

Transcript for Cherise Hamblin podcast to publish on April 3, 2024

As a Black woman, OB-GYN, and mother, Cherise Hamblin, MD, draws upon her personal experiences to drive her advocacy efforts to improve maternal health outcomes for Black women. In a new *Voices of UMass Chan* podcast episode, Dr. Hamblin, assistant professor in obstetrics and gynecology, sheds light on the critical issue of Black maternal health and the significance of Black Maternal Health Week April 11 – 17 at UMass Chan Medical School.

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Jennifer Berryman

Hi everyone. I'm Jennifer Berryman, host of the *Voices of UMass Chan*. Today a conversation about a crucial matter of health and health equity here in Worcester and across the country. Our guest is Dr. Sharif Hamblin, an assistant professor in obstetrics and gynecology, a practicing O-BGYN and an advocate for improving the environment of black maternal health in this country. Dr. Hamblin, welcome. Thank you for joining us.

Cherise Hamblin Thank you so much for having me.

Jennifer Berryman

Could you just start by sharing some of the truly sobering statistics about maternal mortality rates in the United States, particularly when we're talking about black individuals who are pregnant?

Cherise Hamblin

Absolutely. You know, I think it's, at this point, we are hearing these statistics so often that people outside of medicine are very aware of them. In you know, comparing developed countries, United States ranks very poorly and maternity outcomes overall, the risk of dying in childbirth in this in this country is higher than other industrialized developed nations, we're talking specifically about the experiences and outcomes of black working people, black working people are three to four times more likely to die in childbirth, in and around childbirth than white women. And that is, it's alarming. But it's not surprising to me. And perhaps that's because I'm doing this work, you know, when I think about my career as an OB-GYN, and I've been in practice for 13 years, and, you know, the rate of unintended pregnancy remains about 50 percent, unchanged, you know, there's lots of issues. It's not just about a birth control being available, you know, what makes someone plan a pregnancy, you know, also has to do with feelings of agency and having control over your own life. Also, there are other factors. And when we think about, you know, people delaying childbirth until later. And there's just so many factors that

go into people's decision on how they build their families. And in this current environment, there's lots of restrictions on people, depending on what state you live in, what access you have to coverage, and access to contraception, conscious access to even family planning services, there's so many things. So, when we take all those changes, and kind of the backward steps that we're making as a country, and in some ways, it's respect to people having control over their own bodies, and we coupled that with having some of the worst maternity outcomes, it's confusing. The cognitive dissonance is real.

Jennifer Berryman

And I just I think we can't put too fine a point on that. I mean, so even for people who are aware that there's these wide disparities in maternal outcomes, when you say black women are three to four times more likely to die during or after pregnancy than white women in this country. That is shocking. And so why do you say it doesn't surprise you? Is it like, and what are the reasons behind it? Like do you have? How far have we come in unraveling and addressing those those reasons?

Cherise Hamblin

Yeah, that's a good question. You know, racial health disparities or disparate outcomes along racial lines have to do with racism. That's what they're rooted in. So, when I say it's not surprising, I know that racism exists, racism is pervasive, as much as we would like for it to not be a thing. It is, and pervasive in society, whether we're talking about interpersonal racism, whether we're talking about structural racism when we're talking about institutional racism. And so, it's nice to think that, you know, we've come some ways, but we really haven't, and what little strides we've made, there are often, you know, backward steps to go right along with them. So, when we're talking about the outcomes, you know, in black women, once upon a time, black women were the delivering providers for all of the babies in this country. So, when we're thinking about before you had an OB-GYN office, when most births were happening at home, births were happening in plantations, births were happening in a during slavery and the, the birth attendants were granting midwives, they were people who had a practice or a tradition of assisting with birth. And those were largely black women. As midwifery became formalized, and medicine became formalized, there was a professionalization of the work of birth. And those granting midwives were then phased out. You needed a license to practice medicine. And so, while birth has become more safe, overall, over time, obviously we have medications, we have advancements, we have things that are absolutely undeniable advancements in care. Now, we can talk about attending births, and once upon a time births were happening in the home. And now, you know, less than 10 percent of births in the United States happen at home. And there is a lot to be said for hospital medicine and in-hospital births. Of course, I'm an OB-GYN. And so, I believe that we can do well, in the care of women and birthing people. And at the same time, I recognize that who is doing the caring matters, and our physician workforce does not reflect the population. And that is because of racism, not because Black people are not interested in medicine, not because Black people don't want to become doctors and nurses. It is due to racism, and again, at different levels, our education system, etc.

Jennifer Berryman

Pregnancy and delivery can be daunting for any birthing individual, any woman. And yet, when you add in this extra burden for let's say, African American women who are facing these higher mortality rates, what do you want them to know?

Cherise Hamblin

I think about, you know, as a black woman, as a black woman, OBGYN as a mother, I say we're not broken, we're not broken. There can be a lot of fear around birth, the statistics are jarring. I think it's very important to understand why. And so, when you hear a stat that just says, I'm more likely to die, that causes a lot of fear. And it causes a lot of concern. Then you're saying, Well, what am I supposed to do with that? Am I supposed to give birth alone, if I if I go to the hospital? Are people going to be nice to everyone and to take care of me. And I think it's, again, that point of racism acts at many different levels. I am not new to the idea of discrimination exists. Many times, it's something you can't put your finger on. But when I think about my own personal experience as knowing that I wanted to build a family and knowing that I wanted to become a mother, it is the greatest joy of my life. It is the greatest accomplishment that I've ever done. My children are, are wonderful, and there's nothing wrong with them. For me, even to persist in medicine, and to persist in this work, I had to say, there's nothing wrong with me, the system is wrong, the system is broken. And there are lots of wonderful people who are working on the system. How do I identify the supports that I need to get through pregnancy safely? And in a nurturing environment? How do I identify my team? How do I find what feels most comfortable to me? And, and get through this, this process of building my family?

Jennifer Berryman

And that's the advice I was looking for. Because I think that, you know, women are birthing individuals need to have that agency and need to have that confidence to say, Yes, I do need this team around me. And to go out and find it.

Cherise Hamblin

Exactly. A lot of times I get questions where people say, Well, where can I go that safe? Or what can I ask my doctor so I will know if they're going to treat me right and all of these things. At the end of the day. It is so important to one be seen and treated as a human being and when we can interact with each other on that human level on that personal level, I think that those are the questions. It shouldn't be like, what is the list of questions that I can ask my provider so that I would know if they're going to do the right thing by me. When I'm getting care for myself, I have to presume that it's going to be a positive experience. And the best that I might be able to do is to say, I've read these statistics, and I'm concerned. What do you do in your practice to ensure that you're doing the best that you can, or that your team is doing the best they can? In your care of like patients? Or what are you going to do to help me get through this pregnancy? How are we going to be in partnership together? hen we're going back to like an asset framing mindset, about around black birth and around your birth, you know, your specific birth. And I think that that's what we all want. When I think about the things that I most love about being an OB GYN, is that partnership with patients in this critical time in a person's life.

Jennifer Berryman

You are working closely with Dr. Crista Johnson-Agbawku. She's the executive director of UMass Chan Collaborative in Health Equity. That's a group that aims to unite and grow all of these initiatives across our campus community that are designed to improve health equity, including some in clinical care and research, education and community engagement. And then important to note that Black Maternal Health Week is coming

up in April second week beginning on April 11. And our campus is going to be opening our doors to the community. Can you talk a little bit about what's planned and why it's important?

Black Maternal Health Week at UMass Chan. And UMass Memorial is like the coming out of the of the Collaborative in Health Equity. Dr. Johnson-Ogbawku is a force to be reckoned with. And so, this week of programming is really a coalescing of many departments and many facets of the medical school and the health system in recognition of the great work that's happening here. Black maternal health week was started by Black Mamas Matter Alliance. And it is a weeklong campaign to build awareness activism and community building to amplify the voices perspectives and lived experiences of black mamas and birthing people.

To kick things off, we will have the inaugural health equity distinguished lecture where Ndidi Amutah-Onukagha, PhD, MPH, the Julia A. Okoro Professor of Black Maternal Health in the Department of Public Health and Community Medicine at Tufts University School of Medicine, will be giving the key note address, "Black Women and Maternal Health Disparities: Addressing the Role of Racism." That will be a hybrid event at the Albert Sherman amphitheater. Folks can join us online. We will have a Wellness Fair that's co-located and so as people are coming to hear the talk, they can access some of the Wellness Fair activities and vendors and even showcasing some local businesses that we are working in promoting and supporting, like maternity, health and care.

Friday, April 12, there's a pediatrics grand rounds. We'll be focusing on racial disparities and breastfeeding. We are going back to the historic discussion that we had a moment ago. You know, how is it that we go from black women being the nurturers of the country, including children who are not their own, and from the days of slavery and wet nursing to then having the lowest rates of breastfeeding today? On Saturday, (April) 13, there's a Community Baby Shower (on campus in the Albert Sherman Center with that idea of wrapping black birthing people in a cocoon of support and safety, and really saying how we get resources that are needed. And also, then those resources may be information resources, they may be support resources, where people can feel and have that agency that's necessary to really walk through this important, impactful and, and challenging time of building the family that you desire.

On Tuesday, (April 16), the Department of Public Health is having a forum, "From Awareness to Action," discussing the state of Black maternal health in Worcester. And then we're closing it out on Wednesday, April 17, with my grand rounds in the OB-GYN department, and title, "Black Women Aren't Broken." We are talking about looking at the health care workforce, and how, like a path forward specifically talking about the workforce, because again, I think fundamental to my view of things is who is doing the caring matters, it's not that black people only need to be cared for by black doctors and physicians, it is that if we understand the lack of diversity in health fields is a result of racism, then we can approach things in a different way.

Jennifer Berryman

If you're listening, and you are either pregnant, or you're a parent of children up to age two, and you want to come to that Community Baby Shower, or you're interested in attending one of the lectures, you will put more information about that in our show notes. And obviously we want to open our arms to the community for that.

And just talking about it is so important. Just bringing people together to think about it collectively is so important. So, we're really looking forward to that week of events. We'll have more of the voices of UMass Chan after a quick break.

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Jennifer Berryman

Another initiative, Dr. Hamblin, that we'd like to talk with you about is the new Doula Program. So, you are the director of this program. Start out by reminding us of what a doula is and how they can be integrated into the modern day 2024 for labor and delivery team?

Cherise Hamblin

A doula is a non-medical birth support person. I like to say I didn't have a doula, I had a Debbie. My wonderful girlfriend was there for me during my pregnancy with all of my questions, and she was an experienced mom of three and there to support me in my labor and delivery. The doula can be all of that. As of December 8, MassHealth is providing doula coverage to their insured. There are some private insurances but Massachusetts that the 10th state to come on board with Medicaid coverage of doula services. Doulas are actually associated with improved birth outcomes, with decreased C-section rate, improved breastfeeding rates improve newborn Apgar hours. And so, a doula can be that person to kind of help that birthing person how have their needs met. And so, meeting someone during their prenatal course, going to visits with them or just talking with them after visits, identifying or formulating a birth plan, you know, what is it that you actually want out of your experience? What are your plans for management of pain during labor, your plans for it? What do you want? What don't you want? And then voicing that for you and with you or reinforcing it when you might not feel like you're able to speak up?

Jennifer Berryman

Through the doula program, how will that hopefully help lower those mortality rates?

Cherise Hamblin

Yeah, so as much as mortality is really a alarming statistic, it's also a rare event. And so not only are we looking at mortality, but looking at morbidity, so having bad outcomes and bad outcomes include hemorrhage they include, you know, heart attack, preeclampsia or other complications of birth. Outcome is also the experience. If you have a birth that you feel that you need to heal from, not just physically, emotionally, if that trauma is from the experience, we need to do better. And so, the doula program at UMass Memorial Medical Center is really focused on identifying the patients that having the worst outcomes, which in our system, and across many systems, is Black working people, and now connecting the dots to resources that are available such as doulas, such as breastfeeding support services or lactation, counseling, lactation, education and support childbirth education.

Jennifer Berryman

Can you share any feedback from women who have had a doula by their side through the process and how it's made a difference?

Cherise Hamblin

Our program is very, very new. We are standing up all of the details of you know how patients can activate this doula benefit, etc. But doulas have been doing work in Massachusetts, also and around the country. I've had patients with doulas, and their feedback is amazing.

Jennifer Berryman

Dr. Hamblin, congratulations! We are really looking forward to seeing the difference that that new Doula program will make. And thank you for all the work that you're doing to improve black maternal health.

Cherise Hamblin

Thank you. Thank you so much for having me. And just

Jennifer Berryman

A reminder to our listeners, if you're interested in any of those events that are planned on UMass Chan campus for Black Maternal Health Week, beginning April 11. You'll find more information about that in our show notes. If you like the *Voices of UMass Chan*, we hope you'll subscribe so you don't miss any new episodes. Until next time. I'm Jennifer Berryman.

Voice over artist

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Music

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