

In South LA, turning to Black midwives to give birth

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Allegra Hill knew she wanted to be a midwife long before she knew exactly what the term meant.

Her mother had delivered her with the help of a midwife, and "every

birthday I would hear my [birth](#) story ... and how [giving birth](#) was the best day of her life," Hill said.

But as Hill moved through college, the path to becoming a midwife wasn't clear. So she settled for a job in advertising—until another family birth rekindled her dream.

She was visiting her pregnant sister in the Bay Area when her niece entered the world unexpectedly. The unplanned home birth "was really crazy, but really special," Hill recalled.

Her sister was soaking in a backyard hot tub, to ease the pain of labor, when she suddenly felt the urge to push. The infant's head appeared as she was climbing out of the tub. "Her husband caught the baby," Hill said. "I was fascinated by how natural the whole process was."

A few years later, Hill decided to ditch her job and follow her calling, pursuing the education she needed to care for and support women during pregnancy, labor and birth.

Becoming a licensed midwife in California is a formidable process, requiring at least three years of classes, an apprenticeship for practical training and a passing score on a rigorous state licensing exam.

While Hill was studying midwifery, she volunteered at a birth center in Mar Vista. There she found a soul sister in Kimberly Durdin, who was working as a lactation consultant and longed to be a midwife too.

Durdin, now a mother of six, was drawn to birth work during her first pregnancy, 30 years ago. "It felt like some sort of ancestral thing coming through," she said.

Maybe it was the example of her grandma, who birthed eight children at

home in North Carolina, with a midwife. "She treated giving birth like a natural thing," Durdin recalls.

Or maybe it was the article Durdin read as a child, in an old Life magazine. With a glossy photo layout, it told the story of Maude Callen, a Black midwife in rural South Carolina, who delivered more than 600 babies and provided [medical care](#) to hundreds of poor families.

That story stuck with Durdin—and helped shape the vision she and Hill share: to make healthy, holistic maternity care available and affordable for women, particularly Black women, in South Los Angeles.

Durdin remembers how hard it was to find a Black midwife back in 1991. She delivered her first child in a New York City hospital, by cesarean section. For her second, she enlisted a Jamaican Rastafarian midwife, who had studied at Columbia and Yale. The woman was able to coach her through a home birth, and the experience set Durdin on the path to her own midwife career.

Hill, young and childless, finished her training in three years and was licensed as a midwife in 2014. But Durdin—who was working, teaching and raising children—took almost 10 years to complete all the requirements.

She received her license last summer, just as she and Hill were moving into the empty building that would become their birth center, which they called Kindred Space.

It wasn't much to look at, flanked by a liquor store on a commercial block in Hyde Park, not far from Durdin's home. But with help from GoFundMe donations, she and Hill leased the building and renovated it, creating a kitchen, a bedroom and a homey birthing suite.

Kindred Space is one of relatively few Black-owned birthing centers in the nation—even though decades of research and troves of statistics document the ways that conventional maternity care can shortchange or even endanger Black women.

Black women are nearly four times more likely to die during pregnancy or childbirth than white women, a gap that socioeconomic forces can't explain. In fact, a Black woman with a college education has a 60% greater risk of dying than a white woman with less than a high school education.

If you're a Black woman trying to bring a child into the world, those stats are more than abstractions. The threat can feel very real, making pregnancy and childbirth seem like life-or-death ordeals.

That's why the post-birth horror story of tennis icon Serena Williams resonated so deeply among Black women. Williams suffered blood clots in her lungs after giving birth to her daughter by cesarean section in 2017. She knew from experience how serious, even deadly, that could be. But when she complained that she was having trouble breathing, a nurse brushed her off, suggesting she was confused because of her pain medication.

And if a warrior goddess like Serena could nearly die because she wasn't listened to, what is an ordinary Black woman to do?

Have Black hands catch your baby, Hill and Durdin might say. That oft-used phrase among birth workers reflects the protective value of Black sisterhood; the comfort of feeling valued and understood.

That's what led Ashanique Nelson-Cavil to Kindred Space, where she gave birth to her first child in May. Nelson-Cavil, 26, was a feminist studies major in college, earned a master's degree in social work and

now works as a doula, providing practical advice and emotional support for pregnant women during labor.

If a midwife is akin to a doctor during labor and delivery, a doula is that wise sister-friend whose role is to comfort, coach and advocate for the mother-to-be. Nelson-Cavil knew from experience how important that sense of intimacy can be.

"I wanted to be in a space with people I trust," Nelson-Cavil said. And she didn't want her husband, William Iman Cavil, to be locked out of the process by COVID-19 restrictions at local hospitals.

"It's not just about being able to be present," Cavil said. "But about having a say in the energy and the space you're bringing your child into."

When her contractions began, Nelson-Cavil was able to labor at home for three days, while the midwives visited regularly to check her progress. Her husband brought her to the birth center when her body was ready to push—but the baby inside her was slow to budge.

It took another six hours for the healthy newborn girl to emerge. Her tiny body had been tilted in a way that stalled the delivery process.

But no one rushed her or panicked. "She was born in a dimly lit room, surrounded by love, with the sound of water running and Alicia Keys playing in the background," Cavil recalled. And the new family spent their first night together in the birth center's bedroom.

At Kindred Space, there is no sense of hurry, no arbitrary benchmarks to meet. Families can be part of the birthing process, and laboring women are encouraged to voice their wishes and unpack their fears. Instead of being constantly tethered to machines and IVs, they can walk around outside or soak in a birthing tub.

And if problems arise, women can be quickly transported to the obstetric center at nearby Martin Luther King Jr. Community Hospital, which has its own midwife-driven birthing protocols.

Research has shown that women with low-risk pregnancies fare better when cared for by midwives instead of obstetricians, said Dr. Emiliano Chavira, a maternal and fetal specialist at the hospital. "There is a lower incidence of low-birth-weight babies, and women are less likely to be induced or wind up with a cesarean delivery. ... That's why out-of-hospital births are growing."

There's been a small but steady rise in out-of-hospital births over the last 15 years or so. A national study of data from 2004 to 2017 found that birth center births more than doubled, and home births increased by 77%—but they still made up less than 2% of all births. Out-of-hospital births by white women accounted for most of the increase, more than doubling. But home and birth center births by Black women also rose significantly, by 76%.

A major barrier for many is the price tag. Health insurance can defray the cost of hospital births, but many plans don't cover birthing centers or midwifery services, which can cost between \$3,000 and \$7,000.

Durdin and Hill have begun the certification process to make Kindred Space eligible for MediCal coverage, which would make care more accessible for low-income women. In the meantime, some of their birthing mothers have been helped financially by local organizations, including the Victoria Project, in partnership with the Black Maternal Healthcare Fund and the Sugar Heal Gang.

Those contributions help expand choices for pregnant women. "You should be able to have the birth where you feel the safest," Durdin said. "For some people, that's the hospital. ... But others are internalizing that

something bad is going to happen to them, because of all the statistics and stories."

Tamara Robertson, a military vet, was one of those women. All four of her children had been born in hospitals—two while she was in the service—yet she never shook the feeling that she might be in jeopardy.

After she left the Navy and returned to Los Angeles, Robertson took a class Durdin taught, and that launched her career as a doula. So when she was expecting her fifth child last year, she wanted Durdin at the birth. "You are going to catch my baby," she told the midwife.

Robertson wrote out a birth plan and explained to her four boys that she would be giving birth at home. She picked a spot in her living room near a big picture window and a shrine to her ancestors, with a candle burning to sanctify the space.

But when her January due date came and went, and her labor hadn't begun, she had to set that dream aside. In California, home or birth center deliveries are not allowed when a pregnancy lasts more than 42 weeks. Robertson would have to give birth at Martin Luther King Jr. Community Hospital instead.

She was crushed by the change. "I felt like it was my fault. ... We were up against the clock, and I just ran out of time," Robertson said. She was wailing as they checked her into the hospital to have her labor induced.

But it wasn't the disaster she imagined. The staff was kind, the delivery went well, her newborn daughter, Reauxm, was healthy. And the hospital midwife caught her baby with Black hands.

The Kindred Space midwives don't consider a hospital transfer a failure. "I feel empathy for clients who don't have the birth they want," Hill said.

"Sometimes they apologize to us, 'I'm sorry I couldn't do it.' ... But this is real life. There is no expectation that things will be perfect.

"We just want them to trust and listen to their bodies—and if their bodies are saying they need to go to a hospital, we're going to help them get there."

As licensed midwives, "we straddle the medical world and the holistic world," Hill explained. "And support is a thread that follows through a lot of what we do."

That support is what first-time mom Nelson-Cavil will never forget.

In a hospital, her prolonged labor and difficult delivery would probably have led to surgical intervention. "But the patience the midwives had was so powerful," she said.

"They were with me through every minute, with the confidence, the trust that 'you can do this.' ... I'm so glad we went the route we did."

And baby Indigo landed in Black hands.

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