



STATE OF HAWAII  
DEPARTMENT OF HUMAN SERVICES  
**HAWAII STATE COMMISSION ON THE STATUS OF WOMEN**

**NEWS RELEASE**

For immediate release  
October 27, 2020

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**‘REQUIRED TO PUSH WITH A MASK, I FELT LIKE I WAS SUFFOCATING:’  
NEW REPORT SHEDS LIGHT ON IMPACT OF COVID-19 CRISIS ON PREGNANT WOMEN IN HAWAII’**

**Honolulu, HI**— Today, the Hawai‘i State Commission on the Status of Women (Commission) and Healthy Mothers Healthy Babies Coalition of Hawai‘i (HMHB), a local non-profit committed to improving maternal health, released a new report with findings from the first survey of women who have been pregnant or given birth in Hawai‘i during the COVID-19 crisis.

Prior to the survey, very little was known about the impact of the pandemic to maternal healthcare and pregnant women in Hawai‘i. The survey was conducted over two weeks in September 2020, and was completed by a total of 106 women who are pregnant or who have given birth during the pandemic. Hawai‘i, O‘ahu and Maui counties were represented although the majority (88%) of respondents were residents of O‘ahu. The majority of respondents (59%) were women of color.

“Pregnant women in Hawai‘i feel abandoned during the pandemic, and they’re not wrong. From what we have been told, no one is comprehensively documenting or responding to the indirect impacts on maternity caused by the strain of the pandemic on Hawai‘i’s health care infrastructure. This is indicative of a profound devaluing of women and specifically mothers. We hope these findings result in a better balance between safety for frontline health care workers and supportive maternity care,” stated Khara Jabola-Carolus, the Executive Director of the Commission on the Status of Women.

While every pregnancy is complex and unpredictable, the survey findings suggest that the pandemic has caused suffering and stress for pregnant mothers in Hawai‘i and that they are not receiving adequate maternal care overall during the pandemic. The report also finds that modified labor and delivery policies are inconsistent across Hawai‘i’s hospitals, and are not aligned with best approaches being advanced nationally. Respondents to the survey reported:

1. Lack of sufficient and/or advance notice about hospital maternity policy changes during the COVID-19 crisis. Onus was primarily on patients to ascertain policy changes;
2. Lack of universal testing at hospitals for pregnant individuals and support people accompanying pregnant individuals;
3. Instances where spouse/partner was prohibited by hospital from attending birth of child if the pregnant individual tested positive for COVID-19 and the couple was cohabitating. For example:

*"Because I tested positive for COVID, my husband was not allowed to attend the birth of our daughter. I was asymptomatic the entire time and finished my quarantine, but since my husband lived with me, he was not allowed in Kaiser."*

4. Spouse/partner was prohibited from leaving the hospital and from switching out with another support person to accompany the pregnant individual:

*"Nobody was allowed to leave the hospital which was very frustrating for us because we have three children at home that needed us."*

5. Birth support attendants such as doulas were prohibited from accompanying pregnant individuals delivering in hospitals even though COVID-19 epicenters such as New York City allow doulas to attend hospital births per Governor Andrew Cuomo's Executive Order in April 2020.
6. Pregnant women were required to labor alone until dilated sufficiently for hospital admittance:
7. Hospitals required laboring mothers to wear a mask during active labor and pushing, and a number of women experienced feelings of suffocation:

*"I had to push my son out with a mask on and it was so hard to breathe that I felt suffocated."*

*"The hardest thing that I encountered was having to use a mask while I was pushing. It was difficult to breathe."*

8. Spouses/partners were not allowed to attend ultrasounds and prenatal visits to support their pregnant partner.
9. Single mothers and caregiving mothers were not permitted to take other children with them to prenatal visits.
10. Rushed and poor quality of postpartum care; post-partum women encouraged to leave hospital after only 24-hours.
11. Implicit racist bias present in maternal care in Hawai'i during the pandemic. Nearly one in ten respondents cited racism as the reason why they felt they received negative treatment from health care workers.

Jabola-Carolus added, "The fight for women's reproductive rights is much bigger than abortion. Women's treatment during childbirth in Hawai'i must be prioritized and improved regardless of the pandemic, but because of COVID-19 the situation seems worse than ever. Birthing is not the same as breaking a leg. It is a chaotic, prolonged and profound time in a woman's life that demands and deserves uncompromising care."

One survey respondent, Yasmine Wycoco, stated, "Preparing to have a child, especially your first, is a very vulnerable and emotional time. My hope is that this survey will remind the government and medical institutions that, even during a pandemic, birthing families should feel safe and supported, not isolated and marginalized."

Other key findings of the survey included:

- 87.9% of respondents gave birth at a hospital
- 15.1% reported that their doctor cancelled at least some prenatal appointments due to the COVID-19 pandemic
- 26.4% had telehealth prenatal appointments
- 37.7% of those who had telehealth prenatal appointments stated that their needs were not heard or met during the session
- 50% did not have childbirth education classes offered to them or the classes were cancelled due to the COVID-19 pandemic

- 77.4% said that only one person was allowed to be with them in labor
- 26.4% said that their support person was not allowed to leave the room and return
- 45.3% were given a COVID-19 test at the hospital
- 58.5% said their support person was not allowed to switch out with another support person
- 12.3% stated they had no in-person postpartum visits after giving birth
- 16% were recently unemployed due to the COVID-19 crisis

"It is important for us to know what is happening to birthing people, especially within Black, Native Hawaiian and Pacific Islander communities, during this pandemic. These communities were already being disproportionately affected by the crisis, but what is happening to pregnant and birthing people is alarming and disheartening. We should look at the policies we have in place and ask ourselves are we centering and serving birthing people and their babies in the best ways possible," said Tanya Smith-Johnson, Certified Professional Midwife and Policy Director for Healthy Mothers Healthy Babies Coalition of Hawai'i.

The report includes recommendations for immediate action to improve maternal care. At minimum, hospitals should notify and release maternity policies to the Commission on the Status of Women and the Department of Health in real time when changes are made and work as a coordinated team. The Commission should be enabled to fulfill its role as a hub for accurate and up-to-date information to dispense to the public. The report also recommends that Governor David Ige issue an executive order to:

1. Authorize at least one support person to accompany a pregnant individual for the duration of their stay in any hospital, birthing facility, or postpartum unit, as medically appropriate.
2. Require doctors to inform patients of hospital policies during each appointment so that no one is shocked upon entering hospital.
3. Provide universal testing to pregnant individuals and support people accompanying their labor, delivery and recovery.
4. Prohibit mandatory masks for the pregnant individual during active labor and the pushing stage.
5. Allow two healthy support people to attend labor and delivery acknowledging that doulas are an essential part of the support care team and should be allowed to accompany a pregnant individual during labor and delivery as an additional support person, as medically appropriate.
6. Permit the support person to leave the recovery room or to switch out with another healthy support person.

The Commission hopes that Governor David Ige will accept the recommendations in full and take action accordingly. The Commission and HMHB also want to see collection of racially disaggregated maternal health data become policy and norm during the 2021 Legislative Session.

A link to the full report will be made available shortly.

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