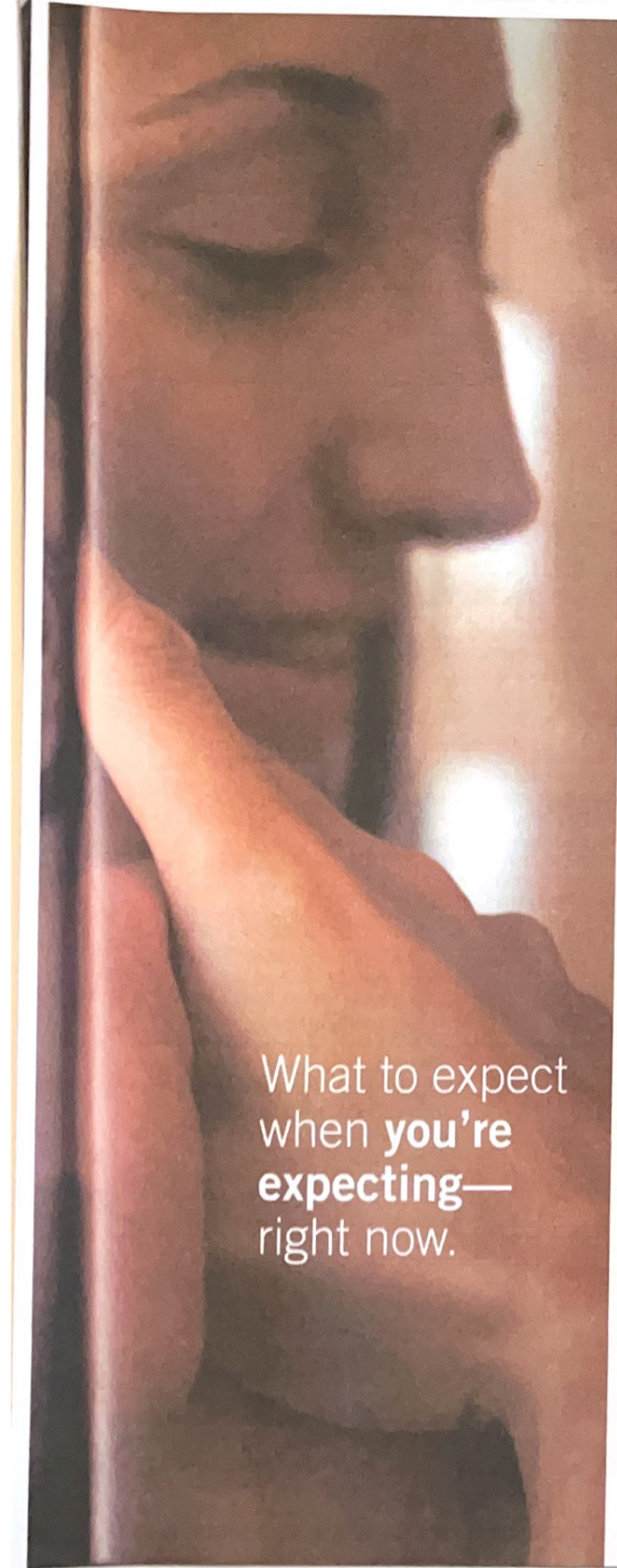
A close-up photograph of a newborn baby being held by a woman. The baby is looking towards the camera with a curious expression. The woman's face is partially visible in the background, looking down at the baby. The lighting is soft and warm, highlighting the baby's skin and the texture of the woman's hair. The title 'Special Delivery' is overlaid in a large, white, serif font across the middle of the image.

Alexis Toney, M.D., and her newborn,
Miles Carter Toney

Special Delivery

by Thea Marie Rood



What to expect
when **you're**
expecting—
right now.

Anyone who's gone through childbirth—as the active participant or as the supportive partner—can attest that meeting your son or daughter for the first time is one of the happiest moments of your life. But the time leading up to it is also filled with anxiety-provoking unknowns. Will the baby be healthy? What will labor be like? Who will look after our 3-year-old while we're at the hospital? How will we manage when we come home?

So to pile on the biggest pandemic in a century may seem like a cruel joke for expectant parents. And in fact, COVID-19 is generating a whole new set of questions and concerns. It's pushing long-held traditions—baby showers, visits to see the new baby, meal trains—to occur in a whole new way. Hospitals are charged with protocols that screen for symptoms and limit who can be on-site. There are frantic searches for newborn-size diapers. You join moms' groups via Zoom and watch breastfeeding tutorials on YouTube. Your mother-in-law, who planned to help out, is restricted by stay-at-home orders or because she is part of a high-risk age group.

How are people coping with this, we wondered. How is it impacting the birth experience? What is coming home like? Are there new challenges postpartum? We reached out to two local obstetricians for answers, and to two new mothers who generously shared their stories.

Safety First

"This is a scary time for everybody," says Freshta Kakar, D.O., an OB-GYN physician who has an office in El Dorado Hills and delivers babies at Mercy Hospital of Folsom. "But for an expectant mother and her family, there are a lot of uncertainties."

First and foremost is safety—and all area clinics and hospitals are making every effort to assure women they are safe coming for appointments and checking into labor and delivery.

"We're doing more video visits for (clinic) patients, so the waiting rooms are less crowded," says Debra Wright, M.D., medical director of maternity services for UC Davis. "And everyone entering the hospital is screened for symptoms. Doctors and visitors are questioned, and their temperature is taken. Every OB patient is given a COVID test."

There are also protocols in place at all hospitals if a pregnant woman tests positive for the virus. But there is some good news on that front. For one thing, COVID-19 is not showing itself to have serious effects on pregnant women or their babies. Influenza poses a greater risk, experts say. "And fortunately, we have not had a single OB patient come back positive with COVID, even people who had (suspicious) symptoms," says Wright. "We're getting up to 200 patients now, so that's pretty reassuring."

Finally, visitors are limited to just one, both in terms of being with a woman during labor and delivery and after the baby is born. "And you can't trade off," says Wright. But there is good news here as well: Unlike back east, where hospitals were overrun by COVID-19 patients and women in labor were forced to come in alone, our region has never had to go to that extreme. "Absolutely women can have someone with them—one support person," says Kakar. "Just not multiple people like in the past."

Worried Just the Same

Even with assurances in place, however, pregnant women are . . . pregnant women. And especially for mothers who gave birth at the start of the stay-at-home order, when things were changing by the hour, it was an unsettling time.





Alexis Toney, M.D., comforts her newborn, Miles Darin, Toney

"I was really anxious about whether or not my husband could be with me—I had been reading that in New York they eliminated birth partners and I was worried that would come down here," says Alexis Toney, M.D., a pediatric hospitalist at UC Davis. "Also, there was stress beforehand because if a mother tests positive for COVID, her baby can be taken from her, and I was still working with patients. I was afraid I would develop a fever or test positive and have to be separated."

Toney also says she was concerned about circumcision for her newborn son. "My first son was circumcised, so I wanted my second son to be," she says. "But circumcision is an elective procedure, and I wasn't sure it could happen."

Finally, Toney's biggest worry was who would watch her 2-year-old, James. "I didn't want to ask some older relative to watch him, but we don't have a lot of options (beyond our parents)," she says. "I was worried we wouldn't have help while I was at the hospital or when we came home. The rules kept changing."

Meanwhile, Emily Rolfe, also an essential worker (an office administrator for an in-home caregiver system), had an anxiety-ridden pregnancy. She had a pulmonary embolism and was on blood

thinners, which made her a high-risk obstetrics patient, but the lung issues also made her high risk for complications if she contracted COVID-19. "I did a lot of research (on COVID and pregnancy) and couldn't find much," she recalls. "I was looking for tragedies and worried they were downplaying it."

But one thing she felt would help, since she lives in Shingle Springs, was to stay in El Dorado County with its extremely low numbers of COVID-19 cases and zero deaths. "I really wanted to deliver at Marshall Hospital (in Placerville), but because I was high risk, I had to go to Sac," she says. "I was fearful of being in the same hospital as COVID patients."

Thankfully, both women's major fears failed to materialize. Toney tested negative for COVID-19, and her husband was by her side when Miles was born. Her mother-in-law, who lives near their home in Vacaville, was able to help. "The process of giving birth was also great," Toney says. "The doctors and nurses made it clear this was an important and meaningful event in our lives."

It was the same for Rolfe: Her partner, Matt Fleeman, was with her, and she had a safe, uneventful labor and delivery of baby Mathias. In fact, she ended up

befriending the Sutter nurses and saw it as important social interaction after a mostly homebound pregnancy. "I'd been quarantined because I was high risk (for COVID-19) with the pulmonary embolism, so I had to start working from home early on," she says. "I was happy to go to the hospital—finally some human contact! I was so emotional the whole time and the staff went above and beyond."

But both women still faced challenges, many of which called on their own internal resiliency.

Going It Alone

For Toney and Rolfe, a sense of isolation materialized the minute their new sons were born. "The fact we couldn't have visitors (was hard)," says Toney. "My first delivery, everyone came to the hospital. This time, no one came to the hospital or to our home. It was a whole different experience not to be able to show the baby off."

Rolfe had the same feeling. "What really bothered me was not having my other kiddos come to see their new brother," she says. "The fact we couldn't have visitors was very eerie."

For Toney, the solitude grew worse when her baby had to be readmitted to the hospital—twice. "Only one parent can go with the baby," she says, and because she was breastfeeding and a pediatrician, she went. "But I wasn't able to talk to my husband, I was sitting alone in the ER, I had no help carrying the bags. And I was just a few days postpartum. I was all alone with no support."

"I was fearful of being in the same hospital as COVID patients," says Emily Rolfe.



Emily Rolfe cradles her baby, Matthias Joe Fleeman

After her first child was born, Toney was also able to have in-person breastfeeding advice, but not this time. "There were lactation groups and lactation consultants then," she says. "But all of that doesn't exist right now. When I was first discharged, I would have loved to see a consultant once or twice."

There were also supply issues. "We had a small pack of newborn diapers from the hospital, and I got some on Amazon," Toney says. "It was a huge markup, but I paid it anyway. There also was a problem getting sanitary pads. My husband found some, but was only allowed one pack. He said, 'My wife just had a baby. She's going to need more than this.'"

She had luckily bought some things beforehand—like baby wipes—but is questioning the hoarding that led to limitations on other newborn and postpartum essentials. "A baby can only wear newborn diapers for a short time—and

Rolfe's fitness group threw her a Zoom baby shower.

what are you going to do with a million sanitary pads?" she says with a laugh.

But perhaps the hardest issue for both mothers, once they were home with their infants, was the lack of support from friends. "Everyone is so overwhelmed by what's happening," explains Toney. "Most of my friends are working physicians, and now they're also homeschooling their kids."

Rolfe is disappointed her Stroller Strides outings have been discontinued

because of the virus. "With my other two kids, I was part of moms' groups," she says, adding she deeply misses the women she met at Stroller Strides, the postpartum workouts and the regular playdates for her 3-year-old.

Silver Lining

All that said, however, having a baby during a pandemic is still a remarkable event. "It's one of those moments when nothing else matters," says Kakar. "All your focus is on your bundle of joy."

Both new mothers agree—and say their family and friends have made an effort to recognize the momentous occasion. Toney's book club is still meeting via FaceTime, and Rolfe's fitness group threw her a Zoom baby shower, dropping a cake on her doorstep and mailing her presents.

There are also some surprising benefits built into the stay-at-home orders. "COVID does give me permission . . . to snuggle in with my baby and not worry about exposure," says Toney. "And my husband is an essential worker, but he has been home (on paternity leave). Also, people know it is hard and are sending us DoorDash, dropping off food—safely, no contact—and checking in."

Rolfe says her family is having a similar experience. "Because my partner and I are essential workers, we were able to keep our 2-year-old in preschool," she says. "The silver lining is it's a really good bonding time with our new baby." Physicians also see something positive coming out of this, primarily in terms of the stark reminders about the importance of hygiene. "The basics of keeping 6 feet apart and washing your hands with soap and water are effective ways of preventing disease," says Wright. "Stay home when you're sick or have a fever, and if you're working and are sick, you should be sent home immediately. This applies to COVID, but also to flu or colds. We're learning from COVID to help protect pregnant women all the time."

Does this mean even after the pandemic is over, people should never come up to a pregnant woman on, say, a public bus and touch her? "Absolutely," says Kakar. "With COVID, (a pregnant woman) can get sick, but with the flu, she can get very sick."

The Final Word

In the end, of course, meeting your son or daughter for the first time—even in the time of COVID—is still an indelible moment. "Just take it one day at a time," advises Rolfe. "This is temporary. And you will have one heck of a good birth story to tell your child later."



Tips from the Front Line

Buy supplies in advance, especially baby wipes, which don't expire and the baby won't outgrow. But resist hoarding—remember that other parents will need things, too.

Have frank conversations with family members. If they are obeying stay-at-home and social distancing orders and so are you, can you consider yourselves one household and continue to rely on them as caregivers, houseguests, babysitters? Or are there risk-taking behaviors on their part—or yours (such as having a toddler in child care)—that make this impossible? If so, make it clear you are looking out for everyone's safety by postponing in-person visits.

But also make use of the knowledge you are COVID-free when you come home from the hospital. With your negative test from the hospital in hand, you can be confident you are not going to pass the virus along to relatives who may be in high-risk categories.

Stay plugged in. They may not be in-person visits, but those Zoom baby showers, grandparent visits, book clubs, happy hours or fitness classes are vitally important. Embrace technology and be happy it exists.

Get outside. Even if you have to stay 6 feet away from others, you can push your stroller down your neighborhood streets or on paved trails, and people can admire your baby from afar. You'll feel less housebound and healthier.

Give tasks to your spouse: Searches for toilet tissue and paper towels, trips to Safeway, running the vacuum, turning over a load of laundry, cooking dinner.

Make use of convenient delivery services, like DoorDash or Instacart. Also treat your family to your favorite entrée picked up curbside once in a while.

Take time for yourself. It's not the end of the world if your 3-year-old watches "Frozen 2" while the baby is sleeping so you can paint your toenails, FaceTime your best friend or doze on the sofa.