

*Make Me Care About...*

Make Me Care About...Maternal Mortality

Podcast episode three transcript

**Jen Hatmaker:** People shouldn't die during pregnancy. People shouldn't die during childbirth, but where you live and the access that you have to quality care often determines whether or not you live or die during childbirth.

I am Jen Hatmaker, and I'm willing to bet that you and I would agree that we don't need anyone to make us care about maternal mortality, but what is surprising is how large a problem it is, not just historically, but today. Almost 300,000 women die every year from childbirth and pregnancy, and the vast, vast majority of these deaths are preventable. We know why they happen, and we know how to keep them from happening, but in spite of that, maternal deaths have been increasing in the United States, and they remain unacceptably high in low and middle income countries around the world.

It is unacceptable that in 2023, we have a situation where here in the United States, Black women are two to three times more likely to die from pregnancy related causes. Two to three times. So there is an obvious crisis in the country where pregnant people do not have access to safe and affordable care, which leaves them unsupported during pregnancy and labor and postpartum.

Created in partnership with the Bill and Melinda Gates Foundation, this is Make Me Care About. I'm Jen Hatmaker. In the second half of today's episode, you'll hear from journalist, activist and mom, Elaine Lathrop about her own journey to find a birth provider. But first, let's hear from Dr. Eva Lathrop, an OB GYN, and the Global Medical Director for Population Services International. She's going to help us understand the scope and causes of the problem. Hi, Dr. Lathrop.

**Eva Lathrop:** Hi, Jen.

**Jen Hatmaker:** So what risks do pregnant women typically face?

**Eva Lathrop:** Well, I'll start off by saying that pregnancy can be a wonderful experience, but the fact is pregnancy causes enormous physiologic changes or changes in the body, and many of those can bring risks. So for example, people who have existing chronic medical conditions, those can often get worse or are exacerbated during pregnancy.

**Jen Hatmaker:** Definitely risks, but they don't have to become a death sentence. What populations are more at risk for any complications during pregnancy, obviously including potential death during birth in the US?

**Eva Lathrop:** Yeah, I think it's important to reemphasize that anyone could have potential risks, but certainly if we're thinking about who's at greatest risk, those are older women, so women who are pregnant and delivering over 40, women who have preexisting medical conditions, and Black and native women in the US are most at risk for complications and death during pregnancy.

**Jen Hatmaker:** So Dr. Lathrop, if we narrowed in, what factors could cause the death of a mother or a newborn during childbirth specifically?

**Eva Lathrop:** Most common causes of death of a mother during childbirth include hemorrhage or heavy, heavy bleeding. Complications related to blood pressure changes. So that's called pre-eclampsia or eclampsia. Infections that can occur during labor or in the postpartum period, those first few days after delivery. As far as newborns or neonatal death, the most common reasons that newborns die, one is due to prematurity or preterm birth. Another is due to breathing problems at delivery or birth asphyxia, so not having the help they need to breathe properly in those first moments after delivery. Infections can be a problem, and then birth defects as well. So I think this emphasizes the importance of accessibility to quality care, not just care, but high quality care for all mothers and newborns during that critical period.

**Jen Hatmaker:** So how does this set of circumstances compare to birth outcomes in other countries?

**Eva Lathrop:** The US has the highest number of maternal deaths among high income countries, and so there are several factors, probably. Some of those are about inadequate access to maternal care, really across that spectrum of their reproductive life and pregnancy. So that's antenatal care, prenatal care, interpartum care, which is the care during delivery, postpartum care, including that extended period beyond those critical 42 days.

**Jen Hatmaker:** So to that end, knowing that the majority of these risks can be prevented, how critical is early prenatal care in a healthy birth outcome? What does that look like?

**Eva Lathrop:** Prenatal care is critically important, but as a system, we need to make that more feasible for people so that they actually can get in early. It's something we very commonly hear from pregnant people that, "I tried to get in or I didn't have the right insurance, or there was a wait time or nobody answered the phone."

We don't have guaranteed health insurance coverage for pregnant people. There's inadequate access to postpartum care and breastfeeding support. We don't have consistent policies that support childbirth and parenting. So that's on the system to strengthen in order for us to really maximize what prenatal care can do in terms of influencing good outcomes.

**Jen Hatmaker:** Dr. Lathrop, you mentioned briefly earlier that Black women, indigenous women, particularly here in the US, are more at risk for death during childbirth than white women. Can you expand on that? Is it because the care they receive is substandard?

**Eva Lathrop:** Yeah, this is a great question. I think we've learned so much about number one, that this discrepancy exists and that there're inequities in maternal death in the US and we've learned about why. I think for many years, the response was there's something innate about race or it's about poverty, or it's about an increased risk for chronic medical conditions that are exacerbated during pregnancy.

But when all of those pieces are stripped away, what emerges is that the issue is not race, but Black women's exposure to racism. So chronic exposure to the stress of racism can have a great impact on pregnancy outcomes and neonatal outcomes, and so we have got to pay attention in our efforts to reduce maternal mortality in the United States to racism itself as a major factor.

**Jen Hatmaker:** Wow. So not race, but racism. That is a powerful statement. I'm going to be thinking about that long after you and I are done talking today. So you mentioned a couple of times using midwives as one really possible approach to reversing some of these upsetting trends. I don't know that a ton of us in the US deeply understand midwifery. So can you just say from a high level, what exactly does a midwife do and how are they different from an obstetrician?

**Eva Lathrop:** Around the world, midwives are maybe the more common provider during pregnant st birth than in the US, but the US is heavily weighted on the obstetricians in terms of numbers and the norm for who people seek care from during pregnancy. Midwives and obstetricians have a lot in common. I would say that midwives differ from OB GYNs in that they help manage a normal pregnancy, assist with childbirth, provide care during the postpartum period, and are real advocates for a holistic pregnancy experience. Whereas OB GYNs, we are trained to identify the high-risk pregnancies, identify when to intervene should anything abnormal arise, and to have the ability to manage childbirth surgically.

**Jen Hatmaker:** Midwifery is one incredible potential solution here. I'm also curious about what other forms of birth support exist for expectant mothers to help them advocate for themselves?

**Eva Lathrop:** People often will talk about feeling powerless or not listened to or lonely, and I think we've learned so much about what supportive care and labor can be. It can come in many forms. This could be a supportive midwife or a physician, a birth companion of someone's choice. So a spouse, a friend, a mother, a relative, a doula.

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So we haven't talked about doula yet today, but a doula is a professional labor assistant, someone who doesn't provide medical care but can provide support throughout pregnancy, childbirth in the postpartum period, and really be an advocate for people in labor.

**Jen Hatmaker:** Dr. Lathrop, thank you. I have learned so much about this whole system today.

**Eva Lathrop:** I would end by saying to people, I would see reasons to be hopeful. We've learned a tremendous amount about the impact of racism, disrespectful care quality over the last years, and this has been highlighted by the pandemic, but I see a real change is coming in the US and globally in this collective effort to double down and really decrease the risks of pregnancy and childbirth for everyone. So I would stay positive, stay interested, keep listening.

**Jen Hatmaker:** Thanks so much to Dr. Eva Lathrop, director at Population Services International for speaking with us today. I learned so much. But you know what? It's one thing to hear from a doctor, it's a whole other thing to hear from someone who went through this experience. So after the break, we'll speak to Elaine Welteroth, journalist, activist, and mom about her own complicated journey to find a birth provider and have a safe and healthy birth.

This is Make Me Care About. I'm Jen Hatmaker and we're talking about maternal mortality today. Now let's talk with journalist, activist and mom, Elaine Welteroth. Elaine, I am so happy to meet you. You're so fascinating. Your career is so powerful and exciting. You're blazing a trail here. You're plowing up ground, though that is eventually going to save lives, really. Not to put too, find a point on it, it will save lives. This is life and death stuff. You wrote a piece in Time Magazine in January about your personal experience looking for an OB GYN who would make you feel safe, who would make you feel supported, and you eventually found your way to a midwife. So that's the high level idea here. And we just heard Dr. Lathrop talk about how important it's to see a provider early, but can you talk a little bit about what your search personally for an OB GYN was like?

**Elaine Welteroth:** Sure. So I guess first I'll say finding an OB GYN and giving birth in a hospital was the only option that I would have thought within the realm of possibility for me. My mom gave birth in a hospital, most of my friends too. It's the norm in this country. So the first thing everyone tells you to do when you find out you're pregnant is find a doctor, find an OB GYN, and it seems like how hard that can that be? I live in Los Angeles, I have access to the best hospitals in the country. That's what I was told. I went out to start dating different doctors and I got doctors that were recommended to me. I found really high rated doctors, and I am telling you Jen, one after another, it was just like a nightmare after a nightmare, after a nightmare. I was like, "What's going on?"

My very first doctor that I sat down with, and this is, I'm talking six weeks, actually had a problem where I started bleeding and I thought I was losing the baby. I had to go to the ER and they confirmed that there was still a heartbeat, but I was having some irregular bleeding. So I got seen by an OB GYN earlier than you normally would. I was obviously in a very vulnerable state at that point. And I sat in this office that was covered in paperwork with a frazzled doctor who was so overworked that she didn't even look me in my face, let alone say, "How are you? How have you been dealing with this pregnancy?" She just fired off questions and typed them into her computer literally without looking at me. Hands me a basket full of bottles of medicine and says, "Here, take these."

We don't talk about what they are. We don't talk about what's in them. And then when I go to get my blood drawn, I was told I was getting one vial of blood taken. I looked down, there's six vials of blood. I kept cycling through doctors because I obviously walked out of that and said, "I don't feel safe here. I don't feel comfortable." So I thought maybe this was a fluke. This had to have been a fluke. Fast-forward eight different doctors later, and so I asked this doctor, "What is your rate of interventions?" She says to me, "Everybody needs something." And I just thought, this is not a doctor that's in line with my values.

**Jen Hatmaker:** No, obviously not. Or even respects you as a mother and as a human with agency over her own body and decisions to make about her own birth experience. One really bad in-office experience, you could probably be like, "Well, I got to have lemon here. This is just a bad egg." Eight, you're onto something. There's something broken.

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**Elaine Welteroth:** I wanted to be somewhere that treats everybody with respect and dignity, and for that reason, I started to explore outside of this hospital system. And I want to make it very clear before I go any further that I am not anti-doctor. I actually sympathize and empathize with doctors that work within this broken system because it doesn't advantage them either. If they came into the practice of medicine because they care about people and they want to help people, if they want to deliver babies, they want to be there for these moms. So it is the system that is broken and women and birthing people are being victimized, but so are doctors and nurses in a lot of cases.

And then you can see that there's this whole other movement that is ancient, that is the way women have been giving birth since the beginning of time, and that these midwives aren't caring, medically trained professionals who are not only just going to deliver your baby, but they're going to give you holistic care. I heard about the only Black-owned birthing center in all of Southern California, and immediately there was a night and day difference in our interaction, in how I felt in my body and her presence.

**Jen Hatmaker:** Tell me more. What was she doing? What was she saying that was creating such a different response in you?

**Elaine Welteroth:** Everything. So it started with, we had a phone call and we just got to know each other over the phone, and then she invited me over to meet in person. I show up at the birthing center, and she just answered all my questions about birthing and mothering, and she'd given birth five times to her own children and has caught over 1000 babies.

And so we talked about everything from reframing pain to intensity. We reframed push to open. We talked about not calling them contractions but waves. The way she completely reframed birthing to me and the language that she used, her intentionality about that, the way she asked me questions about what kind of birth I wanted, what felt sacred to me as I was going through the most vulnerable, humbling experience of my whole life. And Kimberly said, "Okay, you have a until about 35 weeks. At 35 weeks, that's your deadline. I'm going to need to know by that point, but until then, let's do concurrent care." I believe it's called. And then at the 36th week, I just looked at my husband and he said to me, "Elaine, everything that you want, everything that you've said you want out of your birth experience, all points to a home birth."

**Jen Hatmaker:** What was the care structure that gave you this sacred experience?

**Elaine Welteroth:** I think first what I have to say is the fact-finding, information gathering quest that I had gone on as a result of feeling dejected by the traditional medical system really put me on a path towards self-trust. And being able to listen to my intuition and honor my intuition by going another way and finding someone that made me feel good in my body, that made me feel good about the care I was receiving. Just that alone, that was the first and biggest step into motherhood I had taken. My water broke and I started feeling what I called cramps. I called my midwife and she's like, "So how are we looking? How are we doing?" I said, "Well, I'm good. I'm just having some cramps." She goes, "Girl, what you think contractions are?"

"Oh my God, I'm having contractions?" There was this really amazing moment at the onset of my labor where they came in, crawled on the floor into the shower, got wet to take my vitals while my eyes were closed, quietly exited the room, closed the door, and let me do my thing. I sat on the birthing stool. I must have pushed eight times. I got into a squat and I pushed my baby out the way women have been doing it since the beginning of time, and it was the most empowering moment of my whole entire life because I felt like I reclaimed my power over my body. I reclaimed the birth experience that I knew I wanted to have. And my baby arrived, and it was just the biggest exhale I've ever had. As beautiful as my labor was and my delivery, right after things got scary, unbeknownst to me, I started hemorrhaging after my baby came out, and I had no idea because these midwives and this doula took such care that they maintained that sense of peace.

So they did everything that they needed to do. I had two rounds of IVs. I had Pitocin, I had six large suppositories. I tore. I had to get five stitches. Everything they could possibly do outside of the hospital, they did.

**Jen Hatmaker:** All while keeping you calm, all while they're staying calm. It's just a completely different environment?

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**Elaine Welteroth:** Yeah. Completely different environment. Everything was calm. Midwives are not just for when things go totally smoothly without a hitch. They're medically trained professionals that know what to do in case of an emergency. The ideal way in which midwives work with doctors is that they both know their roles, and they know when to collaborate and how to collaborate in a way that best serves the birthing person and their child. And so I trusted not that my midwife was a genie in a bottle, like was a miracle worker.

What I trusted was that she was trained well enough to know how to do everything in her power to protect me and my baby. And if it ever came to a point that she needed to call in an ambulance or a doctor, she would do that and she would know exactly when to do that. I feel so forever indebted to these midwives that did everything in their practice and in their power. I feel that they saved me. When you look at the statistics of what happens when Black women at even the best hospitals, and I'm talking Black women, even with the best of education and resources and status, we are still dying at a higher rate than poor white women in the hospital system.

**Jen Hatmaker:** That's exactly right. I would love to hear you. I know you're activated here in this conversation, in solutions. Can you talk a little bit what you've learned and some of the solutions? What's the way forward that you feel hopeful about?

**Elaine Welteroth:** Well, the most important thing that I've learned is that 80% of those deaths are preventable.

**Jen Hatmaker:** That's right.

**Elaine Welteroth:** And that to me, it's so heartening. In this very grave landscape for Black mothers and mothers of color, or anybody who's preparing to give birth, this maternal mortality crisis is very real. But when you start to understand that these deaths are preventable, which means there are solutions, which means let's explore new pathways to making those solutions more accessible to more women, then you start to feel motivated. And we have to look at this system like what needs to shift? So we need to partner with lawmakers who have the power to actually change policy that will change the way women are giving birth in this country. That's number one. We also need to find ways to get to the insurance companies. And this is going to be probably the hardest part, but to figure out how we can change the incentives for these hospitals and these doctors and shift away from this model that incentivizes interventions, because we know that is putting women on this path to dying at higher rates in this country than in any other developed, I put that in air quotes, country.

I'm activated because I can see a pathway to changing this for the better. And I feel like as someone who has all the privileges and the advantages that a Black woman can have in this country, for me to have come this close to becoming a statistic, for me to have seen up close just how messed up our current system is, it could have only happened so that I could use all of that privilege to make this better.

**Jen Hatmaker:** Beautiful. And we're not without hope here. This is not inked in. This is not a foregone conclusion and there is a path of change. I just have one more question for you. What advice, Elaine, would you give to someone who is just beginning their pregnancy? They're just starting to imagine what their birth journey might look like. Of course, they're a little overwhelmed, they're thrilled, they're scared. Remember that space when, as you mentioned earlier, you thought there was one path. It was the one you'd seen, the one you know, the one that's incentivized and generally rewarded, and that's the narrative we've always received, but there's more. So what advice would you give to this fresh little pregnant mama who's just at the beginning of this?

**Elaine Welteroth:** So I would just say as you go on this journey, as you embark on this process, follow what feels good, follow what feels safe, and don't settle for less than that.

**Jen Hatmaker:** That is so beautiful. Thank you so much for sharing your story. This is so tender. It's just so tender, the beautiful parts, but also the parts that were full of like fear and sorrow. And so just for your willingness to put that story up here for us to listen to and learn from, just thank you. That vulnerability is not wasted.

As we heard today, moms die during pregnancy or childbirth is a crisis in the United States and definitely around the world, but it doesn't have to be this way. One of the most important ways to support women is by investing in

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their health, and we can prevent more maternal deaths if we focus on these three key things: one, making sure maternal care is affordable and accessible. Two, supporting health workers that care for moms and babies from doulas to midwives to obstetricians. And three, creating a culture where all pregnant women are listened to and treated with respect. We can do this.

Make Me Care About is produced by Jesse Baker and Eric Newsom of Magnificent Noise. Our production staff includes Sabrina Farhi, Hewete Gatana, Julia Nat and Kristen Mueller. Our executive producer is Eric Newsom, and I'm your host, Jen Hatmaker.