Unheard: Pain, Denial & the Black Birth Experience

"Black women tend to not be heard. So then when you say 'I am in pain and I need something,' it's 'you are okay, just push through it.'" –Stanis Askew

Dispatcher: 911, what's your emergency?

Caller: America's healthcare system is broken and people are dying! (ambulance siren)

Welcome to **Code WACK!,** where we shine a light on America's callous healthcare system, how it hurts us and what we can do about it. I'm your host, **Brenda Gazzar.**

(music)

This time on **Code WACK!** What exactly is a doula and how does it differ from a midwife? How can doulas support those who are most likely to die from giving birth? To find out, we spoke to **Stanis Askew,** a full-spectrum doula in Southern California who helps families from conception until after birth. She works with **Frontline Doulas**, a perinatal health program connecting Black families with Black doulas, and is passionate about elevating the Black birth experience.

Welcome to Code WACK! Stanis.

(00:58):

Askew: Thank you. Thank you for having me.

(01:01):

Q: So Stanis, tell us a bit about yourself. Where do you live and what do you do for a living?

(01:06):

Askew: So I currently reside in Southern California in the Rancho Cucamonga area, but I serve - as a doula - all of Southern California. So Los Angeles seems to be a predominant area that I do service, so I service there. And then what I'll call my corporate gig is I'm in human resources, so I have kind of a dual little role going on. I'm originally from New Mexico. I'm not a California native.

(01:36):

Oh, you're a transplant.

(01:37):

Askew: Yes. <laugh>.

(01:40):

Q: That's okay. We won't hold it against you. <Laugh> So what exactly is a doula and how does it differ from a midwife?

(01:46):

Askew: So a doula is one that provides emotional support and advocacy for a birthing person or a birthing family in the sense that they can be (a) prenatal partnership. It can also be during the birth process itself and then also postpartum. So it's an essential part of the whole entire birthing process. Sometimes doulas also, they'll have a specific realm that they like to work in. So some do prenatal and ... prenatal and birth generally come coupled together. But some also (will do) what they'll call a full spectrum (which) is

prenatal, birth and postpartum. Then you'll also have those who (specialize) in just postpartum as a doula.

(02:31):

Q: Great, and so do you specialize in something in particular?

(02:34):

Askew: I don't. I'm a full spectrum, so I do all of the above. I even have certifications in (what) we call a pregnancy doula so to help conceive as well. Yeah. So you can say it's a true full spectrum <laugh>.

(02:49):

Q: That's really interesting. Can you explain the difference between a doula and a midwife?

(02:54):

Askew: The difference between the doula and the midwife is the midwife is truly the active medical professional that catches the baby. So think of it this way, a midwife in equivalency in the outside setting of a hospital is the doctor, if they were in the hospital setting. The doula is then you would say in between. So there's a bridge. There's another position that would be the in-between, which is the birth assistant in the outside setting of a hospital. And in an inside setting of a hospital the birthing assistant is the labor nurse. That's the equivalent. And then the doula would come after that. So the doula is the support, the advocate personnel that helps in the hospital.

So there's not truly a true relationship between or a crossover from hospital and non-hospital, but that's the difference between them. So that you have a difference between a doula and a midwife. And a lot of people do get that confused or they intertwine it and they say, 'oh, so you deliver a baby.' So the doula doesn't catch the baby, the midwife catches the baby.

(04:01):

Q: Got it. And so if somebody's giving birth at home, they could have a midwife and a doula? Is that right?

(04:07):

Askew: Correct. That is actually the preference. Your doula's gonna be your support and your midwife is gonna be the one that's gonna actually deliver your baby.

(04:15):

Q: Got it. And so if somebody were to be at a hospital, is there a need for a midwife at a hospital?

(04:20):

Askew: Some hospitals also have midwives. It just depends on the hospital's philosophy. Some hospitals have midwives and physicians or delivery doctors. So you can have both, but not a requirement for a midwife to be in a hospital study. And then yes, you get your doula as your support.

(04:37):

Q: Okay, great. Thank you. Overall maternal mortality rose sharply during the height of the COVID pandemic. And today Black women in America are three times more likely to die from a pregnancy related cause than White women according to the Centers for Disease Control and Prevention. What factors do you think contribute to this and how could having a doula on board help?

(04:59):

Askew: Great question. And actually the reason why I got into doing what I do - doing this birth work, so the factors that I think contribute to it is the lack of education as far as the medical staff and the courtesy or listening to the patient as far as medical and patient in the hospital setting. So I think that's what contributes to it. Black women tend to not be heard. 'You have a higher pain tolerance.' So then when you say I am in pain and I need something, it's, you are okay, just push through it when truly there's something wrong. And that's what I'm telling you. So listen to what I'm saying and evaluate me versus just assuming my pain tolerance is higher and I should just push through it, truly evaluate. That does happen.

And I think as far as doulas being present, they can help be the advocate for the patient. They don't have the right to speak on behalf of the patient, but they can educate their patient to make sure that they are asking the right questions or to be seen appropriately or even if it's not the patients themselves, the family member that also may be supporting them, give that advice to them. So it's an advocate role, an educational role that a doula would play.

(06:24):

Q: Black women not being seen and heard – that sounds like racism to me.

(06:28):

Askew: I would definitely call that racism and I think we say, 'oh, we've come a long way that racism doesn't exist.' When in reality it does. It's strong and it's prevalent, let's just call it what it is and move forward. So we're inclusive in our diversity/inclusion training sessions. We do them because it's what corporate would want us to do, but truly that's not in us. So if it's not in you, it's just not in you though, there is a prejudice that's there and so racism exists and we just need to acknowledge it.

(07:03):

Q: Right. We need to acknowledge it. And so when you said that the medical staff assumes a higher pain tolerance, is that because these patients are Black?

(07:11):

Askew: It is just truly based upon their physical appearance. I've had a mentor of mine (who) actually worked for a hospital in a different capacity, went in to have her child there at the hospital and was told, 'you're okay. Your pain's not that – it's not that bad.' How do you know what my pain is? You're not in my body, but 'you're okay, you guys can tolerate more.' She's an employee of this hospital. A colleague of hers tells her this, doesn't know clearly who she is at that point, but just to blatantly say, 'you all can tolerate more, you're okay. Your pain's not that bad.'

(07:51):

Q: And this is while she's in labor?

(07:53):

Askew: In labor, in labor. It happens and I myself haven't had any children as of yet, but I have heard the same story from some of my mentors, from clients, from other doulas' clients ... even I do have some relatives themselves that 40 years ago, same thing. And in California, Northern California walked in was told the same thing, like, 'you're okay, you can tolerate more' and was denied the epidural at that point in time when they were like... and then birthed a 10 pound child mind you <laugh> like, so yeah, it happens. It happens more regularly. I think now we're speaking out more about it because there's a need to speak up cuz it's not okay.

(08:47):

Q: Right. Has that ever happened to you where you witnessed somebody say, 'oh you're fine, you don't need that pain medicine' or something where you really had to advocate for that person giving birth saying actually 'no, they do need that?'

(09:00):

Askew: I haven't had, in the scenario where I was present, for that to happen, but I have seen the difference because I'm not solely only for Black families, obviously I relate and so that's part of the reason why I do this. But I'm about birthing. So I have had some non-Black clients and can tell you same hospital, same doctor, same staff, maybe not the same nurse, but (there was) a difference in the way my client was treated in the sense that the non-black client was talked to more like, 'here's what we're going to do, (given) the courtesy of 'this is why we're going to do this,' an explanation on why we're doing it when we're going to do this, we're going to give you some time versus coming in for my Black client and 'where are you at? Okay, we're going to just do this' and talked at. I witnessed it like the initial time it was like, 'did I really just witness this? Like I'm really sitting in the same hospital. I was here two weeks ago, a month ago, whatever the case may be with a different client. And the only thing that's different is the color of my client's skin. The racial background. Interesting.'

(10:13):

Q: Racism is an important factor for sure. And it seems like there are other factors I would imagine like lack of health insurance or underlying chronic conditions, medical conditions. Is that something that rings true?

(10:24):

Askew: Both of those are other factors that do play into it. It's not necessarily lack of, but it's the type of health insurance that you have or that the client may have. So if they are on Medi-Cal, which is great insurance. I would think medical providers would be more opt to take because it's a guaranteed payment. Right. <laugh>? I, personally, if I was there, would probably take more of a Medi-Cal clientele, but they do. It's more of a 'let's get you through here. Okay, got it.' Instead of a private insurance and then from my background in HR there, you know, obviously there's a difference between HMO plan and a PPO plan.

People do pay more for your PPO plans because you do get to select and go to out-of-network doctors. So you have that right to have a specialty doctor so they may be coming from somewhere else so that's more of an influence on their insurance. So I think that does play a major factor into who your medical insurance provider is. I can see that.

(11:42):

So it sounds like based on people's insurance, they're treated better if they have a PPO versus Medicaid, which in California is Medi-Cal.

(11:50):

Askew: Yes. And that may stem from the lack of the medical provider being educated that you can still be employed and do well for yourself and still have Medi-Cal versus you don't have to have the Blue Cross private PPO plan through your employer. Just because you have Medi-Cal doesn't necessarily mean you're not employed. It's a miseducation factor for the providers.

(12:19):

Thank you Stanis Askew. Join us next week when Stanis shares the tragic story of a woman who lost her life following childbirth after Stanis, her doula, was not allowed into the delivery room.

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