

Doula program empowers women in need, supports expectant moms

MAHEC collaboration in Pisgah View addresses poverty, infant mortality and racial disparity

By BETH WALTON, *Asheville Citizen-Times*, May 14, 2017



Opeolu "S'ade" Mustakem, left, and Nikita Smart are doulas trained with help from the Mountain Area Health Education Center and Homegrown Babies to work in subsidized housing to help pregnant women.

(Photo: Angeli Wright/awright@citizen-times.com)

ASHEVILLE – Thirteen years ago Nikita Smart gave birth to her daughter with the help of strangers.

She and the girl's father had split. Her family lived out of town. So the hospital in Fort Myers, Florida, had a sitter stay in the room during labor.

Friends stopped by to check on her, but Smart encouraged them to leave. They had jobs to get to and children to look after.

"I was just totally alone," said Smart, who was considered high-risk because of pre-eclampsia, a potentially dangerous pregnancy complication characterized by high blood pressure.

Smart, 44, is now training to be a doula and leading efforts in Pisgah View and Hillcrest apartments to make sure expecting African-American mothers in those publicly subsidized neighborhoods never feel like help is far away.

Her work takes on added importance in Buncombe County, where black babies are three times more likely to die in infancy than white babies.

A doula is a trained professional who assists a pregnant woman during childbirth. Doulas do not deliver babies. They exist to make sure the laboring mother's needs are being met.

Six women from the subsidized housing developments completed four days of doula training in the fall of 2016 with assistance from Mountain Area Health Education Center OB-GYN Care and Homegrown Babies.

The participants are now in the final steps toward certification with DONA International, a globally recognized doula training nonprofit headquartered in Chicago.

Though their numbers are few, organizers say the benefits of the program are many.

Research shows that doula services in low-income and minority neighborhoods can improve health outcomes in pregnancy and childbirth, said Amanda Murphy, a certified nurse midwife who runs MAHEC OB-GYN Care's Centering Pregnancy program and is the clinical lead on the project.

This program has the potential to alter the narrative around health care disparity in Buncombe County, she said. It's addressing a desperate need and providing residents with an income generating skill, creating more pathways for women and their children to move from poverty.

Providers often believe they know why women aren't seeking care or why babies die, and it's always something medical,



Zach Shakelford supports his partner, Maggie Hague-Shackelford, during labor as Cindy Smart, right, learns the skills of the trade from doula trainer Chama Woydak.

(Photo: Courtesy of Homegrown Babies/Destinee Blau.)

Murphy said. These women are telling us something different.

“They aren’t talking about high blood pressure,” she said. “They are talking about that they need relationships, they need support, they need to know they can trust what is going on.”

Smart, who is black and lives in Pisgah View, helped recruit women to be involved. She works at the Women’s Wellbeing and Development Foundation in Hillcrest and saw the project as a way to bridge communities and create a safer world for her daughter.

“People see your address and then they automatically have an assumption about you,” she said. “So, if she sees me out there, and she sees I’m trying to make a change, then she knows that that assumption is not real.

“I do this because I want a better community, but I want a better community for her. I feel like she should grow up in a place where she knows there is love and community and not just segregation and drugs and fights.”

Solutions on the street

Mountain Area Health Education Center embarked in 2015 on a community-centered health initiative to change the narrative of health care disparity in Buncombe County, said Maggie Adams, project director at MAHEC OB-GYN Care.

The model requires communities to drive health interventions with the support of medical staff, she said. “We don’t know the best way to do it,” Adams explained. “The community knows the best way to do it.”

MAHEC OB-GYN Care won a \$125,000 grant that year from the Blue Cross Blue Shield Foundation to work for three years in Pisgah View Apartments and address infant mortality through neighborhood capacity building.

The 28806 zip code, which makes up the area west of downtown, was a hot spot for disparate health conditions, Murphy said.

Pisgah View was an ideal site because of the neighborhood’s isolation, population and poverty.

There are 256 families at the apartments, many of whom are living on less than \$10,000 a year.

Sixty-one percent of the households there are run by women with children. Sixty-three percent of the complex’s 623 residents are black.

There already was a community at Pisgah View trying to make the neighborhood better, Murphy said.

“This has been an opportunity for them to say, ‘Alright, here’s what it boils down to: What we need is training, what we need is professional opportunity,’” she continued.

“These women are leaders. They already know what they need and what their community needs. This is just an opportunity for them to be able to voice it and for that to be brought to redemption.”

The doula program began when the women at Pisgah View worked with MAHEC OB-GYN Care to organize a spa day and resource fair for women in the community.

Homegrown Babies, a perinatal education and doula service provider in Asheville, was one of the groups present.

The women enjoyed talking with owner Chama Woydak and wanted to learn more. They invited her to come back and the project took off from there.

Woydak returned a few months later to start the training. She quickly found the women mentors in the field. Doula work is direct entry, meaning a professional doesn’t need a college degree.

High-quality training and good mentorship can really make an immediate impact, Woydak said. Using the space at Pisgah View, she led the women through 36 hours of classroom education.

Homegrown Babies is also guiding the women through an additional 20 to 30 hours of labor support, a literature review and a required examination in order for them to achieve certification.

"We're utilizing community resources and education resources, we didn't know were there," Woydak said.

MAHEC OB-GYN Care is now applying for additional grant funding to cover the program for two more years to further the women's training.

The participants have asked for courses and certification in post-partum doula work, the Lamaze technique and childbirth education. Five recently completed training to become certified peer support breast feeding counselors.

The program is having a ripple effect, said Adams. As more people become doulas, more are asking about doula services, wanting to be engaged and wanting to understand the structures in place that are leading to the higher rate of infant deaths in the African-American community.

The goal for the next grant cycle is to set up a training of the trainers and community health worker model so the women can sustain and build the program on their own, Adams said. "It's been really amazing to watch them grow and to take ownership," she said.

Building trust, access

Over and over again research shows that when there are positive relationships between providers and pregnant woman, health outcomes improve, Murphy said.

When an expecting mother knows there is someone who not only cares about her health care, but also whether or not she has a place to live, a job or food on the table, she is more likely to seek care.

Doula services and this sort of women-to-women bonding leads to a reduction in preterm deliveries and low birth-weight babies, the two leading causes of infant mortality, she said.

The work has also been shown to reduce Cesarean rates and unexpected medical interventions during labor and delivery.

As the staff at MAHEC OB-GYN Care worked with the women at Pisgah View to identify community needs, one told the story of how her neighbor miscarried at 8 months. The woman had not sought any prenatal care and hadn't told any medical professional what happened.

A doula's job is to help a woman have the best birth possible, Smart said. She can be the line of communication between the mother, nurse, doctor and family to ensure the labor and delivery goes as planned.

"A healthy mom is a healthy baby," she said. "It is important to take care of the moms so that we can build a brighter future."

Historically, African-American women have lacked trust in mainstream medicine which has resulted in limited access to obstetrics and gynecological care, said Adams.

In North Carolina, for example, forced sterilization was once used as a tool to combat poverty. Many of the 7,000 people impacted between 1929-72 were poor, black or disabled.

Even after that practice ceased, those women's stories and their feelings of terror were passed down from generation to generation, Adams said.

People worry their doctor or provider will judge them for their choices or because of the way they look, she continued. Some may struggle to communicate because of cultural differences, she said.

People who are poor also are less likely to have transportation or insurance which can keep them from seeing care, Adams said.

The doula program brings prenatal and birth support to their doorstep, she explained.

"Here at MAHEC, while we are the safety net and we see all the patients that come through our doors, we don't know the patients that don't come through our doors," Adams said.



Nikita Smart, left, Marta Alcala-Williams, center, and Opeolu "S'ade" Mustakem play a game with Quella Sharp, right, during a baby shower for Sharp at Hillcrest Apartments. Smart and Mustakem are doulas trained with help from the Mountain Area Health Education Center and Homegrown Babies to work in subsidized housing to help pregnant women.

(Photo: Angeli Wright/awright@citizen-times.com)

"That's one of our challenges that we want to be addressing next year. Who is not accessing care? Who do we not even know about?"

A business endeavor

Opeolu "S'ade" Mustakem came to Asheville in 2013 with her daughter and their clothes. Everything else they left behind.

The family had been living in a subsidized housing development in Beaufort, South Carolina, when a bullet went through the ground floor wall of their building. By the grace of God, Mustakem said, the mother and her daughter were upstairs.

Mustakem quickly made the decision to leave. She had family in Asheville and an aunt who had trained to be a midwife here.

She came to town and settled in Hillcrest. She enrolled in a GED program and began working with Smart at the Women's Wellbeing and Development Foundation. She then became one of the first doulas from Hillcrest to enter the program.

Mustakem got pregnant at 19 and is raising her 7-year-old daughter alone. She said the program is changing their life.



Doulas with Homegrown Babies in Asheville pose for a picture. From left starting in back: Destinee Blau, Jen Chandlee, Nikita Smart, Chama Woydak, Opeolu "Sade" Mustakem, Kelly Brown, Sarah Bender Hope, Roxy Robbins, and Paige Schneider-Crow. In front starting left is Chelsea Norris, Wakina Norris, Cindy Smart, and Izzy Jenkins.

(Photo: Courtesy of Homegrown Babies/Maggie Hague-Shackelford)

"I can actually say that I am my own business," Mustakem gushed. "A lot of 28-year-olds can't say that."

Doula services are extremely popular among the middle class, said Woydak. It's a consumer-driven industry that is set to become more in demand as insurance companies and Medicaid begin picking up the cost. People will pay \$600- \$1,200 out of pocket for the service in Asheville, she said. This is opening a whole new job market for these women.

Buncombe County Health and Human Services has awarded the project \$5,000 so the women can assist with births at Pisgah View where clients are unlikely to be able to pay for the service. The doulas will earn a living wage.

MAHEC OB-GYN Care, Homegrown and other providers have also added the women to their referral list for private pay patients seeking doula support.

"People in Asheville are hungry for opportunities to cross the color line and engage with other cultures," said Woydak. "There is an opportunity to make those connections at birth."



Quella Sharp opens presents during a baby shower held in her honor at Hillcrest Apartments. Sharp is using one of the doulas trained with help from the Mountain Area Health Education Center and Homegrown Babies to work in subsidized housing to help pregnant women.

(Photo: Angeli Wright/jawright@citizen-times.com)

Last week Mustakem escorted her friend and client to a baby shower at Hillcrest Apartments. Volunteers from the Unitarian Universalist Congregation of Asheville had gathered alongside residents to celebrate.

Each Wednesday the Mother Read group meets in the complex to build relationships and encourage child literacy.

Quella Sharp, 30, entered the room slowly with her hand placed protectively on her stomach. She made everyone laugh by doing a dance she called "the wobble" where she shakes her butt and wiggles her oversized belly.

It was 10 a.m. and, at 8 months pregnant, Sharp was about to have her second meal of the day. Fried chicken and french fries, two of her favorite foods, were on the table next to a blue cake.

Sharp will have a boy. She and Mustakem acted like sisters at the party. Sometimes they argued playfully. Other times, they giggled over secrets and inside jokes.

Mustakem is like the baby's father when he isn't around, said Sharp, who is not married and anxious about the birth. The two women are never far apart, she said.

"When I'm out and down and feeling ugly and pregnant, S'ade is there," she said. "She's a friend you can never get rid of."

INFANT MORTALITY DISPARITY IN BUNCOMBE

Ratio of African-American infant mortality compared with white infant mortality in Buncombe County using five-year aggregate rates. From 2011-15, Buncombe County had 56 white infant deaths and 18 African-American infant deaths, for an infant mortality rate of 5.5 deaths per 1,000 live births for white infants and 17.0 deaths per 1,000 live births for African-American infants.

