



MATERNAL HEALTH INNOVATION *Podcast*



Changing the way America cares for
women and birthing people.

Presented by  Maternal Health
Learning & Innovation Center™

MaternalHealthLearning.org

Leslie deRosset & Vanessa Caldari, Mujeres Ayudando Madres

Leslie: Welcome to Maternal Health Innovation, a podcast from the Maternal Health Learning and Innovation Center at UNC Chapel Hill, where we connect around culture, measures, and best practices and maternal health. The purpose of these conversations is to authentically explore what's working well and think together about ways to strengthen care for birthing parents, families, and those seeking to serve them. At the MHLIC, we're thrilled for the opportunity to speak with experts on ways we can better serve birthing people and advance maternal health equity.

My name is Leslie deRosset, and I'm an implementation specialist at the University of North Carolina at Chapel Hill, where I work on maternal health child projects housed at Gillings's School of Global Public Health.

Today I'm talking with Vanessa Caldari, founder of Mujeres Ayudando Madres, a nonprofit in Puerto Rico that supports birthing people from gestation to parenthood and helps them make informed birthing decisions. She is also the program director of the midwifery program, Southwest Wisconsin technical College. Today, we're talking about the importance of midwives' support, particularly in Puerto Rico.

So Vanessa you are with Mujeres Ayudando Madres, women helping mothers. Can you tell me a little bit more about it?

Vanessa: Yes. So Mujeres Ayudando Madres, which is MAM is our trademark names or Centro MAM, which is the center that we taught, we worked through. We are a nonprofit grassroots organization that was registered in Puerto Rico in 2007, but it actually started in 2005.

And basically the reason for MAM is to really give access to what midwifery care is and the alternatives too, for breastfeeding people in Puerto Rico and beyond with education, support. In the past years we've done grant writing for funding to help actually provide subsidized care for people who are looking for this service and this kind of education and through support throughout the perinatal period.

Leslie: That's great. And you have quite a few staff that work with you around the island. Can you tell me a little bit more about who who's on your staff and what are some of the services that they're providing to the island?

Vanessa: So we have a team of midwives myself, one of the midwives and also the director, Executive Director and founder of the organization.

And we have Michelle Pérez Chiqués. She's also the co-founder, she's been with us for about 10 years. Doula, who is now a student midwife Paloma Hernández, and she's also a perinatal educator. Another midwife, **Chariana Feliciano** who studied with us, and then she's onboarded now as one of our staff midwives we also have, a collaborating obstetrician, Dr. Gomez and a collaborating pediatrician **Yvette Goanetiv**. And we also do collaborative care with perinatal psychologists, other people within the community and organizations that help provide services direct services to our community in Puerto Rico

Leslie: That's amazing. It sounds like an amazing staff and it sounds like you've been around for almost 15 years. So you've really grown over the last few years and we had the pleasure of meeting you last year through some Cares Act funding and, and really got to know you and your staff and the amazing, innovative work you do on the island. Tell me a little bit about the mission and the vision of MAM.

Vanessa: So Centro MAM was really founded because I realized that midwifery care, especially in Puerto Rico was really for people with access to the economy, the economics, to be able to have that care or access to education.

And I didn't want midwifery care to be a privilege, right? More than an option, and a right for people to explore what midwifery care is about that model of care, even if you don't want to have a baby with the midwife, but you know that these models work and that they're happening in other places outside of Puerto Rico.

And also, to find ways to fund these services, because it is a private service that at this moment, the government does not subsidize or support. So, we had to look alternate. We had to find alternative ways to really support the growth of midwifery on the island.

Leslie: Wow. And talk a little bit about your collaboration with OB's pediatricians and family medicine. As you said, you do have an OB who is his, one of your collaborating partners, as well as a pediatrician. And because midwifery is, you know, what some people might think outside the box of traditional maternity delivery in a hospital system. Talk about how your collaborations really came about with, with these other providers.

Vanessa: Well, we've, you know, in Puerto Rico, we need to have collaborating physicians to do our work. Right. They have to, they don't do oversight, but it's just a part of at this moment, the standard of care with the islands. So, years ago through other midwives, we've always had collaborating physicians that we've had to work with to provide services.

And this particular obstetrician, he approached me in 2015 and he asked that I go and work at his office and offer collaboration, but on his side, right. So, I would see all of the low-risk people that were looking for care, and then he would then go in and if I had a question or if there were someone that was outside of the standard of care of midwifery, then they would wait and see him.



And so that was, you know, I worked there for two years and then I went to California, but while I was there, it really helped us, you know, realize how good it is and how important it is to work together, to really provide optimal care. And so, when I got back to Puerto Rico, I approached him and I said, hey, what about you coming on site with us now and helping, you know, for our clients to see if we can have that collaborating care onsite.

And so, he agreed. And so now he comes one to two times a month and sees all of our clients that need that kind of collaborative support and the same thing with **the pediatrician** she's actually my children's pediatrician. And we have been working together for the past decade. She is a very accessible pediatrician, really available for consult.

She sees our clients after they've had their babies. We have that team care between the obstetrician, midwife and pediatrician together. We really provide this, I think it's a very inclusive, equitable evidence-based care to the birthing families. And she really worked really close together with us during the peak of the pandemic.

So, support the families with virtual learning or virtual support with our perinatal health kits that the families have so that she would do these appointments with the families, and then also be able to have that equipment available for just like baby, the baby and any kind of objective data that was needed. So, yes, that's been really good.

Leslie: That's really amazing. She sounds like a great person, and obviously you trust her because she's taking care of your children as well. And those pediatricians really are. So I think one of the things that might be important is, you know, even though Puerto Rico is, is part of the US it's one of our territories.

I'm have this feeling that not many people really know a whole lot about the island, that they don't really understand or know, have a lot of knowledge about what the island looks like and the distance and some of the challenges with tele-health and even the rurality and getting from one part of the island to another.

So can you just kind of give us an overview of just the island and who's living there and what it's, what what's happening on the island and how far it takes, how long it takes you to get from point A to point B.

Vanessa: Well, first I'll start saying that Puerto Rico is an unincorporated territory.

So that means that we don't have a lot of the same privileges as we can say, as many incorporated states within the United States. So, our funding is definitely not the same as you know, places in the United States. We have our own constitution on a local level, but it could be fought on a federal level.

So really at the end, you know, the federal is what really is in charge, but at the same time, we can't vote for president. So we are, you know, we have to abide by rules



guidelines, protocols that are very specific to United States, not very culturally competent to the Puerto Rico, but we don't really even have a say in voting.

So. Now, if I was to move to the United States, I could vote. But here in Puerto Rico, I can't vote. So, we're considered a territory or a, someone say a colony, one of the last colonies in the United States of the United States. And it's a little hard, right? It's hard for us because, there's control of how the money is spent and who decides, you know, we, now we have a fiscal board that really determines where the money is being put.

It really affects social health and social care. So, in that sense, on a social level, it could be, there's a lot of controversy about the United States and how it, how it dominates our culture. But still there is a, a very deep connection to our culture and our traditions and our customs here.

So, it's a very thin balance and, and our country, or the island is very, very rural. The majority of it, like if you go to the center of the island is very rural, very mountainous. And then there's the coast. The infrastructure, there are not a lot of money is spent on infrastructure. So, we have a decaying electrical system. People are daily have blackouts, could be last one to two days.

Education is not really number one for our government. So, you know, our educational system sometimes got is forgotten, except if there's a place where teachers really work hard to make that school a really great one, but it's really hard here to even sometimes consider sending your child to a public school, because if the teacher doesn't go, then there's no class.

So, you know, resources, are scarce. And that really influences that, that access to really quality, good quality education. And then also, you know, the mean, the average income here in Puerto Rico is like \$16,000 a year. And so that also plays an important role in decisions being made and, and even, you know, health professionals, doctors and lawyers, I mean, they get paid half of what you would get paid in the states.

So, there's a really big Exodus of professionals leaving Puerto Rico to we'll go work in the states because it's really hard. You have to not only pay for private school, you're not getting paid half of what you are, you know, deserve to in the standard of living here. The cost of living is really high.

And now, especially with the pandemic, we have seen that so many people from the states are coming to live here and it's bringing up our, our rent prices a lot because people are able, you know, coming from the economy from the states, you can pay a lot more for housing and the food, everything is imported.

So, it's really, you know, it's a lot more expensive to eat even buy food. So, it's this very delicate balance and we see it in our infrastructure and our social structure and the way that people birth here and the treatment that people receive when birthing and even some of the protocols of that determine just how everyday life is lived here because there's just such little access because we're at colony, right. So being a colony, actually, what it can do it kind of stagnates your growth outside of like, let's nurture what we have



and try to get past this. It's always like, oh, we need to depend on something else or someone else to be able to survive, and that's one of the things that's happening, I would say. Sorry if I went on a rant.

Leslie: No, it's really fascinating. Having lived in central America and traveled and traveled throughout Mexico, what I hear so many of the similar challenges and not that we don't have similar challenges in the mainland, but the challenges that Puerto Rico is facing and continues to face from climate change to infrastructure, the rolling blackouts, which is, you know, currently in the news right now, you know, for somebody who's grown up on the mainland, it's, it's a different...

It's a different experience. And it, you know, it's, it, it always amazes me when, when, when we, when I found out many, many years ago that somebody in Puerto Rico who lives in Puerto Rico can't vote for president, like to me, that was, you know, that was baffling as a young person to even understand.

And so, it just, it really, it, when we think about like the social determinants of health and the inequities that exist on the island or the colon. And how those drive birth outcomes or maternal outcomes. It's, it's a really, you know, huge issue for the island and for Puerto Rico. The midwifery program, that you helped to start and operate through Centro MAM is actually, while where you're also a program director for the midwifery school as well in Wisconsin.

Can you talk a little bit about the partnership between the school, where you are the program director for the midwifery program and how that helps to support Centro MAM and on the island?

Vanessa: So, the midwifery program, I didn't help start that, that that was already started when they hired me. but yes, I work with them. It's called Southwest Tech, Southwest Wisconsin, technical college. And it is the only accredited public midwifery program in the United States. So, it's really accessible to people all around the United States and Puerto Rico. You know, it's covered by any kind of Pell grants that you would need or financial aid, FASFA, all of that.

And through the school, which is really my, my main job, I would say as program director, we are, you know, the students that are from Puerto Rico, they study there and it's a virtual program. So, they do all of their academic work online through the virtual zoom platform, it's always been that way even before the pandemic and that partnership it's, they're getting the education excessively.

I'm there to help the students that may have English, not as their first language, so I can help with the translation. We've also hired tutors, ESL tutors to help those students. I don't have that, you know, the English language has there is their first language. And so that's been really incredible, and we've helped create more midwives for Puerto Rico.

Leslie: That's incredible. sounds like a great program. And one of the things that you and I talked about was the importance of midwives understanding and knowing the culture and the values of their patients, of those of the birthing people that they're



working with. And I'm interested in how this program and the work that they do within their own clinics, where they reside as well as in your clinic, how do we ensure that women are getting culturally responsive care that they're getting reproductive justice as a forefront for the care that they're getting, and how does the program help support that?

Vanessa: Yeah. So, one of the things that I've really aspire to do as program director is to hire a diverse staff, right? So, it's really important to have representation. People that are teaching look like our students, have a common thread in terms of, you know, they can understand them on levels that maybe someone else can't. So that I think that's, that's really important as teachers and as providers as well. And then if, if we don't have access to that, because here, for example, in Puerto Rico, we are training one of, you know, that live here because there are other Puerto Rican Afro descendent midwives that work in in the United States. But here that work in Puerto Rico, we, we only have one right now. Her name is Paloma, she actually works with us. And so, you know, it's the challenge to really provide culturally competent care, especially for people from the United States

Afro-descendant people from the United States that are moving to Puerto Rico, because we are seeing a high influx, even for our local Afro-descendant midwives who were raised and they're culturally competent within this culture. So, you know, really finding ways to train, to get the tools necessary, to trying to learn empathy and working towards that, but really trying to create a culture and, and create future midwives and teachers that can relate.

Right. I know it's, it's hard and we can't always do that. But we do want to, we can't always do it because, you know, we need to train people but once we've trained, then it's going to get easier. But it's something that, you know, we are really striving towards and hoping that that can be the goal, not only me as program director within the program, but also as a midwife in Puerto Rico and the director of Centro MAM

Leslie: I think that's so that's so critical, this whole idea of, of cultural humility and lifelong learning and, you know, meeting our patients where they are and really listening to them and providing this respectful care and making sure that there's, you know, there are decisions being made with the patient or with the birthing person.

And the midwives. So, it it's in the best interest of the patient, right. So that they really get the care that they want and that they get the care that they need. Right. Those are two really critical pieces of the work of midwifery. One of the things that I think has, you know, midwifery I think we were talking about it not too long ago, just that, you know, it's, it's something from, from back in the day, right.

So maybe, you know, when my grandmother was, was birthing my, my family. Stuff like that, that midwifery is something that's been around for a really long time. And it's it only recently became, you know, common again, right. So, I'm wondering if you can talk a little bit about just what it's like for midwives to be on the front line of perinatal care and how that really operates in Puerto Rico,



maybe kind of even walk us through one of your examples or one of your patients and just kind of, you know, where does midwifery care start? How does it show up? What is what's so great about it and why does it work so well? And why is it producing such good birth outcomes in Puerto Rico?

Vanessa: Well, midwifery care specifically to our culture is very, we, we always like for the people to come as early as possible into our care, right.

Because it helps create connection with the families and the people that are seeking midwifery care. So, it doesn't always happen, but that is our, our hope and desire. And so usually people come to our center and, you know, we give an orientation of what our services look like. And then we do monthly visits with them.

We just, we go through the, what the standard of care is for perinatal care. So it would be monthly visits and then every two weeks, and then on a weekly basis. Combined with the obstetrical care. And we also offer prenatal classes and kind of like a community engagement, right. We like to do.

During COVID it was a little harder because. Letting, you know, we weren't opening up to the public so much. And there was a lot of virtual stuff, even though COVID hasn't ended, but the peak of COVID. Now we have an outdoor area, so we can do more stuff outside and that's been really helpful. And then, you know, we were with these families and we really try to create connections with them and really give them the best care possible in terms of standard of care to help reduce risks.

Right. So at Centro MAM our main goal is to reduce risks, that's what midwifery care is about, right. To help identify if there is risk and manage or refer on time to really have those good outcomes. And I think that that's one of our gold standards. We, we believe everyone should have respectful care, that it's a shared care.

It's not those midwives are the only ones responsible. We really try to, promote that shared care that yes, we're here to help facilitate and help guide the people on their perinatal journey, but it's very important for that family or that person to, to be in charge as well, because that's part of the whole autonomy behind health, right.

That, that shared care aspect of it. And so we promote that where we want to talk about reducing risks and we're not. You know, if someone has high blood pressure or someone is showing signs of preeclampsia, if there's anything that is, you know, in our assessment that we do throughout the whole pregnancy, sees that we see that the person is not able to have a midwifery led birth.

Then we, you know, we, we really want that person to still have a positive experience, even if it is a C-section or even if it is, you know something that has to be intervened, because we also know that, you know, not, it's not just about a vaginal natural birth, it's about being respected and it's about understanding and accepting and working with it. Right, and being a part of that decision making process to really feel at ease and, and, and not traumatized.



Leslie: Right? I mean, I know I'm quite about two friends actually, who became doulas after they had some traumatic birth experiences, that they'd never wanted to go through that again. And they actually didn't want anybody else they knew.

And that was their kind of motivating factor was to either change their career and become a doula or add that onto their other existing career, because of that traumatic experience that they had experienced. And, and certainly we don't want that for anyone, you know, that kind of makes me wonder a little bit about the data.

Um, you know, I've talked a little bit about the data and just that the birth outcomes and the maternal outcomes for your patients are better than the outcomes for all of Puerto Rico. And so, you know, I've just got a couple of statistics here that, you know, that in Puerto Rico, the C-section rate is about 45%. Right. And then for, for Mujeres or for MAM it's about 12 to 14%.

The preterm birth rate for the island is almost 12%, but for your clients, it's less than 1%. So, you know, what do you think is driving these amazing birth outcomes among your patients?

Vanessa: Part of it is the shared care aspect, right? Because a lot of people are really taking charge of their health and that really makes a difference. I also think that a lot of people that come to us maybe have, you know, are, have more access to that, that we even exist, right. There's still a lot of people in Puerto Rico that don't even know that midwifery care is something that is available, or they don't because we have to, you know, charge because we're not a government funded organization.

Some people might not have the funding to be able to access our care. Even though we do a sliding scale and we have funding that we can offer grants. You know, even free of charge, but we can't do it for everyone because otherwise we can't, we don't exist. Right. We need to do something to help sustain the organization.

And I also think that there's just this whole myth behind midwifery care. Right. A lot of people don't see it as something that is state safe, even though our statistics show that it is. Worldwide statistics show that it is the World Health Organization and the International Confederation of Midwives have also shown that it is, but it's something that within our culture and our cultural competency, it was not really seen as something safe.

Right, it became part of that whole smear campaign midwives that have, and in the thirties and forties and fifties in the United States, it's translated over here. So they, people automatically thought, oh, you're going to have a midwife, then you're, you know, you're not going to have a safe outcome or safe birth.

And so that still permeates, even though we are seeing little by little changes because there's more access to, you know, social media and to the worldwide web and people can research and do their studies, but it's still not the majority like people who look for midwifery care in Puerto Rico is less than 1%, right?



So I think that's one of the things, and I think that the people that come to us are actually looking for that specialty care. So they come already in with that idea of what it means to have a midwifery led care and there, and they really want to work to, you know, make that a reality for them.

Leslie: Yeah, the funding is so challenging and not having Medicaid pay for it when we know that Medicaid pays for, you know, almost half of the births on the mainland and probably just about the same percent in Puerto Rico. So if Medicaid is paying for these births, but they're only paying for what we would consider traditional care, it sounds like there may be some opportunity for some policy changes within the Medicaid you know, payment structure. And I'm wondering, you know, is this a front that, that Centro gets involved with? Do they, do they look at potential policy changes in how they can look at additional reimbursement for midwifery care so that it can be available for more?

Vanessa: Yes, we've worked. We are working very close with one of our only independent senators on the island, Senator Vargas Vidot, to try to see how we can establish midwifery care is, you know, a human right, right. If someone wants to decide to have a midwifery led birth, whether it be, you know, in a hospital or out of hospital birth setting, that that should be their rights. But it's a little hard to hear because.

Going back to that whole colonial state that we're in right. We have these influences from the United States on so many levels yet within the government itself, the whole constitution is a very patriarchal system right. And so even in the United States, it's like the voice that, the prominent voice is the voice of a male dominant. You know, system and people don't understand it.

And this, these concepts have not been nurtured. Like if you look at Europe, for example, there was no smear campaign for against midwives. It was completely the opposite. It was midwives grow alongside of obstetricians. And that's why they have the best maternal health outcomes in the world, right? Because there's this growth, there's this growth that is happening at the same time. so yes, we really try to do. Political policy changes, but it's also, you know, it's hard because you're trying to change a whole system.

Leslie: Yeah. The system is, the system is the system. So we tell me about some of the innovative ways that, Centro Mujeres operates with trying to grow their funding streams. We've talked, I would love for you to share a little bit about the cafe and how the cafe financially contributes to the overhead. Which are the budget, I guess?

Vanessa: Yeah. So when we first started the center, we, that was in 2010, we had a vegetarian cafe because back in 2010, even though midwifery was starting to get a little bit of recognition, it was like less than it is today.

And so in our vegetarian cafe, it was a center vegetarian cafe, people would go there to eat healthy foods and then they would see like drawings of breastfeeding. And it was like, you know, very, you know, murals of pregnant people and their bellies and lots of promotion around, you know, prenatal classes.



And so far, then people would come and be like, what is this about? What is this about? Oh, we're a midwifery led organization and our funding helps support, create a fund for people to have accessible midwifery care. And so that really started a whole new trend, right. So people would go there and learn about.

Besides, wanting to eat vegetarian healthy foods, and they would learn a little bit about midwives. And we were there from 2010 and that's particular place until 2015 or 14. And then in 2015, we moved over to the clinical site, we are now. We kind of, you know, put on hold a little bit, the cafe, because I wanted to focus more on the clinical aspect of it, because we were all of a sudden, like getting known as a cafe and I didn't want it.

I didn't want to focus on that. So we put it on hold the cafe and we started just focusing that's when we brought in the doctor and we did more of a clinic la focus. And we brought in the university, the Southwest Tech, I started working with them and we also started doing collaborative. We did an MOU with other midwifery universities in Puerto Rico, in the states and MOU use with the local university focused on perinatal health and psychological services. So we would have students from the psychological, the psychology department coming in and offering their services.

And then once we had that established, we've been trying to, you know, we had to work a whole bunch to get our permits, to open the cafe, but we finally got them during the pandemic. So that was like, oh, I can't really open, but we got it during the peak of the pandemic. And now we're able to reopen and we, oh, we opened up our garden area and we put lots of tables out there and we put a roof.

And so through that fund we have a partner who she runs the cafe. She actually had her baby with me years ago. And then a portion of that is brought over to the Center. So with that money that we make, we can pay overhead and staffing and then eventually hopefully keep adding to our fund for subsidized.

Leslie: Right. That's incredible. And one of the things you talked about was just the fact that you're, that you're cooking healthy, traditional foods that are vegetarian. So really highlighting the Puerto Rican cuisine, but showing how to make it a little healthier without getting rid of the culture and the traditional food that is so important to the community and to the population.

So, you know, that's a huge opportunity to know that, you know, you can have your, traditional meal and it can be vegetarian, still tastes delicious. So I love that. you know, and you see, you know, you get grant funding, you have this cafe, you have some foundation funding. How else do you all receive funding?

How else do you generate enough funds? I know you have a grant writer. That's amazing. But how else do you, do you support the work you're doing?

Vanessa: Well, because our clientele, even though we do on a, on a subsidized or sliding scale fees, there's, you know, there's always, people will come in and based on their annual income, they will pay for their services.



So that part helps generate funding for us. We also have providers that come in, like we have a chiropractor that comes in every Sunday. I'm sorry, every Saturday. And a portion of that is donated too, because it's a low-cost chiropractic health care. And so there's a part for the chiropractor and there's a part for Centro MAM.

We also offer prenatal classes, so we're always doing things to, you know, support the community. And most of it is done on a community-based fee scale, right. So we don't charge so much in comparison, maybe to private institutions or to the states, for example. So there's always a, it's accessible I find, that it is an accessible, but you know, we, we thought funding, we would always be in the red for sure.

You know, so even if we have these, these fees that people pay, we've never, it's never really enough to cover our overhead.

Leslie: Yeah. Can you tell me a little bit more about the Medicaid that exists, you'll have Medicaid expansion?

Vanessa: Our Medicaid is not like the state funded, right? So Medicaid is like, oh, you need so much money, depending on the amount of people that are asking for Medicaid within the, within your community. It's like the federal government grants this much funding yearly. And so you got to deal with that, right?

That's what the Medicaid is currently in Puerto Rico. And our scale is like, you know, to be able to really qualify for Medicaid, it's ridiculous. It's like you need to be making less than a thousand dollars a month. I mean, and part of it is also because, you know, health, our health insurance companies are, you know, they pay the doctors horrible, like for a birth, you get paid \$500 or something, or like \$700.

The doctors, for prenatal appointments, if you take Medicaid or it's not even called Medicaid is called Vital. If you take that vital plan, you get paid like \$10 per appointment, the doctors, right. So they are completely underfunded as well. And they, it's definitely not the same and it's a very lower scale pay rate that you would receive in the states. And it's a limited amount of people that can actually qualify for that.

Leslie: That's so interesting. I mean, it's just, it's just such an interesting, I don't even know what the right word is, phenomenon, I don't know. I mean, I, you know, I pulled some of the data around insurance rates and poverty. I mean, poverty is 47% in Puerto Rico compared to like 14.7 for women, 15 to 44.

And so the poverty is just extreme on the island and, you know, inadequate, prenatal care is pretty similar to the mainland. And then, you know, according to, you know, the data that I looked up, it does say that the insurance rate is lower in Puerto Rico than it is compared for the us, but not significantly.

And so just having these inequities around poverty and income and education really just contributes so much to all of the challenges for, for healthy birth outcomes and even providing care and having workforce shortages as well. so I just want to touch a little bit



on COVID and tele-health, and how Mujeres was really able to kind of pivot during COVID to be able to offer tele-health to that, to your population, to your birthing people, and talk a little bit about, you know, maybe some of the successes that you were able to have and, and what you might be doing with these successes and these changes, you know, what are you going to keep?

What worked?

Vanessa: We realized at first, when it first all started like, oh my goodness, we're going to have to stop seeing people for now until we realized what the heck is going on. And then at that moment, we saw that they were funding opportunities. So we decided to do some grant writing for creating perinatal health kits.

So those health kits really were able to provide the families with tools that would help them get to objective data, right? So objective data is something that is measurable, not just through what's subjective, what the person is feeling, but we can actually see the result. So for example, every family would get blood pressure cuff and a pulse oximeter and a doppler. And then we would give the families, the training on all of these. And while the person was using them, we would do virtual visits.

Right. So we can see them in person and we would discuss these results and they would do it at the same time while they were on camera with us. So we would make sure they were doing it correctly and we would listen and we would see the results, yeah. Part of that, that was really great for the families, because they were able to be a part of that shared care.

Right. And realize, oh, okay. You know, if I eat this, so I might have a little bit high blood pressure or I could monitor my weight better, or even in the breastfeeding period, like I could see that my baby's gaining weight and I don't have to be paranoid or worried or scared. And, and then having the pediatrician on hand.

So that was something that we will continue, even if it's not, you know, based on pandemic, we want to give our participants the tools they need to be able to really be part of that objective care model that helps everyone be a part of their decision-making process. So that was something that we really saw and then also keeping virtual appointments, even if it's, or not in the, in the peak of a pandemic.

Right, so if people really need to come and do something online, or even through phone visits, it's better that than not to come at all.

Leslie: We're going to start to wrap up just a little bit, but you know, one of the things you said earlier, just talked a little bit about how less than 1% of the population on the island is really looking for midwifery care during their perinatal time or even pre conceptionally, we hope so.

How can we encourage and work with other community-based organizations, other healthcare providers, facilities, hospitals, traditional OB GYN, family meds,



pediatricians, to really help promote midwifery as an alternative to high valued, respectful maternity care and postpartum care? What are some messages that we can, we can be sharing with our healthcare providers, clinics community-based organizations?

Vanessa: Well, something I really learned in the past, you know, 25 years I've been started to my midwifery path in 1996, and in the beginning, I always thought that I needed to change something, right.

I needed to go in and change it. And as years passed and realizing that doesn't work, can't change anyone or you can't change systems, all you can do is create parallel systems, right? So for me, it's by creating a parallel system, which is that, okay, you can have the healthy birth outcome that you want.

And have it in a system that's not necessarily this obstetrical allopathic model of care. So it's more of a humanistic approach to care. And while you're you nurture that system, you're educating and you're opening up this whole new path of healthy, standard of care. And so for me, the really, the only way to create that change is not through trying to go into the system and change it because it's really hard to do that.

And it's almost impossible. It's finding people that have the funding to help make that change, right? Because through creating a system of funding that we can offer. As a standard of care where it doesn't require you to be rich or to have that economic privilege or that even academic privilege that you can even go and look for a midwife and know that this is something, but as something that is just as accessible as going in and going to have your care with a, with an OB that maybe only spends five minutes with you, and then you have a traumatic birth and you have to end up healing from, it's just as simple for, for people to access.

So that's where I think that we need to focus on changing and that's what Centro MAM has been trying to do. We just need to find the funding to get there.

Leslie: Your passion for this work and your passion for the vision and the future of Centro MAM is just, it just resonates through your voice and resonates just as you speak about it. And the whole premise of equity and equitable care, respectful care, having midwives who can show up for their patients, for their birthing people and families who can carry them through, you know, the good and the bad of pregnancy and postpartum.

It's incredible, what you've been able to do over the last, you know, 10, 15 years in Puerto Rico, a couple other lessons that you've learned. I just want you to touch on are really about promoting nonprofit, grassroots, social change and, and working with the community. If you'll just kind of give us a little bit of keys to collaborative success.

Vanessa: Sometimes we come in so focused on our, our ideas being the only ideas and being the correct ones, right. And so really opening up ourselves to understanding another point of view and understanding maybe where this professional might have you know, they, they see it in one way where maybe in midwifery care, we can see it a



different way and really coming together and speaking about it. So we could come and really resonate as one to offer the best care. So it's almost like that non-judgmental.

And then in terms of social change, one thing I learned as program director and professor last year is that a lot of times when situations that we can have and reactions that we can have, or even, you know, within the whole birthing world and the birthing process, and, you know, a lot of our actions or reactions are really based on our own personal traumas, right.

Or the traumas that are coming in to our care and really trauma-based care is sometimes trauma that we don't even know we have, or people don't know they have, but they carry. And so that's part of like the, really the importance of, shedding that judgment and trying to be compassionate. And not take it personally, maybe if we are feeling attacked or because it's, sometimes it's not really even about us, right?

It's about what's coming through that. And so that's definitely something else I have learned and I've taken away from this and just, you know, patience, patience, patience, and not get frustrated. And you know, giving up is not an option. And even if people die or, you know, like if I was to die before I could ever see the, the fruits of my labor, it doesn't matter because at least I lived a life focused on something that I was really passionate about.

And I really felt like I did something. Even if it didn't manifest in the moment, it's almost like, you know, we are planting seeds of change. So I definitely have come back with that because I think that a lot of us have faced the idea and the concept of mortality during the peak of the COVID pandemic, right. And realizing that, okay, well, hopefully I don't die, but if I do die or if I do something happens, at least I'm trying to, you know, I could try to do something that makes a change, helps the future generations.

Leslie: Thanks so much for coming on the show today, Vanessa, and thank you for listening everyone. For more podcasts, videos, blogs, and maternal health content. Visit the maternal health learning and innovation center website at maternalhealthlearning.org. I'm Leslie deRosset and again, we'll talk with you soon on the Maternal Health Innovation.

This project is supported by the Health Resources and Services Administration, HRSA of the US Department of Health and Human Services, HHS, under grant number U7CMC33636, state maternal health innovation support and implementation program cooperative agreement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the US government.

