Monthly Newsletter
April 2021 Issue | Created By Stacy Ramirez | Edited by Rebecca Kuypers

Announcements

You can now schedule a FREE car seat check and safety installation with PPF! Call 610-553-5531 to schedule!

We are hiring doulas and CLCs! Send your inquiries to lpietrowski@theppf.org

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Dr. Pamela Williams
PPF's Board Co-Chairperson

Why did you choose to volunteer at vaccination sites?
I became a volunteer in the vaccination efforts of several sites to do what I can to protect my community. Since I no longer practice as a nurse, I decided to volunteer in a nursing role.

What's the most challenging part of volunteering at different COVID-19 vaccination sites?
Actually, the first day I was at the two sites where I volunteer, I couldn't remember where exactly I parked my car!! I was too excited to get to the units that I didn't take note of the parking spot. Fortunately, I paid more attention from then on. The other challenge are learning my role. There are so many people working on the singular effort to vaccinate the population that we all must know our duties to function together. Also, each site is run slightly differently. Each has good methods but are still different.
What does a typical day look like for you?
The first site I volunteered for was as a nursing instructor with senior students. I had to learn their names, what they needed to know to be successful and then be available for questions and suggestions. I reviewed anatomy, how to give an injection and how to complete the paperwork. I ran interference with the staff and kept up the student's supply of filled syringes so all they had to do was care for the people coming for their vaccination. The shift was 4 hours long with another instructor either coming before or after me to work with 3-6 student nurses. Each student would vaccinate about 50-70 people.

Overall, how do you feel while volunteering?
I feel it is my professional duty to help as I can in this pandemic crisis. There is a need for medical and nursing help and since I am retired, I have more time to give than I did when I was working. Almost every person receiving their vaccine says thank you and expresses how happy they are to be in less risk of getting the coronavirus. Almost everyone knows someone who had COVID-19 and a portion of those folks did not survive. I cannot stand by and do nothing when there is a need for nursing care.
Pettaway Pursuit Foundation's Doula By My Side (DBMS) Program originated to provide antepartum, birth, and postpartum doula services to vulnerable mothers and their families in a broader community.

PPF will be launching an emergency fund - where anyone CAN NOW DONATE a doula or CLC service to a family in need.

DONATE A DOULA OR CLC SERVICES TO A FAMILY!

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DONATE AT: HTTPS://PETTAWAYPURSUITFOUNDATION.ORG

tpettaway@theppf.org

$PettawayPursuit

@PPFdonations
Lauren Pietrowski, CD(DONA), CCCE, PES, MA, CPT

Lauren is a certified birth doula, childbirth educator, and placenta encapsulation, specialist.

Lauren recently became a child safety technician. Protecting children when they ride in vehicles is the responsibility of all community members. PPF offers Child Passenger Safety education and installation with a certified technician because:

- Vehicle crashes are leading cause of death for children in the United States (NHTSA, 2017)
- The National Highway Traffic Safety Administration reports 1 fatal crash every 14 minutes while a crash is reported every 5 seconds (FARS, 2017)
- On average, three children are killed and an estimated 487 are injured every day in the U.S. in traffic crashes (NHTSA, 2017)
- Child restraints, or car seats, reduce the risk of fatal injury by 71% among infants and 54% among toddlers in comparison to children in seat belts alone. Booster seats reduce the risk of nonfatal injuries by 45% among 4 to 8 years old (FMVSS, 2015 and AAA, 2014).
An Interview with Shanna

What services are included in Maternal health?
Ideally, these services should include Preconception health care (including Gynecological care, and Assisted Reproductive Technology), Pregnancy care provision by an Obstetrician or Midwife, and Postpartum care by these same pregnancy care providers. Additionally, Doulas, Perinatal Mental Health care providers, Childbirth Educators, Pediatricians, Lactation Care Providers, and specialized practitioners such as Pelvic Floor Therapists have been noted to play a crucial role in service provision to birthing individuals and the care of their baby.

How can Maternal health be improved?
While there have been significant advancements in the arena of Maternal Health care, there are still several areas that are concerning and need to be addressed. The most glaring issue is that the maternal mortality and morbidity rate is unacceptably high. Concerning American birthing families, it is important to note that the United States has the highest maternal death rate in the world compared to other developed countries. A report by the Commonwealth Fund (2020) notes several glaring differences between the United States and other comparable developed nations.

- The US has a shortage of pregnancy care providers compared to the number of births,
- There is an overrepresentation of Ob/Gyns, compared to midwives in maternal care
- There is no formalized paid maternal/paternal paid leave
- There is minimal access to home visiting pregnancy care providers.
Is there currently a black maternal crisis? What is the mortality rate in Black pregnant women?

Unfortunately, it is true that expectant Black families face a crisis in the United States. The issue of Black maternal health has been identified as a crisis by the United States Government, Black Mamas Matter Alliance, and the United Nations Human Rights Council (Wynn, 2019). There are several alarming maternal health disparities between Black women and their white counterparts, but the ones of most concern are the mortality and morbidity rates. Black women are three times more likely to die or have serious health complications during childbirth (CDC, 2021). While recent attention to this racial health disparity can be frightening, it is important to note that significant racial disparities between white and Black maternal mortality and morbidity rates have existed in this country since enslaved Black Americans were forcibly bought to the United States in the 1600s. Yet due to the ongoing issues of systemic racism experienced by Black people giving birth has resulted in the racial maternal mortality disparity becoming even wider today, than it was during slavery (Owens & Fett, 2019).

The World Health Organization (2021) defines maternal health as “… The health of women during pregnancy, childbirth and the postnatal period.” Typically, the literature refers to the Postnatal or Postpartum period as the 12 months following the birth of a baby.
How can Black mothers better advocate and protect themselves during the birthing process?
This question brings to mind a quote by Dr. Monica Lemore, Nursing Professor and Scientist, who says “To prevent women from dying in childbirth, [we must] first stop blaming them” (2019). Often the issue becomes overly focused on stereotypes about what is wrong with Black women or what we need to do differently, which is senseless because research has since shown that the problem is not race. It's systematic racism. (Lemore, 2019). Therefore, the goal to advocate and protect black mothers is one that must be shared by every single individual, health care provider, and institution in Maternal Health.

At a governmental level, we must change the institutions that provide Maternal Health services. We can raise our voices to support the efforts of the Black Maternal Health Caucus, which issued the “Black Maternal Health Momnibus Act of 2020”. This proposal outlines a variety of evidence-based approaches needed to ameliorate this crisis. Hospitals and Institutions can follow outlines issued by organizations such as the American College of Obstetrics and Gynecology, which specifically describes changes the field of Obstetrics must do to address this issue. Additionally, support for diversifying the Maternal Health workforce, both in the types of providers (i.e. increasing Midwives) and racial identity of the providers (i.e more Black Ob/Gyns, etc).

It is crucial to center the voices and efforts of Black women in addressing Maternal Mortality. Black women’s voices and experiences must be acknowledged, so we need to support the organizations that are ensuring Black women have a seat at the table in all efforts to address Black Maternal Mortality and Morbidity. These organizations include Pettaway Pursuit Foundation, Sister Song, Black Women Birthing Justice, and Black Mamas Matter Alliance.