultrasound scans are widely regarded as key 'turning points' for fathers in pregnancy (Draper, 2002; Widarsson et al., 2012). During an ultrasound scan, fathers can 'see' their baby for the first time, inside the womb – even hear their heartbeat – providing the 'first real "evidence"' of the baby's existence (Draper, 2002: 780). Such experiences embody a significant emotional occasion where the pregnancy, and impending parenthood, 'become real' for fathers (ibid.; Widarsson et al., 2012). This moment enables fathers to begin imagining a sense of personhood for their future child; to begin thinking of them as already a real, living person, increasing their sense of connection to pregnancy/parenthood (Draper, 2002; Widarsson et al., 2012). Ultrasound scans are therefore commonly regarded as significant bonding opportunities between father and unborn child (ibid.; Draper & Ives, 2013). Indeed, some expectant parents reflected on the importance of this moment for fathers:

It doesn't seem fair my partner couldn't be there to start to have that bond with our baby. It's hard for fathers to bond during pregnancy since they can't feel the movement and everything. (Lisa)

I desperately wanted to go to the scan so I could see my beautiful little girl for the first time and hear her heartbeat. (Rupert)

In the UK, expectant mothers are typically offered an ultrasound scan, free at point of service through the NHS, at around 12 and 20-weeks' gestation, with further scans being routine for higher-risk/complicated pregnancies. These antenatal appointments serve as a formal confirmation of the pregnancy, checking on the health-status of the foetus. This also means that maternity care practitioners may discover complications and have to inform expectant parents that the pregnancy has been unsuccessful, for example, due to an early miscarriage. Consequently, they can be rather daunting and anxiety-inducing experiences for expectant parents. Ordinarily, an expectant mother can invite a third-party individual – such as the expectant father – to attend the appointment with her, providing both support and allowing them to share this milestone experience (Draper,

2002; Draper & Ives, 2013). However, with coronavirus-restrictions, and heavily constrained visitation policies within healthcare spaces, expectant fathers have been largely unable to attend antenatal appointments (Lista & Bresesti, 2020). This section explores expectant fathers' experiences of 'missing out' on antenatal appointments/scans and their feelings of being unable to provide support for their partner.

The agonies of waiting outside

Many expectant parents described how fathers still accompanied the mother to appointments by driving her to hospital. One mother, Daisy, explained how driving to the appointment allowed the father, Damien, to still 'feel involved' in the experience, despite being unable to go inside the building with her, providing an interesting parallel to Barker (2011) on cars as fathering spaces of childcare. Visitor-restrictions have meant that expectant fathers must wait outside whilst the mother attends appointments/scans, with many describing these experiences as 'gutting' and anxiety-inducing.

I was just gutted. Sitting in the car and waiting to see whether everything was okay with our baby made me really anxious. (Owen)

I drove Daisy to the hospital for every appointment and then waited anxiously outside for updates. (Damien)

Some also poignantly expressed the pain and devastation they felt as fathers in having 'missed out' on this important bonding opportunity, particularly if this was their first child.

As a dad-to-be, I feel like I've missed out on so much. All the NHS scans my partner has been to, I've not been allowed in. Honestly, not being able to be there just hurts so much. (Rupert)

I do feel that I've missed out . . . especially since it's our first baby. I guess it would be different if it was our second and it was more "been there, done that". (Damien)

For one father, being unable to attend any appointments meant he had difficulty connecting with the pregnancy, highlighting the importance of these experiences to fathers' sense of involvement (Widarsson et al., 2012; Draper, 2003, 2002).

The other day my partner told me that it [the pregnancy] doesn't feel real because he hasn't been able to go to anything. (Lizzie)

This narrative is particularly interesting for how fathers conceptualise and place socio-cultural value on antenatal appointments as particular 'milestone moments' or 'rites-of-passage' in becoming a parent (Draper, 2003, 2002). It also emphasises the significance of such experiences in providing expectant fathers with structure during the pregnancy, aiding their transition to parenthood (Draper & Ives, 2013). In being unable to attend these appointments, due to coronavirus-restrictions, this father describes feeling rather detached from the pregnancy and being unable to fully connect with the process, possibly even the child (ibid.; Widarsson et al., 2012).

This impact is a very real concern, for as Draper and Ives (2013) note, men who are able to develop 'a strong concept of themselves as a father during pregnancy' are more likely to be able to bond effectively with their child post-birth (p. 723). This is arguably because these fathers have had more time to mentally, and emotionally, prepare for the demands of parenthood and begin adjusting to these before the child arrives. Whilst such evidence

is not wholly conclusive, it does suggest that men who have been less able to adopt a sense of a father-identity may have more difficulty in adjusting to parenthood, with potentially negative implications on paternal mental-health and father-infant bonding (Das & Hodkinson, 2020). Furthermore, this may have negative ramifications for maternal mental-health and wellbeing if the father continues to maladapt to his parenting responsibility (ibid.), although Lizzie's quote does hint at the father's desire to feel, and be, involved.

Being unable to support

In addition to the anguish of being unable to attend antenatal appointments/scans and 'missing out' on these experiences due to coronavirus-restrictions, expectant fathers also described how visitor-restriction policies left them largely unable to support their partner and that waiting outside meant they were unable to 'be there for' her.

The hardest part [about not being able to attend the 20-week scan] was that I wasn't able to give Daisy that emotional support and that I just couldn't be there for her. (Damien)

This reflects the central importance expectant fathers place on providing unwavering support for their partner during pregnancy, seeing this as their primary responsibility, with many fathers explicitly describing their feelings of helplessness and inadequacy at being unable to fulfil this seemingly basic role (Das & Hodkinson, 2020; Hildingsson et al., 2011).

The weeks leading up to the birth involved several hospital visits and all I could do was sit in the carpark for hours, in the unknown, unable to help. (Jason)

I've never felt so useless sitting out there, knowing Rose was struggling and alone ... I'd have done anything to have been there with her. (Harry)

Fathers did, however, largely acknowledge the importance of restrictions in minimising the spread of coronavirus within healthcare spaces, but also across society as a whole. Some explained how knowing their 'sacrifice' would help protect others in society enabled them to cope with the pain and difficulty of their experience.

It's tough. Sometimes waiting outside for over an hour and a half for Aida can feel like a really long time ... I can deal with it because I know it's for the greater good. (Russ)

This quote is particularly interesting for how Russ describes his ability to 'deal with' the difficulty and emotional demands of this situation, demonstrating his (masculine) 'strength' (de Boise, 2018; Dolan & Coe, 2011). He implicitly draws upon a discourse of hegemonic masculinity, being able to deny and overcome his emotions and maintain a composed, stoic exterior (ibid.). Another father also demonstrated this (internalised) expectation.

I think that macho thing of "well, I'll just get on with it" ... Maybe I could have talked a bit more to people about how I was feeling ... (Asher)

These narratives ultimately reflect the expectation of expectant fathers to be an unemotional ‘rock’ and unwavering ‘pillar of support’ during pregnancy (and early parenthood), capable of overcoming any negative feelings and anxieties they have, an expectation arguably exacerbated during the pandemic (Das & Hodkinson, 2020).

Furthermore, participants’ narratives also revealed how being ‘barred’ from maternity care spaces also meant there was often nobody there to support *them* if the mother received bad news at an appointment. Pippa’s heart-breaking tale reveals the devastating impact coronavirus-restrictions had on her husband, Riley, when she called to tell him she’d suffered an early miscarriage. Though still in the early stages of pregnancy (before 12 weeks), Pippa details Riley’s visceral outpour of emotion as he sat alone in a layby and mourned the loss of their child.

I called Riley to tell him I’d lost our baby and would be a few more hours in hospital ... there was nobody there to comfort him, no family, no friends, he sat alone in a layby ... and wept for the loss of our baby. (Pippa)

Due to social-distancing and lockdown-restrictions, Riley had nobody there to support him after receiving this news and he could not be there to support Pippa. Certainly, this is not to detract from the very real emotional agony of Pippa having to receive this news alone, nor the physical pain of the miscarriage. However, it emotively demonstrates the gendered expectation for expectant fathers to possess (un)emotional ‘strength’ and be an unwavering ‘rock’/‘pillar of support’, able to cope with the ups and downs of pregnancy whilst requiring minimal – if any – support themselves (Das & Hodkinson, 2020). Thus, it demonstrates how coronavirus restrictions embody a welfare trade-off with fathers’ emotional wellbeing and participation in pregnancy/parenthood.

Waiting ... waiting ... waiting: return to the (distant) spectator?

As societal expectations of fatherhood have shifted in recent decades, so too have expectations surrounding fathers’ presence within the spaces of labour/birth (Herrera, 2020; Hildingsson et al., 2011). Traditionally, birth has been considered an ‘unmanly’ experience, with fathers having a limited role. The ‘place’ of expectant fathers was therefore to be almost entirely absent, either by waiting outside or being ‘down the local’ (pub), if not remaining at work (King, 2016). From the 1960s, expectant fathers took on a greater role, primarily by actively accompanying mothers to hospital, although remaining largely absent during labour/birth, reflecting the continued prominence of the ‘distant breadwinner’ model of fatherhood (ibid.; Hildingsson et al., 2011). Fathers would therefore perhaps be *nearby*, but certainly removed from actual spaces of labour and birth, waiting in a hospital waiting room.

Throughout subsequent decades, expectant fathers have assumed a more hands-on role, with the involved, intimate father of the 1990s/2000s-onwards, generally being expected to actively participate in labour/birth – holding the mothers’ hand, breathing with her and being there to support/advocate for her (Dolan & Coe, 2011). Indeed, fathers’ presence during labour/birth has become almost the ‘minimum expected’ of fathers today (Herrera, 2020: 252). Interestingly, fathers’ presence at labour/birth were initially met with great resistance from senior medical staff – although midwives were generally in favour (King, 2016) – principally due to the concern that fathers’ admittance (ironically for

this paper) could ‘spread infections’ (Hildingsson et al., 2011: 129). However, during the coronavirus pandemic, expectant fathers have again been prohibited from attending labour, and in some cases, the birth of their child due to visitor-restriction policies (Lista & Bresesti, 2020). This section explores expectant fathers’ experiences of waiting outside during labour/birth.

The new ‘waiting room’ for expectant fathers

In emphasising the importance of various ‘milestone moments’ to expectant fathers’ experiences of pregnancy, Draper (2003, 2002) argues that fathers’ participation in labour/birth is the ‘culminating’ moment of their transition to fatherhood. Indeed, there exists a wealth of fascinating literature exploring men’s emotional experiences of this (Dolan & Coe, 2011; Herrera, 2020; Hildingsson et al., 2011). Childbirth is therefore, perhaps, the single most significant experience for expectant fathers, embodying the moment they literally *become* a father. Consequently ‘being there’ is a highly valued socio-cultural rite-of-passage for many fathers (Draper, 2003, 2002), often being associated with being able to meet/hold their baby for the first time, as well as other symbolic practices such as cutting the cord (King, 2016).

In March 2020, when the majority of NHS trusts implemented a blanket ban on visitors within healthcare spaces, many expectant fathers (and other partners) could not be there to share the experiences of labour/birth, nor support the expectant mother. From April 2020, some local health authorities began to make exceptions for birthing women, permitting the entry of one ‘visitor’, their (birth)partner, during the active stages of labour – once the mother was more than 5 cm dilated.³ This has led to some women feeling pressured, even coerced, into having a rather invasive vaginal examination, just to have their partner with them, raising significant concerns over breaches to ‘respectful’ maternity care (Greenfield et al., 2021; Reingold et al., 2020), also highlighting the heavily gendered nature of maternity care, particularly amidst the pandemic.

Some expectant fathers, therefore, were allowed to attend during the later stages of labour (providing they were symptom-free). However, this has differed considerably between local healthcare authorities, with information/guidelines constantly changing (Greenfield et al., 2021), creating a ‘post-code lottery’ of maternity care, and leaving expectant parents with great uncertainty over when, if at all, fathers/partners would be allowed in (Topping & Duncan, 2020, *TheGuardian*). This is likely to have exacerbated parents’, particularly labouring mothers’, stress/anxiety during this time.

Many expectant fathers described driving their partner to hospital during the early stages of labour, and the agony of having to leave them at the door due to visitor-restrictions. The joint narrative of Bella and Ben poignantly captures this moment.

I drove Bella to the hospital, but when we got there all I could do was leave her at the hospital door ... (Ben)

I just wanted to crumble to the ground as I walked into the maternity ward, watching Ben walk away. (Bella)

Their narrative is not dissimilar to the 1960s-era birth documented in King (2016) – aside from the very clear knowledge that, under normal circumstances, Ben would be able allowed to stay with Bella – with expectant fathers going to hospital but remaining

removed from the labour/birth experience, instead waiting nearby. However, unlike in the 1960s, coronavirus-restrictions meant that expectant fathers were largely not permitted to enter even the hospital building, unless invited during the later stages of labour. Consequently, the pandemic saw the emergence of a new ‘waiting room’ for expectant fathers: outside, in the hospital car park (Figure 2).



Figure 2. The New ‘Waiting Room’. Source: Pregnant Then Screwed.

Several parents described expectant fathers’ experiences of waiting outside for hours, even days, before being allowed to re-join their partner. Occasionally, these narratives were accompanied by the most harrowing images of fathers standing outside, alone, looking up at the window of the maternity ward (although, for ethical reasons, these are not included in this paper).

These are pictures of my boyfriend standing outside the hospital waiting for the go-ahead to come and be with me. The midwives said to call Eric to come to the hospital ... 4 days went by, 4 DAYS of waiting, 4 days of me crying and being in agony all alone. (Ester)

During the birth, I sat in the hospital carpark for over 6 hours ... (Foster)

Additionally, the quantity of covid-19 cases had a near-crippling effect on ambulance services, with significant implications on their capacity to transfer women to other hospitals in emergency circumstances. The subsequent closures of many birthing units – particularly those that are midwife-led, as midwives were redeployed elsewhere due to their basic nursing training (Greenfield et al., 2021) – meant that some parents had to travel great distances to get to hospital. These closures, coupled with the general uncertain timeframe of labour, led to many expectant fathers *sleeping in their cars* just to be near enough not to miss the birth – or in one case, a hospital bike shelter.

I was in agony for 4 days, isolated and alone, filled with anxiety and tears ... I needed my husband! But all he could do was wave through the window and sleep in his car for nights on end so he was near and wouldn't miss the birth. (Holly)

There was a lady who lived quite far away ... her partner couldn't drive so he slept in the hospital bike shelter for two nights while she was induced. (Leigh)

Many parents subsequently expressed considerable anger and frustration over these policies, particularly during the summer months when the majority of the UK experienced significant relaxation of lockdown and social-distancing regulations. Some even made explicit, if rather extreme, comparisons between experiences of labour/birth and 'permitted' socialising. Ironically, this was often through reference to being allowed to go to the pub, providing an interesting parallel to King (2016).

I should have hired out a pub and then everybody could have been there at the birth! (Leo)

Maybe I ought to plan to have my baby in the bar, then my husband can be there throughout the labour without me having to worry whether I'm dilated enough. (Seana)

Towards technology-mediated moments?

It is frequently noted that having continuous support is crucial to mothers' positive birth experience (Greenfield et al., 2021; Herrera, 2020). Support is also fundamental to fathers' experience of childbirth, with many regarding providing support to their labouring partner as their fundamental role during this time; successfully fulfilling this role being typically associated with fathers' greater satisfaction with the birth experience (Herrera, 2020; Draper & Ives, 2013; Dolan & Coe, 2011, see also Hildingsson et al., 2011 on fathers' support needs during childbirth). However, much like the experiences of antenatal appointments/scans, in addition to largely 'missing out' on this pivotal 'milestone moment' themselves (Draper, 2003, 2002), coronavirus-restrictions meant many fathers felt unable to support their partner to the extent they believed they should, due to being unable to 'be there' with her.

In order to cope with these physical constraints, some expectant parents described using communication technologies – specifically video calls – so they could stay in touch with one another throughout the labour, providing a sense that the father was 'there' in that space. Video calls facilitated expectant fathers' ability to provide support for their partner during labour, simultaneously ensuring that the mothers' support needs were fulfilled. However, whilst intended to provide reassurance to expectant parents, this also resulted in heightened anxiety if the mother was instructed to end a video call.

I felt reassured that, although Ben couldn't be with me, we could stay in contact by phone or video call throughout the birth. But after a complication, I had to turn my phone off ... I just felt so alone. I couldn't have his hand to hold and then I couldn't even hear his voice. (Bella)

In highlighting her desire to be able to hold Ben's hand, Bella demonstrates the significance of his physical presence in providing support. This illustrates how labour/birth embody one of Drapers' (2003, 2002) 'body-mediated moments', with the embodied encounters between mother and father being a key part of the experience. Indeed, other

fathers described how not 'being there' in the hospital space with their partner, greatly diminished their ability to provide effective support, leading to feelings of inadequacy and failure (Das & Hodkinson, 2020).

I was able to stay for a hours after the birth ... but then I got told I had to leave. They had to stay in hospital for 10 days, I had my wife ringing me in tears, but I couldn't do anything. (Leo)

Due to coronavirus-restrictions within maternity care spaces, fathers' experiences have subsequently undergone a dramatic shift from being 'body-mediated moments' (Draper, 2003, 2002), to being almost exclusively *technology*-mediated experiences.

Tscherning et al. (2020) emphasises the continued importance of promoting parent-infant attachment during the pandemic (although they say very little on the significance of this for fathers specifically). However, with fathers being largely barred from hospital spaces, there were often limited opportunities for father-infant bonding, particularly through those first embodied skin-to-skin experiences immediately postpartum – which are largely associated with beneficial effects for infants (ibid.; Reingold et al., 2020). Indeed, for many fathers during the pandemic, their first interactions with their baby have been largely through a screen, with no possibility of holding/touching their child, perhaps for days. However, on a more positive note, fathers did describe valuing even these technology-mediated encounters until they could meet their baby in person.

When I finally got to see my little girl in the flesh, I was very emotional. It sounds funny, but I almost felt like I knew her already because Bella had been so amazing at sending me videos and pictures so that I didn't miss out. (Ben)

These narratives further reflect the gendered, emotional, governance of parenting during the pandemic through the absence of fathers' bodies in maternity care spaces and 'trade-off' of their involvement in initial parent-infant bonding.

Concluding remarks

The coronavirus pandemic has raised significant concerns over an array of societal inequities, with emergent literature noting especially the heavily gendered impact of the pandemic. Feminist research has argued how societal responses to the pandemic have engendered a general retreat into traditional, gendered roles between mothers and fathers across myriad everyday, institutional spaces including workplaces, homes and healthcare services (Dib et al., 2020; Lista & Bresesti, 2020). These effects have been especially marked for parents expecting a child during the pandemic (Greenfield et al., 2021). Visitor-restriction policies, implemented to curb viral-spread within healthcare settings effectively 'barred' many expectant fathers, and other partners, in the UK from attending antenatal appointments, and even the birth of their child (Lista & Bresesti, 2020), milestone moments widely regarded as significant socio-cultural 'rites-of-passage' in the transition to parenthood (Draper, 2003, 2002).

This paper has explored expectant fathers' lived, emotional, experiences of these restrictions and the emotional impact of being excluded from spaces of maternity care. It has demonstrated the 'emotional fallout' of visitor-restriction policies, revealing how they have produced a heightened sense of anxiety for fathers, whilst also perpetuating expectations for fathers to (self)govern their emotions and be 'pillars of support' during

pregnancy, requiring minimal support themselves (Das & Hodkinson, 2020), as well as exacerbating existing feelings of marginality within maternity care spaces (Lista & Bresesti, 2020; Widarsson et al., 2012). Thus, this paper contributes to interdisciplinary literatures on parenting – fathering especially – through examining the gendered, emotional governance of parenting through times of crisis, primarily through the presence, or rather absence, of fathers’ bodies within particular, maternity care spaces. Moreover, it has drawn critical attention to the continued importance of space/place to parenting, even amidst the pandemic (Jupp & Gallagher, 2013), for example, through highlighting how typically unremarkable spaces of cars/carparks have taken on profound new meaning for expectant fathering due to visitor-restrictions.

This paper demonstrates, empirically, how coronavirus restrictions effectively (re)positioned fathers as distant spectators, rather than active participants, of pregnancy/early parenthood, rendering them ‘dispensable’ actors whose presence and involvement in perinatal care is sufficiently expendable (Das & Hodkinson, 2020; Lista & Bresesti, 2020). These policies thus reflect an ‘unexpected,’ – albeit temporary – ‘turnaround’, or U-Turn, to recent decades’ emphasis on involved, equitable fathering (Lista & Bresesti, 2020: 105,048). Although restrictions were reportedly eased towards the end of 2020, with the *DailyMail* claiming ‘victory’ in November (Mikhailova, 2020), other reports reveal how these policies persist in many local healthcare authorities (Topping & Duncan, 2020, *TheGuardian*). Through my own interviews with expectant fathers, parents were still receiving conflicting information as late as March 2021, exacerbating feelings of anxiety and stress during an already stressful/emotional time. These restrictions are likely to have significant implications for mothers and fathers and their mental/emotional wellbeing (Das & Hodkinson, 2020; Dib et al., 2020). It is therefore imperative that researchers critically consider the experiences of expectant fathers during the pandemic, with a mind to help foster positive father-child relationships and ensure fathers’ ability to support mothers (now and into the future) for the future of gender parity.

Notes

1. Less clinical literatures also highlight the significance of other experiences, such as home-preparation and negotiating parental leave.
2. National sources include *BBC NewsOnline*, *TheGuardian* and, *The DailyMail*. For anonymity, local sources are not named.
3. Ordinarily birthing women would be allowed at least two partners throughout the whole of labour.

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