Seán Collins (00:01):
An alarming fact about childbirth in America is that after years of decline, the maternal mortality rate has risen for the past 10 years. The CDC reports that between 800 and 900 women die in the US every year from complications of childbirth. Black women are three to four times more likely to die as a result of childbirth than non-Hispanic white women in Seattle. An innovative program gathers together world class obstetric care with doula support, cultural understanding, community connections, and respect for family traditions. The program is led by a fourth generation birth doula named sja Abe laboring to bring about JUST Birth.

Sauleiha Akangbe (00:59):
Okay. Yeah. I'm a black woman. I'm clear about that. I'm an unapologetically black woman too. I have to acknowledge that being within these systems, being able to sit and talk about racism because the program itself has a lot to do with like, you know, not just doula support, not JUST cultural navigation, not JUST Birth and family education, but we also have a very big part where we're educating providers and I'm having to have the conversations about racism with white folks. And I'm a, I'm a black woman <laugh>. And so it's kind of, it's hard

Emily Norland M.D. (01:38):
From my point of view. It's really a privilege and it's challenging me to grow in a way that would not have been possible had she not forged into this space and fiercely claimed it as only she can do. And so it's deepened my calling to do this work and to champion her work and help people understand that this is what really needs to happen right now.

Sauleiha Akangbe (02:04):
Healthy mom, a healthy baby is a bare minimum. Can we please get a happy mom, a fulfilled mom, an empowered mom, a baby that's going home to know that like, you know, mama's gonna be able to take care of me after work cuz she didn't have to go through all this traumatic stuff when she had me

Seán Collins (02:20):
JUST Birth today on the Hear Me Now podcast. I'm Sean Collins, thanks for listening. A few weeks ago we recorded a conversation between two sisters, a big sister and a little sister. And just to make things fun, I'll let you figure out who's who. Safia Alakbar talked with Sauleiha Akangbe who leads the JUST Birth network in Seattle. The two sisters talked about the

program's, connections with their family's lived experiences and ancestral traditions. Here's an excerpt from their conversation.

Sauleiha Akangbe (02:58):
When I think of JUST Birth, I think about the uniqueness of each person who is really rooted within their indigenous practices and feeling powerful and feeling good about that. And the foundations of JUST Birth's specifically come from that come from feeling good and feeling empowered and feeling joyful about who we are as individuals. It was about unifying community. It was about becoming someone who can really be within those spaces and say, no, I'm really going to acknowledge that work absolutely needs to be done. Like oftentimes we have to stop and be like, can you hear the patient and actually sit down and listen and talk to her? Can we slow things down? And can you treat this person like a human being? We needed the support from the community and we also needed to support the community and the work which was being done, you know, Providence, Swedish specifically, they, they went outside of like hiring norms, HR norms when it came to even putting their trust in me, which I'm grateful for because of a JUST Birth.

(04:06):
We're trying to get to not JUST like the physical, the the death and trying to prevent that and unnecessary c-sections, but also the experience of people when they're walking out of the doors. A healthy mom, a healthy baby is a bare minimum. Can we please get a happy mom, a fulfilled mom, an empowered mom, a baby that's going home to know that like, you know, mama's gonna be able to take care of me after work. Cuz she didn't have to go through all this traumatic stuff when she had me. That's my goal with JUST Birth.

Safia Alakbar (04:36):
Oh, that's deep. I like that. You're pretty young. Like you're my baby sister. Do you feel like you are getting the support that you need in making these changes and bringing these issues to the forefront and having more people talk? I mean, I've heard more about Birthing and doula, <laugh>, you know, being around you and like Mom and Kaya and stuff like that than I ever have, ever.

Sauleiha Akangbe (04:58):
There is a side where I have to acknowledge that being within these systems, being able to sit and talk about racism because the program itself has a lot to do with like, you know, not JUST doula support, not JUST cultural navigation, not JUST Birth and family education, but we also

have a very big part where we're educating providers and I'm having to have the conversations about racism with white folks. And I'm a, I'm a black woman <laugh>. And so it's kind of, it's hard. And so I have to kind of balance out. I have to balance out. I go back to Nigeria every year for that reason. It's like, it's relief, it's release, it's relax, it's, it's everything for me as well as like, you know, all the work and stuff that we do ancestrally to heal those things within ourselves doing that. But then there's this other part where it's like, in the system, I don't feel like I could have gotten a lot of like where I am without the support of a lot of the women's health leaders.

(06:01):
I had some really prominent doctors in administration where they, they really supported me and, and continued to use their privilege and their resources to make sure that what it is that I wanted to do and needed to do was able to be heard. And they gave me space and time to be able to show that it works and it will work. And so they absolutely supported me. And on the day-to-day basis, it's about building community. And that's one of the things that I also want the, the doulas who I have, I have a very large group of doulas in comparison to what we started with. It's over 25 and I try my best to be that person for them and they also try their best to be that for me. But I think a lot of what I lean on is the other side of it that I guess is unseen. That's personal for me.

Seán Collins (06:59):
Safia Alakbar talked with her little sister Sauleiha Akangbe. Dr. Emily Norland is the system chief for obstetrics and gynecology at the Swedish medical centers in Seattle. And the chief of OB/GYN at the Swedish First Hill campus where the JUST Birth network was born. I asked her about what Saule said about the role for white physicians using their privilege.

Emily Norland M.D. (07:28):
It's challenging me to grow in a way that would not have been possible had she not forged into this space and fiercely claimed it as only she can do. And so it has, you know, really pushed me to look inside myself and interrogate my training. And by force, I mean challenged and compelled me JUST open the way that I see my work and what I do. It's deepened my calling to do this work and to, to champion her work and help people understand that this is the, this is what really needs to happen right now. And so like none of that would've even been, I mean, maybe that would've, no, none of that would've really happened in my life, I don't think in my lifetime, in this profound way, you know, without her being, you know, so brave to come up with this great idea, but then also fiercely advocate for it and said you can su you know, saying

you can support this work the way that I know it needs to be done, or I'm JUST gonna keep doing this work and <laugh> <laugh> like I, you know, it's I'm JUST gonna keep doing this work and y'all are gonna be left behind.

(08:52):
That was not, those are my words. Yeah. That woman is wise beyond her years. And this work is long over is JUST so important right now. Right now.

Seán Collins (09:06):
Talk about that. Why is it important now,

Emily Norland M.D. (09:09):
I was not one of those folks that thought they were gonna be a doctor from whenever I was gonna be a teacher. And so I pick OBGYN cuz I love the social JUSTice element of it. And I love the reproductive JUSTice and I love all this stuff and I'm never taught, and I don't get curious and investigate the history of giving Birth in this country until I meet Sole mm-hmm. <Affirmative>. And I don't know, I'm not taught, and I don't seek out the stories of how Birth started here and the story of that and what happened. And as I started to, you know, get more experienced in my career, get my feet on the ground, JUST, I love my patience. I love what I do. I've always felt honored to do this work even and proud of how hard it is. And I would love to be considered a patient advocate when I started to realize what I knew of my own life's work was steeped in the toxic tea of white supremacy and patriarchy as rocked me.

(10:26):
Yeah. Like it's rocked me. And so to really work in a major medical center in the ninth largest Birthing unit in the country, and to be a part of starting to bring this back to people feeling safe and joyful and protected in this place, that could be pretty amazing because through Birth was happening in homes and communities by the community and women were caring for each other. And then doctors figured out you could make money. Midwives taught them to wash their hands so people didn't die. And then doctors figured out how to make more money cuz more people lived and then the grand midwives were pushed out. And then Depo Provera is used, you know, experimentally in the seventies on poor black people, women and girls. I mean, some of this stuff that's happened in my lifetime. And we are not taught this even as somebody who had the opportunity to be intellectually trained to be curious.

(11:40):

I didn't get there on my own. I didn't get there yet. And so to be able to start to figure out how to integrate all of this together and try to reduce some of the trauma that's happening to our vulnerable patients that we're supposed to be protecting. Yeah. Like we've gotta shine light on that. We've gotta put breath on that, put breath back into these women and teach ourselves to be better, hold ourselves to a better standard. What that's been like is it's been really eyeopening and we're JUST beginning. And so it's tremendous that the JUST Birth network is here and it's been launched in its infancy at a, you know, such a nascent place and, you know, Saule and her team are charging ahead, not waiting for, you know, physicians to <laugh> like be supportive. And so it's great to be a part of a leadership team that recognizes the importance of this work, recognizes the humility that we are not experts in this area.

(12:51):
We aren't even aware of many of the things that are lived realities for the people that we're trying to take care of. And I do think we're trying to take care of people, but probably some of the white nurses in these federal family planning clinics that were sterilizing people in the seventies without their knowledge or consent. Maybe they thought they were doing the right thing, maybe they didn't, who knows. Yeah. But I'd love to be part of moving our system to where we can center the patients instead of a conversation about maternal mortality and newborn mortality. Like that's always gotta be part of it. But let's start in so's words. Healthy Mama, healthy baby is the bare minimum. Let's get back to the joy of bringing new life into the world and the honor of shepherding a Birthing person through that process safely.

Seán Collins (13:49):
Dr. Emily Norland is chief of OB/GYN at Swedish First Hill in Seattle. We'll be hearing more from her throughout the episode. I had a chance to talk with Sauleiha Akangbe. I asked her to explain why JUST Birth was needed.

Sauleiha Akangbe (14:06):
Yeah. Thank you. That's a, it's a good question and I'm happy that you're asking me to bring some clarity to it. The first thing is, in our current day and age when we look at statistics, and that's the biggest thing that people in medicine look at they would like for us to, you know, prove everything based on that. And when we look at the statistics, we see that black women in our country are more likely to die from conditions that, that could have been taken care of. They didn't need to, they, it didn't need to turn out that way, essentially. Then their white counterparts or from Hispanic women, Hispanic women and white women tend to die at a

lesser rate within our country. And we are at the highest rates that we have been and over like 30, 40, 50 years.

(15:13):
And we look at the why. We look at the, in comparison to other countries as well. Other countries that developmentally are, are at a progressive place financially within healthcare, within the education systems. And we see where we fall in the us and it's fairly low. It's fairly low. And when we try to find ways to address that and to look at that we haven't been able to really figure out the why for a very, very long time. At first it was like, oh, because of poverty. Oh, because of access to healthy food. Oh, because of where you're living <laugh>. And then when we start to see successful, financially stable, healthy, black women still dying due to neglect, medical racism, obstetric violence. And we also know that these deaths were preventable. The only thing that we can look at is racism.

(16:33):
We hear stories of Serena Williams, Beyonce, Gabrielle Union, their experiences of trying to conceive of delivering their babies, of their postpartum experiences. And if someone that wealthy, that well known that in touch with their bodies can still go through these types of situations where they voice and voice and reiterate over and over again that something is wrong and they not be listened to. Imagine what that would be like for someone who isn't financially set up who's on Medicaid or who isn't well known or who isn't educated about their bodies or who isn't educated about the process of walking into the hospital. We can imagine the type of neglect that would happen there, specifically within Washington State. Black native and Pacific Islander people do not make up a large part of our population. However, black native and Pacific Islander people are more likely to die within childBirth or postpartum from preventable deaths.

(17:45):
And then when we take it down to another layer, when we look specifically at Providence Swedish and we compare to other level three, four NICU hospitals, we once again are seeing that it's completely disproportionate. Not necessarily with maternal death, but specifically with our C-section rates, our failure to progress in labor, these type of complications with like blood transfusions. Then we take it to another level of not just the statistics and what we can see on paper, but what we're hearing from these parents as well. I received the calls from the mothers who are wanting to visit NICU and can't because they're black or because they're native or they were neglected and not given support because of the color of their skin or because of

their traditions, or because their name isn't the typical white person's name because they are who they are. And so we look at it from different levels.

(18:49):
And every single time I think about it like that, it's JUST a reiteration of this is why we need it. Yep. This is why we need it. And I'm not big with statistics. I'm like, take the statistics out. Let's look at us as human beings, as people, as experiencing these things. We wanna walk into these spaces and really feel good about having a baby. It's not a medical phenomenon that's happening. It's a natural part of our bodies that have happened since the beginning of time. None of us would exist without it. And so it's, it's necessary for that reason.

Seán Collins (19:27):
Yeah. You know, the notion of childbirth being medicalized is something that we've heard now for 40, 50, 60 years. And I think about my family. My mother was born at home. My father was born in his mother and father's bed. I mean, I'm only one generation away from the norm of childbirth happening at home where a woman would be surrounded by perhaps her mother, sisters, aunts, friends. And clearly the role of doula tries to grasp that again and bring that back into the norm.

Sauleiha Akangbe (20:09):
Absolutely. We're not far from it. We're not far from a lot of things though. We, you take a look back and you see where, at least for, for myself, I speak a lot about the black African-American experience of enslaved descent because that's how I identify. That is my lived experience. And when I think about my great-grandmother and how she gave Birth, babies were born at home and the way in which they lived, they lived by you take care of one another in this way, when someone's about to have a baby, you go and you take care of them. There was a serious shift that happened in our country though when home Birth midwifery was demonized and everything needed to make a serious shift into the hospital based on white racism and medical racism and things of that nature. And when that shift happened it completely took away from the grand midwives who Birthed almost all the black babies within this country and also the white babies in the south. It's not far from now, you know, it's very close Yeah. To us. Yeah.

Seán Collins (21:23):
Saule, I I realized as you were speaking about sort of going and being present, you know, the the urge to when a Birth was coming that you went and you helped and you were there. All I could think of is, we do that now for funerals when someone's at the end of their life, but we're

not used to doing it at the beginning of a life. I think that motivation of like, I need to go and make sure that they have food and I have to be there to do whatever needs to be done. And that instinct is in us. It's JUST we've been trained not to think of it as being part of Birth. Yeah.

Sauleiha Akangbe (21:59):
Yeah. And I think I do wanna say though, I think people are trying to move more in that direction. You know, there's this thing that happened within our country when we as, especially as black folk, you know, we, we go through all these things historically where, you know, we have a lot of black communities, black neighborhoods that, you know, you can read about, that were either bombed, they were flooded, and when we were placed and we needed to be with community, we were placed in the ghetto. We were placed in specific areas that weren't necessarily good for us. The way in which, like, you know, the environment how they built the, the cities and the towns that a lot of us were from, it was very clear when drugs were funneled through those neighborhoods, what that meant, the family dynamics and everything like that.

(22:49):
And then we have this point in time where it's like we have to have better. And when you have to have better, what is better and what White America deemed to be better was for us to move from our neighborhoods, for us to move from our families and to go to the places where we make it. We get the government jobs or we get those, those jobs that are gonna give us good money. Forks insurance, that a lot of times meant moving from where you were. Whether it was like, you know, for me, if I'm in Coatsville, that might mean that I had to move to Philadelphia or New York City. For some people that meant drastic moves. You have to also remember our parents are still working, some people's grandparents are still working who can stop working and come support someone after they've had a baby.

(23:39):
Yeah. And so the doula movement, it almost feels like it was placed there to be able to bring this sense of you can still have someone that looks like you, who can understand you because there's this shared experience in which, at least for us as African-American people strongly have with one another no matter if you're from the same place or not. And so the doula movement really feels a lot like that. But also it's this big movement of stopping this nonsense, letting and educating and providing us sort of care that is about taking back our own bodies and our own narrative when it comes to having a baby.

Seán Collins (24:26):

Do you have any ongoing relationship with any of those children that whose Birth you witnessed?

Sauleiha Akangbe (24:31):
Yes. Yes I do. And the, the parents as well. And what I've seen after I became a trained dual and people were hiring me because they didn't have family around one of the, one of the things that I I love are getting updates. I get like five years, six year updates every now. And

Seán Collins (24:52):
Do they send you pictures?

Sauleiha Akangbe (24:54):
Yeah, they'll send me pictures. Like, oh, every single time Birthday comes around, I can't help but thank you. And so that's been really nice, but there's always a difference when it's when I wasn't someone who was trained in doing it. And it's JUST something where people JUST were attracted to me and needed my help and support because we lived in community. The way in which I am present in those labs feel different. I JUST feel like a part of the family.

Seán Collins (25:27):
Gosh, this is gonna seem like such an abrupt change of gears, but I'm, I am curious about the role of a doula when a Birthing mother is not delivering a live baby. That you're present at a time of sadness and trauma. And I'm wondering if you can say anything about that and, and the do doula's role at that moment.

Sauleiha Akangbe (25:52):
Yeah. Yeah,

(26:04):
It's Holding space, a hundred percent respecting rituals, respecting the process, and knowing that no matter how much sadness you feel, it does not belong to you even though you're experiencing it. Even if you've walked or lived a similar experience and walked a similar path, it's not yours and you don't wanna take that away. It's heavy. The way that I look at it tends to be a little bit different because of my own practices and belief system being of an African ancestral traditional religion and system. The way in which we work with them is about making sure that we're repairing and taking care of the mother. The way that you're present for the mother is also a lot different because grief will come in many different ways. Also, the pa the

father, if the father is around or the partner the way that happens, you know, a lot of marriages don't make it through those types of losses, losses of children.

(27:13):
Mm. and so the way that you're present and the way that you comfort and the way that you support them is going to look a lot different as well. For some people, they want to still feel some form of joy when they get to that point of like, no, but I had a baby and I wanna feel this. They might do things like have certain rituals of like, you know, planting gardens and trees and things that will help bring life. And for myself, wanting to empower them by bringing certain prayer or certain ways in which you speak about the baby or even yourself giving to yourself and having that as a reminder. Having something that's bringing life where there was death. It's a lot, it's a loaded question because different, different religions, different spiritual systems, different experiences, but what stays consistent are the people, I think, and the fact that they JUST experience this thing.

Seán Collins (28:17):
Yeah. I really appreciate you talking about that. It's it's really powerful and it makes you realize that Birth is this moment of incredible power and transition. Right. And most of the time it ends in this great joyous moment, and then sometimes it doesn't. Well, and you're witnessing that and your, your hopes are one thing and your lived experience sometime is different. And you mentioned crying at Birth. I I've only witnessed one Birth and the moment I saw that child's head crown, I started crying and smiling at the same time. This sort of uncontrollable smile, like, like, like my cheeks were in spasm. You know, it's like I couldn't stop smiling and I, I swear that the tears were squirting out of my eye, like in cartoons, I was so joyously happy and weeping uncontrollably at the same time. It JUST was this, I hate to use this word, but it was this moment that was pregnant with meaning. Right. And I, my father was an OB/GYN and he died when I was a teenager. He had a solo ob practice, so he was the guy who, you know, the phone would ring in the middle of the night. Yeah. Yep. It'd go. And when I witnessed that Birth years later, I thought, I can't believe my dad saw this a couple times a day.

(29:52):
And I never -- every day. And I think, how is it possible that as a kid I wasn't smart enough to ask him about this? Cuz I really regret that I never asked him about that part of his practice. Yeah. Yeah. It's, it's remarkable what you witness every day.

Sauleiha Akangbe (30:09):

So it's like, it, it pulls me. I mean, I have to control it. I can't let tears roll in down, roll down my face every time I have to control it. <Laugh>, but it's a pool. Like, it's JUST this inner thing that JUST pulls me and it's so, and I never wanna let that go. I never wanna get too used to it, you know? Yeah. yeah. I never wanna get too used to it.

Seán Collins (30:33):
Saule, I'm really grateful for you taking the time to talk with me.

Sauleiha Akangbe (30:36):
Of course. Thank you. Of course. Thank you for having me. I appreciate it. I this is my, this is my love work. It's my life's work, but also my love work. I I love doing it. So thank you.

Seán Collins (30:48):
My guests today are doula, Sauleiha Akangbe and OB/GYN Emily Norland, the two collaborate on the JUST Birth network at Swedish First Hill in Seattle.

(31:01):
Emily Norland, I want to ask you about another thing Saule talked about with her sister. She quoted herself and said, and I'm paraphrasing, sometimes she has to say, "Can we just slow things down? Can we remember that this is a human being?" How do physicians hear an admonition like that?

Emily Norland M.D. (31:25):
It makes people very uncomfortable and very anxious and a little defensive. Right. Because that puts out the possibility that the person we're caring for might not feel that, you know, we're thinking we're taking care of somebody, but they might not be feeling that. And I think that we've really tried to not accept that. Right. Like we chose That's a hard thing to hear. Yeah. When you choose a life and a calling to take care of somebody and then that's not actually what's happening. That's hard. It's reality. The business of healthcare has made a lot of money for certain people because of the hard, fast, the hard work ethic, the fast capacity and capability of physicians. Like that's made certain people a lot of money, but it doesn't create a space for people to be seen and heard and listened to. Building that relationship takes time and listening.

Seán Collins (32:32):

And can I just add patients feeling heard and cared for, but also soothed and touched and accompanied? I mean, there's, there's, there's a sort of human side to this that seems undeniably good and it also seems like it would absolutely be the first thing to get thrown out if you were trying to Oh, yeah. Mechanize a process where you were trying to capitalize on what was going on. Yeah.

Emily Norland M.D. (33:02):
Oh yeah. A huge, and I'm not even sure that it was intentional, right? Like, I think the aim was to make things more efficient. You know, there's, there was a movement in healthcare the beginning of my career where we were all, everybody was going to Toyota and Boeing to learn about lean manufacturing and standard work and, you know, efficiency. And then there was this overlay of, you know, customer service. And ironically, that patient satisfaction, those surveys in those scores, they don't rate the intangible things. The time and the space to develop a relationship, to take time to do a physical exam and touch somebody and be with them when they're sharing something that is really impactful. I mean, to seek care is by it's very essence sharing vulnerability. And where is the space for that in our culture right now? Where is the space for that in medicine? Where is the space for that in being a physician? Yeah. And so it's no wonder that everybody is miserable. AMA surveys suggest that a frightening proportion of physicians might leave this work in the next couple of years. We see that reflected in our local data and like, when you really start to think about what people wanted when they chose this life and what it's like in reality now, it really, it makes too much sense. It's, it's JUST,

Seán Collins (34:35):
Yeah,

Emily Norland M.D. (34:36):
How do we move that needle? I think things like this are really significant healing for everybody.

Seán Collins (34:43):
I remember having friends 35, 40 years ago who wanted to deliver with the assistance of a doula in a Birth Center. Mm-Hmm. <affirmative>.

Emily Norland M.D. (34:54):
Oh really? Yeah. Oh, fascinating. Tell me more.

Seán Collins (34:57):

And, and the amount of pushback that they got from relatives and well-meaning friends. Mm-Hmm. <affirmative> who always, the argument always seemed to be, well if things turn south, you want to have somebody there who can rescue you and rescue your baby. And I never know what the answer, like what the counter to that is. I think I remember my friends 35 years ago saying, well, we're right across the street and can go to the hospital if need be. But that seems like a, not a very satisfactory answer to what I think is a probably a legitimate concern. Yes, yes. Birth has been medicalized, but it's also been probably made safer in some way

Emily Norland M.D. (35:44):
In some ways for some people. Yes. And maybe in some ways for all people. And yet there's still a disparity in who gets access to those better outcomes. Mm-Hmm. <affirmative> you know, it's fascinating to me as you know, we look at other metrics like c-section rate for example. And the things that we know that decrease the number of unnecessary or indicate c-sections that are done are labor support doulas, physicians or midwives being at the bedside. You know, other more like less interesting things for this conversation. But we each have a role. Yeah. And when things go south, they go south in a hurry. And even in a hospital sometimes it's hard to get everything done that needs to happen in a timely fashion. It's a real tremendous opportunity to come back to the best elements of where we came from and hopefully retain the best elements of what, where we are. Yeah. for the better elements of where we are.

Seán Collins (36:57):
Yeah. Can I ask what you've learned working with doula? What have you incorporated in your own practice?

Emily Norland M.D. (37:05):
That's a great question. You're gonna have to cut me off cuz this could be a long answer. <Laugh> and a lot. Well, I've learned that stress and cortisol and epinephrine can really inhibit a person's natural oxytocin and can create tension in their body that inhibits whatever Birth process or whatever labor process is happening. So that's a suboptimal situation that I can fix by trying to cr be at the bedside, develop relations, spend time sit when I'm talking to people. I've seen this modeled by our doulas, asking, asking about hope, dreams and fears. Encouraging people to give me feedback if the way that I'm interacting is not working for them. You know, I'm typically fairly animated and I love what I do, so I get pretty excited and I love teaching and geeking out with people about Birth and all this kind of stuff. And sometimes that's too much information.

(38:10):
Like, I really want people to know all the things and we're trained to provide informed consent. And really what I've learned that that means in part from my doula colleagues, is that I'm informing somebody about all the risks and the terrible things that are not really all that likely to happen to them, but possible things that they might be pretty mad at me if they happen. So therefore I better tell you about 'em in advance even though it's not likely to happen. We've missed this whole part of what are the more likely things that are gonna happen, which are the good things. Yeah. You know, even in a complicated high risk pregnancy, the most likely outcome is something positive. They're still at each point along the way, most likely more good, good things happening than bad things.

Seán Collins (39:01):
Does that mean there's room to rethink how you get consent for a person who's in labor that maybe you don't preload all of the possible bad outcomes, but mm-hmm. <Affirmative> get to them if you need to get to them?

Emily Norland M.D. (39:15):
Yeah, I think that's a good question and I think it comes down to, you know, centering the patient. Yeah. What are your hopes, dreams and fears for this? What do you want to know about your labor progress? What do you wanna know? If we need to think about an intervention like c-section or forceps, what do you wanna know about that? What questions do you have for me? And let that be my guide as opposed to retreating to my list of things that I need to, you know, have documented that I told you. Right. And I still probably will get to that, but on my patient's terms rather than mine.

Seán Collins (39:57):
And, and is it possible that that conversation happened weeks and weeks earlier so that it's not top of her mind when she's in labor?

Emily Norland M.D. (40:09):
Yeah, it's possible. I mean, it would be optimal if it was, you know, I have a lot of empathy for my colleagues who are still providing most my work is 24 hour shifts at the hospital, caring for people, you know, in labor, in the emergency room, things like that. I used to have a more kind of traditional practice where I saw my own patient panel in the office and did that prenatal care. Most people are horrified to learn that that's 13, 10 minute visits over the course of a pregnancy. And maybe most of us modify that, but that's what the payers are compensating us

for. So anything beyond that, you know, and that's okay, right? Like, I'm doing fine. It's not about the money, but it's about behaviors we incentivize and what do we make space for, you know, 13 ten-minute visits when you take a step back plus a 30 minute postpartum visit six weeks later. Like, I mean, it's JUST embarrassing.

Seán Collins (41:15):
You can't even tell a good story in 13 ten-minute segments. I mean, if you're, if you're there to listen, if you're there to soothe and comfort and be present, you can't do that in 13 ten- minute visits. Mm-Hmm.

Emily Norland M.D. (41:28):
You cannot. I mean, I think that most everybody who does this tries their best, but it's a little bit of a pickle.

Seán Collins (41:37):
Dr. Norland, thanks for taking the time to talk with us today. I really appreciate it.

Emily Norland M.D. (41:41):
It's my pleasure. It's an honor, and thank you so much for your interest in this work and in this moment in people's lives. It's a big deal.

Seán Collins (41:51):
Dr. Emily Norland is the system chief for Obstetrics and Gynecology at the Swedish Medical Centers in Seattle and the chief of OB/GYN at the Swedish First Hill campus where the JUST Birth network was begun. Sauleiha Akangbe is a fourth generation birth doula and the founder of JUST Birth.

(42:26):
These are the early days of a program with promise to address unnecessary C-sections and to lower infant and maternal mortality across the board. The death of children and mothers at childbirth has been on the rise among people of color across the country. This program is an attempt to address that alarming fact. We'll be following the work for change being done in Seattle with hope and admiration.

(43:18):

The Hear Me Now Podcast is a production of the Providence Health System and its family of organizations. The program is produced by Scott Acord and Melody Fawcett. We have research help from medical library staff, Sarah Viscusso, Basia Delawska-Elliot, Carrie Grinstead, and Heather Martin. Our theme music was written by Roger Neill. The executive producer is Michael Drummond.

(43:44):
Hey, if you're curious, this music that we've been using to produce today's program was written by Gambian Composer, Foday Musa Suso and performed by the Kronos Quartet. The piece is titled Tilliboyo "Sunset" [from the recording, "Pieces of Africa."]

(44:08):
Join us in three weeks when we'll be asking whether it's time to radically rethink our relationship with how and what we eat — food as medicine, on the next Hear Me Now podcast,

(44:21):
I'm Sean Collins. Thanks so much for listening. Be well.