

Members of the Broadlawns Board of Trustees:

Thank you for providing the opportunity for public comment. My name is Rachel Manuel Bruns and I live in Des Moines and I am a patient at Broadlawns. I also serve as a chapter leader for the International Cesarean Awareness Network (ICAN) of Central Iowa and serve as a patient advisor for the new Iowa Maternal Quality Care Collaborative led by the Iowa Department of Public Health and University of Iowa. You may recall [I spoke to you last in July of 2018](#), related to Broadlawns' lack of services for birthing families with a previous cesarean having access to a Trial of Labor to attempt a Vaginal Birth After Cesarean (also known as VBAC). While to my knowledge Broadlawns is still not following ACOG (American College of Obstetricians and Gynecologists) recommendations for Trial of Labor After Cesarean, that is not why I am here today.

Today I am here to ask the board to work with the Broadlawns administration to revise its COVID-19 policies impacting birthing families. I want to first thank Broadlawns staff, nurses, and doctors for all they do, especially right now. As the daughter of a practicing nurse and the wife of a pharmacist I have an appreciation for the sacrifice and challenges facing our healthcare workers, especially in this unprecedented moment in time.

That being said, COVID-19 is a pandemic on top of an already existing crisis, [the well documented maternal and infant health care crisis](#). Back in March, Broadlawns, along with other area hospitals, implemented new visitor restrictions and practices impacting birthing families.

I'm here to ask Broadlawns to 1) stop banning doulas from attending their client's births and 2) to stop recommending the harmful practice of separating a baby from its suspected or confirmed positive COVID-19 mother.

Regarding the separation of a baby from its mother - just last week, [a new ¹study](#) has emerged demonstrating that the transmission for COVID-19 from mother to newborn is extremely low and in those few cases the newborns had no or mild symptoms and fully recovered. The study stated in summary, newborn infection is uncommon and rarely causes symptoms. In this study, the rate of infection was not increased when the baby was born vaginally, breastfed/chestfed, or had contact with the infected birther. According to the authors, "Newborn infants can be infected in the first few hours of life, but as very few are severely affected it is likely that the benefits of contact with the mother and the ability to breast feed outweigh the potential benefits of separation." In addition to this study, the World Health Organization hosted a [press conference on Friday](#), re-stating its [guidance all along](#) for pregnant people, birthing patients, and newborns stating that "Women are encouraged to still touch their infants and are instructed by the WHO to "hold your new born skin to skin," even when positive for coronavirus." The [WHO also says that mothers should share a room](#) with their newborns and exercise hygienic practices when breastfeeding and holding their infant.

[WHO has posted guidelines](#) for health facilities maintaining necessary services for newborn care during the coronavirus pandemic that I hope Broadlawns will review and consider implementing in place of its current harmful recommendation of separating a newborn from a positive or suspected COVID-19 patient.

¹ A systematic review was published in BJOG, an international journal of obstetrics and gynecology (Walker et al. 2020)

On banning doulas, evidence shows the support provided by a doula decreases a birthing patient's likelihood of having medical interventions, including a C-section, which can lead to other lifelong health complications and risks. [A recent² study](#) found an independent link between Cesarean birth and complications among pregnant people with COVID-19, providing another reason for why doulas and having a companion of choice for labor support is crucial for birthing patients.

In April, Governor Cuomo of New York issued an executive order requiring all hospitals in New York to allow doulas and consider them part of the health care team, among implementing other critical recommendations from a maternal health task force. If New York, arguably one of the hardest-hit areas by COVID, could consider doulas an essential part of the care team almost two months ago, Broadlawns should reconsider its policies as it has started reopening for elective surgeries and as the Governor is reopening businesses across the state. As of last week, the University of Iowa is again allowing a doula in addition to one designated support person. I urge Broadlawns to follow the University of Iowa in allowing at least two support persons including a doula for birthing patients.

It is important to note that these policies disproportionately impact women of color, who are facing [higher levels of infection, illness and death from COVID. Black women in Iowa are six times more likely to die from pregnancy or childbirth related complications than their white counterparts](#). For pregnant Black women, COVID highlights the disparate ways that Black women are treated in some clinical settings.

I appreciate the time and welcome the opportunity for further conversation. I can be reached at Rachel.m.bruns@gmail.com or 515-720-5892.

² A study from Spain was published on June 8th in JAMA (American Medical Association) that assessed the association between mode of birth and outcomes among pregnant people with COVID-19 (Martínez-Perez et al. 2020).