

Black Women Birthing Justice Newsletter

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Black Women DO VBAC!

By Melek Speros

I always asked myself how and why does a woman's race/ethnicity affect the likelihood of her having a VBAC and why isn't anyone opening up the dialogue about this? How does it affect a woman of color to read the many, many VBAC stories published online and not see women who look like her? My latest project, "Black Women Do VBAC" (*Continued on page 2*)

Message from the Editors

Welcome to our third newsletter! We appreciate all the positive feedback we have received about our first two editions, and welcome your suggestions, comments and submissions. BWBJ frequently receives requests for information and support from women who have had a C-Section and want to have a vaginal birth for their next pregnancy. Many women are discouraged from having a VBAC (Vaginal Birth After Cesarean) by their doctors. OB/GYNs often prefer to schedule a C-Section for any subsequent births, despite new guidelines from the American Congress of Obstetrics and Gynecology that state that the vast majority of mamas can safely deliver vaginally after a Cesarean, even women carrying twins. In this edition, we explore black women's perspectives on VBACs.

In this Issue

"Black Women DO VBAC"

By Melek Speros

•

VBAC's and Reproductive Justice

By Farah Diaz-Tello

•

An Interview with OB/GYN & VBAC Advocate Dr. Christ-Ann Magloire

•

Doula's Corner

By Linda Jones

•

Upcoming Events: Honoring Our Losses: A Sharing Circle



Melek Speros and her children

(Continued from page 1)

focuses specifically on reaching out to African-American VBAC hopefuls. While the lack of access to vaginal birth after cesareans is bemoaned by activist and advocates across the board, this issue hits the African-American community particularly hard. Despite higher rates of trials of labor after cesarean (which is a planned attempt to labor by a woman who has previously undergone a cesarean delivery and desires a subsequent vaginal delivery) and evidence showing that African-American women may have lower incidences of uterine rupture, Black women have lower rates of successful VBACs. This matters because cesareans, particularly higher order cesareans, present significant risks to the mother's health. According to the Center for Disease Control, Black women's maternal mortality rates are 3 to 4 times higher than white women and cesareans present a greater risk of maternal mortality and other serious complications.

Several hypotheses have been put forth to try to explain why African-American women have lower rates of VBAC: institutional racism, socioeconomic disparities, lack of access to information and lack of culturally competent outreach programs may all contribute to the lower rates of VBAC. Unfortunately, the conversation sometimes also devolves into mother blaming. Some posit that Black women have poorer general health and this explains it. However, studies show that even amongst low risk first time births, African-American women have a higher risk of experiencing a cesarean delivery. And these first time moms who have a cesarean will then have to face the reality that their chances of a successful VBAC are lower for no other reason than the fact that they are Black.

The truth is, we don't have a concrete explanation for the lower rates of VBAC in our community, but it is of the utmost importance that we raise awareness within the community of the benefits of natural birth after a cesarean, as well as the risks of multiple cesareans, which are often underrepresented or misrepresented to mothers.

We are operating within a system that has failed--and continues to fail--us. While some may be content to throw their hands up and stop at "we just don't know," there are people out there who are working to educate, inform and empower women to challenge the system which has left us behind. I started the website Black *(Continued on page 4)*

Black Women Birthing Justice is a collective of African-American, African, Caribbean and multiracial women who are committed to transforming birthing experiences for Black women. Our vision is that every woman should have an empowering birthing experience free of unnecessary medical interventions. Our goals are to educate to advocate for themselves, to document birth stories and to raise awareness about birthing alternatives. We aim to challenge medical violence, rebuild women's confidence in giving birth naturally and decrease disproportionate maternal mortality.



Upcoming Events

Honoring Our Losses: A Sharing Circle for Women Who Have Lost a Pregnancy, Newborn or Infant

When: November 16, 2013
Where: Oakland, CA

Honoring Our Losses will be a safe, intimate space for black women to come together to share our journeys of pregnancy and loss. By sharing our stories, we break the silence around miscarriage and loss, allow ourselves to build community and help each other to come out of isolation. The Sharing Circle is part of BWBJ's 100 women's birth stories project and aims to improve black women's experience of pregnancy and childbirth.

For more information, contact Chinyere at stories@bwbj.org.

(Black Women DO VBAC! Continued from page 2)

Women DO VBAC! in order to share the true stories of Black women who have had successful VBACs, so that other mothers may know that there are women like them who have managed to defy the odds. It is my fervent hope that reading real life stories of women who have gone before them will inspire others to question the status quo and advocate for themselves and their babies, so that we may close the gap and, hopefully, improve outcomes for both mothers and babies.

Melek Speros. *Founder*. Black Women DO VBAC!
www.blackwomendovbac.com

VBACs and Reproductive Justice!

By Farah Diaz-Tello

With recent political showdowns over abortion and even contraception, it has certainly felt like women's right to decide what happens to their own bodies is under constant attack. But what if the attack didn't end once a woman decided to carry a pregnancy to term? What if the state, or some other outside party, could tell a woman not only that she must give birth, but *how* she must do so as well? For many women, this is precisely the case.

According to the most recent US data, nearly one-third of babies born in 2012 were delivered via cesarean surgery. This statistic alone is troubling: although there is no evidence to support the need for such a high rate of cesarean deliveries, evidence suggests that rates exceeding a threshold of 15% may cause more harm than good. But the situation gets even more complicated *after* surgery, when a woman decides to have more babies.

In bygone years, the adage was "once a cesarean, always a cesarean," because older surgical techniques created a life-threatening risk that the uterine scar would rupture during subsequent labors. Over the years, the recommendations have changed based on newer research showing that women who have had up to two low-transverse (horizontal) incisions can be good candidates for vaginal birth after cesarean (VBAC).

Just like any other reproductive decision, women have many reasons for choosing VBAC.

(Continued on page 4)

VBAC's & Reproductive Justice Continued from page 3

They may want to avoid the health risks of multiple cesareans (which can ultimately limit how many children they can have), or have work or family obligations that would be hindered by lengthy surgical recovery. This is a decision that U.S. law leaves squarely in women's hands: no law in any state dictates where or how a woman must give birth. Nevertheless, hospital policies known as "VBAC bans," in place in approximately 30% of hospitals, can make it all but impossible for women to access care. Many more have no official policy against VBAC, but also have no providers willing to attend them. Only about 10% of hospitals are truly VBAC-supportive.

But it goes even further than lack of support: in some rare instances, hospitals threaten or attempt to force women to undergo cesarean surgery. In other recent cases, authorities acting on behalf of an unborn child have sought to punish women for their birthing choices. Family photos of a newborn still warm from her mother's body were presented in a child neglect proceeding to show how "tortured" the homebirthed VBAC baby looked due to bruising. Another judge called a mother's exercise of her right to informed refusal "the very heart of neglect" when he ruled that she abused her baby before she was even born by declining cesarean surgery.

Reproductive justice demands that we go further than simply protecting the right to decide *not* to become a parent, and to affirm and protect the right to give birth with dignity. The right to determine what happens to one's own body -- the very measure of personal autonomy -- is just as applicable whether or not a woman chooses to carry a pregnancy to term.

Farah Diaz-Tello. *Staff Attorney*
National Advocates for Pregnant Women
<http://www.advocatesforpregnantwomen.org>

National Advocates for Pregnant Women (NAPW) works to secure the human and civil rights, health and welfare of all women, focusing particularly on pregnant and parenting women, and those who are most vulnerable - low income women, women of color, and drug-using women.



Doula's Corner

By Linda Jones

So you are pregnant again, your earlier birth(s) were cesarean sections and you are curious about the whole Vaginal Birth After C-Section (VBAC) conversation. I have had the honor of attending many successful VBAC births over the past twenty plus years and I find that women who do certain things have a greater chance of accomplishing a VBAC birth. I would like to give you some of my ideas about how they do this. I believe that education and preparation are essential to having a successful VBAC experience.

Educate yourself. Attend a VBAC class or read books, articles, or blogs, and find out your rights regarding a VBAC.

Choose a caregiver and hospital that supports your choice.

Hire a Doula. You will need an amazing amount of support to accomplish a VBAC. Someone that believes it's a possibility and can encourage you when you face obstacles is vital.

(Continued on page 7)

An Interview with OB/GYN & VBAC Activist

Christ-Ann Magloire, M.D.,

BWBJ: Tell us about your vision for your first birth and how the reality compared?

I am originally from New York and trained in Boston. So when I came to Miami I just assumed that my birthing experience would just go completely normally; I'd have the baby in the hospital and it would be fine. Lo and behold, it wasn't that easy. I chose my OB based on the fact that we both came from the same cultural background, we also went to the same medical school and he's really cute! For the most part the pregnancy was fine. The problem was that I was overdue and he induces everyone once they get to their due date. I left the hospital twice because I wasn't happy with the way things were going. My initial vision was that I was going to have this very nice, quiet room where I would have my music and low lighting, and I would easily have my baby. Instead I was forcibly induced; of course no one tied me to a bed, but no one gave me the option to just stay pregnant either. My baby was breach and I actually got my baby turned around by one of the local midwives. So I was happy the baby ended up being head down, but I was always scared so I went to the hospital on my own to do a non stress test. They discovered that the baby's heart rate did go down, but recovered. After several attempts of them trying to get me into labor, another doctor came and broke my water and my baby was reacting to that, and the heart rate went down. I was like you know trying to practice [medicine] and be a mom at the same time. It was probably the worst feeling in the world. So when I saw her heart rate going down, I said: That's it. Lets just take the baby out.

BWBJ: Please tell us about your activism?

I was trained in a great program where VBAC was something that we practiced all the time and we advocated for our patients. So I came to South Florida with that mentality. It was also a time when there was a big push for home births. Unfortunately the majority of the doctors in this area are solo practitioners so it's a major obstacle for the doctors who have to cancel their whole day and lose revenue to attend a VBAC at home. In 2004, I started working with local midwives who reached out to me because they were having difficulty trying to retain services of an OB to help them VBAC at home. Here in the state of Florida the woman has to have an informed consent, a sort of background review to see if she is an appropriate candidate for VBAC. So I helped women obtain those informed consents locally and then statewide they found out about me, and then I started travelling like the underground railroad, going to Sarasota, Tampa and Orlando.

(Continued on page 6)



Dr. Christ-Ann Magloire and daughter

(An Interview with OB/GYN & VBAC Advocate continued from page 5)

So I was a VBAC activist before my own c-section. And when I ended with a c-section I was devastated. I became more natural birth oriented after I experienced my own VBAC. And I had to learn that I had to wait. I've always been very impatient, and it manifested itself when I got pregnant, and I really just had to wait for that labor to come. So that's what I try to advocate for my patients. Just let nature take its course. Here in Florida we started the VBAC Summit. And that I have always been one of the featured speakers where I talk about informed consent, and the risk and benefits of VBAC, and how to prevent a primary C-section. Women come from all over to get that information.

BWBJ: You had a successful VBAC for your second birth; what obstacles did you have to overcome?

My first obstacle was myself. I had to build up my mental strength. I had to empower myself. I took hypno-birthing because I knew one of my biggest issues was pain... The biggest obstacle was that I couldn't find someone like me in the community to help me. I loved my midwife, but I didn't really want to have to deliver at home.



And I couldn't find another OB who supported me in birthing the way a woman is supposed to birth. That was a major issue for me and I would say probably for many of the female OB's... You are forced to work and try to be a mother at the same time.

BWBJ: Is there a place for OB/GYN's in the birth justice movement?

I think there is definitely a role for OB's. #1: We have organizations, like the American Congress of OB/GYN, and the National Medical Association that have committees on women's health. That's a place where the members can become enlightened and bring about changes in practice and policy change. #2: We have our national meetings, which are a perfect forum where we can call on people to come together and create an interest group. The state of the Black mom is in jeopardy, plain and simple. With that being said, I definitely think that OB's have a role. It's just a matter of coming together in order to organize ourselves.

Christ-Ann Magloire, M.D.
Fellow of The American Congress of
Obstetricians and Gynecologists.

(Doula's Corner continued from page 4)

Try to avoid an induction. Inductions can be long and can increase your chances of having another C-section. Labors that start on their own work best.

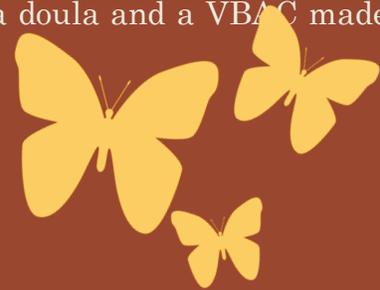
Labor at home as long as you can. I try to have clients labor at home as long as it is possible to do so. I usually have them go to their birth location a little earlier than I might with a first baby, but laboring at home insures that you will labor your best in the earlier stages.

Have an un-medicated birth. Choosing to have an epidural can hinder your ability to push. If you are able to feel what is happening with your body, you will be more capable of having the birth you want.

These steps have been useful to my clients about 90% of the time! VBAC births are totally achievable and safe to consider. You have the right to have the opportunity to have a VBAC. My clients that decide to go for a VBAC and are successful are so happy when they do! One of my clients said "Having a doula and a VBAC made this the best of my three births"!

Wishing you the best birth possible!

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