Dr. Kristin Tully & Shaunette Howard

Kristin: 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 Corps, 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 commentating for birthing parents, their infants, and those who love and care for them.

In this podcast episode, we get to hear from Shaunette Howard. Shaunette is a doula and experienced in breastfeeding peer support. I called her an angel in this conversation, and I think you will agree.

Shaunette: My biggest thing right now is being a doula. Doula is like my heart job, because it combines everything that I love, babies, birthing people, moms, breastfeeding, everything. And I have been married for 19 years, so it doesn't feel like it's been 19 years, but it has been 19 years.

Kristin: Congratulations, thank you so much. I'm so excited to learn. Do you want to share more about your doula role in particular since that sort of combines a lot of things and you're from here around in the triangle of North Carolina, right?

Shaunette: Right, I live in one of the rural counties on the outside outskirts of Raleigh, and that is actually one of my major focuses is rural areas because it seems like a lot of those people get missed in health care. Period. They don't have as many resources. As a doula, my biggest role is I would say advocating for birthing people and their families so that they can get as many of those resources as possible, even though they're not in an area where they have those, you know, have, um access to those things.

I know it was probably a good 30, 40-minute drive for some people to get to decent healthcare and then, resources involving Medicaid, they're just now starting to become more I'll say doula friendly, seeing doula as a need as, as the research is now showing that, you know, it's a need when it's actually been around for centuries.

But I'm able to guide families through their birth experience, let them know what their rights are, let them know what their, the different services that they should have access to, resources like WIC, like your local health department, what that all involves. And breastfeeding, chest feeding, human milk feeding, just helping guide people through it.

It's like having a cheerleader, but also having like a big sister, the kind of say to keep you emotionally and mentally informed and intact so that you can process this life-changing event.

Kristin: And how do you people find you, you know, and how should doulas be integrated in the healthcare system

Shaunette: Right now, for me myself, I'm still building a presence online. It's actually a little bit harder than I thought it would be to find doulas. There are plenty of websites, but just like you're trying to find maybe a hairdresser, you want to make a connection with the person. So in order to do that, you got to do a whole lot of research to find that one person, or maybe a couple people that you feel calm, comfortable, and confident to entrust them with your, I mean, this is not just a haircut, but it's one of those things where you want to be able to have full trust in that person.

Like I said, there's websites, social media, there's one hospital group that actually has doulas on staff, but who has access to those people who live in that area. And it's one of the bigger areas that have most of the resources. So, I've seen people have to travel to hopefully get better care than what they were getting before.

Kristin: One of the things you said was about being missed, and I wonder if you could expand on what that means, like with marginalized groups and we're probably talking about and you talked about sort of this intersection of distance and less funding. I mean like the whole system seems underfunded to me and then when that's compounded, and then I wonder too I think you have a specialty in caring for younger people and women of color, families of color.

And so, I wonder if it's not only knowing what their rights are, and that's pretty critical and absent, but then like health as a positive concept and like being, you know, valued and seen and like this meaningful communication. So, you know, I think we're missing a lot of things.

Shaunette: You said it because, you say missed, and sometimes it feels like left out. Missed can kind of come across as, oh, it was an accident we missed you, whereas when you feel left out, it's kind of like, oh, well you didn't get on the boat, you know?

With teenagers, there's kind of this fear driven education with teenagers and that's why they tend to get the information they need later, after they're pregnant, after, you know, they're trying to figure out what to do. If our teenagers had more education, and I agree with the whole age-appropriate education or even person to person appropriate because, you know, everybody's not necessarily the same age.

But if you have that type of education early on, then you have more power to know what you can and can't do or what someone can and can't do to you. So unfortunately what our teenagers, that's where they get taken advantage of, and then when they're in these tough situations, what happens? They get treated like, oh, you little teenager, you don't know anything.

Well, whose fault is that? They don't know anything because they only know what they know, and a lot of it is driven by peers. And I know what peers were like when I was a teenager, I learned a whole lot unfortunately. I learned that all of the things that I learned, a lot of it was not appropriate to what real life entails.

Our rural communities that, like I said, they're a lot of times just left out and then they're left to the mercy of whoever the care providers are, so it's kind of like, where else are you going to go? And then, you know, rural areas, they don't have bus lines. They don't have, I mean, now we have Uber, Lyft, but Uber, Lyft only to a certain distance is probably feasible for most.

I've been in a situation where I've had to take an Uber Lyft and I'm like how much? We're? Why? So I can't imagine, you know, just trying to navigate those things, as far as, even for me just being a black female, there are times where I've personally felt that I didn't have access to the same things everyone else did.

Either I was made to feel like I was over-exaggerating, or it's just not available for me. And maybe not with the, the cab, not the wording of you can't come here, but if it's nowhere near me, if it's nowhere near where I live, I'm expected to travel to get there, it makes it, it does make it more difficult.

So I have personally felt left out. I've seen families process being left out. The processing is weird for me because it's like they almost blame themselves as opposed to seeing the system as there's some, there's some things that need to be fixed and most families are actually very gracious.

Like kind of like. Oh well, they tried to be nice to me or they tried to do, you know, to do these things, as opposed to saying, it's not okay for people to treat you the way you're being treated. So that's, I think that's an interesting perspective that I've seen.

Kristin: This is a reoccurring thing and our work and maternal health, it's like the things, the structures or the programs, or, you know, the resources around those, then they show who we've value and who we don't.

Shaunette: Unfortunately that's true. And I still don't always think that it's intentional. Yeah, I think that over the last, maybe 20 years or so there has been changes, but I think that's because of the people that are getting involved and in, within these things or these organizations, there's that one person that's kind of bringing a whole new perspective to, we need to make some changes.

But still as a large whole, it's still very, it's still, when we look at our numbers and data, it's like, how, how did we miss this? Yeah. It doesn't make a lot of sense.

Kristin: What do you think is helpful for doing more of that for like, first of all, I think there's a lot of work to do, to like recognize within spaces like the value of building real relationships and then listening to hear and structuring it so that hopefully it's not only possible but you know, true and meaningful and enjoyable. I think there's increasing recognition of how important that is, and I think there's a lot of opportunity to think together about how to do that well.

Shaunette: Right. I would say first and foremost, what you're doing now, to be honest, Kristin, like I can talk to you, and I don't know if in some of the other research spaces, I will put out there I'm like, I don't have a PhD like everyone else, but I can see that's my own insecurity.

But when I talk with you and others on, on, in those projects, I don't feel that. I come out there with that because that's what I expect to feel. So it starts with honestly just an inward, well, how do I perceive other people, even though I have these certain accomplishments.

I would say in a provider space, first thing that comes to my mind is your provider, right? There is a sense of service there, but often it's not treated as you're serving, the person is treated as I have the information and knowledge and I have control over the situation, and that creates distrust. So when you're already in there with the white coat and I'm, I have the control, you're either going to have people that respond in fear, people that won't come back or we'll give you a little bit, but won't give you everything.

Because they're just, you know, if I tell you this information, what will you do with it? or not wanting to feel inferior, Like, just because I don't have doesn't mean, I don't know anything, yeah. So it's like, it's kind of give and take because when you're caring for someone, you're not expecting them to know everything. But it's our duty to give them the tools so that they can make great decisions.

Kristin: This is how you and I first got connected around newmomhealth.com and saludmadre.com because I firmly believe with you how we need open access. We should be proactively provided through lots of meaning, you know, including in school and like an all, all these platforms, but I think like that fundamental concept of like, what are health care providers providing, you know?

And how does that fit with birthing parents and, you know, their support, like their journeys and how we can get closer in alignment, like along the whole continuum.

Shaunette: And don't get me wrong. Like as a doula, I also understand there's a whole, you want your healthcare to be more of a partnership, like I'm not there to do battle, you know, sword, shield, like you take care of my patient.

It's more of a, they don't understand. Can you explain? But when things do go south and they're not feeling heard, or they're not feeling like they're being taken seriously with their pain levels or things like that, that's when I would come in and not even necessarily directly toward a doctor, it's giving the power back to the patient.

Hey, do you have more questions or are you feeling comfortable with what you just heard? Do you need to take a minute to think about what, like, would you say like slowly being able to slow it down and put it back in their hands, because once you take it out of their hands, they have nothing left? There's no control. There's no confidence. You can’t get comfortable, you can’t relax, and this is one of the most important times that you need to be able to relax.

Kristin: Yeah. I mean, birth and postpartum, I mean, these are special, special things and there's you know, medical stuff, but like the primary thing is like this phase of life and like all the things that comes with it and the roles and the hopefully, you know, new life and new, you know, relationships. And so how we can treat it anything other than that is almost incomprehensible, you know, like we need to see it for all the things that it is, and then accommodate that.

Shaunette: Like I said, just has to be working together. And if it comes back to understanding when I get cut, I bleed, when you get cut, you bleed. We’re all human beings. Some of the most extravagant people, or some of the humblest people and when we take it back and think, okay, how can I exercise humility in this situation?

How can I exercise care, just general care for another person, how would I want to be treated in a situation? That was actually a personal question for me sometimes it's like, you know, I want to interview a doc I'm like, what's, what's your doctor visits like? You know, how do you feel? Because I know, I don't hear that perspective very often. And if a doctor went into a space without the person knowing they were a doctor, would they see the same things?

Kristin: So do you do, like, prenatal and labor and delivery and then postpartum too? Or tell me a little bit about, like, your scope as a doula and like what, because you talked about advocacy and I'm wonder, and you said about their voice. And I wonder if you can share more about, like, what being with people looks like and what, from your perspective they need most at different points.

Shaunette: As a full spectrum doula, my personal focus is prenatal information and education, then guidance through the actual birth process, and then postpartum care, depending on what a family's need is. I know one of the projects is your fourth trimester, and how important that time period is.

But if I'm going to go from education though, I actually got permission from one of my families to speak about them, and I actually ended up doing their care virtually. This whole pandemic has made things you have to be a little creative to navigate some of these things and this family doesn't even live in the same state as me.

And, they really wanted that advocacy and that education and care throughout their first baby together. And a super sweet couple. Oh my goodness. They're so sweet. The father has had a child before, but he's grown. This is mom's first baby.

And so we started off with really just kind of what to expect with pregnancy, things to look at, where they're being provided for, what their comforts discomforts, where with the things that they had in their mind. Cause a lot of times when you go to a couple or you go to a birthing person, they already have some preconceived, like, okay either fearful, anxious, concerned about those things. So you want to talk about those things from the get-go and try to give them the resources to alleviate what we can alleviate. and sometimes that comes down to picking a provider. It's amazing how many people don't know that they can actually pick their provider.

They're not necessarily at the mercy of the person who says, oh, this is who you're going to see today. Okay, but knowing that if you're not getting to a place where you're, you know, you're on the same page or you feel like the person's really understanding you as a person. You have the option, you know, I'd like to try a different...

And most places, it doesn't matter how far along you are that you can still make that decision, to get the best care you do need some sort of connection. No, you're not going to be best friends most times with all of your providers, but you will sense a connection being felt, I say, human a lot.

You want to feel human. You want to feel like the things that you're going through are abnormal. And that somebody cares that you're having to endure those things. So we walk through that, and for the birth process, being virtual was really interesting.

So my mom actually had a, maybe like a, a late bout with her blood pressure right at the end, she had been monitoring her blood pressure, we had been talking about things. She talked to her doctors about what to do about our blood pressure and right at the end, she went in for a check because it got kind of high and she was feeling things, but when she got to the hospitals, everything changed for her cause she ended up having to stay there and it was really difficult to hear her because she didn't feel like she needed to be there, but it was almost like almost, she didn't have an option in a sense. kind of not telling her everything so that she felt like, okay, I need to be here, but you can see her kind of process, like, “I shouldn't even have come.”

We shouldn't feel like that. The moment we start feeling like that, it shouldn't come to that, the doctor tells you that. The distrust, now we have to kind of alleviate the distrust to get mom's blood pressure down in the first place, you know? So, long story short, she ended up delivering within that 24-hour period.

I actually stayed on my phone with her FaceTime the whole time. So I'm able to communicate with dad, dad needed, you know, sometimes just you could kind of see them withdraw a little bit, but it was because it was overwhelming and realizing, okay, dad, this is something you can do. And as soon as he heard that he perked up and was like, okay, I can do that.

So it was again giving people the power back when they're feeling distraught or whatever feelings they're having. We mistake those actions, they're withdrawing as lack of care sometimes when it's really, I'm lost, I don't know what to do, and that's one of my jobs as a doula, kind of like you said, read the room.

Okay. That, how do I pull you back in? If I was in the room with them, one of the goals is to pull dad in and not take over everything because it can be easy to be like, well, I know what to do. I know I know how to massage or I know how to apply pressure where I need to. No, the goal is to create this bond between these two human beings, a different bond than before they had this child, because it creates parents as well as a child.

So, going through that online, it was very interesting. And then all the way through delivery all the way to pushing. There were moments where nurse staff were not very kind or compassionate. And my couple was very aware. Like, I know how I feel inside, but I need to, I need to communicate this clearly for them, not for me. So they were very in tune with, did you hear how she okay. And I help them address.

Okay. How, how to deal with that situation, knowing that you can't ask for a new nurse, if you're feeling like I need you to be a little more respectable. I don't know what the word is right now, but this family is having - supposed to be having - a great time, and this situational blood pressure has created intensity. So you coming in and bringing in extra intensity does not help the situation. So, his family also had a black care provider in the beginning, but something came up and, you know, that kind of switched. So you had all these different changes in the midst of trying to bring our baby into the world.

I stayed with him for the, I want to say it was for a couple hours and then overnight it was a couple of overnights, virtual overnights. Like I had my phone next to my bed and I was just like you, you yell if you need me or, you know, because I wanted her to feel confident.

You know, if I was there, I would've stayed by her side for a period of time, but I'm not there. Just knowing that okay, if I'm, you know, somebody is watching over me during this timeframe, you know, I think that's what we want sometimes, it's just some way to make us feel protected when we don't feel protected, no one likes to feel that type of vulnerability is it's hard.

And then the last of that is the, you know, the, the fourth trimester helping through breastfeeding, helping with just those little questions that you have when you bring a newborn home that you see all this stuff online, but you're just not sure what's what to trust and what to believe. I am not the answer, but I am one of those people that point in the right directions for these are some things that I've seen here.

And this is a, this is a great resource for this. So being able to point families to great resources, after care, like WIC planning when she was returning to work and how she was going to make that return. And so it's, you're really close to those families for a long period of time, I had a conversation with them last night.

Kristin: I'm sitting here thinking, and like, you are a real-life angel, like I mean, you said protection. Like we need each other, and doing that is unbelievable, you know.

I resonate a lot with your story, you know, of someone who had gestational hypertension and all of a sudden, and it's like, you need to give birth now while you still can. And I was like, what? Like nobody... and so then that I think even sort of that diagnosis can, it's like, do I believe that?

And how do I process that as, as you've been describing Shaunette like, and we need, I think we need relationships built before that so that we can turn to someone and hopefully it's a lot of villages, you know? And it's like, do, do I need to do this now? And is it following that caring for ourselves or do we need to protect ourselves from it? And that, that's not easy. Even with all the privilege and stuff. And so like, we need to be with people through that, to be signposting, I think like how things can come up and then, you know, here's where you can turn, you know, with both resources and I think most importantly people.

Shaunette: Right. well you said it's got to be a partnership. I even think about the perspective of how much a doula can take off the plate of that busy nurse.

Cause I know, I know that that's a large role in a mistreatment sometimes, or like I said, it's not necessarily like I'm going to be mean to people today. Like unfortunately there are people in the world like that, but not the majority. And what happens is if you're overworked then your attitude slips, or if you have thoughts about that person, it shows those, all those, all those things show.

But like if we're working together as a team to help birthing people or help people in general, when they're in medical spaces, then you see how, okay, a doula takes this, this, this, this off of what the nurse is in a sense may be expected to do, but not necessarily in their little, you know, their, their, I don't know, their toolbox or things that they're supposed to do.

And then each person plays their role and, and we don't miss. We don't miss very much of what's necessary for that person.

Kristin: Yeah, and I mean, nursing, they are not okay. And so there's so much to do, to create environments for them that they are able to, to come, you know, and to feel valued as well. And so then like the whole community can be okay and hopefully a lot more than okay. And like to, to have that I mean, people remember how they were cared for, you know, like.

Shaunette: They remember as one of, one of those few things that you don't forget. And that's what creates the distrust sometimes. Cause like, even for me, like that's, I think that's an early, what drives me to be there for other people. There were a lot of different experiences for me.

I've been pregnant six times, and I can say two of those, two of the six that I felt calm, confident and advocated for. And gratefully, it was my first and my last, but there were so many experiences in between that if I went and told you, it'd be like, wait, are you sure that happened? Yeah, that happened. And it made it hard for me myself to make sure that I got the care that I needed for my body.

So, as a type of provider, I can't tell my moms to go to their doctor's appointment if I don't build my own confidence in them going to their doctors, working through my distrust.

Kristin: And I mean, and I hope, you know, that I would believe you, you know, like I hope that because like, sometimes these things happen and we almost don't believe it ourselves, right. Cause it's like, what? Like, it's so different than our expectations.

And then so different than what we hope and again deserve, right. and so I think that that's a core thing is like having, I think in peer support and authentic friends and then clinicians who are able to be open to hear what it was like and like, how do we get towards, you know, meaningful patient reported, like not just outcomes, but like experiences and like, how do we know if things are going well?

And like, how do we make space to actually assess that and again, and then respond to it and have this like circle of safety, like continuous strengthening is how I...

Shaunette: Right, I know when I'm working with a family, that's, that's what I have to do. It's just a check-in. It takes a couple seconds, you know, it's a check-in: how are you feeling?

And we know the basic things that we should ask. I think sometimes like, are you feeling respected? Are you feeling like you're getting enough education? Are you, do you understand what's happening to you? If we take a few seconds in the midst of ours. Most people will give you an honest answer because, oh, they're saying that you, oh, you do care about me. I am, even though this is how I feel, you're asking that's, that's probably one of the basic things: it's asking the questions.

I know we get like the, the what's it called? The surveys after you leave the hospital. Thanks, but no, thanks. And now you want me to spend time out of my day giving you that you probably won't read it at least that's how I feel. Yes. But if we do, check-ins like we can kind of, it's like a litmus test to what, what to do next.

Okay. All right. So I need to check my attitude a little bit right now. Cause it's coming off like this, or I need to, to make sure that this family is feeling this when my team can help them feel that yes. Even if you, you're not capable of giving that at the moment. Yeah. So it does, it comes down to a basic check-in I think personally.

Kristin: That's incredibly powerful. Yeah, and I know you have experience with birthing parents with English not as their first or primary language. Would you share a little bit about what, what you've learned and what you, what you do there?

Shaunette: I feel like that's something you have to be trained in doing, because I've actually worked with Spanish speaking women when I was at WIC.

So I had to learn how to work with my translator. There had to be some sort of connection, relationship with the translator. So that when we're talking and she's trying to give the information to the parent, I can physically see, you know, the parent, either understanding or not understanding. So it doesn't give you a check-out because you're not the primary person giving them information.

You still have to look for body language. You still have to look for signs that there might be more questions. You have to be creative in not using all the flowery words that nobody understands, like, okay, so why are we having problems translating this? Because you're using textbook words that nobody, nobody does understand.

How did we come up with this word? It's a relationship thing. And it's, it's another teamwork situation. I worked with someone who spoke Malagasy of all languages, from Madagascar. Okay.

Kristin: Yeah. I'm not even...

Shaunette: When I say, I didn't know what the language was for Madagascar. She also spoke some English and she also spoke some French and Spanish. So she's from this little place and speaks all these languages, and it was a lot of body reading and checking in with her. And on top of that, she was actually a double amputee. So she's a first-time mom, she had major health concerns. She speaks another language, and you're in this place where you're the most vulnerable.

And that was, that was probably one of my first real experiences. I feel like an active role as a doula, before I even knew what to do. And that, that little girl is still my goddaughter. Like it's, it just creates that bond because you do have to be intimate with that person. You're concerned about their mental health.

You're concerned about the physical, emotional yet their whole person. So I would say, just look at it as a teamwork, not as I'm the, the doctor and your interpreter, cause he's interpreters as are some of the smartest people out here and they're the ones going to give you your client or your patient, the information and tools that they need. So drop pride at the door and work with people.

Kristin: And what happens when that doesn't come through? you shared this quote is like becoming part of my being now about the difference between being heard and understood. I'm wondering if you'd share a little more.

Shaunette: Yeah, I think the first thing I think of is if you take two seconds and you think back to that one time, you really needed someone to hear you, you really needed to talk to someone and you, you actually went through the process of talking to them and you said all these things on your heart and then the person doesn't acknowledge what you said or come like okay, you know, you'll be alright. They give you one of those little slogans. when you go back to that moment, all these different feelings come about.

I don't know, for me personally, I don't feel excited about doing that again, how much energy it takes to be vulnerable, how much energy it takes to trust. And sometimes it's not even that you want to answer or fix, you just need to know that the person recognizes what you're going through.

When you are being heard, as opposed to just listened to, I think listening to someone that's kind of tolerating the sounds coming out of their mouth. Like you're talking, I hear you. I'm listening. So I should say, I'm listening to you, but when you hear you'll, sometimes you'll, you'll see things that they're not actually verbally expressing.

you get clues and hints to oh, you need a little more than just me talking to you right now. You can't advocate for someone if you don't know what they're going through, right. So how do you know what they're going through? You have to hear them. You have to hear their body. You have to hear the outside things around them.

And that takes sometimes it's just even, okay, this person's a first-time mom. This person doesn't have a partner, this, whatever, those different things. And as they're speaking to you, not be ready for your answer. I know it's sometimes hard because sometimes when people say things that trigger a thought, but like holding that thought back so that you can hear the whole story and then asking questions to make sure that you understand.

Um, I think that's the first time I felt that was an amazing thing. Like the person we're still really close to this day. She asked questions to get a better understanding. The conversation was longer, but she understood what I was feeling, what I meant. And even if she had never gone through it before, she could imagine, because she listened.

If you can imagine what a person's going through a lot of times, you're, you're actually hearing what they're saying. We like to say, I can't imagine what that person's going and I know we're trying to be kind, because we were like, I don't know what that's like, and it's actually better for you to say that I don't know what that's like, but I can imagine what that's like. And I can imagine what you may be feeling. Tell me more about what you're actually feeling with these, with these things.

I went for a long time, not feeling heard. And so when a person’s actually hearing you, it's very, as a very obvious point in your life. And I said, well, my partners actually one of the first people that I felt heard my husband, like we spent a very short amount of time, really getting to know each other about our stories, the things that make us tick, and why we might do the things that we do so that you find out so much when you, when you hear people.

Kristin: I almost have nothing else to say, because like, that's it, you know what I mean? Like that I think that that's how things should be, right, and then how do we structure it to make that possible and promoted?

Shaunette: Yeah, I think sometimes, and everybody, almost everybody could say, like, “I was at the doctor for two hours and I got to see them for five minutes.”

You know, I get that there's a pressure, kind of applied pressure, when you have multiple people coming in. But I can say why I felt the most confident is those doctors that took a little bit more and I, I, sometimes I played devil's advocate and I would ask more questions than I normally would just to see like what their response was once you're sitting there, like and I've, with my last pregnancy, I had some great women.

Like, do you have any more questions she asked me, did I have any more questions after I asked her all these questions that feels human, it feels like someone respects you as a person. So if we can even just slow life down just a little, I'm not saying we need two-hour appointments for everyone, but when you go to an appointment and you're in the waiting room for 30 plus minutes.

It's kind of like, so is this my appointment time? Or is this someone else's appointment time? You know, those are the kinds of things, people process in their minds like, okay, how does this appointment thing work? If you want me to come to your house for dinner and you're not going to make me wait. This is the time that we're eating.

Kristin: Yeah. Waiting rooms are also like, that is something I also feel deeply because it isn't just wasted time, it's hurting. It's hurting everyone because then by the time you get seen, like, I wish I were already gone. I don't want to be here. I don't want to ask you more questions cause I'm annoyed about, you know, and so we've got to, I think get better thinking about the structure and the flexibility that we all need, you know, and when we come five minutes late, or 10 minutes late or whatever, like that's normal and let's normalize that.

I think schedulers like schedulers and front desk team members in particular plays such an important role, in setting the tone for everything. And we shouldn't pretend that like, when we call it a reschedule or that, like, that's just a thing like, and especially if they're like, oh, what is this regarding? And if it's like, I'm having a miscarriage or like, you know what I mean? Like you're asked to just share what your, can be the, one of the most significant and sensitive and scary and, or, or joyful, like all these different things.

And sometimes at the same time and like that, that touch point. and then like with waiting rooms, I think I'd love to hear her. We should have a, you know, like that should be a place with people like, and then like resources and hopefully not the bad, scary news. And I mean, if someone wants to go there, they can, but you know, like, but can we be learning and setting realistic expectations and learning your rights too? Like every time.

Shaunette: Yeah, making it family friendly, as a mother of multiple children. There were some places that I felt that exact, I felt like, oh, this is family friendly. I don't have to stress out because I have to bring my children to my appointment. But then there were times where it just felt like, got to sit still.

Someone's going to be upset with us, you know, there's a lot of anxiety that comes around in a, like you said, the waiting room because we're legitimately waiting to be seen. And if it's already a scary moment, you have more time to think of more things to be anxious about. So, you know, and the other aspect of that is people's time.

Some of these families have to take off work and some can't afford to take off work. So if you're dealing with someone who can't afford to take off work and are working into their schedule, but then their time takes way more time than they had told their boss or their employer, what it was going to take.

Now you've created a stressful situation for them and their employer, they might not come back. Yeah. I mean, that is, I don't have time to take care of myself and that's already an issue. You know, people don't always take time to take care of themselves. So if they see healthcare is like getting your nails done, getting your hair done, like they get their eyebrows done, massage their self-care.

If we're able to see healthcare as self-care, we do more of it. That's something as a mother that you have to learn and relearn. I have a friend of mine sent me a message this morning. Like I have to learn to love self-care. And I was like, I think like self-care right now. But if I loved it, I would see it being necessary all the time when I need it.

Kristin: That is innovation in maternal health. Shaunette, is there anything you want to share about health equity, like, what does that mean to you or anything else that we haven't addressed that you would like?

Shaunette: I feel like I've pretty much said that basic word: human humility, those are the key things that keep things equitable. If you look at a person as your equal, then you won't have to tell anyone that, you know, the way you treat them is going to show that.

And with the obvious differences that we see, we're seeing so many statistics, it's always been there. It's not new because statistics came out. It's always been that way or it's been like that for a long time. Was the system created for me? If it's not, how do we change that? A core thing that I, and the thing that kind of sits really heavy with me is I like textbooks and the specific information about different people and how they perceive pain.

That shouldn't be there. Yeah, because what that does is it creates a thought process of, oh, well, you've already gone in there, gone to that person with, oh, you're probably not in as much pain as you say you are. Oh, you probably just want medication. There's just so many things that can happen when you legitimately teach someone how to think about people.

Kristin: In a racist way.

Shaunette: Exactly. So that specifically, that hits really deep, like eyes twitching. Because I've been through that, I've been where the doctors looked at me like, oh, she must not be in as much pain. And you could see it. You can't tell me. You can't see it because what happens when you express that you're at a 10, I've had 40 minutes of that 10. And you're like, I told you, I was at a 10. Nothing?

So let's embrace. Okay. We're different, but it doesn't make us any less human because we're different. I think that's all I really need to say.

Kristin: Well, you may be excited. I'm co-editing a book with Dr. Alison Stuebe on postpartum care. And it's for justice and joy, as Dr. Greer Parris says. And there's a chapter on pain by Dr. Jasmine Johnson and we've collaborated and she's led work around this as you've been describing. And so that will be explicitly addressed, so it can be retaught and, right, relearn. And as part of this whole story of shifting the way that we approach each other.

Shaunette: Yeah, I'd love to read that. Like that's going to get blasted all over everywhere and once it comes out, I could see that.

Kristin: It seems long overdue and it's shameful that it's needed. Right? But Shaunette, thank you. I'm so grateful to be in, in your orbit and to get to learn with you. And I hope we do more of that.

Shaunette: I'd like that a lot.

Kristin: Thank you for listening to Maternal Health Innovation, a podcast from the MHLIC. You can find this and other resources maternalhealthlearning.org. We also have accounts on Twitter and MHLIC_org and Facebook. Search for Maternal Health Learning and Innovation Center. This episode was edited and produced by Earfluence.