



MATERNAL HEALTH INNOVATION *Podcast*



Changing the way America cares for
women and birthing people.

Presented by  **Maternal Health**
Learning & Innovation Center™

MaternalHealthLearning.org

Dr. Kristin Tully & LaToshia Rouse, Birth Sisters Doula Services

Intro: Welcome to Maternal Health Innovation, a podcast from the Maternal Health Learning and Innovation Center, or MHLIC, where we connect around culture, measures, and best practices in maternal health. I'm Dr. Kristin Tully, co-chair of the MHLIC Innovation Support Core, and I'm a researcher at UNC Chapel Hill. It's a joy to be part of a learning community, to strengthen our national policies and systems of care so that they are more accommodating for birthing parents, their infants, and those who love and care for them.

In this podcast episode, we get to hear from LaToshia Rouse. LaToshia is a doula, advocate, and expert on meaningful patient engagement. She had me in tears around the enormous potential of getting this right.

LaToshia: I started working with hospitals and I realized that a lot of this stuff we're asking for as patient partners are things that doulas do, so I said I'll become a doula. So I became a birth and postpartum doula, childbirth educator, lactation educator, and I get to work one-on-one with people to help them navigate the system, be educated about their bodies and the process. And I help spouses, we forget about dads, you know, sometimes they are just needing someone to tell them what they can do. They want to help; they don't know what to do and how they can be supportive. And so all of that work wrapped up into working with hospitals, state collaboratives, hospital associations, PQCs and individual people. So I get to see the system from both sides.

Kristin: Doulas

LaToshia: Mm Hmm, Doulas are magic. The work of being a doula changed my entire life because I got to give, and I get to give people exactly what I wish I had, and so the reward is instant. It's addictive and you get to do it again and again, and you keep hearing the stories, things that they wanted to do better and seeing those maternal mortality statistics and mistreatment numbers come back and how we can right the ship. So that's the gift of being a doula, is having people have a different experience.

Kristin: And can you share some about what that looks like?

LaToshia: It's so simple to say, but its listening. It's simple to say but hard to do because when you have a lot of knowledge about, and background and experience, sometimes it feels as if you want to drive, and listening is coming alongside a person and adding in information and having a decision that's made together. Like that's when you know it's a true partnership. So having clinicians and staff be able to enhance the education that parents already have, and come alongside them where they are, it's true listening.

Kristin: And you've shared with me before, you know, a part of your personal story where there's sort of salient things, I think with all of us who are, have lived this in various ways, like "if only," you know. And if only an action or you know some of the words that I've heard are forever in me. And it's interesting because I think it becomes you, you know, these narratives and our experiences. So, it's pretty powerful how you have transformed that into action for so many, in individual you know one-on-one and then with your work educating so many more.

LaToshia: Yeah, and that's the magic part. You get to have those experiences. It heals you; you know. I have a doula shape hole in my heart then to fill, you know. I get to help people experience the kind of care that I wish I had. And so I love that aspect of it and being able to hear the stories and help people to know that there are other ways. You know, if you're saying that you don't necessarily want to tear, what good things can you do to help prevent that? If you've had this kind of experience or that kind of experience, let's focus on that. Let's have these conversations and prepare for something different. Don't keep doing it the same way.

Kristin: Hmm, yeah. The outcomes reflect the process and that's where you and I, I'm sitting on the couch but I'm often jumping off of it, you know, thinking about the opportunity and that's the good lens on the bad I think, unfortunately there's so much opportunity to be helpful. Can you share more about what that what that looks like for you?

LaToshia: So big scale, I look at programs and organizations who are involving doulas, who are looking at people in a holistic sense and meeting people where they are, so I think about Cityblock. Genius, genius. Mobile healthcare. Having doulas on their team, doulas that are also social workers. So you know the work of doulas are always to gather resources, but it's even easier if you're also a social worker. So looking at the system and finding ways to help make things better, bridge gaps, and provide holistic care for women and resources I think about, you know, in California several places across the country there are organizations that, and it's not been studied really well, but they have learned that if they support families, pregnant women – financially, and it's usually somewhere around \$2,000 – and you know these women have full-term babies. These women have better outcomes than if they have not done that. And when you think about all the ways we spend money, that's a no brainer if we can get out of our own way and do the things that work even if it's scary. It's scary to think "oh wow, you know, how do we change the system so that that's possible." But could it be done? Yeah, we just have to decide what's important. And how we get there is maybe not something we've done before but do something different, have those innovations and listen. When you see those things don't just turn it away as oh that's a small project, it just happened in this one little bubble. Maybe not. Maybe we need to look at it.

Kristin: And so, what does innovation in maternal health mean to you?

LaToshia: Hmm, it means broadening the tent, bringing in all those different voices and perspectives. It means being willing to do something different. It you know you're going to have to listen to those voices and work on implementation. There are so many different opportunities, like you said, if there's a million ways to improve a system, and it takes a lot of people to do it, but when you look at all the wonderful work that's been done over the last few years of including patients, of including community, working with community-based organizations, we're the holders of new information, and we can absolutely help shift a system in a way that supports the people that we know.

Kristin: What do you think meaningful engagement looks like? What are ways to foster that? Because that's not easy.



LaToshia: It is, and it isn't. So the way I describe it is patient engagement, community engagement on a basic level is easy. When you're looking at a human, facing a human, wanting to work together. Right? That part, we do that all the time.

Where it gets tricky is we have roles to play. So, I'm playing the role of patient, someone else is playing the role of doctor. And we can't break, but when we do is where the magic happens. When someone literally says I just want to work with you, I want to build a relationship, I want to work together and I want us to make the system better, not about people. We're all working towards making a system better.

Because we can fight people and the way they want to do it forever, but when we both decide, hey we're actually wanting the same things, we just don't have the same way about getting there. Let's talk. Let's work together and see what can we accomplish, that type of engagement shifts and moves mountains.

Kristin: You know I had my head like people make change, and like people did this and we can redo it.

LaToshia: So, people do make up systems but if we get bogged down in how each specific person wants to make a change and we're not focused on the system, it means that we're fighting people, and we can't get very far doing that. And that's kind of where we are at a lot of times in maternal health, we're in that messy middle part of they want to do it this way and I don't. But truthfully, everybody wants the same goal, so enlarging the tent, bringing people together and authentically working towards improving the system is how you can actually bring some of those ways of being and ways of doing things into a system to make a change.

It is going to take everybody. This system has been the way it has been for so long It's going to take everybody deciding we're going after the system and not people.

Kristin: And when you think about advancing equity, how do you define that? Cause it's both you know an outcome and a process to me.

LaToshia: Everyone thinks of equity in different ways I love the approach of working on health equity and social determinants, and then I say that's wonderful to have that, but you also have to advance racial equity with it, because if you isolate the two then as a brown person walking in, I may not get access to the same things that other people have even if they exist in a community. So, we have to make sure if we're going to work on make whatever piece of social determinant we want to work on, that we don't forget there's a racial component and we can't leave people out because you can have a buffet that people aren't invited to if you're not careful.

So yes, there needs to be resources available to people. Yes, there need to be programs. Yes, we need to work on that for everybody, but don't forget that we still have a challenge in this country, and we have work to do on the racial side as well.

Kristin: With both access and to perhaps also stop targeting like with surveillance?

LaToshia: Yeah, surveillance, oh my goodness. It's funny you say that I think about you know our fathers going into hospitals, and how sometimes that's a challenge. I've remembered having conversations with fathers when I worked in the hospital about, you need to sit down when you're having a conversation. You need to not move your hands because it won't be perceived



the same way. I know you're not going to hurt anybody, but if you're standing up over someone who does not have the experience of being around people like you all the time, it looks different. And I want you to be able to come in here, right. So, we've got work to do. Surveillance is not just where you see people getting shot in the streets by police, surveillance is everywhere, right? And so, people being out of place and not in all of the worlds they exist. You know, if I live in this area of town and I am from this community, all of that comes together in a hospital.

All of those different people, all of those different backgrounds, they come together in a hospital but what would happen if it also came together in a community? So, if people leave their ivory towers and then they're able to meet people in their communities and work with them outside of that so that when they do come into the ivory tower, it works better, because people have knowledge of what's in the community - what the challenges are - and that info the information flows both ways. And it's not just I'm here to educate you, the education is also flowing the other way about what it really is to live in these spaces.

Kristin: That's bringing me to the you know PCORI. Patient Centered Outcomes Research Institute has these engagement principles and we know them intimately and you know this reciprocal learning and transparency and honesty and there's a lot, you know, authenticity, but like that is I think the way, the way.

LaToshia: It is, and we lost our way. We lost our way. We are, you know, so separated in all these little boxes. We're learning that it's not necessarily always the best way to be, and that we have to bring things back together. When you think about, you know, even clinicians and how they're all specialized and they have their own little skills, we're finding that that has to come together. Like everybody has to get a room. All these people have to work together. And your patients are very confused when you're over here saying that and you're saying that and you're not talking to each other. How do we trust the system that doesn't speak the same language?

So, it's broken in so many ways that coming into a system that way that's why we got to worry about breaking the system and rebuilding it making it into something that we all can function in the way we want to.

Kristin: And doulas, especially doulas as part of an integrated team and building on this and on strengths. And what are your thoughts about how doulas can help us, not only with birthing parents and those close to them? Like their family, but perhaps the healthcare team too? You know, like, or maybe this is too much to ask, but I think like reflecting on and pointing things out.

LaToshia: We see all the holes, you know, going into different hospitals as a doula, you know what some of the communication is that the patients may not see. So sometimes they see it, sometimes they don't, but you understand some of the communication that happens. You see what some of the challenges are at different hospitals and how they are trying to navigate things and how there are ebbs and flows. So, while this hospital may have been great at that at one point, now that might be their challenge. And so being as a part of that team would mean that oh, we could catch some of those things. Help know that it is happening before it falls apart, before we're way down the road and now we have more work to do than if we had corrected back here.

And I think about COVID. So, in the beginning where everybody said okay no doulas, and people who had hired doulas and the doula was in the car talking to the mother in the hospital and not able to come in and how over time we have learned the hospitals are strained, they don't have all the resources that they need. Doulas are actually helpful in these instances and



having them there as actually another set of hands is somebody who can relay, oh she's saying she's feeling like pushing, rather than walking in and now there's an emergency.

Now I'm seeing that over here your showers never work, like for pain relief the patients were saying, "Oh, at least they have a shower," and they're getting here and things are not working, or the staff communication between the nurses and the doctors is not always there. They're not always listening to the patients when they say, "I don't want to push on my back." They're saying, "No, that's your best way." Some hospitals, that's a culture, so being able to say this is not necessarily what's happening everywhere, did you understand that that was even happening in your facility? Maybe not. Maybe not.

Kristin: And I know you here in the triangle you serve families all around, right? And you sometimes, I think too, you have plans for a certain facility, and then on the day sometime especially with the certain you know the circumstances lately and how then you're somewhere else so like adaptable and then you see how it can be an is different.

LaToshia: And when you're a doula that services people of different races you get to see how it's different depending on the person. You can see one person ask the same question and get a different answer even at the same hospital even with the same practice. You can see it, and so helping them to realize - cause I think a lot of it is unconscious - like this is kind of the way people have learned to operate, right. So, bringing it out and helping them to see it and realize it is a part of the battle, and it's a part of the change that needs to happen.

Kristin: Hmm. Do you do that in real time, like it's interesting cause like when I'm in spaces then I want to be there for a reason, and like if it's not, but that's hard to be like I think you're totally off base?

LaToshia: Yeah, it is. And so, in the moment what I try to do is find a person that I think will listen and work with them to work within that system, because I also know that as a doula I could be kicked out of a hospital. So, I'm not starting a war, what I am going to do is work with the pieces of the puzzle I have. Now the other piece is all the other things, so working on at community level, working at you know all the other things. So that is another way to add change that is not so, I mean sometimes you do have to handle stuff right there, but it means that now you see me at this level as well. Let's have a conversation here about generally how things are going. So, it's not, it's more diplomatic. Yeah.

Kristin: That's what, you're wise. Thank you for sharing. You know how, and you've mentioned about like engaging in you know community spaces, I'm wondering if you had some examples or stories of what that looks like and like how you foster those? And I guess this goes back to the patient engagement but also just with I think all the team members or something. Do you have wisdom to share?

LaToshia: I always say when you bring people in make sure that you're ready to hear a different perspective. It should be different, if it's the same thing that you already know there's no reason to do it. So, they're going to have different things to say, and that's good. Also remember that bringing people in is a way for you to gain knowledge but also, it's a transfer. So, I think about having all of these education sessions where clinicians and nurses are there, now you're starting to see doulas are invited.

Of course, me, I was like all of that cross-pollination is its way to make things better and engage with doulas. and as far as patients, I always like it when people have these education tracks



also for patients at these conferences and that these community levels. Go to the organizations that have groups of moms be a part of those. Go to those events. Help them navigate. Help them hear from a commission outside of the ivory tower. Help them hear from the nurses. There are a lot of people that are really afraid of nurses, and they have not met nurses that work in the maternal space in other ways except for when they were giving birth. Being available and able to do some of that kind of events is helpful, but then also bringing people in once they have made those connections outside is a way because now, they've met you outside in the community they would be more prone to come into the ivory tower which can be a place that's not necessarily welcoming. You know you walk into a hospital and it's a bunch of signs that says go here, don't go there, stop, not behind this door, and people may not have had a good experience when they were there.

So, meeting them outside bringing them in or having your meetings outside all the time, like some people you know that might be a way to engage but its location is timing it's asking the right questions asking them what do they want to be asked. Helping, letting them help with the agenda for the meetings seeing how you can help support their organizations or their causes of the things that are important to them the back and forth of it all, so that it is a relationship that you're building and not just a what can I get from you right now is the best foundation anybody could have, and that is what you build on.

Kristin: We've had a lot of fun in that fourth trimester project and subsequently and sort of you know having meetings at children's museums, you know we've got a lot here in the triangle and we have food and people are paid and families are welcome you know, and we cover their admission. And sometimes it's loud and sometimes we have you know spit up on us or I'm holding someone's baby and talking about sleep, I mean like that's the sort of What I see as working well. We've even you know we have all the same shirts that was logistically not see I know but like and then name tags with our first names.

LaToshia: No doctor whatever, yeah. That's all so important. like putting the roles down for a moment and just being people.

Kristin: Yeah, cause I mean a lot of us have all these hats, and bring that and like I recognize now that that is a strength, you know motherhood is not something to hide like we have our perspective on things and that's, it's not about us, you know like but we bring at least that empathy. Like we know how it how it can feel like good and bad and then in different ways of course but I think that's good to be together.

LaToshia: Yeah, seeing the whole person. And it breaks down so many barriers. You get to know when like people in the roles that maybe social media might be saying are not your friends.

Kristin: Hmm. It's sad you know like it's a shame, it's a shame that this is innovation, that we have to talk about how you can have meaningful engagement with each other because if we wanted to, we could, I but I think that that's really good point about what even spaces can feel like

LaToshia: Yeah, and sometimes you know yes, the spaces aren't welcoming and all of that does happen but there are some beautiful stories too, and so being able to share all of those and being able to make sure everybody here is all the sides of everything and it's not just one way of hearing things is important so all of the cross-pollination sharing the good and the bad from both angles you know is what floats my boat.



Kristin: And I have more questions about doulas, right but I just want to pause too if they're things on your mind that you'd like to share.

LaToshia: So, I am a person who believes that community should be involved at every level of every organization, whether it be policy, whether it be just if it's in the hospital and you're trying to write that parent guide, have parents with writing it with you, and community health workers and doulas and I feel as though the more we do that, the better off we're going to be. We're learning to do it. We're getting better. This five year is better than the five years before, it is hard to do but it is worth it.

It is worth it, and then it is evident in seeing that so many organizations are understanding that that has to happen. They're writing it in they're finding the funding to make sure it's sustainable and they're learning to have those communications, and that part of it means that you're starting to see things like People are saying oh wait we never did have conversations about paid leave before. That's not something that typically comes up in conversations on these task force. That's not something we talk about. Well, you bring patients in they're going to tell you like breastfeeding was more difficult, bonding was more difficult because I had to go back to work. So, all of those things that are not technical that come up because you're talking about the whole person happens when you have everybody at the table.

Kristin: And you've taught me people need people.

LaToshia: People need people. There, it is not being a mother that I have worked with ever that has entered into motherhood the first time or second time or third time, that didn't feel as though there was something she could not do. Like I'm adding a new baby, I don't know if I can love two babies Like I love my first one. I don't know if I can still get out and do things. I don't know how my schedule is going to be. I don't know how I'm going to breastfeed. I'm a first-time mom, I don't know how I'm going to breastfeed my, no one in my family ever breastfed before, I don't know how this works.

There's always something, but when you have someone who is a part of your life who's checking in with you to see how you're doing who knows you're your best friend and your husband and you're your mother, and they tell you can do it, it means that they believe it. It's not just on a poster on a wall, it's not from a person they've never seen before, this person knows my life They talked to me they know me, and they said I can do it. I actually can, and that is a lot of what doula work is helping people to know get the education and telling them that they can do it You're going to be okay. They need that support; I needed that support. I needed people to come along and say, hey, yeah you had three babies, but you can get your milk supply there. You know even if it seems impossible sometimes miracles happen, right. So, my job is I'm telling you yeah you can do it. I'm going to help you to do it until you say you don't want to or until you say you can't, right. But until then you can. Until you say that you don't want to or you can't, you can and I'm going to help you all the way. I'm going to help you with finding resources I'm going to help you. I am on this boat with you. I'm helping you row. I'm going to help you. People meet people

Kristin: And so how do we, how do we get or that's the norm? Like so many, we feel alone. It's like this shared story that it's too little too late.

LaToshia: Hmm, well I think now we're starting to see where people are finding funding and applying for funding to increase access to doulas. That is going to change the game right, because we're not this kept secret this little-known secret. You know more people are learning about doulas because they're having exposure. So, then there are more people who want to be



doulas because they had a doula, right. And then the healthcare system is starting to recognize the statistics and how doulas improve care. How doulas improved outcome and they're recognizing the system was not built to help in those kinds of ways.

You know I always say I spell doula T I M E. I have time to talk to you and hear about what's on your mind right now. You know you've had five miscarriages, you're 26 weeks, what are you thinking right now? You're here in this space that you did not believe you could make it to and letting them, letting them just talk and say how they're feeling and what they're thinking and what they're afraid of and what they're excited about, and get it out. That emotional support means that this person is clearheaded when they show up to the appointment, can help make decisions as things go on because they're not carrying all of that everywhere, that's heavy.

It's a good stress, you want to get there, but it's also stressful because I've never been here, I've never had a baby go to 26 weeks. How does this work? Oh, I guess I'd actually do need a birth plan; I actually need to think about delivery and I need to think about postpartum, and am I going to breastfeed I never had to think about it.

Kristin: You got me sitting here I'm like, I'm you know my youngest is four I guess she'll be five soon and I'm like I need a doula.

LaToshia: Everybody needs a doula.

Kristin: Right now

LaToshia: Everybody needs a doula, we need to, we need to make sure that we get there. Like that process of getting there, now it's grants and its organizations and we're you know trying to patch it together, but the system needs to be in a place that everybody who wants a doula gets a doula.

Kristin: Yeah

LaToshia: because the benefit is to great. Okay Women are not meant to birth alone.

Kristin: There's a cost to not having this.

LaToshia: It's a cost, and that cost is not factored in the system. We're trying to do it the same way. There's another way to do it.

Kristin: With the outcomes that we track and the way that we feel and the way that we're like transformed through this.

LaToshia: You never forget the day you had a baby. You never forget what your pregnancy was like. You never forget the people that were there and how they made you feel. You'd never forget that, and that story gets passed on to people generation after generation. The story that we tell our children about the day they were born is a most important story that you pass to them. It affects their self-esteem. It affects the way they look at life. It affects the way they give birth, the way they parent, the way you parent.



It impacts people forever, and we think it's a moment in time and it's a blip and it doesn't matter. But when you are able to tell these kids a beautiful story even if it was there was a lavender scent in the air from oil, and the sound of rain playing from my cell phone, that's beautiful. If you can tell them that they came into this world in a way that they were loved and cared for and their mother was supported, it changes generations. It's powerful. We're not just bodies. We're whole people, and I know I got your crying trying not to look at you.

Kristin: And you know hopefully we can share more of our full stories, because we select out, I think what we want to be known.

LaToshia: Yeah, yeah, we do, and it's a protective feature, right. But when we do get to talk and share the full stories and people are listening and they see ways that they can make improvement from it, you want to share more. You want to give more you want to change more, and that is exactly how I got to where I am, because someone listened. Someone listened and said oh I can make a change I can learn to do things differently, and I said it's worth it.

Kristin: Thank goodness for them, because you know now so many more of us have this opportunity to learn and to grow and to do something about it.

LaToshia: Yes, and you know you out of anybody, you know how to do this. You do this well. I've seen you interact with so many different people in a way that you're able to listen. I wish I could bottle you up and sprinkle you around because it's a gift but it's also something you can learn, right, and it's because you had a story that hearing other people it sparked something in you about your own story. There's a connection that's made, and you use that through everything that you do. That's the magic.

Kristin: That's powerful. Thank you

LaToshia: It's true.

Kristin: I need to just breathe

LaToshia: Yeah

Kristin: can't even you're the first one you know I'm a crier, but I pulled it together. No I mean I'm just so truly grateful to you know to be here and we're keeping it in, cause we got big plans

I hope we can you know to do that, or we'll do the next thing so let me think if there's I'm just talking we talked about innovation and I think that you've identified the how connection is and valuing you know the human right and the family and then structuring care to meet those needs right to meet to meet them

LaToshia: the whole person. Yeah

Kristin: I think that postpartum I think in particular is challenging because like we don't, we don't know. Like even when we have written information or like hear things like you don't know how that's going to go for you know like in how it feels and something for me it was like the forever nature of it, you know like the persistent like you know like with breastfeeding for example like how physical that was you know for so much of those days and years you know cause like you learn the technical you know that the technical is complex but it's easier, I think.



LaToshia: Postpartum is, it's my favorite thing because you do get to spend time with people learning about okay how does your life change now, what is possible for your life How do we make things work according to your plan. So, you help prepare them for it, and then when you get there you help them tweak it.

But I'll just say for postpartum a lot of people know about birth doulas. They don't know about postpartum doulas, and postpartum doulas are we go in and we help people learn to navigate with a new person, with a new baby. So, we are in their homes a lot of times and we're spending time with their whole families and we're helping with breastfeeding, and baby care, and you know I got my child circumcised, does this look okay? Is this belly button, okay? What's this rash that just, all of the moments where people typically have these questions, we see them over and over again. So, we have that piece, but we also are there to help them to navigate emotional changes that happen. Is this postpartum depression or is this normal? The anxiety that I'm feeling, what can I do about it? I may not want to take medication, what things can I do? Helping them to learn to care for themselves.

That's my favorite thing of anything because it's difficult to do because we haven't seen it modeled. We've not seen our mothers do it a lot of times and not seeing women in our family do it. We've only seen people go, and so introducing that to them in a way that says, hey here's a moment where you can actually do something different and it's okay. Let's talk about self-care or soul care, and let's talk about how you need to recharge. What is it that helps you build up so that you can give for everybody, because you have a lot to people to give to now? And that is something that you can pass along to your child. That's a gift that gives forever that you can pass on to this baby that grows up in a home that that's the norm.

You get to help them with going back to work. What is that like, how do I leave my baby? You get a phone call really late at night and somebody is like oh tomorrow's the day and I don't know if I can do it. You know it's everything It's life You're doing life with people, right. You also, in that space, have the opportunity to impact that person's outcome going forward, that mother that person with any challenges that come up health-wise because sometimes the first time they've had these challenges were in pregnancy, and they were only managing them while they were pregnant in a way that might have been great. It's harder to do once the baby's out because we start to shift all of the attention to this baby, so helping them okay, what do we need to do for your health? What do you need to do going forward to make sure that number is lower or that number is higher? How are we monitoring?

Let's come up with a plan. Self-care is a piece but what are the other pieces? So postpartum doulas it's family care, its baby care, its mom care, it's everybody's care. Siblings, first time a lot of siblings hold their babies or when I'm sitting next to them because the motors are like I can't do it. like let me show you how, let me show you how.

Kristin: And I mean this is the norm in other countries, you know, and so this is innovative in the United States, but you know there's home visits and there's the, you know, and it's called a lot of different things and structured different ways, but like it's not necessarily a postpartum cliff that we have here.

LaToshia: Right, and we can build it. We can change it. We can do something. We just have to find ways to be innovative, to find the funding, and just like we're starting the birth engine, there's a postpartum engine that needs to be started.

Kristin: And for you know doulas to be cared for in that process, including obviously with a living wage.



LaToshia: It's so important, and I say this, when you want someone to come and work on your house. This is your house, this is your home, this is where you most of your resources go. Do you want the person who specializes and does that work or do you want the part-time person that sometimes does it? And when you put doulas in that space of having to have all these different jobs to be able to sustain themselves, you make it so that it is more difficult to get and maintain skills because they're not able to do it full time

They need to be able to support their families, being a doula. And there's enough people out there that need them there's enough money in the system to make it happen so that everybody's cared for. Yes, we want to care for families, but we also have to live. We can't do it in a way that sacrifices for our own children. And so, I love the fact that some people volunteer, beautiful, but if we want to grow this that can't be the way, because no one lives for free. Everybody has bills, and you have children, most people most people do who doulas do, and if you don't you have family. We have to be paid in a way that we can sustain it.

Kristin: Yeah. Well, LaToshia, thank you for so many things and for being here and sharing this. Is there anything that we haven't covered that...

LaToshia: I want to talk a little bit about research. In research, we are getting to a place where the grants are asking to have patients and families be involved. That's a beautiful thing. Remember in research that when you're bringing people in that they might need some help, because research is another animal, okay. So, they might need some help getting started, and then nurture those relationships and keep them don't start over every time because that is a learning curve, and all of that effort to get people up to speed, you don't want to just toss them and have them come back.

So as far as doulas as far as patients' community health workers as you bring people in, nurture those relationships and build them in a way that you can have an engine that keeps running and you don't have to keep restarting, because those are different things that you're asking people to do that they haven't been exposed to before. So, policy research, all of those different areas are going to need a little bit of support. If people come from policy and go to research if people come from hospital and go you know all of those are different. Helping to make sure you support them in that and understand that's a part of the learning curve and it's okay.

Kristin: think It's understandable with all these constraints and all these different spaces for it to slide into performative.

LaToshia: It is. The patients know it, the doulas know it. And it always fizzles if it is you can't keep doing something that's not something you really want to do, over time it fizzles. And it shows up in your proposals, it shows up in your outcomes, when that wasn't cultivated and maintained because what would've come about when you had those really authentic relationships is going to be drastically different, and it's going to look like everything else. It can't look like everything else If you have people involved it's going to be very different

Kristin: And I think that being ready and having like four different perspectives, I think that that is intentional and not work I don't know how to describe like you have to want that.

LaToshia: Yeah, it's growth. It is absolutely uncomfortable growth, but that's the girlfriends needed to make these changes. So, did we say we're not going to do it?

Kristin: Thank you I think we'll leave it at that. So, thank you.



LaToshia: You're welcome. You're welcome

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