

The 4th Trimester Bodies Project, presented by ash luna on December 6, 2021

Unedited Transcript (begins at 12:07...)

12:07:51 community organizations all over the world, and waking up at all hours of the night to chat with media, who are a mix of curious and questioning applauding and criticizing this work that we knew it was so clearly needed.

12:08:07 Within a few months a dear friend and I set out on the road with nothing child and begin and touring, we'd set up in a city for a week to interview and photograph parents for days on end.

12:08:17 Sharing their stories online in real time as we went.

12:08:20 Initially we worked one on one with families, and in larger community group sessions. And then as Koba changed everything we pivoted once again to virtual sessions, before the organic and have all those years on the road became clear to the course of

12:08:34 of the project. I've had the unique opportunity to work with over 4000 families from eight different countries, while visiting more than 70 cities around the globe.

12:08:43 The majority of the photographs and stories are still live on the fourth trimester buddies project website today and will remain there, and definitely.

12:08:51 I've also had the opportunity to host countless community events, drawing awareness to perinatal and postpartum issues.

12:08:58 I've published a book and have another in the ether.

12:09:01 This work has been featured in sociology textbooks and museum installations of the human life cycle.

12:09:08 The community created as a result has worked with Facebook and Instagram to change the community guidelines and the ways that human bodies are censored, or stigmatized, but I truly believe that the greatest impact of this work is yet to come, which is

12:09:20 where you all come in.

12:09:26 Experiences insight and information shared in the stories, serve as a marker in time of what conception fertility pregnancy birth postpartum and parenting look like they shine light some some of the very intersections of where medicine society family

12:09:41 and community meet those reflections present us with examples of best cases, and systemic harm.

12:09:48 We see time and again how things develop emotional amongst marginalized communities to Tobias, and how simple shifts and these systems can radically impact outcomes and experiences.

12:09:59 So the course of the project I connected with a woman by the name of regional new house rituals a certified nurse midwife and postpartum health researcher.

12:10:07 Rachel and I joined forces a few years ago, to combine my art, and the wealth of data provided in over 2000 interviews I conducted with postpartum people with her scientific research skills.

12:10:19 The preliminary analysis and results include some striking themes that I'll share with you know,

12:10:32 it's important to first ensure that you're familiar with the lens with which we interpreted this data.

12:10:37 The first. What does the feminist. What does that mean, at its most basic, our definition of feminist is a person who believes in the social, political and economic equity of the sexes.

12:10:49 In addition to using a feminist lens we bolster the feminist perspective with intersectionality intersectionality is a term first coined by pioneering scholar and lawyer Kimberly Crenshaw to describe that they experienced the space by black women are

12:11:03 not generally included when race and sex discrimination are discussed separately for theory states that race and gender are not exclusive OR separable, and by neglecting the intersection of race and sex, or any other vulnerabilities, including pregnancy

12:11:18 parenthood clearness ability and socio economic status. We produce discrimination against the marginalization of those individuals, meaning mostly for our purposes but there's an additive effect with these layer, layer to vulnerabilities, similar to having

12:11:33 many risk factors for diseases like hypertension family history, smoking junk food diet, etc.

12:11:41 reproductive justice is when all people have the social, political, and economic power and resources to make healthy decisions about our gender bodies, sexuality, and families for ourselves in our communities.

12:11:54 This definition as outlined by Asian communities for Reproductive Justice sees that reproductive justice aims to transform power and equities and create long term system, systemic change.

12:12:06 Please hold these terms in mind as you consider the themes learned from the narratives of postpartum people that follow.

12:12:17 Why does it matter to add this data to the body of work around postpartum health.

12:12:24 The point of trying to make improvements in healthcare is to figure out what the current situation is where we are, where we need or want to be, what the gap is between what is and what should be.

12:12:34 And then we need to make a roadmap for how to get there.

12:12:42 Part of the problem that we have right now is we either don't know aren't listening to what exists in that gap for postpartum people.

12:12:45 We have the highest maternal mortality rate to developed countries, low breastfeeding rates, high infant mortality rates. And all of these statistics are worse for individuals with layered vulnerabilities and marginalization.

12:12:58 This is at least in part, because we have not let them voices of the populations most at risk be heard, were taken seriously.

12:13:06 In this slide you can see five words.

12:13:10 ownership partnership ambivalence sufficiency and synergy.

12:13:15 These are five of the main themes drawn from the interviews conducted by fourth trimester bodies project. A postpartum people from a variety of socio economic classes, various people of color, trans and gender non conforming individuals working parents.

12:13:29 Parents who have suffered losses, and people who have gone through postpartum mental health struggles and the center, I have a question mark. question mark is for us.

12:13:40 Who are we in the middle of all this, what is our role.

12:13:44 Think about that as I take you through the words, these parents used to describe their experiences.

12:13:52 Ownership consistent and nearly universally present theme and the interviews, was an experience of ownership and control ownership is a concept can be summarized as the whole right to control, use of one's person.

12:14:07 Individuals describe the importance of control of when they felt like they had control, and when they felt like control was taken away from them during their pregnancy birth was part of experiences and expressed the desire to have a stake in their pregnancy

12:14:20 pregnancy birth and breastfeeding experiences as well, their perceived level of agency influence their feelings of having ownership in these experiences.

12:14:36 The first surprise noticed by a researcher and health care provider, when evaluating my interviews, was the use of the word, taken the word taken was used whenever a birthing parent just described a baby not coming directly to them after the baby was

12:14:49 born.

12:14:51 born, while no one specifically expressed an issue with the baby being taken. There was never a different word he used the significance of a parent expressing with the child that conceived carried and birth for plus or minus 40 weeks, then being taken

12:15:06 by healthcare providers is striking important to

12:15:12 another word we found regularly used was told, birthing people use this term and describing feeling like they were being given orders during the birth and breastfeeding process, told us a word usually reserved for authority communicating with a submissive.

12:15:26 Well, there is no specific record of how healthcare providers communicated instructions on our end. It is clear that many participants felt that they were functioning and around outside of their control, and under another's authority, while giving birth

12:15:39 or attempting to initiate breastfeeding.

12:15:46 Additionally individuals expressed feeling a sense of ownership and control when they were made part of the process of figuring out and troubleshooting challenges, they encounter.

12:15:56 Adrian struggled with major depression and mood swings after her first two children were born.

12:16:18 But via collaborative care with their health care providers, she was able to figure out that she was dealing with the effects of bipolar disorder and needed both medication and pregnancy, to get through her third pregnancy and birth experience more positively.

12:16:16 Finding an answer I gave her sense of control and agency in parenting.

12:16:31 partnership Adrian's case.

12:16:35 And the words that she shared also provided evidence for the benefit of a close partnership with her health care provider, and her third experience of pregnancy and childbirth.

12:16:46 The participants overall had varied experiences with feelings of partnership, depending on their health situations, socioeconomic status family presence, relationship status, the health of those relationships, and the connection they maintained with their

12:17:00 health care providers in the business world, partnerships are frequently defined as purpose of strategic relationships between independent firms who share compatible goals.

12:17:12 Strive for mutual benefit.

12:17:14 Pardon me, and acknowledge a high level of mutual interdependence. And I honestly don't think that this definition is too far from what we should strive for when framing how health care providers can work in partnership with the clients they start again

12:17:29 fourth trimester bodies project person participants, nearly, and universally talked in depth about the importance of various forms of partnership partnership with skin health care providers, and even their children to their health and well being.

12:17:44 It was clear that layered factors, race, gender identification mental health status, disability, etc contributed to their feeling more or less like partners.

12:17:56 And so our healthcare providers partners, or do they act as an authoritarian way when caring for postpartum people.

12:18:04 Here's some of their experiences.

12:18:10 When discussing breastfeeding challenges, and the advice given to her from her healthcare providers. This is the parent laughed relating, they don't tell you how to do it it's just like, you'll figure it out.

12:18:21 and like, No, you actually will not figure it out. It's really hard.

12:18:29 Another form of partnership regularly described as important was that of the CO parent.

12:18:34 Emily described a partnership with her husband, where she had to have extensive hernia repairs, after she gave birth to her daughter as follows.

12:18:43 When they needed to attend to me, my husband knew enough to swoop in when the nurse was going to take my baby.

12:18:49 My husband said no, I'll do skin to skin with her.

12:18:52 It's been illustrative of this partnership, as we've adjusted to life with our new baby,

12:19:02 one more surprise or researcher found was the frequency with which parents discussed their babies as being partners to them to the postpartum and breastfeeding experience.

12:19:11 One participant stated, my baby are learning and adapting with each other. we're going through this as a team.

12:19:18 Parents considered their relationships with their babies to be symbiotic, and then Richard

12:19:25 ambivalence.

12:19:27 While the expressions of joy and beauty of becoming a parents were very present throughout the stories, individuals also expressed simultaneous and contradictory attitudes or feelings about their bodies experiences parenting and breastfeeding.

12:19:43 Participants frequently and understandably perhaps described the transformation of their body as being one way prior to conception. And another way after the birth of their child.

12:19:53 However, nearly every participant who discussed this transformation Express discomfort with the way their body had changed.

12:20:00 One participant stated, I don't love my body and I don't really love yc in the mirror physically, but when my baby looks at me, it kind of makes me feel like all that stuff pales in comparison to the actual that my body was able to create this child and

12:20:21 who's growing, because of the milk I'm producing beyond the physical transformation parents described the psychosocial transformation that transpired upon becoming a parent.

12:20:29 One person beautifully described it like this part of your soul goes into someone else you'll never be holding the way you were before.

12:20:48 Something splits within you, and you're tied to this being, for better or for worse, and everything in between.

12:20:46 sufficiency during this major transition parents describe their relationship to being sufficient or feeling what they weren't sufficient.

12:20:56 The definition of sufficient is enough to meet the needs of the situation or proposed and through a variety of mechanisms.

12:21:05 Participants struggled with feeling sufficient, like they had what they needed to care for their baby, and to be viewed as a competent parents themselves,

12:21:14 one parent status as of speaking to her baby. I don't know what to do. I just don't know how I'm going to take care of you, another participant after trying desperately to provide for baby breast milk, and not being able to do so to level of her own satisfaction

12:21:28 stated, I felt like I wasn't able to provide for my child. And that was really hard for me.

12:21:39 Many individuals felt specifically distressed by their struggles with rest or just shooting. Another mom stated, when you're one job as a mom is to make sure they live, and you're doing it, you're doing it and you're doing it, and you still feel like

12:21:51 a failure, and that's hard, because you can't give that responsibility to anyone else, because it's you like your body is supposed to do one thing. and when it doesn't.

12:22:06 Many parents who are able to take their babies home with them still struggle, feeling sufficient, those who lost their children felt this insufficiency compounded by not having the physical signs of being compared to their child, especially for those

12:22:19 who never lived outside of the room for never came home.

12:22:24 Maloney whose baby was stillborn at 40 weeks, which she had more stretch marks.

12:22:29 I don't feel like come on.

12:22:31 But I do at the same time, I was wanting to have the physical science of pregnancy. Because otherwise, no one would know I had been

12:22:44 synergy with the range of feelings, emotions and experiences participants had individually, they commonly discussed feeling like they're being a parent, and sharing their stories so this project was a way to use their experience to help the reader across

12:22:59 cause or researcher,

12:23:03 titled The section synergy as defined as the interactions two or more things that combined produce an effect greater than the sum of their separate.

12:23:15 Kimberly discussed how black women are often portrayed as poor or bad mothers, and that her participation was specifically an effort to shift the cultural cultural perception of black mothers.

12:23:27 She stated the woman's body is one of the most amazing engines ever.

12:23:31 The only way we're going to change stereotypical representations of black women, is if we see more representations of what it is like to be a mother.

12:23:44 Overwhelmingly, participants felt that sharing their stories was contributing to a cultural shift in the perception of postpartum bodies and experiences.

12:23:52 When asked what she was participating. Emily stated it really wasn't about her.

12:23:58 She said, it's less about me telling my story about being a part of this movement,

12:24:08 the framing of this work as a movement is exactly why this project continued on for nearly a decade, and why believes that it will continue to impact our society for years to come.

12:24:18 These stories have the potential to educate to direct. And so we have to decide, do we take from them, or do we help them do we tell them, or do we ask them, are we supporting their knowledge and helping them close their knowledge gaps.

12:24:33 Is it just about birthing live healthy babies. Is it just about attaching a baby to a nipple and providing adequate nutrition.

12:24:41 Ask yourself these questions as a medical providers student, as a parent yourself an observer.

12:24:48 This remember initial framework, remember to ask yourself these questions as a feminist. Ask yourself these questions with an intersection or lens.

12:24:56 Ask yourself these questions to the frame of seeking reproductive justice for the parents were interested to care for.

12:25:02 And so, what is our role.

12:25:12 After immersing herself and countless hours of the words of the parents interviewed for fourth trimester bodies project, it became clear to our researcher, that parents want and need us to be facilitators.

12:25:23 We don't need to tell them, they have to breastfeed. We need to access their needs and facilitate them being able to feed their children, and the healthiest way possible, wherever they live or work, whatever cultural identity and history they have, and

12:25:37 whatever other health issues, maybe happening.

12:25:40 We need to facilitate their ability to take the time off thing, get the mental health, health status or get the food they require get the level of support from their loved ones that will make them feel secure.

12:25:52 We need to facilitate mothers and working people connecting with their newborn babies with social programs policy reform, better health care protocols and a cultural shift toward support, and away from Shame, and perhaps most importantly, we must keep

12:26:11 listening.

12:26:12 In addition to the history of fourth trimester bodies project, and this preliminary collaborative analysis. I reached out to fourth trimester bodies projects is existing community and response to this opportunity to ask if anyone had anything new, they

12:26:26 specifically like to share with this audience.

12:26:28 Nearly 100 individuals quickly responded, and I've selected the handful of representative statements to share.

12:26:37 The most common response.

12:26:40 Pardon me, the most common responses echo here submitted submitted anonymously.

12:26:46 Please listen to us. Please believe us. We know our bodies better than you, I promise.

12:26:58 Barbie ratio is the non binary career mom to, who was surgically sterilized against her will, by her ob during per second delivery due to his mental health concerns.

12:27:09 She adds that postpartum depression can be exacerbated by poor bedside when my doctor verbally blamed me for failing to prevent preeclampsia and yells at me.

12:27:19 The morning after my emergency cesarean section.

12:27:22 Another responder and mother of three followed similar thoughts, adding, please know that trauma is real.

12:27:28 Even if you don't think something should be.

12:27:35 Valerie t apparent responded larger bodies are not bad unhealthy or necessarily at increased risk of bad outcomes. Please do work on your weight bias, as well as inherent racism classism sexism, to ensure you're providing care to all.

12:27:51 And as equitable as possible.

12:27:54 The statement was echoed by social worker Rachel s who stated. One thing I'd like healthcare professionals to know and take note is that my which should not be the first thing doctors look at when I press other issues.

12:28:05 I am more than a number on a scale, and my pain and my concerns and my medical issues are not all directly related to that number.

12:28:13 Please treat me as an individual, not just a fat woman.

12:28:22 public for therapy and the lack of adequate follow up postpartum care was another very common theme.

12:28:28 Elizabeth. Elizabeth Clark is a project participant became a widow during her second pregnancy.

12:28:33 She added all birthing people need and deserve equitable support was part of, even those who have birth previously may have new postpartum needs.

12:28:51 Consent consent consent, a mother of two who wish to remain anonymous responded, when talking to a patient, don't just do things, or say, Now I'm going to.

12:28:59 Instead, please ask the questions. Is it okay if I being touched and told what is happening without consent feels abusive to me, and many others.

12:29:12 The voices of disabled parents and disabled children.

12:29:17 Most often feel unheard Charlotte clad, the birth of my fourth child was explicitly beautiful until the moment we realized she had spinal bifida, and every medical professional space true grave and brand, and it's proving.

12:29:31 I gave birth to a baby, not a diagnosis, but you wouldn't have known it, and months later, doing no small part to the trauma of her early days of life in the hospital.

12:29:40 I'm still struggling to bond with a baby who feels more like a diagnosis for my daughter.

12:29:45 Please find more empathetic, and less dramatic ways of handling the worth of children with disabilities or congenital anomalies.

12:29:58 and loss, Sarah Vera sums up with many parents.

12:30:02 Lost parents aren't just lost parents when their children die.

12:30:06 The lifelong Greece they experience isn't lesson isn't lesson by Rainbow babies, it just changes. And those children are more than the footnote in our medical records, they were real people who are logged in our mind taking a moment to ask about them,

12:30:21 their name, their birthday, makes all the difference is

12:30:29 one of my favorite things about fourth trimester bodies project from its intention to the growth of its community, and ultimately the creation of the space as a movement has been the simple clarity, and the fact we are all connected.

12:30:42 And we are all unique as much as we can pull themes from this collection of stories and experiences, it's much more critical that we remind ourselves that each story, and experience stands alone as a marker and time, full of impact and the core memories

12:30:58 for the individuals involved to that event, closing with the words of strangle a queer trans non binary disabled for in person of color, feels like a gifted reminder to us all.

12:31:11 If, as a provider, seeing patients or assisting births feels like the same thing, day after day, you're doing it.

12:31:18 Everyone's story is so unique and sacred every interaction is an honor. Every person deserves respect and dignity.

12:31:32 Thank you all so much for your time and attention today, I'm going to see if I can figure out how to stop sharing my screen, and I'd love to open up anytime that we have left for a moderated q&a.

12:31:49 Thank you so much for that wonderful presentation, and once again thank you everyone for attending and logging on today. We invite you to ask your questions in the chat.

12:32:01 And we had also asked, as people were RSVP for this presentation to ask some questions in advance so I'm going to start with a few of those.

12:32:10 So one person asked.

12:32:12 I noticed that the flyer says postpartum people could you speak more on the experience of gender fluid non binary people in pregnancy.

12:32:24 Absolutely. So I think first off the inclusive language is important.

12:32:28 Women aren't the only people who give birth, trans men, non binary people experienced pregnancy birth reproductive health issues as well so I think, ensuring that our language as an umbrella is inclusive, but then also our practices are inclusive as well

12:32:48 we can't just shift language without ensuring that the care that we provide also encompasses those needs.

12:32:54 I can only speak to my personal experiences beyond that I'm, you know, queer trans non binary people are not a monolith but I have given birth three separate times in my life.

12:33:05 The first one I was more comfortable being quoted as a woman, and the last very much out as a trans person.

12:33:13 And the the language used the intentions made the generalized statements of my care providers, you know very much influenced not only the experiences that I have, but the environments that I chose, because I knew that I needed to be a little more protective

12:33:28 of myself in that later birth, then you know I did when I was presenting as the kind of person that we anticipate, you know, giving birth so thanks slowly making those shifts holding ourselves accountable, again, listening to the voices and experiences

12:33:44 of trans and gender non conforming people about what they want what they need, what is missing is most important.

12:33:53 Absolutely. And I have another question that I think would be a good follow up to that one from one of our students here, CUMT, who is an aspiring ob gyn, and they asked, What resources do you suggest to help educate me and peers on caring for trans people

12:34:18 within that vulnerable space, and what is one thing that you wish you could have said to your physician.

12:34:19 Yeah, that's a really quick, great question and I think I would start by saying again, you know listen to the voices of queer and trans people.

12:34:27 You know sometimes in our clinical spaces and academic spaces. We kind of diminish the voices of people on social media, but I would honestly quite you there, start following, you know, trans gender non conforming queer activists queer birth workers people

12:34:42 who are already doing the birth, that doing the work you know in that birthing space that you wish to emulate as far as passivity goes, and and listen.

12:34:52 Definitely, you know, be willing to hear and receive that feedback more than you are, you know, trying to make statements or take up space.

12:35:07 So related to the topic of postpartum depression.

12:35:12 One of our RSVP participants says postpartum can be different after the delivery of each child. And is there anything that can be done in advance of the delivery to help avoid the more severe aspects of postpartum depression that you're aware of from

12:35:28 networking with people throughout this project.

12:35:31 Yeah, absolutely. I think, again, you know, ask the person what was helpful for the first time, is that medication that is accessible to them, you know where they are in pregnancy or postpartum.

12:35:43 What else was helpful, you know, was it support was it having a network what things can you do to front load that person's experience.

12:35:51 And I think perhaps most importantly is don't discredit systemic issues that kind of combine to impact somebody's postpartum experience so often we just assume that everybody you know has equal access equal footing financially.

12:36:18 and so often, you know when we see disparities there we see the outcomes as far as a birthing person's mental health. Be more variable to subtle changes and know that things are fluid right every every experience is unique and sometimes having a difficult

12:36:30 postpartum depression, with one pregnancy doesn't indicate that you 100% will, but again front loading being prepared to add on layers of support can be really helpful in protective.

12:36:44 Can I see we just got a new chat question who taught from someone who is on today from Whitney and she's asking, what are some immediate changes that you believe could easily be implemented in clinical care.

12:36:58 Whitney that's such a good question. Thank you. Thank you.

12:37:03 Gosh, some, some easy changes I think language I think language is something that we can change right now we don't need any funding we don't need any resources, you know, we just need to decide that we are going to make the change.

12:37:17 That said, it requires practice so do that work on your own time and your own spaces.

12:37:23 And while I think that is an easy free shift to make you know that anybody can change today. Again, you know, make sure that you're backing it up with the care that you're providing instead of just slapping another word on it.

12:37:40 So I love how your presentation has been so focused around language with the definitions of terms that came up in in conversation with this research, and we just got another new question in the chat from.

12:37:54 Sorry, I'm not saying this right now, Miss. Miss Kayla Kayla did transgender non binary participants speak at all to hell their physicians perception of gender affected their birthing experience.

12:38:09 Yeah, absolutely. I think pretty universally our participants at least that were out as transgender non conforming through the scope of their pregnancy.

12:38:18 All discuss to the ways that their care positively or negatively impacted. So I would urge you to go on my website and you can put in keywords so you know trans, non binary you know birth and you can read some more individual stories to hear their words,

12:38:35 but absolutely you know providers that were inclusive and in their language and in their practice led to individuals having better experiences, you know, a trans masculine person giving birth and being called a woman, obviously, is going to impact that

12:38:51 experience negatively. And for many of us choices to birth outside of the regular medical model. You know my, my last baby was very intentionally born at home, with the support of an educated inclusive team of providers, specifically because I did not

12:39:07 want to have the layer of dealing with gender and pronouns and the words that people were putting on me in that setting, after already having traumatic birth experiences for very different reasons.

12:39:23 So we have another question is kind of related to the more traumatic aspects of that experience.

12:39:33 So, and there's that one of the themes that came up in your talk is about that disconnect between the emotional and human aspects of this experience and then the clinical and medical aspects.

12:39:46 And one of the questions that we had in advance, is, is there a better way to prepare women for the emotional trauma of C section planned or not.

12:40:00 Yeah.

12:39:58 That's a really great, great question and I think it's tricky for me to give a succinct answer because it is so variable right.

12:40:05 And some people have emergency Syrians and have no emotional hang ups and for other folks that can go entirely the different way. I think normalizing Syrian birth as birth.

12:40:18 D stigmatizing it can go a long way. I think also working with folks to understand that birth as a physiological process can be very unpredictable and very often, you know, our best laid plans don't materialize and that is no reflection on us or our value.

12:40:37 As a parent, as a person. I think also holding space as medical providers for the experience that your patient that your clients actually had is important.

12:40:47 You know, very often, medical providers and sometimes rightly so are very focused on on their intervention, and they don't have the capacity or the space to really hear the emotions.

12:41:00 You know that that decision, or that procedure.

12:41:03 You know left their patient with, and sometimes having that conversation.

12:41:07 You know in a, in a follow up visit can be really healing just feeling heard you know I had an emergency cesarean birth. That's not what I wanted.

12:41:18 I'm feeling really sad about that, you know, really just having the space to say those words instead of feeling like there's a disparity. And what happened can be really healing.

12:41:30 Thank you. We also have a new question and comment from a provider in the audience. He says having delivered countless babies over 30 years, and also a pathologist placentas.

12:41:44 I simply add that is a diary of gestation when outcome is not good, the placenta often overlooked will examine can provide helpful info to parents and providers.

12:41:56 So Stephen thank you for that comment.

12:41:59 And then from Alicia. She says, thank you so much for that wonderful and informative presentation. I hope is that in addition to many of these negative comments and themes you encountered that were positive comments as well.

12:42:12 There were positive comments as well. And what were some of those positive themes encountered as a health care provider who, who often also has to quote unquote take babies away.

12:42:24 I want to know how I am my colleagues can be better.

12:42:25 Recognizing that each situation is unique.

12:42:28 Yeah, I'd like to address both of those that that's okay to piggyback Stephen absolutely central pathology and learning more about what the placenta is does and what's going on with it can be hugely helpful.

12:42:42 I would also ask you to be mindful of your language and countless babies that you have delivered because I'm pretty sure that it was the, the birthing person who delivered those babies and you got to help facilitate to that second question, I again think

12:42:57 these conversations you know having the space to talk about how things are going can be can be really helpful.

12:43:05 And as far as positive discourse. Absolutely. You know I sometimes we tend to hear the stories that are the hardest to talk through and see the statistics that represent you know the the cases that we need to do better on instead of the times when things

12:43:20 go right and everything is sunshine and rainbows and and has a happy ending. There are hundreds of those stories in our archives. If you'd like to, to read through them, and the support for the project over the years has been beautiful as well, you know

12:43:37 I wouldn't have continued along with it for for 10 years and still be very invested involved in this community. If it hadn't I think we all would have have burned out long before that.

12:43:48 But knowing that there are folks who, who need the positive stories, you know, and who are kind of clapping along to see the awareness that's raised by, you know these experiences and stories, you know, being brought to light is really really valuable.

12:44:07 Absolutely and for everyone who's in attendance today everyone who RSVP we will we will be sending out the link to that website so you can explore some of these additional stories.

12:44:16 So we have another comment from Ching, thanks for your talk, how might your initiatives be linked with promoting safe motherhood and preventing maternal death in, in federal programs.

12:44:28 For example, the CDC has launched here her a national campaign that brings attention to pregnancy related deaths and provides education and encouragement to pregnant and postpartum women and then, the link is there in the chat so thank you for that comment

12:44:42 and question.

12:44:44 Thank you so much and I am aware of that initiative and it's amazingly valuable, so important, and I think it's also slightly problematic and I don't say that to discredit the initiative because I think it is, is all the things but I think it's another

12:44:59 example of us, addressing this as being an issue with the education of birthing people, of being an issue with with mothers and the way that that pregnant people, you know, care about their bodies through conception pregnancy birth postpartum when in

12:45:16 reality when we really start to look at the instances of maternal deaths.

12:45:23 Very often we can directly link those to systemic issues and Tobias within the medical system, and issues that predate somebody's pregnancy experience.

12:45:34 And so I think that we also have to address these issues.

12:45:42 And the benefit of getting better outcomes for humans within the medical model, as well, and start to examine you know what some of those issues are instead of just passing the problem on to the people.

12:45:54 So you had mentioned earlier that your,

12:45:59 your most recent birth was at home, and that you very intentionally made that decision.

12:46:04 So you have a question that's kind of related to that.

12:46:07 If there were different types of providers with the participants that you interact with with this art project where, was there any prevailing themes with certain conditions are providers that participants felt more comfortable with the others.

12:46:23 You know, for example home birth having to do, or a more clinical ob gyn experience, and also work with lactation professionals and how that impacted them.

12:46:34 and if so, what was the reason for increasing comfort and care of pregnant people.

12:46:38 Yeah, absolutely. That's a great question. So as far as the type of provider I think that is so variable, you know there are people who, who needed and wanted a more medicalized birth, and that was great for them and people who needed and wanted a less

12:46:52 medicalized birth and that was great for them so as far as you know midwives home births hospital. I think that was very, you know, individual to the experience.

12:47:01 And you know some people sought out home births and it went horribly and vice versa so there's a lot of nuance there, and then leaving the unit us of course you know the the differences and setting and providers, was was really expensive as well.

12:47:17 doula universally, beloved, and helpful in advocating in ensuring that a person's desires, were aligned with their outcomes and I don't think that is because doula magically get things done, although sometimes they do but I think it speaks to the education

12:47:34 and the advocacy and the buffer of, you know, a laboring birthing person, not always being in a space where they can respond to questions and decisions that need to be made in real time.

12:47:45 lactation Professor professionals as well as I read and one of those quotes there so often, we're given a baby and told to feed it with our bodies, and even if you've read all the books and taking classes leading up to that point, until you do it you

12:48:00 don't know what you're doing.

12:48:04 And the same time I think access to lactation support is still a very privileged area.

12:48:11 It is very hard very expensive for folks to get the support that they need in those first few days, especially when they, they really do need it so I think what lactation support, you know in in alignment with doulas.

12:48:25 We always found folks have beautiful outcomes when they were able to access that but there is often a barrier and access itself.

12:48:36 So lately.

12:48:37 So this next question, I think, is explored more how you felt as an artist and your own personal growth with this project. So working with so many intersection Lee diverse people as your subjects.

12:48:55 How did you and your team mitigate any of your own internal his biases that you might have had and was there anything that you learned that kind of surprised you as you began and progressing this product.

12:49:12 Yeah, that's a great question. Um, I think, in creativity and representation has always been important to my art and not predates, you know as a photographer, particularly that predates this project but the ways in which this project grew organically

12:49:28 created some issues along the way with representation right because I can't photograph a body unless it's in front of me but when it's spreading by word of mouth and from community to community that representation that was important for me to show didn't

12:49:43 always just arrived, you know so that involved outreach and ensuring that that was done, you know in a competent way, and and not a harmful or exploitive way, which I think just requires nuance and having honest conversations for us that worked best in

12:50:02 connecting with community organizations and folks you know who were doing work in communities that we needed to increase representation from but had alignment missions.

12:50:15 And I think that always went fairly well as you're asking me that question, a circumstance actually with the child came to mind.

12:50:21 Regarding race that I is a story that I like to share because I think it's important and not something that we think about but I'm a white person.

12:50:30 And when working with people of color particularly black people. I think that is an experience that we need to hold between us and the power and the privilege that goes with that dynamic.

12:50:41 Very early on in the project that I was working with the family, and two young brown mixed race children.

12:50:48 And the kids had a great time as they often do. And they were sitting with me as we were finalizing their photos and the very last thing that I do with photos for the product is just convert them from color to black and white.

12:51:00 And that is a preset I have in Photoshop so literally click of a button it happens.

12:51:06 And this kid got mad, and she got so righteously mad at me because I erased her color.

12:51:12 And that was a huge learning experience I never would have thought me, turning a photo from color to black and white would have literally and metaphorically you know were raised this kids experience of the racial identity.

12:51:27 But that was a huge learning experience for me and listening, you know, receiving their anger and listening to all the things that was connected to feeling really grateful that they allow themselves to feel those feelings at me and then allowed me to

12:51:42 to grow and kind of, you know, have the space of nuance when working in particularly with with black and brown people in the editing process, you know, we're in black and white.

12:51:52 Now, does this represent your skin tone accurately. What can we do here to make sure that this photo is a reflection of you.

12:52:00 And I think that leads me to being really protective of this work because these photos aren't just you know shots that I've taken in a studio that people have paid me for that you know are my idea of journalism, they really are people's bodies their stories,

12:52:16 their experiences and there's a lot of vulnerability in that.

12:52:22 Absolutely, thank you so much for sharing that story.

12:52:25 This next question comes from one of the participants in the project. Who says you have always been such an incredible advocate for representation in birthing and postpartum spaces.

12:52:37 And they would like to ask Did you initially have that as part of the scope of the project or did it blossom from the postpartum postpartum bodies project and grew from there.

12:52:49 Yeah, I think it's I think it's a yes and no. You know when I, when I look back and examine my reasons for starting the project. Absolutely right it was that I felt lost and alone and shamed and stigmatized and there wasn't a space for me.

12:53:07 Yet, consciously I think I wanted to create art right I want to I want to make a statement through artwork. And so there was less of that embedded in it, until we really got going and then I think those two parts of my brain and my own experience and

12:53:21 intention aligned in a way that was much more forthright and now that's what it is now it's you know the art of it is important but I feel like that's taken a backseat to the other, other part of the mission.

12:53:38 Absolutely. That makes a lot of sense.

12:53:41 It's interesting how projects kind of grow, based on inspiration and then they, they kind of the partners for some of their own.

12:53:49 So that, that is really interesting.

12:53:53 So we have another question.

12:53:59 Someone is, I guess kind of related to that, um, can you give an example of how this project has been empowering in creating this community how's it been empowering to people who may be afraid of or intimidated by by the all the different dimensions of

12:54:12 pregnancy.

12:54:13 Yeah.

12:54:15 I think it provides examples identification options you know so often, thinking if you're reading like a pregnancy guide you know what to expect are going through an app and seeing the stages.

12:54:29 You know, it's so finite it's so you know one one size fits all. And then we get into it and know that there's a million ways that that things can go.

12:54:40 And so I think that reflection and identification and possibility has been one of the most empowering parts of the project, and giving people a voice on its own.

12:54:50 You know, is perhaps the most empowering thing in the world shattering those stigmas the areas that you know, we used to be really silent about surrounding pregnancy birth postpartum.

12:55:01 But I think for me, one of one of the most magical things is working with somebody hearing their story sharing their photo. And then, particularly in the early days when things were going online in real time to check back you know a few hours later when

12:55:14 I got a chance to take a break and see that this person's story had all these comments and likes of people saying, Oh my gosh, that's my body look just like me or the same thing happened, that's my story.

12:55:25 Just think that resonance within communities of people in those threads of connectivity is really powerful.

12:55:36 Yeah, so related to that and feelings, feelings of empowerment and creating that identity and community.

12:55:45 Could you say a little bit more about relationships in general and how, How to capitalize on that transition to parenthood as new opportunities to foster safe, stable and nurturing relationships.

12:56:00 Yeah. You know, I think it's no secret that on our society, we are disconnected from community in ways that previous generations and, and most certainly other cultures, or not.

12:56:14 And so I think intentionally fostering connected relationships and community.

12:56:20 Throughout this phase of life is essential. We've seen that in the outcome and the threads pulled from stories, you know, within my project I'm sure as medical providers don't see that time and again, and I think we do that by being honest by being intentional.

12:56:36 You know, part of it is on individuals to grow their communities, as they are, you know, getting ready for this phase of life and becoming parents. It is impossible to do alone.

12:56:47 But I think that those connections can also happen in community spaces and medical spaces, you know, having process groups and drop in support groups, you know, connecting pregnant people into cohorts based on their gestational age.

12:57:01 All of that can provide relationships that wouldn't have formed otherwise and can be really impactful and somebody who's experienced.

12:57:11 Well thank you so much for joining us today. I think we are just about at time.

12:57:16 But we will share the additional questions and comments that we didn't get to from the chat we will share those with you.

12:57:23 Absolutely, thank you so much for joining us today and everyone who logged on and attended.

12:57:29 Thank you so much for this inspirational discussion and sharing your artwork and providing these perspectives that we don't really see a lot on health sciences campuses.

12:57:40 So thank you so much.

12:57:42 Thank you everyone for coming and have a great afternoon.

12:57:46 Thank you.