

MCH Bridges Podcast

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[00:00:00] **Laura Powis:** Welcome, AMCHP's MCH Bridges podcast is teaming up with the Maternal Health Innovation Podcast to bring you this episode on maternal health policy, successes, challenges, and opportunities. I'm your host, Laura Powis. I'm the program manager for Evidence-Based Policy and Practice at AMCHP, the Association of Maternal and Child Health, which leads and supports programs nationally to protect and promote the optimal health of women children, youth, families, and communities.

[00:00:27] I'm also a member of the Policy Core at the Maternal Health Learning and Innovation Center at UNC Chapel Hill. This podcast is a part of both AMCHP's MCH Bridges podcast and the Maternal Health Innovation Podcast from the MHLIC. Be sure you subscribe to both podcasts, information is linked in the episode description.

[00:00:46] In this podcast, we listen to maternal health innovators about ways we can implement change to improve maternal health in the United States, in this episode we're talking about Colorado's recent passing of the Colorado Birth Equity Bill Package, a series of three bills designed to increase access to decrease inequities in and overall improve obstetric care in the state.

[00:01:07] This comprehensive and community led response to the maternal health crisis is the first ever state led policy platform for birth equity. I'm joined by three advocates for this policy change. First, we have Indra Lusero, Birth at Justice, advocate and founder of the Elephant Circle, an organization that was crucial in the formulation and passage of this package.

[00:01:29] I'm also joined by Demetra Seriki, midwife at A Mother's Choice Midwifery, and George Davis V, a community member on Elephant Circles, Birth Equity Implementation Steering, Committee. Thank you all so much for being here today. To start us off, I would love if we could each go around, and you could first tell me about who you are, what's your name, your pronouns, your role, and what you do at your organization.

[00:01:54] **George Davis:** George Davis V. I am a, father of two wonderful children, parent advocate, community ambassador. and yeah, that's me.

[00:02:08] **Demetra Seriki:** Hi, I am Demetra Seriki. I go by

[00:02:11] **Demetra Seriki:** Mimi. I am the founder and midwife at A Mother's Choice Mid Midwifery in Colorado Springs, Colorado, Colorado. And I also, work with Indra. I am a board member of Elephant Circle and, yeah, that's me.

[00:02:31] **Indra Lucero:** And I'm Indra Lucero, founder and director of Elephant Circle, born and raised in Colorado. So, have been a part of a lot of perinatal periods here, for many generations, going back to my great, great, great, great. I don't know how many greats, grandparents, happy to be talking to you today.

[00:02:54] **Laura Powis:** Thank you all so much for joining us. I'm really excited for this conversation. So, let's start off by helping us learn a little bit more about you and why this work is important to you. What drives you to do this work in maternal health? And Demetra, we'll start with you.

[00:03:09] **Demetra Seriki:** I started doing birth work at a very young age. if, if folks have heard my story, I was a teen mom and I started attending birth's when I was actually in high school. and I knew really early on that I, just, there was something about birth. That was, pulled on my heart strings.

[00:03:28] And so, an OB just pointed out that I had a, a very specific skill and, yeah, so I, entered my career into midwifery about seven, eight years ago. This is actually my second career. And the perinatal work is really important for multiple reasons. One, I, I do have adult children. I have two adult daughters.

[00:03:53] I have my first grandbaby. but recognizing how, maternity care impacts. families, not just, the person who's pregnant. It affects the entire family and recognizing the disparities that we see across the board for our most vulnerable populations, which is, communities of color and how, care looks different for those families.

[00:04:20] how we, how we care for them as a, as providers. needs to be reassessed so that we can improve those birth outcomes. so I'm very passionate about that. So, I work closely with, different practitioners here in our community, that I've established some relationships with, who also have the same desires to see and facilitate change and introduction of the birth equity bill was just one of those steps that we are moving forward with.

[00:04:52] So that's why I'm here today.

[00:04:55] **George Davis:** Yeah, about George Davis. I'm, why I'm here today. Honestly, I, a lot of this was all new to me. I had never before heard of, or the phrase birth equity or reproductive justice. Those were, totally new concepts to me until I started this work with the birth or the reproductive justice implementation committee... is that and so the, what really what I'm here to do is I, I, I, I to learn, saying, I'm learning so much. And then taking what I learn and then sharing it with others of kind, kinda of spreading wealth, if you would. There's so much that you can as a, as a, as an advocate and, for, for, for children, parents, and community.

[00:05:50] This work here is really at the root of all other advocations. I, I'm able to take what I learn in, in our meetings and how we're implementing this policy, and it really helps me spider web into other areas of my, advocacy.

[00:06:09] **Indra Lucero:** I think I'm here today in doing this work for several reasons, but they all tie back to just crystallizing experiences related to childbirth. certainly my own experiences, I'm the gestational parent to one kiddo and the non-gestational supportive parent to another. So, experiencing their births, of course.

[00:06:37] Also, I'm the oldest of four and my two youngest siblings were born at home, before home birth midwifery in Colorado was re-regulated in the 20th century. and I can't help but think about my great-grandmother who had 12 live births in Colorado, and this was at a time before there was the kind of infrastructure there is today.

[00:07:08] But where she, was married where she grew up is still a place that is a maternity care desert. There's still not, services, there are still

not providers for long distances. So, and I think about how she, you know, I wouldn't be here if it wasn't for her and yet, the knowledge that she held and carried has not been a knowledge that's been incorporated or valued and isn't reflected in the infrastructure that we have today.

[00:07:41] So, it's both the lack of infrastructure in certain regions, but then also the lack of incorporation of the wisdom and expertise of folks who have been managing childbirth, you know, forever.

[00:07:56] **Laura Powis:** I think that's a perfect segue Indra, into, [00:08:00] learning a bit more about this amazing community led initiative. so if you could tell me a little bit more about the Colorado Birth Equity Bill Package, just broadly, and then we'll kind of learn a bit more about what each of your roles were in getting this work, amazing work passed.

[00:08:15] **Indra Lucero:** Sure. So ultimately this was a three-bill package and we wanted it to be something weighty like that, not just, not just one bill, or not just one policy, but actually each of these bills has multiple components. basically because this issue is a multi-multicomponent issue, it's not just a, you know, single point, solution that we're trying to find, there isn't just a, a clinical solution.

[00:08:51] The solution lies in many systems and so we have to tackle many systems in order to get there. so one bill is focused [00:09:00] on the human rights dimension of birth equity. So that included provisions that require better standards for incarcerated people who are pregnant and giving birth, but also just articulated some of the key human rights principles that any birthing person needs.

[00:09:18] The other bill had to do with what we call, data and systems. So that has to do with payment, it also has to do with data collection, what kinds of data, encouraging the Maternal Mortality Review Committee to include more, interviews with people who are directly impacted to, to include talking directly to people from communities of color and incorporating that as data.

[00:09:43] And requiring some systems to coordinate, for example, better transfers from community birth to hospital birth. because part of, part of the systemic problem here is just a lack of coordination and the

results of our fragmented, healthcare system in general. the other bill had to do with maintaining the program that regulates, midwives, certified professional midwives.

[00:10:10] And we see this as important to the whole picture, even though the majority of people don't give birth with these midwives. If we can't create the conditions for these midwives to thrive and serve communities, then it's really bad for the whole ecology of the system. So, that's the kind of heart of the, the bills.

[00:10:34] And it, it really just grew directly out of years of listening, years of being in community, years of being tr, you know, trying to troubleshoot and problem solve and encountering all these systems and barriers. So, we wanted to come up with a policy that basically included all the points that we had for years, been trying to work on.

[00:10:57] **Laura Powis:** I love what you just said, Indra of there's no single point solution to this challenge. And so, the solution lies in many systems and the way that, that was a driving factor in really creating this comprehensive multisystem collaborative, collective approach that you took to this policy package.

[00:11:17] it's really exciting and I think there's so much for other folks and other jurisdictions to learn from, the amazing work that you did.

[00:11:25] **Indra Lucero:** Along those lines can I jump in? Cuz I just remembered one of my,

[00:11:28] **Laura Powis:** Yeah.

[00:11:28] **Indra Lucero:** favorite parts, is the creation of a use of research evidence report. So, this report, is part of the legislation. It will come out next year and what, what it does is look at how and where different agencies and clinicians and people in the system use the research that is available and incorporate it into their work.

[00:11:56] And what we're hoping to find out is where are the gaps
[00:12:00] between the research and implementation? Because as I'm sure you, and many of the listeners know, there's a lot of, there's a lot of

information about what works out there, but we're not seeing that reflect. In the care people experience, and why is that?

[00:12:15] So, we, we hope that this report will be just a first step towards answering that question.

[00:12:21] **Laura Powis:** That's really exciting and sounds truly innovative, and such a critical, the implementation research gap is such a critical gap in, you know, quality of care improvement. So, I think that sounds really fantastic. George, I'd love to hear a little bit more about what was your role in the policy effort and how did you first get involved?

[00:12:38] **George Davis:** Once again, I have to admit, as far as the policy effort, I was, you know, they had come up with that before, like I said, I had no idea until I was on the implementation committee. So, I have to give all credit to Indra, her team and, and everyone else, one for voting in and getting everything taken care of.

[00:12:58] I came in as, let's see, I was doing advocacy work, and was introduced. And at first, when I got, I had my first meeting with the implementation committee, I was like, much like, a lot of people, what am I doing here? ...I'm saying I, I, I don't understand until the meeting started getting going and going and I'm like, whoa, this is, right where I'm supposed to be.

[00:13:26] one, don't be scared and learn. And then two, how do I get this information out to others? How do we get this information implemented so that it's actually done? You know what I'm saying, actualized. Much like Indra said, the problem isn't just a one place or one area problem. The policy was set in place to focus on a lot of areas, a lot of problems with one overall policy.

[00:13:56] So in learning that it's like, all right, how do we get this information out? You know, it, it, it's, it's a wealth of information and how do we share and spread the wealth? And that's my biggest takeaway from the, from being involved, and what I try to share with others.

[00:14:13] **Laura Powis:** So now that the policy has passed, what happens next? What does implementation look like? What are the next steps, for this effort, right now?

[00:14:22] **Indra Lucero:** Well, I'll definitely say once this was passed and signed into law, I could totally relate to, you know, those people who have their second novel and are struck with terror about, you know, after the success of the first, what do you do? You know, we were exhilarated by the fact that we passed something so comprehensive, and then a bit overwhelmed with all the next steps.

[00:14:51] And one of the things that we were really overwhelmed with was we managed to really create a deeply community-based approach to getting the bills passed. And we wanted to keep implementation equally community based. But in a way, implementation is 25 times bigger and harder than getting the bills passed.

[00:15:15] There's so many agencies, there's so many provisions, whew. So, we started by having community meetings about, portions of the policy. And that was where we met George in one of those meetings and have now formed a birth equity implementation steering committee. So, this is a group that's meeting weekly and we not just connect about what the policy is and which agencies we need to talk to or what things we need to push forward, but also, we just get really connected to each other so that we can be responsive, um.

[00:15:59] That ability to be responsive is part of what helped us get these bills passed. And so, the theory is that being responsive is also gonna help us get implemented and, trusting each other, knowing each other, knowing where people fit in.

[00:16:15] Creating a system where we can step in and step back has been really important for undertaking something so large that is going to take so long.

[00:16:25] **George Davis:** The heavy lifting wasn't just getting the policy, put together and it's actually getting it, out and follow it. You know, it's, it's, it's one thing to put the, rule up on the board. It's another thing to make sure everyone is being compliant or following or knowing they have access to this information. One of the biggest things that, I've enjoyed is getting out information on people's rights. As far as your birth rights, or, is, is that the right term for it, birthright...and, and, and letting people know that you do have, rights and, and they will be followed. And

if they're not, then who to contact, and who to speak with and how to tell people that you feel, discriminated against.

[00:17:18] You know what I'm saying? so that's been one of the main, parts that I love and, and, and I've helped focus on. One, one of the greatest things we did, especially with making sure that parents of the, individuals are parents of, that are incarcerated or are also being treated fairly.

[00:17:40] When, fairly period, but, but definitely when it comes to this nature, and finding out the information there and getting the Department of Correction systems to hear and understand what it is we're trying to do and what it is that they should be offering to their parents... you know, helping them out and knowing that regardless of what they did.

[00:18:04] To get them in their situation, being under this new situation of, of, of, of bringing new lives, that there are certain rights that this family has owed to them. A lot of times I believe that the establishment has taken out the community and the person in this process. Personally, I, I can say they, they've, they've tried to make this very, value meal style, you know, they, they, they, they, you know what you want the number one or the number two, or you can't get the number two, so you gotta get the number one, or, you know what I'm saying, depending on your situation.

[00:18:45] Based on your race or, or, or were based on your financial situation. And the truth is that everyone should be treated equal, during this equal time, we were, we, we were all born. So there should be no discrimination or no, in, placed in that process. And in our system, we find that there is.

[00:19:06] So how do you combat that with the, reproductive justice policy?

[00:19:13] **Laura Powis:** That's so insightful, George. and I really wanna highlight something you said too of the heavy lifting for this all wasn't just getting the policy put together, it's the what comes next, and I think the way that y'all are approaching that with really making sure that not just the development of this policy, but the implementation is community

driven and community led is such, critical approach and such a fantastic model for others.

[00:19:40] I was wondering, could you speak a bit more about, what the kind of leadership structure of the implementation effort is. Who's leading it? How does that work? How are you collaborating with different stakeholders, as you're pushing that implementation through?

[00:19:55] **George Davis:** As far as our, our meetings go, there are definitely, experts in the fields that we are researching and, and trying to implement. And there are, you can consider it like a band, alright, where everyone has their key elements or parts. So, where Indra might be the lead singer this time, on this song, you know, the next song might feature, George on bass or, you know, so, so everyone gets there, the best performance out of everyone. It's, it's, it's, it's really cool, it's fun to be a part of.

[00:20:36] **Indra Lucero:** I couldn't have put it better. I mean, I, I love that description of, of it's a band. (laughing) We're trying to get the best performance out of everybody in the band. Some of us are learning new instruments, so sometimes we needed a chance to like, you know, push, push ourselves and be asked to like, do a little solo, even though it's our, you know, fourth instrument or something like that.

[00:21:00] other times, yeah, some people keep the beat, keep the rhythm. Other people are, you know, out there with the melody and it, it kind of depends on the topic or the issue. It isn't, I think, a common way of doing this kind of work. So, I can imagine that some of your listeners may be even like, struggling with that analogy. (laughing)

[00:21:23] But I would just invite. and encourage folks to consider that it, in fact, it is possible to do this kind of work in a different way and actually by doing it in a different way, that's, that's part of the policy change. That the how is as important as the what.

[00:21:43] **Laura Powis:** I could not agree more with that. And I think you're describing, George, earlier you said that being responsive is so key, and what I'm hearing is this is such a responsive, organic approach to implementation of really looking at an asset's base lens of who should

be leading what, who's the lead singer on this initiative, on this song, and then just really building that out.

[00:22:04] I absolutely love that, so thank you for sharing that. So, I would love to hear more about what did the advocacy for this package look like? And we can start with you, Mimi.

[00:22:16] **Demetra Seriki:** My perspective was a little different, because I brought forward, voices. Voices of the people that I care for, right? So, real life stories, situations, circumstance. And, I would, you know, take what I was being told, the experiences that we were having here, in the clinic with the families that I was caring for, and then, I would work very closely with Heather Thompson, at Elephant Circle, on how we could take those scenarios, first, solve them, but then take those situations or circumstances and how we could, help facilitate those voices into, having those discussions with those stakeholders, having the discussions with legislators, because oftentimes those people, there's a disconnect.

[00:23:11] They don't quite understand, why we need these bills and why it's important and why are we saying it's a, a basic human rights issue that we, we're trying to advocate for. I mean, when it, when it boils down to it, I mean, George is right. I mean, it's birth. If we're here, you know, we were all birthed right, which makes it very basic.

[00:23:33] It's a basic human right of making sure families, are safe and have congruent care. so for advocacy, it was literally taking the voices and the experiences of the families that I have cared for and, and, and elevating them and moving them forward.

[00:23:52] **Indra Lucero:** Yeah, and I'll just jump in with one of the most stark examples that Mimi brought to us was a client that she was caring for, who was showing some early signs of potential. I think it was help syndrome, but a concerning.

[00:24:14] **Demetra Seriki:** Preeclampsia.

[00:24:14] **Indra Lucero:** Preeclampsia. Okay. One of, you know, one of the critical conditions that can lead to dire outcomes and, is utterly related to the inequities for black women. And this, I believe, was a black

woman that Mimi was attending. And Mimi had reached out to a medical provider to get the next level of care and was just ignored, denied, you know, told, that I can't help you, I can't help your client. you know, they were just unconcerned.

[00:24:53] And I felt like that, you know, said so many things about the situation that we're facing now, and part of how these policies got written we're really just, how can we get at that situation? How can we make so that that doesn't happen again? So specifically, part of the policy has to do with requiring receiving providers to take information from a community provider.

[00:25:22] Part of it also has to do with getting more and different kind of information for the Maternal Mortality Review Committee, so that when we are unfortunately reviewing things that already went wrong. We know that we're factoring in the best possible information that gives us the widest view of what might have gone wrong.

[00:25:41] All the way to other structural things like who's getting paid in a way that promotes the status quo, and how can we change that so that the status quo isn't so sticky? Cuz clearly the status quo is not working. Like this was such a, such an example of the status quo is not working, so, like I had said this, even though this policy, you know, this was one of those rare opportunities where we got bills passed in the first session that we had them introduced, but really it took years and years to develop the policy, years and years and years and years.

[00:26:22] so I think that's partly why we were, were able to get it done in one session is because there was a lot of depth, when the policy was written, and then when it was filed. We were ready for all the conversations.

[00:26:38] Like Mimi said, we brought folks into the conversations with stakeholders, so it wasn't just, you know, the hospital association and the medical association talking about these policies, we had people with lived experience who could talk specifically about their, their experience. For example, one of the policies also has to do with, hospitals having to have policies that support newborn bonding and some of the stakeholders, you know, the hospital administrators, clinicians in the hospital, had trouble with that policy, weren't sure they could enact it.

[00:27:14] They really wanted to make sure that if a newborn needed, emergency care, that this policy wasn't a barrier. So, we had somebody who themselves had experience having a newborn who needed emergency care, and she said, and it changed the conversation.

[00:27:32] She said, I want this policy, you know. I needed my, my newborn to have newborn care, but I want the, I want the hospital to prioritize newborn bonding across the board, even if you have an in, infant who needs, you know, higher levels of care, this should be a priority. So, those are, those are some examples of how we got here.

[00:27:56] **Demetra Seriki:** And I just wanna add really quick to that Indra. There is a component of that, that we keep hearing over and over, and it's community. Right? Like you, we really needed, community. And it's not, I think what made this so starkly different was the elevation of community. Right? Like taking folks from community and really elevating, their experiences, so that legislators, people in power recognize like, these are your constituents.

[00:28:32] These are the individuals that put you in the place that you're at and you need to hear them, so that you can best support them in the place, in the position, in which you hold power. And I think that was very reflective in the end by getting the bills signed.

[00:28:49] **George Davis:** I believe that every, everyone has a story, and like we, like, we, we, we keep bringing up, everyone has a birth story. The story of your birth has been dictated or told by the hospitals, by the doctors, and not by the community, you see what I'm saying. So, where they, inequities of the world affect your service, the hospital ain't telling that story.

[00:29:16] They're, they're, they're, they're gonna tell the story, they want to tell it.

[00:29:20] Alright.

[00:29:21] And what they did was take and place the stories from the community about that service or about that time, it's your birth story, tell your story and, and how that, wait, wait. Well how come this is different

than this? how come your story went like this and theirs went, like that. Well hold up?

[00:29:37] Let's, let's, let's unify the playing field. Everyone's birth story should be told from their perspective and, and, and, let's find out a way to, to, to make sure that all of these stories have something from the community that's continuous, that doesn't, you know what I'm saying, that is not affected by when you grow up, you're gonna have a story later about how you were mistreated.

[00:30:02] Or how you were, I can't find the word for it, but you will have a story later. But let's not have that start here, let's get this story, equally just for everyone, regardless of, you know what I'm saying?

[00:30:17] And then you can go through life and come up with your other hand, and you know what I'm saying, but let's have everyone's birth story like this, told by you, told by us not narrated from the powers that be.

[00:30:34] **Laura Powis:** I'm hearing so much a common theme of the importance of storytelling and really listening to those stories in a way that shares power and allows for those stories to really guide. And govern the efforts that were being made. I was wondering if you could speak more to, I guess, how, in this effort, I'm hearing such a wonderful collaboration between different partners, between different community groups, between different organizations.

[00:31:01] Can you speak more to what that partnership looked like during these policy advocacy efforts?

[00:31:07] **Indra Lucero:** One of the opportunities in this space, especially for community, community-based work, is there are not a lot of paths well worn. There are not a lot of, pre-established networks for how you get this sort of thing done. As much as that is a challenge, it's also an opportunity. And the opportunity part, I think, comes in the way that, our partners were all attuned to the fact that everybody had a role to play and everybody had a duty to kind of, make this happen.

[00:31:47] Because it wasn't gonna happen, it, it was not gonna happen, if everybody didn't play their part. So, we had been developing

relationships strategically with other organizations in the community over years. For example, the children's campaign had convened a coalition. That was focusing on maternal health.

[00:32:12] And for years, we had been the voice in that coalition, that was talking about how we need to focus on the stories of people in community. We needed to make way for those stories. We needed to make it more accessible for them to be in these meetings. All kinds of things like that. So, that, and, and really explicitly too about power dynamics, about racial inequities, even just in who was in these meetings. So, by the time the opportunity for these bills came along, there was already a lot of fertile soil, for turning that process into action. So, basically folks, folks in those organizations knew that if we're gonna do this policy right, we need to step back. They were the bigger organizations, they were the more... organizations with more established policy programs.

[00:33:16] And so, it was tempting, of course, for them to take the lead on something like this, something so ambitious. But instead of doing that very consciously and deliberately, key people in these organizations recognized, you know what, this is an opportunity for us to step back, and if we're gonna step back, how can we still support?

[00:33:39] Which, I think is a pretty radical, radical, but important idea that you can value something and wanna see it succeed and still set, stepback. That stepping back doesn't mean withdrawing your support or ignoring what's happening, but you can have a, a very active, but stepped back position. And so that was very deliberately and strategically taken by key people.

[00:34:06] so once that stepping back happened, it of course opened the possibility for, voices to be heard, which of course is huge. So just by having, basically the smallest organization on the scene, which was Elephant Circle. We did not have a professional lobbyist when this began. We, you know, barely had staff.

[00:34:32] Actually, we did not have staff, we did not, we had independent contractors, myself included. so just shifting the power dynamics by having the, the smallest organization take the lead on

something, because while we were the smallest, we were also the most deeply rooted and directly connected to community.

[00:34:51] Of course, a lot of times these things go together. our smallness is also what made us very accessible to community. There's not a lot of, you know, bureaucracy. There's not a lot of barriers. There's a lot of permeability in our conversations and, you know, just beingness in community. So, just many people had to agree essentially to let us take the lead.

[00:35:15] But that was, that was critical. and in doing so, lots of conversations then went differently than they might have. I mean, I think that's the best way to say it, there's so many beautiful examples though that, that flowed from that. Even just the process of writing the bill, even just the process of finding our champion legislators. it, was a collection of some of our best black women leaders in the state who wisely said, we wanna tackle this problem.

[00:35:51] Who knows who's out there? Who knows what we need to do? And they, really listened, and they could recognize who the real community rooted experts were. And once they recognized it, they were just like, yeah, let's go.

[00:36:07] Go all the way, you know, let's see a draft of a bill that is, does all the things you wanted to do. We kind of thought they might say, okay, we're gonna pick these three things. No, they were like, let's do all 35.

[00:36:21] **George Davis:** I, I, I believe they were able. A large enough vision and had the passion to back it that others and everyone have to step back in order to see it all. And in that space, when you step back to see it all then it one connects everyone, because we're all looking at this same vision and shooting for the same goal.

[00:36:45] We know that there's different problems that we have to address, let's step back and look at this whole vision, and then come together on how we're gonna attack it, how we're gonna fix it, what we're gonna change.

[00:36:57] **Indra Lucero:** That's a good point, George. Another thing that we noticed is, once some space was made for that vision to be communicated, you know, it was like, you know, it just gathered more and more momentum. More people could see themselves reflected in the vision, could see how they could play a part in that vision.

[00:37:20] it definitely, it definitely did not happen through like creating a spreadsheet and making a timeline and figuring out who was gonna call who it was, it was much more related to, let's be strong on what we know, let's articulate a bold vision. And that, that was the key part of it, like we were like, we weren't messing around. This is a major problem, it requires a bold vision.

[00:37:46] And that is something I would love to impart to all of you listeners too. The time for the incremental micro changes is passed. We need the bold solutions and what, what we found is that because it was bold, people wanted to be a part of it because people want to see real change.

[00:38:07] People want bold solutions, and that's definitely what we found. The more we stayed true to that bold vision, the more we were joined, and our force got bigger.

[00:38:19] **Laura Powis:** That is just so powerful, and I think, speaks to the success that this had. I think what you said around the time for incremental changes has passed and we need these bold visions and that really motivates people to get involved, and the true force that it sounds like this advocacy effort was, is part of why it was so successful.

[00:38:38] And that first session that you introduced, and it got passed. So, I just think, everything y'all are sharing is just so insightful and valuable. and I think, I feel very inspired and I know that our listeners will too, as we engage in these efforts.

[00:38:54] I would love to hear, from you Mimi, what have you learned from your policy experiences and what advice would you give to other, pro, maternal health advocates and professionals looking to advance, equitable policies in their own communities?

[00:39:08] **Demetra Seriki:** What I learned was, a different type of human perspective, I think I look through the lens of like, geez, this is not rocket science, right, like we're human beings bottling, autonomy, you know. Why should somebody else be able to dictate how, where, when, and why doing maternity, why are people not, looked at through that lens?

[00:39:34] So, for me, listening to conversations, stakeholders, legislators, I write... it really was eye opening for me, how much of a disconnect the people that make the decisions have between understanding, what other people experience during the perinatal period or during the postpartum period? I think that was, um I think there were a couple moments where I needed to fix my face, to be quite honest.

[00:40:04] I was just shocked at the disconnect. so my takeaway there was, I need to meet these people where they are and recognize truly they have a lack of understanding. that sometimes some of our, laws or institution, institutional, structuralized systems are built off of the basis of other people's experiences, which is not representative of the mass majority.

[00:40:35] So, just meeting those individuals where they are so that they can be receptive to hear, the messages, so that they can be receptive to hear and receive the voices, of community, right. So, I think that was my, what I learned. Best advice for anybody who wants to do this, teamwork is dream work.

[00:40:59] Have a good team, so that, you know, you guys can share the load. Some of the, you know, some of the things that people say in, either out of willful ignorance or, just because that's, who they are, can be harmful and hurtful, and can be traumatic for people. So, just, you know, make sure that you have a team, make sure that you have supports for yourself, make sure you plan out opportunities to take care of yourself.

[00:41:31] This work doesn't work from nine to five, that's the other thing. You get emails late in the evening, saying, hey, call first thing in the morning and first thing in the morning can be quite early, there or late in the night.

[00:41:44] So, really recognizing that you're in it for a, a long haul, a lot of hours. but, it's okay to lean on others. You essentially need a doula, like a legislative doula for yourself, like everybody should be assigned a doula, like hands down, I see a lot of head nodding, like everybody should be assigned a doula.

[00:42:11] It's just that intense, right? and so that self-care is so, so important, for people to be able to continue to do the work and not be burnt out or traumatized from it, so that we can't come back and move on to stages of implementation.

[00:42:29] **Laura Powis:** I love that. I think that's your next policy advocacy effort is to have, legislative doulas to help you through these policy processes. that's, I really appreciate that perspective, and I think, yeah, something shining through this whole conversation is just the importance of teamwork and truly sharing power in your team.

[00:42:51] **Demetra Seriki:** Yeah.

[00:42:51] Yeah

[00:42:51] **Laura Powis:** And really making sure that that is, central and at the forefront.

[00:42:56] **Demetra Seriki:** And the other thing I wanna add to that is community, like I keep saying it over and over again. But we can't really move these bills forward or this legislative processes forward, if we don't elevate the voices of community. Like, I can't stress that enough. we see it a lot in maternity, our perinatal care.

[00:43:15] you know, we hear the numbers, we hear the statistics, but we oftentimes don't hear the voices. There's a disconnect between outcomes and voices. There's a disconnect between the families that are actually impacted and the legislative bills that are brought forward. We have to keep community voices, in this, these, these efforts.

[00:43:39] **Indra Lucero:** Yeah, and connecting these dots, it's not just about sending an email and saying, you're invited to come to this meeting at 2:00 PM tomorrow. It's because that is, that is not enough, just because somebody's received the invitation doesn't mean their voice

will be heard, doesn't even mean that they will see how their voice connects to the issue.

[00:44:04] Even just coming to the meeting doesn't mean their voice will be heard or that they, they will know how their voice needs to be interjected in this. So, we, we do look at our work as doulaing people through this process, which includes doulaing organizations, hey, here's how you could invite people into this space if you really want to hear from different people, here's what you might need to do in your meetings, here's what you need to need, maybe do before the meetings.

[00:44:38] And of course, doulaing people, you know. We would love for you to come and testify, here's what testifying is gonna be like, here's who's gonna be there, here's how it might feel. And walking alongside them that whole time.

[00:44:52] Not just, you know, dropping 'em off at the door, but literally being with folks throughout the whole journey. Maybe helping them process how it felt to testify, a lot of times it can be triggering. helping people digest that process like Mimi said, so that they can stay well, so that they, they aren't just used and abused by this process. But if anything, maybe they're even healed and maybe they are, you know, better in a better place than before.

[00:45:26] and that is definitely something that we saw happen that, not only were folks voices heard, and not only was policy made that was influenced by those voices, but people felt transformed and, and even healed. I would say to a, a certain extent by the opportunity to be heard. Cuz a lot of times these harms, these human rights violations are actually a failure of the system to hear. To see and hear and recognize the humanity of people.

[00:45:58] So, when people are seen and heard it, it is reparative, it is healing. And that's, that's part of what this process was about too. As I said earlier, the how is as important as the what. So, I would, I would definitely encourage folks to go, go beyond where they think it is their job to hear from people, do all the extra steps it takes.

[00:46:24] Which, I, I also think I've learned from the midwifery model, which is partly why that's so central to our policies and our work.

Midwives, like the midwifery model was so foundational even in the vision of this, all of the components of the policy, the idea that human rights are something that goes with childbirth and perinatal and postpartum periods is, I think, a midwifery model concept.

[00:46:55] It's about seeing people through the whole way, really seeing them, seeing them through the whole way.

[00:47:00] **Laura Powis:** There's just so many insightful things that you just shared Indra. And I think that, just highlighting the, it sounds like in this work y'all were so intentional about true support and making sure you were creating the space for people to be seen and heard. And like you're saying this, the success of this amazing policy effort is just further proof of just how critical and vital that is to just sort of like human connection and, and moving this work forward.

[00:47:25] We are running towards the end of our time together today. and so, I have a couple final questions I'd love to leave you with, um. George, I'd love to hear from you, what do you see as the future of maternal health? What needs to happen to push us into a more equitable place in maternal health?

[00:47:42] **George Davis:** That's a good question. Definitely more voices from the community, more input. I would say change from the way that it was trending and, and becoming so hospital-y or, or, or, automated kinda, to going back to how it was, almost traditionally. And being more of a, a communal brand moment. Okay. the, reverence put back into it instead of the, uh... I, I don't know. It's...

[00:48:27] **Indra Lucero:** I mean, what can you say when you've said it perfectly... I think that word, reverence is key, and it's the right word because it's a very robust, full, deeply meaningful word. And, if we could put the reverence in maternal health, we would be on the right.

[00:48:50] **Laura Powis:** I think that's a really wonderful note to sort of begin to wrap up this conversation on. Before we close out today, I really would just love to know, was there anything that we didn't cover that you wanted to share or any kind of final thoughts on the Colorado Birth Equity Bill Package or this Policy Development Effort, Implementation Effort that you wanna leave our listeners with?

[00:49:12] **George Davis:** I, I would like to say don't be afraid. Nothing is too big and question. You know what I'm saying. Question, question, question, question, don't take anything for, just as is. Question why, why, why, why get with some other folks that wanna know why, why, why, why? And y'all start talking and coming up with reasons. Or... why is your why like this, my why, like that or, you know what I'm saying. Get together, and, it's easier then, to get things done, you know what I'm saying. Don't just take it and, okay, it's how it is, no, you know what I'm saying, get out there and question.

[00:49:48] **Demetra Seriki:** And, I'd like to add to that, thank you for that, George. I encourage folks who are in this work not to assume. Don't assume that the person on the other line or the person that's, you know, behind the email knows, what policies are in your particular area or your particular state. or for example here, I do sit on the Maternal Mortality, Committee, and I'm always just kind of taken back about how many people are unaware, that the bills passed, they're unaware of what they do for, for people and their families. So, when talking, it's important to not assume that the other person knows that these bills exist, or that you're working on a bill or you're trying to get things done, you know. Be very forward and intentional with your conversations.

[00:50:48] It's okay to ask questions, like George said, it's okay, to be curious, right, let your curiosity, in the conversation leads you to where that person is. Which goes back to what I was saying was like meeting people where they're at, but, just here alone, I'm, I don't know why I'm still surprised, but at how many times I have to orient people to the bills, and what they're for, and why they were created.

[00:51:15] **Indra Lucero:** I would just add that we're not done. We've got more to do, not just in terms of implementation, but we saw this bill package as the beginning. we've got a whole policy platform. There are more steps and we're gonna keep being bold. basically because we're fueled by love. We believe in our community and our families, and we want to see our loved ones thrive.

[00:51:46] Simple as that. So, we're gonna keep going. We're gonna keep at it.

[00:51:50] **Laura Powis:** Thank you all so, so, so much for taking the time to join us today and for sharing your experiences and all of your incredible insights. I know that I'm leaving this conversation feeling motivated and inspired and so excited, for our listeners to have heard your stories and heard your efforts. and I think there's so much to be learned from the amazing, innovative power sharing community led way that you approach this work. So, thank you for sharing your stories, and thank you to everyone who is listening.

[00:52:22] For more podcasts, videos, blogs, and maternal health content, you can visit the Maternal Health Learning and Innovation Center website at, maternalhealthlearning.org. And also check out AMCHP's MCH Bridges podcast at www.mchbridges.org

[00:52:39] Additionally, if you've been involved in policy work or you know, of policy work happening in your communities or your jurisdictions, that is positively benefiting women, children, families, and communities. You can share that with AMCHP's Innovation Hub, which is an online repository of effective policies and practices benefiting maternal child health populations.

[00:53:00] To learn more and to learn more about this fantastic work is featured there. to learn more about similar policies and to share your own work. You can visit us at, www.amchp.org/innovationhub to learn more about how to share your work and learn more about amazing work happening in the field, to benefit maternal child health populations and advanced equity.

[00:53:20] So thank you so much everyone for listening, and I hope you have a wonderful day.