

## Maternal Health Monologues with Dr. Valerie Newsome Garcia

### Hosted by Deitre Epps RACE for Equity/MHLIC

**Deitre Epps:** Welcome to the Maternal Health Innovation Podcast, season two. I'm your host, Deitre Epps, CEO and founder of Race for Equity, where we advocate for equity to play a central role in the work of every organization, agency, institution, and system dedicated to improving the quality of life of the populations they serve.

This podcast is created by the Maternal Health Learning and Innovation Center. Episodes are released weekly, so be sure that you are subscribed. On this podcast, we listen to maternal health innovators about ways we can implement change to improve maternal health in the U.S. On this episode, we'll be discussing the AIM CCI's Maternal Monologues framework, and the importance of community storytelling and understanding and advocating for change in maternal health.

I'm joined by Dr. Valerie Newsome Garcia, Community Transformation Strategist for the National Healthy Start Association, at the Alliance for Innovation on Maternal Health Community Care Initiative or AIM CCI. She has held faculty appointments for the NYU School of Medicine, Morehouse School of Medicine, Brooklyn College, and was selected as a JPB Environmental Health Fellow at Harvard University's T.H. Chan School of Public Health.

Valerie is focused on addressing the social, environmental, and structural determinants of health in underserved communities. Thanks for joining me, Dr. Garcia.

**Valerie Newsome:** Thanks so much for having me. Please call me Valerie

**Deitre Epps:** Sure thing. First, Valerie, let's get to know you. Could you share a little bit about why, you about yourself and why your work is so important to you?

**Valerie Newsome:** Thanks, Deitre. So, I've worked in the public health field for a little over 15 years, primarily doing work that addresses the social determinants of health.

I worked in the HIV aids space, [00:02:00] other chronic diseases. But the maternal health crisis became, something a little more close to my heart and I wanted to direct more of my, my work towards that specifically, because I've had, too many friends actually to name that have been affected by this maternal health crisis.

And then when I had my own daughter in 2019, I actually had a near miss event. And so, it was really important to me, to bring more of my, my work life, into balance with my personal, passion as well to address this, this crisis so. So that's how I ended up, with National Healthy Start Association in the NCCI project.

**Deitre Epps:** Thank you so much for sharing just the personal, your personal experience, with maternal health and, a little bit of background on why you're now connected to this important work. What is a Maternal Monologue?

**Valerie Newsome:** So, Maternal Monologues is a storytelling. it's an opportunity for anyone who has a story along the maternal health journey to talk about what they've experienced. And that's not exclusive to mothers and birthing persons. fathers and partners, birth workers, ob's, anyone who is in this space, community workers can talk about things that they've experienced that are related to maternal health.

And I think oftentimes when we hear maternal health now, especially in light of this crisis, we think about negative outcomes and, and a lot of the, the bad things that people encounter or experience. But Maternal Monologues is a space also for those stories, of, of joy and, what it looks like when things go really well.

And so in telling these stories, we are elevating, what is happening in terms of the crisis, but also indicting a little bit of hope as well, in terms of what it could look like, when all things are, as they should be. So that's the first part of internal monologues is sharing the stories.

And then the second part is, then, coming together to talk about, all right, now that you've heard these stories, as a community, what do we wanna

do about it? And that's really, to me, one of the most unique things about Maternal Monologues is it gives an opportunity for individuals to take a look at the national maternal health crisis and talk about what it looks like in their own local communities.

Right?

So these are community conversations. So what are you experiencing in this space? And it, it really personalizes the, the crisis. And it gives people a space to, to mobilize and do something about it. So, that's the second piece of Maternal Monologues is that talking about what can we do as a community to address what we've been hearing.

**Deitre Epps:** And how did the idea for Maternal Monologues develop?

**Valerie Newsome:** So actually, the program manager for AIM CCI her sister, came to her because she was hearing more in the news about what's happening in terms of the maternal health crisis. And she had her own experience, many years ago when she was having her own child. And so when she heard about the, the crisis that is going on, she was actually startled because she wasn't aware that this was a widespread experience across our country.

She was thinking that her experience years ago was kind of this one off. and so she wanted to raise more awareness in her own community about it. And so she, she came to our program manager. And asked her, how can I, how can I start this conversation? I think she was thinking about doing something at her church. And she just wanted some guidance for how to start the conversation to raise awareness.

And so, that gave us the idea of creating a tool that communities can pick up and use, to bring awareness to the maternal health crisis in their community. But like I said, also then talking about what do we wanna do about it. So, we developed this toolkit to guide someone, anyone, like I said, it doesn't have to be an organization.

It can be just one individual who picks this toolkit up, to pull together people to have this discussion, to tell their stories, and then, and then move to action.

**Deitre Epps:** It's so important. I love what you're saying about storytelling and, you know, storytelling as you well know, is so, such an important part of our experience as human beings. Right? And what I know about, storytelling is that often times, these stories that are, are told are, are unique to that individual's experience, or maybe even their, the group of people that they associate with, it's similar to that group, but might be very different from another group of people from the cultural background that they're from.

And so, as, as individuals are telling their stories, I know that it's an opportunity for, what you're sharing with, with Maternal Monologues. These stories are an opportunity for people to learn about the lives of people they might not be familiar with, and so much insight can be gained from that.

Storytelling is, as I think about what you're sharing also, I think about storytelling, just the rich history of storytelling with communities of color, indigenous communities. Where the oral story is oftentimes, usually more critical and, and shared more than written stories. And so just this, this balance that you're bringing to the work of having, the stories and the experience of people, within maternal health, and who are associated with maternal health. That's just critically important.

I know also that it can be used for qualitative data, so there's so many rich, just based upon what you've shared so far, there's so many rich opportunities that are in place, that can grow from these Maternal Monologues. Who are the people that you expect to tell the stories?

**Valerie Newsome:** Yeah, Deitre, so I just for a moment, if I could just circle back to the point that you made a moment ago about the importance of stories in, certain cultural communities. And, I think about that and how a story lands, in a way that numbers don't, right? Like we can be startled by the numbers that we see in these statistical reports.

But it can be easy to say, oh, well we don't know what happened there, right? Like, it could have been all these other factors that lead, that led to these outcomes, right? But when you hear the story, you get the fullness of it, and the stories stick with you more than the numbers do. And so, I think that to your point, the telling of the story helps you to identify with a person and their story in a way that you may not have.

Just because they don't look like you, or have the same background, as you. But there are certain things that are, points of commonality regardless of race and class and all those things. And, and having a baby is, is one of those things where even if you are not of the same race or background as an individual, when you hear something that triggers a memory for you that's similar in terms of that experience of, that major milestone in life or that major life event, it lands in a way that, pushes you to, to feel it, to care about it and want to do something about it.

If there's an instance like we're, we're experiencing in this country with these stark numbers and disparities and outcomes, for, for women.

That's part of the reason that we wanted to, to have the storytelling because we want it to be accessible, right? So, like the written form in, in journals and even sometimes in, in newspapers like that, that's not always accessible to people, right? but a story in a community is. So, we wanted to put this out in a way that's easier for someone to hear and digest and, and feel. And then like I said to, to move to action. So, so thank you for making that point about, how powerful a story can be. And so to answer your question about who can tell these stories, it's really anyone. And so Maternal Monologues, is not exclusive to a mother or birthing person.

So their partners, can tell a story, their birth workers, their, their obs, their breastfeeding consultant, mothers of mothers, right? anyone who is connected to, a story about maternal health can tell that story. And another thing that I should mention is, it doesn't necessarily have to be your story that you're sharing, right?

So for instance, I could have a story that for whatever reason I'm not able to tell or not comfortable sharing, but, I could have someone give a monologue on my behalf. Right? so it's really broad in terms of accessibility, again, where these stories can get out there, through different means. So, so yes, really anyone can, can share a maternal monologue.

**Deitre Epps:** Thank you so much, Valerie for sharing that because we do know, with the broad group of people that you're opening up these Maternal Monologues to. We know that tragically people who are



pregnant and giving birth and are African American or black are three to four times more likely to die in, in, during this process.

And so oftentimes the story is being told by someone who's lost a family member and it's really, it's heartening to know that you're allowing space for people who may have experienced tragic loss to tell that story. And it also, can be healing for that person to be able to share that story of that loved one who has been lost.

And also, I would, I'm wondering about, a little bit about people that might tell stories of joy. Can you talk a little bit about that?

**Valerie Newsome:** Yeah. Thanks. Thanks for, for making that point as well, Deitre. So, I think that people tend to first think about those stories of tragedy when we're, we're talking about storytelling for maternal health because those are the stories that again, tend to have a little more gravity to them, and, and make people pay attention and feel and, and, and activate to want to do something.

**Valerie Newsome:** But I think that particularly for communities of color, it's really important to also infuse some joy into the storytelling when we are talking about, maternal health because. I can say personally, there have been many times where I've been a part of community conversations about maternal health and have heard these stories, and left feeling scared and also really hopeless. Because it seems like you can do everything that you're supposed to do quote, un-quote and still end up having these negative outcomes, and so that can be a really scary place.

We don't want people to be paralyzed in fear. We want to mobilize them with joy as well. Right? And so, I think that it's important to have a bit of balance. So, part of the guidance in the Maternal Monologues toolkit is, please try to infuse at least one story that is joyful with a good outcome.

Because it's useful to have a picture of what it can look like when things go right. Right. so that is something that we add there for those reasons, because we don't want people to be scared. We wanna infuse some black and brown joy into the conversation because motherhood, parenthood the journey to that is a really joyful thing,

**Valerie Newsome:** it's supposed to be a really joyful thing. And for a number of reasons, it doesn't always end up that way, particularly in the United States because of all the things that we know, need to be addressed with regard to maternal health. But in the meantime, people continue to have babies, right?

And so we want to elevate those stories as well, as a guidepost as we talk about how to get there.

**Deitre Epps:** Thank you. And what happens after the stories are shared?

**Valerie Newsome:** So, in Maternal Monologues toolkit, part of the guidance that we give is after the stories have been shared, that there should be what we call a breath break, where people just kind of take a moment to sit and breathe and digest what they've heard.

Think about how that feels in their bodies, think about how that feels in their spirit, right? And then, talk about, okay, so now that we know what's happening, now that we've heard these stories about what people are experiencing in our community, what do we want to do about it? And so, there's a discussion guide in the Maternal Monologues toolkit so that the, the moderator or facilitator can guide the audience then, through that conversation.

And so I also wanna point out that Maternal Monologues can be, done virtually or in person. So, your audience could be, on a computer screen, or in the same room. But this conversation can be had in either those settings to mobilize to the next step.

**Deitre Epps:** So, the Maternal Monologues are actually a full toolkit that people can use for their community. Based upon what I hear you sharing, they can actually access this toolkit and share stories of different partners across their community, some virtual, some may be in person. What settings are the Maternal Monologues designed for?

**Valerie Newsome:** Yeah. So again, anywhere, so a community looks different in different spaces, right? You can have, a local community in terms of like, geographic location, or you could have a school community. So, I think the Maternal Monologues are great for the

Educational setting as well. So, thinking about like our future healthcare providers and birth workers, to have these types of conversations in those settings to be really useful.

A community could be a church community, any virtual community as well, so really anywhere, it's, it's useful in any space, to, to start these conversations. So that people can think about, how they are in relationship to others and how those connections can, can spur more action. And so that's really one of our major hopes with Maternal Monologues is that, through these community conversations, people will be connected with other folks who have an interest in this work, other people who are already doing this work, so that we can kind of pull people together to have more of a community approach to addressing these issues.

**Deitre Epps:** And how is it helpful for people who work in the clinical environment?

**Valerie Newsome:** That's a great question. I think that this is gonna be so useful for people in the clinical setting because again, I think, having worked in clinical spaces myself in the past, I know that it tends to be very numbers driven, right? And so, again, as we talked about earlier, it's easier to kind of, to pull yourself out of the story when you're just looking at the numbers.

And so having clinicians be a part of these conversations is really important because it puts a face to the numbers. And even for, for people who work face to face with patients, the maternal monologs, gives a, a broader breath of that person's experience. Because we know the way that our medical system is set up.

Oftentimes, providers only get a short amount of time with their patients or with their clients, right? And so, you don't oftentimes get the, the full background story, the fullness of their lives besides what they're in front of you to talk about for today. And so, I think that this will help bring some of the, the personalized, approach and the humanity back to remembering when you are in that clinical setting, that this is more than a body, this is more than a patient, this is, this is a life, right? Who is connected to other people who love them and care for them and need you to help them get through this process, right? And so, um some of



the guidance in the Maternal Monologues toolkit for clinicians when they are a part of a Maternal Monologues conversation is to kind of take off your work hat. And listen, because I think oftentimes when we come to conversations and we have, a work background in that space, we kind of tend to go into, okay, let me also like use my, my experience to educate people in this space, right?

And so in the toolkit, we give some guidance to clinicians to take off your work hat and just listen. Right? And, and this is a learning experience for you, to hear, you know, from your experience when you go to work, you do X, Y, and Z and that's driven by all these other things that your clients and your patients aren't necessarily privy to as well, right.

Like we talked about how long you get to talk to folks and things like that. Like there, there are reasons behind why office visits tend to be so short, and it's not that all doctors don't want to have more time with their patients, but the things that drive that, right. And so, take off your, your work hat and listen to how, how you or others in your, in your line of work show up translates to the person who's on the other side of that right?

To, to the patients, how they experience that. And then all the fullness, as I mentioned earlier, all the fullness of their life outside of just that office visit, just that time, in the delivery room. So, so that is part of the guidance as well. So, I think that that is gonna be one of the, the major, benefits of, again, bringing people from all these different sectors together to have a conversation. So, I think it'll be helpful from that perspective to, to again, see, see the fullness of [00:19:00] a person, and understand how they experience, the way that you interact as a clinician in those moments.

**Deitre Epps:** Thank you. And so, what, as you think about the story, some examples of stories that you may have heard within the Maternal Monologues and, and, from different perspectives, folks in the clinical environment. Again, like you said, may not have a lot of time to hear these stories within those settings. What are some examples of what it tells workers, these workers that they may not know?

**Valerie Newsome:** I'm thinking about stories of, women and birthing people who are trying to avoid cesarean. Or don't want to, try some of

the interventions that may be suggested by medical professionals. Right? And so, there are cases when the medical professionals get frustrated, with patients when they push back or ask a lot of questions about things.

And so, some of the stories that I've heard is that it's not that they're against the doctor's suggestions or orders, they want to understand what's happening because for a lot of people, they want to avoid a cesarean at all costs because they know that the risk for, adverse events increases with, with cesarean.

So to hear that it's not that, a person or patient is being difficult. But that they're afraid, right? And they just want you to take the time to explain to them, so that they can feel confident that they're making the best decision for themselves, and that they're, again, not a number to a doctor or a hospital, but that they are being cared for and informed.

And so that's something that, that I, I, I pull from some of the stories that I've heard, just because that can definitely change the dynamic between the patient and the provider. And you don't wanna have that be, a tug of war or something that's a negative experience. So, I think that people who work in that space, to answer your question, that's some, something that they might glean from hearing the stories, the, the why behind how a person shows up, in your office or, in your, in your hospital room.

**Deitre Epps:** So, we spoke a little bit at the top of the, podcast about the importance of storytelling as a part of, qualitative data. And, there are some folks who might, who are listening who might be a part of maternal mortality review committees, or they might serve in some strategic planning way around, pregnancy risk and assessing that. I'm wondering what your thoughts are about the use of storytelling with qualitative data. So, can you talk a little bit about how these stories might be used for that?

**Valerie Newsome:** I do wanna be clear that we didn't develop Maternal Monologues with research in mind necessarily. Really wanted it to be a tool for communities to pick up and use and, and tell their stories, like there may not be anything written or recorded at any time depending on how a community intends to use it.

But I will say, that I think that it's tremendously useful for stories to be used in research to, to tell the story of what's driving the numbers. And so, I think that perhaps with some tweaking Maternal Monologues could be used, in the research setting. It would, you know, you would need to follow the appropriate protocols for that.

But I do think that it could be, a springboard for, for that type of, research.

**Deitre Epps:** Is there anything else you'd like to share with us about the Maternal Monologues as a tool kit?

**Valerie Newsome:** Yeah, so we're really excited to see how communities pick this up. And again, that's something that's unique about this toolkit. It's not a step by step in terms, you have to do it this way, right? So, each community can pick it up and use it in a way that makes sense for their space. And another thing, that we have space for, in the toolkit, we have an example of more of a creative take on a monologue, where it's kind of more of a, like a dramatization, if you will. So, it doesn't have to be your traditional, this is my story. As I mentioned earlier, you can share someone else's story you can, you can share the story of a person who is no longer here to tell their own story, right?

**Deitre Epps:** What you're saying sparked a lot of thoughts for me that people can really use it any way they want to use it, right? So, if

**Valerie Newsome:** Absolutely.

**Deitre Epps:** People wanna tell a story about, maternal health or mater, anything to do with maternal health in their community, they have a toolkit that they can access.

It sounded a little bit like you were saying, that there's some role playing. Can you say a little bit more about that?

**Valerie Newsome:** Sure, there could be. So, there's an example of, a creative take on a monologue called I'm A Witty Mother, and that is, at the end of the toolkit in the resources section. And it's, it's more of a, a monologue that you would think about, in like a dramatic space, right? So, it's, it's called a choreopoem, and so that's what it is.

So it comes across in a, in a more creative, dramatic way. And so that might work better in, in some spaces than others. So really, you want people to, the monologues is, is open to however you interpret that. The, the main point is that it is telling the story, and it's elevating these stories related to maternal health to spark these conversations about what we can do about it, and how to move forward to addressing this maternal health crisis.

**Deitre Epps:** It sounds a little bit like the spoken word.

**Valerie Newsome:** Absolutely.

**Deitre Epps:** There are lots of unique ways that people can use the, maternal, monologues toolkit. How can people access the toolkit?

**Valerie Newsome:** So, you'll find it on our homepage at [www.aimcci.org](http://www.aimcci.org). And what will come up first is some beautiful digital artwork, created by, one of our colleagues' daughters, actually. her name is Gabriella, so that is there. And then if you scroll down a little bit more, you'll actually see some video snippets from the story of the woman who actually inspired the creation of Maternal Monologues.

So, I mentioned earlier our program manager, Karen Shoots, her sister, has shared her story and she was so generous with it. And, you'll see it's a three-part video there, and then when you scroll down further, you will see, where you can enter your contact details and then download the toolkit.

**Deitre Epps:** Does someone have to be a part of an organization to access the toolkit or to use it in their community? Can you share a little bit about who you're looking for to connect the toolkit to?

**Valerie Newsome:** Thanks for that question, absolutely not. So, as I mentioned, the woman who inspired the development of this toolkit, she was a lone person who wanted to start this conversation in her community. And so we developed this, in the spirit of her wanting to have a community conversation. So no, you can be one person on your own who picks this up and brings it to your community. Or you can be an organization or a small group who, who wants to, to use this.

**Deitre Epps:** Thank you, Valerie, for taking time to join us to share your experiences and thank you all for listening. For more podcasts, videos, blogs, and maternal health content visit the Maternal Health Learning and Innovation Center website at [maternalhealthlearning.org](https://maternalhealthlearning.org). We want to hear from you. Tell us what you want to hear more of, review our podcast, and share with like-minded innovators.

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