Birth Advocacy in the Time of COVID-19

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Who am I to speak about this?

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Licensed Massage Therapist Craniosacral Therapist Birth Doula Fertility Doula Independent childbirth educator

- 30 years of experience working with expecting families
- President, Doula Cooperative of Rochester
- Rochester Area Birth Network Steering Committee
- Sexual and Reproductive Justice Task Force member

Centering birth in the time of a Pandemic

- What happens when hospitals are full?
- Not enough homebirth midwives
- No birth centers in Rochester
- Just two birth centers in Buffalo
- Protocols allow fewer (or no) birth support for laboring mother
- What happens if mom or partner are COVID-19 positive?
- Black birthing people are more likely to be risked out of "safer" alternatives
- What is postpartum like when we are all sheltering in place?



- Birthing people are conditioned to believe hospital is the safest birth place
- Birthing people are afraid to birth out of hospital
- Birthing people are afraid to birth where COVID-19 patients are being treated
- Birthing people are afraid to birth alone, partners are ill-equipped to be sole support
- Solutions favor low risk birthing persons
- How do we community support to new parents while practicing social distancing?

How did we get to current state?

- Italy and Iran crises stories off laboring women turned away from full hospitals
- How do we prepare for full hospitals?
- Some areas have designated a COVID-19 only hospital



Competition between medical corporations (local example: Rochester Regional Health and the University of Rochester Medical Center hospitals)

- Screening protocols including temperature checks when arriving at hospital were supposed to start two weeks before a labor partner was allowed in with a temperature and symptoms
- Governor Cuomo and the New York State Department of Health have restated the birthing erson's human right to have a birth partner present
- We need to have compassion for partners who may not be allowed at their child's birth

The Preferred Solution

A dedicated space for birthing families to keep them from places with more COVID-19 cases

- Screen families as they arrive
- Provide full array of birth services (not just low-risk)
- Separated part of hospital/separate building on campus/ field hospital
- Would require cooperation of multiple health care systems

OR

Separate hospital for COVID-19 cases

- Would require cooperation of multiple health care system
- Conversations with health officials have been fruitless





Homebirth/Birth Center

- Not enough birth centers
- Not enough homebirth midwives
- Meant for low risk
- Often expensive
- Not really meant for last minute switches based on fear



Birthing Unattended "Free birthing"

- Facebook chatter "I'll just do it at home alone"
- Places pressure on doulas -"My doula will keep me safe" FALSE
- Less worry about separated from partner
- More support at home
- Not as costly for some
- May result in needless tragic outcomes without exquisite preparation
- What would you do if you got a call that a mama needed your help at a birth?



Preparing for hospital birth during COVID-19 pandemic

- Urge your clients to stay as healthy and low risk as possible given the stress constraints of the time
- Urge your clients to have frank conversations with their birth partner:
 - Does their job require them to be exposed to a large number of people?
 - Is it possible to stay isolated for 14 days prior to due date
 - Can they arrange for a couple of back up support people to be available if the primary support person cannot be there because of COVID-19 screening or any other reason?
- Does the birth partner understand that they will be confined to the labor room and unable to leave until after the baby is born?
 - Child and pet care arrangements? Food?
- The birth partner may need to leave shortly after baby is born



What is a virtual Doula?

- Provides support through phone/iPad/tablet
- Can support birthing person's chosen birth partner



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Postpartum

- Community support in the fourth trimester
 - Infant feeding, suck/swallow/breathe challenges
 - Infant sleep (or lack of infant sleep)
 - Monitoring of the birthing person for postpartum complications
 - ▶ More common in black mothers
 - Increased frequency of PPA/PPD in isolated new parents



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How can we create well-regulated nervous systems (perceived safety) during a pandemic?

- Physiologic birth
- Pre- and perinatal psychology

How will the babies born at this time hold their birth experience? How will their parents remember this?