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

Roberta S. Hunte
Portland State University, hunte@pdx.edu

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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 um, 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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