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Developing a Framework for Holistic, Anti-Racist Perinatal Care with Roberta Hunte

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Welcome to PDXPLORES, a Portland State Research podcast featuring scholarship

innovations and discoveries, pushing the boundaries of knowledge practice

and what is possible for the benefit of our communities and the world.

Uh, my name is, uh, Roberta Suzette Hunt, and um, I am in the School of Social Work.

I'm an assistant professor in the Child, youth and Family Studies.

my research interests.

Um, so I, uh, right now I'm doing quite a bit on black maternal health,

um, health equity research, equity research more broadly is really what I.

Focus on, um, I am a black feminist scholar and so I, um,

a lot of my work focuses on, uh, black people and black life.

And, uh, I also do research on, um, people of color and higher ed access.

Uh, and, um, I work with, uh, theater and film as ways of, um, sharing information

about my work as well in the us.

Uh, black birthing people have a three times higher chance of experiencing

adverse outcomes or death in.

Our children.

Also, black children also have a higher chance of dying, um, before they turn

one for, uh, black birthing people.

The older we are, the more financially stable.

The more, um, education we have, the more our outcomes go down.

Right.

So, uh, what we find is that some of
the things that contribute to this, um,

are, uh, Dana a Davis wrote, wrote the
book, reproductive Injustice, that's

looking at, uh, prematurity and NICU
experiences of black birthing people.

And in her work she identifies that,
uh, obstetric, uh, diagnostic lapses.

So misdiagnosing, what black
birthing people are experiencing

contributes to our, uh, loss.

The idea of obstetric hardiness
that, uh, this and this idea

really comes from enslavement.

This idea that the black body is strong
and therefore is, uh, just built for

birthing and is not, uh, not suffering.

That contributes to diagnostic
lapses, and it means that our

legitimate needs are not being.

, uh, taken care of when
we come to the hospital.

Um, this idea of strong babies
also influences inadequate care

of, um, black children in nicu.

and the kind of history of diagnostic,
I mean of, um, systemic racism

also is kind of the container
that, um, makes us vulnerable when

we are pregnant, when we are, um,
seeking care, uh, when we deliver.

And afterward, another thing that
contributes is this idea of weathering.

Um, so that racism, um, makes us.

and racism related stress causes
the body to age prematurely.

So when you are looking at some of the
health needs of black folks, stress

causes us to be predisposed to illness.

Um, be that diabetes or high
blood pressure or other.

Uh, one of the things that I think
about with black maternal health is

that it does not need to be this way.

What I, what this brings up
for me is thinking about how is

racism influencing healthcare?

What are ways that we
can work to address this?

and, um, how are grassroots groups
working to, uh, address to care

for the birthing people in their
communities and to shift health systems?

So we, um, we get that those
systems of power and oppression

have, um, historical and current
legacies on our birth outcomes.

It's also important to note
that the US is lagging in.

It's maternal health outcomes
compared to other developed nations.

So though we spend the most on
reproductive healthcare, our outcomes

are among the worst of developed nations.

So one might say we're doing it wrong.

So I think, uh, something that is useful
to, you know, I think for a lot of folks,

um, when I talk about this, a lot of them.

No, you just, you go to the doctor
and, um, you know, you do what the

doctor says, and you should be fine.

For a lot of black people that I

interview, um, in focus groups and

whatnot around maternal health, they
speak about not being listened to

when they're talking to their doctor.

And that, that experience of not being
heard when they're saying like, this

hurts, or I'm, I'm worried about this.

Means that their bodies are being
minimized and in, in reproductive

healthcare, that also means
that places of intervention,

um, can be missed opportunity.

People are, people are really
saying like, I need care.

And, um, if the system is not
responsive to, I need care.

Then that is a form of medical neglect.

Historical trauma from uh, um, medical
racism deeply impacts the relationship

between, um, black folks and medical
providers and medical systems.

and that is something that, uh,
really needs to be addressed.

You know, I find it interesting that
when I am doing advocacy with medical

providers, that I do have to emphasize
that black people feel pain, that we feel

pain, um, no different to anyone else.

And I think there are plenty of
people who will say, well, that's

silly that you even have to say that.

And the answer to them
is, you are damn right.

It is.

And so really needing to challenge
the different stereotypes, false

notions, um, racist ideas about
the black body is really important.

Other ways it can turn up is around
within that medical moment, um,

assumptions of, uh, so microaggressions,
assumptions of criminality or aggress.

that, uh, if black people within
the medical system are saying like,

I need help, and that help is not
coming, and they, they get agitated,

that can make us vulnerable, right?

And we see that this
kind of assumption of.

Um, aggression or criminality.

It influences us in relation to police.

It influences us, um, in education like
with the school to prison pipeline.

It influences us when we
go to access healthcare.

You know, I think you, you, um,
really have to look at in what ways

are people pushed out of a system
of care and in what ways and what

is the care that they are needing.

Um, which is really what my work
is, is, um, looking to tease out.

So thinking about, um, the web of
support that, um, people need around,

uh, you know, when they're pregnant.

When they go to have their babes,
when they, um, in the, the year after,

you know, the medical model, we think
about, you know, when you find out

you're pregnant, you need to call
your doctor and they will get you in.

Um, and you will begin having your

monthly, uh, meetings with your doc

until the last stage of your pregnancy
where you'll meet them more often.

until you deliver.

So what, you know, what we're finding is
that, um, for some people that is enough.

For a lot of people it's not.

And so, uh, a web of support can look
like doulas, community health workers,

uh, nurse family partnerships that are,
um, connected to the birthing person.

You know, during their pregnancy and,
um, are, uh, meeting with them monthly as

well as they're meeting with their doctor.

One of the things that is
a, uh, protective factor for

birthing people is to be known.

Right.

One of the places that, uh, black birthing
people find, um, are most vulnerable is

that we are on one hand hyper-visible and
on the other hand invisible and neither

are helpful, um, because they're both.

F a false consciousness.

Um, and so opportunities like doulas,
community health workers, nurse, family

partnerships, um, are ways for people to
have, um, to, to have a knowledgeable,

experienced ear to connect with.

Also thinking about, um, Uh,
really bringing, uh, more

peers into the support network.

So bringing them in as part of the
birth team is really important.

Uh, not pushing out, uh, Partners, right?

So, uh, black, black fathers, um,
uh, and, uh, queer partners talk

a lot about, um, not being invited
in to the birthing experience, um,

not being seen as part of, um, both
supporting the birthing person and this.

Child that's coming into the home.

Um, it's important to, uh, bring those
people in as lovers and defenders

of these, um, of these people.

I think the other thing is to really
work with the relationship between.

Um, black birthing people and
their medical providers so that

that relationship, um, does the
healing work that it is meant to do.

Um, uh, because I, you know, I
think there is a, a strong movement

for, um, birthing centers and
whatnot, which is really important.

And there is a place where people
who need, um, their doctors,

theirs and their whatnot.

To have them, to have that be a
very strong connection because

it, it, um, can be vital.

And then when we think about
postpartum care, you know, in our,

uh, medical model, we're like, okay,
you get six weeks, you get eight

weeks if you're, if you're lucky.

And, um, and then you're done.

And that, um, is so.

Right.

We think about maternal suicide, um,

which is actually a, a serious, um,

uh, killer of people postpartum and,
uh, the need for, uh, connection,

uh, mental healthcare, the need
to not just leave people alone.

And, and that's also where doulas,
community health workers, and.

nurse Family partnerships are really
important because those can extend,

um, beyond the, um, the medical moment.

And we think about, you know,
pediatricians are a part of

this, NICU are a part of this.

Um, making these places welcoming to
black, birthing people, um, and their

families, making them part of the care.

That is, um, supporting this new life.

All of these things are, if you
think about a sexual and reproductive

justice framework, um, which is really
addressing issues of economic justice,

racial justice, and gender justice.

All these things come together
to, um, more reproductive

health, autonomy, and well.

. The work that I am doing now with the
Jedi project is to think more about what

are the building blocks for a holistic,
anti-racist perinatal care framework.

and I get to do some interviews with,
um, people around the country who are

experts in, um, black maternal care
and who are really working to bridge

community care and medical care.

I am using some of,
uh, findings from that.

To work with two groups.

Um, my first group are, uh, black
public health medical providers and,

uh, public policy, uh, folks, uh, in
Oregon, um, who are working to address,

uh, black maternal health in their work.

And, um, a group of black birthing
people to think with them about.

, what do we want?

Like if we're thinking about
holistic care, what do we want?

And between those two groups, and
also thinking about what are some of

the best practices that we're seeing
emerge around the country, what is

the, what is a menu of both policy and,
uh, components of holistic perinatal?

Care for black folks that combines
community care and medical

care as part of the framework.

So I think of the, the aims are to
identify best practices or emerging

best practices that are happening around
the country to identify the goals.

Of, or actually more, more to
identify what people are currently

working on in the state around
black maternal health and what they

would like to be working towards.

And then the final goal is to look at
what are opportunities for collaboration

that that could help get us there.

And what are, um, the component.

Parts that we need to, um, always hold as
we are thinking about movement for, um,

to address black maternal health needs,
we need to lift up people's good work.

Um, healthy Birth initiative is absolutely
one among a number of programs around the

country that are having better outcome.

So we need to look at what they're doing.

The other is that, uh, that we'll develop
a framework of what holistic perinatal

healthcare, holistic anti-racist,
perinatal healthcare can look like for.

black birthing people and communities here
in Oregon and work to have some type of

policy agenda that, um, could be moved.

Something that is amazing that is
happening around the country, um, are

these real moves for policy change and,
um, funding of black maternal health.

Uh, and so.

My hope is that this among so much
other work that is happening will

mean that 10 years from now we
will have very different outcomes.

It really is something that can be fixed.

I think that is in many ways, you know,
we think about structural problems and

we think, oh my gosh, it's too big.

. Uh, so my name is Roberta Suzette Hunt,
and I work with people to listen to their

stories and to help them bring those
stories to policy makers and different

people who can make structural changes for
the things that have impacted their lives.

Thank you for listening to PD Explorers.

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