Sample letter asking for help establishing a separate place for birthing women during the COVID-19 crisis

Dear

I ask for your help with our birthing population. We need a disaster-mandated dedicated birth place in Rochester for low risk birthing people. This need is because of the challenging conditions occurring all over the world due to the COVID-19 virus. I have been working with expectant families in Rochester for 30 years. I participate in the conversations on local Facebook pages where parents talk about their needs and concerns. This is what I am hearing: "I am looking for alternatives to a hospital birth. This is my first baby and I can't imagine being in labor without my husband. I will do it at home alone if I have to."

The World Health Organization considers it a basic right for birthing people (regardless of COVID-19 status) to be accompanied by the birth partner. Rochester's very few homebirth midwives are already full to capacity. Rochester has no birth centers. If our hospitals bar birth partners due to this crisis, then most families will face an unnecessary choice: birth without a loved one or birth without medical assistance. This is a false choice. Low risk mothers do not require medical care and do not need to be in a hospital. A dedicated birth place would be a safe environment where laboring people can be monitored and cared for by hospital midwives and obstetricians without taking up precious medical resources. If the Jacob Javits Convention Center in New York City can become a hospital in days, then surely we can convert clinic space or college dorms here to create a dedicated birth place.

Pre- and perinatal health experts agree that the birthing person's sense of safety has a direct effect on the biochemistry of labor. A woman laboring alone requires much more support from an already taxed nursing staff. A stressed laboring person requires more pain medication and interventions. Removing emotional support places more burden on the medical providers. Pregnant people and their birth partners should be fully informed of the risks of being in a birth environment and given the opportunity to make an informed choice for themselves.

This is a social justice issue. Birthing people of color already face disparities in maternal and infant mortality. The stress of the pandemic combined with facing the hospital without a partner will put another layer on the weathering that black mothers in particular

endure. Having a loved one with them is proven to have better outcomes.

I think we can all agree that during these difficult times we need to save medical care for those who need it, and that includes birthing women who encounter difficulties in labor. However, a significant number of all birthing women do not need valuable hospital beds, and their births will have better outcomes if their partners are allowed to be there. Perhaps communities across the state will consider creating their own disaster-mandated birth places to take the burden off their local hospitals.

I am available at your convenience for a conversation on why or how to make this happen before the wave hits us. I am compiling a source document of policies and research at http://www.spiritorganic.net/community-project.html. Thank you for your consideration.

Respectfully,

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