PRENATAL TO THREE:

STORIES FROM MOMS AND FAMILIES ABOUT WHAT WE NEED TO RECOVER, BUILD AND THRIVE
Dear Lawmaker,

Prenatal to age 3 is one of the most critical times for moms, children, and families, yet they often are overlooked and don’t get the support they need to thrive. As our country moves toward continued recovery following the pandemic, we need to address the needs of moms, parents and caregivers by investing in access to child care, paid family leave, breastfeeding support, maternal and child health, equal pay, and ensure that immigrants, who are critical to our care infrastructure, have a path to citizenship to lift our families from the foundation up.

During the first three years of life, the brains and bodies of infants and toddlers make huge gains in development. Babies’ brains develop fastest from before birth to age three, and their early experiences—both positive and negative—build the foundation for brain and body architecture that will support their ability to learn, their behavior, and their overall physical health. We must ensure that children grow into socially, emotionally, and physically healthy kids who are confident, empathetic, and ready for school and life.

As our nation experiences compounding and unprecedented crises, this foundation has been threatened. Many families already lacked access to basic needs like food, health care, child care and housing before the pandemic, and their situations have been made worse by COVID-19.

As we recover from the pandemic and start rebuilding our communities and economy, we must prioritize support for families with pregnant mothers and children through age 3. Child development doesn’t stop when crises happen, and we can’t stop fighting to make sure every child—especially infants and toddlers—has what they need to succeed.

Decades of underinvestment is what made the pandemic so disastrous for our communities and our families. And it’s costly not only for women, moms, and disproportionately women of color and their families, but costly for our economy overall. The economic impacts of the nation's infant-and-toddler child care crisis on working parents, employers, and taxpayers found an annual cost of $57 BILLION in lost earnings, productivity, and revenue.

We also cannot return to a system where a majority of families live in child care deserts, where only 4.2% of infants and toddlers from low to moderate income families have access to care, with this care subsidized by paying poverty wages to early educators, who are also disproportionately women of color.

And without paid leave, caregiving and prioritizing our families and our own well being is impossible. It should be a given, for example, that we should not work and spread illness when we are critically sick and recovering, that we should never have to choose between our families and our paychecks, our lives and our livelihoods. It’s time to keep up the drumbeat nationally to support policies impacting the prenatal to three period in a mom’s (and family’s) life!

Sincerely,
The MomsRising Team
**Alabama**

At 39 weeks of pregnancy, my baby was transverse breech (sideways in the womb). He could not be turned and be born either healthy or even alive. My life was also seriously in danger. I was scheduled for surgery. Luckily, he turned into the proper position for birth. My surgeon, being ethical, canceled the surgery and my son was born 10 weeks later with no complications, healthy and beautiful. It was a scare and since then, I have been acutely aware of those who are not as lucky. Lucky is a relative term here. I never had another child because of the damage done to my reproductive organs.

– Pauline, Huntsville, AL

**Alaska**

I ran an in-home daycare for 15 years. People are desperately searching for affordable daycare and I gave it, never charging above what the state charged for subsidized daycare, even though I barely broke even and wound up owing debt to the IRS over it. I even took in a very disabled infant and didn’t charge more, like other daycares would, because the family couldn’t afford it. The need for affordable childcare is desperate, and must be addressed. These children are brought into the world and deserve all the amenities humans receive, and good childcare, food and loving care is part of that.

– Patti, Anchorage, AK

When both my daughters were in a high quality day care center, the tuition was more than my mortgage. Finding affordable daycare is a critical issue for working families.

– Denise, Juneau, AK

**Arkansas**

Having been a Nurse in a child care for children ages 6 wks - 5 yrs, many of whom had both physical/psychological disabilities I had a first hand view of how badly we need quality care for our young children.

Many kids go to “school” from 8 AM to 3:30 PM and the nutrition they receive there – for many of them – constitutes the majority of their daily sustenance. Many receive nothing but sugary “fruit” drinks and either “fast food” or “junk food” after they leave to go home. Many come in in the morning so hungry they are grabbing at the food and some even take food off others plates! If these children don’t have child care to attend they will basically go hungry, because there is no one at home who cares enough to make sure that they are fed.

– Holly, El Dorado, AR

**Arizona**

As a teacher in one of the lowest paid states, the CTC (child tax credit) dramatically helps my family out. Without it, my family would have to choose between me staying home and losing my career or using the credit to help pay for more childcare.

The EITC (Earned income tax credit) is vital to my family’s well being because if we lost that tax credit, we would never be able to afford a downpayment on a car or house. As a teacher with a master’s degree, I’ve done everything that Republicans value: I’ve worked hard to earn my higher education, I have a successful career, I have good credit and I save where I can. Unfortunately, it’s not enough. My family depends on that tax credit to help us pay off debt, to save, and this year, we’re using part of it to help us purchase a home with a 3% down payment. That may sound luxurious and some may think it must be nice, but as the lower middle class, our housing choices are very limited. The EITC is our chance to make a positive change for our lives and if the top 1% can have a break, why can’t we?

– Julie, Tucson, AZ

**California**

I have so many stories of challenges with the medical system. Diagnosed at 17 with a chronic illness I was denied health insurance after college for pre existing conditions. I had many experiences being prescribed pills and then more and more pills and invasive tests none of which helped and over time made things much worse. Now they know the pills I was on create long term damage and I still suffer the effects.

I have had male doctors who have dismissed my concerns and touched me without asking or talking to me first. My beautiful baby boy is 1 and was born with a congenital difference with his ears and hearing. He needs aids to hear but they aren’t covered by insurance and cost as much as a decent new car. Since I made much less income during his birth year because of being ineligible for paid maternity leave, I qualified for MediCal and a program called CCS to cover the aids and his insurance but this program means
In a room filled with bright lights, Janeal entered her active stage of labor. With each contraction, she yelled and screamed. I held her hand and reminded her to breathe. Her hands were warm and soft. This was her second birth and her worst fear was to have a c-section or have doctors unnecessarily cut her vagina. In between each contraction, I rubbed her back and feet as she repeated affirmations of “I trust my body” out loud. A couple hours later, she was holding her beautiful baby girl in her arms. She had a successful vaginal birth and most importantly for her, no scissors to her vagina with an episiotomy.

Birth is sacred and birth workers play a critical role in supporting a family with accepting a new baby into this world. While we know that this is a growing field for all racial identities, Black women are uniquely able to better support each other in birth because we experience and understand the impacts of racism on our relationships, to our bodies, and on our ability to self-determine our health care.

In order to support a client who is Black, you must either share their experience and be able to provide support to get them through it or understand your privilege enough to support them. Janeal was my first doula client who at the time was a 17-year-old Haitian Black girl. She was homeless, on her second pregnancy and needed extra support. Her boyfriend was in Haiti and her family was not supportive. Employers saw her through the lens of racism, age discrimination, and xenophobia, not wanting to hire a young Black immigrant who was also pregnant. This stressed her out. As her doula, I knew that we had to find ways for her to not be stressed because this is the leading cause of complications like high blood pressure and preeclampsia in pregnancy.

We both shared Haitian ancestry and the experience of young mamahood. I used several opportunities during our prenatal visits to ask her critical questions and explained that she was not alone in what she was going through, nor was she to blame. Every year, thousands of Black women have adverse birth outcomes and in fact, the statistics are daunting. Black women are 4 times more likely than white women to die during childbirth.

According to the World Health Organization, the major complications that account for nearly 75% of all maternal deaths are severe bleeding (mostly bleeding after childbirth), infections (usually after childbirth), high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery, and unsafe abortion. All of which are preventable. Black birthworkers often times use homeopathic remedies to intervene and impact these adverse outcomes. Janeal and I researched natural and herbal remedies for blood cleansing; developed a more nutritious meal plan without taking her out of her normal Caribbean meal plan and began doing deep meditations to get her to believe in and trust her body.

Together, we would say, “I am powerful. My body has been preparing for this birth. I am ready to birth my baby”, as a way to begin thinking about her pregnancy and delivery in a safe and healthier way.

For a young Black woman, thinking about the fears of birth impacts their ability to make an informed decision about whether and how they will have children. We often had long conversations about systemic oppression and through some political education on reproductive oppression, including sharing statistics, videos, and stories of my own births, she was empowered to have a healthy birth for herself and the rest of Black women in the world, against all odds. She was growing to become a social justice advocate for herself and her community.

Social justice can positively impact health equity because it seeks to address the other issues that a Black mama may be facing that impacts her ability to have a safe and healthy pregnancy. Black Mamas Matter is an alliance created to attack those disparities head on, in and outside of the health system. If health care providers, advocates, and birth workers can work together to understand that Black women need more than health care and work to eliminate systemic oppression which creates racial disparities, then we can address the problem at its root.

At 39 weeks, Janeal had a healthy baby girl. No c-section and no episiotomy, both of which she named as something she did not want in her birth plan. I was honored to be a light reminding her that she as a human being has her God given birthright to exist and determine for herself how she wanted to give birth and live a dignified life. It is my hope that more Black women can continue to be a light for one another.

This piece is published in partnership with Echoing Ida, a Forward Together Program.
I have a cap on my income. To be able to afford food and rent I can’t marry my partner or get a job that makes more money unless I triple my income to pay for the $30000 I would have to pay for the hearing aids and health insurance. Basically this is an incentive to stay low income rather than try and make more because as a middle class earner in the expensive Bay Area where we live there is no safety net or services.

– Zoe, Oakland, CA

I am a first time mom with a newborn. For the past few years I have let my career take a backseat so I could complete my masters. Now that I’m looking to go back to work and finding a new job after having my baby and finishing my degree, childcare is a disaster. I already lived in a childcare desert. I’m in a rural area. My town does not have any infant daycare. The closest one is 45 minutes away.

The informal childcare providers who work as babysitters/ nannies often come from families with essential workers or children who may go to school later in the year. How am I supposed to keep my baby safe while also starting a brand new full time job, hopefully from home? Taking care of a small baby is all-consuming, and I fear my career next steps will be severely impacted by the state of childcare during the pandemic. This isn’t to mention the absurd cost of childcare in this country due to lack of government action and support.

As someone who has a degree in early childhood education and has worked in it before, I’m also deeply concerned about childcare workers. This was already a crisis in my community and county, and now it is devastating. Please, do something now!

– Elena C, Pescadero, CA

Colorado

WIC helped me every step of the way in breastfeeding my daughter. I couldn’t and wouldn’t have been able to do it without them. It started with prenatal classes, and education, and after I delivered I was helped with latch, given a breast pump so I could return to work and still provide my baby with my milk. WIC helped me feel empowered and strong, and helped keep me and my baby healthy!

My daughter is so strong and healthy and doesn’t have the allergies and health problems everyone else in the family has. I attribute that to breastfeeding and WIC. WIC helps over half the babies born in the US. This will ensure a healthy generation of children and be less money spent on doctors visits, obesity, allergies, and illness.

– Marya, Fort Collins, CO

Connecticut

I am a single mother of a 3 year old who recently just started daycare. I waited over a year to get her in this program and after finally getting her comfortable enough to where she isn’t crying and screaming after I drop her off I’m told they are closing due to the COVID-19. I am not able to work or go to school now and I’m falling behind on my bills and rent and there is nowhere to turn right now.

– Jessica, CT

My boyfriend and I became first time parents right before the pandemic began. We went from being a two-income household to one. And then his hours got cut as well due to the virus. With an infant in our home, and the bills still coming in, the unemployment insurance has allowed us to keep paying our bills and providing for our new child.

– Erika, Torrington, CT

Delaware

We could really use extra childcare as my wife and I establish ourselves. Though we are both well and able, my wife needs to spend more time learning English and I need to focus on working and getting a masters degree.

A fully funded childcare program would be extremely important in helping us maintain a livelihood while also ensuring that our little one gets the care she deserves. I don’t see any viable way forward for new families otherwise.

– Adam, Newark, DE
Florida
I had planned to have my baby in a birthing center to avoid a big hospital but I had some premature pain and they found three large fibroids.
It is because of Medicaid that I was able to deliver in a hospital, where it turned out the baby was in trouble and we had an emergency c-section. The cord was wrapped around him. He would not have made it if it wasn’t for our Medicaid coverage. Instead, he had the best care and is a happy, healthy boy.
– Ellie, Miami Beach, FL

During my C-section my baby was breached on May 13, 2016. I was in for 12 hours trying to wait for my baby to come down. He didn’t come down. Three nurses had to stick their hands inside me to feel him and it was excruciating pain and blood everywhere that they could not find him that finally a third nurse did. I could not believe how they treated my body without gentle care. They didn’t care.
I hated my labor and I hated my stay. The nurses were horrible. I was so drugged that I remember passing out from time to time for 12 hours. During my C-section I had lost a lot of blood. And even after I delivered. I did not have the moment alone with my baby. My care for my C-section was bad. The nurses only cleaned me 2 times. So I had scabs from the blood all over my skin on my behind and in between my legs. She forced me to clean myself alone and I cried because I could not do it alone. The nurses are not trained and definitely not supervised. Even the head nurse was so rough on me shaving me and moving me. I wanted to just cry and leave.
– Adriana - Fort Lauderdale, FL

Georgia
When my son was born 8 weeks premature, I was filled with so many emotions and so many worries. Initially it didn’t occur to me that nursing might be impossible with him being away from me so much, but that became our quick reality. Pumping breast milk then became my daily (read: nearly hourly) routine so that I could feed him despite the challenges.
My insurance covered the cost of my pump so that I could maintain exclusively pumping for my son for the first year of his life. I am intensely proud of my very healthy child and grateful to have had the opportunity to pump milk for him. It’s unacceptable to me that mothers in similar situations would not have this same opportunity to nourish their babies.
– Sarah, Temple, GA

As a full time working mom I wouldn’t have been able to continue breastfeeding my daughter without my pump that was partly covered by insurance. Having a baby during a flu pandemic is scary enough, but being an ER doc exposed to this and other illnesses every day increased my worry I would bring something home to my daughter and her incompletely developed immune system.
I credit my ability to continue breastfeeding for my daughter remaining healthy through one of the worst flu seasons we’ve seen in years. When your baby is too young to receive certain vaccines, breast milk is the only thing proven to decrease frequency and severity of infant illness. Taking away women’s ability to both support their family and breastfeed their child will almost certainly result in increased healthcare costs for insurance companies as more and more infants needlessly get ill without the protection a mother’s Milk provides. I would do anything to protect my little girl, and my breast pump helps me give her the greatest protection and nourishment I can, all while continuing to support our family and serve our community.
– Melissa, Atlanta, GA

I have 4 children, including a new baby. I have been unemployed since COVID started and only receive 125 weekly after taxes from unemployment. I have been applying to jobs but it’s either they do not have hours or can’t afford new hires. I have recently received an eviction notice and utilities will be cut off soon. It is a very stressful time and holidays are going to be very tough. We can’t control our government when they are supposed to be for the people. They have done nothing to help us, but they want our votes to stay in power.
– T. Atlanta, GA

75 PERCENT
OF MOTHERS START OUT BREASTFEEDING

THE RATE FOR AFRICAN AMERICAN WOMEN IS 58%

AT THE END OF 6 MONTHS
ONLY 13%
OF BABIES ARE EXCLUSIVELY BREASTFED

The Surgeon General’s Call to Action to Support Breastfeeding
By Shireen Hakim

A young Muslim woman stands in line anxiously at the fitting room at a clothing store holding a “NaMastay in Bed” sweatshirt. Behind her, a mother waits with a crying baby. The Muslim woman enters a stall and prays quickly, hoping no one notices her bending and kneeling through the door gap. She hears the fitting room attendant stop the mother behind her from entering a stall.

“Sorry you can’t nurse in here. It makes people uncomfortable.”

“But there’s nowhere to nurse.” The mother replied.

“You can go in the bathroom.”

“It’s unhygienic!” The mother retorts. By now the baby is wailing with hunger.

“You’ll have to go outside.”

“It’s 100 degrees in my car!”

Mother breastfeeding newborn baby in car.jpg

For most people, a fitting room is a place to try on clothes before buying them, but for many Muslims and nursing mothers, it’s a possible solution to the daily challenge of finding a private space to pray or breastfeed. In Western society, it’s difficult to find a place to practice personal yet significant human practices, because they deter from capitalist goals.

Breastfeeding and praying in Western society parallel each other; because both are ostracized because they don’t monetarily contribute. Walking around public spaces, you see space for consumerism: stores to buy clothes, restaurants to buy food, but nothing for spiritual or maternal nourishment. Those are meant to be done ‘privately.’ Both are pushed aside to corners of public places, need special permission to do during work, and are criticized. Both are met with suspicion and impatience. “You want to do what right now? Why?” Both are encouraged to be forgotten in this modern, get rich, “me” society. People don’t see the value because there is no short-term, material gain.

I am not a mother, but I was a breastfeeding peer counselor at WIC. I was shocked at how little people knew the value of breastfeeding. Our society has flourished for millions of years solely on breast milk, so we do perfectly well on it. Even WIC employees, who spend their day encouraging mothers to breastfeed, harassed a fellow employee about taking time to pump her milk. They were concerned they would have to work extra to cover for her. Likewise, when I asked my supervisor if I could pray in an (empty) classroom, she said she wasn’t sure because it could make people uncomfortable. empty classroom with desk and chair.jpg

Because of this, we’ve grown to see these otherwise beneficial acts as burdens, and have found shortcuts. Prayer is pushed to the end of the day, after work, and mothers use formula for ‘convenience.’ Our priority in life has become our work performance and job position. But at the end of the day, isn’t our status in heaven more important than our status with our boss?

We’ve grown to blame our “busy” schedules as the reason we can’t pray or breastfeed, but really, our days have been filled by others to distract us. If we really look, there is plenty of opportunity for these activities.

Likewise, both prayer and breastfeeding offer immeasurable benefits. Prayer provides spiritual growth, personal satisfaction, and calmness. Breastfeeding calms both the mother and baby, increases their bond, and improves the baby’s health. (Surgeon General’s Call to Support Breastfeeding.) On the other hand, work does provide
Any public space should become our space, and allow for breastfeeding mothers and praying people. As the Prophet Muhammad (peace be upon him) said, “The (whole) earth has been made a mosque (or a place of prayer) and a means of purification for me, so wherever a man of my ummah (community) may be when the time for prayer comes, let him pray.”

A clean and comfortable space should be allocated in public spaces, like malls, for breastfeeding and prayer. Workplaces now acknowledge the need for time and space for human needs like physical activity. Likewise, there should be a space for activities vital for physical and spiritual growth like breastfeeding and praying. At the very least, halal restaurants and shops should provide a spot for customers to pray.

This society conforms us to think every moment needs to be spent producing capital. That every moment must be measured in time producing dollars. People feel guilty for taking 30 minutes to enjoy their lunch, or rest. This has expanded to mothers saying motherhood is their “job,” as though they need to justify raising their children instead of working for a salary. In reality, motherhood is natural lifestyle, a role, with immeasurable rewards. It is done out of love and growth, whereas a job is done out of necessity. You don’t need to “earn” time off to be a mother, or to prove you’re using your time productively. Don’t let a capitalist society monetize it. It’s priceless.

This post was originally published on The Muslim Vibe. It is republished with explicit permission.

Hawaii

I received prenatal care and gave birth in May of 2014 at North Hawai‘i Community Hospital, a hospital that was widely renowned for its midwifery program. If not for the midwives at the hospital, I would have chosen home birth. I was mostly satisfied with my prenatal care, although my husband’s very wealthy employer at the time provided us the cheapest insurance available with a very high deductible. We are still paying off the hospital bills almost three and a half years later.

The issues in my labor, birth, and postnatal care that still bother me: 1. I was induced on exactly the 42-week mark, even though I felt fine, the baby’s heart rate and fluid levels were normal, and I had already lost my mucus plug and was dilated to 4 cm. I wanted more time. The midwives checked me every 3 days from week 40. Then one day, a male OB checked me and alarmed both me and my husband when he said the fluid levels were “slightly lower than he liked” and “this baby needs to come out now”. He wanted me to check in to the hospital that day. I suspected some kind of hospital policy was at play. But he made my husband a nervous wreck and I ended up deferring to these two men. It still bothers me.

2. I was admitted to the hospital Saturday morning and the midwives put me on a breast pump to try to start contractions. They also encouraged me to walk around the hospital. Then, they offered me Misoprostol and I accepted. Nothing happened. Then a midwife swept my membrane. The next morning (Sunday) the nurse woke me up at 5:30 am!!! to start a Pitocin IV. Not that I had slept much anyway with all the hospital noise and horrible bed. But still. Then a midwife broke my water. The contractions started around 9 am and my baby was born at 5:47 pm that same day. My labor and birth were very intense and I feel that the nurses and midwife encouraged me to push too hard too soon (I pushed for about an hour). So I tore and needed stitches. I lost a lot of blood. I got to hold my baby for only a few minutes when I got very cold and started shaking uncontrollably. I begged for more blankets and my husband held our baby and watched, scared. I remember my doula, who I had hired and had worked closely with hospital staff for years, arguing with the midwife to stop pulling on the umbilical cord to speed the birth of the placenta. I wonder if it was that or the Pitocin that made me bleed so much. Or both? They put another IV of antibiotics in me and kept the Pitocin going. I started to feel better and was able to hold and breastfeed my baby without a problem. I didn’t put her down or sleep all night. The hospital was way too noisy anyway.

3. On Monday morning, the nurse heard an irregular heartbeat in my baby. She was taken to the nursery and had a chest x-ray and they kept poking her heels over and over to get more blood. She screamed and screamed. I tried to stay with her but felt like I was going to pass out. My husband stayed with the baby and I went by myself back to my room to bed. Despite how scared I was for her, I fell into a blackout exhausted sleep. They brought her back to me a few hours later. She was fine and hungry. I later read that Pitocin can cause irregular heartbeat in the baby.

4. On Tuesday, we were woken up at 6 am to be moved to another smaller room. We filled out paperwork and checked out a few hours later. I was not provided a wheelchair and by the time I made it to the lobby I was winded and dizzy and had to sit down.

5. I started struggling with baby blues about 5 days after
birth. I decided not to wait for the 6 week checkup and made an appointment with the clinic midwife. She looked at my record and was concerned about how much blood I had lost and said I was very close to needing a transfusion. She told me my blues were sleep deprivation and that I needed to pump milk and give the baby to someone else to feed and care for while I slept uninterrupted. This was not an option for me so I suffered from blues and anxiety for a couple of weeks.

6. At my 6-week checkup, I still had bright red lochia and large clots. The midwife told me my stitches had popped but seemed unconcerned. No one told me that I needed to restrict movement with stitches. I think they popped because I did some minor stretching to relieve back and hip pain. I felt pretty lonely and wished that I had more guidance and care in the weeks following my birth. I bled for 8 weeks. I know Iʼm lucky and that it could have been way worse. T

he midwives and nurses were wonderfully caring and nurturing in many ways. But I do wonder if all the interventions were necessary or if they were influenced by an arbitrary hospital policy to get the baby out by a certain timeframe to avoid possible litigation? Anyway, my girl was and is healthy and I recovered. I hope my story can be of help. Also, the midwifery program at the North Hawaii Community Hospital is gone. Queen’s Hospital has taken over and is cutting programs and firing longtime employees who are due to retire soon. All but one of the midwives and nurses that helped me have quit or been let go. If I have another child, I will choose homebirth.

- Kamalei, Kamuela, HI

Idaho

Our first child arrived by c-section; our second (last) child was a vbac (but not in the hospital that helped deliver our first, vbacs are not accommodated at this Ketchum, Idaho hospital). The vbac (vaginal birth after C-section) took place at a birthing center in Boise. With our first child, my wife was a week past the baby’s due date when she sought the help of a chiropractor. Not a patient woman to begin with, she then accepted the chiropractor’s offer to “bring on the labor.”

Several hours later, in the early evening, her water broke. From that moment on, the receiving hospital started its countdown on how long my wife would be encouraged to deliver vaginally (with the help of pitocin, etc). The pitocin enhanced “labor” was terrible for my wife. And, with little or no progress in dilation after 12 hours, the hospital then began strongly recommending c-section.

After 14 hours and increasing pressure from the doctor, we chose this course. In hindsight, my wife and I feel that the natural onset of labor would have been well worth the wait; chiropractor, no pitocin, etc. Yet, once my wife’s water had broken, that hospital would give us only so much time. In the end, the c-section was emotionally very hard on my wife.

Meanwhile, we both feel that she and our son suffered physically from lack of a vaginal birth; no microbes from the birth canal for our son (we did our best to remedy that); no immediate post-birth mother-child bonding; antibiotics and anesthesia (following the surgery) in my wife’s breast milk. The vbac of our second child, therefore, was very cathartic for all of us. Thus, unless some prenatal info suggested that a birth is likely to have complications, Iʼd advise people to stay away from traditional hospitals.

- Jeremy, Ketchum, ID

Illinois

My husband was sick before any paid leave was available and missed most of the extra unemployment by the time he was furloughed. This has been an incredibly challenging time for our family with a new baby and the lack of federal response has been astounding.

- N., Chicago, IL

I gave birth to twins via C-section after over 20 hours of labor with two of my Ob-gynecologists in the operating room. Immediately after the doctor pulled out baby B, I was rushed to the ICU since my vitals were crashing. I remember shaking uncontrollably (probably due to hormone levels/shock). Less than two weeks later, I had to go to the Emergency Room due to bleeding. I had an emergency partial hysterectomy to save my life and lost almost half my blood. I needed 4 blood transfusions. I was thankful that it
was me who had to undergo surgery and not my newborn twins. It was a difficult time and long recovery. I am very thankful and fortunate that I had good health insurance and wonderful doctors and nurses who I credit with saving my life.

– T, Deerfield, IL

I was completing my Master's Degree while pregnant with my daughter, and because of access to care for low-income women had to drive an hour and a half each way for prenatal care, as not all local providers were willing to take patients receiving public assistance with healthcare, and there is a shortage of care providers in our area.

My obstetrician agreed to a natural birth plan, however once in labor, I was bullied about complications, and required to sign consent forms for a C-section after unwanted medications had been administered. My doctor broke my water without my consent at 5 centimeters dilation, which caused complications, and my daughter was born by C-section 12 minutes before the end of my doctor's shift. The next day was her day off.

– Terri, Macomb, IL

Indiana

I can’t even begin to express my gratitude towards the WIC program. My four children and I have benefited greatly from this program over the years. My first experience with WIC was in 1996. I was a single working mom but needed extra help. And my obgyn at the time told me about the WIC program and has been a lifesaver ever since. I always had the security of knowing my baby girl would always have food. Then along came 3 more babies, which were born in ’98, ’03, and 2012 and they also benefited from the WIC program. Although I am married and have help now we certainly have fallen on hard times throughout the years and again WIC was there to help us. I have used the Frankfort, Noblesville and Logansport clinics at some point over the years. And each clinic was accommodating, friendly and so so helpful.

The key to being an effective WIC recipient is to be at all your appointments, and to be there on time no matter what. And while you are there ask questions. I have never been made to feel less than, because I didn’t know something about formula, nutrition, etc.

Also one last thing, WIC has many perks but I really enjoyed having the farmers market checks. They are so helpful especially when fruit and veggies can be somewhat expensive. I have always been extremely grateful for the WIC program. You have fed my babies well. Again thank you so very much. God Bless!

– Anonymous, Galveston, IN

Maternal mood disorders & depression pose significant risk for preterm birth

RECENT STUDIES SHOW AN INCREASED RATE OF DEPRESSIVE DISORDERS OF 4.1 TO 28.7 PER 1,000 HOSPITALIZATIONS FROM 2000–2015

Iowa

When I found out that I was pregnant with my twin girls, it was not a pleasant time for me as it would have been for most expecting mothers. Their father and I had just separated and I had just started a new job with awesome insurance. Well, with it being a multiple birth my body was extremely sensitive to certain smells and odors. I was working at a local factory where the chemicals in the building would cause me to become so sick that I would vomit and become light-headed.

With that being said I had to leave that job and take a lower paying job that caused me to not be able to afford medical insurance. I had to rely on Medicaid for myself and my then toddler. It was a very difficult time for me, as I was sick during the majority of my pregnancy. Without Medicaid and being able to pick the doctor of my choice, I am not sure I how I would have been able to maintain medical coverage and cost for my family.

– Jessica, Indianapolis, IN

I had been in labor after 2 bags of pitocin and had tried every position and vacuum extraction to get my son out, he was stuck. I am a smaller woman. My doctor could touch both my hip bones and my tailbone on the first exam and told me the baby would have to come down just right to fit
By Tina Sherman

6 years, 3 months, 1 week and 28 days – the length of time I breastfed my four boys!

From an efficient nurser to the NICU and pumping every two hours to the baby who I never kept track of how often and for how long he nursed; I am proud of every second of that 6 years, 3 months, 1 week and 28 days, but my experience is the exception and it should not be. Many moms want to breastfeed, but face challenge after challenge in trying to meet their breastfeeding goals. In fact, in the United States 4 out of 5 U.S. mothers start out breastfeeding, but less than half are still breastfeeding at 6 months postpartum.¹

Why are so many women falling short of meeting their personal breastfeeding goals and recommendations of public health professionals? It’s the reason why MomsRising members share with us everyday.

• Lack of access to paid family and medical leave
• Lack of lactation support and education
• Lack of workplace accommodations

Right now, 1 in 4 women is back at work within two weeks of giving birth² because they cannot afford to take any additional unpaid time away. As a result, new moms are back at work before they’ve been able to recover from giving birth and before they’ve been able to establish breastfeeding routines.

When encountering difficulties breastfeeding, many moms may seek support and guidance from lactation professionals, but for low-income women these supports are often inaccessible and unaffordable, even with limited healthcare coverage. Not to mention that the Congress’ constant back and forth about healthcare coverage leaves a question as to whether coverage is at risk.

Finally, once breastfeeding mothers return to work they face another set of challenges: lack of clean and private spaces to express breast milk and inadequate places to store that liquid gold. The Affordable Care Act requires some employers to provide hourly wage-earning and some salaried employees (nonexempt workers) with “reasonable break time” and a private, non-bathroom place to express breast milk during the workday, up until the child’s first birthday. While this protects and supports the most vulnerable of workers, this distinction in the law unintentionally excludes “exempt” or salaried employees, causing significant confusion. In fact, right now 60% of working moms in the United States find themselves pumping in inadequate and even unsanitary places³ on the job.

These barriers contribute to increasing health disparities leaving communities of color particularly vulnerable. It leaves black and hispanic children at a greater risk for childhood disease and the inability to exclusively breastfeed for the recommended six months has been attributed to twice as many deaths and three times as many in childhood diseases in black infants.⁴

The good news is there is a solution! There are public policies that can help break down these barriers and empower moms to meet their breastfeeding goals. Public policy solutions like paid family and medical leave, ensuring that all moms have access to lactation support, education and supplies and workplace accommodations to express breastmilk. Enacting a comprehensive paid family and medical leave policy will ensure that moms, babies, and partners have the opportunity to heal, bond and set them off on a great start in their breastfeeding journey. Making sure that when breastfeeding moms encounter difficulties, they have access to lactation support, education and supplies is key to breastfeeding success. Once she returns to work we want to ensure that she has adequate break time and a private space to pump so that she can continue to breastfeed.

Breastfeeding isn’t just good for moms and babies, it’s also good for the economy! Recent studies have shown if mothers could meet current medical recommendations for breastfeeding it would save the US economy nearly $13 billion per year in paediatric health costs and premature deaths.⁵ And when 3/4 of the moms are primary or co-breadwinners, we must close the gap in existing laws and expand protections for all breastfeeding mothers.

through. I was exhausted and told the doctor I couldn’t do any more. My cesarean was needed and I was fine and my baby was fine despite the large bruise on his head from the vacuum. I had no pain.

My recovery went fine, although very anemic. My only issue is that the insurance companies dictate how long a woman has to be in labor before they think C-Section should be performed. Insurance companies have too much say in what will and won’t be paid for. Those decisions should be left to the doctor.

– Cynthia - Bettendorf, IA

I have twins. Being pregnant with twins is a high-risk pregnancy. I was lucky enough to have great insurance coverage and a great doctor, who monitored me throughout my pregnancy, but my pregnancy was still risky. Every week my doctor would check my twins’ heartbeats, and toward the end of my pregnancy, one of my twins had a low/risky heartbeat.

I had an emergency c-section. I can’t and don’t want to imagine what might have happened if I had not been checked regularly and if her low heartbeat wasn’t caught and acted upon. I was also able to take maternity leave and care for my twins, who were in the NICU and on monitors. Those who don’t have the same access to quality healthcare by default don’t have the same care.

– Tina, Overland Park, KS

Due to the current federal guidelines when it comes to medical leave for employees, I was forced to make a decision on whether or not to use my Family Medical Leave Act to cover my physician appointments, which cut into the time I would have been able to bond with my infant. I made the decision to not utilize my FMLA to cover my physician appointments, antenatal testing, and necessary medical treatments prior to delivery.

Due to this decision, my employer gave me a verbal warning about my attendance before I even had my child. I had a traumatic cesarean delivery and was glad I had a full 12 weeks to recover from the delivery. My blood iron levels were extremely low, almost low enough that I needed a blood transfusion. This led to extreme fatigue combined with sleep deprivation and I suffered greatly from postpartum depression. I went back to work before I felt I was fully ready. Of course the nature of having an infant is well child care for them and occasional illness in their first year.

Again, due to absences from providing care to my child, my employer rewarded me with a written warning on attendance. The real kicker is, I’m a professional health care provider myself. It’s clear that our federal regulations protect employers and not employees who chose to become parents and try to provide quality care for their children. The system is broken and it needs to be fixed. I pray my daughter never knows the anxiety that having to choose between caring for her children and reporting for a job has caused me.

– Amanda, Union, KY

My sister had her first and only child 7 years ago. She was induced for preeclampsia. As a former LDRP nurse for over 2 decades, I went with her. There was no trige in the waiting room—it was first come, first serve. I made my sister wait until a young woman clearly preterm, went first, as if preterm labor or a UTI, her and her fetus would be in great danger. My sister was induced at midnight and I stayed 36 hours, on oxygen myself and in a scooter, as I’m a cancer survivor with massive complications, so I do not work.

Got her through labor, told her when an epidural was needed, as her doula did not bring it up, delivered vaginally, baby nursed well, magnesium sulfate on, urine and DTR OK. Unfortunately, my niece developed jaundice which required a return hospital admission as my sister did not produce breast milk with this IVF hormone supports pregnancy. The labor nurse only came in to increase the pitocin and if I had not been there, may well have been a C-section for failure to progress/to descend as the epidural was necessary because my sister was on hands and knees sobbing from pain. I would never have provided so little nursing care but I
NEARLY ONE-FIFTH OF MOTHERS WITH YOUNG CHILDREN HAVE REPORTED THAT THEIR CHILDREN ARE NOT GETTING ENOUGH TO EAT DURING THIS PANDEMIC


suspect the nurse had another active labor patient, which I have had to work with myself in my last 12 years of L&D work! One to one in active labor is a must we need to strive for, and therefore, open up nursing school positions by paying instructors more and requiring less than a Master’s to teach. I have a BSN and over 2 decades of experience but still was not allowed to teach Rn students. Yet, I was allowed or forced to teach on the job a PP Rn and an RN student labor and delivery at my last job at the SAME time!!

– Deni, Metairie, LA

**Maine**

I quit my job to take care of my 19-month-old daughter because we just couldn’t find good full-time childcare. It was hard to find good childcare where I live before the pandemic, but now with so many daycares closed or operating at a reduced capacity, it seems literally impossible.

– Nika, Bath, ME

My daughter-in-law had severe hemorrhaging when her second child was born due to placental attachment to the scarring from a cesarean birth with her first child. She would have died had she not had good healthcare. As it was she had 8 pints of blood (which is enough to replace all of her blood) which was available because of the American Red Cross Blood Bank. My grandson was in the hospital for 2 weeks while his mother recovered and he got the expert care he needed. They are both doing well now. BUT it was the ACA that made it possible.

– Martha, Brunswick, ME

**Maryland**

I was able to have one support person (my husband) during delivery. There were unfortunately no in person birth or breastfeeding classes available.

I had a lot of trouble with breastfeeding once I was home from the hospital. I went to see a lactation consultant and ultimately had the baby’s tongue tie clipped which corrected all issues. This was all very difficult but I am not necessarily sure covid impacted it.

Our pediatrician gave us guidance about wearing masks and social distancing. I had a high risk pregnancy so it was very unfortunate my husband could not attend doctor’s appointments with me. Other than that my care was routine. It was and has been very difficult to not be able to see friends and family with any regularity.

– Claire, Annapolis, MD

**Massachusetts**

I had a long difficult delivery (back labor, pushing for four hours). Afterwards, I was in a lot of pain. They gave me painkillers and sent me home. I was still in a lot of pain days later, but the doctors were only concerned about the baby – not me. Eventually, I read in a book that in rare instances you can break your coccyx during delivery. I knew what was wrong then. I told the doctor, and he said there’s no point in getting it x-rayed because there was nothing anybody could do about it. All he could suggest was that I put a bag of frozen peas on it!

I was in excruciating pain for months. I couldn’t nurse the baby sitting down. I had to lie down to nurse, and then get back up one knee at a time. It was six months before I could sit normally. I got no help or even sympathy from my provider. (They weren’t helpful when I got thrush either, but that’s another story.) I felt like I was just a womb in the eyes of the providers. The baby’s well being is important, but shouldn’t the mother’s be, too?

– Lynne, Amherst, MA

I gave birth to my first child last year, after undergoing two rounds of IVF at the age of 42. I was fortunate in that the state of Massachusetts allowed insurance to cover my IVF treatment up to the age of 42. After a double episiotomy, I needed to recover from the surgery after delivery. Again I was fortunate to have 6 weeks of FMLA at 60% pay. I then had to use my own benefit time which I had saved up, to cover another 6 weeks of full time paid leave.

After 3 months at home I returned to work at 30 hours/week, and by 6 months I was back to 40 hours full time in the office, pumping twice a day at work. My employer was supportive of me, but I know this is far from the norm, and many women do not have what I think of was the minimum
time to heal from delivery, bond with my baby, and adjust through the most challenging first months of looking after a newborn.

I believe a woman’s body really needs 6 months to recover from childbirth. The US does not recognize this, and quite frankly most women and men don’t know this. I am originally from the U.K. and am aware that new mothers (and fathers) are provided far more support and paid leave than here in the States. I am of subcontinental Indian origin.

– Aterah, Boston, MA

Michigan

My older daughter was born unexpectedly at 35w5d due to an unexplained placental abruption. I woke up to my water breaking and passed several clots of blood the size of my hand, and when I called my on call Ob Gyn they told me I should “probably” go get checked at labor and delivery. I had a C-section under general anesthesia completed within an hour of walking through the hospital doors due to the baby being in danger and due to my uncontrolled hemorrhaging. My placenta was 50-70% detached at the time of the surgery. My daughter was 4lb 9oz and 17” long at birth and spent a week in the NICU.

I will never forget the doctor asking me what my birth plan was *after* telling me the placenta is rapidly detaching and I’m only in stage 1 labor and my cervix is about 3cm dilated. My C-section was necessary, and my baby survived, but the experience was harrowing and I needed a blood transfusion after the surgery. I then woke up alone in recovery unsure whether the baby had lived. It is one of the worst memories of my life. I was 28 and in relatively good health, non-smoker/nondrinker and had no reason for the abruption. It was hard on me mentally and nobody really checked in with me to see how my emotional health was – I see this as a failure of the system.

NICU moms are way more likely to develop PPA/ PPD and I am sure I was an undiagnosed case, after having a second postpartum experience. With my second pregnancy I was unable to get an Ob Gyn appt in my town and had to see one in a larger city 2 hrs away from home. I developed preeclampsia and had a C-section at 37 weeks.

Post-surgery the pre-eclampsia didn’t go away, and I luckily had the option of going to my primary care doctor to talk to them about my blood pressure and etc. I’m now healthy and not on blood pressure medicines — without insurance I may be taking unnecessary and expensive meds still, because I wouldn’t have been able to go back to the OB 2 hrs away to be checked.

Thanks to the ACA I opted to have a Paragard placed and won’t be having any more children and this choice only cost me $16 out of pocket. Without the ACA I could be on the hook for about $1500 for this procedure/device or I’d be at risk to get pregnant again and further put my health in danger, as late pregnancy was not great for me either time.

– Sarah, Williamsburg, MI

Minnesota

When my son was 3, my husband suddenly lost his job and we were down to my income alone. I was very concerned that we wouldn’t be able to provide for our young child. I heard about the WIC program and learned he was eligible. The program provided healthy, nutritious food like vegetables, fruit, cereal and dairy. Both my husband and I have our Master’s degrees so this proves hard times can happen to anyone.

WIC was a lifesaver for my child. While we only had to use it for a few months before my husband found employment again, during the time my son was on the program, we were able to get him seen by a WIC nurse and get the food he needed to keep growing. It is because of our story, that I personally know the importance of this program for families with young children.

– Anonymous, Saint Cloud, MN

Mississippi

At the age of 3, my child was declared developmentally delayed by specialists. As a result, he was accepted into the only preschool program in the area funded by public funds. There are a few other preschools in the county, but are run by area churches that require membership in order to accept children into their programs. By the time he entered elementary school, my child was at the same level of other kids in his class. At the age of 7, he made into the Venture program for gifted children. My child’s is a success story. Without the support of childcare professionals, he would’ve never made it.

– Julieta, Brandon, MS

Missouri

I was a new mom who returned to work at 10 weeks postpartum. I used my insurance provided breast pump every day at work until my daughter turned one. In addition to the pump itself, my Anthem insurance also covered replacement tubes and flanges and a set of collection bottles. There are so many things to worry about and expenses to budget for during a child’s first year of life, having a way to feed your baby while working shouldn’t be one of those things.

– Katie, St. Louis, MO

Montana
By Nina Perez

Thirty-three years passed between when my mother gave birth to me and when I became a mother myself. I love that motherhood has given me more common ground with my mother, but I’m frustrated and angry that the struggles the U.S. child-care crisis created for her decades ago are no better today.

After waiting to have a baby until we were more financially stable, my husband and I finally brought our baby girl into the world last October. I thought I was ready to tackle the childcare issue. After all, I’d been a childcare advocate for years; I knew about the costs, the waiting lists, the importance of quality, and the fact that Latinx families in particular tend to struggle to find quality, affordable child care, disproportionately living in what the Center for American Progress has termed “child-care deserts.”

So before having our baby, we looked up options, used online cost calculators, and built up our savings. We were ready.

Or so we thought.

Once we had the baby, we faced an unwelcome surprise: There was a stark difference between what we had prepared for and the options actually available to us. We were looking at paying close to $1,500 a month for childcare — almost as much as our rent. In the short term, we could have made it work… but doing so would have threatened our financial future.

This challenge was all too familiar to my mom. When she gave birth to my older sister, she had recently earned an aviation administration degree and was set to work at Miami International Airport. But my parents quickly realized that childcare would cost more than my mom’s paycheck would bring in. Between the cost of care, needing to buy an additional car, and related matters, my parents would have lost at least $100 a month if my mother stayed in the workforce. Family care was not an option, as one grandmother was working and the other unable to keep up with young kids. So my mother made the difficult decision to stay home and care for my sister and, later, me. The years of hard work she put into earning her degree yielded no financial benefit at all, because our system fails families in ways that especially penalize moms.

Years later, my mother struggled to re-enter the workforce but computers had changed the landscape entirely. So like many other stay-at-home moms whose labor isn’t valued, she did odd jobs because the gap in her employment history combined with outdated skills made finding a job nearly impossible.

Having children should not have derailed my mother’s career. If childcare had been affordable, it’s unlikely my mom would have left the workforce in the first place.

And this was the 1980s. Childcare costs have skyrocketed since then to nearly $9,000 a year on average, according to the 2018 Child Care Aware report, and it’s even harder now for families to find quality, affordable care. Despite expertise and preparation, my husband and I were unable to do so. So my parents relocated from Miami – a community they’ve lived in for more than 50 years – to help my Silver Spring, Maryland, family care for our daughter. My amazing mother, who sacrificed her career and ambitions for her family once already, is doing so again to support me and my daughter.

I’m one of the lucky ones. I have paid family and medical leave, a flexible workplace, and parents who can be mobile. Many aren’t this lucky.

In fact, we are part of an alarming trend of Latinx communities struggling to access high-quality, affordable childcare. Right now, 42% of Latinx kids live in childcare deserts – areas with overfull or no childcare centers available. And with childcare costs rivaling college tuition, per the Economic Policy Institute, it’s no surprise that even those of us who can find childcare discover the cost...
I found myself a single parent with two small children. I returned to college at the UofM, and got my bachelor’s degree in Social Work. Without Childcare Resources, and the financial assistance I received with childcare, I would have been unable to go to college. Another issue related to this, is that day-care providers are one of the lowest paid segments of employment.

It is appalling to me that caring for children has been classified as a low-skill form of employment, and that day-care providers barely make enough to survive. Without state assistance, these important jobs would become even more marginal.

– Rachel, Missoula, MT

Nebraska

When I had my first child it was a full moon, which might not mean anything to most of you but for maternity nurses, it is a busy night. We started out as one of two couples in the unit and by the time I was ready to go there were some 16 women in the same boat. My delivery was difficult and was complicated by the fact that both of my doctors were in other rooms performing emergency C-sections.

When it became clear that my Ob Gyn would not be attending, they had to cast about for someone with an MD...no takers...even the anesthesiologist turned it down. The anesthesia, by the way, didn’t work and after an incredibly long and painful labor, put on hold while we waited desperately for one of the docs to get free, a resident delivered my son. However, since he was not an OB/GYN he did not perform “the cut” - no episiotomy meant substantial tearing from delivery of a 9 lb baby. He stitched me up for the better part of an hour. The first crash cart for the baby was not functioning, so they put on hold while we waited desperately for one of the docs to get free, a resident delivered my son. However, since he was not an OB/GYN he did not perform “the cut” - no episiotomy meant substantial tearing from delivery of a 9 lb baby. He stitched me up for the better part of an hour. The first crash cart for the baby was not functioning, so they had to find another. The baby and I were fine, but recovery from the birth was pretty substantial and painful.

My son had jaundice which required several subsequent visits to address. I had several visits with a lactation consultant so I could successfully breastfeed. I was lucky to have coverage that allowed not only a successful delivery under chaotic circumstances, but also so I could afford the care to avoid a serious infection afterward, and support to successfully breastfeed for 6 months even while I returned to work. Every. Single. Expectant. Mother. Deserves. That. Same. Coverage. And. Care.

– Katherine, Lincoln, NE

Nevada

My first pregnancy and first delivery I was in labor for 46 hours. I had an inverted uterus. My uterus came out after my delivery. The doctor pushed it back up with his hands. I lost blood & needed a blood transfusion. I remember them saying we are losing her. I passed out. My daughter was only 6 pounds 8 ounces. I was only 20 years old & was told not to have any more kids for at least 5 years.

As a full-time Air National Guard family, we do not live near a large military base, but still have childcare needs for our two toddlers. We have STRUGGLED to find quality, affordable care that compares to anything like what we had on Active Duty. We have waited on year-long waitlists for our boys and during that time only one parent could be on military orders at a time while we waited for placement. We had a nanny for a time since we had no other option, but her costs skyrocketed and we had to let her go. Childcare in

5, 6] https://www.diversitydatakids.org/data/ranking/659/percent-of-total-family-income-spent-by-full-time-full-year-working-parents-on-c/?loc=2&cat=52,51&tf=21&ch=1,2,3,4
our city is extremely hard to come-by and this isn’t just for military members-this is for EVERYONE. We need a change in this country to support families of all types.

– Tiffany, Reno, Nevada

New Hampshire

I had a friend and colleague who was pregnant at the same time I was, both of us with our second child after having miscarriages. Her c-section was scheduled to occur on the same day as my due date (nine days ahead of hers). She and I exchanged frequent pregnancy discussions/news and were taking friendly bets with each other as to which one of us was going to give birth first. About two weeks out, she started to feel like something wasn’t right. She went to her OB/GYN for an ultrasound and testing, but everything came back normal.

About a week later, during a routine check, they discovered the baby no longer had a heartbeat and had died. She

Imagine trying to get by on $22,310 per year, which is what $10.72 per hour translates to year-round. We count on these early learning providers to care for our children, yet the industry doesn’t pay them near enough to care for their own loved ones. Some 95 percent of early learning providers are women, and 40 percent are people of color. Many are parents as well—and nearly two-thirds of child care providers with at least one child under 18 have had to turn to public support programs to make ends meet.

This is unacceptable and unfair.

Low wages are unfair to providers and their families and are bad for childcare programs, too. Poor compensation makes it difficult to recruit and retain qualified workers—those with higher levels of education will leave for jobs with better pay and better benefits. For example, MomsRising member Elizabeth, a childcare worker in Colorado, said she cannot afford health coverage despite working 40 hours a week at her childcare facility, and an additional 40 hours babysitting. She has a bachelor’s degree and took extra courses to qualify to work for a highly-rated childcare center because of her passion for helping young children. But now, after seven years, she’s considering a career change so she can earn a living wage.

Teacher turnover is also bad for children. Amy, from Vermont, said her 3-and-a-half-year-old son has had 20 teachers in his time at his childcare center. Four of his favorite instructors left due to poor pay, limited benefits and unsuitable working conditions. “He still talks about them all and I think those transitions have had a permanent effect on him,” she said.

An overwhelming majority of voters say that making affordable, high-quality childcare more accessible should be a priority for our elected leaders. Moms agree! Any policy increasing access to high-quality childcare must also address compensation for early learning providers. Higher wages will help providers care for their own children as well as ours, improve recruitment and retention rates at child care centers, and increase the quality of early learning programs.

It’s one of the best things we can do for our children, our families and our economy.

Kristin Rowe-Finkbeiner is the Executive Director/CEO and Co-Founder of MomsRising and Board President of the MomsRising Education Fund.
had to deliver her stillborn baby, and discovered then that
the umbilical cord had wrapped around the baby’s ankle,
cutting off all supply of oxygen, blood, nutrients, etc.
With more advanced testing, this could have (and should
have) been avoided. This baby was an otherwise healthy
baby. It affected my pregnancy as well, as I was panicked.
I delivered my baby on my due date with the help of my
doctor breaking my water and starting me on Pitocin (which
has risks/possible side effects). After five good pushes,
my daughter was delivered, and, as a result, I had a pretty
significant tear.
For a good time after, I went through severe depression
which negatively impacted my marriage. There has always
been this pain between my friend and I, especially when she
sees my second child. My child and I are constant reminders
to her of what she lost. The risks a mother and child face
during pregnancy and delivery are astronomical, and
anyone who attempts to diminish the need or availability
of proper care is either misogynistic, ignorant, greedy,
heartless, self-serving, or all of the above.

– Heather, Hampton, NH

I had preeclampsia and was induced at 37 weeks after an
alarmingly high blood pressure reading at a routine OB
appt. My daughter aspirated fluid during her birth and was
in the NICU for 10 days. After I gave birth to her, I was so
sick and weak from the magnesium sulfate drip I was on
that I couldn’t actually leave my bed to see my daughter
for the first 24 hours of her life – a difficult situation made
exponentially more emotionally charged by post-pregnancy
hormones.
Although my blood pressure was still high, my insurance
company made me leave the hospital 2 evenings after I gave
birth (vaginally). I woke up at home the following morning,
eager to visit my new daughter in the NICU but was instead
rushed to the ER with dangerously high blood Pressure.

– Allison, West Orange, NJ

I’m a teacher, as is my husband. I will be 9 months pregnant
if/when we start back to school as planned. Our daughter
will be roughly 3 months old when I have to return to school.
If I can return to school...no pediatrician I have spoken to
recommends her going to daycare until she’s at least a year
old. But we can’t afford a private sitter...and could I trust
them? But can we make ends meet on just one teacher’s
salary? No.
Of course, we’re both also worried about bringing COVID-19
home to our new baby. Even when a teacher has to be out
normally getting a sub is hard. And most of them fall into
the high-risk age range anyway...I wouldn’t be subbing if I
were them. Quite often we teachers end up subbing for each
other during our prep periods...is this supposed to continue?
Seems like no one has thoroughly thought this through.

– Mary, Rio Rancho, NM
My family qualified for SNAP just before my son was born. My husband was working weekends and nights at a hotel while looking for a job that reflected his experience and training. I worked in group homes with disabled individuals. Then complications developed with my baby, and I had no choice but to quit (my job didn’t offer any kind of medical leave or maternity leave).

My husband’s income covered our rent and some of our utilities, and that was it. We were buying food with Target and Walmart gift cards saved from our wedding. I wasn’t gaining enough weight. I applied for Medicaid to help with the costs of my increasingly expensive pregnancy and discovered that we also qualified for SNAP. It was amazing to suddenly have enough food to eat.

– Hilary, Santa Fe, NM

New York

Our childcare center has been closed for months and as my husband and I are preparing to go back to work we have a lot of anxiety about where our children will go. There was already a shortage of childcare centers that would take our infant daughter but now there are even fewer options and we are also very concerned about the increased exposure. Not only do these centers need extra funding to help them stay open, but they also need extra funding to allow them to put protocols in place that will help to keep the community safe. Without safe and available daycare I will not be able to go back to work.

– Arielle, Rhinebeck, NY

North Carolina

As a new mother, having access to lactation support and immediate access to a pump were vital for breastfeeding success. We had a rocky start with low supply issues, but were able to resolve them and exclusively breastfeed, one of my proudest accomplishments! I credit the program with being one of the reasons we were successful. Furthermore, the nutritious food has helped me and my baby to thrive! Please continue to let millions of moms and babies like us to achieve their breastfeeding goals and provide optimal nutrition so that we can flourish.

– Anonymous, Durham, NC

North Dakota

My husband and I have a 9 month old son. We both work full time, plus my husband also farms part time with his father. We are having a hard time finding quality, affordable daycare, so my mother watches our son 3 days a week and a friend of ours watches him the other 2 days. My mother doesn’t charge us anything, our friend’s rate is pretty reasonable.

We have been very fortunate to have this arrangement so far, but we will have to put our son in daycare soon, as my mother will not be able to watch him for much longer. I would prefer to stay at home with my son, but we cannot afford that either. I wish we had some better options.

– Jennifer, Wahpeton, ND

Ohio

I was given a pump for my first child but I had a hard time finding replacement parts since it was an older model. With my second child, I used insurance to purchase a new one and what a difference a new machine made. I have a great experience with insurance helping and a better experience with a new pump. I breastfeed for 3 years with my second child as a full time working mom. This is a great accomplishment that I would not have succeeded in without a pump!

– Jennifer, Cygnet, OH
Education Buzzwords: A Rundown on Social & Emotional Learning

By Beatriz Beckford

Although the concept has been around for some time, social emotional learning (SEL) has become the new buzzword in education circles, joining the ranks of other child and youth-centered keywords including trauma-informed teaching, restorative justice, and positive behavior intervention schools. Each strategy in its own right is an attempt to center the whole child, and builds emotional intelligence in a school climate that has shifted over the years to focus on high stakes testing. A trauma-informed pedagogical model for instance includes an emphasis on understanding that children are exposed to trauma on a regular basis that can have an impact on the way a student is able to be present and learn in school. This approach encourages a deep dive into the root cause of a student’s behavior and a support systems approach to addressing the trauma as a barrier to student potential and success. Examples of trauma-informed efforts more broadly include pushes to reduce the number of cops in schools and instead increase the number of counselors available in their place. Restorative justice education approaches similarly seeks to position students and their peers to be proactive in harm reduction within schools and often includes practices such as peer mediation and accountability circles.

What is Social Emotional (SEL) Learning?

Social emotional learning, according to the Collaborative for Academic, Social, and Emotional Learning (CASEL), is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. A major component to effective SEL efforts in schools is the collaborative learning that takes place between the teacher and the students. This approach, unlike restorative justice efforts and trauma-informed efforts, situates the learning as an exchange between the teacher and student with the student functioning as a sort of teacher as well. This exploratory learning relationship allows for deeper trust and collaboration to take place within the classroom. CASEL identifies five core competencies that are taught as part of a framework for systemic social and emotional learning: 1) self awareness, 2) self management, 3) social awareness, 4) relationship skills, and 5) responsible decision-making. These are also critical components to building strong relationships, tolerance, trust, and collaboration. Trust and relationship-building are also strong practices for reducing implicit bias and racial trauma – what the Equal Justice Society identified in their Breaking the Chains report as fuel for the school-to-prison pipeline. In fact, implicit bias, coupled with arbitrary and exclusionary school discipline policies, teacher discretion, police presence in schools, and a disproportionate racial impact are the bolts that keep the pipeline together.

Why Social Emotional Learning Can Disrupt the School-to-Prison Pipeline

It is no coincidence that the increased rate nationwide in student suspensions and police presence in schools dovetails with the war on drugs, poverty, and the subsequent increase in mass incarceration. The rampant criminalization of black and brown communities is mirrored in schools as microcosms of society at large. Both teachers and students bring their aspirational intentions, trauma, and biases to the classroom. Still, much of the education reform debate has centered on charter versus public schools and high stakes testing, leaving out critical indicators for student success reflected in schools that use an integrated social emotional learning curriculum. Having social emotional learning as additional programs rather than integrated into the fabric of the school culture and academics is just not enough. The Aspen Institute’s National Commission on Social, Emotional, and Academic Development recently published a report called Putting it All Together. The report highlights promising examples of schools and organizations across the country that are shifting school culture by integrating social, emotional, and academic development to support student development in and out of school. These programs seek to develop students’ skills that fall within traditional academic curriculum and assessment and those that do not. This includes skills such as critical thinking and problem solving, effective communication and collaboration, conflict resolution, and developing an appreciation for lifelong learning. Being social shapes students’ behavior and habits: From early on students learn from their peers in informal ways that get lost as they enter the K-12 space. The report cites a growing body of research that draws on brain science and child development that recognize integrated social emotional and academic learning as consistent with how the brain takes in and processes information.

The Future of Social Emotional Learning

Examples of school districts and education organization
that are embracing this type of curriculum and shift in learning include the San Francisco Unified School District and Facing History and Ourselves, a non profit that explores racism, prejudice and religious intolerance with students, and the Center for the Collaborative Classroom whose mission affirms the approach “how we teach matters as much as what we teach.”

These examples model a necessary shift in our approach to education and the importance of developing young people so they can contribute meaningfully in the societies of our future. Coupled with other efforts including trauma-informed and restorative justice teaching, social emotional learning tools can be a powerful force in dismantling the school-to-prison pipeline and building the cradle to college pipeline. We must adopt positive interventions and institute supportive approaches that include SEL, trauma-informed, and restorative justice practices. Doing so strengthens student-teacher relationships and trust, while building an inclusive and equitable school climate conducive to student success.

To do this, it is critical to push school districts to provide teachers with support and training, including training in implicit bias, SEL and trauma-informed strategies. Lastly, we must challenge archaic policies that criminalize kids, including zero-tolerance policies and exclusionary school discipline. Kids have to be in schools for these efforts to work. Suspension, expulsions and zero tolerance policies have since their inception disproportionately impacted students of color and disabled students—and in the long run do irreparable harm to kids and society as a whole.

The school to prison pipeline was built over years through policies and practices that reinforce negative stereotypes and cause trauma and harm. It is going to take all the tools on the table to dismantle it and build something better. SEL is an important piece in this conversation, and powerful lever for parents and students. As parents, teachers, students, and community members, we must push towards a fundamental shift in discipline, learning, and development in our schools. Rather than perpetuating a culture of criminalizing children and youth.

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**Oklahoma**

I receive child care assistance through my local DHS office. If I didn’t get this assistance I could not work (even though I live paycheck to paycheck) and would have to apply for Welfare. I’m more than grateful for every penny I receive for child care. Without it I would have to pay $120/wk!

My daughter is learning so much from the program that is offered: she knows how to count, read (some small sentences) knows her alphabet and she knows how to draw. She is four years old.

– Amanda, Tulsa, OK

**Pennsylvania**

My children and I have benefited directly from having access to free, insurance sponsored breast pumps. As a full-time, working mother I managed to successfully breastfeed my (now 3.5 year old) daughter from the time I returned to work (when she was 3 months of age) until she was 2 years old (meeting both the American academy of Pediatrics and World Health Organization’s recommendations). Considering I spent 12+ hours a day separated from her, having my pump was essential to making breastfeeding work.

With my second child, I received another free, insurance sponsored pump since my first pump wasn’t functioning as well as before from having been used so often with my daughter. Having that second pump allowed me to also return to work 3 months postpartum and maintain exclusive breastfeeding for my son’s First 6 months of life (the accepted world standard set by the AAP and WHO). My son is now 17 months old and we are still breastfeeding in conjunction with solids.

Had I not had either of my pumps, my milk supply would have slowly dwindled because of reduced number of daily removals, I would have turned to formula to supplement, and this likely would have further decreased my milk supply. I would not have been able to meet my breastfeeding goals but, instead, I was able to successfully integrate work outside the home and feed my children.

– Erin, Pittsburgh, PA

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**Oregon**

I moved to a new state just before COVID-19 hit. I left my job in January 2020 for the move which originated from a job opportunity for my husband. As a wife and mom of two children 4 and under, I had limited options and have now been without work for 1 year. We are making it okay for now but can’t afford the costs of the limited childcare options it would take to go back to work let alone the added risks that it involves.

We need to make progress on combating this virus and get women back to work. We are unequally affected by the lack of childcare options and added household needs. The pandemic is highlighting so many issues in our society and one of those is undoubtedly the patriarchy.

– Wendy, Tualatin, OR

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Rhode Island
I work part-time and support my family (my husband is a student), so I need reliable childcare for my two boys, ages 4 years and 7 months. The cost of care for our older child, and 3 mornings/week of daycare for our baby, is more than our rent. The cost of childcare is outrageous. We need real government support for working parents.
– Katherine, Providence, RI

South Carolina
Hello, the pandemic is effectively destroying lives. My fiancé is the only one able to work at the moment I can’t because of caregiver responsibilities with my three-year-old son. I was getting unemployment but we have used all of it. And I only received one payment of the last wages payments. We need help from our government. This virus is destroying people’s livelihood as well as health and wellbeing. The government needs to help its people or I see a revolt happening. Thank you for reading.
– Erin, Batesburg, SC

South Dakota
We need more investments in early learning. We have parochial, county schools, public schools, government schools, and language schools in our area -- all of which have a severe shortage of teachers aides and assistants.
– Edward, Oglala, SD

Tennessee
My son and daughter-in-law have always struggled with the high cost of quality day care for their family. It takes two in-comes just to pay the bills and the high cost of decent day care is a hardship on their family.

I feel our country is doing a disservice to our children by not offering programs that would help them compete with other countries as an adult. We are also doing a disservice to the families of this nation by blaming the parents when a child is failing if we are not willing to support them by providing services that they need as working and contributing members of our society.
– Linda, Chapel Hill, TN

Texas
I am a 26 year old single mother of a one year old little girl. I was working until this pandemic hit. I lost my job, causing a snowball or problems to take effect on my life. I lost my home. I am homeless with a one year old during this crisis, praying to God to thank Him. I still had my Honda Civic at the time so we could at least sleep in while I try to find a place or work. I had no one to watch my baby, no daycare, no family – I had nothing. I finally found shelter at a homeless shelter. At least we had a place to lay our heads and clean our bodies and eat.

I soon lost my cash car because I couldn’t maintain the maintenance of it giving out in the middle of the intersection of I-30 and Eastchase. I never got my simultaneous check. I don’t get assistance, TANF, or child support. I am a student in the medical field trying to make a decent living for myself. I have always worked for my living and work is nothing new to me however I am struggling and my health is my wealth.

I’m studying to become a medical assistant and I’m graduating soon please if you can read this and send any assistance would be a major blessing in my life. I am currently at the shelter now for women and children as I write this with a fist full of tears asking for help. My baby

Source: Zero to Three
INFANTS OF CLINICALLY DEPRESSED MOTHERS OFTEN WITHDRAW FROM DAILY ACTIVITIES & AVOID INTERACTION WITH CAREGIVERS

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girl is all that I have and I am doing my hardest to keep it all together. I am trying to graduate and show my baby her momma made it out and we’ll be okay. Please pray for me and my baby this is a time where we need testing for this new strain of disease. Please do not cut the funding for testing. We have to figure this out for the sake of this upcoming generation.

– Bria, Fort Worth, TX

My story is a little different. I am breastfeeding an almost 31 month old. My goal was to breastfeed her until she was two but then in January she was in the hospital for pneumonia and then the pandemic hit. So I am determined to breastfeed through to the end as long as she wants to do so. I have to admit that some days I would like to stop but she’s so committed and persistent that there’s no stopping.

Her healthcare providers and mine have been very supportive. Surprised but still supportive and I found out that even some of them breastfed a toddler too. They also are supportive of me continuing to breastfeed through the pandemic so the baby can continue to get the antibodies especially if I get exposed to Covid.

One was also a credentialed lactation consultant which was relevant because we all had a bad case of thrush that won’t go away. She also sent me links to Dr. Newman’s protocol for thrush. I had already known about it but it was excellent to know she was on top of it. It helped me to trust her more. Our appointments have been mostly telehealth but we have had to go into the doctor’s office once.

Even if people aren’t supportive, I don’t really care. It’s my body and I am already suspicious of healthcare professionals and their opinions on breastfeeding. Quite a few have given me bad information when I had a preemie more than a decade ago and had I listened to them I wouldn’t have been able to breastfeed my preemie son until he was 20 months. So I always verify what they tell me. Even the lactation consultant! I take charge of my own healthcare.

It would be remiss of me to not point out the disparities in treatment due to medical racism and the high numbers of Black people dying from Covid. Also the number of Black women who do not breastfeed is pretty high. We should be encouraged and supported in breastfeeding with knowledge, understanding and sensitivity of why we don’t.

Breastfeeding could reduce the severity of Covid in our babies and reduce our risk for breast cancer. We ALL need to know this. We also need more healthcare providers who look like us because our maternal and infant mortality rates are so high.

– Tendai, Fort Worth, TX

Utah

I am one of the fortunate people who have a daycare at my place of employment. I can’t tell you how much of a benefit that is for me. It is so valuable to have direct access to my child any time during the day whether it is to visit, have lunch, watch her play, or be there immediately if there is a problem.

The cost is subsidized by the company so it makes the cost of childcare more reasonable. It saves me time and money and most importantly, allows me extra time with my child because both my husband and I need to work in order to support the family.

– Sheri, Salt Lake City, UT

I feel like continuing to work is so important as a mother, since I want to be a positive role model to my daughters and I don’t want to feel dependent on my husband. However, I am deeply conflicted right now, since the daycare options for my youngest are so limited.

My older daughter was cared for by family until she got into my employers’ daycare at the age of 2 (this is the youngest age they are admitted). But with my youngest this will soon not be an option. The daycare options are frightening, and I am worried that I may need to quit working because I am too disappointed in the quality of the care available in our area. I think that it is a shame for our family, children, and society, that women are faced with this dilemma.

– Erica, Ogden, UT

Vermont

I work at a large childcare center. At the moment 37 families, that is more than half of our community, is subsidized; that means even though they are working they can’t afford child care on their own. Probably another 10 families don’t qualify for a subsidy but spend more than half of their income on childcare.

Some families can’t have their children in a quality center because it’s too much for them. On top of that we have teachers with BA’s who are working on MA’s who make $12 an hour. This insanity needs to stop!

– Joanna, Burlington, VT

Virginia

Without reviving a pump through my insurance company I would not have been able to supply both of my babies with their needed nutrients. Without my breast pump I would not have gone back to work and keep my family out of debt. Without my breast pump I would not have been able to pump extra milk and donate it to a preemie NICU baby,
By Claudia Tristán

Between 2016 to 2018 U.S. Immigration and Customs Enforcement detained pregnant women over 4,600 times¹ and among them was the pregnant mother, Maria Solis. Solis, who was brought to the U.S. as a child, was arrested in 2017 on her way to work while her three young daughters were at school.

Solis believes that the high levels of stress in the detention facility caused her to experience severe cramping and struggled to obtain appropriate medical care. In an interview with the media at the time, Solis reported, “I’ve been having a lot of cramping since I came, and the only thing they’ve been able to do is to tell me to drink a lot of water and get Tylenol.”

Solis’ experience was not an anomaly. According to a Government Accountability Office¹ report published in March 2020, 10 percent of pregnant detainees were held for more than 30 days in ICE detention centers.
The care of pregnant women in ICE facilities vary from each facility, though the report states 79 percent are in compliance most of the agency's pregnancy-related measures. Still, from January 2015 to July 2019, 58 pregnant women had miscarriages while in ICE custody.

During Trump's presidency the detention of pregnant women increased by 80 percent.² Currently, the Biden Administration implemented a new policy³ that will generally keep ICE from detaining pregnant, nursing and postpartum immigrant women.

Prenatal to age 3 is one of the most critical times for moms and families, yet parents of infants and toddlers often don’t get the support they need for their families to thrive, with immigrant moms and families facing additional barriers. This is why prioritizing young children, babies, and comprehensive prenatal care is critically necessary.

who was failing to thrive. She’s now one and making great progress. Mothers and babies need breast pumps to be easily and affordably accessible to them.

– Elyse, Fairfax, VA

**Washington**

When I was in my early 20’s, my husband was offered a transfer from our small town to a big city so that we could both complete our college educations. We had been in the city 2 months when we discovered we were expecting a child. A week later my husband was laid-off from his job and began job hunting immediately with no luck. He then experienced a collapsed lung and was hospitalized for almost a week.

Our health insurance had been cancelled when we moved due to a foul up with the Insurance Co. which took a year to clear up and receive reimbursements for the hospitalization and child birth expenses. We were finally able to move into subsidized housing and then sign up for SNAP. We were only in subsidized housing for 14 months before we could get our feet on the ground financially and move out and SNAP helped us be able to do that.

Without the supplemental food assistance, I can’t imagine how we could have moved out of that insect-ridden basement before the birth of our child. With that help we were able to bring our baby home from the hospital to a clean and healthy environment! The SNAP program is essential to give a ‘hand-up’ to those in need.

Sometimes, like mine, it only takes short-term assistance to help people in trouble to help themselves! Other families may need a longer time frame. Since that time, both my husband and I have been actively involved in our community in helping others in their times of need.

– Janet, Pasco, WA

**West Virginia**

As a working mom of two, finding quality child care was a priority for me. I needed my children to be in a safe, nurturing stimulating environment and I was lucky to be able to find such places for my children. As a kindergarten teacher of 15 years I can also speak to the needs of the children walking through my classroom door each fall. Our students need places where they can get early learning foundational skills in safe, nurturing and stimulating environments.

Language, reading and early math skills are invaluable to children. Experiences with other children, reading books, singing songs, fine motor, gross motor activities are just a few that can be gained in quality programs. It used to be said that ‘everything you need to know, you learned in Kindergarten.’ We need to give children a leg up before they even get there, to ensure their future success!

– Michelle, Shepherdstown, WV

**Wisconsin**

I received my breast pump from my insurance. I would not have continued breastfeeding past the first week of my son’s life if I didn’t have my pump. I was very excited as a first time mom to breastfeed and have that connection with my baby, but things never go as planned. He arrived 3 weeks early and by the time we were leaving the hospital was diagnosed with jaundice. I was nursing him exclusively for the first few days of his life, but his jaundice got worse during his first week.

By day 5 of his life his doctor told me he wasn’t eating enough to get rid of the jaundice and we needed to give him formula to eat more, and I needed to pump to get my supply going. Because he was early and had jaundice he would fall asleep while nursing and never ate enough. Even after the jaundice went away he wouldn’t eat enough nursing. I became an exclusive pumper at 6 weeks old. It has been a lot of work pumping all the time, but I am so grateful to still be able to give my son breastmilk.

Now that I have been back at work that transition went smoothly being able to pump at work. My son is now 6 months old and I plan on pumping until he is a year old. Breastfeeding is hard and there are a lot of things that can happen to hinder it. It is wonderful to not have to worry about a pump when things don’t go to plan. I’m hooked up to my pump at least 4 times a day, I don’t know what I would do without it.

– Kristine, Madison, WI

**Wyoming**

Working in early childhood education I have first hand experience with young parents who try to do the best for their children. When a parent earns minimum wage and has long hours, a good day care center with well qualified professional staff who earns a livable wage and can offer counseling and child rearing advice means all the difference to these fragile families. Here in Wyoming money is being spent on a new jail, remodeling and enlarging the senior center, but the day care center struggles along with bake sales, bazaars, and raffles for needed funds. Parents struggle to pay all the fees themselves. There is a huge waiting list. The staff barely earns minimum wage and must rely on their other family members for living expenses in their own homes. Numerous studies have shown that early enrichment and care and guidance for the young child and his/her parents show great dividends in family stability, higher test scores and mental health.

– Joanna, Buffalo, WY
Love, loss and paid family leave: One adoption story

By Tatsuko Go Hollo

Like every parent, I will never forget the day we brought our daughter home for the first time. It was an unseasonably warm spring day and, after dumping the luggage from our weeks abroad, we headed straight for the yard. As I set our 17-month-old in the grass, I felt a momentary rush of relief – relief to be home, to be back in the familiar. It was her first time feeling grass on her skin, and that moment of relief proved to be just that – but a moment. In the next instant, our toddler began to scream in terror and the gravity of becoming adoptive parents came crashing down on us.

More than three years have passed since that day and our now four-year-old is a big fan of grass and all things outdoors. During those all too short years, few days have gone by that I haven’t been grateful for the paid family leave that enabled me to stay home with our daughter during her first few months with our family.

Approximately 100,000 non-related children are adopted to U.S. families each year.1 A significant proportion of these children have special needs, including chronic health issues, and many have shorter-term, immediate health needs.2 Our daughter falls into all of those categories. During her first months home, we were visiting specialists multiple times a week, sorting out what required short-term vs. longer-term vs. urgent care. Attending all those medical appointments, which were necessary for her well-being, wouldn’t have been possible without paid family leave.

While her health condition will need regular and ongoing care, it is her emotional needs that have required much more of our parental attention. Adopted children often experience significant traumas in their short lives.3 Perhaps the most significant trauma of adoption is loss.4 For my daughter, there was loss of culture - loss of an entire country, in fact. And while my baby searched for solace in the unfamiliar faces, sounds and tastes of a land not her own, I found myself in an odd and painful position – the duplicitous role of serving as both soother and facilitator of her trauma.

I could not directly identify with the profound loss heaped upon my daughter, yet it stirred a deep loss within me - the traumas of my immigrant father and his immigrant father. All at once, I found myself caught in the middle. Caught between the generational losses of my elders and the losses of my daughter, including those forced upon her by my own hand.

Fortunately, children prove incredibly resilient, but it takes time to adjust to so many life difficult life transitions. And so, in those early days, we both needed time to mend. Time to mend our hearts just enough so we could face the myriad transitions before us, together - her as my daughter and I as her mother. Paid family leave gave us that time and made the first precarious steps toward healing possible.

Healthy attachment is critical for all young children, but it is all the more important for a child who has suffered trauma, including loss of a parent or primary caregiver. With paid family leave, I was able to take several months away from work to tend to our daughter’s needs as she adjusted to a completely new life. I was able to get to know her personality, understand her emotions and introduce her to just about every new thing in her surroundings. Without this time, our daughter would have likely suffered additional traumas – delaying her attachment and development and possibly even increasing her health risks.

At the time, we were one of the lucky few with access to paid family leave. But soon paid leave will be a reality for all of Washington’s working families. Beginning January 2020, adoptive and foster families statewide will have access to up to 12 weeks of paid family and medical leave, thanks to a new law championed by parent advocates. In just a few months – beginning January 2019 – workers will begin contributing an average of $2 per paycheck to a statewide insurance pool. The fund will cover not just family leave, but also up to 12 weeks of medical leave for a serious health condition, or a combination of family and medical leave for up to 16 weeks in a year.

I now know that it wouldn’t be possible for us to welcome another child into our family without paid family leave. Every child deserves the same opportunity for nurturing transition into family life – including adopted and fostered children. Paid family leave makes that possible.

1] https://adoptioncouncil.org/publications/
2] https://pediatrics.aappublications.org/content/pediatrics/119/Supplement_1/S54.full.pdf
3] https://pediatrics.aappublications.org/content/pediatrics/119/Supplement_1/S54.full.pdf
MomsRising.org is an online and on-the-ground grassroots organization of more than a million people who are working to achieve economic security for all families in the United States.

MomsRising is working for paid family leave, flexible work options, affordable childcare, and for an end to the wage and hiring discrimination which penalizes so many others. MomsRising also advocates for better childhood nutrition, health care for all, toxic-free environments, and breastfeeding rights so that all children can have a healthy start.

Established in 2006, MomsRising and its members are organizing and speaking out to improve public policy and to change the national dialogue on issues that are critically important to America’s families. In 2013, Forbes.com named MomsRising's web site as one of the Top 100 Websites For Women for the fourth year in a row and Working Mother magazine included MomsRising on its “Best of the Net” list.