



INSIGHTS

Family separation during COVID-19

Ryan M. McAdams¹*Pediatric Research* (2021) 89:1317–1318; <https://doi.org/10.1038/s41390-020-1066-4>

At 5 a.m., after her mother labored all night, baby Charlie was born. On the resuscitation table, Charlie's little chest heaved as she tried to fill her premature lungs with air. Arriving 10 weeks early, her need for continuous positive airway pressure (CPAP) mask to help her breathe was not unusual. But we were in a pandemic and Charlie's mother was COVID-19 positive; Charlie was born with the label of PUI, a "Patient Under Investigation." Due to her prematurity and respiratory distress, Charlie was admitted to the neonatal intensive care unit (NICU). Since she was a PUI and on CPAP, Charlie was placed in a negative pressure room under airborne precautions to prevent potential COVID-19 transmission. Per hospital policy, her parents were restricted from visiting her.

I placed a stethoscope on her chest and listened to the clear sounds of air filling and exiting her lungs. Even through the glare created by my glasses, plastic face shield, and the plastic incubator walls, I appreciated seeing Charlie sleeping in her incubator. Wisps of blond hair peeked out from under her cotton head bonnet, in place to help secure her CPAP prongs. As I gently touched her little hand, I thought about her parents who were quarantined at home. I wondered how this separation must be causing them tremendous stress and despair. Was her mom home crying, overcome with sadness? Did she feel guilty that she had COVID-19? Was she blaming herself for Charlie's premature birth or isolation? As I stared at Charlie's beautiful little face, her tiny eyelashes, and precious pursed lips, I pictured her parents, stuck at their home, standing over Charlie's empty bassinet. My heart sunk as I realized they had never held or even touched their daughter.

Fortunately, Charlie was COVID-19 negative. However, Charlie's mother had multiple, consecutive COVID-19-positive tests. Twenty-five days passed before her mother and father were able to touch and hold Charlie for the first time.

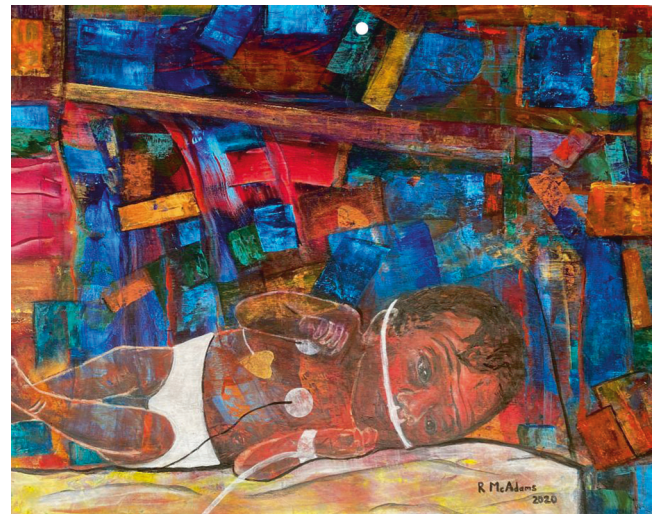
As a health care provider, I have complied with promoted "social distancing" in response to the COVID-19 pandemic to decrease SARS-CoV-2 transmission. In the United States, based on guidance from the Centers for Disease Control and Prevention and American Academy of Pediatrics, concern for maternal-to-newborn transmission risks led to recommendations for temporary separation, when feasible, of the newborn from any mother with confirmed or suspected COVID-19. These recommending bodies acknowledged the downside of these guidelines for both mothers and babies, but given the unknowns, opted to err on the side of caution. As I have supported this temporary parental and infant disunion to ensure safety and decrease infection risk, I have struggled with the uncertainties and lack of solid data.

As a neonatologist, I always encourage maternal-to-newborn bonding, which has numerous health benefits for mothers and babies. While babies admitted to the NICU often require transient

separation from their mothers due to clinical instability or a necessary medical procedure, preventing a parent from interacting with their baby by restricting NICU access is as novel as COVID-19. Often, in healthy appearing newborns, these periods of detachment last <48 h, but for premature infants, who require more prolonged hospitalizations, this separation may extend even longer. In an unprecedented manner, the COVID-19 pandemic has forced us to make medical decisions that defy our most basic instincts regarding maternal-child health. In the name of safety, uncertainty, and expert advice, but with heavy hearts, we have adhered to guidelines and kept mothers from their babies.

What will be the collective long-term impact of separating newborns from their mothers during the pandemic? How will this separation affect exclusive breastfeeding rates, parental-to-child bonding, and impact pregnant mothers' views on home versus hospital births? With ~3.79 million annual births in the United States (<https://www.cdc.gov/nchs/fastats/births.htm>) and the lack of an available vaccine to prevent COVID-19, the repercussions of separation on infants and families may be substantial. Let us hope that the strategies to decrease viral transmission risks outweigh unforeseen risks related to bonding and breastfeeding.

My original painting, "Separation," was inspired by babies like Charlie, babies born during the pandemic who were separated from their mothers or parents. While the mother is absent from the painting and the newborn is alone, I am optimistic that this image reflects a brief historical practice and not a persisting phenomenon. For the sake of the babies and their families, I hope I am right.



¹Department of Pediatrics, University of Wisconsin School of Medicine and Public Health, Madison, WI, USA
Correspondence: Ryan M. McAdams (mcadams@pediatrics.wisc.edu)

Received: 25 June 2020 Accepted: 1 July 2020
Published online: 15 July 2020

ADDITIONAL INFORMATION

Competing interests: The author declares no competing interests.

Disclosure: This essay and the accompanying artwork are original and have not been submitted or published elsewhere. The baby's name in the essay was changed to protect her identity.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.