

Episode 233: Pandemic Postpartum

Lizzy: I'm Lizzy Ghedi-Ehrlich.

Lisa: And I'm Lisa Hernandez.

Lizzy: And we are your hosts for Scholar Strategy Network's No Jargon. Each month we'll discuss an American policy problem with one of our nation's top researchers without jargon.

This month, we're focusing on the postpartum experience of new parents during the pandemic.

Lisa: That is quite the experience. I mean, I learned from just reading the article by Dr. Tova Walsh that. I mean, I haven't experienced motherhood before, so I didn't know. You only got one postpartum care visit. And that seems really wild to me. Like you're you birth a whole baby, your body and your whole life can completely change and you get like one checkup after six weeks.

That seems not correct... but what do I know?

Lizzy: Well, and that's, I guess that's the, uh, the recent op-ed from our subject who we'll be speaking with today. That's up@nbcnews.com and, uh, yeah. You know, what's really interesting, Lisa is that's not even a pandemic thing. That was that way before. I have two children. One pre-pandemic, one post-pandemic. So I've experienced both sides. And, uh, that was one thing that was already kind of bonkers. So we'll definitely ask her about that.

Lisa: And so now it's just a call then. So you just get like a telehealth call

Lizzy: It depends. You know how we do it in these American states. There are so many variables depending on, uh, you know, where you live, what kind of providers you're working with, uh, what kind of insurance you have. So I think we've got experiences running the gamut, but I think there's also a lot that folks are seeing emerging as things that new parents and new people who've given birth have.

Um, and we'll definitely be exploring what those are and, you know, to give a preview. I think we've all read the articles at this point. It's pretty not great. So

Lisa: Yeah, it seems like a lot of compounding issues surrounding this type of care. I mean, a lot of massive layoffs cost, disruption of health insurance. I mean, disruption of so many, in-person visits and then you have isolation from your family care workers and people who can sometimes provide assistance that you need when you just give birth.

Lizzy: Yeah, well, good job. Uh, really got a handle on the picture as a non mom.

hope that we're. It takes the village. I feel like we've said that before on No Jargon, but uh, we'll, we'll get into it for this week's episode. I spoke to Dr. Tova Walsh, She's an assistant professor of social work at the university of Wisconsin. Dr. Walsh's research focuses on understanding and improving health and wellbeing in multi stressed families with an emphasis on pregnancy and early parenting in contexts of risk.

Here's our conversation...

Lizzy: Dr. Walsh. Thanks for joining us on No Jargon.

Tova: Thanks so much for having me.

Lizzy: So a lot of your research focuses on pregnancy and early parenting. Uh, and from what I understand, March, 2020 started the COVID-19 pandemic. Gave a whole new dimension. So to what you were looking at, you know, we know you've been examining what the postpartum experience, that's the stage immediately after birth from your parents and their babies and what postpartum care, the medical care you're supposed to receive for that very specific period of life looked like in those early months of the pandemic.

You've been open about how this wasn't just your research. This was your life. Uh, this, this was your own postpartum lived experience. Can you tell us a little bit about that? You know, how did it impact your research?

Tova: Yes. Well, so as you were saying for a long time now, I've been studying early parenting. and I was already a mom of two, but I was expecting my third baby in March of 2020. And the timing of her arrival just coincided pretty perfectly with the pandemic. So in the days before my youngest daughter was born, her older sister's school shut down and, um, you know, everything started shutting down around us.

And in fact, the day she was born was the day that. For at home order started in Wisconsin, which was our first of statewide, uh, shutdown. so as somebody who studies early parenting, you know, it was having my own experience of welcoming a baby in really stressful circumstances.

And it really shifted my research agenda to start thinking about what other families were going through. And, since that time I've been looking into.

Lizzy: Yeah. And so, you know, share some of those stories or I guess I should really pause and, you know, in solidarity, say like, yup, youngest child born may of 2020. So right there with you, um, tell us some stories about what those early weeks were like, as the world were grappling with this new virus and we were in lockdown, you know, maybe your own experience, but then you did some qualitative interviews actually talking to parents of new babies.

So what was the same? What was.

Tova: That's right. So, you know, in my own experience, as things were just changing so quickly since she was born just as the pandemic really kind of took off locally. you know, in the days leading up to her birth, you know, my OB was saying, I really have no idea what it's going to be like when you deliver every time I go to the hospital, there's a new policy in place.

Lizzy: Which is so frightening, like that's already a stressful time, even for those of us that weren't having our first birth. I think about that a lot. What was this like for first time parents?

Tova: Yes. So I think about that a lot too. I at least had, some sense of, of comfort from feeling like I had a little bit of a sense of what to expect from the first time around, but all the more so for first-time parents, it must have been so incredibly scary to have all that uncertainty. so, you know, so we were kind of checking the website all the time.

We were tracking the news out of New York city and Seattle, where. Fiddles. We're not allowing people to be accompanied to give birth. And that was probably my biggest fear at that time. That was what was keeping me up at night. and you know, and then later on, when I got into this research, got to speak to some of the moms who had that experience, which luckily I was able to avoid,

Lizzy: Oh, you did.

Tova: yeah, so in my, you know, for me, we went in and. kind of, in retrospect, I feel like at the moment, you know, just focused on having a baby and pretty consumed by worry about the pandemic and everybody's safety and, kids at home and where we going to get infected with something at the hospital and bring it home.

You know, a lot of fear, but then also we just witnessed so much change. Like the nurse who did the hearing screen with my baby kept kind of bumping her head against the face shield that she was wearing.

Cause it was her first time wearing one. And of course at this point she's been wearing it for nearly two years. I'm sure. but you know, we were kind of right there as that was happening and they weren't as sort of, if your husband goes out to, you know, get something, don't know what will happen when he comes back.

If the screening will be different or if he'll be allowed back in. so there was just a lot of uncertainty and, you know, and now that we have this sense of this has changed lives, for, almost two years, it feels like we just kinda witnessed this piece of history that at the time, just, you know, we were just in it and trying to get through it.

And now it's, it's kind of incredible to think of that as the start of something.

Lizzy: Yeah. And so what about the folks that you spoke with, you know, like what was I clearly, there's going to be some similar threads there. I think, you know, birth is always this time of uncertainty, uh, regardless of how many rodeos you've pinned to. So I'm sure that that was shared what was different. What were some other interesting stories from, from parents that you spoke?

Tova: it was just incredible. And I feel really, really grateful to all the moms who've participated in my research to get to hear stories of other mothers who gave birth at that time. And so there's a lot of overlap and then there's a lot of distinctions. I interviewed mothers around the country.

So I've spoken with moms. Almost every state at this point. And, um, some, pieces of this really kind of had to do with what was happening kind of on the ground at that moment, that things were pretty different in some parts of the country than others. And, you know, even the timing within the month of March.

So I've interviewed mothers who gave birth in March of 2020, early March versus late March. You know, it seemed to be really significant. Some folks, feeling like they give birth just before everything. Some really kind of witnessing the change. Like I talked about some people, kind of having the panic of everything changed and then they were going into the hospital just afterward.

You know, there was a lot of talk, particularly for moms in bigger Metro areas than where I live about just how surreal it was, like going to hospitals in places like LA or New York city and the streets just being eerily empty. For some moms that change literally hit while they were in the hospital. so I've spoken with two moms who had to give birth alone because they were diagnosed. COVID at the hospital, like this one, mom who, um, you know, with asymptomatic, like had no clue, you know, like went into, deliver with her husband.

They give a COVID test. She's positive. They decide to assume for whatever reason that her partner who she's been sleeping next to him, breathing into his face, like they don't give him a test. They just say, he, you know, he's not allowed near her. Yeah. So, and they brought her to this, remote part of the hospital to give birth where she describes like, no one changed the, like empty the trash, like in the days that she was there, like, he was thirsty and there was no one to get her water.

Like her experience was also so horrible and startling. you know, they drive to the hospital together and then just abruptly, she has alone, um, in this And I talked to one mom who had a C-section just before things shut down and had some complications and was in the hospital for a bit. And it just really felt like, you know, leaving one world to go into the hospital and coming out to another world. So a lot of the sense of things changing so rapidly and just as the baby arrived, for mothers who had babies later in the pandemic, May have also had a lot less support

that they anticipated, but it had maybe sometime before the birth to kind of think about that and think about, okay, now I know this travel, isn't going to be possible for my own mom to be with me or whatever support it might've been that they had been looking forward to.

Um, a lot of the moms that I interviewed who gave birth in March were just really kind of blindsided going into the hospital, coming out you know, getting messages like from their own. you know, our, our flights were canceled or we've canceled our flights or, you know, we don't think it's safe anymore.

So kind of for first-time moms in particular, it just really felt like getting the rug pulled out from under you that, a lot of the support they had counted on just disappeared just at that moment.

Lizzy: So, I'm thinking about all of the examples. Uh, families with just horrible stresses on them from every different angle that are becoming so prevalent in public discourse. Right now, there's just so many compelling first person articles about parenthood and the stresses of parenthood, especially for children.

Five, there's no vaccines available yet for infants and younger children coupling that with, you know, a lot of us with younger children who are in that category also have older children who've been in and out of school or daycare. Everyone is at this absolute breaking point, but then next week there's a new breaking point.

And the week after that, and I feel like it's very accepted, you know, whether you're a parent or not, We've accepted that that's the narrative. And so I'm interested in, you know, what is your research adding to this public conversation? That's just already so prevalent. Um, if we're aware that things are this nuts, what did you learn specifically looking at these folks and their individual experiences that puts a little bit [00:08:00] of extra detail or nuance on that story that's already so.

Tova: Right. So it is, I just have to pause for a minute to, to say, you know, I've read all those articles you're talking about, or maybe not all of them, but lots of them, I somehow can't look away. And, um, and it is just overwhelming that we are at, two years in and continuously having these articles about, you know, how parents are overwhelmed and yet it just, you know, it continues.

Lizzy: it continues. It's like we're at the breaking point. Oh. But no, now we're at the breaking now it's really the breaking point.

Tova: Right. Well, you know, I think that one thing, my research authors, um, you know, so one piece of this is that I have focused really specifically on the perinatal period. So in particular, kind of late pregnancy and early postpartum, as I've been talking to people about their experiences surrounding.

And so I think that offers some insight into the experience of that specific window of parenthood, but also at this moment now that we are, you know, two years in and things continue, I think just offers some ideas for what we could do to better support people who are having babies now. So I've been thinking a lot about this lately, as you know, the Omicron surge kind of, ramps things up again.

And, and it is just. You know, really horrifying to me to think that people are having similar experiences to what we went through in March of 2020, and maybe May of 2020 for you. Um, know, in terms of feeling so overwhelmed and not sure how to access, support, and policies changing all the time. Uh, and I think, you know, some of the stories that I heard from, from moms who gave birth in that earlier time, I think really offer some ideas.

You know how moms can take care of themselves. Parents can take care of themselves, but also have the people who care about moms and other new parents can, can do better this time around in terms of supporting folks.

Lizzy: Yeah.

Let's lay out some of those kind of negative outcomes that, that you're observing and get those really squared away so that you can talk about like what solutions you're kind of imagining, you know, when we talk about the perinatal period, I like that term. So, we're talking about the time surrounding birth pre and post.

Those are some real sleep deprived times. It can be difficult to maintain physical health. In normal times when you have all the supports that people like to have available to them. So, you know, what limitations did you see the pandemic creating for postpartum folks? When it came to kind of taking care of their physical bodies?

Tova: Right. So in terms of taking care of their physical bodies, one piece that was lost was just, you know, the access to healthcare. So for a lot of moms who gave birth early in the pandemic, postpartum visits were postponed or were moved to tele-health. And for a lot of the moms that I spoke with that just did not feel adequate at all.

so, moms who were, you know, had questions about their physical recovery and weren't sure how they were doing to have like a check-in where somebody asks you, but can't actually look and see, are you healing? Okay. And give you some feedback, you know, that was a really big loss, for folks, for whom it was delayed.

In some cases, I, you know, I've talked to moms who had some complications that were discovered. You know, later when they eventually got in that might've been discovered sooner and maybe the recovery would have been easier and they would have gotten, you know, more

effective care, more timely care, I guess I should say, you know, it's that [00:11:00] hadn't been, policy of deferring postpartum care at that time.

So that was one real loss. And that extends beyond just the postpartum care with an OB GYN or a midwife. Um, you know, but a lot of moms really struggling to access mental health care or, breastfeeding support, um, you know, other kinds of professional care that might've been useful to them at that time.

Lizzy: Yeah. What about mental health care specifically? You know, that's another thing that I think people have noticed regardless of your, parenting status and regardless of what pandemics are going on, we do have, you know, it seems like a lack of providers. There's some stigma around sometimes seeking out mental health care.

So there's already been barriers for folks, to receive that type of care. What did you see with postpartum mothers specifically and not their physical bodies, but kind of mental health during the fourth trauma?

Tova: Right. Well, you know, one thing that I heard about was, for folks who did have access to mental health care through telehealth, that that was really difficult and complicated, for new moms. So I've talked to a number of moms who said, well, the provider said. Meet with me, by tele-health.

But the thing that is stressing me out so much is, how exhausted I am and how kind of anxious it's making me that I have a baby who won't stop crying. And now you are trying to get therapy while you can literally hear your baby crying, right? Like their baby is in the next room. And the difference between, even just the respite that it would have offered, if they were able to go into an office for, you know, a 30 minute appointment, whatever it might be, the experience was so different when you were doing that.

Zero sense of having, stepped out of your constant momming and your exhaustion and your need to be attending to somebody else's needs. you know, this was particularly true, for moms and smaller spaces. So when I talked to a mom who lived in, you know, in a small apartment, you know, in a major city talking about trying to get healthcare, whether it was physical health care, mental health care, when it was all tele-health and she just had no private space, you know, she was in a.

She's describing, trying to do her postpartum visit in a closet, and the same thing applies for mental health care. And you know, just how that experiences is so different and could be really undermined if you were not able to have the sense of a little bit of protection around you to, to focus on your health and not be hearing and consumed with what the others in your household need from you in that moment.

Lizzy: so, one of the ways we wanted to talk about this now of course, is because we're sorta like Right, back in it, with the Omnicron surge the past couple months, it's felt like we've held up a mirror to March 20, 20. You spoke already about how you're seeing us, not maybe taking some of the lessons that we did learn over the past few years and, uh, you know, it's, it's, uh, Unpleasant to think of folks who are having a similar experience to people who had to give birth in the early stages of the pandemic.

You know? So what are the similarities, but are there also differences? Have you seen kind of a transition I'd love to get a little bit of progress report?

Tova: right. A little bit of progress. I think the major difference between March, 2020 and now is just how much deeper our understanding goes of how COVID operates and how you can mitigate risks. So some things that I think healthcare providers and others, family members, friends did sensibly in March, 2020, because we didn't understand enough. And the priority was keeping people safe and staying away was one way to do that. we do understand a lot more, you know, how to mitigate risks. So in addition to, you know, having access to vaccines, just understanding, the difference that masks may, or, you know, just various things that we've learned along the way, I think you know, should allow access to a bit more support for moms today.

Another Policy that I want to mention that was really a barrier for a lot of moms early in the pandemic. You know, I mentioned not being able to go see providers or, you know, having visits as switched to tele-health another thing that came up. Was that providers in an effort to reduce risks to babies, weren't allowing moms to bring the baby with them to a postpartum visit.

And I talked to a number of moms who said, that was a barrier that made it impossible for me to access care. my state was in a lockdown or I have a partner. Who's an essential worker who is out of the house. Who was I going to leave my baby with? I couldn't go in to get that care.

think a lot about that one and what could be done. differently now, you know, which barriers can we remove for moms today? you know, we've learned a lot about how to limit risk by having, for example, people wait in their car until it's time for the appointment.

Uh, you know, maybe it is okay and should be okay for a mom to bring her baby with her. If that's the difference between getting care that she needs or not getting

Lizzy: Or not. Yeah, sure. so I'm a person who has given birth twice, once during a pandemic and once not. Even, you know, when I, so when I take those two experiences, matching them up against each other, even in the pre pandemic birth experience, it is so notable how many appointments you have and how many touch points there are with like healthcare workers leading up to the birth of a child.

And then you're in the hospital. If you have a hospital birth and that's of course, like heavy contact people in and out of your room all the time. And then you leave. The cliff that drops off there is really notable. And so regardless of the pandemic, you've talked about how there were complications, post pandemic about how postpartum care went about how we have these new restrictions of who could be appointments, appointments, moving to telehealth.

but that was even notable, before that happened. Do you have any kind of insight or any background on like, what is the deal with the us seeming disinterest in postpartum care? You know, is there anything in kind of the, like the history of the medicalization of pregnancy and post-pregnancy care that, speaks to why we're like this.

Tova: Right. Well, I think, uh, first thing to note is that we're like this in the United States. It's not like this everywhere. so anytime you talk to a mom who has given birth once in the U S and went somewhere else, you'll often hear these of. You know, I gave birth in this other country and I had regular home visits.

I, you know, I was in the hospital for this longer period of time where I had support while I was figuring out feeding my baby. And, it was my own recovery. we are notably bad at postpartum care

Lizzy: Yeah,

Tova: So yeah. Well, you know, I think a number of factors, but in part, some of the ways we fund things.

So in particular, lower income moms, you get higher coverage during pregnancy. And that ends pretty soon after birth, which is a real limitation with our system and adds to disparities and who gets postpartum care and who doesn't, and, probably contributes to some of the disparities in maternal mortality and morbidity.

So some of this is about, how we fund things. also just reflects kind of a larger system of. Lesser support here, lesser safety net for people in general, for families in particular for young children. you know, when I I've been doing these interviews with moms who gave birth during the pandemic, I've been hearing a lot of folks talk about, you know, losses they experienced and, you know, care that they didn't receive.

And they, they put it in this larger context of, I don't know how to distinguish it. You know something about the pandemic or if this is just kind of usual ignoring of women's pain. Right. So, it's pretty stark when you talk to women around the country and hear kind of over and over again. Yeah. I think it was worse, but I don't know that it would have been good.

Had I given birth at another time, you know, I'm not sure at another time that someone would have listened to me when I said that I was in pain and really needed to come in. Um, but as you're noting, it just drops. In such a stark way from being seen, going in once a week to, or sometimes more in those last days of pregnancy, you know, up to not being seen until typically in the U S once at six weeks and, you know, and the contrast, the other contrast that is so stark, that a lot of moms I spoke to me.

we do a lot in terms of newborn care. So we pick up right away with of really frequent checks in those early days for babies. And even during the pandemic that continued. So if we think, you know, it was not safe at all, early in the pandemic for people to go into healthcare settings, it's hard to understand why, postpartum women couldn't be seen, but at the same time, you know, some women were going in daily for a weight check to a pediatrician's office.

So some things continued, you know, but moms were really picking up on the. Now that you've delivered this baby, you know, we're less concerned with your health

and that message just came through loud and clear. And one of the things that I think about, when you were asking about what can we do today?

You know, I think there's a lot of room. One of the things that really disappoints me is that I haven't seen any efforts to get. Rebuild trust or kind of regained ground for [00:19:00] people who didn't get the care they needed early on. So, you know, what would it look like for a mom who is a, who was a first-time mom early in the pandemic and who maybe is expecting a second child.

Now, some of the people I've interviewed, are preparing to have another baby and their experiences the first time around. So neglected. So in order to be able to give good care now, and in order to be able to meet a family's needs over time and have them have trust in healthcare providers and others to be there for them, to have access to support when they need it.

And, you know, I wish we would be doing some things to kind of reach out to them. Go back to the folks who, you know, I talked to some who never had a post-partum visit, kind of checking in, even at this late date in some kind of way to say, we know things were really off, right. That, and you give birth at this moment when everything kind of blew up.

you know, is there anything that you need now, or let us tell you what it's going to be like this time around, in some kind of way that offers some reassurance that it's not going to repeat.

Lizzy: Yeah, what else do we do? What are, what other policy suggestions do you have? That one sounded like I was, I was thinking like, who's the weak who reaches back out, you know, is

it their hospital? Is it, or wherever, whatever institution that they were working with to give birth, is it the government? Like, so what, what maybe does that look like?

Who's, who's responsible and then, you know, what are the other things you can imagine that we actually should be doing?

Tova: Yeah. you know, I can think of handful of different professionals that I wish would do that, you know, one is pediatricians could have, we haven't talked about that piece of it. But one thing that I talked about a lot, in my interviews with moms was, you know, having the experience of only one parent being able to attend a visit, right.

that was early in the pandemic in some places that never changed in some places that's back again, you know, Restriction was lifted and kind of has resumed. and so I talked to a number of moms who said, well, you know, my partner has never met my child, you know, a year later, my partner hasn't met the pediatrician because only one parent could go.

particularly, uh, in the case of moms who are breastfeeding, they felt like it should be them, you know, as a source of, you know, food and comfort. If they're going to be there for a while, what would it look like for a pediatrician. When restrictions are lifted. So it doesn't really work if they're still in [00:21:00] place, but to reach out very intentionally, you know, Do a mailing, you know, make some phone calls and say, we know that for the first year or however long it is of your child's life.

This restriction has been in place. We really want the whole family to be engaged in your child's care. We wanna kind of warmly invite you to come to the next appointment. We'd love to meet you. you know, that's one thing I've been thinking about is, is some of the kind of missed opportunities for contact if there is some way to intervene so that those don't just become.

habits that continue like, okay, this is now this parent's job to go to the pediatrician. And this parent never meets the pediatrician. Like we could intervene professionals who deliver that care could intervene to try and disrupt that pattern. Um, I spoke with a lot of families where that wasn't kind of how they imagine things or how they wanted things to be.

And they felt like, you know, speaking primarily with, heterosexual couples like that, they got pushed into these really gendered roles.

Don't want to, to maintain. Um, and I think, providers could support families in, uh, getting back on track to, you know, where we would hope to be in terms of having all parents be part of their child's care and be able to receive the support that a pediatrician can provide.

The opportunity to ask questions and to learn from that professional is something that many parents and in many cases, fathers have lost out on given the

Lizzy: Yeah, Yeah, no, that's a really interesting one. And that's, you know, and of course I feel for all the providers who, in these conversations we treat as this sort of separate stakeholder group. but so many of them are parents too, you know,

also we're also burnt out, but yeah, that would be really interesting and go a long way.

Tova: I just want to say, as you're mentioning that, and I feel like we have to acknowledge that. And I just want to kind of emphasize underscored that point. You just made that, you know, a lot of these professionals that I'm talking about have been practicing through a pandemic for a couple of years.

Maybe your parents themselves maybe are operating in offices that are short-staffed. You know, we keep reading about all the shortages of providers. So, you know, this is not easy stuff. And so when you're saying kind of who's responsible. It's going to be, you know, where's the influx of funding. That's going to allow us to rebuild the workforce and make it possible for someone to make those calls that I was talking about.

You know, these are going to be policy decisions. And I don't mean to just add to the burdens of, providers who are doing their best every day in really stressful circumstances.

Lizzy: No that's, I mean, that's, so that's a very important point to show how this is still all part of systems and yes, there are, there are triggers and, you know, and, and levers that can be pulled in order to free up what appears to us on the outside. Just a simple, like personal energy which we know is that a low for all of us, regardless of how many infants are in your household currently.

and you know, these public discussions around. Pandemic postpartum and parenting experiences are really centering the problems. You know, there's this existential creed occur from parents and everyone around them, teachers, pediatricians, just all of the systems that collectively rear children. Um, so we're talking a lot about the stress and the depression and poor physical and mental health outcomes.

and I feel like we're meant to assume that the policy prescriptions we're discussing for alleviating those negative things. We'll just do that. You know, if you had the right policy prescription in place, you'd be erasing these negative things that parents are experiencing, but what I've seen a lot less of, and what I'm interested in, in hearing from you potentially is like, what does a world with the best policy supports for pregnant people in.

Actually look like, so not like what bad things are they being saved from, but what would life potentially look like for the people you've interviewed? If we inhabited a different world, even one with a pandemic, maybe. but with the supports in place, like give me your, your beautiful, imaginative, full policy supported.

Tova: Well, you know, one place that it starts is with better leave policies. One of the things that I heard from some of the parents that I interviewed, was that a silver lining of the pandemic was for parents who hadn't imagined having much time at home with their baby. They actually got more time than they would have because of the pandemic.

So sometimes it was for really stressful reasons like losing a job or having reduced hours. sometimes it was a, you know, a transition to working from home and, uh, in the absence of adequate childcare, it was pretty stressful, but it was still kind of, it felt like a gift the way they talked about it, you know, it felt to them like a gift to have this added time with their baby to.

Be part of moments and milestones that they, you know, hadn't anticipated, they'd get to be present for. Uh, in some cases, people got to parent together was a co-parent more than they thought they would have. So maybe for example, a mom who had some amount of leave, but a partner who had none and then the partner's job turned to work from home.

And now in retrospect, they can't imagine what it would have been like to have the first months, being a home alone with their baby because of the way it worked out, they and their partner were there together and there was some amount of trading off and getting a break when they needed it.

You know, having somebody to, to share the good moments with as well as to, um, lean on when you needed some help. And I would love to see that be possible for all parents, without the stress of it coming from a pandemic and unemployment and you know, other circumstances along those lines. Right. But that could be possible if we had more generous parental leave in this country.

So, that is one piece of it. And I think about, you know, how that. You know, needs to be not only for, for birthing parents, you know, for all parents, just, the, for those who are, you know, welcoming a baby together with another parent to have more shared time to get to know the baby and to, to figure out how you're going to parent together.

I, I think that would be at the top of my list and you know, my other kind of area of research that we're not focusing on today, but really focuses on father involvement. and the pandemic. In, in some ways, opened up some possibilities as well as cutting off possibilities for father.

So, you know, I mentioned the restrictions and, you know, in, uh, on participation in pediatric care and in prenatal care, but in some other ways kind of some dads had more time to spend with their kids or in some cases, telehealth visits, let them be part of a visit that they might not have been able to go to in person because of a work conflict.

So, you know, so I'd love to be able to think in the future about how. Put in as much flexibility as possible to kind of maximize those opportunities for all parents to be involved in the ways that they want to be.

Lizzy: Yeah. And So let's assume, you know, in closing out, we, I'm sure we have a few, pregnant listeners right now are people who are maybe, you know, on the edge of going into their pandemic, birthing experience, any final words you want to impart to folks who might be feeling.

Tova: So I think, you know, my biggest piece of advice or, you know, that I offer for what it's worth it's is to really, And just kind of balance your attention to your physical health and your mental health. I think in the time of the pandemic, it's, it's really easy to hyper-focus on risk of COVID exposure and all the more so if you're pregnant and at higher risk, or if you have a newborn, but one thing that I think I lost track of and that a lot of the moms I interviewed lost track of was being so focused on that and, you know, not attending to the impact on our wellbeing and on our health of, not having.

The access that we needed to, um, you know, to the other things that take care of us and nurture us, right? It's like, so time was friends and family time outside, thinking about what are the safe ways that you can get those connections that you need, that you could have those outlets that you need and not.

limiting yourself so much on the basis of COVID risk fears that, you, uh, you know, are not attending to just the breadth of your needs. And I think we know so much more now to be able to do that safely, to meet friends for a walk outside is a reasonable thing to do with your baby. you know, the other thing that I would suggest is to really remember that your wellbeing as a mom matters so much to your baby's wellbeing.

So it's not a trade-off anytime. I know that doing this would be good for me and I need this, but if I do that, maybe there is some risks to my baby of me doing that. that's kind of a false binary, I think. So just remembering that, you are kind of the world for your baby.

And so, you know how important it is to take care of yourself, in order to, be present in the ways that you want to be for your baby,

Um, you know, the other thing that I would say that, I've heard a lot from moms who I've interviewed is how important it was for them to connect with other moms, having a baby.

At the same time in the pandemic that you might have lots of people in your life who are parents and who can give you all kinds of wonderful support and advice that's general to parenting, but the pandemic kind of shakes things up so much in terms of, thinking about risks and understanding what's going on.

kind of in a particular moment it's changing. So. You know, a lot of moms talked about just how valuable it was and what it meant to them to connect with other moms who were living in this moment and could, you know, understand all the concerns and considerations that they were balancing. So finding those people for yourself, I think is a really important thing to do.

Lizzy: Yeah, that's all great advice. Thank you so much. Tova thanks for taking this break from our almost two year olds to speak with us.

Tova: Yes. Thanks so much for having me. It was really nice talking with you.

Lizzy: And thanks everyone for listening for more on Dr. Walsh's work. Check out our show notes at scholars.org/no-jargon. No jargon is the podcast of the scholar strategy network and nationwide organization. Connecting journalists, policymakers, and civic leaders with America's top researchers to improve policy and strengthen democracy.

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