

FOCUS: THERE ARE NO LONGER THE CHILDREN (BUT ABOVE ALL THE PARENTS)
OF THE PAST: A PSYCHOANALYTICAL LOOK AT PARENTHOOD
AND PERINATAL PSYCHOLOGY | ARTICLE

We, the Children of COVID. Pregnancy in the Pandemic, as a Pandemic

Licia Lietti,* Greta Petrilli,** Claudia Maspero,*** Valeria Pirro,****
Marcello Florita*****

ABSTRACT. – We were inspired to write this article while conducting parenting support groups in the Perinatal Area of SIPRe Milan's during the first COVID-19 lockdown. Our aim is to share thoughts about the experience of becoming parents during the outbreak of the pandemic. To this end we examined some common themes, such as the effort required to process and deal with the initial paralysis of thoughts concerning parenthood; we also observed how the pandemic amplified the experiences of the I-subject in the evolution from being a son/daughter to becoming a parent; and last but not least, the ability to transform an unexpected event into a creative opportunity.

Key words: Pregnancy; COVID-19; parenthood; pandemic; I-subject; perinatal psychology; stress; prevention; childbirth support.

*Psychiatrist and psychotherapist. Collaborator of Punto Raf, Milan and member of the Perinatal Area, SIPRe Milan. E-mail: licia.lietti@gmail.com

**PhD, Psychologist- Psychotherapist; Member of Area Perinatale-SIPRe Milano; Executive Psychologist at Psychiatry Unit- "Varenna" outpatient service for Perinatal Mental Health, ASST Papa Giovanni XXIII, Bergamo. E-mail: gpetrilli@asst-pg23.it

***Psychology and developmental Psychotherapist; Perinatal Area, SIPRe Milan. E-mail: claudia.maspero78@gmail.com ; site: www.claudiamaspero.it

****Clinical psychologist and psychotherapist, member of Area Perinatale SIPRe Milano, ASST BRIANZA Ospedale di Vimercate UOSD Psicologia Clinica c/o Centro Diurno Bernareggio UOC Psichiatria. E-mail valeria.pirro30@gmail.com

*****Psychotherapist and psychoanalyst of SIPRe is the author of two essays on psychoanalysis, 'L'intreccio' and 'Alice il porcospino e il fenicottero'; he is also curator of the volume 'Benessere e cura nell'esperienza perinatale' edited by the Order of Psychologists in Lombardy. He has written a novel, 'Come respira una piuma'. He has long been a collaborator of Punto Raf and member of SIPRe, referent for the Perinatal Area in SIPRe Milan, and scientific director of the Course on Perinatal Care.

E-mail: florita.marcello@hsr.it ; site: www.marcelloflorita.it

Becoming a parent is an experience that goes beyond the generation of new life; it moves numerous strings within the subjects involved. These strings vibrate in different ways depending on the subjects and their surrounding environment at any given moment.

An extraordinary event (in the etymological sense of being 'out of the ordinary') such as becoming a parent, changes the elements that the I-subject is made up of, inevitably questioning his configuration: the social environment, habits, relationship with their partner, other people's perceptions of them, relationship with their parents, but, most importantly, it changes their perception of self. Therefore, the I-subject finds himself in a continuous, seemingly never ending process of self and eco-organisation, unable to distinguish among them.

It is hardly surprising that numerous articles have shown that stressful life events, by increasing the levels of general concern in expectant mothers, can negatively impact the pregnancy, the mother's health in this perinatal period, and the unborn child, and may have a long-term impact (Dunkel-Schetter & Toner, 2012). As regards to the child, literature data shows the effect of such events on the unborn child; the effects can manifest themselves throughout life in different ways: in the first year there may be a delay in cognitive and motor development, alteration of the attention span, an anxious temperament and fear of novelty; in childhood, behavioural and emotional problems are evident and there is a reduction in the density of cerebral grey matter; in adolescence higher impulsivity levels are observed (Buss, Davis, Muftuler, Head, Sandman, 2010; Davis & Sandman, 2010; Kashan *et al.*, 2008; Mennes, Stiers, Lage, Van Den Bergh, 2006). In addition, a tie between stress in pregnancy and the development of more serious mental disorders in offspring has been observed (Huizink & de Roij, 2018; Kashan *et al.*, 2008).

All these studies show how the nature and quality of human learning both in the prenatal period and throughout the first year of life, can condition, if not determine, the neurobiological development of the individual. This fundamental discovery is linked to the fact that learning (and its resulting neurobiological modifications) is not 'automatic', but modulated by the child's carers, primarily the mother. This shows us how the concept of relationship determines the quality of learning and how this grows the neurological structures of the child's brain. These structures, in their turn, condition all future physical, psychosomatic, and, above all, psychic development in the future individual (Imbasciati, Cena, & Dabrassi, 2011).

Given these premises we decided to reflect and observe what has occurred in recent months, when couples - future parents - had to deal with something new and unknown which affected everyone, and spared no-one: the spread of COVID-19.

In fact, COVID-19 hit us like a tsunami, and by its very nature (silent, illogical, unexpected) raised existential issues: the experience of isolation and

loneliness, the lack of prospects and freedom, fear of death and uncertainty. Whether it affected us directly, indirectly through a loved one, or we perceived it as something distant, its presence influenced, and continues to influence, the lives of all of us, from a practical standpoint primarily, but also from a psychological one.

COVID made its appearance in our lives like the '*Tiger Who Came to Tea*' - a book read during lockdown in a webinar organised for parents by the SIPRe Perinatal Area in Milan (Maspero, Cristofori, & Petrilli, 2020). In the famous illustrated book by Judith Kerr (1968), Sophie and her mother open the door to an unexpected guest, a tiger, at tea time. The tiger is really very hungry and soon devours not only everything offered, but also all the food and drink in the house. The mother is a bit desperate at the thought of having nothing left to eat, but then the father arrives who, after hearing what happened, suggests they go out for dinner.

On a more obvious level, we may think of the tiger as a menacing stranger (like COVID) invading our lives unexpectedly in a pleasant moment, but the reaction of Sophie's dad makes us realise that the unexpected can lead to the discovery that we are capable of reacting in surprising ways: faced with the unexpected, the I-subject can draw from creativity (Minolli, 2015), that is, on new or emergent behaviour not deducible from the system's individual characteristics.

So what happened to expectant couples in the face of this tsunami? Were they overcome by the tiger or were they able, like Sophie's father, to cope with the unexpected?

Initially, COVID did appear, especially in the initial phase of the first lockdown, like a tiger, an unexpected and unwanted guest who 'ruins our plans' at the sweetest moment. The plans it ruined were the check-ups, sacred bases to touch during gestation. Perhaps these bases and dates have become a means of containing anxieties, as well as something that helps us stay confident and motivated, and tolerate the frustration of the 'waiting' time, spent in the powerlessness of not being able to 'do', but having to 'stay' listening. COVID suddenly changed not only hospital procedures, but also one's representation and imagination of an event, which is sustained and aided by procedures.

COVID, with its sudden force, in the first instance invaded the mental space of the subjects in the couple, castrating the chance to nurture their relationship with the unborn child, and impacting those steps which are so important in promoting the representation of the 'real' child (Florita, 2020).

As a consequence, couples, or rather, subjects about to become parents, had to face a double processing challenge (Ibidem, 2020) and therefore twice the effort of processing. The first processing challenge is that of the arrival of a child. As we know, this passage has huge emotional resonance within both subjects in the couple and, not surprisingly, was defined by Bibring (1959) as

the ‘regulatory maturation crisis’. The subject confronts him or herself: what it has meant for the that person to be a son or a daughter, what a parent meant to him or her, how they imagine their child will be, and how they imagine themselves as parents, what the desire for motherhood (or fatherhood) means, and the questioning of parenthood desires. To all intents and purposes this is an important passage of identity, where we have a passport for departure but we do not yet know where we will land and with which passport we will need (Florita, 2016). Like every transition, it involves mourning, the moment in which something of the old configuration is lost in the passage to a new one: we can review the child we once were, review our childhood as a passage to parenthood. As in every evolutionary transition the old organisation of the I-subject is called into question, to gain passage into a new organisation - and we cannot know in advance what this may be - with all the instability and pain that it entails.

The second challenge we face is tied to ‘internal’ changes at a time when external reality is constantly changing, removing all our safe reference points. ‘We change as the world changes’: props like these associated with the outside world and are extremely valuable at a time when the inside world is reconfiguring itself (Florita, 2020). In fact, the safety and containment provided by routine hospital procedures are gone: every day the news presents a different scenario, the protocols are constantly changing: it is not known, for example, whether fathers will be able to attend the birth of their child, or if, once the child is born, he can be with his partner. Maternity and parenting support services have been closed for a long time, and lastly, there is the fear of infection. For months, new parents could not count on family support, hospital facilities, consultations with maternity and child professionals, monitoring technology, and, still today, for those with newborn babies, everyone is a potential risk.

It was precisely this scenario of profound change, speckled with loneliness and uncertainty, that drove us, as perinatal professionals, to do something to protect the quality of life of future parents and the unborn child, during gestation. Starting from these considerations, the Perinatal Area of SIPRe Milan devised a way of supporting those expecting a baby. Our goal was not that of giving assistance, protection, or of providing a life-jacket, but it was simply to make the ‘Almost Parents’ more alert to what was happening inside them, more ready to support each other during pregnancy, and more willing to grasp the repercussions related to the arrival of a child and becoming parents. So in March we promoted a course of four free meetings aimed at expectant couples, ‘*Almost Parents... in the time of COVID-19*’.

As evidence of the profound and pervasive need of space for thought, within a few hours we had numerous requests from all over Italy.

The future parents attended weekly meetings through the Gotomeeting platform or via Skype. The facilitators (8 psychotherapists, 1 psychiatrist and

1 psychologist) were all members of the SIPRe Perinatal Area and always attended in pairs. The choice of participating in twos was not random, but the result of a productive discussion within the group: we wanted to be there, but we knew that COVID distress (some of us had colleagues who had died, some had friends in intensive care, *etc.*) would have been a heavy burden to carry, and could cause our attention to wander.

In addition, we set up a weekly appointment with a midwife to compensate for the suspension, initially, of basic hospital services.

Between March and June we activated sixteen sessions, with the participation of fifty-six mothers-to-be and thirty-two fathers-to-be, from the thirty-second week of pregnancy onwards. Eighty-eight percent of mothers were expecting their first child and sixty percent of women who enrolled on the course had had fertility problems, previous terminations of pregnancy, or a pregnancy disorder. The 'Almost Mothers' group was divided according to age as follows: 54% were aged between 30 and 40, 25% were over 40, while only 12% were younger than 30. It is interesting to note that more than 50% of the participants came as a couple which bears witness to the fact that fathers-to-be need and want to be involved.

Drawing on our experience of accompanying expectant couples we observed shared life experiences, but also we saw how each subject reacted in their own unique way to these experiences using the available resources and within the limits of the I-subject in that given historical moment.

The initial phase of the lockdown brought with it a kind of 'paralysis' within the couple, in particular, a paralysis associated with the thought of 'imminent parenthood'. The pandemic had invaded every room and every space leaving little room for moving around. The example of a couple from Bergamo is emblematic: they attended the first meeting with the father-to-be who, having come into contact with numerous people tested positive for COVID, was in forced quarantine in their child's future bedroom. The fear of getting sick, the man's fear of infecting his wife, the anguish of passing the virus to their child (at a time when the effects on children were not yet known) made it difficult for them to find the mental space to address the reality of a child (and a parent) on its way. The ghost of COVID was in their home, in their midst (they lived in separate rooms and only approached each other wearing a mask), and inhabited the room that was supposed to host fantasies related to the unborn child. Suddenly they were invaded by an invisible enemy and hounded into opposite corners of their home like two boxers being beaten in the corners of a ring. Since they were no longer able to move freely in the room now occupied by COVID, they stopped building the changing table, they no longer purchased baby clothes, and postponed the choice of a name. 'What are we going to call the baby? We've stopped thinking about it, we'll see later.' When we were online they were standing two metres apart, she was in front and he was behind, slightly out of focus, and with a mask

covering most of his face. An image that could hardly be associated with expecting a baby, and that, even visually, seemed to suggest the plot of a frightening thriller: a threatening figure whose outline one could just make out, was like a stalker standing in the distance. Although at first we too were overcome by the sight of military trucks with their coffins, and unsure of confidently being able to promote life, we embraced our anguish (trying not to be overcome by it), and their anguish, but above all we wanted to try to see that bedroom in a new light - no longer as the quarantine room, but as the space for their project. We were beside them when they spoke of their fears, and observed their welcoming womb with them. We promoted a dialogue with the belly, listening to the movements of their son, what he said to each of them, and after two meetings our 'Almost Parents' began the session like this: 'We have chosen our son's name, we are going to call him Lorenzo! And now Lorenzo has a nice new changing table in his bedroom!' We realised then the paralysing effect of that wordless anguish, and how intrusive COVID could be; we gradually tried to find some way for the anguish of masks and distances to coexist with life, the belly, and the project.

In the second phase, in taking their first steps towards ending the paralysis, the subjects responded by bringing their own selves.

Although some distress relates specifically to the COVID event, in our opinion there are some elements of this distress that we ought to consider with caution. Basically, we believe that the pandemic has amplified the fears typically observed in an I-subject who is experiencing approaching childbirth: a revision of identity, approaching the unknown, change, potential danger, death, feelings of loneliness and isolation (frequent during the post-partum stage), a feeling of constraint (when, for example, the change associated with becoming a mother or a father is seen as a handicap), the distortion of time, mourning the ideal of motherhood and the child, and, last but not least, the symbolic passage from being a child to becoming a parent. Over time, we realised that the pandemic acted not only as a magnifying glass, but was also a clothes stand, in front of which we felt legitimated and facilitated in undressing; placing outside of ourselves the sensation of the catastrophe (in the etymological sense of turning, overturning or upsetting) of becoming parents. Paradoxically, the possibility of hanging clothes outside the subjects themselves the fears related to becoming parents, made it easier to talk about them. Our work was also simply to see in those laid out clothes, the skin, the outer layer of an I-subject in turmoil (Florita, 2020).

These anxieties were further fuelled by the fear of contracting the virus and transmitting it to one's child, further complicated by the fact that a positive result would mean a period of separation from one's partner, from the baby, or from both.

We should point out that evidence to date shows vertical transmission of the SARS-CoV-2 virus to be a rare event which cannot, however, be ruled out

Juan *et al.*, 2020; Maleki Dana *et al.*, 2020; Mullins, Evans, Viner, O'Brien, & Morris, 2020); yet it is *rarely life-threatening for the newborn baby*.

What studies have highlighted with greater certainty is that in the event of positivity, premature birth is more frequent (Di Mascio *et al.*, 2020; Maleki *et al.*, 2020), with all that premature birth implies. It is still not clear whether this is due to the viral infection or whether it is mediated by stress levels caused by the pandemic and the ensuing infection. In this particular situation a premature birth impacts not only the neurodevelopment of the child, but is aggravated by the emotional effect on the lives of the whole family, because of the tighter restrictions necessary to guarantee everyone's safety during the baby's time in the Neonatal Intensive Care.

In recent years, the role of the father figure has become increasingly important within the family as a whole, and is corroborated by a whole plethora of scientific studies demonstrating how, the father's presence or absence during the perinatal period (including pregnancy), impacts the baby, and the baby's emotional-behavioural development, and their cognitive and motor development (Baltoni & Giannotti, 2017; Cameron, Sedov, & Tomfohr-Madsen, 2016). COVID has reversed the trend with a return to the past, but with the social and subjective expectations of the present. The father's absence used to be taken almost for granted, and now that fathers take it for granted that they will be present, they are mourning the fact they cannot attend birth, nor be there during the baby's first days. This circumstance is mourned by the father, and by the mother, whose first moments of parenthood are experienced without her partner. Not one father in our sample did not bemoan this loss, and not one mother was not sorrowful at the thought of this absence.

A further change was represented by the impossibility of having grandparents or loved ones near. COVID seems to have a central role in this element of change. In actual fact, setting aside its face value, we can interpret this as the expression of the I-subject's labour pains. Going back to what we said above, complaints about the absence of grandparents tell us something about an I-subject who is coming to terms with having been a child, with being a child beside a new born child, a parent beside the child that once was, a parent beside the child that will be/is desired, and a parent beside the parents that they once had (Florita, 2020). For some, this moment represented another source of preoccupation, while for others it was a kind of relief: some were afraid they could not manage alone, while others saw COVID as an opportunity to apply the 'brakes' on parental intrusiveness (or rather the need to keep them safe together with 'their' child).

If we think about it, COVID has done little more than highlight everyone's past experience, past experience that is normally brought to the experience of giving birth: the ambivalence between the desire and fear of becoming parents, the fear of not being able to cope alone, fear of the unknown, fear of death.

Couples stripped of ultrasound scans and regular pregnancy monitoring appointments found they were left without the external space in which they could approach parenthood gradually. But not being able to turn outwards meant that they had to stay still and turn inwards, and assume a listening position which would not otherwise have been possible. The I-subjects of our 'Almost Parents' were 'naked', stripped of the warm clothes of the proxies and were obliged to wait (and stay still). Therefore, they listened and sometimes embraced their own vulnerabilities, ambivalences and hardships creating an extraordinary opportunity to confront their own selves head on, resorting, perhaps, to resources and skills that they did not even know they had (Petrilli, Florita, Proserpio, & Zanolin, 2020). And so that paralysis turned into a staying stillness, an opportunity to be present to one's own self, transformed into an opportunity for creativity (Florita, 2020).

Ferrarotti said in a recent interview:

'Technique is perfection with no purpose, interested only in the internal precision of its operations. It can expand dramatically, but this chaotic expansion does not lead to progress. For progress we need human initiative, which will be effective only insofar as the humans themselves recognise their own limits' (Zaccuri, 2020).

So we found mothers who learned to listen more attentively to the babies in their bellies, and imagined their characters based on what they could feel, and who identified the time of day when they were most active.

We learnt of the mothers' amazement on finding they were capable of being in quarantine, recognising the usefulness of stopping and learning to live in a new dimension in time, which in the postpartum period can impact sharply on many women often causing distress and misery. Similarly we heard the emotional story of a mother who had suffered from postpartum depression in the past, who was actually grateful to Coronavirus for giving her a 'second motherhood', and free time to spend with her child, which she would not otherwise have allowed herself to have.

We found couples who were grateful to their child, because the expectation of the child and the birth was helping them to live contentedly despite the aura of death and general sadness.

As perinatal professionals we gave voice to these experiences, and at a time when we were overcome by the tsunami ourselves.

In fact, COVID brought about a new life experience even for us: we were not mere spectators in this catastrophe, we were actually experiencing it with the couples. We were as dazed as they were. The only important difference between this and other emergency psychology interventions was the 'train': most psychologists who assisted earthquake victims took the train, they assisted the displaced, and then took the train back to their homes. Well, during the pandemic, we could not take the 'train', just as we did not have the possibility of putting kilometers between ourselves and the anguish. First, this

led us to seek our own space for thought where fear and hope, pain and joy could coexist. We were the earthquake victims as much as the couples were, and like them we moved rubble and breathed in dust (Florita, 2020). And although it was not always easy, it gave us a great opportunity to enhance the role of emotional sharing and authenticity, and immediately the myth of the uninvolved and idealised psychologist was dispelled. We were there beside the couples with our fears, our uncertainties, but also with the desire to listen to and embrace what was happening around us: we were present, right there in what was happening around us and around them. Perhaps it was precisely this that generated the conditions for us to embrace what was happening, from the appearance of the tiger to that of the cub, from being in the midst of catastrophe to seeing new life emerge.

Thus, together with mothers and fathers-to-be in this time of COVID, we therapists and our expectant couples were able to grasp how fundamentally important it was to put our subjects firmly at centre stage, and to stay with those subjects for what they themselves could bring. Stopping to think about what it meant to become parents at this time also meant bringing the couples to themselves, irrespective of COVID, which does not exist *per se*, but it exists in relation to those who experience it.

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REFERENCES

- Baldoni, F., & Giannotti, M. (2017). I disturbi affettivi perinatali paterni: valutazione, prevenzione e trattamento. In A. Imbasciati & L. Cena (Eds.), *Psicologia clinica perinatale. Neuroscienze e psicoanalisi* (pp. 218-239). Milano: FrancoAngeli.
- Bibring, G.L. (1959). Some considerations of the psychological process in pregnancy. *The Psychoanalytic Study of the Child*, 14, 113-121.
- Buss, C., Davis, E.P., Muftuler, T., Head, K., & Sandman, C.A. (2010). High pregnancy anxiety during midgestation is associated with decreased gray matter density in 6-9-year-old children. *Psychoneuroendocrinology*, 35, 141-153. doi:10.1016/j.psyneuen.2009.07.010.
- Cameron, E.E., Sedov, I.D., & Tomfohr-Madsen, L.M. (2016). Prevalence of paternal depression in pregnancy and the postpartum: an updated meta-analysis. *Journal of affective disorder*, 206, 189-203. doi:10.1016/j.jad.2016.07.044.
- Davis, E.P., & Sandman, C.A. (2010). The timing of prenatal exposure to maternal cortisol and psychosocial stress is associated with human infant cognitive development. *Child Development*, 81, 131-148. doi:10.1111/j.1467-8624.2009.01385.x.
- Di Mascio, D., Khalil, A., Saccone, G., Rizzo, G., Buca, D., Liberati, M., Vecchiet, J., Nappi, L., Scambia, G., Berghella, V., & D’Antonio, F. (2020). Outcome of coronavirus spectrum

- infections (SARS, MERS, COVID-19) during pregnancy: a systematic review and meta-analysis. *American Journal of Obstetrics & Gynecology MFM*, 2(2), 100107. doi:10.1016/j.ajogmf.2020.100107.
- Dunkel-Shetter, C., & Toner, L. (2012). Anxiety, depression and stress in pregnancy: implications for mothers, children, research, and practice. *Current Opinion in Psychiatry*, 25(2), 141-148. doi:10.1097/YCO.0b013e3283503680.
- Zaccuri, A. (2020). Ferrarotti: 'Il futuro non è nella tecnica, il Covid-19 lo dimostra.' [Intervista]. *Avvenire; martedì 7 aprile*. Retrieved at: <https://www.avvenire.it/agora/pagine/coronavirus-franco-ferrarotti-sociologo>
- Florita, M. (2016). *Come respira una piuma*. Roma: Edizioni Ensemble.
- Florita, M. (2020). *Nuove prospettive della Psicologia Perinatale* [webinar].
- Huizink, A.C., & de Ruij, S.R. Prenatal stress and models explaining risk for psychopathology revisited: generic vulnerability and divergent pathways. *Development in Psychopathology*, 30(3), 1041-1062. doi:10.1017/S0954579418000354.
- Imbasciati, A., Cena, L., & Dabrassi, F. (2011). *Psicologia clinica perinatale per lo sviluppo del futuro individuo*. Torino: Espress Edizioni.
- Juan, J., Gil, M.M., Rong, Z., Zhang, Y., Yang, H., & Poon, L.C. (2020). Effect of coronavirus disease 2019 (COVID-19) on maternal, perinatal and neonatal outcome: systematic review. *Ultrasound in Obstetric Gynecology*, 56(1), 15-27. doi:10.1002/uog.22088.
- Kashan, A.S., Abel, K.M., McNamee, R., Pedersen, M.G., Webb, R.T., Baker, P.N., Kenny, L.C., & Mortensen, P.B. (2008). Higher risk of offspring schizophrenia following antenatal maternal exposure to severe adverse life events. *Archives of General Psychiatry*, 65, 146-152. doi:10.1001/archgenpsychiatry.2007.20.
- Kerr, J. (1968). *The Tiger Who Came to Tea*. [trad. it.: *Una tigre all'ora del tè*. Milano: Mondadori, 2016].
- Maleki Dana, P., Kolahdooz, F., Sadoughi, F., Moazzami, B., Chaichian, S., & Asemi, Z. (2020). Covid-19 and pregnancy: a review of current knowledge. *Le Infezioni in Medicina*, 28(suppl 1), 46-51.
- Maspero C., Cristofori, D., Petrilli, G. (2020). *Una Tigre all'ora del tè. Coronavirus e bambini* [Webinar].
- Mennes, M., Stiers, P., Lage, L., & Van Den Bergh, B. (2006). Long-term cognitive sequelae of antenatal maternal anxiety: involvement of the orbitofrontal cortex. *Neurosciences & Biobehavioral Reviews*, 30(8), 1078-1086. doi:10.1016/j.neubiorev.2006.04.003.
- Minolli, M. (2015). *Essere e divenire. La sofferenza dell'individualismo*. Milano: FrancoAngeli.
- Mullins, E., Evans, D., Viner, R.M., O'Brien, P., & Morris, E. (2020). Coronavirus in pregnancy and delivery: rapid review. *Ultrasound in Obstetric Gynecology*, 55(5), 586-592. doi:10.1002/uog.22014.
- Petrilli, G., Florita, M., Proserpio, C., & Zanolin, S. (2020). *Diventare genitori ai tempi del Covid* [webinar].

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