Supplementary file 1

Pregnant Women's Experiences of Social Isolation and Diminished Social Support During the COVID-19 Pandemic: A Qualitative Study

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Supplementary file 1: The six phases of reflexive thematic analysis as applied to this study

Phases of reflexive thematic analysis	Applied to this study
1. Familiarisation with the data	All interviews were audio-recorded and transcribed verbatim by the research team within one week of completion. Field notes were taken during and immediately after each interview to capture contextual details and non-verbal cues. The first author maintained a reflexive journal following each interview to document personal assumptions, impressions, and potential sources of bias. The analytic process began with the familiarisation phase, during which all authors engaged in repeated and active reading of the transcripts alongside field notes and reflexive journal entries. This iterative immersion enabled a comprehensive understanding of participants' experiences and facilitated the identification of initial patterns related to social isolation and changes in social support during the COVID-19 pandemic. Initial analytic observations and sensitising concepts were recorded to inform subsequent coding.
2. Generating initial codes	Coding and data management were conducted using NVivo 12 qualitative data analysis software. The coding process was primarily semantic and inductive, with codes generated directly from the data without reliance on a pre-existing theoretical framework. For example, participants' statements

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	such as “not being able to meet anyone made me feel very lonely” were initially coded as perceived loneliness, while “I postponed my check-ups because I was afraid to go to the hospital” was coded as avoidance of healthcare. Coding proceeded iteratively and was refined through regular discussions within the research team. All initial codes and their definitions were reviewed to ensure consistency, coherence, and alignment with the data.
3. Searching for / identification of themes	Under the supervision of the first and second authors, the research team developed an initial thematic map of candidate themes. In the early stages of analysis, three main themes and nine sub-themes were identified, reflecting pregnant women’s experiences during the COVID-19 pandemic. The first theme captured concerns about physical health, including sub-themes related to media exposure, perceptions of the hospital environment, and access to healthcare. The second theme focused on perceptions of social support, encompassing partner support, support from family and friends, and online support. The third theme addressed coping strategies, including spirituality, engagement in hobbies, and the experience of feeling safe at home. The initial thematic map, along with theme definitions and illustrative quotes, was shared and discussed with the research team. Relationships between themes and sub-themes were examined alongside reflexive journal entries. Themes were subsequently refined to ensure conceptual clarity, internal coherence, and alignment with the dataset. In the final stage, themes were reorganised based on shared patterns of meaning. Each theme was redefined to reflect the multidimensional nature of social isolation, and sub-themes

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	were structured to support the conceptual integrity of the overarching themes.
4. Reviewing themes	Themes, sub-themes, and associated participant quotes were reviewed at two levels: first, to ensure internal coherence within each theme, and second, to assess the relationship between candidate themes and the entire dataset. This two-level review process ensured that themes were both internally consistent and analytically distinct. Following this review, the research team agreed on minor revisions to theme names and their sequencing to better reflect the analytic process and conceptual clarity. The revised thematic structure included: Theme 1: Concerns about physical health (Sub-themes: media exposure, hospital environment, access to healthcare) Theme 2: Perceptions of social support (Sub-themes: partner support, family and friends, online support) Theme 3: Coping strategies (Sub-themes: spirituality, hobbies, feeling safe at home) Overall, the themes were refined to achieve strong conceptual alignment with the data and analytical coherence.
5. Defining and naming themes	Under the supervision of the first and second authors, the research team refined the definitions of themes and sub-themes and selected representative participant quotes. Theme definitions were shared and discussed to ensure that each theme accurately captured the core meaning of the data. This

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	process strengthened conceptual boundaries and enhanced analytic rigor. The final themes were defined as follows: **Theme 1: Concerns about physical health** This theme reflects pregnant women's concerns related to infection risk, hospital environments, and access to healthcare during the pandemic. • *Media exposure:* The influence of pandemic-related media content on risk perception and anxiety. • *Hospital environment:* Perceptions of hospitals as potential sites of infection and their impact on healthcare utilisation. • *Access to healthcare:* Disruptions and limitations in accessing healthcare services. **Theme 2: Perceptions of social support** This theme captures how pregnant women perceived and experienced changes in social support during the pandemic. • *Partner support:* The nature and transformation of emotional and practical support provided by partners. • *Family and friends:* Reduction or alteration of support from broader social networks. • *Online support:* The role of digital communication as an alternative support mechanism. **Theme 3: Coping strategies** This theme reflects the strategies used by pregnant women to manage social isolation and uncertainty. • *Spirituality:* The role of faith, prayer, and meaning-making in psychological resilience.

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	• *Hobbies:* Engagement in activities to maintain emotional balance. • *Feeling safe at home:* The perception of home as a secure and protective environment.
6. Producing the report	Participant quotes relevant to each theme and sub-theme were reviewed collaboratively by the research team, and those best representing shared meanings were selected for inclusion in the manuscript. One to three illustrative quotes were used for each theme and sub-theme. The findings were presented using a descriptive–interpretive approach in two sections: results and discussion. In the results section, key patterns of meaning were illustrated with direct participant quotations, highlighting the multidimensional nature of social isolation and diminished social support during the COVID-19 pandemic. These themes and illustrative quotes are summarised in Table 2. In the discussion section, findings were interpreted in relation to existing literature to identify consistencies and divergences. Potential explanations were examined analytically, considering the interplay between health-related concerns, transformations in social support systems, and coping strategies. This approach enabled both theoretical and contextual interpretation of the findings.