

Fourth Trimester Podcast

Episode 98: The Best Hospitals For Labor And Delivery - Find Now With Ratings App 'Irth' Created By Kimberly Seals Allers

Sarah Trott: [00:00:05] My name is Sarah Trott. I'm a new mama to a baby girl and this podcast is all about postpartum care for the few months following birth, the time period also known as the Fourth Trimester. My postpartum doula, Esther Gallagher, is my co-host. She's a mother, grandmother, perinatal educator, birth and postpartum care provider. I've benefited hugely from her support. All parents can benefit from the wisdom and support that a postpartum Doula provides. Fourth trimester care is about the practical, emotional and social support parents and baby require, and importantly, helps set the tone for the lifelong journey of parenting.

When I first became pregnant, I had never heard of postpartum Doulas, let alone knew what they did. So much of the training and preparation that expecting parents do is focused on the birth and newborn care. Once a baby is born, often the first interaction parents have with medical or child professionals, other than the first pediatrician visits, is the six-week checkup with the OB/GYN. *What about caring for mama and family between the birth and the six week doctor visit? What are the strategies for taking care of the partner and the rest of the family while looking after your newborn?*

Our podcasts contain expert interviews with specialists from many fields to cover topics including postpartum doula practices, prenatal care, prenatal and postnatal yoga, parenting, breastfeeding, physical recovery from birth, nutrition, newborn care, midwifery, negotiating family visitation, and many more.

First-hand experience is shared through lots of stories from both new and seasoned parents. Hear what other parents are asking and what they have done in their own lives.

We reference other podcasts, internet resources and real-life experts who can help you on your own parenting journey. Visit us at <http://fourthtrimesterpodcast.com>

Sarah Trott: [00:00:41] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. I'm here with my co-host Esther Gallagher and a special guest today. Her name is Kimberly Seals Allers and she's a second time guest, and we're so honored and thrilled to have her back with us today. I'm going to introduce her in a moment.

Sarah Trott: [00:00:59] And before I do, I wanted to remind our listeners that we have a website which is Fourthtrimesterpodcast.com. Please go and check it out and subscribe to our newsletter and support us on Patreon. Become a patron to help support the work that we're doing on the program.

Sarah Trott: [00:01:14] So Kimberly Seals Allers is such an amazing guest for our program. She is a Femtech founder, she's a writer, a speaker. She's been a maternal and infant health strategist with a bold vision to transform the experience of motherhood for all. Kimberly has written five books. She has her own podcast called Birthright, which is fantastic. I was listening to it just this morning and I really loved it. Especially there's even a short 12 minute episode all about the concept of birthright.

Sarah Trott: [00:01:47] She co-founded Maternal Breastfeeding Week, which is the last week of August every year. She's in a film, a documentary called The Big Idea. And in that documentary, she's talking about the combination of community and technology to help empower women in their experience of birth and motherhood. And it's tied to a really cool app, and we'll hear more about that. Kimberly is also a mom, and her own experiences helped inspire her work and her journey professionally.

Sarah Trott: [00:02:16] And the last time we had you on the show, Kim, you were on episode 23, so anyone who's listening, go listen to that episode after this one. Episode 23, where she talks about a book that she wrote called The Big Letdown, which is we call it Kimberly Seals Allers wrote the book on breastfeeding. So that's what it's all about. And it's such a good episode as well. And you're back today to talk with us a little bit about what you've been up to and shifting narratives and empowering women. And we're just so thrilled and honored to have you back. Welcome, Kim.

Kimberly Seals Allers: [00:02:49] Thank you. Thank you so much for having me.

Sarah Trott: [00:02:52] Yeah. And Esther, my co-host, I wanted to turn it over to you for a moment as well.

Esther Gallagher: [00:02:58] Thanks, Sarah. Kim, it's just a dream to get to have you back on the show. And I don't have a lot of preamble, but I'm remembering the critique of the capitalist entanglement that motherhood has in the US in terms of what we are allowed to experience vis a vis breastfeeding, but mothering in the broader strokes, and I think it would be wonderful to have you get us up to date on your community work and how that all got integrated, and the medical review app for reviewing hospital practice in your area has been working what it's all about and how it's scalable for other communities.

Kimberly Seals Allers: [00:04:00] Yeah, it's so exciting to be back and to be in conversation with you both. You know, I think one of the things that I realized from my own mothering journey and my own pregnancy and childbirth experience is that people are not being treated the same way, even at the same place. And that many of us do the research as we do around pregnancy and motherhood. We are looking for a place to have a safe and empowered experience. We're looking for a place that's going to make us feel good, or has the things that we like or we know that they support breastfeeding and body feeding, whatever it is for you.

Kimberly Seals Allers: [00:04:34] But I think we're not having the conversation to say that actually, regardless of all that research, you may not receive the same treatment as someone else. And many times those disparate experiences fall along lines of race ethnicity in our country, insurance type, sometimes even language proficiency. So unfortunately, bias is an inherent part of the American birth experience. And so my most recent contribution to this movement is around making bias-free birth a reality for all.

Kimberly Seals Allers: [00:05:07] And so what does it mean for us to have a pregnancy and childbirth experience that's without bias? And so I created this app. It's called Irth which is like the word Birth. But we dropped the B for bias. So it's Irth really as a tool and a platform for us to be able to share publicly where we're getting good

care and where we are not, given what we know about maternal health outcomes in our country, given what we know that black women are 243% more likely to die during pregnancy and childbirth. Given what we know, these statistics persist regardless of education income.

Kimberly Seals Allers: [00:05:45] In fact, in this country, a college educated black woman is at a greater risk than a high school graduate white woman. And so, given what we know, we at this time center black and brown birthing people as the primary targets and demographic for our platform.

Kimberly Seals Allers: [00:06:02] Irth is a tool for black and brown women and birthing people to leave reviews of their OBGYNs, birthing hospitals, and pediatricians. We are all about capturing that whole spectrum. Folks come in, they can leave a review about their prenatal experience. They can come back. We have a separate review track for births, where we also ask questions about doctors, nurses and lactation consultants because breastfeeding is always everything for me.

Kimberly Seals Allers: [00:06:26] And then we have another review track for a postpartum visit for mama or parent, and then we have another review track for pediatric visits up to baby's first birthday. Because unfortunately, what's happening to black mothers is also happening to black infants in terms of their disproportionate rates of mortality and morbidity.

Kimberly Seals Allers: [00:06:43] So I had this big idea that we could crowdsource our experiences and use our stories. And what I'm most excited about is the back end that on the back end, we turn these reviews into data to work directly with hospitals, payers, providers. What does it mean to give someone a black birthing person, in particular, a five star experience? And that is what we seek to define what makes that experience and then hold hospitals accountable to that. So we're all about systems change. We're all about holding health systems accountable and providers accountable for the care that they deliver, and that it should be bias free. And so we're excited about the momentum and the growth.

Sarah Trott: [00:07:25] I love that you're involving the community directly. And in particular, it sort of speaks to the topic that we've touched on a number of times, which is, as a parent, developing self-trust and also developing confidence in your own voice, that your voice matters and you matter. And it really comes down to advocating for yourself. And what I love about what you're doing is that you're using technology to aggregate those voices and turn them into information that can then be translated into real change. I am so impressed with that, and I'm so excited about the work you're doing.

Kimberly Seals Allers: [00:08:02] Thank you. And I think it's been really interesting because you talk about advocacy. And one of my early learnings, even from our data in the Irth app, is that for us to understand that at times having a voice is a privilege. What we're seeing in our Irth app reviews far too often is that when black and brown people, particularly black women, speak up for themselves, they are often penalized for that. And so I'm always learning and cautious and understanding because what we're about is centering that lived experience. And the lived experience of advocacy, unfortunately, means that some people may be penalized for speaking up. And this has been a really tough lesson.

Kimberly Seals Allers: [00:08:49] And this is why our work is very much focused on systems, because we need to push for systems change and not continue to expect birthing people to carry the burden for the success of their own birthing journey. We know we need to do our part, but someone's got to hold accountable the people who are literally being paid to literally to get us through this journey.

Kimberly Seals Allers: [00:09:14] So always trying to balance that and really appreciating all the learnings that are coming from what we're seeing on the back end of Irth and the ways that our community is sharing their experiences. But I think that's an important thing that sometimes people are speaking up and because of it, they are punished. And that is a very scary reality that we see far too often on the platform.

Sarah Trott: [00:09:42] Yeah. That is really scary. Mhm. I struggle with that. Like what's the practical takeaway for listeners who are pregnant or hoping to get pregnant and about to go through this experience themselves?

Kimberly Seals Allers: [00:09:53] We actually have a downloadable e-book on our website <https://irthapp.com/resources/> because what we found when the actual strategies that are effective is knowing the medical language of, I need you to notate my chart to say that I requested this and was refused. To know before you go in, who exactly is the president of the hospital and to know that email address, to know that phone number and to begin to, as the young people would say, drop names.

Kimberly Seals Allers: [00:10:27] So it's about accessing power. It isn't about accessing information. Because you as a person in a black body, holding information can be viewed as a threat. It's a problem. It's deeply concerning. But I want to be very candid about what our data shows us. So, yeah, I mean, unfortunately, it's about those things.

Kimberly Seals Allers: [00:10:51] And I think going back to also understanding the value of doulas, because sometimes when that advocacy is happening away from you, it can at times be more helpful. Although we know that doulas are also often facing oppressive environments and are not respected in all hospital situations as well. So that's another piece that can be a tool. And then. Yeah, I mean, it's a tough one. It's a tough one.

Sarah Trott: [00:11:17] Okay. We'll make sure to reference your e-book on the article that we have online with this episode. So thank you.

Esther Gallagher: [00:11:24] On the one hand, it occurs to me that people are coming forward to share their experience for who comes behind them. Like they're going to have very likely a crap experience. But because they can anonymously share this and it can go into a data stream that can be delivered back to the hospital. And also, I hope, leveraged in a more public setting that says, here's what your hospital says they're going to provide you. Here's what people actually experience, right?

Esther Gallagher: [00:12:05] Because we've talked about the whole PR, right, in terms of the breastfeeding and formulas, just as good for your baby and blah, blah, blah. and now these disparities are coming to the forefront, and hospitals really want to maintain a kind of power that comes from propaganda about what they're doing. You don't have to look far to see it. And unfortunately, I think it gets promulgated by the few people who have a good experience.

Esther Gallagher: [00:12:38] And so I'm curious if you would be willing to talk just a little bit more about how you have leveraged that community involvement around this. I love the idea that I have this little idea in my head that you're going and knocking on doors in your community and saying, here's the app. But I'm sure it's more.

Kimberly Seals Allers: [00:13:03] It's pretty close to it. It's pretty close to it. so you know, I think. Let me back up and say that we're building a platform that's full of patient experience data. And hospitals ask questions all the time. The problem is, black and brown people are not responding to hospital administered surveys because of the earned distrust. And I do emphasize that it is earned.

Kimberly Seals Allers: [00:13:31] And so our strength is that we are a nonprofit. We're community led. We are a black woman led nonprofit with a people of color team. And so our trust is really what we have. I take it very seriously that our community trusts us. I spent a lot of time before there was one line of code to literally learn how to build products that are safe for black people to learn, like what my community actually needed to figure out what were the types of questions and the way that we could answer them, ask them, and then have them answer. These were all things that I did before any lines of code were ever written. I was grant funded for 18 months of work.

Kimberly Seals Allers: [00:14:13] And so one of the things that we learned was that our community needed some hand holding. I think that black people expect bad things to happen to them. And this is actually shown in patient and data between the difference between patient satisfaction and patient experience.

Kimberly Seals Allers: [00:14:32] Like we have a lower expectation than most people because we just expect bad things to happen. And I think in a general way, in society, white women are socialized to believe that everything that happens to you matters and you should always be sharing. And we're just like that bad thing happened. I expected something bad to happen. I'm moving on with life, It's not so big of a deal. And so our community requires a little bit more support for them to know that what happened to them does matter. It is not as easy of a message in my community.

Kimberly Seals Allers: [00:15:01] And so one of the things that I'm really incredibly proud about is that when we go into a city, we activate birth workers. They are our first, often our first line of defense, as we would call it. We have a Irth Ambassador program that I'm really proud of. We piloted here in New York City with the New York State Health Foundation. And one thing that I was learning in my engagement and working with doulas - love doulas, I'm not a doula. We don't train doulas. Everyone asks that. I'm also not a lactation consultant, which people think that I am, but I'm not.

Kimberly Seals Allers: [00:15:31] But the doulas themselves, particularly those working in black and brown communities, were under a lot of stress. When I listen to the stories that some of the doulas in my own city are dealing with, I don't know how they do it. I don't know how they show up. Again, it is traumatic. Traumatic and not just what they're seeing, but also their own treatment.

Kimberly Seals Allers: [00:15:53] So when I had a vision for how we could give our community support, how we could activate these folks that I love, that I know are trusted members of the community and have a passion for our mission. We created the Irth Ambassador Program, and the Irth Ambassador Program is a paid program where we invite birth workers in. They get a monthly stipend that's a supplement to their income. They have access to a therapist. The therapist was the first thing that I gave to our pilot group. They have access to a therapist who holds group and individual sessions for them.

Kimberly Seals Allers: [00:16:26] We create a curated speaker series that brings in folks who are there for their personal development, professional development. We've

had speakers come and talk to them about marketing because they are running their own businesses, many of them how you need to learn about finances. We had an amazing presentation called Black Women Do VBAC that we paid to have done for them. I mean, just pouring into them. We create opportunities for the community. We give them networking. Our group chat is on fire, but they needed community and support. And so one of the things that I realized was that we were contributing to the sustainability of the perinatal workforce, and that is exactly how we get it funded.

Kimberly Seals Allers: [00:17:05] These are all grant funded programs where we are actively trying to give back to doulas and other birth workers, and in return, our Irth ambassadors. They're at every community baby shower. They're the ones in their community talking to churches. They're talking to the local sororities. They're at the Wick office. They're out in front of the Walmarts. All the community engagement work. They really lead for us, They are on social media. and so this is part of what we do.

Kimberly Seals Allers: [00:17:34] We now have paid Irth Ambassador cohorts in eight cities, and we have a national cohort of a little bit over 100 doulas who don't live in cities where we are grant funded to pay them. But they said, we love the mission. We'll take advantage of all the virtual offerings and the speakers and the other things that we do count us in, and they still get their gifts. We also reach out to brands to send our birth workers nice things, our Irth ambassadors, nice things on a regular basis. So they get all that, but they're not yet in a funded city. And then when we do get funding for their city, as we just got for Atlanta, we invite any Irth ambassadors in that Cohort to have first dibs at being part of a paid cohort.

Kimberly Seals Allers: [00:18:14] And so this is the key pillar of our community. Engagement is around. And I say all the time taking care of those who are taking care of black and brown birthing people. This is what we do as a brand and for me as a company, as an entity. And so that has been a pretty big part of our community engagement strategy. We are a nonprofit, so we don't have the marketing budgets that often come with apps. We don't have any of that. And I also love this approach because it's very community forward and very much aligned with who we are as a platform and who I am as a person leading this kind of effort. And so that has been a big part of it.

Kimberly Seals Allers: [00:18:53] And then our national community engagement manager she does a lot of additional stuff. Each city has their own community engagement coordinator. But our ground game is real. And so we are almost knocking on doors. And if we don't see you at the community baby shower, we don't see you at the church. We don't see you in front of Walmart. We don't see you at the breastfeeding group. We don't see you at the prenatal classes. We may have to come knock on your door and I'm here for it.

Esther Gallagher: [00:19:17] That's just amazing. Of course, it just makes sense.

Kimberly Seals Allers: [00:19:22] You know, one of the things that's been really important to us around sustainability is that we know that our data has value. And right now, all of our hospital pilots, well up until three months ago have been 90% grant funded. But at this point, we ask hospitals to share in the cost, Because we have valuable data, we are helping them through a strategic plan, I mean, basically. So right now when we go in, our goal is really systems change.

Kimberly Seals Allers: [00:19:52] Irth is a social impact tool. And yes, it's a dual market. Our front end is all for the community, but our back end is producing robust data. We are building the first national repository of experiences of care, of black and brown birthing people in maternity and infant care. And it doesn't exist. So I am clear as a business person that our data has value. and hospitals simply don't have this information. As I mentioned, black and brown folks are not responding to hospital administered surveys, whether it's press gains or age caps or whatever new caps they're making. When it comes from the hospital, there's always going to be distrust. That's where we are right now.

Kimberly Seals Allers: [00:20:29] And what I say to hospital systems is like in any relationship where trust has been broken, somebody needs to be transparent, okay. And I'll let all those in a relationship think about that for a minute. But it's true. And so similarly we offer the transparency of our reviews really as a benefit to hospitals, although they don't see it that way.

Kimberly Seals Allers: [00:20:49] We can talk about that as a benefit of the hospital for them to repair the trust that is broken with communities of color, that is really our offer to them. And we're giving them data that we know they don't have as a nonprofit. Many hospitals, patient experience folks have opened up their dashboard, share screens with their Press Ganey many times we have had more reviews than they have in their own Press Ganey platform from black people and brown folks, They're simply not getting it, and certainly not in proportion to the percentage of their birthing populations.

Kimberly Seals Allers: [00:21:20] So if you're in New York City, where I don't know how much of population we are, but I know it's pretty significant. And you only have 1% of response rate from black people, not representative of the percentage of your birthing population or the community that you serve. There's a problem, So we can feel a real need. And now as we in our process, we do in-depth review collection. We analyze those reviews. We help the hospital create a actionable strategy. We come up with short, medium term, long term goals. We move into implementation period.

Kimberly Seals Allers: [00:21:55] But then after a certain amount of time where we've determined that there are some short term goals that we can do, we are going to go into evaluation. And that means we go back into the community. We activate our Irth Ambassadors. We do an additional review collection. This one is typically a smaller sample size as a test of change to see whether these reviews have improved.

Kimberly Seals Allers: [00:22:15] Now, the beauty of this part, which is my favorite part, is because, as you can imagine, hospitals would love, love, love, love, love to tell us they're going to do something and not do it. Which is fine, We understand the nature of the beast that we want to improve, but what happens is they know that at a set period of time, like I will say to them, how long will it take you to do this? Six months. I'm going to give you eight. But in eight months we're going back in the community and now you have an opportunity. You can have a fresh batch of improved reviews, or you can have a fresh batch of crappy reviews. That choice is yours.

Kimberly Seals Allers: [00:22:51] And so they are incentivized to do the work that they said they were going to do because the transparency, the public perception and their reputation hinges on it. Right now, you know who I am. So before I arrived, there was a whole press release about Irth being there. That's what we're doing, all of that has been made public because it's the transparency of the whole process that helps people move along. And then once they can get through that and we do additional steps, whatever we want them to be able to achieve some sort of recognition. So for me, in my vision about Irth, it is our Good Housekeeping Seal of approval for black and brown birthing people. Our community is going to be looking for hospitals that are Irth approved providers that are Irth approved.

Kimberly Seals Allers: [00:23:38] This is important, and we're building that movement within our community. And so we want hospitals to say I say to them, you, I want you to be the first Irth approved hospital in your city because of all the regulatory folks that you have to respond to and answer to. If the community doesn't say that they feel seen, heard and respected in your facility, then you haven't done your job, you have not fully done your job.

Kimberly Seals Allers: [00:24:01] And so we give them an opportunity to be proud that they've done the hard work of listening to the community, responding, taking action steps, being held accountable to those action steps, and then moving themselves forward. Irth approved has layers because many of them are just going to be at silver. It might be bronze. I feel like they should be copper or wood, but my team says no. I'm here for carrots and sticks and we do want hospitals to be engaged in a carrot.

Kimberly Seals Allers: [00:24:31] We have to start a race to the top. If I could tell you how many hospitals will say to me, well, we haven't had a maternal death in two years, three years or whatever. As if not killing us is the goal. Just because you didn't kill us or nearly kill us, doesn't mean we had a good experience. And you certainly don't get a reward for not killing us. We came in there to bring life into the world. We're not even sick. I'm not even sick.

Sarah Trott: [00:24:56] The bar needs to be so high, so high. And I love that you're creating accountability and the opportunity for hospitals to turn it around and provide some evidence that, hey, we've done our good work and what a way to create trust and partnership with that transparency in your approach.

Sarah Trott: [00:25:12] And despite not having the big marketing budget, I would hope that with your community-based approach that you start to benefit from the network effects. Meaning the more people that use it, the more data you have and the more valuable it becomes. And because it's more valuable, more people will use it. And it's a virtuous cycle that supports your front end and your community, but also the hospital community, all of the perinatal professionals that are out there.

Kimberly Seals Allers: [00:25:40] People need to be listening to the lived experience. We cannot focus on clinical outcomes only. Again, just because we didn't die or nearly die doesn't mean we had a good experience and we're ignoring a whole spectrum of harm, as if it doesn't matter if we survived. This is a very low bar, as we said, and we also know that these experiences impact postpartum mental health.

Kimberly Seals Allers: [00:26:01] So much of what we're seeing happening and for a great number of people, postpartum has been related to their own trauma. My own trauma postpartum was certainly around blaming myself for the experience that I had. You know, when I thought I did all the research and trying to figure out, like, what could I have done differently? And it really just really scars the early days of your mothering journey, when it has to be truncated with trauma that's unnecessary and preventable and not fair.

Esther Gallagher: [00:26:34] Kimberly, I want to say how thrilled I am that you're centering experience, that this is the key moment that we're focusing on, which is something that, even if complicated, could have been held and supported in a kind and loving and appropriate both culturally and emotionally way, isn't. And the words you're not using that I'm going to insert here is abuse. Because to not do that, to not be kind, to not hold with understanding, compassion, care, respect is abusive.

Kimberly Seals Allers: [00:27:20] I agree with you 100%. And I think one of the things and people ask this all the time but I think one of the things that we see in our Irth data is like people can make the distinction between what happened and how it happened, And Irth is here to capture how it happened. When I look at the number of NICU reviews, we can all agree that no one wants to be in the NICU. But so many positive reviews where people have said the nurses answered my questions. They were kind to me. They supported my breastfeeding. You know, like everyone can accept that.

Kimberly Seals Allers: [00:27:51] Perhaps you wanted a vaginal delivery and it didn't happen. But how that happens is the difference between walking out, feeling good about yourself and having trauma that who knows how it can be addressed. And so we really try to make that distinction, that to your point, people can understand that they ended up having a C-section or that baby was in the NICU. It happened to my baby. But how that happens is really the part that causes so much harm and trauma that needs to be addressed.

Kimberly Seals Allers: [00:28:20] Thinking about those practice behaviors that we know disproportionately lead to harm beyond just people not being kind and the abuse. And for many, unfortunately, for far too many black birthing people that abuse, that type of abusive behavior or the behavior practices that I would put under the umbrella of abuse can become very harmful, that they could lead to even more severe outcomes and to death.

Kimberly Seals Allers: [00:28:47] And that's another thing that we're looking at because right now in our national database, the number one negative experience being reported on Irth is my request for help were ignored or refused. That's number one. Number two is my pain levels were dismissed. Number three is I was scolded, yelled at, or threatened. Number four is my physical privacy was violated. And number five is I experienced assumptions based on racial stereotypes. And I want to hone in on one and two briefly, because in pretty much every black maternal death story that you've read, somebody was asking for help and they were being ignored and somebody was in pain and it was being dismissed.

Kimberly Seals Allers: [00:29:24] And so we really want ltrh to be an early warning detection tool. When we see these things in high frequency, it's a red flag. And those are the hospitals that we reach out to on a regular basis, because we know the behaviors that have disproportionately led to harm. There are some that are abusive, and then there are some that we know and high frequency have led to death, scolded, yelled at, or threatened. Too many people in the app reporting that they're having CPS called on them for decisions they're allowed to make.

Kimberly Seals Allers: [00:29:53] We've seen reviews where people are refusing formula because they want to breastfeed and someone's threatening them with authorities. This extra penalty of black motherhood. Who has the privilege to make decisions about their baby and their body, which they are allowed to make, which they are allowed to make? Because I don't want infant formula. I'm a bad mother, in your opinion, who gets the privilege to make those decisions? And so we see way too much of this being reported.

Kimberly Seals Allers: [00:30:19] We see a lot of black families who feel like the first question someone asked them when they walk in is, are you on WIC? Not that there's anything wrong with that, but why is that the first question when you see my black skin, Assumptions based on racial stereotypes. You know, in our birthing track, we break down questions, specific questions around doctors, nurses, lactation consultants. And I will say this. We know providers take a lot of heat, but our nursing reviews and our nursing feedback is very, very telling. And we see a very high correlation between folks having a negative experience with nurses, correlating to their overall negative experience at a higher rate than doctors.

Kimberly Seals Allers: [00:30:58] So with a doctor, people may still have a negative experience but still come out overall with a decent experience. But that nursing piece has a much higher correlation to an overall bad experience because, as we can now imagine, nurses spend a lot more time with folks. And these nursing reviews I was presenting at a nursing conference, and it was the first time that I asked our data team to pull out just our nursing feedback.

When I want to tell you how angry I was at reading, and I got on that stage at this neonatal nurses conference and I said, if I see one more review where someone says a black man was called Mr. Baby Daddy, I promise you. I will explode. And you don't like to see Kimberly Seals Allers and explosion mode. I'm just going to let you know that right now.

Kimberly Seals Allers: [00:31:47] The level of disrespect and disregard and remembering we accept reviews not just from the birthing person, we accept reviews from fathers. We accept reviews from doulas. So this is a myriad of perspectives. And so this level of disrespect and abuse is happening far too often. And just because it doesn't lead to death doesn't mean that it doesn't need to be addressed, because likely it will lead to something more catastrophic very soon.

Esther Gallagher: [00:32:16] And I'll just mention it's nothing new. This is a long history in US obstetrics. Not only has it always been terribly sexist, Women are not, we're not afforded even an inkling of informed consent in my mother's day. It's something they say or they're giving you now. And I often am in a situation where I'm questioning whether that's actually what's happening with my clients is informed consent. But the deep, deep vein of racism in all things and in particular in hospital and health care in general. So to have a moment in our history where somebody has come up with something so brilliant, so necessary and so effective is, I mean, you deserve the Nobel Prize, my dear. And if they don't give it to you, they're going to hear from me.

Kimberly Seals Allers: [00:33:22] It really is simple. I appreciate that. and we can't win unless our community uses it. And every day, what keeps me up at night is will our community use it? So we are always asking for help because as you can imagine, it takes a lot for me to convince hospitals to listen to black people, and other people of color. People are like, oh, it asks a lot of questions. I'm like, I get that, I get that. But if you understood what it takes for me to get a hospital to believe us and to actually care.

Kimberly Seals Allers: [00:34:02] Irth, unfortunately, in my lifetime will never be a 3 or 4 question tool because the number of data points that I need to actually get hospitals to pay attention means I got to ask 20 questions. And I have to make sure that those

questions can yield data. And I have to do this, and I have to do that. And I'm getting emotional because it makes me so upset because I know that if I presented half of the numbers, that was pure white women having these negative experiences, they would be moving quickly.

But when it comes to black people, there's always an excuse, always a dismissal, always something else. And I can't Irth can't win unless we have numbers. So this is why one our Irth Ambassador is so important, but also like telling our story. And I'm so grateful to you all for sharing your platform for me to talk about that.

Kimberly Seals Allers: [00:34:59] We need the community. We need folks to leave Irth app reviews. And really, my ask is understanding what I know now. Not to say, oh, we told everyone about it, but to say, hey, I'm going to do it with you. To say, I'm going to sit with you and do this and we're going to we're going to do it together, or I'm going to have an Irth app review party, and we're going to get on zoom and like to do it with people to hold their hand through the process, to please hold their hand through the process. It is not easy. And particularly for those who may be recalling negative experiences.

Kimberly Seals Allers: [00:35:35] And I say on the other side of that, sometimes people think, oh, my experience was fine. And then they start answering our questions and they're like, wait, someone did ignore my pain. And someone, nobody. I did not see a lactation consultant in 24 hours, and I did not do this. And nobody told me about that. And now what they thought was, oh, not so bad. As they're going through their process, they're realizing something different. So these different experiences require someone to be there.

Kimberly Seals Allers: [00:36:03] So my ask is for anyone who believes in what we're trying to do, that it's not just about, hey, have you heard about the Irth app? It needs to be, hey, can I sit with you and do your Irth app review? Because it is the numbers that will make us too big to ignore, and that is the only way we win.

Esther Gallagher: [00:36:20] So here's a question. I'm hearing this and I would love the opportunity to sit down, having been a doula for 32 years in San Francisco now, and sit down with anybody who needs to walk through a review process. And I and I'm always curious. At whether, from your perspective, Kimberly, a white woman sitting down with a woman of color to support and guide would ever, ever be appropriate.

Kimberly Seals Allers: [00:36:52] Yeah, my initial response is it can be right, you know? I mean, we know that black people have white doulas and white providers, and they have developed trust with them. And so I think in those circumstances where the person and then I think in other circumstances, because we have a lot of volunteers and people who support our work who are not black or brown, and that's absolutely fine.

Kimberly Seals Allers: [00:37:15] And there are those who are comfortable with that, and there are those who are not. And so if you're comfortable with it, then I don't have a problem with it as long as that person is comfortable. And I know that the person who showed up, one gets what we're here for and has done their work. And that would be the only reason why that we would allow them to participate and that that's not a barrier for everyone.

Kimberly Seals Allers: [00:37:39] Some people that's not a barrier at all. You know, and to them, it's like you're a doula to them that's an equalizer. And they're okay with that, or you're a midwife or whatever it could be. Or you live in my neighborhood, like there are so many other things that can be connection points beyond race. And so I acknowledge and I appreciate you for asking the question. And I think that in different circumstances it can be whatever.

Kimberly Seals Allers: [00:38:02] And there are places that we work where there are a lot of non-black doulas serving black and brown communities, and we are grateful that they offer and share Irth as a tool for their black and brown clients, and certainly would love for them to continue to do that. We work with our Irth Ambassadors to show them, literally, how to embed Irth into their practice.

Kimberly Seals Allers: [00:38:22] So they literally start from the first prenatal visit, I'm like, okay, we're going to download this app. If you have already had appointments, we're going to do that. You know, one of our doulas is always like, I'm on my way. Get the app open because it's time for us to do our third prenatal appointment review. Okay, when I come back after the birth, we're going to go through.

Kimberly Seals Allers: [00:38:39] I think you all I forgot what you all call it, but you have a process for kind of going through the birth and they pull out the Irth app and they do that alongside it. And so embedding it, particularly for doulas who are having these conversations and these points of interaction as well, it's been incredible. And yeah we want anyone involved with birth work, whether that's a doula as a lactation consultant, when you meet that when you're on that consult can you ask someone about what happened.

Kimberly Seals Allers: [00:39:08] I think sometimes in the breastfeeding space where decoupling these things, but I always let lactation consultants know that what's happening in birth is so impactful for those for that infant feeding journey. and so maybe learning a little bit about that. And what were their in-hospital experience of lactation support, which we specifically ask about. And Irth can bring them back to an opportunity to say, hey, there's an app you can download. Let me go through it with you to share your overall birthing experience, including what was your support around lactation at the hospital? So how can everyone who cares about this issue, again, not just say I told my clients about it, but my ask would be that they take the time to actually do it with them.

Esther Gallagher: [00:39:49] Nice. Thanks for that.

Sarah Trott: [00:39:53] Yeah, and I'm hearing just really loud and clear that this is something that can help us create accountability, but also raise the expectations, raise the bar on expectations for women and for families and for providers alike. And also a point throughout this whole conversation has just been about options and knowing what those are and education of optionality, creating potentially more opportunities for women to decide what their experiences could be and what they want them to look like. Like hospital is not the only option. There are birth centers, there's home births. There's a

whole rainbow of opportunities for having a successful safe birth and a positive experience.

Kimberly Seals Allers: [00:40:37] To that point. Two things I wanted to make sure that I say is that Irth is also a tool for education, particularly in certain cities where we have a good number of reviews. People come in and search. And we've met pregnant mamas who are like, hey, I was searching in Irth. I want to see what people did. And then I could say, oh, this person had a doula, and they ended up having a four star rating or whatever and so people use the search functionality to learn.

Kimberly Seals Allers: [00:41:03] So we invite people in when they're pregnant or even as a doula, like, hey, what are you thinking about delivering? Let's see if there's any reviews in here that we can learn from and at least get ourselves a little bit more prepared. So remember that Irth is also a tool for you to search and see what other folks are saying about their community. And then one of the things that's on our product roadmap I'm super excited about is prompts.

Kimberly Seals Allers: [00:41:26] So the way it will work is that if you come in and let's say you're leaving a prenatal review and already you're saying some of our negative indicators. Which means you've not given it at least a three. You may mention certain words that we look for traumatized, disrespected. So at this point the app is going to prompt you, Hey, we notice that already you're having perhaps not the experience you deserve. Have you considered a doula? Have you considered is there a birth center in your area? Click this link to find out about where birth centers are. Click this link to find a doula. Have you considered home birth? Check out this article about birthing at home and whether it's an option for you, You know, because we really.

Kimberly Seals Allers: [00:42:09] Yeah, we're so excited about this. You know again a nonprofit. So our development process is a little bit we can't always do all the things at one time. But I'm super excited about being able to help direct our users to experiences that may help them get what they deserve. And that's what we're all about. And so we've just been having exciting meetings about getting that functionality in play and then having the resources and content to support it so we can let people know where to go.

Kimberly Seals Allers: [00:42:36] So yeah, but I think we need, to your point, to be able to show them another way, because so many of us beyond race and ethnicity need another way. We all deserve another way. And you know, one of the examples I gave in the Big Letdown, I was just talking about this, where was I? I wasn't in the country. But Americans are obsessed with choice. And I was like, have you been down our spaghetti sauce, all like, we're obsessed with variety and options, and we want everything eight different ways. And it's just ridiculous. Like, we're obsessed with choice.

Kimberly Seals Allers: [00:43:10] But somehow when it comes to the thing that people with uteruses uniquely do, we got no choices and certainly not choices that are available to all accessible. You don't have to drive out of state, you know. All the things. And so I think that as birthing people and women, we need to be clamoring for more choice here. We don't need any more spaghetti sauces. Thank you so much. We're good with the sodas and the juice varieties and all the other things, but what we would like, please, are more options for birthing. And so we're here for that.

Kimberly Seals Allers: [00:43:47] People do leave reviews about birth centers and Irth. It's not where we focus our attention. But you can. And so I'm always happy because those reviews are generally positive. And so people can see in my community, actually, the only positive review was at a birth center and people talk about midwives. And now we ask, did you have a doula? and so I think that we also want Irth to be instructional. It's an empowering tool. It's a tool for community power. But it's also something, a way for us to learn and to educate. So I'm excited about us moving into that as well.

Sarah Trott: [00:44:21] Fantastic. Love it I love it all. The empowerment steps here. We've talked about knowing your options, being educated. Irth is a great tool for that. Doing your research. Irth is also a great tool for that as well. So you've got your research going on and you've got suggestions upcoming. And then also just trusting oneself and knowing that your voice matters and you know, there are strategies and tools to use around that, but also even after the fact, leave a review if you don't want to speak up in the moment, leave a review and your voice will matter and it will count towards something much bigger and have a huge impact. So I love that. Thank you.

Esther Gallagher: [00:44:57] And Kimberly, you're you're a little apologetic about we're a nonprofit. The amount that you've accomplished in the time that you've been working on this to me is revolutionary. It is absolutely revolutionary.

Kimberly Seals Allers: [00:45:19] And thank you, I appreciate that, I appreciate that. And I think when we look at the urgency of the matter it never feels like it's enough. And I appreciate you reminding me that we have done a lot and it's not going to all get fully solved. But I am proud of the progress that we're making, and I'm proud of the team that's growing. I'm so proud of the support that we have and we are doing it. You know, it is happening. It is happening.

Kimberly Seals Allers: [00:45:49] And we just need a little bit more community support. and to really figure out how we can make sure that our community feels supported to share. As Sarah said, every review gets read, we have a moderation panel. Every team member participates on it. All reviews have to be read and approved before they're released into our searchable database. And so that means someone who works diligently on this all the time sees every review that comes through, including me. I've got my slot on review moderation as well. and so we take every story seriously and we promise you that we will put it with others and push for change. That is my commitment and my promise to everyone.

Esther Gallagher: [00:46:31] Fabulous.

Sarah Trott: [00:46:31] Thank you, Kimberly.

Sarah Trott: You can find out more about Esther Gallagher on <http://www.esthergallagher.com/>. You can also subscribe to this podcast in order to hear more from us. [Click here for iTunes](#) and [click here for Google Podcasts](#). Thank you for listening everyone and I hope you'll join us next time on the Fourth Trimester. The theme music on this podcast was created by Sean Trott. Hear more at <https://soundcloud.com/seantrott>. Special thanks to my true loves: my husband Ben, daughter Penelope, and baby girl Evelyn. Don't forget to share the Fourth Trimester Podcast with any new and expecting parents. I'm Sarah Trott. Goodbye for now.