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Pregnant in a Pandemic

By Irin Carmon

Photo: Gary S. Chapman/Getty Images

few weeks ago, a family member asked me not to come to her mother's burial because pregnant women don't belong in cemeteries. Though this is my first pregnancy, I thought I'd already absorbed all of the relevant Jewish customs, most of them unwritten. You don't buy nonessential things for the future baby. You don't decorate a nursery. You don't tell people what name you have in mind until well after the birth.

But this prohibition was new to me. As I waited out the burial that rainy Thursday, I read that the ban was sometimes attributed to keeping pregnant women away from negative spirits or anxiety. One rabbi advised a letter-writer that if she had to go to a cemetery, "You should be careful to stay at least two yards away from any grave." It turns out Judaism was mandating social distancing before it was our global mantra. Now, being pregnant in a pandemic, staying six feet away from people is possible, but distancing from the prospect of pain is futile.

So far, the answer to so many of the hard questions about the virus and pregnancy is that no one really knows. The studies are piecemeal and preliminary, made up of tiny samples of women in China. "We do not know at this time if COVID-19 would cause problems during pregnancy or affect the health of the baby after birth," says the CDC website as of this writing, or "if a pregnant woman with COVID-19 can pass the virus … to her fetus or baby during pregnancy or delivery." It also says that "no infants born to mothers with COVID-19 have tested positive," though U.K. news reports indicate at least one newborn has tested positive, with very little details. The American College of Obstetricians and Gynecologists is similarly cautious: "Adverse infant outcomes (e.g., preterm birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, this information is based on limited data and it is not clear that these outcomes were related to maternal infection." They say it is "unclear" whether the virus can be passed through the placenta.

No wonder they're noncommittal; already, much of the information repeated early in the outbreak has been undermined. We were told children shrug off the disease, but a new study published in *Pediatrics* suggests some in China did become gravely ill, including babies, and in a briefing on Monday, the head of the World Health Organization said at least one child has died. There is even less information about whether newborns have the apparent resistance to acute illness that most children seem to. For over a week now, my response to this uncertainty has been to self-isolate before I knew how to describe it — something easy enough for my husband and I to do, as it turns out. We thought it might be a couple weeks.

I could even, for a time, approach the question of pregnancy and pandemic with journalistic detachment. On March 9 — an eternity ago in virus time — Boober, the service I had used to

find a doula, sent out an email suggesting that people prepare for an unexpected "birth in place," or that they "consider the possibility of planning a home birth, if you have a low-risk pregnancy," lest hospitals be overwhelmed or too dangerous to enter. It seemed like an overreaction ("doula industrial complex," responded a doctor friend), but I decided to look into it for a story. I found Sara Mauskopf, CEO and co-founder of Winnie, a service that helps parents find caregivers, who lives in the Bay Area and was then 37 weeks pregnant with her third baby. "The timing of my due date is so fraught. It's exactly when people are predicting the peak situation in the Bay Area," she told me about her plans to possibly have a home birth. She had begun assembling the parts on Amazon, including scissors intended for animal umbilical cords, and talking to midwives. "It's something I want to be increasingly prepared for and monitor day by day."

Seven days of panic-scrolling later, avoiding a hospital birth started to seem less crazy, and not only to me. I was still in bed the following Monday morning when I read the email from my obstetrician practice. The hospital where they deliver will now only allow one visitor in labor and delivery and in recovery, for fear of infection. "If the patient has a doula, the laboring patient must choose between their partner OR the doula," the email read. We hired a doula after one February morning, when I got a nosebleed that sent my husband, ashen and heaving, flat out on the floor. Now, days into only seeing each other and the occasional cashier, I began sobbing at the prospect of being distant from him in that hospital.

That morning, I sent a frantic portal message to the obstetrician asking if anyone there did home births. I wasn't alone. Trinisha Williams, director of midwifery at the Brooklyn Birthing Center, told me she's received a 10 to 15 percent spike in calls — even from one woman already in labor. (It was too late; they had to turn her away.) "The question I have been getting about COVID-19 is whether you should switch now to planning a home birth," *Expecting Better* author Emily Oster wrote in her newsletter this week. For people late in pregnancy, she said, "I cannot emphasize enough: No." So close to a due date, she argued, you might have trouble finding an experienced provider, and about a third of first-time home births end up requiring an emergency hospital transport. "If the medical system is overwhelmed, this will be among the worst things to need." She also mentions the risk of infection in emergency transport. And of course, out-of-hospital birth isn't recommended for high-risk pregnancies, or people who can't fathom foregoing an epidural.

Minutes after my message, the nurse called, with the no-nonsense sympathy of someone who had been having the same conversation with anxious women since 8 a.m. (She was not a fan of home births, but encouraged me to do my own research.) She gave me her best assurances about what the hospital is doing to prevent infections, that COVID-19 patients are currently housed in a separate building, about what other respiratory diseases have meant for pregnancy, that they were a private practice that wouldn't be doing anything but caring for their patients. I protested that most of this could change by my due date, 13 weeks away. If it did, she replied, how would worrying change anything?

Choosing to bring someone into this world is already an act of stubborn optimism — delusion, even. As we fell asleep, uneasily, the night Trump was elected, I told my husband we would never have any children now. A couple of years later, I changed my mind, and then his, though not because the world got any better. I argued that our fathers had both been born during the Second World War, his to refugees from Nazi Germany and mine to Zionists whose entire communities back in Eastern Europe had been wiped out, and if their parents could press on in 1944, in the face of literal annihilation and an unknown future, who were we to know better?

The nurse was right; I can't know what is to come, or control it, and nothing tells me it's bigger than my own choices than what we're living through now. To try to be prepared without being able to make plans. To have the fate of all of our bodies tied up together, our literal lives depending on each other's health and sickness. As for the being that is most depending on me, we're both sheltering inside for now, and all I can really do is try to make the vehicle of her isolation a little more hospitable.

For now, we'll stick with the hospital. (The doula will Zoom in, if that's what we have to do in June, and maybe we'll find a helmet for my husband in the delivery room.) The Jewish custom that I'm thinking about the most now is that you don't congratulate someone on their pregnancy. Instead of "mazel tov," you say, *be sha'a tova,* which roughly translates into "all in the right time," or literally, "in a good hour." "Mazel tov is only appropriate when referring to something that has already occurred, while pregnancy is the expectation of something yet to come," says another rabbi. He compares being pregnant to "conceiving an idea," an exciting one, but "until it has been brought into the concrete world and actualized, it is too early to celebrate." That is true as ever today, which looks nothing like yesterday, which is already so different than the lives we imagined for ourselves a week ago.

The gestation of a pregnancy is commonly counted in weeks, and I recently passed the one where, law and advanced medicine say, she could survive without me. For days, I've been staring at every version of another kind of calendar, the epidemiological one. Each projection, bars marking days and weeks, guesses at how many people get sick at what exponential rate of growth, what the case fatality rates are for what category of people, when experts worry our hospital system will buckle. No one knows where the wave will crest, how high it will be, who it will hit and when. The actual shape of the curve, the experts tell us, depends on what we do — not one person alone, though some of us have more power than others, but millions of us. Even so, we can't stay distant from the suffering to come. May it happen in a good hour. Or at least a better one.

This piece originally quoted Emily Oster saying "about half" of home births end in hospital transfers, "especially with the first baby." Oster has since corrected herself to say that around 30 percent of first-time births at home require hospital transfer, and that number drops for second-time parents.

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