

Solutions to perinatal loneliness

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The UK Government Loneliness Strategy identified tackling loneliness amongst new parents as a priority in 2022. This research project aimed to address a gap in the research to identify potential solutions to perinatal loneliness.

Perinatal loneliness refers to the loneliness experienced by parents and prospective parents during pregnancy and up to two years post-birth. This includes partners and those who have children via adoption, surrogacy, and other means. Loneliness has a profound impact on physical and mental well-being. There is strong evidence to suggest that loneliness can cause perinatal mental illness or make existing problems worse. Addressing loneliness may be one promising approach to preventing or reducing perinatal mental illness.



What is loneliness?

Three types of loneliness were utilised throughout this project. Social loneliness is when a parent lacks a fulfilling social network, and emotional loneliness is when parents lack people to confide in. Existential loneliness is where a person feels disconnected from other people, or meaningless and lacking purpose.

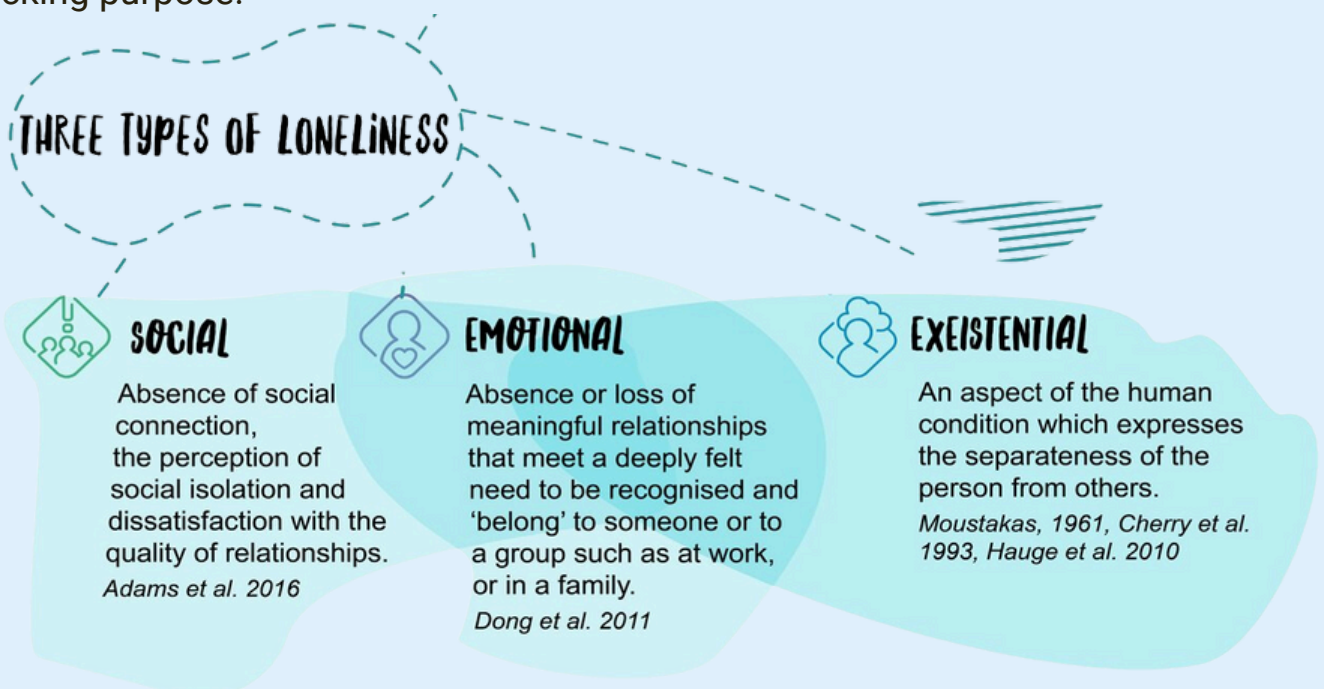


Image taken from the What Works Centre for Wellbeing

If you want to use any of these mind-maps, please get in touch and I can send you a copy. I'd really appreciate you letting me know if you do. It is important for me to track the reach and impact of this work.

About the author

My name is Dr Ruth Naughton-Doe and I am a mental health social researcher at the School for Business & Society, University of York. In June 2021, I had my first child and experienced postnatal depression and loneliness. I was lucky because I had lots of support. I was able to access help and I had the personal and financial resources to get better. During my maternity leave, I became interested in other people's experiences: it seemed I wasn't alone in feeling lonely and experiencing poor mental health.

The journey of recovery that followed culminated in me applying for funding to explore solutions to perinatal loneliness.



About this report

I thought hard about how best to share my research findings so they can be used quickly by policy-makers, practitioners, services, and other researchers to have a timely impact. These mind-maps share an overview of the key findings. Behind these mind-map sits rigorous and careful work: talking to participants, analysing the data, exploring common themes, checking the ideas with lived experience experts, academics and professionals, and implementing the feedback.

I hope these mind maps will help others to understand the broad issues, and spark new thoughts, ideas, projects and research. They will evolve over time, in response to feedback and discussion and further research.

If you want more information about any of these mind-maps, please contact me on **ruth.naughton-doe@york.ac.uk**

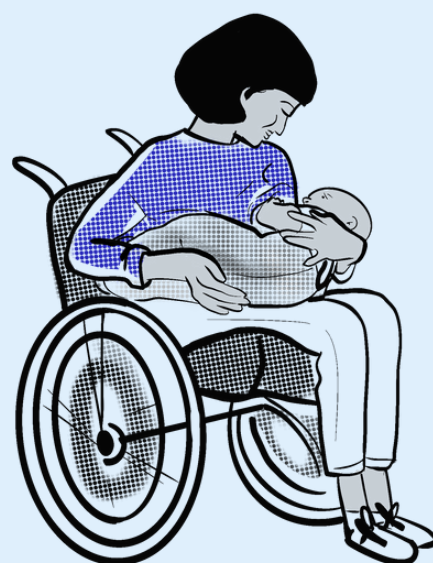
Aims of the research

- Review the published research for potential solutions to perinatal loneliness.
- Talk to people who identify as feeling lonely twice in their perinatal period to find out if and how they overcome their loneliness, the problems they face, the ways they cope, and what changes they want to see.
- Talk to parents who had accessed community-based services for parents in the first two years of their child's life to find out why they sought help, what had helped and what changes they wanted to see in the future.
- Talk to practitioners and service users with lived experience to hear their perspectives on the solutions to perinatal loneliness.
- Reflect on these findings with research advisory groups and experts to develop a framework for solutions for perinatal loneliness.

The lived experience advisory group

Ten parents contributed to an online lived-experience advisory group that met seven times during the eighteen-month project.

This group of parents included four fathers, one young parent (under 25), two solo parents, one parent with a disability, two LGBTQ+ Parents, two Muslim parents, one migrant parent, two military parents, three Asian parents and one Black parent. Two parents had experience of Mother and Baby Units for their mental health following birth. These diverse experiences shaped the research including by supporting the development of recruitment materials, ethically sensitive research interview questions, interpreting the findings and designing outputs.

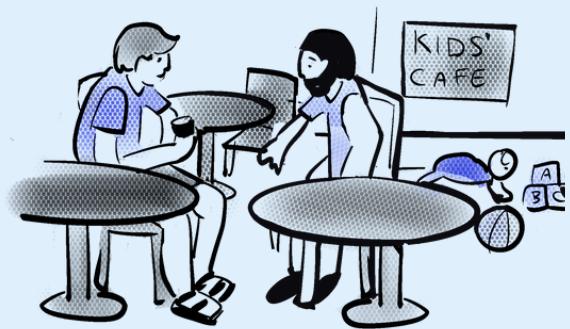


The practitioner and academic advisory group

Twenty two people were part of at least one online meeting of this group which met six times during the project. The group included: a perinatal mental health visitor, a research midwife, a former pediatrician, primary care staff, a perinatal mental health nurse, peer support workers, father support workers, academics interested in perinatal loneliness, creative practitioners, voluntary sector service leaders, and representatives from PANDAS and the National Childbirth Trust. The group contributed their expertise to support the development of interview questions, recruit practitioners, design ethically sensitive research, and interpret the research findings.

External partner organisations

This research was supported by the following organisations: Dad Matters, Fatherhood Institute, Institute for Health Visiting, National Childcare Trust, Maternal Mental Health Alliance, McPin Foundation and Proud2beParents. These organisations supported with recruitment to the advisory groups, support with recruitment materials and recruitment to the study, provided feedback on drafts of the mind-maps and supported dissemination of the findings.



The participants

Fifteen parents shared their stories in two interviews spaced three to four months apart. These parents included four fathers, one trans parent, three LGBTQ+ parents, one solo parent, one Asian parent and one Mixed/Multiple Ethnicity parent. Three parents identified they were neurodiverse. Eleven identified that they had poor mental health and/or mental illness prior to becoming a parent and thirteen reported this following becoming a parent.

Thirty-three parents shared their experiences in focus groups that included: a mental health peer support group, a group of fathers, an LGBTQ+ parents group, and three groups with a parent and baby walking community.

Nineteen professionals contributed to focus groups with statutory services, voluntary sector services, LGBTQ+ organisations, support services for fathers, and staff in a mental health peer support service.

Types of Perinatal Loneliness

Perinatal loneliness is the loneliness experienced by parents or caregivers during the first 1001 days of a child's life from conception to two years post birth. These are the types of loneliness experienced by research participants:

Emotional loneliness

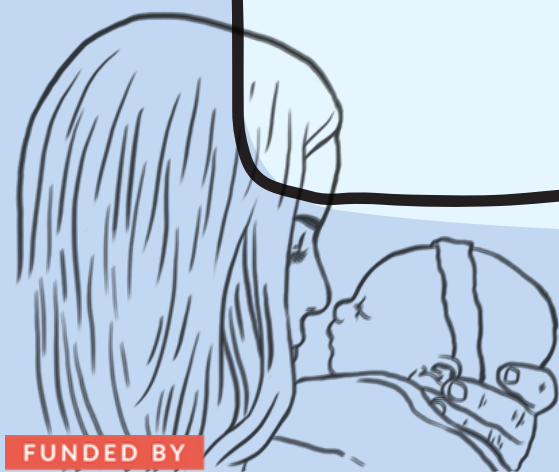
- No one to share your feelings with.
- Afraid to share your feelings.
- Masking your difficulties.
- Not feeling listened to or understood.

Social loneliness

- Being in a 'different time zone' from friends/family.
- Making new friends takes time/is hard.
- Few social opportunities.
- Being physically alone.
- Few adult conversations.

Existential loneliness

- Feeling invisible, excluded or different.
- Identity changes (e.g loss of work, sense of self, or changes to body).
- Lacking purpose.
- Feeling undervalued.
- Experiencing discrimination.



When you don't know who you are anymore

"When your life is unrecognisable."
"You have no work, hobbies, friends or fun."
"You don't recognise yourself/your body."

When people don't know what to say to you

"I told someone I hated my baby and they didn't know what to say and ignored me."
"People say the wrong thing like enjoy every moment."

When there is no one to ask for help

"I need a break but everyone is busy."
"I need help but there is no one to call."
"I don't know who to call."

When you don't know what you are doing

"There is so much conflicting information and I feel lost."
"Why is my baby different?"
"Everyone else has it together apart from me."

When you feel judged

...by strangers/ at other baby-groups/ by other parents / by your parents.

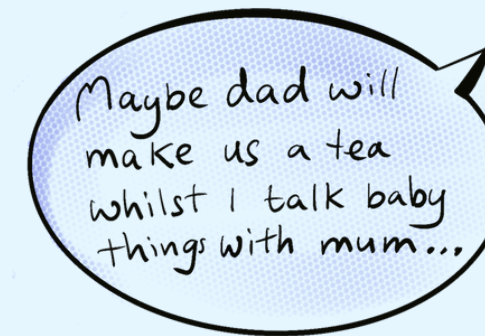
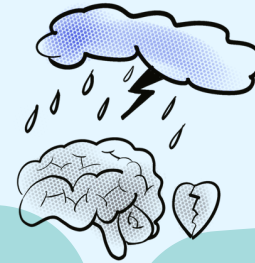


When you feel ignored or invisible

"When health professionals ignore you or don't include you." (This is common for Dads and non-birthing parents, but also for Mums.)



Occasions when parents feel more lonely during the perinatal period



When you are physically alone with a baby

"My partner is out all day. There is no adult conversation. I'm trapped in the house."

When someone is careless, offensive or insensitive

"When people assumed my wife was my sister."
"Dad, are you babysitting today?"

When you are scared to say you are struggling

"I am so scared to say how miserable I feel."
"What if they take my child off me?"
"I should be enjoying this."

When you don't fit in

"Everyone in the group is in a clique."
"When you feel different to everyone else."
"When you don't feel welcome."
"Your experiences are different to other peoples'."

When you feel left out

"When you can't do your previous hobbies."
"Everyone comes round to see the baby and not to see you."
"Friends stop texting you. Your phone goes quiet."
"Life is going on around you."

When you feel like a failure

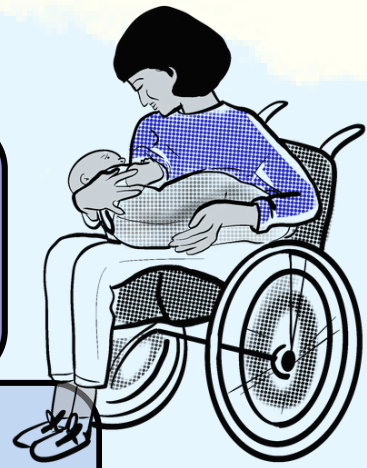
"I felt like I was failing my baby."
"I'm so bad at this, I am a failure."
"I don't measure up to the parent I wanted to be."



For more information: perinatal-loneliness.com

Alone with a challenging new role

- Worrying about how to care for your baby (e.g feeding, sleeping and development).
- Navigating conflicting advice.
- Feeling like you are failing.
- Not knowing where to go for help.
- Feeling unprepared.



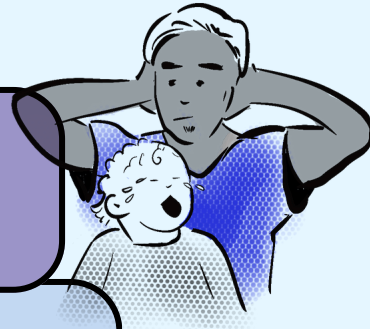
Competing needs and rhythms

- Competing needs within the family but children's are always central.
- You are in a different time zone to other people in society (e.g you are up at night and others are at work during the day).
- Competing needs during activities (e.g at a playgroup parent wants to talk but child wants to play).

Why can the perinatal period feel lonely?

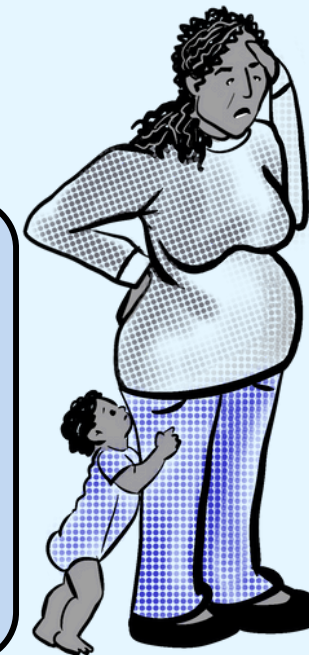
Identity and self

- Feeling undervalued and/or unappreciated.
- Missing your former life.
- Loss of self and identity.
- Lack of meaning and purpose.
- Loss of paid work.
- Physical changes.



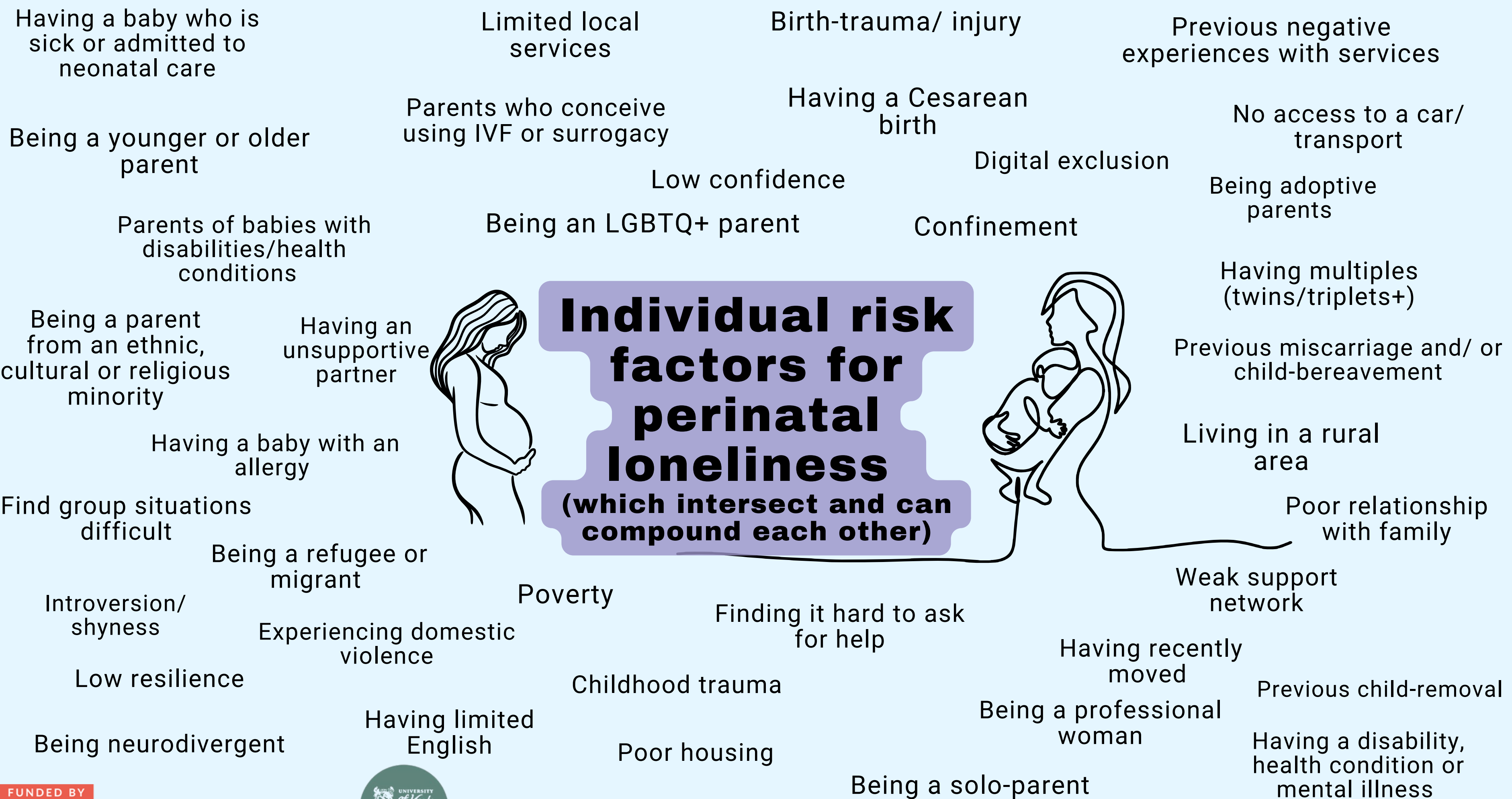
No time for you

- No time for your friends or hobbies.
- Other commitments and chores take up all your time.
- Work commitments.
- Limited sleep and/or self-care.



Relationship strains

- Friendships change.
- Friends who are not also parents might not understand your new life.
- It takes time to make new friends.
- Your relationship with your partner is different.
- Cultural expectations relating to the roles of men and women in childcare may emerge.
- Relationships with family can be difficult.



Cultural drivers of perinatal loneliness




Heteronormativity

This is an assumption that all families are formed of heterosexual relationships and involve a mother and a father. This leads to services, forms, information leaflets, media, and imagery not representing LGBTQ+ families. It also leads to inappropriate assumptions/ questions by the general public.

Family-unfriendly society

- Children are not tolerated or understood.
- Limited support for parents.
- Child-rearing not valued.
- Childcare is expensive.
- People feel unprepared for looking after children.



Invisible dads & non-birthing parents

- Parents do not feel equally valued and supported by services, family and friends.
- Dads and non-birthing parents feel their contributions are invisible.

Individualistic society

This is a culture where citizens are expected to deal with their problems themselves. In the UK, it leads to a culture of raising children alone within a family unit. Parental leave is limited, childcare is expensive, and welfare support is inadequate. People find it hard to ask for help.



Cultural differences

- Some cultures/religions have:
- More pressure on people to become parents or have larger families.
- More pronounced expectations of parents.
- Limited understanding of mental illness and loneliness.

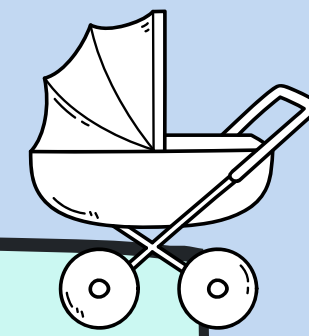
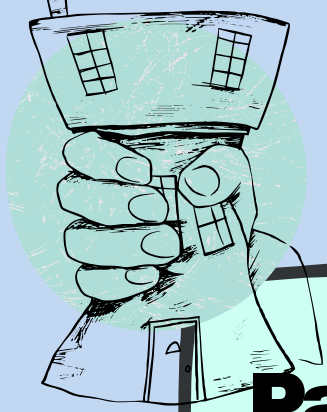
Perfect parent ideal

- Unrealistic expectations of parenthood.
- Negative self-comparisons to others (e.g social media or in baby-groups).
- Stigma of not enjoying parenthood leads to masking of issues.

Discrimination

- Ageism - younger and older parents feel judged and unable to access services.
- Racism - parents are less likely to access services and feel unsafe.
- Sexism - traditional stereotypes of gender roles can influence expectations of parents and how they are supported.
- Homophobia- LGBTQ+ parents feel judged, unsafe and are less likely to access services.
- Ableism- disabled parents are judged, treated differently and less likely to access services.
- Stigma of mental illness- parents feel judged and services do not meet needs.

Structural drivers of perinatal loneliness



Parents are not supported by state welfare policies

- Limited parental leave.
- Expensive childcare.
- Low maternity/paternity pay.
- Two-child benefit cap.

Limited transport

- Public transport is inadequate and expensive.
- People find it hard to get to services or activities.

Poor Infrastructure

- Not enough places to change and feed baby.
- Pavements are unsuitable and/or unsafe for prams.
- Spaces not designed for families.

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Underfunded services

- Health visitor numbers reduced by 35% since 2015.
- Spending on children's early intervention services (e.g. Sure Start and Family Support Services) reduced by 45% between 2010-2021.
- Limited and unequal access to mental health support.
- Postcode lottery for support.
- Voluntary sector under-resourced and constantly fighting for income.

Poverty and inequality

- Affording to live is a struggle.
- Can't afford childcare/support.
- No access to a car.
- Trapped in the house.
- Money limits social activities.
- Poor/insecure housing.



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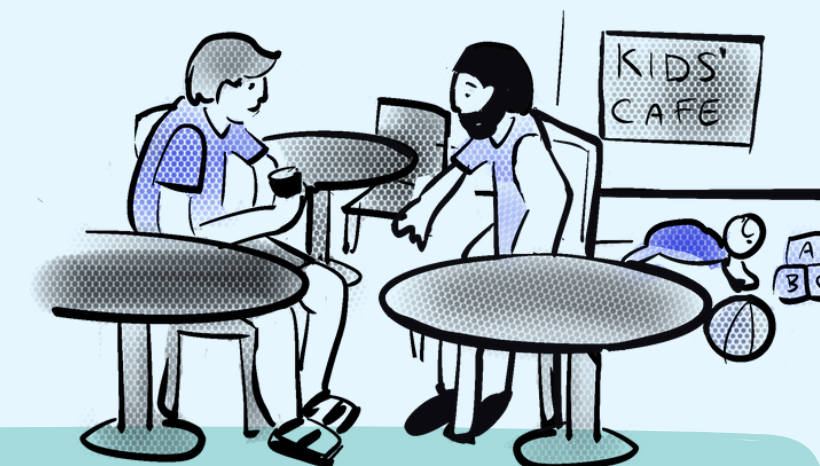
Tolerance & acceptance of children and families

- Recognise that children belong in public spaces as much as adults.
- Support and educate wider-society to help babies, children and their families feel welcome in social spaces.



Make visible the challenge of pregnancy and parenting

- Feeding/sleeping/baby care.
- Parents' Time poverty.
- Highlight the need for support.
- Baby-care education.

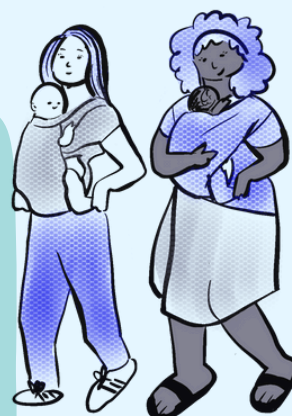


Families feel comfortable in indoor social spaces

- Areas for children to play.
- Breastfeeding supported everywhere.
- Areas for feeding and breastfeeding.
- Highchairs available.
- Toilets with baby-changing facilities in men and women's toilets.

Outdoor spaces designed with families in mind

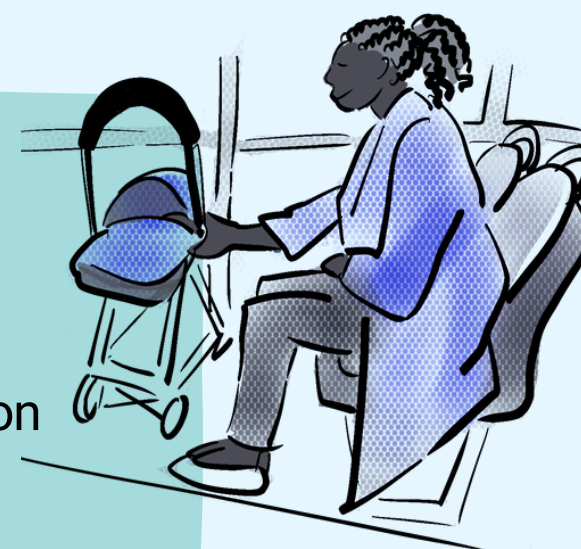
- Benches to rest and feed.
- Safe and accessible paths and roads.
- Parks and pop-up parks for play.
- Public toilets with baby-changing facilities in men and women's toilets.



Solutions to Perinatal Loneliness: A Family Friendly Society

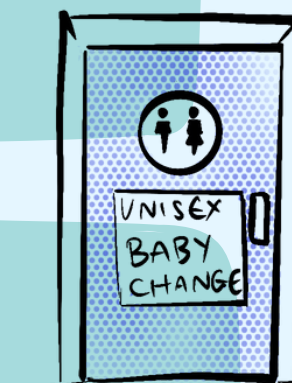
Improved public transport

- Free travel for families.
- Adequate room for prams on buses and trains.
- Improved bus/train routes.



Value and support parents through policies

- Parenting is a valued contribution to society.
- Better parental leave for all parents/supporters.
- High quality and affordable/free childcare.
- Flexible working.
- Adequate and ample health and care services.



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For more information: perinatal-loneliness.com

Resource Health Visiting and Midwifery Services

- Reverse the cuts to health visiting and midwifery.
- Train staff in infant and perinatal health and mental health.
- Involve staff in early identification and support of mental illness.



More resources for voluntary sector services

- End short term funding cycles that waste time and resources.
- Stop ending contracts that are delivering outcomes.
- Expand funding for reaching seldom-heard groups.

Free antenatal and postnatal social support groups

- Bring back free local antenatal group classes.
- Antenatal and postnatal support up to 1 year post-birth and for all parents, not just first-time parents.
- Support should be inclusive and welcoming

Accessible information and/or perinatal social prescribing service

- Families should be able to access information about local services.
- Different ways to access information (digital/print/verbal).
- Social Prescribers could support families to connect with local services.

Solutions to Perinatal Loneliness: Invest in Universal Family and Early-Years Services

Inclusive services and a diverse workforce

- Mandatory training for Health Visitors and Midwives in equality and diversity.
- Advertising for parent services and resources should be inclusive.
- Recruit a more diverse workforce.

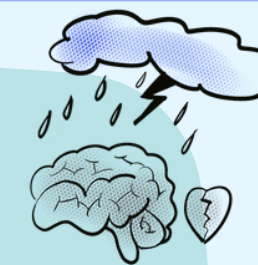
Bring back universal Family Centres

- End the postcode lottery: Family Hubs should be rolled out nationally and not limited to 75 Local Authorities.
- Funding to increase and return to previous investment through successful Sure Start model.



End health inequalities

- Support services to utilise best practice and research evidence to connect with under-served groups.
- Provide different options for contacting services/ways to access appointments.
- Commission, fund or co-design work with voluntary sector services who are having success at connecting with seldom-heard groups.



Early intervention for perinatal mental illness

- Early-years staff trained to identify and support parents who are lonely and/or experiencing perinatal mental illness. Increase access to therapy.
- More support for birth trauma.
- Emotional well-being check for all parents at six weeks (by a health visitor).

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What makes a good parent /baby group?

- Free / low cost.
- clear Information (e.g. age ranges and what happens).
- On arrival: a warm welcome, feeling cared for and 'baby-housekeeping' (e.g. where to change/feed).
- Opportunities to talk to other adults.
- Refreshments.
- Range of activities on a variety of days and times, including afternoons and weekends.
- Activities in school holidays.
- Inclusive language and imagery so people know they are welcome.
- Good range of activities for children.

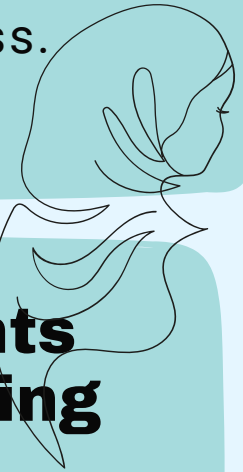


Groups that are just for social connection

Provide opportunities for parents and prospective parents to connect with others with similar experiences. Parents wanted activities that were just for socialising, rather than education with an aside of socialising.

Separate safe spaces

Some groups prefer or need their own separate safe spaces. These include: bereaved parents, parents of neonates, LGBTQ+ parents, certain religious/cultural groups e.g Muslim women, parents with mental illness.



Solutions to Perinatal Loneliness: Parents' Ideas for Spaces that Support Connection

Activities that parents enjoy, or have meaning or purpose

Activities designed for parent well-being, for example, walking, arts, yoga, exercise and nature. Most parent and baby activities are currently designed for the baby.

Support/services should use inclusive spaces, language and imagery

Language and imagery should reflect our diverse population. E.G they could include mums, dads and non-binary parents, LGBTQ+ families, pregnant people, parents of all ages, ethnicities, cultures, beliefs, and represent people with disabilities.



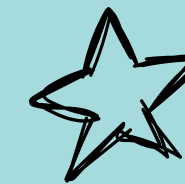
Digital spaces

WhatsApp, Discord, Reddit, Apps and Forums can be accessible ways of connecting with other parents and friends/family. They could be a tool for connecting parents between activities and groups.



Parents involved in designing support

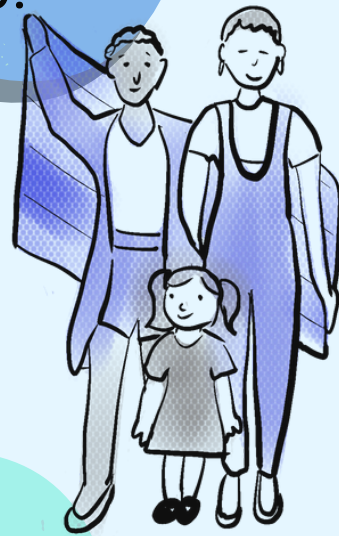
Co-production/co-design is an approach where services are designed with or by the people who use them. This puts their needs at the heart of services and helps design inclusive spaces where people are more likely to show up and feel connected.



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**Perinatal Intervention
with a support group
(n=13)**

An intervention, such as a parent education class, with a support group.



**Creative Health
intervention (n=12)**

Craft, walking, exercise, yoga, art, nature-based, music and singing interventions.



Holistic Support (n=2)

Parents receive multidisciplinary support to overcome financial, cultural, structural, informational and psychological barriers to being connected.

**Interventions for perinatal
loneliness that we identified
when we carried out a
literature review**

Awareness

campaigns (n=1)

Campaigns on social media, poster campaigns, training videos that educate parents about loneliness.

**Shared Identity social
support groups (n=6)**

Groups where people with similar situations go for support.

**Synthetic social
support (n=13)**

Support from peers or professionals (e.g therapists or health visitors).



Playgroups (n=3)

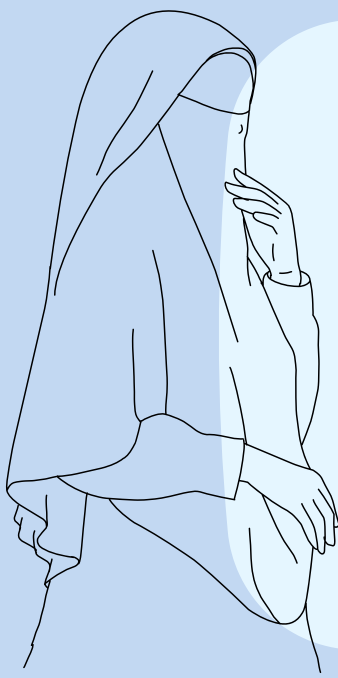
Groups where parents go with their babies and children to play and can potentially meet other parents.

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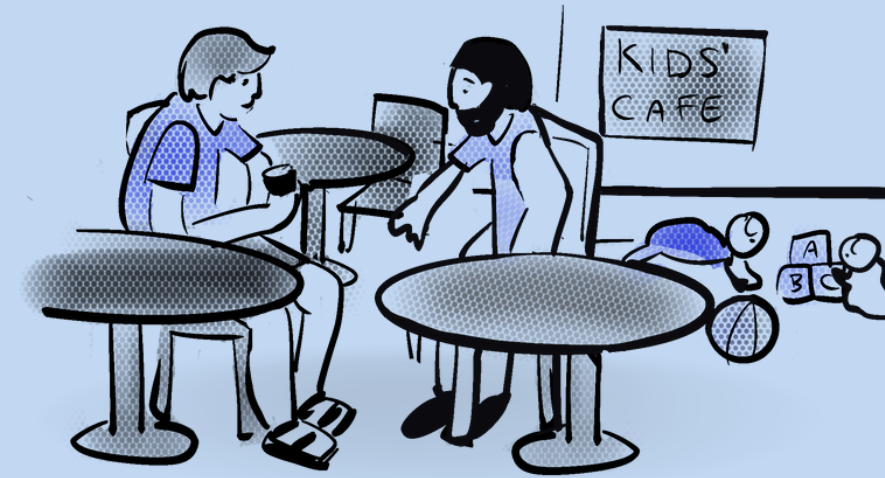


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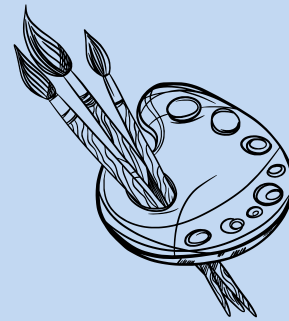
Build connections with similar others

Parents often feel alone with their challenges. Meeting other people having similar experiences can help them realise they are not the only one with that experience. This may encourage them to seek support. For example, parents may meet others with similar health conditions or a shared culture. Connections can lead to friendships.



Support parents to normalise and accept their difficulties

Many people feel guilt or shame for finding the perinatal period challenging or unenjoyable. Many interventions encourage parents to realise finding pregnancy and parenting difficult and unenjoyable are normal and do not mean you are a bad parent.



How do interventions reduce perinatal loneliness?



Offer meaningful activities for parents

Many parent and baby groups focus primarily on child development or well-being. New parents also need activities that are designed for their well-being, such as creative activities, mindfulness, or volunteering opportunities.



Support parents to overcome their personal barriers to connection

Many parents face barriers to connection including financial, psychological and informational. Interventions work with parents to overcome their barriers either directly or indirectly through referrals.

A positive relationship with a professional or volunteer

Many people either have no one to support them, or have no one able to provide them with the support they need. Some interventions offer a connection to a trusted professional or volunteer to support them. This can include health or social care professionals, therapists, doulas and peer support workers.

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For more information: perinatal-loneliness.com

Fathers' experiences of perinatal loneliness and what needs to change

Emotional loneliness

- Trying to be strong for others but needing support themselves.
- Toxic masculinity - their emotions are hidden or under-expressed.
- Some fathers felt their support needs were overlooked.



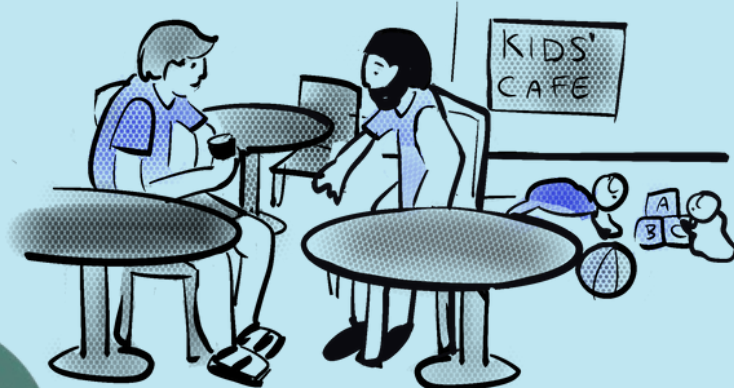
Existential loneliness

- Fathers were seen as either a risk or a resource but not as a parent.
- Fathers felt invisible - like their parenting was not seen by society, family and friends.
- Fathers reported that some professionals excluded them from conversations about the pregnancy/about their baby.



Social loneliness

- Often the only Dad in the playgroup.
- No time to do anything with baby or friends because they are at work.
- Services not built around Dads availability.
- Being viewed differently by friends or at work because they are a Dad and excluded.



Policy makers should:

- Provide more paid parental leave for non-birthing partners, including fathers.
- Resource a 'Paternity Service' with professionals there to support fathers.

Professionals should:

- Provide father-inclusive support to involve fathers as equal partners in their child's care.
- Screen fathers for postnatal depression and loneliness.
- Check if the father is experiencing domestic violence.

Service providers should know that dads want:

- Services to use inclusive language to promote and facilitate baby/parenting classes which are not just spaces for 'mums'.
- Spaces for Dads to meet other Dads
- Co-produced activities with Dads- not just based on masculine stereotypes.
- Mentoring/befriending for new Dads.

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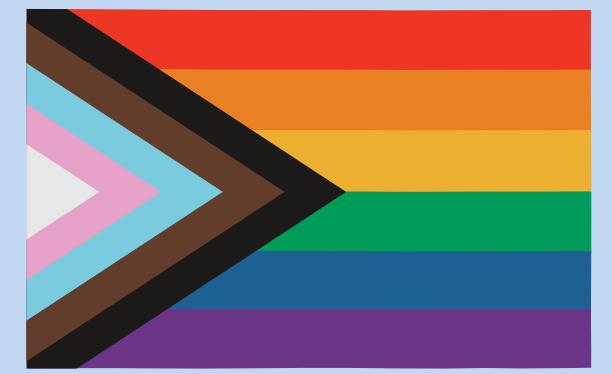
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LGBTQ+ parents experiences of perinatal loneliness and what needs to change



Existential loneliness

- Not seeing other families like theirs in media and advertising.
- Systems, services and forms making assumptions about family makeup.
- Feeling excluded, different or alone because of their fertility/conception/adoption experiences. Often asked inappropriate questions about “how”.
- Having to ‘out’ themselves every day to explain their family.

Social loneliness

- Feeling excluded from LGBTQ+ Spaces which may not welcome children.
- Having fewer options for baby groups because they may feel unwelcome in some spaces.

Socio-cultural changes needed:

- End homophobia, transphobia and discrimination.
- Represent LGBTQ+ families in books, media and advertising.
- Promote positive messages about LGBTQ+ people becoming parents.
- Challenge the heteronormative culture where assumptions are made about gender and family make-up.

Services changes needed:

- LGBTQ+ parents need their own specific support services. End the postcode lottery where some have access and some don't.
- Staff need training in the issues facing LGBTQ+ parents.
- Services and forms should use inclusive language.
- Equal access to fertility services.
- Support for LGBTQ+ trauma.

Emotional loneliness

- Worries that services and professionals won't understand LGBTQ+ issues.
- Non-birthing parents made to feel invisible, or are not included or supported.
- No LGBTQ+ parents support in their area.
- Trauma surrounding becoming an LGBTQ+ parent.

Homophobia and transphobia

- Not feeling safe in public spaces.
- Feeling pressure to be the perfect parent so others do not judge their community.
- Not knowing whether they are welcome in parent groups.
- Racism and sexism also compound this.

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For more information: perinatal-loneliness.com

Limitations of this research

The participants in the research were recruited from two northern cities. Consequently, their experiences may not be representative of other communities, including rural and coastal communities. This limitation was overcome to some extent because the findings were also informed by published research, and were developed with participants from advisory groups who were based all over England.

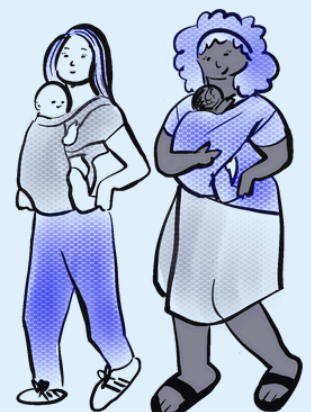
Diversity was front and centre of this research project and I aimed to engage participants to represent the broad range of experiences of parents in England. However, this was also a short research project and it was not feasible to spend the time necessary to work with as many seldom-heard communities as I would have liked to. Many of the participants in interviews were white and professional. This limitation was addressed to some extent by the focus groups because they recruited more diverse participants.

Future research priorities

The ideas and recommendations presented in this report are intended to be a starting point for future research. More research is needed to further explore the diverse experiences of different parents. This research recruited a wide range of parents, but it would be valuable to work with communities separately. This would increase engagement from seldom-heard communities to ensure their experiences are represented.

Parents, practitioners and researchers all felt that services and interventions for perinatal loneliness should be co-designed. This means that parents should be involved in making decisions about the support they receive and how it is delivered. Future research could co-design interventions with specific communities of parents.

Very few interventions and services to reduce perinatal loneliness have been evaluated. Future research could prioritise evaluating existing models of support in addition to testing new models.



Further reading

Adlington K, Vasquez C, Pearce E, Wilson CA, Nowland R, Taylor BL, et al. 'Just snap out of it' – the experience of loneliness in women with perinatal depression: a Meta-synthesis of qualitative studies. *BMC Psychiatry*. 2023;23(1):110.

Kent-Marvick J, Simonsen S, Pentecost R, Taylor E, McFarland MM. Loneliness in pregnant and postpartum people and parents of children aged 5 years or younger: a scoping review. *Syst Rev*. 2022;11(1):196.

Lee K, Vasileiou K, Barnett J. 'Lonely within the mother': An exploratory study of first-time mothers' experiences of loneliness. *Journal of Health Psychology*. 2017;24(10):1334-44.

Naughton-Doe R, Tierney S, Wittkowski A, Webber M. Interventions that aim to reduce loneliness in the perinatal period: a restricted scoping review protocol. *Figshare*. 2023.

Nowland R, Charles J, Thomson G. Loneliness in Pregnancy and Parenthood: Impacts, Outcomes, and Costs. *Yale J Biol Med*. 2024;97(1):93-8.

Nowland R, Thomson G, Cross L, Whittaker K, Gregory P, Charles JM, et al. Exploring blog narratives of parental loneliness: A thematic network analysis. *Current Research in Behavioral Sciences*. 2023;5:100137.

Nowland R, Thomson G, McNally L, Smith T, Whittaker K. Experiencing loneliness in parenthood: a scoping review. *Perspectives in Public Health*. 2021;141(4):214-25.

Taylor BL, Howard LM, Jackson K, Johnson S, Mantovani N, Nath S, et al. Mums Alone: Exploring the Role of Isolation and Loneliness in the Narratives of Women Diagnosed with Perinatal Depression. *Journal of Clinical Medicine*. 2021;10(11):2271.

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