

Binghamton University

The Open Repository @ Binghamton (The ORB)

New York City Maternal Health Oral History
Project

Dissertations, Theses and Capstones

5-15-2020

Interview transcript participant #09

Auriluz Pacheco

Follow this and additional works at: <https://orb.binghamton.edu/nyc-maternal-health-oral-history>

**NEW YORK CITY MATERNAL HEALTH ORAL HISTORY
PROJECT**

<https://orb.binghamton.edu/nyc-maternal-health-oral-history>

INTERVIEW TRANSCRIPT PARTICIPANT #09

Interviewer: Auriluz Pacheco

Date of Interview: May 15th, 2020

Location of Interview: New York, NY

NYC MHOP Interview Transcript #09

Transcribed by Auriluz Pacheco

Auriluz: It is May 15th, 2021, and today I am conducting an interview via Zoom, doing an oral history for the New York City Maternal Health Oral History Project, which aims to document the experiences of women who underwent or are currently undergoing pregnancy during the Covid-19 pandemic. Before we begin, I'll just be asking a few demographic questions, is that alright?

Participant 9: Yup, go ahead.

Auriluz: Your age?

Participant 9: 33.

Auriluz: Salary range?

Participant 9: 70 to 90k.

Auriluz: Race?

Participant 9: Umm I'm Indian and black. I don't know what that's considered by the options that you have. Other

Auriluz: That's fine as is. So are you currently pregnant? Or did you already give birth?

Participant 9: Currently pregnant.

Auriluz: How many months were you when you found that you were pregnant? And how many months are you currently?

Participant 9: I'm currently nine months. due next week. When I found out I think I was like a month and a half. I was like five, six weeks when I found out. Okay, do you know what? I found out I think September. Okay. It was either September or October.

Auriluz: Okay. And how are you currently feeling? And how were you feeling when you found out you were pregnant?

Participant 9: When I found out I was kind of surprised because the last time I had a kid was 11 years ago. Whoa, it was more surprise and shock right now. I'm just ready for it.

Auriluz: What concerns did you have when you first found out that you were pregnant, if any, in regards to the baby your pregnancy appointments, etc?

Participant 9: My concerns when I first found out was how things were gonna go with COVID. Because you know, I already have two kids. So it's a little bit different. That was more of a, I don't want to say a normal pregnancy because there's no such thing. But you know, under normal circumstances and health circumstances and not a pandemic. So I just was curious and concerned of how things would work surrounding the COVID guidelines. And now, my concern is, it's the same. It's just not as bad because they have a vaccine and I'm not gonna say I believe that it works or I don't believe that it works. That's still up in the air. But the concern is pretty much the delivery process. As far as what I understand. If you go deliver in a hospital, obviously you have to wear masks. And if the mother or father test positive for COVID the baby is removed from the room and has to stay in like you know, the hospital nursery, which to me, makes no sense. Because you can expose the baby to COVID elsewhere moving the baby around versus you know, leaving the baby with parents which they have to live with. Anyways. So that's my concern.

Auriluz: Were there anything that you heard about COVID in relation to pregnancy?

Participant 9: I was told by my supervisor that COVID exposure during the first trimester can cause miscarriages. As far as how true that is. I did my own research. And from the research that I did do, there's no conclusive evidence to prove that or support that. Because I do work in what used to be a lockdown COVID unit, I work in the ICU. So once COVID hit and it was really bad, we turned into a lockdown COVID unit where we had just COVID patients.

Auriluz: And how was that for you? How was that experience?

Participant 9: I mean, now that I look back at it, it's not as bad as everything that you see on TV. Yes, we did have pretty much the pepper hoods on the gowns, the gloves, the boots, and everything else. But on TV, it was a lot more dramatic than it is in real life. Yes, we had all the proper PPE, we had testing for all the patients, they were properly isolated, we had isolation rooms, that were negative pressure, so everything wasn't spread, I think the concern for us or the issue for us was more so the CDC guidelines they kept changing. First it was, you know, a cloth mask is good than a cloth mask isn't good, then it's in order to take care of our COVID positive patient, you have to wear N95. But to transfer the patient around the unit, they could only wear like a simple face mask, which is like Okay, so what's the point? If they can wear a simple face mask and they're the one that's infected? Then why isn't it the same for everybody else? So it was just a lot of uncertainty, like we had the process and the procedure down packed to where we felt like we were safe enough. But when the CDC guidelines change, obviously, we had to change what we did. So it was like, okay, so if the guidelines change, does that mean what we were doing before is an effective and we expose ourselves? That was the concern.

Auriluz: So can you describe what your experience has been like, for me, like from the moment you found that you were pregnant in terms of like appointments, resources, going out accessing things, etc.

Participant 9: Well, I don't have typical insurance, because I am a veteran, but I got seen on base, which in my opinion, is a lot safer, because it's limited that everyone can get seen on base. So as far as my experience goes, I feel like it was more normal than anyone else that had to go through pregnancy during COVID. Because I'm based I know that they allowed one support person, which is more than a lot of anywhere else was doing from what I was told from other people I know that's pregnant, or were pregnant during COVID. They had to go to appointments alone, they had to do ultrasounds alone, and they had to do everything alone, because it was limited on what they were allowed to do when they were allowed to do it. And they weren't allowed to bring other people due to COVID guidelines. So my experience was more normal than someone else has experienced during a pandemic.

Auriluz: Okay, so you mentioned that you had had kids in the past. So will you be able to like compare and contrast the pregnancy now to those days to get an idea of the differences?

Participant 9: It was about the same as that now I have to wear a mask for my appointments. That's really it.

Auriluz: Okay, that's good. So did you experience change, like attention wise, and I'm pointing the wise since you have an earlier on when things were still a little iffy about co-winners restrictions as compared to now?

Participant 9: No, because I think the one thing that I would say that was different between this pregnancy and the pandemic versus the other two is the appointment frequency. It's not as frequent as it was with the other two. So I think because the frequency has lessened I didn't feel like I was exposed as much if that makes sense.

Auriluz: Was there anything throughout your pregnancy that you wish you received? That you have or that you received that kind of caught you off guard? No. Okay, did you have any time to say with your doctor in regards to COVID, or anything?

Participant 9: I did. The only conversation that was pertinent, I guess, for both of us was the fact that I did work in a lockdown COVID unit. And I asked, you know, do I need to transfer somewhere else? Or is it safe and it pretty much was presented to me as it's my personal choice. So the way I looked at it, from my perspective is, I can stay in the lockdown COVID unit where I have a pepper hood, I have a gown. Hey, hello, I'm gonna step out. Because I'm doing the interview, I'm gonna step out because I'm doing the interview in the background. So like I was

saying, it's my personal choice. And the way I looked at it was if I'm in the ICU, and I have the proper PP, then I know I'm protected. And I also know which patients are COVID positive, so which patients to avoid, versus if I were to be transferred out somewhere else. And I don't know which patients are positive right away, because we're still waiting on pending results. I don't have the proper PVE. Like, I wouldn't have the type of it, I wouldn't have the gas, and I wouldn't have the booties and all the other stuff. So I felt more protected here. And that I had more knowledge here. So I felt like it was safer here. And that was really the only conversation that occurred that I felt mattered.

Auriluz: Okay, and then what about resources in that regard? So you ask your competency in and of itself, so like lactation courses or like birthing classes, etc.

Participant 9: All of those were offered on my basis. It was just you have to sign up ahead of time so they can have account to make sure that we're still doing social distancing. And it wasn't overcrowded in the room.

Auriluz: Okay, and with your base providers, or was it provided by the hospital?

Participant 9: It was the base where I went to my doctor's appointment.

Auriluz: Okay, so then what would you be able to elaborate a little bit about your financial situation in terms of like health care, Medicaid and health care access?

Participant 9: Well, TRICARE covers pretty much everything under the sun. So that's not something I had to worry about.

Auriluz: Okay, so it provided economic benefits for you. Can you give me more insight on what TRICARE is?

Participant 9: TRICARE is military medical coverage. So it honestly provides everything like there's really nothing I could think of that's not covered.

Auriluz: That's so great. So how knowledgeable would you say that you are around your options about childbirth in terms of like, midwives, doulas at home births etc. And just like the resources that you should be getting given your profession and experience.

Participant 9: This time around. I'm fairly knowledgeable, especially since I've been through this before. This time around due to COVID. I did look into homebirths I did look into doulas; I did look into midwives, my current ob although I am being seen on the military base. She actually is a nurse practitioner and a midwife. I spoke to a doula. And for the doula, the issue is

COVID. Again, because the hospitals, certain hospitals are still on restrictions. So let's say I gave birth on base, they allow one person which obviously it can't be your spouse and the doula you have to pay. Other hospitals allow two people in the room, and a majority of the hospitals only allow one. So I was going to do the doula. But the simple fact that the only hospital that allows two people is about 40 minutes away from where I live in where I work. So I don't see myself driving 40 minutes away, just oh, you know, my spouse and the doula can be there. I don't feel like that's the smartest option. But if it were under different circumstances, then I would utilize a doula. There are like birthing centers, where you can utilize a doula and a midwife. But for me personally, I think because I'm so far along to the point that, you know, the doula services that were offered. It was either that entire pregnancy, just the birth or after the birth. So what I looked into was just the birth at this point considering that there are COVID restrictions and who can be in the delivery room. I don't think it's necessary for me to get a doula and Trent and then have to get a midwife on top of that, because the doula I spoke to ask me if I had a midwife. So it's kind of transferring care at the end, which I don't feel is the smartest idea because the OB that I've been seeing obviously knows my history and my pregnancy and everything else. But I do have a lot more knowledge now. Thanks to COVID. I explored my options as far as doulas and midwives and home births, which I probably wouldn't have done before. Because I had some kids in the hospital and everything was fine. So I probably would have just went that route.

Auriluz: So this kind of encouraged you to look into it today.

Participant 9: Yes. Yes.

Auriluz: So given that you're already a mother, where have you gotten information from? Either now, in the past, around like maternal health. Has it been like family, friends, others professionals, online apps-

Participant 9: It would probably be other professionals and online, family and friends. It just depends on who says what, how much I value their opinion, honestly, and how much whatever information they presented, I felt made a difference to further research it, but it's mainly other professionals and online.

Auriluz: And how often were you in contact with your healthcare provider during COVID? And your pregnancy? Would you say that it's more frequent than you would have in another pregnancy? I know, you mentioned a little bit about it earlier.

Participant 9: Less than the other pregnancies. Because like I said before, the appointments were less frequent due to COVID. But I do have the option to message my provider through a secure messaging resource that they have, at any given time for any given reason. And they have I believe, it's 24 to 48 hours to respond. And then, you know, depending on whatever my concern

is, they would either schedule an appointment, or do whatever is necessary at that point. So it's not as frequent, because there hasn't been a need for it.

Auriluz: What are some things you say that you learned during this pregnancy? And what are some things that you wish you knew, going into it?

Participant 9: I think the things that I've learned during this pregnancy, from just research and you know, everything being under a pandemic, while I was researching doulas, and midwives and home births, I learned about the Lotus birth where they leave the placenta attach, I learned about placenta encapsulations, I learned about things that you typically wouldn't have as an option if you go to a regular hospital. So I guess I can say I learned more of the holistic side of pregnancy and birth.

Auriluz: You mentioned that you work in an ICU? Would you be able to tell me your position because I actually have like a section of the interview that is just for medical professionals? Would you be interested in continuing into those questions?

Participant 9: Sure. That would be cool.

Auriluz: In what department?

Participant 9: ICU critical care.

Auriluz: Yeah, but for example, can pregnant women can be in the ICU as well. Like there isn't an ICU for the elderly, youth, etc.

Participant 9: If they have a critical need to be here, yes, but for the most part, it's just people that have critical health conditions.

Auriluz: Okay, thank you for clarifying. So what changes have been implemented since the shutdown? During the rise of COVID?

Participant 9: Well, as far as where I work, when it first started, we had an influx of patients, and to separate the patients that were COVID positive or suspected COVID positive from patients that were COVID negative to keep cross contamination and further infections and spread from happening. We turned into a lockdown COVID unit, meaning the unit was secured as far as anyone entering if you didn't work here, you can get in here. I mean, it's been like that pretty much before COVID. But it was to the point that you had to not only have a badge to access the unit, which we have just from being employees here. You have to have a sign PP meaning either up 195 masks down blows the whole night. And that's assigned to permanent staff, like visiting

staff had equipment that they had to sign out. We had people that kept blogs and tracks of inventory, and people that came in and out of the unit. And as far as the staff goes, if you had an underlying health condition, or you were pregnant, or you just didn't feel comfortable, you had the option to be floated somewhere else and work somewhere else. During the duration of the lockdown, which I want to say it was about almost a year, I think we locked down last year, July. And we unzipped and converted back to a regular ICU last month.

Auriluz: As I'm sure you know, there's been a lot of like gaps in terms of communication and accessing resources, being able to get in contact with doctors and stuff. So would you be able to talk about the measures that were taken by the hospitals to potentially fill in these gaps and how successful you think they ultimately work?

Participant 9: Honestly, I don't know because the ICU was an inpatient unit. So we don't deal with people that are trying to contact the providers and trying to get help and information, because our patients are admitted here and monitor 24/7, so I don't have that experience or that knowledge.

Auriluz: That's fine, I understand. So what do you believe might be different for you? Or can because you worked in the ICU. But do you believe that there's like, a prioritization of patients right now? And where do you think pregnant women fall into this list of priorities?

Participant 9: I would say there isn't hybridization, I just don't know where specific people fall as far as being pregnant and being in the ICU. I mean, like I said, unless you're critically ill, then he, they wouldn't put you here COVID, or no COVID. But from what I can tell from being a staff member, they do prioritize pregnancy, because everyone that does work here that has been pregnant was given the option to work elsewhere during COVID. And I'm pretty sure as far as being a pregnant patient, when you are pregnant; they consider you to be two patients in one. So it is a priority, regardless of COVID or not.

Auriluz: Are they giving any additional resources to protect themselves?

Participant 9: I think as far as they care, it's more so the same thing, if not similar to what they do for everybody else, they just make sure that you haven't been exposed if you have been exposed, that they're monitoring you, you're quarantining, and they have to check not only the mom, but the baby as well. So that's the only thing that I'm aware of.

Auriluz: How do you feel about that? Do you think they should be taking extra precaution?

Participant 9: Um, I don't know exactly how to word this. But as far as that goes, from the research that I've done, there's not enough information or research that, you know, has been

conducted as far as COVID. Pregnancy in pregnant women and how it affects the fetus, the mom. So I can't really answer that, because the information isn't there to make that assumption or to make that judgment. It's just been pretty much Well, you know, if you have COVID, and you're pregnant, then you just have to quarantine and go through the process. Unless you're not getting better, then you go to the hospital, and they do what they need to do. They run whatever tests they need to run. But as far as like, you know extra precautions or special precautions or anything of that nature. It's not enough research out there to make that determination. They haven't studied enough pregnant people during COVID to make that determination.

Auriluz: So what are some barriers that you think may be preventing that? Like healthcare providers and or hospitals in general to provide the optimal service for their patients. I think, for example, you mentioned that not enough research being done might be a barrier.

Participant 9: Not enough research is definitely one. The CDC guidelines', changing is definitely a barrier because we implement things based off of the research and the guidelines that the CDC provides because we have to follow those guidelines. So once they change then we have to revamp everything. And also, along with not enough research in the guidelines, changing the equipment that's needed also changes. So if the guidelines changing says, we need to go from 95 masks to regular face masks, surgical face masks, we may have a whole bunch of inventory for 95 masks, because that's what they told us we needed. So that's what we ordered a surplus of. So now they're telling us that we need regular face mask. And it's like, okay, that's what everybody else has been using. So now that we're trying to order that we may not have enough available. So it's, for me, I would say a combination of not enough research, the changing guidelines, and inventory and equipment that changes with a guideline.

Auriluz: I actually had never considered that, thank you for that perspective. Is there anything that you want to add in terms of your experience that you want to share with other mothers, or other women who are trying to get pregnant and may look at this research as something to motivate them or get more knowledge?

Participant 9: I mean, the only thing I will say, is COVID, or no COVID. Just do your own research and make decisions that are best for you. Because everybody's situation, depending on where they live, their financial status, their health, their underlying health history, everybody's different, and nothing works the same in any pregnancy, whether it's cold or not, because I like I said, I had two kids, the pregnancies were very much the same, the deliveries were completely different. So my only advice would be to do research, and pick what's best for you to whoever is looking at this interview. It's just a matter of what you feel comfortable with your personal preference, and don't allow the pandemic or healthcare workers or anyone else's opinions to influence their decision.

Auriluz: Taking that advice into consideration as someone who navigated through what is now three pregnancies, do you have a plan going forward with how you want this delivery to go? What additional resources have you sought out, I know you mentioned that you're due next week.

Participant 9: Um, for this one? Not really. We'll see how it goes. Because with the first one, well they both kind of started at eight o'clock as far as contractions and stuff go. The first one, my water broke at like 1130, I was at the hospital at noon, I got an epidural, I took a nap. And I think I delivered around 5pm the second one, my water never broke, contractions started at eight. I got to the hospital at 1030. She was born at 1133. So it's completely different. So for this one, I'm kinda like, okay, we'll see how this goes. And based on how it goes, I'll make decisions as I go. Because with the second one, I planned on getting an epidural. It didn't happen, it happened too fast for me to be able to get it up a girl. So this one is kind of like okay, you know, I don't know what to expect, since the last two were completely different. So depending on how it goes whenever I do go into labor, that will determine the decisions that are made.

Auriluz: Okay, is there anything that you are hoping for or that you completely change?

Participant 9: I kinda want to stay the natural route. So I'm hoping that it's as fast as my second delivery. So that way, I don't feel like the epidural is necessary. And not only that, from the two different experiences, getting an epidural, once it wears off. For me personally, I felt everything at once. Like once the epidural were off, I felt all the pain, I felt everything at one time. And I feel like it lingered because I was numb to it. With a second one, I felt all the pain and everything as it was happening. And then once the delivery was over, it was kind of a relief that everything was done. And obviously in comparison to the pain, it felt like nothing happened. So for this one, I'm kinda hoping and goes as fast so I can avoid getting up. But we'll see *pause*. Again, everyone and every birth is different. I just recommend they do their research as far as what they need. And I know for a lot of moms, whether it's first time or not. The breastfeeding thing has been a concern for a lot of people that have asked me about it. So if they are concerned about anything, look up the resources in their local area based on what they want and what they need and not what other people tell them. So if they want to breastfeed, but they feel like it's a challenge, look up lactation consultants look up, you know, depending on what they believe either holistic ingredients that helps with lactation, or medications that help with lactation medications that prevent lactation. And from what I know, personally from being in the medical field, and you know, having kids before it's not recommended to start birth control right after delivery, because it does affect your lactation. So that would be my only recommendation.

Auriluz: This was all so insightful, thank you so much. I really appreciate you and your time.

Participant 9: No problem, I enjoyed your questions.