Birthing Families Need Your Support.

A COLLECTION OF STORIES AND EXPERIENCES FROM ACROSS THE U.S.
Dear Friend,

As COVID-19 strains our healthcare infrastructure, pregnant women are facing severe isolation at a time where familial and community support is critical in birth outcomes. Moms and babies of color, particularly in Black and Indigenous families, are vulnerable to adverse birth outcomes due to generations of disinvestment in the health of communities of color.

**Now, more than ever, birthing families need support - regardless of immigration status.**

These stories highlight the extreme problems faced by birthing communities during this pandemic. You will read how families are:

- Experiencing food insecurity, housing insecurity, job loss and having problems accessing formula and diapers.
- Fearful of the possibility that mothers may be forced to give birth without a partner or the doulas they made birthing plans with.
- Lacking or experiencing limited access to pre and postnatal care.
- Afraid to seek services if they are immigrants, particularly if they are undocumented.

We call on administrators and legislators to remember birthing families in their COVID-19 planning. We call on decision makers to:

- Expand access to healthcare, to ensure that all birthing families have the care they need, regardless of immigration status.
- Ensure that women do not lose their health coverage too soon after giving birth by permanently extending pregnancy-related Medicaid to cover new moms for 1 year postpartum,
- Make safe, virtual care available to families for prenatal and postpartum health care, including mental health.
- Expand access to community-based doulas, peer childbirth educators, and lactation peer counselors to provide essential emotional and informational support to families during this time of crisis.
- Promote the guidance from the World Health Organization concerning mothers and infants, ensuring that mothers and infants remain together and practice skin-to-skin contact, kangaroo mother care and practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable or confirmed COVID-19.

Every baby is our baby, and we urge all leaders who will oversee stimulus funding spending to keep in mind the birthing families who are facing great hardship in these uncertain times

Sincerely,

Khadija Gurnah, Policy and Advocacy Director, and the HealthConnect One team
ALABAMA

**Ophelia**
**HUNTSVILLE, AL**

Covid-19 has put me between a rock and a hard place. As a mother of young children who now have to stay home and homeschool via virtual learning, this is hard. I did most of my postpartum and lactation care when they attended school, and now I don’t have the time to put into my clients. My husband's work place eventually closed its doors, and I was able to do more work as he attended to our kids. I was able to follow up with clients and set up consultations and then BOOM, Doulas and Lactation professionals were no longer considered essential. My clients felt saddened that their rights were now violated. I've stayed current with all the changing laws at each hospital, and it's truly a bunch of anxiety around continuing to offer online services. As a Doula and a Lactation Consultant, my work is offering that one on one support, as I am the person who will hold your hand. Clients are going into the hospital with knowledge on what to do but with that extra hand to give them the empowerment they need to execute. Unfortunately quite a few of my clients have had unnecessary medical practices pushed onto them. It's taken away their rights to choose the birth and labor they so badly desired.

It's been hard. Another thing is that I've heavily discounted services to accommodate my clients during this pandemic and for me it's hurt to not bring in an income. Right now I could use funding to be able to offer free services during this time. The amount of pressure that would take off of clients is HUGE, and even then I'd still be able to put food on my table.

Peace.

**Ophelia**

ARIZONA

**Bianca**
**PHOENIX, AZ**

The families that I support and work with have particular needs (and at a much higher level at the moment) as I work in a homeless shelter. More specifically, I work in the Data and Evaluation department. Our department is tracking COVID-19-related matters such as symptoms, presumptive and confirmed cases, and participant needs and barriers to take preventive measures. In general, families with babies and young children are in need of diapers, formula, and food. Families who are normally able to obtain WIC / SNAP-approved grocery items in stores now have limited options. We as an organization are communicating with our local and state health...
departments to seek additional guidance and assistance to help mitigate any COVID-19-related barriers experienced by our homeless families.

**Bianca**

**Kimberly**  
PHOENIX, AZ

I work at a hospital in Arizona and as a Lactation Consultant. The only Lactation Consultant on the floor. Our numbers are unusually low this time of year however as things started happening with the pandemic, I feel like breastfeeding was dismissed. Our lactation committee members were not included in any conversation about what the protocol was going to be for our moms and babies. I forwarded articles but the response I got was that they were trying to figure it out. As of now, they allow moms to pump but will not have them do skin to skin, or direct breast feeding until the test comes back negative. Fortunately we will know in 24 hours however if she is positive, then what next? Some of the frustrations here.

**Kimberly**

**Fatima**  
PHOENIX, AZ

Moms are stressed and dads are REALLY STRESSED! I just left a doula visit this evening where the father expressed his concerns about not being present for the birth of his daughter who is due in May. Sound strange...The mother had a previous c-section with their first baby and shared she wanted to have the best chance at attempting a natural birth this time. She stated the best chance for an optimal birth at this point is having a professional doula present.

Unfortunately, due to COVID-19 she has to choose between the father and the doula. At this point she has chosen the doula. This left dad feeling helpless to protect his family and angry at potentially being left out of the process and the Golden Hour after the birth of his daughter. He is also currently being faced with the challenge of not attending prenatal visits due to safety precautions for COVID-19. Mom stated her biggest fear was being cut open again without having the opportunity to even try a vaginal delivery. Dad stated his biggest fear was being left out. The resolve at the end of the visit was to speak with the OB and learn what ways dad can still participate in light of the quarantine. In this climate there is no guarantee that even doula support will be permitted. This is a challenging position to be in. My prayer is that she delivers after the quarantine is lifted, dad and myself, their doula, can be present to support and there is an optimal outcome for all.

**Fatima**

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4 MILLION WOMEN GIVE BIRTH EACH YEAR IN THE U.S.  
CHILDBIRTH RELATED CARE IS THE MOST COMMON REASON FOR HOSPITALIZATION IN THE U.S.
To-Wen
SAN DIEGO, CA

I’m a nursing mom of Chinese descent. The Chinese government recommends formula feeding and the Taiwanese CDC recommends immediate separation of mom and newborn in cases where the birthing parent is COVID-19 positive or under investigation for COVID-19 infections. As a result, many mothers in my community who rely on Chinese language materials from our home country have stopped breastfeeding, skin-to-skin contact with babies, or providing breast milk to be fed. I trust the current guidelines from the U.S. Centers for Disease Control and Prevention (CDC) as well as World Health Organization (WHO) and continue breastfeeding. When I talk to other Chinese/Taiwanese moms in my community, they often stare at me like I’m crazy. “You need to stop breastfeeding!” “That’s dangerous!” “You don’t even know if you’re sick!” “You can harm your baby!” I have to admit that these comments do make me anxious sometimes! Luckily, I have access to breastfeeding support that get me through this hard time.

To-Wen

TaNefar
OAKLAND, CA

I am a lactation Consultant and I am also pregnant with my 4th child. When COVID19 reached critical mass in the US I had concerns for myself as well as other pregnant and birthing women in my community. As shelter in place orders were given, I knew severity of the pandemic was no longer one that could be ignored. As I began to get groceries and cleaning items for my family, I noticed the empty shelves in the baby aisles where diapers, wipes and formula once stood. Then began the social media post and messages I would respond to about how will I feed my baby? Where can I get diapers or wipes? In the hospital i began to increase my message of breastfeeding as the first line of defense to protect your baby from viruses and germs. I addressed concerns about scarcity of formula and spoke to parents bout how to build and maintain an adequate milk supply. I sent emails to my hospital and MCH leadership with updates to pregnancy and breastfeeding during COVID19. I requested to be removed from direct patient contact and offered to set up virtual and telephone consults for our patients. This was denied, even with my pregnancy being a risk factor and despite the fact that other services were moving appointments to phone consults. So I did my own thing. I started a group called the Midnight Milk Club in January. It was meant to be a monthly late night virtual support group. I decided to offer it twice a week on Wednesday and Friday nights. The group has grown with pregannt and nursing mothers. Some have worries and concerns about birth during this time, need
breastfeeding education while others are interesting in relactating, increasing milk supply and decreasing formula supplements. It has been beautiful to provide and receive support. I was already planning a homebirth for myself and had established a relationship with a great midwife in my area, but now more women are looking into home birth as an option as well. I’ve been able to provided referrals and talk to them about home vs. hospital birth.

_Tenefar_

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**GEORGIA**

Tenesha

CONYERS, GA

As a healthcare worker both in and out of the hospital, these times have been the most emotional for me throughout my 14.5 years of my career. I work for a non profit organization that host a virtual baby cafe weekly and the mother’s that come to that vent each week about the additional stressors with this COVID-19 and maintaining not only their milk supplies and safe pregnancy but also their mental states. At the hospital as one of 2 NICU Lactation Specialist Technician there and being forefront on mothers and babies who are what they consider “PUI’s” (Person Under Investigation) it has been surreal and a rush of adrenaline of worries watching the nurses, neonatologist, respiratory therapist and all the techs who are involved. The lack of supplies to help to make sure the healthcare team can do their jobs safely has become frightening for not just them but every one that is within the hospital. At the same time there is also a lot of hope and perseverance that is being displayed. From the donations of home made N-95 mask from local seamstress to the ingenuity of the healthcare team of homemade protective face shields and methods of recycling certain materials. While these have been some truly unprecedented times that change not only daily but what seems like hourly within a day. Now, we have shown that we can be humane, we can come together, we can save lives and that breast milk is REALLY gold. I am prayerful, hopeful and thankful each day that another family has a safe and COVID-19 Free pregnancy, delivery and breastfeeding experience all while keeping their mental sanity and everyday life safe.

_Tenesha_

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**FLORIDA**

Lanieyah

MIAMI, FL

I’m a mother of 4 small children under 5. I am a doula based in Miami. I have been a doula since 2016. Due to the corona virus my family has been without work since March 9 and it is become impossible for us to make our rent. Our landlord is asking we pay $1,275 in order to not be evicted.

_Lanieyah_
Shaquan  
CHICAGO, IL

Peace,

I am a Black woman, birthworker, and also second time mommy to be. Prior to corona I was going back and forth between having a homebirth or hospital birth; quite naturally I desired a homebirth however there were a few things standing in the way of that. For starters I am insured through the state, while the state covers some parts of homebirth there is still an additional out of pocket fee. Aside from that there are NO midwives of color who support families in the Chicagoland area as of now. It is very important to me that as a Black woman I am not partaking in one of the most sacred moments of my life surrounded by a group of white folks.

With COVID-19 hospitals are understandably very cautious about who they allow into the hospital setting; however, the sheer thought of entering the medical setting with only my partner, maybe or maybe not my desired midwife, and putting myself and my baby at risk just by simply being there is constantly on my mind. Homebirth is still not an option as the same barriers as before still exist along with most of them being booked for the next several months. All of this is putting me in a very unique position for how I plan to move forward with my birth plan. I do my best to not stress about things as I have a few more months to line things up; however, I also am not in the position to be able to make last minute financial decisions. For now I’ll just do a huge WOO-SAHT and trust that everything is working out in my favor.

Shaquan

Cassie  
CHICAGO, IL

I’m a mother to a new infant (3 months) and I am struggling. I appreciate the COVID call-line, but it is difficult to access resources when newborns aren’t supposed to be out. I live with a frontline worker, and there is no option other than for me to go and get groceries and other household items very late at night without the children, or to order groceries online (which isn’t accessible for a lot of people). I’m also a birth doula and just attended a birth at one of the hospitals still allowing doulas. It seems that many hospitals are still considering separating moms and babies after birth; not allowing doulas; and in some cases not allowing partners in labor and C-section. I would love a task force similar to NYC for birthing families.

Cassie
S. CHICAGO, IL

Being a working parent during COVID19 is difficult. Though I’m working from home, it is difficult to balance the needs of my school aged children, as well as the needs of the organization that I am Executive Director of. The organization is small, and so I worry about our sustainability and funding during and after the crisis. I worry about if my children will be behind academically because of this. We live in a small apartment and my lease is going to be up during the summer, I was planning to move. I am worried about how COVID-19 will impact our ability to move. I am also a doula, and am not able to take births during this time, which impacts my finances. My doula resources were allowing me to catch up on debt from a harder time in my life. Not having that supplemental income is problematic, because my co-parent is also not working during COVID-19 and he’s not been able to assist me financially with the children.

S.

Maria MERRIVILLE, IN

Hello, I’m experiencing anxiety as a mother to a child who has a MS, my husband has cancer, and my two teenagers are being schooled through online classes. I’m currently working, it’s a blessing to be near my children, but my husband continues to go out to work it scares me each day. The resources that I need aren’t available to us unless its a dire need. I call most social service offices, leave a voicemail, and just wait for a response.

The mothers I talk to also are left confused on what to do not enough information. The news is all we have to go by, but the medical offices are limiting access to care and doing telehealth. The questions I have heard from other mothers are: what if my baby isn’t ok, what if I need WIC, my baby looks sick, and lastly one undocumented mom is isolated in a room in her apartment, with her kids crying for her and she is in need of food and help with online schooling. I reached out to organizations to assist her. Luckily there are good people out there she was given assistance, some had to go out after work hours just to assist. The issues we are having are policies of the organizations that don’t allow staff to do what is needed for people in need.

Maria

Jacqueline MARIGOLD, MS

As a Lactation professional, one of the things my families is having a hard time with is the lack of hands-on help from us. Some moms prefer you to be there with them when they deliver to help them on their breastfeeding journey.
Some moms have stated they miss being able to come in to the Baby Cafe for support, information and just gathering with others. All moms just can’t get certain things over the phone they want to know they are doing it correctly. It is hard when you know your families need you and you can’t be there.

I have set up a Zoom channel where I can have access to my families. But even in utilizing these platforms it cost because the free avenues are on for a certain time limit and we know when it comes to supporting a mom we don’t watch the clock. Sometimes this becomes a problem because just because we set up Zoom channels again all families don’t have access to these services. Most don’t have phones capable of utilizing the services or don’t have data plans that will allow them to use the Zoom channels or other video media outlets. Utilizing FaceTime and all other video media outlets are important to me to make sure I am able to meet my families at their point of needs. We need avenues that are accessible during this time and avenues that don’t restrict us Lactation professionals. Even if those avenues are virtual we need to be able to have full access that will help our families.

Jacqueline

Lorena

Families I work with are in fear due to the COVID-19 pandemic. They fear leaving their homes to attend their prenatal visits, they are also worried for their nutritional intake. Many have lost their jobs, money, food and personal hygiene items are scarce. They aren’t sure about public benefits, although we continue to remind them that applying for WIC will not affect them - rumors about the public charge rule make them hesitant to apply. Many are afraid to get tested, due to language barriers and guidance and now they will be birthing alone and are fearful.

Lorena

Kaylyn

INDIANOLA, MS

As a breastfeeding mom with the spread of the Coronavirus, it has made us a little fearful. I miss the social gatherings at the local Baby Cafe. Being able to go out and be around other breastfeeding moms made me more comfortable breastfeeding my baby. Even at home, my family is not that supportive, and at the Baby Cafe, the staff made us feel welcomed and gave us the support we needed to nurse our babies long as we wanted. During this Coronavirus it feels like it left us without physical support. As a mother with a family, we still need support.

Kaylyn
$98 BILLION IS SPENT IN THE U.S. EACH YEAR ON HOSPITAL BILLS RELATED TO CHILDBIRTH. THE AVERAGE HEALTH CARE PROVIDER FEES FOR MATERNAL CARE ARE TWICE AS HIGH AS ANY OTHER COUNTRY.

NEW JERSEY

Teresita
FLORENCE, NJ

I represent AMAR Community-Based Doula Program, and we serve the Hispanic community in Trenton, New Jersey. At the beginning of this critical period, the hospital where most of our clients give birth was allowing two support people in the birth room. We were so hopeful that it would continue to be this way. We have been supporting families in this hospital for 5 years now and I’ve never felt like a visitor in the birth room. I am always part of a team that support a person giving birth and a new family.

When this hospital changed their policy to one support person, no visitors in the birth room, our team felt frustrated and disappointed. For hospitals, doulas are just visitors in the birth room and that is so unfair and sad for us. We are aware of the national crisis our hospitals are facing. But our clients need our support and our presence during labor and birth. Our community-based doulas have established a trusting relationship with the families they serve and they are now faced with the reality that their doulas won’t be able to be by their side in a moment when they need them the most. Our clients are sad and nervous. They will feel alone in a scary environment, because of the pandemic crisis and because of their limitations with the language. We, as a team, are doing our best making our clients feel supported without being there physically. We need to be creative in this moment and use any platform we can to make ourselves present.

We hope this one support person policy changes soon because birthing people deserve to have their doulas by their side in the birth room. Always.

Teresita

Chelsea
BATESVILLE, MS

As a Lactation Consultant and Doula, quite a few of my families are having c-sections after otherwise healthy pregnancies. They are sad, disappointed and upset because it seems like they are pushed into having c-section. They are also reporting that their babies are being taken to the nursery for extended periods of time and given bottles against their wishes. Breastfeeding support is minimal or nonexistent.

Chelsea
Gabrielle
DIXON, NM

I am a full spectrum doula in Rio Arriba County, I support pregnant people and their families through the pregnancy and into the postpartum period. One family that I have been working with for many months was recently told that they are only allowed to have one support person in the hospital. They are from out of the country and have no family here. They wrote a letter to the hospital requesting the presence of their doula whom they have worked with extensively and whom they trust. During this pandemic it is more important than ever for families to have the support that they need to birth in a positive empowering way. After many conversations the hospital made an exception for this family and allowed me to attend the birth. Giving birth is an incredibly deep sensitive vulnerable time and in the midst of so much uncertainty people are experiencing high levels of anxiety and stress. I was able to attend this birth where I rubbed her hips and breathed with her, she felt safe and brought her baby powerfully into this changing world.

It has been difficult being on call. I am home with three children of my own, all struggling with the changes and all the emotions and collective stress around, I feel as though I am living in two different worlds that ask very different things of me: On one hand I am fully home and available for my kids trying to be present and calm while juggling all of my own feelings and on the other hand I am asked to hold it together and be a support for people for vulnerable that I am, going through some big life changes. At any moment I could be called away and asked to be fully on for this other family. I am grateful to spend time with my family and I am grateful to have been able to attend this birth in the midst of all of this. Because of this pandemic, I am unable to be out meeting new families and holding their hands through their pregnancies. I am unable to go into their homes and support them as I usually do. I am learning to navigate the virtual doula realm.

Gabrielle

Steph
ESPAÑOLA, NM

So far, as a coordinator of a Community Doula program, and active member of the NM Doula Association, we are seeing Doulas being restricted from hospital Labor and Delivery floors, even in areas that are not considered “hot spots”. Most of our Doulas are willing to attend births (both in hospitals and home births), while only a few have declined. We have purchased hand-sewn masks for each Doula as a gift and support. We have seen one client from our program successfully advocate for her Doula to attend the hospital delivery, even as the hospital had a “1 visitor” policy posted. They achieved a smooth, vaginal birth (no epidural) even through an induction. Before her 38th week, she and her husband wrote a letter, detailing their special circumstances, and sent it to both hospital administrators, and her providers. The client agreed to let our other doulas read the letter (removed her name and identifying info), to assist future clients in advocating for themselves. Today, I learned that our local (rural) hospital will require laboring patients to get a COVID test, and get the results back, before being admitted to the Labor and Delivery floor. If the they don’t have the results back in time, the patient may have to deliver in the hallway. (this is not straight from the hospital, but community grapevine information). This is the first I have heard of such a policy. The test has to be administered within 24 hours of the client being admitted in labor and delivery. Additionally, our program has created an...
“Adjusted Services Agreement Form” to support clients and doulas to have open and detailed conversations about safety and social distancing, if they choose to provide in person labor support. Other than this, we are requiring all prenatal and postpartum visits to occur virtually. The NM Doula Association is working on an advocacy letter/stance, to be released to state officials, hospital administrators, etc. We hope to revise the letter, for use by families, to support personal advocacy efforts. What do we need? I found Hakima’s (Uzazi Village) advocacy letter posted to Facebook, to be a useful framework, to wrap my head around things we wanted to say, locally. She mentions that a “2 person visitor policy” can still be protective, as a limit to the number of people who are allowed in Labor and Delivery. I appreciated this thinking, and have shared it in our own networking. I think we need champions within the hospitals to promote the idea that Doulas are not visitors. I also feel that our referrals are lower from the OBs at this time. This is a question mark for me, wondering if they are just overwhelmed, or if they figure that Doulas have become irrelevant at this time. I would like to see a national campaign that reaches Labor and Delivery nurses and OBs, uplifting the status of a Doula to someone who is truly important to the care of laboring patients during COVID (on a case and region basis -- not all Doulas will feel this way, but here, we are interested in being let back in!!).

Steph

Marisol
AIBONITO, PR
Two women have told me that their obstetrician closed the office and they have not received prenatal care. Both are patients of the same doctor, one of them is 30 weeks pregnant and the other is 38 weeks pregnant. Another common story is that they can only have one companion. So they are obliged to choose between their relative or their doula. However, many times, the partner does not have the skills to help the laboring woman but wants to see his/her baby born. Therefore, to avoid this situation, the hospital should count the doula as part of the medical team that assists the laboring women, even though the tasks of the doula are not clinical. The doula can provide more than ever the physical and emotional support so needed in these days due to the health and economic crisis that we are facing. Another complaint is the lack of breastfeeding support in the hospital where visits are not allowed, and the hospital does not have a certified lactation consultant to help with lactation.

Marisol

Yamellies
CANOVANAS, PR
In these moments of crisis, obstetricians are creating anxiety for clients, because they want to finish the pregnancy at 39 ½ weeks or exactly at 40 weeks. It is a problem with which I have been struggling with - women are pressured to ensure that pregnancies do not exceed 40 weeks at any cost. They have also limited the accompaniment at birth to one person, and there are even women who have to give birth without having a birth companion.

Yamellies
Bárbara FAJARDO, PR

Families are fearful of hospital delivery and the restrictive measures taken to face the COVID-19 pandemic. I am a doula and a perinatal educator and am currently pregnant as well. Pregnant families need more information so that they know how to handle the situation and the arrival of a new member of the family during the COVID-19 pandemic.

Bárbara

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33% OF US BIRTHS ARE BY CESAREAN SECTION.
The cesarean rate has risen for 13 consecutive years to reach this all-time high in 2009.
The cesarean rate is now more than double the WHO recommended range of 5-15%.

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Yadilis SAINT JUST, PR

I have heard from pregnant women that their obstetricians do not allow them to decide how their childbirth will be like and that they do not consider that the family is not infected with the virus and has not been exposed. In the same way, I have heard that as a prevention measure, they tell these mothers not to breastfeed. They have also been told that they will have to be alone during childbirth. As a nurse and Doula, I understand the situation our country is facing but I also understand the position of pregnant women and their families. I believe that if everybody follows universal hygiene precautions, a woman does not have to be alone in her laboring process. Women have the right to have a respected birth and to breastfeed their babies precisely because the benefits of breast milk and the skin-to-skin contact are well known, especially in situations like these. One must take into account the following important points: 1. There is the possibility that the breast pump is not adequately disinfected and that could harm the baby. 2. The family member who feeds the expressed milk to the baby could be a carrier of the virus and contaminate it. In these moments is when families and pregnant women should educate themselves more since they are going through moments of anxiety, helplessness, fear. Families need to be listened to, educated, and respected. Doulas are also part of the hospital’s multidisciplinary team and must follow precautionary measures. Besides, an educated and accompanied mother means that the delivery could take less time, a healthy and good breastfeeding start, a lower rate of cesarean sections, fewer complications, and shorter hospital stay. By separating a baby from mom and taking it to the nursery, they are exposing it to any person contaminated with the virus. There could be another baby that could have the virus, and when crying, it will expel saliva to the air, infecting other babies. We must continue educating since we are an essential part of the processes of pregnancy, childbirth, and postpartum of a woman.

Yadilis
Marilí
SAINT JUST, PR

The pregnant mothers who are my clients are afraid to get to the hospital and to be alone during their labor process. Others fear being separated from their babies and failing to breastfeed successfully. Others do not want to go to the hospital and, therefore, try to give birth at home for fear of contagion. They fear to have a cesarean section because they do not want to stay in hospitals. Others were unable to take their childbirth preparation classes because the classes were face-to-face. I am a doula and a perinatal educator, so I am giving online childbirth classes, continuous support by video calls, videos, and sharing educational literature.

Marilí

Damarys Crespo
SAN JUAN, PR

Only one of the pregnant women I know has been able to have skin-to-skin contact with her baby and breastfeed the baby. She gave birth in the only baby-friendly hospital we have in Puerto Rico. She was not COVID-19 positive. As far as I know, all women giving birth in that hospital who are not COVID-19 positive are having similar experiences. However, in other hospitals laboring women are left alone with only one companion and as soon as they give birth, the hospital staff takes her baby away in quarantine in the nursery. They cannot have contact with their babies. The medical task force says that mothers should express their milk and that a non-infected caregiver should bottle-feed the babies. Obviously they do not know how the breastfeeding process works. Pregnant women and their partners are afraid and are considering delivering their babies at home. However, that possibility brings its own restrictions because there are not enough midwives to attend them and choosing to give birth at home under these circumstances is the result of despair not of a birth plan. Therefore, midwives would probably be reluctant to accept them because they do not know their health status. I am providing support via Zoom meetings and phone calls to breastfeeding women. I am also collaborating with other doulas and educators from the Una doula para cada Familia program providing support to pregnant families also via Zoom. However, we encounter connection issues because in these quarantine days people are using the Internet much more than ever.

There is a lot of anxiety, frustration, and fear. That is why I am applying several techniques that I have learned in a certification I made with the Center for Mind-Body Medicine and we are planning to provide online mind-body skills groups with other trainees. As I am filling this form, a pediatrician at one of the hospitals where I work as doula died this morning. So, we can expect even more restrictions.

Damarys Crespo
Yireh
SAN LORENZO, PR

The situation is becoming difficult for pregnant women since the hospital only allows one companion in the labor room if they are lucky. If a pregnant woman has any symptoms (even when she has a negative COVID-19 test or, if there are no test results yet), the hospital protocol is to separate the mother from her baby, and the mother has to pump her milk. All this is without mentioning the increase in the rate of cesarean sections and scheduled inductions “so as not to take risks.” It is a very desperate situation for pregnant women, and has a significant impact on breastfeeding since many cannot pump the colostrum, not even with a breast pump machine.

Yireh

Elva
BROWNSVILLE, TX

Families are fearful because some do not have resources such as social assistance. They live off what they get from work on a daily basis, and with that, they survive. At this time, they cannot go out for fear of becoming infected with the coronavirus. The uncertainty grows that the government closes the international bridges, and there is no more passage from either side.

Elva

They think that the point will come when they are not able to survive by not having the means to continue paying rent, water, electricity, and food. This situation is going to turn into tremendous chaos since we are at a crossroads: not being able to go out and not being able to survive, since they cannot generate income even to buy food.

Elva

Nikia
FORT WORTH, TX

Hospital policies of only one companion brought my client to an anxiety level that is not healthy for a gestating mother. She feels angry having to choose between the company of her husband or her doula services which are already halfway paid for. She is also super scared of getting the virus at work (she is an essential worker) because she knows that if she gets a positive diagnostic she will be separated from her baby. She is very well aware that hospitals are not exactly following CDC procedures to guarantee breastfeeding. As doulas we are focusing on helping labor sit for as long as possible and to assist in post partum as soon as possible but not being able to support and work with our clients at the birthing moment is making the expectant mothers feel scared and anxious. Also media coverage has shown a pattern in terms that COVID positive mothers get a C-section.

Nikia
Birthing Families Need Your Support

HealthConnectOne
Every Baby Our Baby

For more information, you can reach us at:
kgurnah@healthconnectone.org | www.healthconnectone.org