



Abundance, joy & dignity

Healing the Black birth experience

"Black women, people – *all people who can become pregnant* – should be able to have their babies and live, and their babies live, too." - Dr. Melissa Franklin

911. What's your emergency?

America's healthcare system is broken and people are dying.

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!** Why are Black individuals so vulnerable to maternal and infant mortality and what's being done about it? What will the closing of a maternity ward in South Los Angeles County – a trend happening around the country – mean for local residents there? To find out, we spoke to **Dr. Melissa Franklin**, the first Black director of Maternal Child and Adolescent Health for **LA County's Department of Public Health**. Dr. Franklin is a systems transformation leader with over 25 years of experience in organizational development, community engagement and communications strategy. This is the first in a two-part series with Dr. Melissa Franklin.

Welcome to Code WACK! Dr. Franklin.

Franklin: So glad to be here. Thank you for having me.

Q: Oh, we're so glad to have you. Dr. Franklin, tell us a little bit about yourself and what you do? You call yourself a healer of systems. What does that mean and which systems do you heal?

Franklin: Ooh, that's a great question. I call myself a healer of systems because I believe that's where the change and the abundance and the joy that we're hoping to see in our communities, where I believe that it needs to start. Up until recently, I think we all could really say that our systems were very much system-centered, very much about continuing to do what they do, not with a malintent necessarily, but really just continuing the habits that were developed when they were framed or formed. And we've all found that they're not necessarily family centric, or person centric and one thing I really do have to say about the advancements in public health and other public systems as well is that we're starting to shift our awareness, our thinking. We're becoming the resilient ones, right, and evolving ourselves and coming together on behalf of families that start in a way with the person at the center, but also acknowledges some of the challenges of the past and that our systems were built on inequities, on injustice, on harms that were done previously, and so that, as a system healer, I'm interested in supporting the very people that work within systems to feel proud and engaged and passionate about what they do, but also fix some of our challenges in terms of how we've shown up for communities and I think that's the key to healing communities is to start from the inside first. So that's, you know, why I call myself that.

I am director of Maternal Child and Adolescent Health for the L.A. County Department of Public Health. I sit in the Bureau of Health Promotion and a lot of work that we do and MCH is really being a village of support for families of pregnant women, pregnant folks, with the goal of abundance, wellbeing, joy, all the good things that we as human beings deserve and doing that from a lens of dignity, equity, and justice.

Q: I love that. It's not every day I get to interview somebody who talks about abundance and joy.

Franklin: That's what it should be right? Like, our human experience should be one that is filled with all the good things that we all should have access to, including wellbeing as how we define it, right. And human dignity is how we define it and experience it for ourselves, but definitely with each other. And I think we can all say that not everyone has had that opportunity and that is what we are in the business

of leading forth as systems. So I'm looking forward to that being something that comes into fruition in my lifetime. But I do think it requires some solidarity on behalf of systems to really see that as the outcome we want to achieve.

Q: Wonderful. One of the things you do is help coordinate L.A. County's efforts to reduce Black infant and maternal mortality rates. How did you become involved in this issue and what is your personal connection to it?

Franklin: How I became involved in the issue actually is by way of a personal connection. I am a Black woman who both my preemies were born three months premature, at 27 weeks, five days to the day, three years apart. You know, I had a traumatic birth experience. I almost died in the birth of my second child and that really was my launch into this work. I really thought it was something I had done or not done, despite at that time having an MBA, a stable relationship, a home, a career, prenatal appointments, healthy weight, healthy eating, and yet I had this outcome and it wasn't until I was sitting in a meeting actually at First 5 LA when I started being exposed to the disparity numbers that I was like, 'Oh my gosh, all these years, I carried that guilt,' and it just melted off and was like replaced with resolve to make a change. By way of, I guess, serendipity I had the opportunity to interview over 100 Black women with their experiences with the healthcare system, maternal care, and racism and what came up over and over and over were these very similar stories of how they were treated in life, in the provider setting experiences with pregnancy loss, infant loss, premature birth.

And, you know, my mind was just blown. Fast forward (I) was given an opportunity to help launch LA County's efforts to address the disparity. It was a partnership with First Five LA and L.A. County Department of Public Health as the lead. And it really was like an idea of a thing, and then it became a thing by way of not myself, but the community of engaged powerful Black women with a passion in this work who had been doing this work long before this initiative plus, an amazing colleague, Helen O'Connor at DPH. Ajwa Jones, it was the launch of Community Action Team simultaneously by the Department of Health Services and it was like this swirl of momentum and passion and intent to address the disparity.

And L.A. County at that time, infant mortality was at three times the rate of any other race and maternal mortality, four times the rate. And we started hearing stories of Beyonce and (Venus) Williams and, you know, women who perished in childbirth. It was all starting to come into the light, as well as research around the weathering of Black women and the impact of exposure of the stress of racism on our bodies and that really was like the crux of the start of what became kind of a

full-fledged movement you know, thanks to the systems working in collaboration with community.

Q: Wow, first of all, I'm so sorry, you went through that it must have been so traumatic to have nearly died while giving birth to your second child. And it sounds like such an eye opening experience to hear 'Whoa, it's not me. This is happening again and again to other Black women. So what's going on here? This must be systemic.'

Franklin: Right. Thank you for that. It was disappointing, I would have to say what's more heartbreaking is that it's still going on. I mean, that was 5 million years ago, well, 16 and 13 years ago, and it's still happening and I had an outcome where we all lived. Was it abundant and joyful? No, it was so far from what I had dreamt of. Right? But that keeps playing out in our communities and so that's what fuels our work to see that no more. It should not be. It's unjust and it's not necessarily due to anything that we are doing or not doing. The data has shown that to us. So I'm grateful for, you know, this work. The African American Infant and Maternal Mortality Initiative, it really has created or fostered an awareness that I never thought would happen within our county, a focus on justice that's quite unique and intentional in terms of, you know, focusing on Black folks and our birth outcomes.

Q: So Centinela Hospital Medical Center, the only hospital offering maternity service in Inglewood, California, closed its maternity ward on October 25. About 50% of Inglewood residents are Latino and 43% are Black. Where will local residents go now for this care?

Franklin: Ooh, that's a hard one to answer. I mean, it really depends on their insurance coverage, where they feel comfortable, where their primary care or their OB is delivering out of. There are a number of hospitals not in Inglewood, but in other neighboring communities. What I can tell you is that feedback from community members is that they feel concerned about accessing maternity care, that they feel in some ways abandoned by the healthcare system, right, and want to know what's next for them.

I Live in Inglewood and not far from Centinela So I hear, you know, the sentiments as a member of the community. I can share, you know, what we are doing in terms of our division is really being intentional about the types of supports that we can provide, which is like locking our arms with families through their pregnancy and infant years. So that includes, you know, of course the African American Infant Maternal Mortality Initiative. We have a Black doula program that's for families. We also have strong relationships with other doula organizations in our network. So

we're about connecting folks to getting access to care that centers them. Our nurse family partnership is a home visiting program that connects families with public health nurses. We have other evidence based home visiting programs, fatherhood groups, our Black infant health program is prenatal and postnatal program that brings pregnant folks together in a way that centers their culture, but also connects them to resources. And so I think of our programs as open doors. They're resource navigation, advocacy, of course, health supportive services, but really being someone to walk alongside you on your journey of pregnancy and childbirth and with the context that we're experiencing like with the closure of Centinela's maternity ward, that becomes even more important in terms of this collaborating with families during their journey.

Q: So Centinela Hospital is also where April Valentine, a 31 year old black woman died earlier this year after her pain was ignored by staff while she gave birth. State regulators find the hospital \$75,000 over their deficient practices that led to her death. Are these incidents common in L.A. County?

Franklin: Maternal mortality overall, is an infrequent occurrence, which is why we tend to report on it in running year averages. We won't know whether or not we can call it common until we see this year's data. I can share that whether it's one, two or 20, it's heartbreaking and concerning. You know, these are lives. These are families. It's not just the partner who's impacted. It's a baby growing up without their mom. It's a family without their loved one, right? Or it's a community without you know, a person that they may have cared about or interacted with, and globally as a Black person, it's just concerning to hear about, you know, such a death.

Now, I can't comment on the details of April's case, but I can share with you that, you know, our work is very much fueled by working to stop deaths. You know, Black women, people, all people who can become pregnant should be able to have their babies and live and their babies live too, right? If that's something that they decide to do, they should be able to do that, again, with joy and abundance, health and wellbeing and looking out to a great and beautiful future with their child and until that is achieved for all folks and for Black folks, for that not to be what we see most, we're going to continue doing what we're doing to show up for families and advocating for respectful, culturally respectful, humane care with dignity – and with I would add high expectations that survival is not the bar, that beyond that, you know, having a beautiful experience that you reflect on, and think back on as being what you had hoped for, as being the bar.

Thank you Dr. Melissa Franklin. Tune in next time when we dive deeper with Dr. Melissa Franklin about solutions regarding Black maternal mortality.

Do you have a personal story you'd like to share about our 'wack' healthcare system? Contact us through our website at heal-ca.org.

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