

Strengthening Public Health's Capacity to Improve Maternal Health with ASTHO's Ellen Pliska & Britta Cedergren Hosted by Dr. Sarah Verbiest, MHLIC

Sarah: Welcome to the Maternal Health Innovation Podcast, season two. I am Sarah Verbiest, director of the Jordan Institute for Families at the UNC School of Social Work, and a co-director of the Maternal Health Learning and Innovation Center, and I also get to be your host for today's podcast. In this podcast, we listen to people who are using innovative strategies to improve maternal and new parent health in the us today's session focuses on exciting work underway at the Association of State and Territorial Health Officials, otherwise known as ASTHO for short. And we have two guests today from there, Ellen Pliska, who is the family and child health senior director, and Britta Cedergren, director of family and child health. And I'm really excited to be in this space with both of you. So, let's just jump into our conversation.

Britta: Sounds great, thank you.

Ellen: Thank you.

Sarah: So first let's talk a bit about ASTHO Ellen, could you tell us a little bit about the state and territorial health officials? Like who are they, how many are there? What should we know about them?

Ellen: So ASTHO's membership is comprised of 57 chief health officials from each of the 50 states, Washington DC, and the island jurisdictions, which consists of the five US territories and the three freely associated states.

We are nonpartisan. So, we ensure that we are giving a balanced approach across the states, our members are mostly governor appointed, though not all, some are through medical boards and other ways, but, we ensure that we are, you know, our unified front around public health in how we represent our state health and territorial health agencies.

And so, we also represent all of the health agencies themselves. So this is about 120 professionals in these state and island jurisdictions. And we support them through a variety of ways, which we'll probably get into later, but we're really excited to continue that support. And that includes through program and policy, but also workforce development, quality improvement in other ways to. What's really neat about working with state health officials, and territorial as well, is that they have the authority and the influence to enact on different public health policies and programs. And so, authority is what they can directly do a thing.

So like that could be aligning resources to ensure that, you know, policy or a program can get done within their health agency, but they also have a, a different way of going about it, which is around their influence, which is a little bit more nuanced, which could be more like serving as a neutral convener for multiple different agencies that are trying to coalesce around like a one thing, and may have different perspectives and their kind of neutral presence can help kind of be that tipping point for making that thing happen, or it can be about bringing balanced advocacy to say like the legislature or somewhere similar. So, they have a really important role to play, and we're thrilled to be supporting them.

Sarah: So, I'm, this is the question for both of you. Can you tell me something about this group of folks that is inspirational to you?

Britta: This group of professionals does a hard job. I mean, especially throughout COVID, we've had a lot of changes in leadership, but the folks that have been coming in, or the folks that have been sticking around have really, you know, gone the distance to try to cope and lead all of their professionals, and all of their agencies and continue the work that's been done. Start new work, use this new financing that states, and territories have a big influx of.

I think they're really reflecting ASTHO's primary functions and values. you know, we're really working on some of those areas with states that can improve public health with capacity building and technical assistance. So that's been something that I think the states have been incredibly excited about, especially since COVID and to see that excitement and to see that energy behind it has definitely been something that I feel like has really brought energy to us as an organization.

Ellen: Yeah, I think that, for me, it's the unique and different ways that each of the health officials goes about doing something because every state and territory and DC are all different and have different, you know, values and supports and also challenges. And so, one state may go about it in one way, but another state's gonna take a totally different perspective and they both work and what's even more inspiring about that is their willingness to share across all the different states.

So, every week we have a call on Tuesdays, which has every single health commissioner. The entire nation, and they get together and talk about real issues and what they're doing with them and how, you know, State A, I hear that you've done this cool thing, you know, can you tell us how that worked? And State B will say, oh, well, we took a different approach, and we did it this way, or we're really challenged with this, you know, does somebody else have an idea? And it's a really great way of just getting out great ideas from across the nation and then seeing them get replicated in multiple different places. It's really inspiring to see.

Sarah: Yeah that, building that community of support is really important. You know, I'm inspired, especially looking at what they've all been through over the past two years and just the strength, and courage they've had to lead, I think is so impressive for sure. You work with these folks on lots of different public health challenges. How are you working to align them around the maternal health priorities, and you know, our current, maternal mortality crisis in the US?

Ellen: We've been working in the space for quite some time now, and really look towards a variety of different places to kind of get our ideas around how or what we're going to do. Healthy people, 2030 is a big component. So are priorities that come out of HHS, CDC, HERSA, other health agencies, and then just kind of looking and seeing what the data is telling us in a variety of different places, whether that comes from PRAMS or the Pregnancy Risk Assessment Monitoring System, or other areas.

We really look towards those to see where things need to be happening now, but also where things need to be happening tomorrow or the year after and where those kinds of spaces that we're not in, but need to be and, and how to help best support them. So, what's really great, working internally with our family and child health, as well as our maternal and

infant health staff, is that we provide direct technical assistance and capacity building support to our states, around how they best can support women and birthing people and families within their states and jurisdictions.

And one of the ways that we do this is through a learning community model and that's bringing together people to really share and get that great idea generating, but also providing that technical support to help them with how do they link their data. So, for example, we have a learning community on PRAMS or the pregnancy risk assessment monitoring system and linking it with clinical outcomes data to inform patient-centered outcomes research.

We also have a learning community. Risk appropriate care and that's, how can we help state health agencies, which may have the authority or might not, and might need to just use their influence to work with their hospital systems to ensure that pregnant people are giving birth in the level of hospital that meets their risk needs, and ensuring that they're getting the best level of care possible and that they're organized around their jurisdictions in a way that's equitable.

We also do quite a bit around working with pregnant women, and substance use disorders and helping states better, manage and work with those systems in order to give the best care possible for pregnant people with substance use disorders and their families. And so, we're really excited to be working in all these spaces and providing the gr best support we can to states and seeing them thrive within that support. It's really exciting.

Sarah: Yeah, thank you for giving some specific examples of what you're working on. That's really helpful. And you know, I really appreciate that you're taking on. Some of the really hard ones, like substance use disorder. I mean, that's really complex and there's a need for shifting mental mindsets about how we approach that and moving, you know, towards care.

And so, I, I think that's really exciting. So, you all are really in some interesting ways through your work kind of moving towards collective change, and it's a really, I think, unique role that you have. You know,

part of that is around policy, and I know that you have a policy statement development process.

So I'm really curious about like, how are you able to take the role of like state and territorial health leaders into account when you're crafting your priorities, you know, getting their buy-in and consensus, which you know, is AI is hard on a good day, is even more complex in this country, at the moment to really kind of do that across so many different perspectives. And so, I'm just curious, how do you approach that work?

Ellen: Great question and. It is a long process, which I think gives us the best consensus across all of our members. And it's really working well, so when we're interested in developing a policy, either it comes from us at ASTHO who see a gap in where we're seeing kind of the policies around the nation happening or, and more commonly our members ask for them directly.

And so. When we develop a policy, it starts with an idea and just a small kind of summary of what that is and the entire membership votes on it. And we need a majority, so we do 35 members, typically we get more, and they say, yes, please do develop this.

So, staff will work with our policy committee system. We have a variety of different policy committees where our members volunteer and offer their time on a variety of topics for our maternal child health section. We are under the community health and prevention policy committee, but we also, it's really great.

We also have a, what we call our healthy baby subcommittee, which does more than just healthy babies. It's a little bit of a holdover name, but it works on kind of all maternal and child health specific information, because it was such an important topic that we wanted to make sure there was an extra spotlight on it.

And so, we have a robust group of health commissioners, alumni, state health staff, territorial health staff and as, and some really important partners as well, who help us kind of craft that beginning policy statement, get it to a good space, ensure that we've got the best science and best kind of policy range across the, you know, across the United States in there in our recommendations.

And then that goes to the policy committee who then further kind of tweaks it. And gets it to a place where they feel it's good. And then it goes to the full membership again, to be voted on, and then it goes to the board. And so, there's several stop-gap measures along the way to ensure that we're including the best things in there that they, you know, work for the United States, and island jurisdictions and then get voted on by the board.

And so, when we do put out a policy statement, it really does have the full memberships approval behind it. And really is backed by, science, evidence based and evidence informed policies, and, really allows us to, you know, do everything from, make an official statement on something, whether that's, you know, a comment letter or answering federal comment periods or doing direct advocacy, or it can allow our members to say, hey, you know, this has been voted on by many things, it's a solid policy, and we'd like to implement it in our state. And they oftentimes will use it as well when they go to their own legislatures to talk about public health policy as well.

Sarah: Well, I personally find that inspiring you know, what I'm hearing from that process is time and intention and listening. And so when you, I think it sounds like when you're able to apply those and a clear process for how decisions would be made that that you're able to be really successful, which I think is really good lesson for all of us.

So, this question is for both of you.

So well, internal mortality impacts all communities in the us. We know that Black women and Black birthing people experience much higher rates of sickness and death than any other group. How does ASTHO align their work to address health disparities and advance health justice, and, you know, where's your growing edge in this space is we all have a growing edge. So, I'm curious, what are you doing? And, and where are you growing?

Britta: So, moving, you know, from that policy statement process, our membership stands behind our maternal mortality and morbidity policy statement. And so, when we're thinking about, you know, what is the meaning behind this policy statement? How is it gonna move things

forward in the United States for the help of moms ASTHO really affirms that prevent, preventing maternal death and morbidity is really the critical part of that is promoting health across the lifespan. So, it's not just that point in time care of, oh, this person is pregnant, we're gonna care about them. Now we're gonna make sure that they get interventions now. And we're gonna hope for the best when they leave., I know Alison Steube always has that candy wrapper metaphor of, you know, mom is like a candy wrapper and once that baby or that candy is born, they throw out the wrapper.

And what we're really trying to do is, change the conversation on that. So, you know, thinking about how this is best accomplished by addressing the social economic, healthcare issues, healthcare gaps, risk appropriate care is a perfect example, of a potential barrier that really impacts women's health at multiple levels.

So, as we're, you know, thinking about what that policy statement stands for, we're aligning it with ASTHO strategic priorities. One of which is to, you know, really dig in and promote health and racial equity. And as we're doing that, we're really thinking about, how the programs that we're doing and those activities that we're doing are not only aligning with the evidence-based practices and, but tools also that are listed and recommendations in the maternal mortality policy statement.

We're taking those strategies and those policies and thinking about them long term and broadly. So how do those intersectional issues like climate change or emergency management or housing insecurity? How do those things impact moms? How do we put moms at the center of any policy that comes out?

You know, we're growing into a space where we're looking at and actually starting to really talk about racial disparities, not just you know, calling things a social determinants of health, but really saying that there is a racial issue in this country and that racial divide where moms are dying it three, four times the rate of, you know, their counterparts just because of the color of their skin is something that we're really thinking through how to advance efforts that will close that gap.

We actually have a learning community right now that we're calling the Data Roadmap for Racial Equity Advancement in Maternal and child health or the DRREAM learning community. And that starts with data. So, we see the data piece of that we're doing, and we say, great. How is this data exacerbating racial disparities?

Is there a way that we can dig into that data and say, you know, the way that this data is collected maybe causing us to look at certain populations in one way, how do we fix that? So, we're really trying to lead in, multidisciplinary areas and promote equity both within the organization and promote equity in all the programs and policies that we're pushing forward.

So, I think that that is kind of an edge that we have right now is that in collaboration with so many other partners across the country, we're coming out and saying that this is a priority of our members, start addressing these issues.

Sarah: Thanks. And Ellen, I'm curious from your perspective. I, I know you've been with ASTHO for a minute. How is your organization addressing this? Or are there things that you all are doing yourselves as people or internally to kind of lean into that work as well that you would like to share, or you think has been helpful?

Ellen: So, one of the really great things that I think about how ASTHO is going about doing this is that we're both building our internal capacity to do this as well as our external capacity., and so internally we're taking a hard look at a lot of our policies and programs and our staff and how we're going about doing things. So, we've been doing truth and racial healing circles and ensuring that we are all, you know, kind of sharing and understanding of each other internally as well as you know, across teams and across levels at the, at ASTHO to ensure that we better understand ourselves and our own biases and information and, try to break those down before we can help others, and have had a variety of different other trainings as well.

And so, then as we go about trying to do this with, Brita had talked about our DRREAM learning community, we ended up doing, racial equity and inclusion training as well, for each of the states that we're working with. And so, doing this with their whole state teams or almost their whole

state teams to ensure that everyone has the same kind of backing and grounding to ensure that they are able to look at the data, in a way that really opens.

Where are the possibilities that we can make change in where there may be racism in the system or where there might be, you know, unintentional consequences of how we're doing data that, that are really marginalizing others and where we can do with that. And I think it's just a really great way of going about it is to work on ourselves and then help others as well through that process.

And we're doing this in a variety of ways also through other, or other learning communities too, including, you know, just ensuring that we do have that lens of, whether it's you call it health equity, or you call it, you know, looking at racism., we're doing that in our other learning communities as well, including, some around contraception access, looking at breastfeeding, in our breastfeeding learning community we did an entire process about how to change your policies and did trainings for not only our health agencies and, and other teams that were working with, but also ensuring that there's a local component as well.

And bringing on whether it was a local organization that serves moms or breastfeeding people other similar groups which have included, groups like, the food bank, some breastfeeding cafes and others to really see where we can enact change within our internal either policies or within our towns and cities and, counties, in that space. And so, it's been really exciting to see and to build that work and that trust.

Sarah: Thank you both, it's definitely a multi-layered approach, to take down the really insidious systemic issue, and I'm really excited to hear about all of the things that you're doing. And I think thereby also modeling that for a lot of other folks too, which is important.

Kind of shifting a little bit, I was wondering Brita, if you could briefly share more about ASTHO's mortality and morbidity technical package development process, and also, what is that? and how are you using strategies from that package to address current maternal and birthing people, health challenges?

Britta: Yeah. So, you know, I think that this doesn't even necessarily change conversation. I think that it really flows into what Ellen was just talking about. You know, how can we do things as ASTHO internally that move forward the work of our members. So, you know, our chief medical officer has, you really wanted to work on these things called technical packages, which are essentially, you know, compendiums of some of the highest priority interventions, evidence-based practices, you know, the things that we should be paying attention to and the things that we should be pursuing. So we can be laser focused in the work that our state health officials have that authority and influence over.

You know, we recognize that changes at the hospital level are incredibly important but do our state and territorial health officials really have that power over that. They may not, and so what do they have the power over to make like real systemic change? And how do we make sure that the projects we're doing align with that? So, you know, as Ellen had said that the work in our, you know, anti-racism work, it flows into that technical package because we're thinking about in all the interventions that we're doing, how do we make sure that we're centering moms?

The maternal mortality morbidity technical package was developed, you know, over the course of a, it was a, it was a long process. I mean, at first, we started looking at great, what are all of the things that work to help moms? And, you know, we met with our partners, and they said, okay, this is huge. You have too many things.

You know, what do we, what do we cut down? What are the priority items? So, we started thinking about where is ASTHO, what can we do our strategic priorities as an organization are health and racial equity, building workforce, holding sustainable infrastructure around data and financing and incorporating those evidence-based practices.

And even looking at some of those promising public health practices. And we took those and aligned the different priorities from the maternal mar excuse me, from the maternal mortality and morbidity policy statement so that they really matched up. And then we looked at, you know, what is the real power state and territorial health officials have over. They have power over making sure that their workforce is the, the best workforce that they can be. They have power over policy. They

have power over promoting equity. These are all key areas that they work in, which are great, but how do we make sure that they succeed?

They have to have good data. They have to have good financing and they have to have good partners. So, we looked at these different areas. and said, what strategies from the maternal mortality policy statement fit into this, you know, equity, financing, I guess design and then how do we make sure that, you know, we identify the, the influence and the authority that state health officials have in it.

So, this package has. A series of recommendations, much smaller than what's in the policy statements. And they're really looking at where ASTHO has existing resources, and where we can look forward. So, I mean, we have learning community projects right now, as Ellen had said in improving risk appropriate care, that's under that health equity lens, you know, linking PRAMS that's under that, you know, modernizing data systems, addressing opioid use disorder, you know, that fits into those evidence-based practices and the ways that we're, you know, working to push community health and health departments to assess moms and, and promote that policy change.

So, this technical package really just helps us sail the ship in the right direction and helps us do that in a way that is very intentional, rather than trying to take a hand on everything and hope for the best. It's really, where do we make the most amount of change with a lot of times lacking resources from states, you know, with federal funding cuts and things along those lines, you know, where can we really support states to make the change in the areas that they have the most power over?

Sarah: Yeah, that's really interesting. And I, and thoughtful and strategic in terms of, well, where do we have influence? To, to move something. And where can we just decide and do it? and you know, how do you have the supports to do that? Makes a lot of sense. I'm just curious, are some of your policy statement and technical packages open access, or do you need be a statement, territory, health official to...

Britta: No, they're both, open access. Our maternal mortality policy in morbidity policy statement is just on our ASTHO website. And then we have a journal article published on the technical package. That includes how the package was developed, where it's gonna drive change and

with, you know, all of the different strategies and recommendations that are in it.

Sarah: So, zooming out a bit, you talked about, workforce support and development as being really important. I would like to know, like what one key skill do you think that all leaders in maternal health should have

Ellen: The first one that came to my mind was the ability to get yourself to the table. Oftentimes we see maternal and child health being kind of sidelined or brought in afterwards. And, you know, I think about, you know, a lot of the, you know, federal COVID packages and things, I would've really have liked to see sup but more supports for families.

There was some in there, but you know, how do we best support those that are really going to be impact. And what does that look like? So how do you get yourself to the table? How do you, you know, build those relationships to say, hey, I need to be here, but here's also why you need me and what we can do together instead of, you know, oftentimes it's, well, I don't really see you at the place for you here.

You know, we didn't, we didn't think to invite you. It's well, inviting yourself and then making it clear why that collaboration and partnership is going to be valuable to both sides and what that can actually do for both maternal child health, but also the country at large and, and how we can really kind of raise all boats together and, and, and do that collectively.

Sarah: Awesome. What do you think Britta?

Britta: I think, you know, similar to Ellen's, you know, thought. We're thinking really strategically at that high level of how do we center moms in so many different areas? You know, are we thinking about emergency management and making sure that pregnant people are prioritized? Are we thinking about where services are going and how they're actually supporting people who can become pregnant across the lifespan? At the end of the day, being able to really systemically, you know, at a high level, see where moms fit is incredibly important. And then at that one-to-one level, you know, understanding what some of the issues are. I think that, you know, if

one key skill could be and something that I think I've learned over the years is that there's still that, you know, the baby matters first. So, I'm actually a doula. And you know, one of the big things that we think about is in that delivery room, mom is in charge. Mom needs to be that voice. And I think that in a one-on-one setting that is, you know, the direction and that's the, the thought process that we need to think of. And then on a systems level setting, why does it have to be any different?

Like why aren't we making sure that moms are centered and cared for and supported. So, I think that that's really that area where if we could see a health leader, you know, kind of mentally shift into that space of looking at a mom and saying, where do we go to support this person? Then we're gonna make so much headway in doing this work across the country.

Sarah: Yeah, so, I mean, I'm hearing definitely thoughts about, right. So those of us having enough courage and self-confidence to put our voice out there. You know, I think it's changing, but oftentimes the maternal and child health workforce tends to, have people that might identify as female or, you know, trans nonbinary folks that may need to build courage for our voices to be heard.

And I think that we then, you know, see that in terms of the way that women and birthing people are treated and being able to use that voice. And it's particularly hard when there's systems that don't want to hear them. And I think for women of color, it becomes a whole other layer of nuance.

And so, I have been thinking about this a lot too. Like how do we raise our voice, protect each other in raising the voices and do this collect, you know, collectively and making space for the individual to also speak up? I, that really resonates with me too. And I think it's, it's something that definitely can be taught and, and role played, but also needs those. I love your learning communities, cuz that's really a great place also to be bold or practice, practice being bold in those ways. So that's, I'm really important.

Okay, so here's another meta question for you. When we talk again in five years, maybe in person, maybe we're doing this in actual person, that would be fun. But I'm curious, like, what do you hope will have

happened in your work in maternal health in five years? So, thinking particularly in your sphere of influence and the work of your heart, you know, what would you, where do you hope we are in five years?

Britta: I think, again, it goes back to that quote of the candy wrapper that, we're finally talking about maternal mortality and morbidity as a crisis in this country. Not as just, you know, we'll give money to something, or we'll try this. I think that the way that ASTHO and the way that partners across the country are talking about maternal health and maternal morbid morbidity, and the factors that, you know, play into this crisis.

I, I want to hope that in five years we're able to talk about and celebrate the wins. I'm hoping in five years that, you know, we can say that it's really everybody at the table. And I know that ASTO has done that before with a variety of partners that are not state, you know, partners or a variety of other members ACOG and am chip.

So being able to say in five years with all of those partners at the table, with all of those voices that maybe it's not a crisis, maybe it's just something that we need to continue to work towards and to find improvements in. I think that that would be, fantastic. I think it, you know, in the future in like our kids' futures, I would love to be in a world where just because of the color of your skin, you, you aren't predicting what birth outcome you're gonna have. I don't know if we'll get there in five, but it would be really great if we did.

Ellen: I'm gonna take it a little different direction because that was stellar, and I can't improve upon it. So, I think I would in five years, not like to reinvent the wheel, I think it would be great if all of the. All of our states and island jurisdictions were there that co that discussion and that the work that we're doing in our learning communities and the work that's happening in each of their agencies is so well distributed and messaged that we're seeing the fruits of the labor that are happening, the things that are being put in place, or because it happened in another state and another jurisdiction is taking it on and saying, hey, this happened in Nebraska and it is great. And let's implement it here. Here's how to do it because we know how to do it already.

Yes, there are tweaks and difference for each, you know, individual location. Everything's a little bit different, but you know, we did this in our health agency because we learned how to do it from this other, you know, jurisdiction. And it's going really great because we could just call them and just do it.

and so how do we make sure that in five years that's happening across the entire country? So, no state or island jurisdiction needs to kind of just try it and figure it out that we know what's happening. We know that it worked in this other place and here's how you can do it. Here's how you can do it quicker.

And here's what you should expect to come out of it. And I, you know, and then we can work on the new novel stuff and getting that done and, you know, figuring that out. But, you know, let's help everybody just not reinvent the wheel and do all the things that are great across the entire country and replicate those as fast as possible.

So, we can help people in their jurisdictions as fast as possible. And what does that look like?

Sarah: I love it, you want to see like an increased speed of change with that synergy that you're creating. Yeah. I want to see; I like both of those visions. I am definitely on board with you to get there. Cause I think that would be really amazing and important. Okay. So, if I were Brené Brown, well, if I were bene brown, that's a complete conversation. But if, if I were Brené, I would like to run you through 10 questions. That would be like, what's on your bed's day. And what are you reading? What made you cry lately? Don't worry. I'm not gonna do that. But I am gonna ask, if you would share where you, like, you get your inspiration for this work. So is there a particular person you follow or podcast or book or event that's really sparked your passion. In this work or in this area that you'd be willing to share.

Ellen: I think where my light was kind of sparked was, I was a tiny kid. So my, I was absolutely fascinated by the reproductive system and pregnancy as like a five, six-year-old. I wanted to know everything, obviously age appropriately, but my parents, and I actually, I dug it out.

Um, this is a newer version cause the other one fell apart, but my parents bought me a child is born and roll light is.

Sarah: Oh, yeah, I remember that.

Ellen: the realistic pictures of the entire birthing process, from the, you know, egg to the sperm and the embryo through all the steps and, and the growing of the fetus. And, and what, what kind of happens to mom and what happens.

You know, between the relationship and mom and, and dad in, in the case of this book and you know, all the way through birth and what that looks like. And I could not stop eating this up as a kid. I thought it was the greatest thing ever and was just in awe and wonder of the human body and what we can accomplish.

And it was. Almost, it was almost like magic, obviously. It's not because it's all science, but it just really sparked my just excitement and interest in maternal health and in just MCH in general and has kind of just fed me throughout my entire career to want to make everything better for you know, these families and parents and kids, and just ensuring that, you know, we're doing everything. Our bodies are so amazing. Let's be amazing to all of our bodies.

Sarah: Oh, gosh, I love that. So, you know, Ellen and I have been friends and work colleagues for, for a few minutes and I never knew that about you. That's awesome. Thank you for sharing that. Brita, what about you?

Britta: Yeah. I mean, I think that book is so cool. honestly like knowing it was one of those first editions where they were able to get those very, you know, almost impossible pictures I think is so cool. I think, I mean, I came into maternal health a little late in the game when I was little, I loved babies and babysitting and things like that.

And you know, when I went to college, I was thinking about going into international development in those areas. and then I had interned actually with March of Dimes and that was what really sparked it. I think, seeing, you know, the importance of community and policy and, volunteers and, you know, just the, the energy that folks have around

these premature lil' munchkins, and how, you know, each of those babies and each of those moms really deserves the chance to, to survive and thrive at even despite some of those like clinical challenges, So, I mean, working and, volunteering and interning for them of the years definitely continued to grow that interest, especially into the policy reach, and then seeing, you know, internationally moms are doing better.

So how do we make sure that the idea of making sure that that could be something that we could do? But is the big problem for us, I think was always, you know, has really driven the work forward. Why can't we do better. And then on that personal level, I think, you know, I've been in labors that have been 32, 33 hours in the hospital and have seen, I've seen some things.

But I think, you know, that really neat. It's a split second. When you know that mom sees that baby. And you see that person become apparent. And I think that that is one of the coolest I cry every single time because of that split second. + And you know, seeing that joy and seeing that excitement and seeing that, you know, result of growing a little person from scratch is just really neat. So yeah, I think those are the two, the, to the two big.

Sarah: Oh, that's really awesome. Well, let's see., I feel like I should share since we are friends, so we'll see Ellie, so y'all went way back. So I'll say that I have been, a spicy little feminist since I was probably like five and I'm a preacher's kid. And I was, was like, well, why can't we say, our mother in heaven if God doesn't have a gender. That did not go down so well.

So, I, and I was like, where are all the women in the Bible? So, I started off kind of young. And I think, but more, more recently, I will say, Angela Ina. He leads Black Woman's Matter Alliance, is an inspiration, had the gift of getting to work with Angela during a fellowship she had with the CDC.

She just taught us so much, and I'm really grateful to, for, to her, for her patients. And. She's just absolutely brilliant. she's brilliant. And I just I watch her with like such admiration and then I think also, so I, you know,

I teach her at the school of social work, and we have some amazing students that are fierce advocates, doulas.

And, and just have this great way of approaching the work and world. And I am very inspired by them. And I think that, you know, watch out because they're all graduating and they're coming, they're coming. And I think reinforcement are on the way to help us get to the wonderful vision that you all expressed. So, I think there's, a lot of, of beauty and inspiration out there for us in our field for.

So, thank both of you, for taking the time, to share your experiences. And I appreciate everyone out there who listened to our conversation. For more podcasts, if you like this one, there are more, there are videos, blogs, and other maternal health content. Please visit the maternal health learning and innovation center website at maternalhealthlearning.org.

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And we look forward to connecting with you again, the next podcast and Brita and Ellen. I love y'all and I can't wait to run to you in person at a conference someday soon. Thanks everybody.

Ellen: Thank you.

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