

# Providence St. Joseph Hospital and WithIn Collaborative **Better Birthing**

February 12, 2024



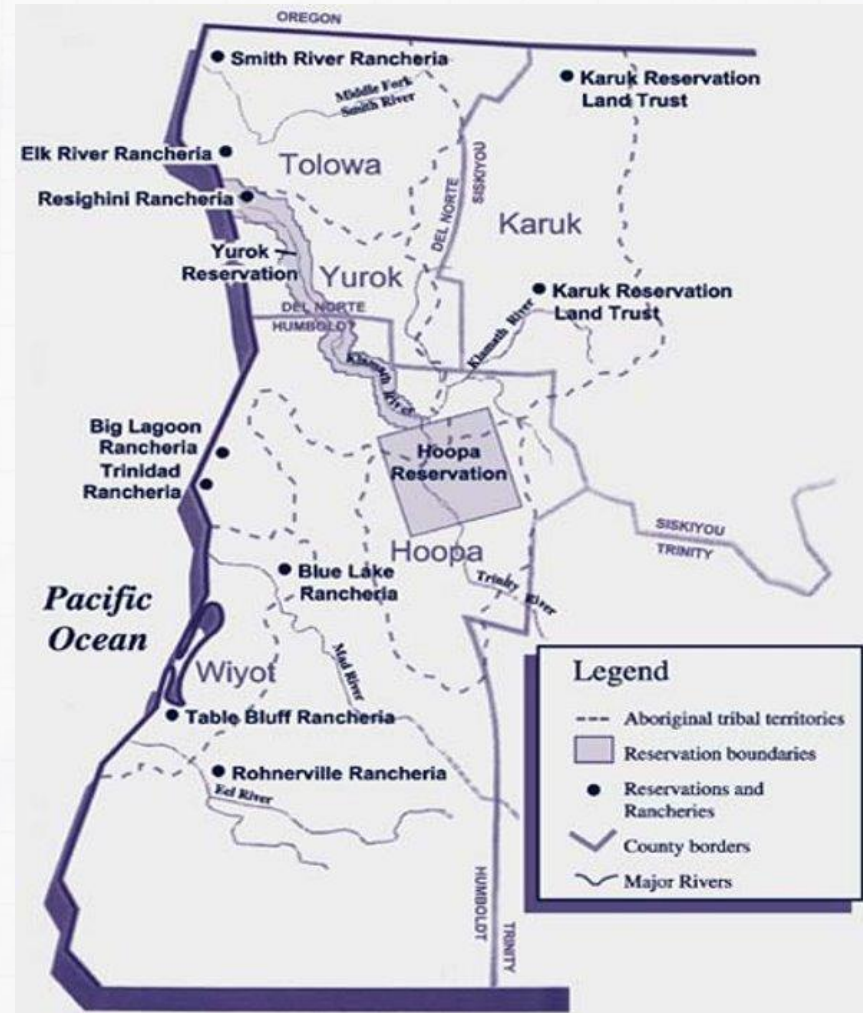
Our goal: build relationships and foster trust between Providence St. Joseph Hospital and the Native communities it serves

# Why is there Mistrust?

Humboldt includes territories of 9 Tribes and Rancherias: Karuk, Hupa, Yurok, Wiyot and Tolowa Tribes and Big Lagoon, Bear River Band of Rohnerville, Trinidad and Blue Lake Rancherias, among others.

The Karuk, Hupa, Tolowa, Wiyot and Yurok Tribes remain on their ancestral homelands to this day. This is unique as most of the other 500+ Tribes in the United States were forcibly removed from their traditional lands.

Humboldt is known as the "Lost Coast," due to colonizers only recently "discovering" these lands. Many believe prolonged isolation helped save more of the culture and Indigenous people. This also means stories of genocide, family separation and repercussions for practicing ceremony are still fresh and well known in Native communities.



# FOCUS

Improve the birth experience of Native parents at St. Joseph Hospital.

## WORK TO DATE

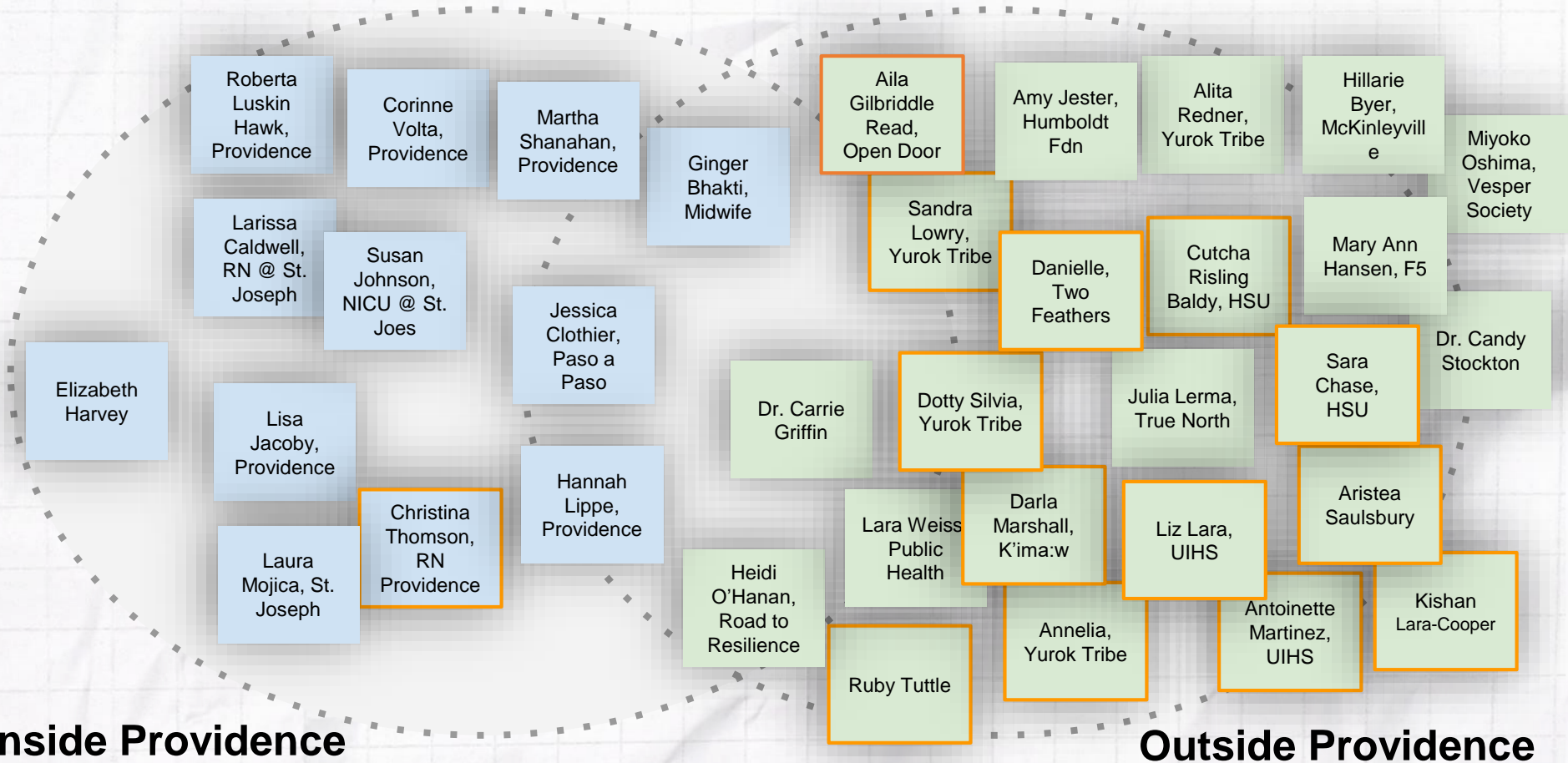
- **MAPS:** What systems and organizations are involved in Native parents' experience of birth?
- **STAKEHOLDER INTERVIEWS:** What is the experience of those engaged in supporting pregnant women from the Native communities (elders, doctors, nurses, social services, etc)
- **DESIGN TEAM:** A team of hospital staff and representatives from the Native communities committed to 14 weeks of work together.
- **PARENT INTERVIEWS:** The team completed 11 interviews that looked to understand what has the birth experience for Native parents been like at St. Joseph Hospital.
- **SOLUTIONS AND TESTING:** Currently in process. The team is prototyping solutions based on what it has learned.

# **BETTER BIRTHING TEAM: COMMUNITY AGREEMENTS.**

- Honor confidentiality ~ stories stay, learning leaves.
- Be present. Step out if you need to take care of something.
- Be and stay curious about each other.
- Stretch ~ make space, take space.
- Be aware of impact, assume best intentions.
- Practice calling each other “in” (vs. calling “out”).
- Stay connected even when you don’t agree.
- Co-create a safe and brave space.
- Get comfortable with non-closure.
- Invite joy and humor into the work.



# Then, we talked with many stakeholders inside and outside the hospital.



# What we heard from Stakeholders

- **St. Joseph has a mixed reputation in the Native Communities it serves.** It is known to provide better medical care than other local options and is also seen as less culturally sensitive and aware of the needs of Native parents
- **The Native parents we spoke with are very clear about what they need from St. Joseph:** Birthing is a moment of connection to culture and community support systems. They need the hospital to support connection, not disconnection
- **There are protocols at St. Joseph that reinforce bias, mistrust and cultural insensitivity.** A number of factors are straining the relationship between birthing parents, their families, and St. Joseph staff: How drug testing is happening; the role of hospitalists from outside the community; and the lack of knowledge of and anti-bias training focused on local Native history and culture, and the role of Child Welfare

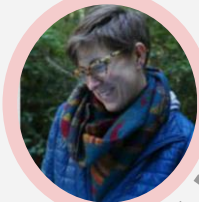


# The BETTER BIRTHING design team

The TEAM is made up by those IN the system that needs to change.



Martha Shanahan  
Providence Community Benefits



Hannah Lippe  
Providence LCSW



Susan Johnson  
NICU, Providence



Christina Thomson  
L&D RN, Providence



Dr. Carrie Griffin



Danielle Anderson-Reed  
Two Feathers



Darla Marshall  
K'ima:w

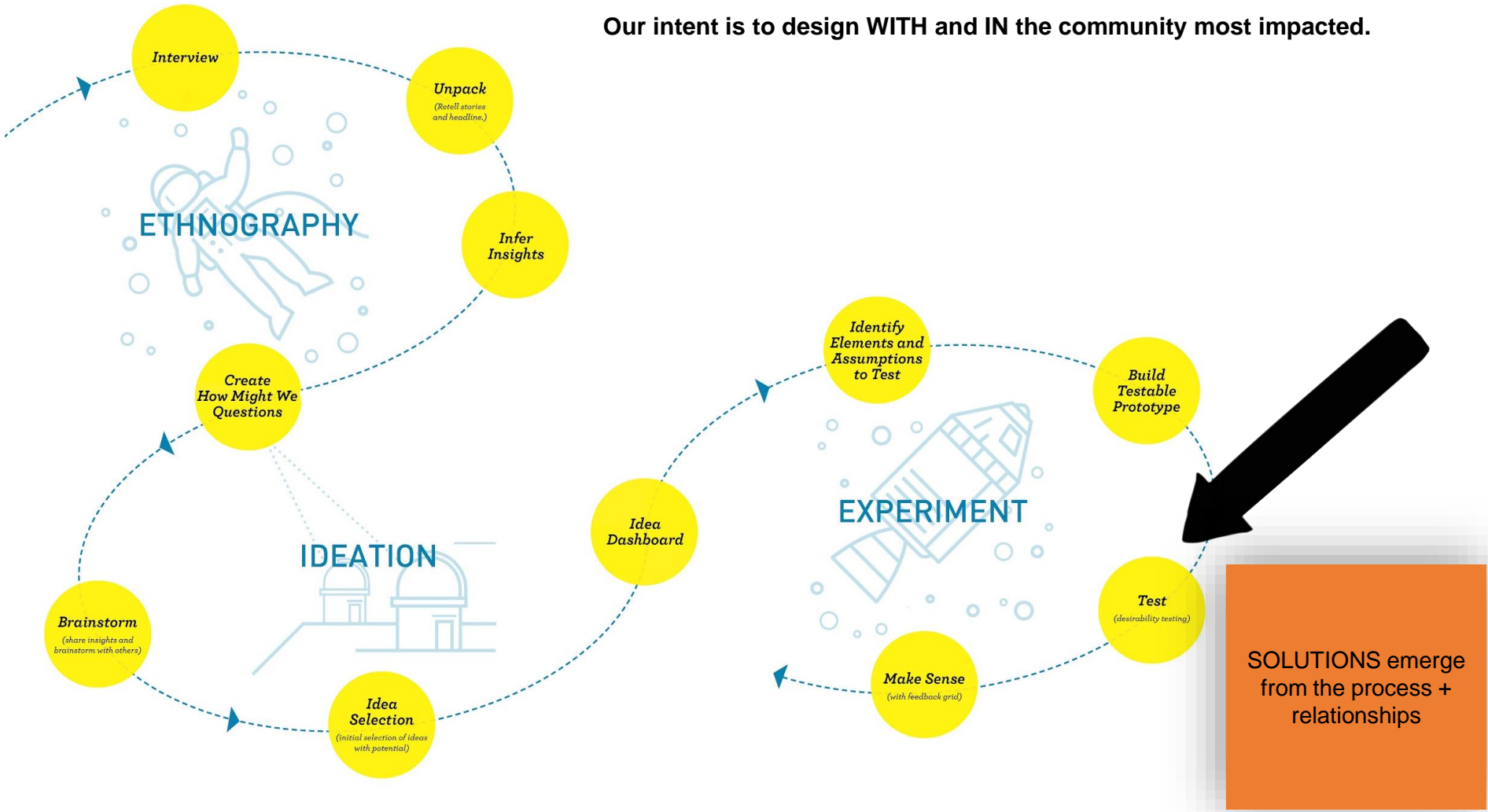


Sandra Lowry  
Yurok Tribe

Inside Providence

Outside Providence

Our intent is to design WITH and IN the community most impacted.



# A few important acknowledgments

- **Non-native people will never fully understand the experience of Native parents.** It is important to stay aware of this as St. Joseph attempts to improve the birthing experience
- **Birthing can be an opportunity to reconnect to one's cultural traditions.** St. Joseph can support that process
- **Elevating and embedding practices of cultural responsiveness at St. Joseph will inure benefits to many other patient populations, not just the Native communities that St. Joseph serves**
- **Each birth is unique.** Our work aims to improve care, communication, experience, and outcomes with empathy, partnership, and cultural responsiveness as foundational.

# What we heard from Native parents

## **Often parents struggle to be heard during their birth**

**experience.** We heard multiple stories of miscommunication between parents and medical staff in the birthing suite. This resulted in needs not being met, fear being stoked, and a sense of disrespect present throughout the birthing process. Many stories we heard were rooted in the fact that native mothers did not have information or agency in key moments of their birth experience. This dynamic is strained, of course, by COVID and by the multiple claims for nurses' attention.

**We believe that the perception of the birth experience is highly dependent on the strength of the communication between parents and medical staff throughout the birth experience.**

# What we heard from Native parents

**Many Native parents lean heavily on family support systems, especially during birth.** Before COVID, many told us they felt St. Joseph was not welcoming of multiple family members at the bedside. Now, with COVID, the fact that Native parents are not able to invite Aunties and other support people to be with them during birth has dramatically impacted their comfort and confidence. Thus, mothers need more support and attention from the nurse staff, not less. Given that nurses attention is often pulled in multiple directions; and that most St. Joseph staff is not knowledgeable about that needs of Native parents, this creates the conditions for miscommunication and disrespect.

**We believe that St. Joseph must make the birthing suite more hospitable for Aunties/birth support partners; and must invest in the partnership between nurses and birth support partners.**

# What we heard from Native parents

## **Native parents struggle to integrate native birthing practices**

**with hospital protocols.** Many mothers described the staff's lack of knowledge about native birthing practices -- and many feel that the hospital space is not conducive to key birthing practices (ex: the lack of representation, the lack of privacy in the NICU, the chatter of medical staff in patient spaces, and the sensitivity to the medical residents brought into observe). Common practices (like only naming your baby after 10 days or keeping the placenta) are not easily accommodated.

**We believe that St. Joseph medical staff needs clear guidance on native birthing practices; but more importantly need to cultivate and embed cultural responsiveness and curiosity in its processes and communication.**

# Moving from STORIES we heard to the SYSTEMS we want to change.

Often parents struggle to be heard during their birth experience. They need their wants and wisdom heard.

**Increase AGENCY of birthing parents.**

Native parents lean heavily on outside support systems during birth. In stories we heard having a Native advocate and/or caretaker in the room has potential to greatly improve experience.

**Support the presence and voice of Native ADVOCATES at the bedside.**

Native parents struggle to integrate native birthing practices with hospital protocols. Many birthing mothers experience discrimination, lack of cultural empathy, and push back on practicing traditions.

**Cultivate KNOWLEDGE, RESPECT and CULTURAL RESPONSIVENESS institutionally at St. Joseph.**

## Agency: in their own words

“The nurses acted like I didn’t want to breastfeed and like I didn’t know how to hold a baby. I’ve got five younger brothers and sisters and I’m the oldest of all my cousins. I know how to hold a baby. I know breastfeeding is healthier and that’s what I wanted but they just kept giving me a bottle”



## INTERVENTIONS (ongoing & experimenting with)

Birth Plan 'workbook' --  
explaining Standard of  
Care and inviting  
creation of personal  
birth plan

Offer more accessible  
opportunities to  
knowledge of birthing  
**PROCESS** and  
**OPTIONS** at St.  
Joseph's.

Create dedicated  
Intake Nurse  
position, with the  
intention of slowing  
down and making  
connection at intake?

Monthly clinic days  
in Hoopa for pre-  
labor intake  
process and  
discussion

Increase access,  
attendance and  
belonging in birth  
classes

Create asynchronous  
educational media:  
short videos, reading  
materials, education  
channel on TV in  
hospital?

Increase  
**AGENCY** of  
birthing  
parents.

## IN THE CASE OF CESAREAN SECTION (C-SECTION)

In some cases your provider may determine a vaginal birth is not medically safe for baby or parent. Reasons for this could include if baby is in distress (irregular heartbeat, for example), if baby is positioned or sized such that passing through the birth canal may be difficult, or if labor is progressing and other interventions are needed.

In these cases, a C-Section may be our Standard of Care:

### CARE PRACTICE

**Awake C-Section.** We will try to get you awake and your partner in the room for epidural or spinal (two different pain medicine can go).

**Delayed cord clamping.** If baby is breathing, baby will remain attached for approximately 1 minute after it continues to flow from the placenta. Delaying clamping is left up to the physician.

**Skin-to-skin contact.** We still encourage you or your partner after a C-Section.

### NATI

An important experience. Here we want to practice a

In simple practices, outline our family's preferences

For more information, turn to our Services, Information

Note our and you

## LABOR

If baby and birthing parent are medically well, our standard of care includes:

### CARE PRACTICE

**Helping to treat the pain of labor** through changes, use of a bath or birthing tub, pain medication and epidurals. These all consider and discuss with clinicians in moment.

**Not cutting episiotomies** unless medical after discussion with you directly. We encourage massage and warm compresses while you help decrease tears.

**Using multiple body positions.** We recommend multiple position changes during pushing on your back but may be squatting, on hands and knees, using a birthing stool or bar in advance of labor, to feel your comfort.

**Using methods of augmentation** (helping). Depending on how labor is unfolding we recommend rupturing your membranes, a prostaglandin (misoprostol), or oxytocin (Pitocin) to help progress. These are options to understand advance, and be ready to discuss if the

**Prioritize vaginal birth.** For the benefit of vaginal birth via uterine contractions is there is concern for the baby's well being we recommend a vacuum delivery or a C-section. We discuss the benefits of each of these choices would discuss this discussion with your clinician.

### In the case of complication

In some cases your provider may determine Reasons for this could include if baby is positioned or sized such that passing through the progressing and other interventions are (C-Section)' page to consider the process

Your wishes, in the ideal case:

If I have a c-section, I'd like to have the drape lowered so I can view the birth.

Yes  No  
Comments:

## INTAKE, SUPPORTERS, AND POLICIES

If baby and birthing parent are medically well, our standard of care includes:

### CARE PRACTICE

**Creating desired ambience and space.** We can help make the room comfortable in a way that suits you. The lighting in the room can be on or off. Music and personally significant items that create an altar can be a part of your birthing room. Aromatherapy diffusers can be borrowed from the hospital. However, we limit plugging in non-grounded electronics brought from home.

**Partners and supporters in the room.** You are welcome to have partners, doulas and other support people with you during your labor.

Note: As of September 2021, due to state COVID precautions, all partners and supporters entering the birth suite are required to be vaccinated for COVID-19 or have COVID test results within the previous 72 hours. Therefore we recommend partners to get vaccinated or seek regular testing in the weeks prior to the due date.

**Monitoring your baby during labor.** This can be done either intermittently or, if medically indicated, continuously. We have monitors that attach with soft, stretchy bands around your body as well as monitors that are like stickers on the front of your belly. They should not limit your movement when you are laboring.

**Eating and drinking is allowed** during labor - we suggest lighter foods and there are times when we will recommend only ice chips or clear fluids  
\*\* NEED TO CHECK THIS - may not be case for all staff \*\*

### WHY WE DO THIS

We know that setting affects attitude and mood and we want you to feel safe and as relaxed as possible during your birth.

Every person needs support in labor. We want to make sure that the people who are most important and reassuring for you are with you. Your partner and other supporters are also critically important. The more knowledgeable they are about birthing and your wishes, the better they can help support laboring.

Having a doula present in labor has also been shown to decrease the use of epidurals and increase the likelihood of vaginal birth (rather than C-section). Please contact XXX for more information about doula services.

We always want to keep track of how baby is doing during labor. If there are signs of fetal stress in labor that can be a reason to discuss a change in management with your clinician.

Fluid and oral intake is important in order to have energy for birth itself.

Your wishes, in the ideal case:

Your wishes, in the ideal case:

Please monitor me intermittently if safe medically.

Yes  No  
Comments:

I would like for the nurse to tell me what she is seeing on the monitors at every update

Yes  No  
Comments:

My birth support people should be with me throughout the birth. (You recommend you name one or two people here)

Supporter Name: \_\_\_\_\_  
Supporter Name: \_\_\_\_\_  
Comments:

Particular ambience and space desired?

Yes  No  
Comments:

## NATIVE CULTURAL PRACTICES

An important place to start when considering one's desired birthing experience is to be grounded in one's family's and culture's practices. Here we wish to open the invitation to express elements of your practice and wishes, so we can best welcome and accommodate them.

In supplement to that reflection, here we also note some common practices of Native peoples local to the Humboldt area, and aim to outline our approach in regards to those practices. We understand no family's practice is identical to another's, however we aim to list some common practices.

For more information about traditional Native birthing practices you may turn to resources via local offices of United Indian Health Services, K'ima:w Medical Center, and Two Feathers Family Services.

*Note cultural practices important for hospital staff and your own partner and supporters to know here:*

### Common practices, and how we accommodate them:

#### CARE PRACTICE

**Baby Baskets.** Baby baskets are welcome in the hospital. We invite you to bring your basket and place baby in the basket when you feel comfortable.

#### Taking the umbilical cord or placenta home with you.

You may take the umbilical cord and/or placenta home with you. Note your wishes here, and verbalize your intention at intake. To take the placenta home, you also need to place placenta in your cooler (ice can be provided at the hospital) as soon as possible after birth and arrange someone to help transport home and placed in a freezer within the first few hours.

**Traditional medicines.** Traditional medicines such as sage and Angelica root are welcome in hospital. Unfortunately no burning of any substance is allowed inside the hospital.

Note here what space or support you need to best accommodate your own medicine practices, while in the hospital. Please feel free to ask our staff for support or quiet as needed.

**Prayers, songs, and rituals.** Prayers, songs and other communal rituals are important practices, and welcome during labor, birth, and post-partum. Please note spiritual and culture practices here, and how you wish staff to make space for them.

**Family support.** For many, birthing is a communal, spiritual, and sacred experience. We aim to welcome loving community around birthing parents. We invite you to note the people you want in the room throughout labor and delivery. However, please note in more urgent moments, we may need to ask some people to leave the room.

**Baby naming at 10-days.** Many parents may wish to wait ten days after birth to name baby. We can honor and accommodate this wish. However, be aware that state law requires us to record births with 10 days of birth. Therefore our recorder will ask to contact you by phone on the tenth day for baby's name.

#### YOUR WISHES

Your wishes and notes:

Your wishes and notes:

Your wishes and notes:

Your wishes and notes:

Your wishes and notes:

Your wishes and notes:

### Special case:

if safe medically.  Yes  No  
Comments:

what she is seeing on the  Yes  No  
Comments:

with me throughout the  Yes  No  
(one or two people here) Supporter Name: \_\_\_\_\_  
Supporter Name: \_\_\_\_\_  
Comments:

ired?  Yes  No  
Comments:

## Advocacy: in their own words

“No one told me what was happening. I didn’t know that they were going to reach up and take the placenta out of me. No one told me that it would be more painful than pushing out the baby. My auntie told me that this happened to her and they took her to the OR and she had medicine. Why didn’t I get that option?”

# Advocacy: in their own words

One mom we spoke with described the loneliness of her second birth compared with her first. At her first birth, she was surrounded by family who remained at her bedside throughout the experience. Her first child was welcomed into the world by her family. At the second birth which occurred during the pandemic, she and her partner were left alone for many hours of labor by nurses who were distracted and absent. While they understood that their birth was happening at a stressful moment in the world, they experienced the medical staff as dismissive. After reporting pain from the perineal tear (pelvic floor tear), one nurse told her “you don’t have it so bad”.

The birth and the post-partum experience was lonely and stressful. Her partner was not made to feel welcome (no cot provided) and spent many hours trying to get support from the nurses and lactation support people.

Support the presence and voice of Native **ADVOCATES** at the bedside.

## INTERVENTIONS (currently experimenting with)

Create training for doulas to understand role, process, and options

Formally acknowledge advocate (support person), and connect with a nurse in the birthing suite  
**IN THE MOMENT.**

### Other possibilities.

Recruit, hire and attend to the career pathways of Native nurses + providers

Support the BIPOC Doulas Collective

Support training programs that target candidates from BIPOC communities

## BIRTH ADVOCATES:

### OUR GOAL

We want to provide the best care we can for birthing parents: **medically-sound and responsive to personal choices and cultural practices.**

We know having caring family member or supporter in the hospital can greatly improve the experience and health outcomes. We invite and welcome partners and supporters in the beautiful and challenging experience of birth.

#### *Creating Your Support System:*



**A Coach**

**Focusing on care, love and encouragement of the birthing parent**

These roles could be held by the same person; however, there may be a benefit in having two different people playing different roles. It can be beneficial to have an advocate who has been in a birthing experience before (given birth or supported a parent through birth), and can stay clearheaded during the emotional and physical challenges of birth.



**An Advocate**

**Focusing on the choices and progress of birthing, and helping with communication with staff**

## LAYING A COACH

*Supporter playing a coach role does the following:*

**Attend a prenatal class** with the birthing parent. This is on the same page.

**Be present** with the birthing parent! **Be present.** Do not be one or talking with relatives who may be visiting. Pay attention to how they are breathing. Ask them

to be stressful. **Keep a calm room** & limit stimulation

### ER

ing aroma therapy (oils and lotions are allowed but not candles), and with visiting family members all may be appropriate.

ch their body language. If they are tense, remind them to breathe. If uncomfortable in certain situations, plan for this.

specific places that can help reduce pain. Many times, the lower apply pressure during labor.

sitions will feel more natural to a birthing parent.

arent is not on their back. Help them turn to the sides with a peanut their legs.

ay facing forward, help them sit up in bed and use the "Criss Cross hnique.

irthing parent to walk around the room, or squat on the side of the ng ball.

try out positions ahead of time to see what feels better.

st meal (ex. bone broth and squash squash soup would be more aving the body rather than a hamburger).

foods to reduce anxiety about bowel movements.

## PLAYING AN ADVOCATE

*Supporter playing an advocate role does the following:*

nd discuss the wishes of the birthing parent. If a birth plan to specifically address a number

**parent wishes for you to help communicate to hospital staff.** Give the opportunity to make decisions themselves, and give the final word, to advocate on their behalf. *Please note: legally only the patient can give er, as a support person, you can notify nurses of the need and begin the*

ng communication, ask the nurse how questions/needs are answered (eboard, find a nurse at the charge station).

work, request the charge nurse.

**Be at the hospital), check in with the nurse and announce your role: ent's support person and advocate.** Note that you'd like to be during the hospital visit.

**and of time of any traditional practices, like special prayers, or has.** *Note: Unless out of medical necessity, St Joe's already welcomes the stant, delayed cord clamping, delayed infant bath, option to keep placentas nal baskets such as 10 day.*

chooses not to name their infant for 10 days, be prepared to pital staff ON that 10<sup>th</sup> day. The hospital is required to provide the 10<sup>th</sup> day. The registrar helping the patient or parent with this will st of the paperwork for legal documents while the birthing parent is in e, the birthing parent can apply for their infant's social security card, quest a name-change/amendment.

secondary and any emergency pain management decisions for the

accines like Hepatitis B or Vitamin K, that will be offered to the t.

# Cultural responsiveness: in their own words

One parent we spoke with had delivered at 32 weeks and her child needed to spend the first month of life in St. Joseph's NICU. While this parent felt good about the care her child was receiving, she was devastated that the first 10 days of her child's life, a sacred moment in her tradition, would take place in the hospital. Unable to have her family around her, this mom attempted to create space for rituals and blessings in the NICU. She struggled to find quiet amid the chatter of the hospital staff; and found herself having to explain or correct medical staff in the moment when she was attempting to create sacred space for herself and her child.

At one point, when she was holding angelica root , a nurse said "Oh, you have sage, good for you". Another nurse tried to initiate a conversation about why so many sad stories were happening in her tribal lands when she was holding her newborn. And the final frustration was the staff's questions about her child's name. It was clear that her intention to adhere to the tradition of not naming her child until the 10th day was creating a paperwork inconvenience. She left the hospital offended by the lack of knowledge and consideration.



**Cultivate  
KNOWLEDGE,  
RESPECT and  
CULTURAL  
RESPONSIVENESS  
institutionally at  
St. Joseph.**

**INTERVENTIONS  
(ongoing and experimenting with)**

Cultural  
responsiveness  
training for St.  
Joseph staff (starting  
with OB unit)

Meeting with OB  
staff + external  
stakeholders to  
embed findings  
long term

Create one-pager to outline  
common (but not assumed) local  
Native cultural practices. (Basic  
knowledge for all staff and any  
new onboarding)

Add art in OB unit  
representing local  
Native people  
(and other  
communities)

Change  
naming of  
“unmarried” in  
discharge  
packet

Align standards of  
lactation consultants so  
advice is consistent and  
care is culturally  
responsive

Better welcome and  
accommodate a 10-  
day naming practice



## Welcoming Native Cultural Practices in OB

A guide for providers and caregivers  
working with birthing people.



Ruby Tuttle, LM & doula  
Seeds of Ancestral Renewal (SOAR)

Looking for co-signatures on the following petition:

## Amend state policy to accommodate the naming practices of Tribal families welcoming a newborn.

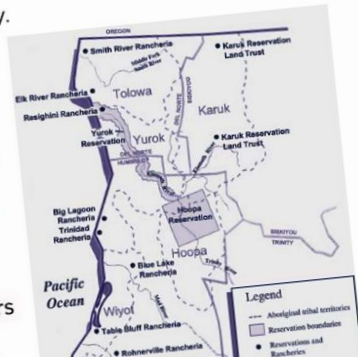
Like our partner medical institutions in this community, St. Joseph Hospital strives to align the wisdom and cultural traditions of the communities it serves with the care we provide. It has come to our attention that many Native families celebrating the arrival of a newborn encounter a state policy that interferes with traditional practice. It is our hope to alert the state authorities to the unintended consequences of its birth certificate registration process. Please consider becoming a signatory on the following letter to the chair of the CA Assembly Committee on Health, Assemblyman XX Wood.

To Assemblyman Wood.

We are writing to request that the state amend its birth certificate process to accommodate the traditional naming practices of Native families in Humboldt County and the surrounding Tribal lands.

Currently, birth certificates must be registered with the local registrar within 10 days of the event. That creates a challenge for Native families who traditionally do not reveal a newborn's name until the 10th day of life. It also creates a tension between Native families and the institutions charged with executing on this policy.

Humboldt County currently includes the territories of nine federally recognized Tribes and Rancherias. The Karuk, Hupa, Tolowa, Wiyot and Yurok Tribes remain on their traditional homelands to this day. Humboldt is known as the "Lost Coast," and many believe that geographic isolation has saved some of the culture of Indigenous people. The sovereign nations within Humboldt County have their own specific beliefs, traditional practices and ceremonies. While colonizers took the lands, the Tribal



CALIFORNIA STATE ASSEMBLY  
Media Archives

### Live Media

Assembly Room 1100 Video, Tuesday, March 29th, 2022





Artwork of Lyn Risling



Pictured: Heather McCovey

Artwork of Sorren Richards



# Collaboration Opportunities

## Doula

- Hosting informational sessions for future Doulas
- Technical support for current Doula providers with billing and MediCal changes
- Expanding reimbursement services (Ex. Lactation)
- Creating a Doula pilot group within Partnership Health
- Creating localized trainings and Doula certificate pathway
- Consider expanding to other community of cultures

## Community

- Funding to continue community gatherings to provide culturally responsive birth education

## Birth Plans

- Funding for Providers to review birth plans during prenatal appointments



Pictured: Heather McCovey and their son. This photo is displayed in the Providence Childbirth Center.

## Questions for you all:

- How are you impacted by what you have heard?
- What are we missing?
- What support can you offer?
- Where should we go next?