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Reflections on COVID-19

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Nancy K. Lowe
Editor in Chief

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I am writing this editorial on March 30, 2020. It is a quiet, cool (some would say *cold*) morning in the mountains of Colorado where I am privileged to live. The sun is coming over the eastern ridge and reflecting off the snow that is awaiting May and perhaps even June to finally melt away for the short Rocky Mountain summer at our altitude of more than 9,000 feet. As I gaze on this pristine view of creation with Pike's Peak in the distance, I am mindful of my many known and unknown professional nursing and midwifery colleagues who continue to labor under the reality of COVID-19 and the many individuals who lie in America's hospitals fighting for their lives as human and material resources for their effective care dwindle by the hour.

Two of our own children are physicians, a son in family practice and a daughter in obstetrics and gynecology. In the midst of COVID-19, our son recently lost a patient and dear friend to pancreatic cancer; people continue to deal with and die from other diseases during the pandemic. Our daughter tries to prepare for how to quarantine herself from her husband and young children if she becomes infected with COVID-19 while she goes about her medical responsibilities caring for childbearing women and their infants. Their travel trailer in the driveway may be an option if she needs to quarantine; however, the homeowner's association must approve. Our other son, his wife, and their children live in Washington state where the American story of COVID-19 first became mainstream news. Their children have been very capably homeschooled by their educator mother for many years; hence, their education has not been interrupted. Meanwhile, my husband and I stay "socially isolated" in our home with a view. Life goes on. Birth and death and all the commonalities of life that go between, only they have all changed. For me, a great personal loss during this time is the inability to worship in the company of others each Sunday.

Every day we hear about people who have died from COVID-19 who we may or may not know, whose faces may or may not be familiar due to some degree of celebrity, who may or may not

have had some preexisting condition that increased their risk of death. The stories of these individuals touch our hearts and bring great sadness, and, for some, despair. The internet is replete with stories, advice, and information from multiple sources that may or may not be helpful or even accurate. In the midst of the noise come messages of hope, reassurance, and inspiration that feed our souls at a time of national, personal, and professional uncertainty and challenge. Meanwhile those who die in hospitals may be denied the comfort of loved ones, an idea that is unthinkable and goes against every principle of caring for people that we all embrace as health care professionals. If you lose a loved one, a funeral cannot be held, and the bereaved may themselves need to be quarantined and separated from those family and friends who can support them best through their loss.

In New York City, two major private hospital systems, New York Presbyterian and Mt. Sinai Health Systems, closed their doors to even one support person for women during labor and birth. This restriction was despite the New York State Health Department's guidance that a support person for women is essential patient care even in the midst of the COVID-19 pandemic (Hu, 2020). My heart aches and my mind says *no, this can't be* as I think of women laboring and giving birth alone without the comfort and shared joy of a partner or a significant other. The task before you, my nurse colleagues, to provide this missing support for women is indeed a heavy, critical, but potentially immensely satisfying responsibility. Because I am old enough to have practiced when women labored and/or birthed alone in American hospitals, I can promise you that the privilege of being that nurse for a woman who is alone is amazing and superbly satisfying. Thankfully, due to public outcry, New York's Governor Andrew Cuomo issued an executive order on March 27, 2020, "that required all hospitals in New York, both public and private, to allow women to have a partner in the labor and delivery room—in compliance with the latest guidance from the New York State Department of Health" (Van Syckle & Caron, 2020).

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113 By the time this issue of *JOGNN* is published, we
 114 may be over the hump of the current epidemic in
 115 the United States, or we may not. Only time will
 116 tell. Unfortunately, our public health experts warn
 117 that another surge in COVID-19 cases may
 118 occur later in the year when flu season typically
 119 begins. Perhaps we will be better prepared;
 120 perhaps there will be enough personal protective
 121 equipment; perhaps there will be enough venti-
 122 lators; perhaps there will be enough intensive
 123 care beds; perhaps there will be a vaccine;
 124 perhaps the right antiviral medication will have
 125 been developed and be available; perhaps,
 126 perhaps. In the meantime, for you, my nurse,
 127 midwife, and physician colleagues, I *wish* you
 128 peace and health, strength and stamina for the
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139 challenges before you professionally and
 140 personally, and protection from illness. I *thank*
 141 you for the dedication, wisdom, and care that
 142 you bring to women and their families. There is
 143 no finer calling.
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145 REFERENCES

- 146 Hu, L. (2020, March 25). City and private hospitals split on allowing
 147 support partners in delivery rooms. *Spectrum News*. Retrieved
 148 from [https://www.ny1.com/nyc/all-boroughs/news/2020/03/25/
 149 city-hospitals-to-allow-pregnant-women-in-labor-company-of-
 150 support-partner-amid-pandemic](https://www.ny1.com/nyc/all-boroughs/news/2020/03/25/city-hospitals-to-allow-pregnant-women-in-labor-company-of-support-partner-amid-pandemic)
- 151 Van Syckle, K., & Caron, C. (2020, March 28). Women will not be
 152 forced to be alone when they are giving birth. *The New York
 153 Times*. Retrieved from [https://www.nytimes.com/2020/03/28/
 154 parenting/nyc-coronavirus-hospitals-visitors-labor.html](https://www.nytimes.com/2020/03/28/parenting/nyc-coronavirus-hospitals-visitors-labor.html)