

**Creating Healthy Layers of Support at Home
and Socially:
Monday LIVE Panel Discussion, March 30th, 2020**

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& Raylene Phillips
Hosted by: Nina Ketscher

Editor's note: This piece was transcribed by the editor from the audio recording containing the above title. Both panelists and the editor changed some of the wording for clarity, but not content. The original recording can be found on the APPPAH website.

Nina Ketscher:

I was thinking about the relationship of our bodies; we have a right side of our body and a left side of our body. We have two hands that are separate, right? But when we bring them and we come together, in whatever ways we feel, then we are together. We are connected to our

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midline. That's why we come on these calls together, is to connect, and because the essence of us is to be together and to feel our togetherness. It's in the relational field, isn't it, when we can really do our greatest healing and help us to find our greatest resource to really face the challenges that life brings us with the ups and downs. As we know with our vagus nerve, the social system is one of the greatest ways to build that resilience. So, I'm so happy you are all here today. And we will be welcoming more people on the call as the minutes tick on. Just take a moment for yourselves to feel yourself, wherever you are sitting. Make a connection with yourself in this moment, whether that is closing your eyes, getting a drink of water, stretching, taking a deep breath. What do you need right now to take care of you? And now that you have had a moment to connect with yourself—the first step, connecting with yourself—feel free to slowly connect with others here that are on the call. Make some eye contact. Even though it's virtual, you can feel that connection when you make eye contact with someone else.

Welcome to Monday LIVE!, the Association of Pre- and Perinatal Psychology and Health's professional speaker series, number five. My name is Nina Ketscher and I am the Director of Education for APPPAH. March is Birth Psychology Month, and our Monday LIVE! presentations in March are open to the public. We're so happy you can join us today and hope to inspire you to be a vital branch within APPPAH's growing international community, supporting through knowledge and practices positive birth outcomes and seeding deeper connections with our human potential. You can access more from this entire month by visiting our website, learn about membership, access articles from JOPPPAH, our peer-reviewed journal, and our educational programs at birthpsychologymonth.com. And feel free to connect with me and email me at edu@birthpsychology.com.

Today we welcome APPPAH founder, Dr. Thomas Verny, APPPAH President, Peg Bledsoe, Parenting Program Coordinator, Rebecca Thompson-Hitt, and Dr. Raylene Phillips, President-Elect, to discuss with us how best to manage stress, anxiety, and depression in relationship to our global health crisis, COVID-19. Thank you for being with us today and welcome to all of you who are joining the call. Dr. Verny, would you please do us the honor of starting off our discussion today?

Dr. Thomas Verny:

Sure. I would be happy to. And thank you for your lovely introduction. I just want to very briefly speak about two basic principles which I think should underlie our whole attitude towards life—not just during the coronavirus epidemic, but really our everyday life. Because hopefully, one of these days, this epidemic will be over and we'll go back to living more or less normally, though I don't think it will ever be quite as normal as it was before this.

What I want to talk about is the fact that we have to realize that the mind and the body are one. There is really no differentiation. There is no disconnect between the body and the mind. So when we take care of our body, we are also taking care of our mind. When we take care of our mind, our mental attitudes, our moods, the kinds of thoughts that we think about, all this will influence how our body is going to react to this present crisis. So don't let anybody tell you that self-care is narcissistic, or you're too concerned about your own self. Because taking care of yourself is really taking care of your baby if you're pregnant, or taking care of your family if you have a family, or of your partners, then the rest of your community, and then the world. Because one of the things I think we are all learning in this present crisis is that everybody is connected. We are all really connected to each other. So if you take care of yourself, you're really in a sense taking care of everybody else.

My second basic principle is to stay optimistic. If you allow negativity to get to you, the result is going to be depression and a decreased immune response; all kinds of bad things can happen. I have always believed, and I continue to believe, that it is very, very important to avoid negative people—people who put you down or who are critical of you, or reading negative things on the Internet. Rather, surround yourself with positive people—people who really love you and really want to support you. And that, in a sense, is what we are all doing here today—all my fellow panelists and I are really here to support each other and to support you. So, I think on that note, I would like to pass on to the next panelist.

Nina Ketscher:

Thank you, Dr. Verny. It is so true that it is our biggest joy to be positive. When we connect with positivity we become more joyful. And that just increases our immune response and our willingness or wanting-ness to connect with other people. I had a teacher one time say, "Be irrationally positive." Even in times where it seems like, "How can you find that

positivity?” We can find it and we can find it also in our connections with each other. So thank you so much.

Peg Bledsoe:

Thank you. It is my great honor and I am very humbled to be able to present to all of you today. I’m going to share from the perspective of an occupational therapist. I have been an occupational therapist for the longest time and it’s a profession that I love dearly. It’s a way that we can combine mental and physical health together to make a whole person and that’s the beauty of OT; we move and groove.

I see the loss of structure in our daily occupation, and disruption; it makes it difficult sometimes for us to make adjustments. I believe as Dr. VERNY does, that it’s about the mind and body connection. And for the children and parents I work with, I really stress having a daily schedule. Seek family time. Also it is a great opportunity for parents to teach kids chores because a lot of my parents don’t do that. Learn to cook. Go outside. Make sure you exercise daily and it could be any kind of exercise. For some of my parents, we have set up obstacle courses in their houses so they can move the furniture and have fun. Jumping jacks. Jogging in place. Simon Says is always a good game.

This is a great opportunity for families to take care of themselves—to connect themselves, to create that wholeness. Some of my families do dance time. They go out to the garage and dance and move because that does help increase the endorphins that you need for connection and feeling good, and plus, it’s exercise. When I’ve been in schools, I make sure that we always do 10 minutes of jogging or jumping jacks before academics because it really does help with focus. Again, that’s connecting the body and spirit and increasing understanding.

I think it’s really important that we look at family development and child development and address those needs. Parents are really stressed right now. All of a sudden you have to homeschool your kid and that’s a challenge. I think if you talk about your goals every day—figure out what you need to do every day—that will help. I went to camp one time and we had a saying. We talked about rose buds, flowers, and thorns. The thorn was the bad part of the day, the rosebud was looking forward to the next day, and the rose was all about what you did that was wonderful. Because it’s time that we have to spend, but you want it to be good and healthy.

And I like to tell jokes, so I’m going to end with a silly little joke. I love Halloween. And my joke is, “Do you know what ghosts eat for breakfast?”

Boo berries.” I love children’s humor. I’m always telling kids jokes. They look at me like I have lost my mind, but I think it’s a great way to laugh and enjoy. Thank you, Nina, for allowing me to share with all of you today. I appreciate it.

Nina Ketscher:

Thank you, Peg. It’s so important that we have a rhythm. That we keep a rhythm, a schedule. And that we invite our children to be involved in the day-to-day, taking care and also being creative. Using that right side and left side of the body, and connecting the mind and the body is so important.

Your joke reminded me of an exercise on stimulating the thymus. Some of you are probably familiar with the thymus. It helps to regulate the immune system and it is located right about here [points to chest under collar bone]. You can cup your fist and give a little thump here and you will already start to stimulate it. But as we know, laughter helps to release hormones in the body to help support us. So we add a little, “Ha, ha, ha, ha,” to that thumping. It’s just a little exercise that you can do. How does everybody feel now after doing that? You can come back to that another time and try it on again when maybe you need to resource and see how you feel after that. Thank you so much, Peg.

Dr. Raylene Phillips:

Just the other day, I heard about a morning exercise to do in bed just before you open your eyes. You smile and then breathe in. You smile and then breathe out. Then you breathe in and smile and breathe out and smile. If you do different variations of this exercise for two or three minutes, you can’t help but have a better start to your day.

Nina Ketscher:

My son and I, we play-laugh. Sometimes he’ll try to make me laugh and then I laugh. And then we make each other laugh. And we laugh more and more and pretty soon we have no idea what we started laughing about in the first place, but we feel so much better.

Rebecca Thompson Hitt:

I love that. I love both of those. I can feel my whole body relaxing as I’m thinking about both the smiling and breathing in the morning and also just the laughing. And I think right now, that’s so important for us to

remember. We have so much seriousness happening all around us and some of it needs our attention, and some of it we need to let go of. And we need to find those places where we have joy. I couldn't agree more with what I've heard from everyone so far this morning. We do need to find the positive. Peg, I was looking at my notes as you were talking and I thought, "Good, good. We're in agreement." Because I want to talk a little bit more about some of those things and my perspective.

I'm trained as a marriage and family therapist. I work with families around the world and I am in charge of the new parenting program for APPPAH. So I'm looking at how can we support new and expecting parents. How do we support parents who are already actively parenting? And across the board, as I was writing notes down, I was really sitting with what needs to be said here? It's the same. It's the same for all of us. It's the same if we're expecting a baby. It's the same if we already have children. There are some different things that we need to consider if we are trying to conceive, if we have a new baby on the way, or if we have a brand new baby. There are some really big considerations and some concerns that are happening for those parents right now. So I want to name that first of all just as representing this population. If you are pregnant right now, this can be a very scary time and I want to validate that.

I'm hearing lots and lots of stories of parents who had a birth plan and now their birth plan is out the window because they can only have one support person in the delivery room with them. There are these big things that are happening that are really impacting families right now. And then we have this directive that says we need to social distance and yet we are social creatures. And especially birthing families, they need connection, they need contact. However, we need to do it safely in this era of COVID-19. Of course, we don't want moms to get sick. We don't want caregivers to get sick. But I have been shifting the language and talking about how we need to practice physical distancing while we're finding ways to socially connect. This does not mean isolation. This does not mean you sit in your own house by yourself and you sit quietly and you wait until this is over. This means that we find new ways of connecting. It might be a conversation that you have with your neighbor and you're six feet away. It might be on video. It might be over the phone. But we need that social contact. We need that right now. And especially for our most vulnerable populations—our elderly and our expectant families. They need the social contact. So how can we do it?

And I also just want to name that I have been trying to practice what Thomas Verny has been talking about and not exposing myself to too much. However, I also need to be educated, as I am supporting families. So I am hearing from a lot of practitioners—doctors, nurses, doulas, midwives—people who are on the front lines working with both COVID patients and with expectant families, because I want to hear what’s happening. And I hear a lot of concern. And I’m really looking forward to hearing from you Raylene, to hear more from your perspective about what you are seeing. But I see a lot of fear happening and practitioners really, really wanting to protect their patients, and really, really wanting to do what’s best. And right now we don’t know exactly what that is. So there are some procedures that are happening, especially in hospitals, to protect everyone, that are sometimes really difficult for the families. And I just want to come back to that the intention is to keep everyone safe.

I have a really dear friend who is a doula and she was telling me about her first birth where only one support person was allowed. So she supported the dad and the birthing mother by a video chat, and by text message. That was not what any of them wanted. But they found a way to stay connected. They found a way to stay in contact so that there was another layer of support for them. So it’s requiring a lot of thinking and creativity. But we need to keep coming back to that we still need social connection. What does it look like so that it is still safe? What does it look like for a birthing family? So I just want to take a couple of minutes and talk about some things I thought would be helpful. Some of them are overlapping with what Peg said, but all the better because we need to keep hearing it.

So the first thing I want to say is that we need to allow space for our feelings. And all of them are not going to be positive. But when we create that space it makes room for the positive. Sometimes we need to say, “This really sucks. This is not what I wanted. This is really hard.” And then we need to allow that to move out in some way. And then we can shift the way our physiology is feeling, the way our physiology is responding, after we’ve had that space. So talk to your partner. Talk to a good friend. Take turns really listening to each other. In the Nurturing Connection program for parents, we talk about the importance of creating that space for reflective listening, so that each person has the opportunity to share what’s really happening for them and be heard. And then we switch and have the other person take a turn. And this is a really, really valuable skill right now. We can all do it. Find one other person who is willing to try it with us. We all

need that space. And find a way to express it. So you can write. You can draw. You can paint. You can dance. You can sing. Find a way to move the energy. We have so much that's telling us to slow down and kind of be quiet. It's kind of the feeling like if we hold really still maybe coronavirus won't find us. It's that moving inside and we need to move our bodies. We need that. We need to laugh and we need to find ways to play. If we have a child, like Peg was describing, there are lots of opportunities. You've got Simon Says. You've got jokes that 6-year-olds love. And you've got all of these different ways of playing. But even if you don't have small children right now, find ways to play. What does that mean for you? Play. It boosts your immune system. We need that right now.

So I want to talk about something that Peg was talking about, but I want to talk about it from a slightly different angle. Several years ago I took a course with Dr. Bruce Perry, who is a neuroscientist and researcher and he's a clinician who works with children who have experienced trauma. And we were asking questions in the series and said, "Okay, if there is something really big that's happening in a family's life, where do we even start? How do we help someone?" And I thought it was so appropriate as I was preparing today that this was what came up. Because he said, "The more internal chaos there is, the more external structure is needed." So as our minds are going all over the place and we are worrying, our physiology also goes all over the place.

So he said there are three areas we can focus on that we can support our bodies. And it's regular sleep—so sleeping as close to the same time as you can. Your body then learns what to expect. Nothing else may be the same, but you are going to bed at the same time. It helps to regulate your nervous system.

The second thing is regular movement. And it doesn't have to be exercise. I'm not using the word exercise. It's not, "Now you have to go and do your work out," but finding a way to move. And that could be dancing. Even if it's bad dancing. I don't know if you remember [the show] *Seinfeld*, and [the character] Elaine, and how she had this really weird dance she would do? It doesn't have to be pretty. Laugh when you're doing it. Laugh at yourself. You don't have to be a professional here. But move your body in some way. He talks about dancing in particular because there's a regular rhythm to it. There's a beat. Same thing with walking. Walking regulates your nervous system. So the more that you can do things that have a beat, that have a rhythm, that helps your nervous system to down-regulate and that moves the energy. Right now we have cortisol in our

systems. We are stressed. And so we need to find a way to move that out of our systems. If you can sweat—break a sweat for 20 minutes—you’re releasing cortisol from your system. Now, you can have a really crazy dance that you’re doing for 20 minutes, it doesn’t have to be jogging. I hate jogging. So find other ways. Find something that works for you.

And the third area is regular, healthy meals. It doesn’t have to be a rigid schedule. And I want to emphasize that because some people do really well on, “This is my schedule. This is what time I do this.” And for many of us, we’ve lost that external structure that was part of our lives. And so we just need to bring it in. But it doesn’t have to be rigid. If you’re awake about the same time every day and then you want to sit and write or do some movement and then eat breakfast, think in terms of a rhythm. Our nervous system needs to kind of look like this—it’s up and down. It’s active, followed by something quieter, followed by something active, followed by something quieter. It doesn’t have to be perfect. But you just don’t want it to look like this [all up], which is what you look like when you watch the news all day and then you try to go to sleep. We don’t want to do that. So this is what our nervous system needs to look like. This is especially important for kids. And it’s especially important for pregnant mothers and their partners. How can we slow down together and connect? How can we do something more active and move? How can we slow down again? That rhythm helps to regulate our nervous system, regulate our physiology. So adding a little bit of structure, a little bit of rhythm, is usually doable for most people. So look at what that might look like.

The other thing I wanted to say specifically, and I said it earlier, but I’m going to say it again for pregnant families in particular where choices are being taken away: 1. Make room for your feelings about it; 2. Find someone who can support you and listen to you. That might be your doctor. That might be your midwife. That might be your doula. That might be somebody else. Find someone who can really hear you and what your concerns are. That is so important right now; and then, 3. Find what your choices are. I know right now, there is a movement of parents who were planning a hospital birth, who are looking at this whole thing and saying, “Oh gosh. I don’t want to have my baby in the hospital right now. There is coronavirus. There’re all these restrictions.” And they’re looking at home birth. They’re saying, “All right, maybe that’s a choice for us. Maybe that would be a better choice right now given what’s happening.” There are other families that need to be in hospitals, and so what are the choices you have? It’s really important that you find that place of choice.

And the last thing is, whether you are an expectant mother or whether you have little ones, it's really important to talk to your child about what is happening. If you have a baby in the womb—and there's the conventional wisdom of, "They don't know what's happening," and they are in the middle of all of this. They are in this and they need us to say, "Yes, there's a lot happening and I am feeling scared. I am scared about what's going to happen. And I'm getting support. I've got this. I'm going to take care of this for you. You don't have to worry." Name it. And get the support you need. This is also true of partners, of fathers. We all need those layers of support. The baby is here in the middle and this is true of our kids too. What are the layers of support around our children? How can we bring in more support? Again, we can do physical distancing and we can maintain social support. That is so, so important.

And find someone who can be calm and regulated with you. If you don't have someone in your immediate circle, if you're looking around and everybody is running around going, "Oh my God! What are we doing?!" Find someone who can be regulated. We regulate through our physiology, even virtually. If I say, "Okay, let's take a moment and take a breath together." And I want you to just take a moment and look at somebody else who is here right now on the screen. And I want you to take another breath. I want you to see that you are not alone right now. That we have 100 people—100 people—right now who came out because they are all concerned about the same things right now. And this is true around the world. We are not alone. And it's really important that we remember that. And that we remember to support our families. And remind them that they are not alone either. Thank you.

Nina Ketscher:

Thank you, Rebecca. It is so important, as you mentioned, to create space for us to feel what's real for us right now. And then to get some support. To have someone listen to our experience that we are having. And then to know that we have choices. We have choices to make on how we want to move forward. Or maybe we need some time to create, to do some artwork, before making a big decision. To let yourself go more into your right side, move your body, which makes it easier to make some of those choices that are challenging to make right now. And then really, how we connect with our babies in the womb before and after is so important. That we orient them to what is happening.

I was thinking about how you mentioned about the rhythm. And we see that if the heart is in a state of coherence, that rhythm is not in an anxious state. It's not up and down like this. It's really in this rhythm. So when we create that action—kind of pause, relax, action, pause, relax—it's similar to our in-breath and out-breath, and it's why breathing is so important in trying to find that self-rhythm. And when we put those other layers of action around in a rhythm, then we're really finding that state of heart coherence, and that helps to regulate the nervous system.

The other piece that came up for me that I thought I would mention is the feelings of fear that are coming up right now. If they weren't coming up, we wouldn't have an opportunity to overcome them. It would just be something that would be in us and we wouldn't maybe recognize we have this fear of this or this fear of that. But we have a moment to really recognize it and to transform it. And move ourselves more towards, "I am safe." And through feeling, connecting with others, making choices, talking, we create a container of safety. That safety is how we feel loved. When we feel really held and safe then we feel, "Ahh. I feel loved and whole." And it's that wholeness that we're nurturing right now in these times especially. Always, that's our intention, but especially now. So thank you so much for everything that you brought to today's discussion.

Raylene, we would love to hear from your perspective. Maybe just speak a little bit about your work and where you're coming from. And we're so grateful that you're going to be joining us next Monday so we can go deeper into the challenges and the hope for babies, mothers, and families right now during this pandemic.

Dr. Raylene Phillips:

Thank you, Nina. It has been so wonderful to hear all these words of wisdom and great ideas for this time. I think the one that keeps coming back to me is how worrying about the future robs us of the present. And it's so easy to anticipate the worst possibilities. My daughter was talking to me last night about an article she had read about anticipatory grief. How many of us are worried about the fact that we may be grieving the loss of a loved one or a friend. The only counter I have to that is to remember that worrying about the future robs us of the present. At the moment we are safe—those of us on this call—and the present is all we have right now.

I want to share with you a little bit about my week. I'm a neonatologist, which is a sub-specialty of pediatrics. I only take care of

babies in a hospital setting—both healthy newborns with their mothers and sick babies who need intensive care. Caring for babies is my greatest joy, but that involves also taking care of mothers and families, of course, because we can't separate babies from mothers in our thinking—and hopefully not in practice. I was scheduled to be on vacation this week, which meant I wasn't scheduled for any clinical work in the hospital. That's been fortuitous because this week has been spent working from home on countless emails and phone calls and Zoom calls as the three hospitals I work in are preparing for the pandemic to reach our area. Other than contacts with my own colleagues, I've also been getting a lot of information from a Facebook group called Physician Moms Group, which has 70,000 physician moms who communicate with each other and support each other through this online group. I'm hearing from this group a lot of worry about being on the front lines dealing with COVID-19-positive adults and seeing more and more younger adults in our country affected. And their worry is that they'll bring it home to their families and expose their families to the virus. They're also worried about not having enough equipment to protect themselves. Our hospitals have been gearing up to be sure that doesn't happen to us.

In the process, the things that have been most concerning me are the guideline changes around the restriction to visitation for pregnant mothers in labor and after birth. There are questions about whether babies who are born to mothers who are COVID-19-positive should be separated from their mothers or not be separated. Should breastfeeding be encouraged or should it be discouraged or even not allowed? These are real concerns and there's not enough evidence for us to make any hard and fast rules for this yet. Most of the evidence we have has come out of China. I'll be talking more in detail about this next week. But there's no conclusive evidence so far of vertical transmission, which is a baby getting an infection from its mother in utero before birth. There's very little evidence, and none that is conclusive, about horizontal transmission from a newborn to its mother, although there's always the risk of that. Even though there is no conclusive evidence, because there is a potential risk, there are more and more hospitals in the United States that are following the Centers for Disease Control (CDC) guidelines, which currently recommend immediate separation of babies from their mothers. This is very concerning to those of us who know the risks of separation.

I want to point out that the medical establishment—the doctors who are making these recommendations—are not doing it from a malicious

standpoint. They're doing it out of their great concern for the safety of the babies who are born to the mothers who are positive for this virus. Nevertheless, we have to also recognize that most of these medical professionals do not have the knowledge we have about the consciousness of the baby before birth. They're not aware of the risks of separation. It's not information they're exposed to. That is our mission—to share that knowledge with them—and that is what I've been trying to do all week. It's been very heartbreaking to me that my efforts have not been successful in my own hospitals. I work primarily in two different hospitals. One is a very large neonatal intensive care unit (NICU) with 84 beds, and the other has a very small NICU with only 5 beds. We also care for healthy newborns. In both those hospitals, the official recommendation has become immediate separation of babies with their COVID-19-positive mothers. This has been going on in China as well, where all babies born to COVID-19-positive mothers have been delivered by C-section, separated for two weeks, and fed formula. In our hospitals, at least in the United States, it's been encouraged for mothers to pump their breastmilk and have someone else who's well feed the mother's expressed milk to the baby. But we know that doesn't solve many of the issues regarding separation and breastfeeding.

The thing I want to point out to parents who find themselves in this situation is that there is still a provision in the CDC guidelines that hospitals should discuss the risks and benefits with parents about separation versus keeping babies in the same room with their COVID-19-positive mothers and that parents have the right to decide that their baby be kept with them. If that's a choice a family makes, it's really important that they follow all of the safety measures to protect their babies from horizontal transmission. That is for the COVID-19-positive mother to wear a mask and for the mother to have meticulous hand-washing. I just want everyone to know that is still an option under the CDC requirements, even if the hospital and the CDC recommend immediate separation for a temporary period of time. In our hospitals, that period of separation is two days. They will test the baby, and if the baby is negative, and the mother is able to go home, they will go home together. The CDC is still recommending separation at home until the mother is asymptomatic. The World Health Organization (WHO) however, is recommending that mothers of COVID-19-positive babies not be separated from their mothers and continue to breastfeed.

It's important for mothers to know this information so they can refer to this recommendation in the CDC guidelines to discuss risks and benefits with families if COVID-19-positive mothers decide they want their baby to remain in the same room with them. That is each mother's choice. I recognize that there are some moms who are so very sick that they perhaps cannot take care of their babies. And that's actually true in my world of neonatology for other reasons. A mother could have hemorrhaged, or a mother could require immediate surgery after birth and so separation is inevitable. This has always been true in some cases. During this pandemic, there is just an increased incidence of mother-baby separation. So, I want to talk about the things we can do when separation is inevitable.

I think it's really important for us to take advantage of what we know about the consciousness of babies. Rebecca talked about naming our fears and talking to babies in the womb because we know that they are aware of the fear that a pregnant mother feels. They are aware of the sense of fear around them and we can reassure them. This is something we have known in our community for some time. And it's something that we are really trying to share.

Nina Ketscher:

I just want to invite everyone to connect in with themselves. It's a lot to take in that you are sharing right now. Take a deep breath. And just slowing it down a little bit. If you feel like connecting with another person, making some eye contact, or if that doesn't feel good for you in the moment, find something beautiful in your room or wherever you are to connect with. This is so important for resourcing ourselves as we're receiving information, and as we are navigating our experiences right now, to take those pauses in between. Thank you, Raylene.

Dr. Raylene Phillips:

What I've just described are the *challenges* we are facing. Initially, the CDC did not recommend immediate separation of babies if their mothers were positive for COVID-19. But most current guidelines recommend temporary separation, with the caveat that parents can make a different choice after a discussion of risks and benefits with hospital staff. And the WHO is still recommending that babies and mothers stay together. So, the *hope* in this time, for me, is how we can communicate with and reassure babies even if they happen to be separated from their mothers.

As a neonatologist, I am really never called to a delivery unless there is a problem. So one of the first things I say to all babies I see when they are first born is, “Happy birthday, Little One. Welcome to our world.” The second is, “We are here to help you.” And the third is, “I am so sorry you are not with your mother right now. Someone else is helping your mother. We are here to help you. And we will get you back together with your mother as quickly as possible.” I want babies to know that we are here to help them. I want them to feel reassured that they are safe. And that their mothers are safe. And that there is hope they get back together.

The good news is that parents can communicate with babies from a distance as well. We know that babies are telepathic—that we can communicate in the womb with them even without our spoken words. We can communicate from a distance with them—without even being next to them physically. So a mother can take advantage of this. It’s one of the things I’ve shared with mothers who are in a distant hospital and their babies have been transferred to my hospital because of their extreme prematurity or some other issue that requires a higher level of care. The mother can send her love energetically to her baby. She can communicate with her baby even from a distance. It’s important for us to make sure parents know they have this option to connect with their baby if separation is inevitable. And in some cases we have to face the fact that it is. Not that it is our choice or our desire or, sometimes, not even the best medical choice. It is just the way things are sometimes. So this is a tool we can use to keep babies connected with their mothers.

One of the things that I think is important to understand is that stress is a part of our human existence. We cannot save our babies and our children from all stress. What we can save them from is toxic stress. The definition of toxic stress is “prolonged or profound stress without the support of a caring adult.” That is something we can prevent every baby and every child from having. And if we have to do that from a distance, we can do it. As long as babies feel supported, they do not experience toxic stress. Presumably a nurse, or a partner, or a father will be with that baby if the mother can’t and that would obviously be ideal in a situation like this. So, the baby is getting support from whatever source is available.

I think it’s just important for us to recognize two things. First, if a baby is separated from its mother in the hospital, it is not for a malicious intent. It is out of a well-intentioned effort to protect the baby from a perceived risk of infection. Second, we can connect, as we have been talking about, even from a distance. During this pandemic, we are “social

distancing,” but we are still making connections. We must maintain our connections even at a distance. So in the event that a mother and baby are separated, we must use what we know we can do to connect with babies energetically from a distance. We will encourage connection with physical contact as much as possible in the way that it is allowed to us.

I wish this was not the case. I wish I didn't have to deal with this. I wish I had been successful in changing the regulations at my hospital. But I have to face the fact that I was not and many hospitals in my country are not as well. So we do what we can. We must be as positive as we can under the circumstances while still working towards the changes we know are important. We take all of the recommendations we have heard today and we connect with each other in the ways that we have.

Nina Ketscher:

Thank you, Raylene. One of the things that really stands out for me and a belief I have is that mothers are the greatest healers and caregivers for their children, whether they are physically there or not, with their love. And, as you said, sending love from their heart to their baby, that baby feels that connection. They can really feel that. That's the power of the connection through the womb energy. It's really powerful. And it's a lot to navigate. Everyone is having to navigate.

Also, we want to fight for what is right. And yet we have to let go sometimes, but do what we can with what we are being presented. Some of the suggestions you made are so potent and will make a difference. Because those babies will feel seen and heard and nurtured and acknowledged. You just named that there is that separation. That baby feels, “Yeah, you get it,” and they can settle at a certain level. And encouraging moms to send their love to their baby. And also you can encourage the babies to send their love back to their mom.

Dr. Raylene Phillips:

Very true. Thank you for that. Of course, for mothers and babies who do not have the risk of infection, we are still following the practices of immediate skin-to-skin contact after birth and uninterrupted skin-to-skin contact until after the first breastfeeding. Those practices are still being encouraged. Breastfeeding is still being supported. That has not gone away as long as the mother is not positive for COVID-19 and is not symptomatic or under investigation for it.

Nina Ketscher:

Thank you. I want to give an opportunity . . . for final comments from our panelists.

Dr. Thomas Verny:

I would like to make a final comment. I would like everyone to remember that when Shakespeare was quarantined because of the plague he wrote *King Lear*, which is one of the greatest plays ever written. So take comfort in that.

Rebecca Thompson Hitt:

On one of my recent calls—I am regularly meeting with people all over the world—and we had a healing story circle and one of the moms was saying, “I have so much anxiety right now. There’s so much that’s happening.” Then she started talking about how she had really been connecting with her ancestors. And one of the things that came to me as I was listening to her is that epigenetically, we have done this before, and we survived. Our ancestors made it. And so drawing on that wisdom of our ancestors may be really helpful for you right now. We made it.