

## Dr. Shalon's Maternal Action Project Hosted by Dr. Sarah Verbiest, UNC/MHLIC

**Sarah:** Welcome to the Maternal Health Innovation Podcast, season two. I'm your host, Sarah Verbiest, Executive Director at the UNC Collaborative for Maternal and Infant Health. This podcast is created by the Maternal Health Learning and Innovation Center. Episodes are released weekly, so be sure you are subscribed. 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, I am so excited to be talking with Public health consultant advocate and speaker Dr. Rahmatu Kassimu, otherwise known as Dr. K. and we are gonna be talking today about Dr. Shalon's Maternal Action Project. This project works to address and educate others on the disparities at increased rates of maternal mortality and morbidity that black women and birthing people face. In this episode, we hope to highlight for you the crisis in this country, but also share the great work that is happening at Dr. Shalon's MAP Project to make change happen. So, I am so excited that you are joining us today, Dr. K.

**Rahmatu:** I'm happy to be here. Thank you for having me.

**Sarah:** So I wanna start with you, like, how did you get interested in maternal health and you know, what has lit your passion for this work?

**Rahmatu:** I got interested in maternal, honestly, probably about the same time that I got interested in public health. I had no idea what public health was until my senior year in college. Before that I was, I was gung-ho, I was gonna be Dr. K, but like Dr. K, MD. And I was like, this is the dream I'm gonna be, I'm gonna be Dr. K. But I was also, a sociology, major in college. So I was a sociology pre-med. And so, I think my senior year we had to take a class that was called sociology and medicine. And that's how I got introduced to public health. And I was like, you know, the overachiever that I wanted to be at the time, I was like, well, public health is prevention, medicine is diagnostics.

So to have the best practice, you know, and to reduce those health inequities, I should have a practice that does prevention and diagnostics.

So I was like, Okay, I'm gonna go get my MPH first. And in the course of taking those studies, I was no, this, this is, this is where I'm supposed to be. This is, this is my wheelhouse.

You know, in public health, you know, they teach you about health inequities, health disparities, social determinants of health and such. And for whatever reason, I really can't pinpoint, but like teenage pregnancy, that's what I ended up doing my dissertation over. But teenage pregnancy has always been like a, passion project of mine and in studying and looking up things and doing research about teenage pregnancy is how I got exposed to like the things that happened in the wider, maternal and child health realm.

And yeah, I just literally was, but then particularly finding out about the statistics for Black women and birthing people, it was just like, okay, you know, this is where I'm supposed to be. This is, this is where my work is supposed to be focused. that's, that's really what launched this, at this point, 11, 13-year, focus.

**Sarah:** Oh, I really love your story about your journey into public health. So I, you know, started off in social work and I thought that like public health had to do with blood. And I, I, I'm like, if you scrape your knee call, I'm gonna call another mom to like fix the knee, right? And then I realized that it was this way to look at systems and prevention at a population level. And I fell in love with it too.

So. You know, just to set the stage for our listeners, when you talk about the maternal health crisis, for Black, women and birthing people, how do you describe it or how do you talk about that with people to help them understand kind of the impact or what the issue really is?

**Rahmatu:** First I always start with the statistics because And we know that, you know, statistics can change and statistics can be different depending on like what metrics you're using, but a lot of times people just simply do not know. And it's because, you know, labor and birth is one of those things that, like as society we do not talk about.

Like you have women who are like, Yeah, I, I was in labor. I don't really remember what happened, but you know, I got my baby now and it's like to be honest, before I started studying maternal and child health, I had

that, that mentality as well. Like, Oh, okay, you, you were pregnant, you disappeared for a couple of days and you came back.

And you know, to a lot of people who only see that story, they don't realize that there's a whole other side that is horrible, particularly for Black women and birthing people. We are three to four times more likely to die of a pregnancy related cause. Studies have found that 23% or 22% of those occur during pregnancy, 25% occur during the seven days within delivery, and 53% occur seven days to a year after pregnancy.

And it's crazy because again, almost over half of those, those deaths are occurring up to a year after pregnancy. But we know that often for women, you get that six weeks checkup and then it's like, oh, off in to the wild, like, Oh, you're alive, the baby's alive going on about your business. Now you, now you transitioned to a pediatrician, and it's crazy because it's, it's clearly needed and like necessary and obvious that postpartum care, extended postpartum care that lasts beyond 42 days or that six weeks is necessary because it's been found that 84% of pregnancy related deaths are preventable.

They are completely preventable, and then when you're looking at Black women and Black birthing people. The pandemic has actually worsened it, where a lot of other health disparities have decreased, Black maternal health has not, and Black maternal mortality has not. So in 2019, the rate was 44 deaths per a hundred thousand live births, and now we're up to 68.9 in 2021. It's, it's ridiculous. And it's even, it's almost three times as much as white women.

And we know that, a lot of it's just rooted in racism. It's rooted in racism, it's rooted in implicit biases because we see these disparities, regardless of socioeconomic status, regardless of education, and regardless of access to care. Like famous example, Serena Williams almost died. We know Serena Williams probably got shut down the hospital wing insurance,

and she, she, almost, she had to fight with her doctors to get them to listen to her because she knew she had this condition where she was prone to blood clots and she was like, Hey, I think I have a blood clot.

And they're like, Oh no, you're just tired because you had a baby. And it's just, it's normal postpartum. Your body is, you know, hormones and whatnot. She was, she had to, Serena Williams, had to fight with the doctors to get them to give her an MRI, and come to find out she had a whole blood clot that could have easily, it was in her leg luckily, but it could have easily traveled to her heart quickly and killed her.

And I think even Beyonce had issues with her twins, like she almost died from her C-section. So we know that these rates, these statistics and these disparities are happening regardless of socioeconomic status, regardless of access, regardless of even knowledge. The crux of it is systematic racism and not believing women when they're saying that there, there's a problem.

**Sarah:** Yeah, absolutely. You know, I, and it's so layered, you know, I think some of the, just not listening to women in general is, you know, like, there's so many that have been put off just based on that identity. And then when we layer the structural racism that's embedded in our society, that layers on top of already these other challenges. And I, during the pandemic, I mean, we just saw that playing out and it's, it was a crisis before. I think it's an emergency crisis, exclamation, exclamation, exclamation point, now.

**Rahmatu:** Absolutely.

**Sarah:** So let's talk for a minute about Dr. Shalon's MAP project, and can you talk a little bit about what that is and also what led to the, creation of that work?

**Rahmatu:** Dr. Shalon's Maternal Action Project was founded to honor Dr. Shalon Irving's legacy as the fierce public health leader and health equity champion. Shalon's mom, Wanda Irving and her best friend, Bianca Pryor, worked tirelessly to, ensure that the organization was established in a way that would reflect Shalon's, passion and presence as a daughter, a friend, a sister, and a public health professional.

Bianca and Wanda's passion for equity and inclusion has been long burning. And unfortunately in 2007 it kind of like lit, was kindled, or rather combusted due to Shalon's loss.

And to be honest, like total devastation doesn't begin to describe the pain that Ms. Wanda felt. So Shalon's death was untimely and it was completely preventable. again, it doesn't matter. It happens across socioeconomic status; it happens across education status. It happens across access to care, because Shalon knew. Shalon knew the signs, Shalon knew the symptoms, and she was going for three weeks back and forth with her doctors like, Hey, something is wrong.

Unfortunately, she passed away from hypertension related complications three weeks after the birth of her daughter. After her death, Ms. Wanda became like a staunch advocate for eradicating maternal deaths among black women and birthing people while raising her daughter, or sorry, her granddaughter Sole, who was five years old.

So DSMAP is committed to fighting maternal health, the maternal health mortality crisis that's occurring in the United States. And unfortunately, it's, it's a worldwide thing. Like Black women worldwide are four to five times more likely to die, not even during childbirth, in pregnancy or childbirth, and the year after pregnancy than any other race. And again, systematic racism.

So Ms. Wanda's passion comes from wanting to ensure that no other family has to experience this pain, the void or the terror that wreaks havoc on Wanda and Shalon's village. so our work is based on the life philosophy of Dr. Shalon. She said that I, she saw inequity whenever it exists, I am not afraid to call it by name and work hard to eliminate it. I vow to create a better earth.

So Shalon's legacy, is grounded in this statement and as DSMAP is worked tirelessly to ensure that her life philosophy is fulfilled by creating long term partnerships and relationships with advocates across the world. Because again, it is a global problem.

**Sarah:** Yes. And when I think about Dr. Shalon, I think what, I mean her work was at the Centers for Disease Control and Prevention, and her job was addressing maternal mortality and morbidity. You know, and to your point earlier about, This transcends education. This transcends economics. And I also have thought so much about how her loss is all of our loss because like, she would've been probably like leading this podcast, you know?



So I, I think about her especially when it's at a hard day at work and I think about her and, and the legacy and also what we lost, and I just also wanna say I've had a chance to meet Ms. Irving and, Bianca. They are amazing humans and women, and I've had a chance to meet Sole, her daughter, woo, and she is sparkly. I can only get a little glimpse into what Dr. Shalon was like based on her daughter. I'm wondering if you have a favorite memory or story you might wanna share about the family.

**Rahmatu:** Miss Wanda has actually shared so many, memorable stories about Shalon with me. However, I was truly touched when Miss Wanda shared that Shalon's pregnancy journey was not an easy ride, I very much so empathize and, recognized that. Shalon had difficulty conceiving, but she never lost hope. she fought for what she long for the most, which is motherhood.

And I can easily relate to Shalon story as a black woman who has experienced many, hardships with conception. Honestly, I was truly inspired by Shalon and I'm thankful to do this work in her honor.

**Sarah:** Thank you for sharing that. So I know that you all have amazing brains over there, and are really working on a couple of really innovative strategies, to take on this crisis. and so I would wondering if you would like to share a couple of the things that you all are working on.

**Rahmatu:** absolutely. So what we, you know, operate kind of digitally cuz we understand that we are in a digital world and that increasing access, Increasing knowledge is crucial to reducing health disparities and health inequities, particularly about Black maternal health. Because again, like I said, there are a lot of things that we just simply don't know about pregnancy and the labor process.

We're rather lay people and you don't really know until you're in it. And like at that point it's like, well shoot, who do I ask questions to? Who, who do I talk to? So we have created, this app is called Believe Her, and it allows participants to access a vast resource network of birthing clinicians, experts, care workers, and is moderated by trained professionals designed to connect, educate, and empower our black women and birthing people.

Additionally, In the app, so women can connect with other women and, you know, ask questions. They can, you know, have their concerns aired. They can seek advice on like the best ways to talk to their clinicians. We also have a resource, like a nationwide resource net available right in the app. we also have a knowledge empower program initiative that is going to be launching this fall slash winter where our organization will join forces with several partner organizations to host biweekly sessions where we discuss various topics such as self-advocacy, postpartum care, healthcare navigation targeted at high-risk black women and birthing people.

We're gonna have guest moderators, birthing clinicians and doulas because again, a lot of women don't know what a doula is or how to even access a doula how to like start interviewing for doulas. and participants will be recruited through a multiprong campaign on our social media platform. So be looking out for that. And I will give you our social media platforms, at the end.

And we leverage social media networks of our current partners who also service Black women, and birthing people. We have also launched a new podcast, which is called Black Mom Uncensored, and that focuses on awareness and telling stories about Black maternal health, mortality, morbidity and equity. And it was really important for us to also include morbidity because as you can see, a lot of times the stats always focus on like the deaths. And I understand why they focus on the deaths because death is more jarring. Like when you say, Oh, 25 people died, and then you're like, Oh, snap.

But then if you say 45 people went through this horrible thing, they're still alive, but now they have long lasting trauma that affects them on a daily basis. It's like, Oh, okay, but they alive though. They could have died. They could have died. So, but not realizing that that increased morbidity also affects your quality of life and your ability to be able to live healthily, like with wellness fullness.

And so while black women are three to four times more likely to die, we're also 10 times more likely to develop a morbidity condition after pregnancy. And I think that that's definitely in need of highlight as well. So please take the time and listen slash follow our podcast. It's currently

available on Spotify and Anchor. If you watch on Spotify, you get to see my beautiful face, because is video.

**Sarah:** And It is a beautiful.

**Rahmatu:** Thank you. Thank you. It is video. so we invite you to join US weekly as we use storytelling and revealing conversations to examine different aspects and share the realities of the black maternal health crisis.

It is our hope that this podcast provides Black birthing people with the education and awareness needed to ensure equity is rendered. So monthly topic so far have included fatherhood after maternal crisis, birthing while Black and morbidity, which is like, again, the, or the forgotten crisis. we finished season one we're currently shooting and, rolling out season two.

And in season two we're focusing on policy, mental health, tips and practices because I think a lot of time people are just like, Oh, mental health, you should, you should have better mental health. And you know, some people are like, not aware of like the things that you can actually do to increase your mental health. And we're also gonna be focusing a lot on postpartum care because again, you know, women get dropped like hot potatoes. Like when is once at the, at the six-week point, it's like, All right, girl.

**Sarah:** See ya.

**Rahmatu:** Exactly.

**Sarah:** Yeah. If you even get a six-week visit, like 40% of women don't even like get to that visit.

**Rahmatu:** Which is wild.

**Sarah:** I know.

**Rahmatu:** I pushed a whole human being out, or you cut a whole human being outta me and...That's you thought? You think I'm okay? Six weeks later, you, you think I'm fine. It's crazy. and I really, I really like push, not



just because I'm the host of it, but Black Mom Uncensored has literally, like, even in the conversations that I've gotten to have with guests, has increased my knowledge and awareness of so many things because again, And this is my field, but there are certain things like talking to women who like are near misses women.

We had one guest who, and I had, I had honestly, met up with her because we, we brought a book together. And again, these are things I did not know could happen because we don't talk about birth, we don't talk about labor, we don't talk about the things afterwards. She almost died after the birth of her daughter, because she was, she was really tired.

It was hard for her to eat. It was hard for her to stay awake. And she kept calling the doctor and was like, Hey, something's wrong. Something's wrong. And of course they were like, Oh, it's postpartum. You just had a baby. Perhaps you're depressed. Like all of these things. she went to the emergency room.

She was in the emergency room for eight hours before someone actually saw her. Finally, someone did an EKG. Her heart was functioning at 5%

**Sarah:** Oh my goodness.

**Rahmatu:** and I was just, and so now she has pericardial myopathy. Now she has to take like a bevy of, you know, medications for the rest of her life because of her pregnancy. And I did not know that, you know, these types of things could happen. Additionally, you know, we've had experts that will give us like advocacy tips, like things that women can do to advocate for themselves or like noticing the risk factors for certain things.

And I just feel like it's. But it's given through a format that's like easily accessible and digestible. It's not where, you know, it's, Oh, just straight medical jargon where like, you know, sometimes you go in a doctor's office and you like,

**Sarah:** Yeah.

**Rahmatu:** Okay, girl,

**Sarah:** I mean, me too. And look at us. We both have doctorates and I'll be like, What? Is that good? Is my blood pressure good? Like, I don't know.

**Rahmatu:** So we, I really like, you know, push people listening because it's, it's easily, and it's also something that like, You don't have to sit and watch like, yes, it's, it's, you can see the video obviously, but like that can be something that you're doing while you're cleaning your kitchen.

Like you're, you're folding laundry and you're just getting knowledge at the same time that you know, you're, you're going on about your day. Cuz we don't want it to be something where you feel like, Okay, I have to sit down and I have to take this time outta my day. Because again, the whole purpose of DSMAP and the way that our digital programs run is to be easily accessible and to be easily accessible all the.

Because since the inception of DSMAP, we've partnered with philanthropists leading public health organizations, policy makers, legislators, and advocacy groups to advance the organization's mission and combat maternal mortality rates across the world. we've collaborated with various institution, including the Morehouse School of Medicine and the CDCs Hear Her campaign to bring awareness to the Black maternal health crisis by advocating for policy change and being a voice for underserved populations. So we, we, we are really,

**Sarah:** A force. Y'all are a force and you're not a, it's not, There's not a whole lot of you. You are a force for change and a force for good. You know, I wanna, talk for a second more about the Believe Her app. I love that that app is addressing like the isolation that so many new moms and new parents feel and like that need for connection.

I just think that that's just really, really special, and so important, and I think like it's relationship and it's having someone say, No, you need to use your voice. Let me help you use your voice. And like kind of having that support and encouragement really means so much. I love that and want everyone to help promote that. Because that's how we build community, right? For those of us to make sure that Black moms and birthing people know that that. so that they can, connect in with that community.

And, building an app is no small activity. I just wanna acknowledge what an amazing amount of work that is and I, and the, the really important need that it's meeting. I'm really excited about the podcast and, and wanna subscribe and really listen because there is so much to learn about, the postpartum. You know, I'm, I am with you. I think I have spent the last, I don't know, 12 years of my career, like telling people like postpartum matters. And it's important that we understand what's happening to our bodies after we have babies, and that people understand that unlike the movies you just don't like,

**Rahmatu:** Yeah.

**Sarah:** Walk out the door like, no, I know. Look it, look at my, my jeans fit and I'm, it looks so put together. That's not like that, but I think like normalizing that it is hard and beautiful at the same time. And that asking for help is what people, everyone needs in that time. And I feel like I wish as a society we just offered help so people didn't have to ask for.

So I love that y'all, you're really kind of building knowledge and sharing because I think that has ripple effects cuz everyone that listens to your podcast learn something, they're gonna talk to their friends or people in their community and I think you're just planting seeds of, of wisdom in your communities and that's really exciting.

I also love your face lights up. Y'all can't see this, but her face totally lights up when you talk about the podcast. It makes me happy. So I would love to know, if you had all the money or all the time, like what were some vision or changes that you would like to see happening to improve maternal health? I mean, that's a huge question. So either take it for vision or take it for, if I won this huge lottery that's going on, I would do this with the money. Like, I'm curious, tell me, tell us about your vision.

**Rahmatu:** I definitely think that there needs to be an overhaul in the medical field, and how students are taught or how doctors are taught to treat people of color, particularly to treat Black people like, I think this was like, this was recent. I remember this, this was recent, I wanna say within the last two years they did a study where they still found that

there's like a large percentage of medical practitioners that still believe that Black people do not feel pain the same way as other races.

And I was like, that is wild. We may be better at burying it and that doesn't mean we don't feel it. So Dr. Shalon's, MAP has actually teamed up with **Dr. Rapenta Leia**. And, we've actually developed a novel anti-racism in reproductive medicine module that says no more to sustaining the racist status quo.

So, 1.5 power ball in my pocket and I don't have to share it with anyone. I would, cuz you know once it gets that high, it's like you, once you win you gotta share it with 75 people. But, you know, I would want to see that module adopted in every medical school, and not only should it be adopted in every mod medical school, people should be held accountable, and I don't mean like, Oh, you know, your, your negligence cause this woman to die. Your negligence cause this birth and person to die. Like, there should be hard and fast rules because obviously there aren't.

Like, okay, yeah, there's, there's risk of being sued for medical negligence, there's risk of you being sued for medical malpractice. But I feel like the stain of racism is like one of those things where you just, you don't unrun that. Like you may be able to go and practice somewhere else if you have lawsuits and whatnot. And I know that obstetricians have the highest medical malpractice insurance because there's so many things that can go wrong with birth.

But our anti-racism, reproductive medicine module uncovers Americans' gynecology deep roots in slavery. Cuz it's one of the, it's always been one of the wildest things to me that much of what we know about female reproductive systems and organs and how birth works is based off of Black women's bodies, and you got the nerve to not listen to me when I'm telling you that something is wrong, and I get that. You know, doctors are like, Well, I'm the expert, but I am the expert on my body. I have lived in this body for 34 years. I know when something's wrong.

**Sarah:** Exactly.

**Rahmatu:** And so in, in this, in this module, it exposes white male physicians self-serving, non-evidence based and damaging

encroachment into the medical health realm. So it's even talking about how, obstetrics became like an established field, how they like that had that campaign to, discredit midwives

**Sarah:** Yep. It still persists today.

**Rahmatu:** It is, and I can like per me, like even me, me personally, like I, because again, grew up with the whole doctor's best.

My mom told me, I think when I was like 12 that I was delivered. My mom came here to the United States when she was pregnant with me. I don't know who let her travel on a trans-Atlantic flight, eight months pregnant. But somebody did and she came here pregnant with me and she had me the week after because of course, You shouldn't have been traveling.

She had me the week after and she told me that she was, I was delivered by a midwife because she wouldn't let the doctors, touch her. And I got mad because I was like, Man, I could have died. Like you let this woman who probably doesn't have as much knowledge. And now I'm so embarrassed because I'm like, you know, But again, that's, that's the view that's pervasive in our society that like MDs are the end all, be all, even though midwives have been delivering babies since the beginning of time.

But most importantly, over a third of this module, focus on anti-racist action stuff to proposition providers to challenge all of this. So to not only recognize and address your own internal, biases, your own internal racism, but like to check it when you see it other places, because I think that that is a crucial component.

Like we see things that are wrong all the time, and it's having that courage and that knowledge and that will and that advocacy to stand up and be like, I didn't do it, but still this shouldn't be done. So again, no more standing quietly by and pointing to health disparities instead of engaging in clinical activism, which is needed to eradicate them.

So we are excited to actually begin piloting this module in the upcoming months at medical schools and healthcare systems nationwide. I also would in expanding our knowledge is power, initiative, not just having



users like black women and birthing people, but also having clinicians, a two-pronged program basically.

So that they're learning how to better treat, because honestly, some, some MDs just do not have really good bedside manner because, and it's, it's, it's the model. It's the way that our, our medical system is set up. Like give them 15 minutes and I gotta go. So I'm gonna ask you, I'm gonna check your blood pressure.

I'm gonna tell you this one thing. I'm gonna put this fetal monitor on your, belly. You got any questions? No, I'm leaving And it's, it's wild. Like even again, we, we keep saying this, that this happens across socioeconomic status, it happens across education, it happens across access to care.

I have access to care. I have four degrees, and I still had to wait an hour for my OBGYN to come in, put a fetal monitor on my stomach for two minutes. and said, Oh, there's baby, and then left. And I was like, hmm?

**Sarah:** I might have had a question in there.

**Rahmatu:** Right, I might have had a question. I might have I was ma'am. And she was like, I gotta go. I'm late. Well, yeah, cuz you were supposed to be in here an hour ago. And it's just, just things like that, like the whole system needs to be retooled as far as like how to treat people properly. How to treat people like and listen and like, engage and not just have this money wheel system of like, I need to see the most patients because I need to bill the most people because I need to do them. And I'm just stop treating people as like money points essentially. So that, that most definitely would be my 1.5 power ball wish.

**Sarah:** I hope you win. Well, I think it's, I love hearing about the, the module and the curriculum and really look forward to, when y'all are ready to bird that to the whole world wanna know about it and we'd really love to share it. It sounds like it's really getting at the roots of what needs to change in a system that really needs an overhaul.

I agree with you. so that providers can also be humans, and like, you know, so that there can be relationship and better outcomes and joy as my friend. Kristin Tully always says like, Where is this joy and abundance, that this is such a special time of life? This should be a time

when people can thrive and flourish, not be afraid and disrespected. You know, there's just, we need a totally new vision. Totally new vision needed.

**Rahmatu:** We've lost the like community aspect for the capitalism aspect. Like, I get it. Money talks. But also you can't just come in here and tell me that I need to have a C-section and you gonna take my baby four weeks early and then just be like, And you, I'm gonna be fine with it cuz No, I have questions ma'am. There's care in community that needs to be more, that needs to be reinfused into our medical system.

**Sarah:** Yeah, I agree with you. Well, I'm just curious, I, I feel like your podcast with the light up of your face is something that you're really excited about with your upcoming initiatives. are there any other things that you, y'all have kind of tucked away in your planner up your sleeve that you might wanna share that you're excited about?

**Rahmatu:** I'm actually really excited about our given Tuesday campaign. it's called She is Someone. So a lot of times, you know, when you hear reproductive justice stories that are typically told, there's always a call to someone's birthing or a birthing person's connections. So it's like, oh, there was someone's aunt, there was someone's mother's sister, friend, partner, person.

And this messaging perpetuates the idea that a person must have value to someone else to deserve care. And these identifiers do not enhance or heighten a person's right to care. They do shed light on those left behind after a birthing person succumbs to a preventable illness. Black birthing people deserve quality, anti-racist, considerate care because they are someone, period. As a being, sharing the experience of being human.

They deserve care. They deserve to live, and they deserve to be heard. They deserve to thrive. Simply because she is someone. So your donation would allow Dr. Shalon's maternal action project to provide vulnerable pregnant women and birthing people with free Believe Her app subscriptions, one on one time with doulas during office hours on the Believe Her app and so much more.

For example, every \$120 gift provides a one-year subscription to the Believe Her app for a mom is on Medicaid. It's also our first year participating in the combined federal, campaign or the CFC. The combined federal campaign is overseen by the Office of Personnel Management, and it's one of the world's largest and most successful annual workplace charity campaigns with over 36 CFC zones throughout the country and oversees raising millions of dollars each year. We, you or we this year are excited to be participating and you can donate to Dr. Shalon's maternal action project by searching for our CFC number, which is 86 71 on the online pledging system.

**Sarah:** Like, I'm just jumping up and down in my heart. I just love that messaging so, so, so, so, so much. And I think it's so important, you know, she is someone like just because of who she is. Right. And I just love that so much. and I'm very excited. I will be giving on Tuesday, and we can put some information, we'll share it on social and I think we can connect it to this podcast about how people can also support that work.

And I, you know, I love that my resources could go directly to supporting a Black birthing woman or person and doing my part to really help people thrive and support the amazing work that you all are doing. So y'all, there's the Believe Her app. Learn more about it. tell folks about, The podcast, Listen, it's amazing. We have, She Is Someone Campaign and Giving Tuesday, an upcoming curriculum that, will be able to help us together, change practice. I mean, I don't know, what do you do like in your downtime? That's so much. That's really amazing. so how can our listeners connect with you if they want like more or would love to Learn more about your work. I think your website, right? Would that be a good place?

**Rahmatu:** Yes, absolutely. So you can visit our website at [www.drshalonsmap.org](http://www.drshalonsmap.org). That's D R S H A L O N S M A P.org. We are also available on all the socials. Unfortunately, like it's not standardized across the socials, but on Facebook and LinkedIn, it's Dr. Shalon's Maternal Action Project. On Instagram, it's at [doctor.shalons\\_map](https://www.instagram.com/doctor.shalons_map), and on Twitter it's [@shalonsmap](https://twitter.com/shalonsmap)

And additionally, as I said before, you can hear the podcast on Spotify and Anchor, It Is Black Mom Uncensored. Download the app, Believe her on the Apple App store, and on Google Play. You can reach out at

hello@drshalonsmap.org or wanda@drshalonsmap.org to inquire about speaking engagements or partnerships.

Actually, you can reach out to me for partnerships. Partnerships. my email is Dr. Kassimu, that's drkassimu@drshalonsmap.org

**Sarah:** All the ways, there's no excuse not to find them and connect with this amazing work. and, Just really wanna uplift you and thank you for all that you're doing, in this space. I wanna say Dr. Shalon's name again and lift up her contributions and, yeah, I wanna give you the final word. This has been so much fun. I feel so honored that I got to have time with you. I am a fan girl of y'all's work. So I, this has been such a pleasure and an honor, but I wanted to give you the, the last word.

**Rahmatu:** so once again, thank you for having us. and thank you for allowing us to, speak on your platform about our initiatives. and speak about a topic that we are so passionate about. Again, Dr. Salon's Maternal Action Project was created in Shalon's legacy. And we do, we model her, her life motto to reduce health, health inequity whenever we see it, particularly for black women and birthing people.

We just hope that you'll be a part of a collective impact to eradicate black maternal mortality in the United States and beyond.

**Sarah:** That's so awesome and it is on all of us to help spread this great work.

So if you're listening and excited, there's a lot of actions that we've offered that you can take today, to connect and to help uplift this work. so again, thank you for taking the time, to share your experiences today and thank you all out there for listening to our conversation.

For more podcasts, videos, blogs, and maternal health content, you can visit Maternal Health Learning and Innovation Center, our website at [maternalhealthlearning.org](https://maternalhealthlearning.org). we wanna hear from you, so tell us what you wanna hear more of, review our podcast and share with like-minded innovators.

We have some great episodes recording, so please subscribe and let's keep talking. So tag us in your. Using #maternalhealthinnovation. I'm

Sarah Verbiest and we will see you again on our next podcast. And sending just great energy and much gratitude to Dr. K and your team. thank you all for listening.