



SAFE LABOR INITIATIVE



TALIA JOHNSON

MARCH 27, 1984 - AUGUST 6, 2019

Talia Johnson was a woman of many abilities- but primary among those was the ability to bring light into any darkness. She was smart, funny, charismatic, empathetic... and one of my best friends.

I actually hadn't known her for as long as many of my other friends, but once we met- she was instantly a friend I could never see myself without again. We were sisters for life. "The Branded Sisters" as our matching tattoos stated. So as with any sisters, the news of Talias pregnancy brought such joy, anticipation, and excitement to our group of friends. She was already the best auntie, and would have been an absolutely phenomenal mother if given the chance.

The call I received was almost surreal. I heard my friend tell me Talia passed but I could not process those two words "Talia" & "Passed" together in the same sentence. And even though I knew she was in labor the day before, I just couldn't wrap my mind around her dying at all- yet alone from having a baby! We were in our early 30's? How? Why?... We all had questions. Long story short- she bled out. IN THE HOSPITAL. Not on the operating table while doctors did all they could just in her bed. Shortly after giving birth.

I was not there, so I can't say with all certainty that anything could have been done. Sometimes bad things happen to good people. But I can say, based on the details I was given and the information collected when researching this topic- I believe with all my heart that if Talia was not a woman of color, she would have left the hospital with her son that day.

So many times we see things happen to us and our loved ones and feel helpless. But in honor of Talia Johnson, the Safe Labor Initiative (a.k.a Talias Heart) is my best effort to try. Try to make a change, try to make an impact, and try to protect other baby boys from never know the magic of their mothers.

Love you 'Lia

~Kena



A young child with a headband featuring a large fabric flower is sitting on a light-colored surface, playing with a wooden stacking toy. The child is looking down at the toy with a focused expression. The background is softly blurred, showing what appears to be a wooden toy structure. The overall image has a light, airy feel with a soft color palette.

INTRODUCTION



THE SAFE LABOR INITIATIVE WAS CREATED TO HELP TACKLE THE CONCERNING NUMBERS OF MATERNAL MORBIDITY, SPECIFICALLY FOR WOMEN OF COLOR.

THE INITIATIVE IS DESIGNED TO:

- EDUCATE WOC ON MATERNAL HEALTH ISSUES INCLUDING NUTRITION, GENETIC PREDISPOSITION, TRENDS AND RISKS IN HOPES OF PREVENTING COMMON ISSUES DURING PREGNANCY
- PROVIDE AN ADVOCATE WHEN MOTHERS CAN'T OR DON'T KNOW TO ADVOCATE FOR THEMSELVES THRU BIRTHING BUDDY WORKSHOPS AND DOULA SERVICES.
- IDENTIFY RACIALLY MOTIVATED DISPARITIES AND TEACH METHODS OF COMBATTING THEM.
- PROVIDE ACKNOWLEDGEMENT AND SUPPORT FOR CHILDREN WHO HAVE LOST THEIR MOTHERS IN CHILDBIRTH.

THE BIRTH OF A CHILD SHOULD BE A JOYOUS AND FULFILLING EXPERIENCE BUT FOR MANY WOMEN OF COLOR, IT IS OFTEN OVERSHADOWED BY THE HARSH REALITY OF MATERNAL MORBIDITY.

DESPITE THE ADVANCEMENTS IN MODERN MEDICINE, THE UNITED STATES IS THE ONLY DEVELOPED COUNTRY WHERE THE MATERNAL MORTALITY RATE HAS RISEN IN RECENT YEARS.

STATISTICS SHOW THAT WOMEN OF COLOR ARE PARTICULARLY VULNERABLE AND ARE DYING AT SIGNIFICANTLY HIGHER RATES COMPARED TO THEIR CAUCASIAN COUNTERPARTS. THE TALIA HEART (AKA SAFE LABOR INITIATIVE) AIMS TO EXPLORE THE ROOT CAUSES OF THIS INEQUALITY AND PROVIDE INSIGHT INTO WHAT CAN BE DONE TO ADDRESS THIS CRITICAL ISSUE.





01

UNDERSTANDING THE NUMBERS



THE STATISTICS ARE STAGGERING. ACCORDING TO RECENT DATA, BLACK WOMEN ARE THREE TO FOUR TIMES MORE LIKELY TO DIE FROM PREGNANCY COMPLICATIONS THAN WHITE WOMEN.

THE SITUATION IS NO BETTER FOR NATIVE AMERICAN, ALASKAN NATIVE, AND LATINA WOMEN WHO ALSO FACE A SIGNIFICANTLY HIGHER RISK OF MATERNAL MORBIDITY. THE MOST COMMON CAUSES OF MATERNAL MORTALITY INCLUDE SEVERE BLOOD LOSS, INFECTION, AND HIGH BLOOD PRESSURE.



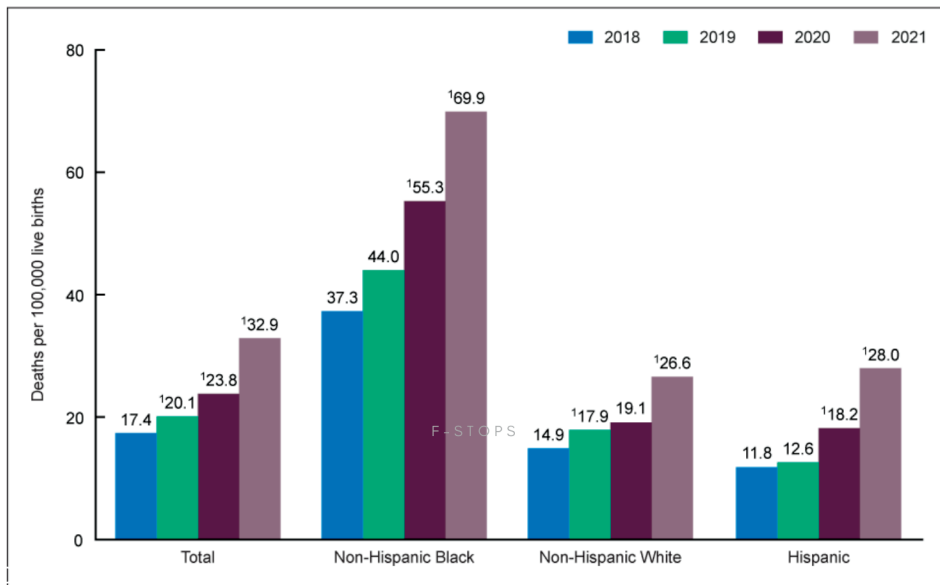
ACCORDING TO THE CDC:

"SEVERE MATERNAL MORBIDITY (SMM) IS AN UNEXPECTED OUTCOME OF LABOR AND DELIVERY THAT RESULTS IN SHORT-TERM OR LONG-TERM ADVERSE HEALTH OUTCOMES. SMM AFFECTS APPROXIMATELY 50,000 WOMEN ANNUALLY WITH A STEADILY INCREASING RATE IN RECENT YEARS"

"BLACK WOMEN ARE 3 TO 4 TIMES MORE LIKELY TO DIE FROM PREGNANCY-RELATED CAUSES COMPARED TO NON-HISPANIC WHITE WOMEN"

"IN 2021, THE MATERNAL MORTALITY RATE FOR NON-HISPANIC BLACK (SUBSEQUENTLY, BLACK) WOMEN WAS 69.9 DEATHS PER 100,000 LIVE BIRTHS, 2.6 TIMES THE RATE FOR NON-HISPANIC WHITE (SUBSEQUENTLY, WHITE) WOMEN (26.6) (FIGURE 1 AND TABLE). RATES FOR BLACK WOMEN WERE SIGNIFICANTLY HIGHER THAN RATES FOR WHITE AND HISPANIC WOMEN."

Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021



¹Statistically significant increase from previous year ($p < 0.05$).

NOTE: Race groups are single race.

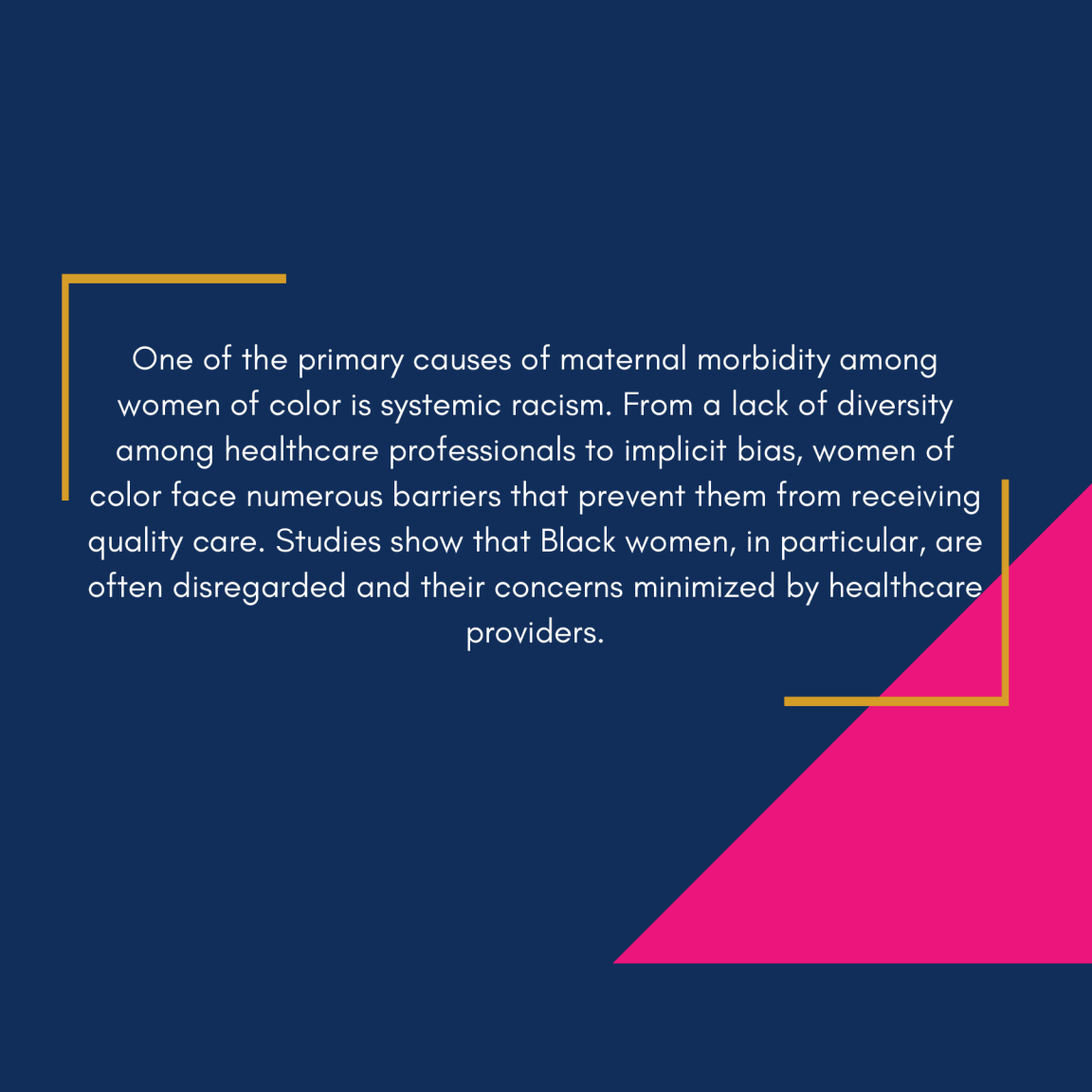
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.



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PRIMARY CAUSES





One of the primary causes of maternal morbidity among women of color is systemic racism. From a lack of diversity among healthcare professionals to implicit bias, women of color face numerous barriers that prevent them from receiving quality care. Studies show that Black women, in particular, are often disregarded and their concerns minimized by healthcare providers.

Another variable in tragic outcomes is lack of awareness and preparation. “For complex reasons, including preexisting conditions and a need for more comprehensive prenatal and postpartum care, Black women face a higher risk of pregnancy complications,” says **Dr. Soldrea Thompson, FACPG, MBA**, a board-certified OB-GYN with Beaufort Memorial Obstetrics and Gynecology Specialists who sees patients in **Beaufort** and **Okatie**. “The good news is, awareness of warning signs and working closely with their **prenatal care** providers can help Black mothers-to-be manage or prevent many problems.”

The 5 Most Common Pregnancy Complications in Black Women

The women behind Talia's heart agree that knowledge allows for change. We believe that while racially motivated neglects and biases will continue to be a battle, women of color can prepare and defend themselves in such battles with knowledge.



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1. Gestational diabetes occurs during pregnancy in women who did not have diabetes before they were pregnant. This condition affects insulin, a hormone that helps your body use glucose (sugar) for energy. High blood sugar that is not well controlled can cause serious health problems for you and your baby, so it is important to take preventive steps.

Warning Signs: Gestational diabetes often does not cause any symptoms. Your doctor will likely test you for the condition between the 24th and 28th weeks of pregnancy. Mothers-to-be at high risk may be tested sooner.

2. **Pre-eclampsia and eclampsia** are potentially dangerous complications involving a sudden spike in blood pressure. Pre-eclampsia can occur during pregnancy or shortly after giving birth. This condition can cause extremely serious — and sometimes even fatal — health problems for mother and baby. If not properly managed, severe pre-eclampsia can progress to eclampsia, in which extremely high blood pressure can cause seizures or coma.

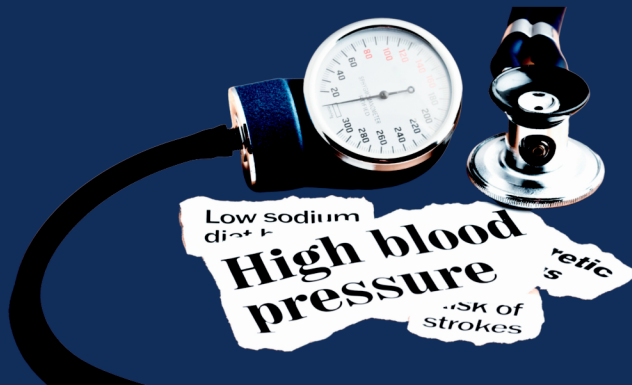
Warning Signs: Often, pre-eclampsia does not cause any symptoms, but when it does, symptoms may include:

- High blood pressure
- Less frequent urination or smaller amount than usual
- Severe headaches
- Sudden weight gain
- Swelling in the legs, feet, hands or face
- Urine that is dark
- Vision problems



3. High blood pressure develops often during pregnancy, and although it should be monitored, it is usually not harmful to mothers or their babies. If you had high blood pressure before pregnancy, however, it increases your risk of pre-term birth and pre-eclampsia.

Warning Signs: According to the American Heart Association, high blood pressure usually does not cause any symptoms. Regular blood pressure checks, either at your doctor's office or with an at-home blood pressure monitor, are the only way to know if you have it.



4. Preterm labor occurs when contractions start after the 20th week and before the 37th week of pregnancy. Babies born prematurely are more likely to develop serious, long-term health problems.

Warning Signs: Pre-term labor requires medical help. Call your prenatal care provider or go the hospital immediately if you experience symptoms, including:

- Abdominal cramps
- Changes in consistency (watery, mucus or bloody) or quantity of vaginal discharge
- Contractions that may or may not be painful
- Pelvic pressure
- Persistent backache
- Water breaking

You will be closely monitored and may receive treatment to delay premature birth or reduce the risk of problems if your baby is born early.



5. Postpartum hemorrhage (PPH) is excessive bleeding after childbirth, resulting in a potentially life-threatening loss of blood. PPH usually happens within 24 hours of giving birth but can occur up to 12 weeks after having a baby.



Warning Signs: It is normal to lose some blood after giving birth, but PPH is a medical emergency. Call your healthcare provider or 911 immediately if you experience: •

- Blurred vision
- Chills or clammy skin
- Dizziness or confusion
- Drop in blood pressure
- Feeling faint
- Heavy vaginal bleeding that does not slow or stop
- Nausea or vomiting
- Rapid heartbeat
- Weakness



03

BE PREPARED



Know and Acknowledge what you're up Against

Look at the photo below and tell me what's missing?



Without any prior experience or context, there is no way to know if and what are missing. The same goes with healthcare and pregnancy. All pregnancies are different, but especially for first time mothers, it's important to have insight on your body and pregnancy.

When you don't know what to expect, you can't always know when something is wrong. **Ask questions** - try to gauge what it should feel like and what's normal or healthy vs. what is not. **Your voice is your power.**

"Because Black moms-to-be face so many barriers in accessing quality prenatal care, finding a culturally competent provider may help ensure that they have healthy pregnancies and safe deliveries. Here's how Black patients can advocate for themselves when interviewing a potential OB/GYN."

"Are you willing to listen to me?"

Interviewing a doctor is important. Many of us pick a name out of a book with little thought on the relationship that should be built between doctor and patient. In her article "Questions Every Black Mom-to-Be Should Ask Her OB/GYN", Williams suggests the following be asked:

"What can I expect from your care?"

"How much interaction will I have with you?"

"Will you be the only doctor I see?"

"What procedures can I expect?"

What You Can Do to Help Avoid Pregnancy Complications

If you are or are looking to become pregnant, be proactive about your health, and take these three steps:

1. Ask relatives about any pregnancy problems they experienced. Some pregnancy complications run in families, so this gives valuable clues to your own risk.
2. Act to minimize your risks with appropriate self-care and consistent prenatal/maternal care. Don't forget that you need ongoing care after your baby is born.
3. Advocate for yourself and your baby. Discuss any health concerns with your prenatal care provider right away.



HAVE A BIRTH PLAN



A birth plan is a written outline of what you would like to happen during labor and delivery. This plan lets your obstetrician-gynecologist (ob-gyn) know your wishes for your labor and delivery.

Go over your plan with your ob-gyn well before your due date. But keep in mind that having a birth plan does not guarantee that your labor and delivery will go according to that plan. Unexpected things can happen.

Also review your birth plan with a loved one, doula, or other advocate you plan to have in the room.

See a sample birth plan using QR code below.



No one wants to talk about the worst case scenario. While we hope this initiative will make a dent in the number of preventable maternal deaths, the fact is sometimes things happen. Whether preventable or not, its always best to be prepared so you have the peace of mind to know you child is safe, secure and provided for.

While you cannot currently insure an unborn child, you CAN do some of the following:

- Have a will ready. Even if you don't have much or nothing at all. At least have written instruction on who you want to take care of your baby if the worst were to occur during labor.
- Speak with a financial advisor or attorney to get help creating a trust. Again- while you cannot assign an unborn child as a direct insurance beneficiary, you can name an unborn child as the beneficiary of a trust.
- Make sure your life insurance coverage is in tact during the early stages of your pregnancy, Name the trust as the policy beneficiary.

These are just examples- whatever you do, just have a plan.

Have a "worst case scenario" plan





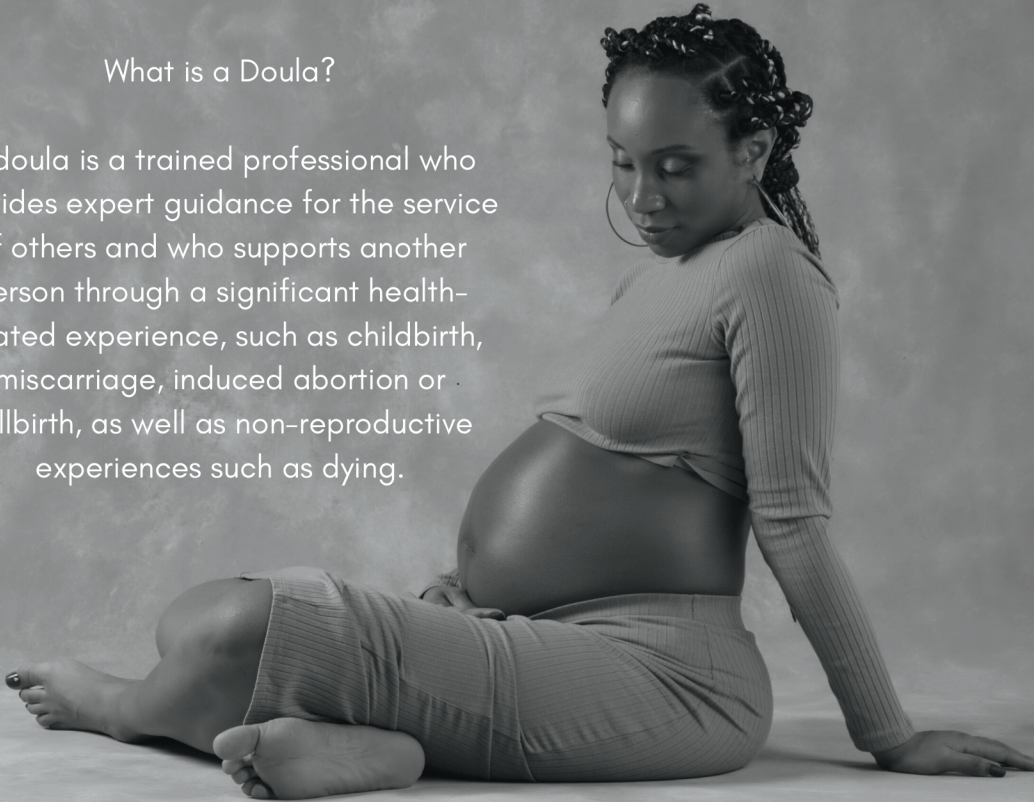
04

ADVOCATE



What is a Doula?

A doula is a trained professional who provides expert guidance for the service of others and who supports another person through a significant health-related experience, such as childbirth, miscarriage, induced abortion or stillbirth, as well as non-reproductive experiences such as dying.



Extensive research shows that doula care improves childbirth outcomes in many ways

(Doulas & Birth Justice - Ending Racial Disparities, n.d.)



Doulas serve as much-needed advocates to optimize the health of both mothers and infants. Doulas can also help to advance Reproductive Justice goals. Black women experience disproportionately high rates of both maternal and infant mortality in the United States, due to both lack of access to care and structural racism in medical settings. For this reason, doulas who validate and advocate for birthing people can help mitigate the challenges that jeopardize the health of Black women and infants at risk.

(Almassi, 2019)



05

WHAT CAN DELTA PSI RHO DO FOR YOU?



The Sorors of Delta Psi Rho Sorority, Inc. are here to do whatever we can to create a change for the positive. With 19 chapters across the country (and growing) we plan to use our footprint and begin the following:



- Train sorors in each chapter on the statistics, causes, and warning signs of prenatal and postpartum complications. Ideally even our newest member will be able to offer basic information and provide resources to any woman she comes across in child bearing years.
- Provide free workshops for women of color to offer a safe place to speak on their experiences, compare stories, learn nutritional and physical changes to aid in prevention, seek information on advocacy, planning, and expectations.
- Offer grants to those in need of a Doula advocate to help offset the costs and allow the security of knowing they have someone looking out for them.
- Provide grants and scholarships for families in need who have lost a provider in child labor.



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CONCLUSION





The maternal mortality crisis in the United States is a severe problem, and the evidence suggests that women of color are disproportionately impacted. We've highlights the need for urgent action to address the systemic racism, social determinants of health, and other factors that contribute to this disturbing trend. By working together we aim to not only reform our healthcare system, and tackle the root causes of maternal morbidity, but to empower one another, and give new meaning to being "My Sisters Keeper". We may not be able to save every life - but any impact we make will be for the betterment of our families, communities, and our understanding of the power we yield.



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Talia Johnson



Tristan- age 3



For more information or to donate to the cause please visit our website www.deltapsirho.com/safelabor