Fourth Trimester Podcast

Episode 125: Data-Driven Parenting With Dr Amanda P Williams

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: [00:00:01] Hi, this is Sarah Trott and welcome back to the Fourth Trimester Podcast. We have a great episode today. We're talking about data driven parenting, really thinking about how data can be used as a tool for informing decision making, creating a positive outcome for parents and children. And as you listen today, we're going to talk about a number of really powerful resources that you can download and keep bookmarked. And we'll be sure to keep a link to all of these in the show notes for very easy access and future reference, so you'll also be able to find them on our website, which is fourthtrimesterpodcast.com.

Sarah Trott: [00:00:38] And our guest today is Doctor Amanda P Williams. She is a returning guest, and she has given us a deep dive into the state of postpartum maternal health back on episode 106. I highly recommend that episode. I first met Amanda at the Future of Maternal Care Summit, where she gave the keynote presentation on that topic. And I'm really honored to have her back on the program. She holds a number of prestigious positions, including being the Clinical Innovation Advisor with the California Maternal Quality Care Collaborative CMQCC. She's currently the interim chief medical officer at the March of Dimes, where she's leading the March of Dimes team in their mission to advance efforts in research, advocacy, education and community programs that will prioritize the well-being of all parents and babies.

Sarah Trott: [00:01:30] As I said, I'm really honored to have her back on the show today where we're going to talk about some of the data and technology available to parents and caregivers, and how you can start using that data right away to inform your decisions in a way that leads to better outcomes for you and your family. Welcome, Amanda. I would love for you to give yourself a little introduction.

Dr Amanda P Williams: [00:01:51] Sure. So again, I'm Doctor Amanda Williams. I'm the interim chief medical officer at March of Dimes. I also, as you said, get to lead the perinatal equity work at the California Maternal Quality Care Collaborative, which is based at Stanford University, where I'm also on the adjunct faculty. I practiced ob gyn for over 20 years to care of patients all along the pregnancy continuum and inside of the Kaiser Permanente system, was a senior women's health leader and had oversight of our outpatient pregnancy and postpartum journey for Northern California.

The way I like to say it is that if it is maternal health and health equity and there's that intersection, if I'm not there, I'm only one step away, especially in California. And now that I'm at March of Dimes really spreading out across the whole country. So it is a privilege to be here and to talk about all of these things that matter so much to me and to your listeners.

Sarah Trott: [00:03:01] Yes. I'm so happy for you and your latest role. Congratulations again on that position. And when you told me about this new role that you're in, I was so excited to bring you back on the program and talk about data and the research that you're doing there, in particular, because I know you're doing so much great work there, and I thought it could be a great place to start to really hear your thoughts on really what is the role of data in pregnancy and parenting? Like how do hospitals, pediatricians, public health experts use data? And then what are some example data sets that you that you see and you like to work with?

Dr Amanda P Williams: [00:03:37] So I guess we have to split out a couple of different differences. So one is what are health care systems using. What are individual providers using and what should patients use to make their individual level decisions because we want to know what's going on inside of a population. So let's say a population of pregnant people or a population of postpartum people. And then we take a layer down and say, okay, postpartum people who live in Arizona.

And then we could say, okay, postpartum people who live in Arizona and deliver at my hospital. So we constantly, when we're thinking about data, have to think about who is in the audience, what is you know, what what question are we trying to look at or what problem are we trying to solve? So at the biggest level, we're looking at you know, national or international trends. And when we look at studies that are done across the country, we always have to ask ourselves, how much is that like the population that I take care of? Or how much does that reflect me as an individual patient?

So oftentimes people will react to a big national trend. But it's important to figure out what is really going on in my community, in the hospital where I deliver, in the hospital

where people are getting care. And then we also should remember that there's both quantitative data and qualitative data, and qualitative data still matters.

Dr Amanda P Williams: [00:05:31] We want to hear people's stories. And what are the trends that are picked up through different stories. So though I spend most of my time on the quantitative side of things, i.e. things that you can actually count and do potential statistical testing on stories matter also. So we got to make sure that whenever we're thinking about data, we're thinking about both and in decision making. We want to encourage people to take both quantitative and qualitative data and then ask themselves whether you're a policy analyst and you're looking for, let's say, C-section trends in the state of Florida, or you're looking at exclusive breastfeeding rates in California hospitals. You always want to make sure that you are defining the question and matching the right data set to the right the population that you're interested in.

Dr Amanda P Williams: [00:06:33] And then if you're making an actual individual patient decision based on it, make sure that you're comparing yourself to the people who are in the studies that are being discussed. So that was probably a lot more than you were asking for. But I think it's really important to go through these different layers. Because too often I see decisions getting made or big statements being made that are based on populations that aren't the actual population that are being discussed.

Sarah Trott: [00:07:13] Yeah. And so the work that you're doing is really trying to hone in to make more appropriate comparisons.

Dr Amanda P Williams: [00:07:20] Yeah. So, you know, at March of Dimes and it's not me as an individual, I get to speak on behalf of an incredible team of researchers and data scientists that help publish these big public health reports. on both access to care. So that's our maternity care Deserts report. And then our report cards, which is the actual preterm birth rates and other measures of quality of care.

And the amazing part is that for both of these reports, you can see it at a national level, at a state level, and even down to the county level. So we're pulling from all kinds of different publicly available data sources and even some of them, they're behind various

firewalls to see what can we get so that we can give as much specific information about a given problem. So not just preterm birth rates in the United States, but preterm birth rates inside of New York, inside of Harris County, whatever it is, we can actually get quite specific.

And it allows public health organizations, nonprofits to have benchmarks that they can work against when they are when they are creating a particular intervention, let's say implementing a postpartum doulas and looking at breastfeeding rates at six months. You know, there are all kinds of ways that we can look at data and then use these big reports to help people make decisions.

Sarah Trott: [00:09:13] That's really exciting. So you could potentially say, what's the impact of using a postpartum doula or a birth doula on breastfeeding success?

Dr Amanda P Williams: [00:09:23] Yeah, you could do that, at least at the and as specific as the county level. Now, you don't want to over-index on it because your program may not touch every person in that county. And maybe it's just that one hospital instead of the five hospitals that are in your county. If you have five birthing hospitals in your county, you're really lucky because 35% Percent of American counties have zero.

Dr Amanda P Williams: [00:10:26] So 35% of all counties in the United States, 35%. That's a big chunk. That's over a third of all counties. 1.5 million women live in counties in the United States where there is no hospital with a labor and delivery and no obstetric care provider. That means midwife family practice doc who does OB or obstetrician. And I think a lot of young families don't even think about that when they're, say, buying a new house or something like that. So having these data reports to help us understand what's going on at the county level, I think is really impactful for policymakers, for public health programing and for individuals as well.

Sarah Trott: [00:11:21] Yeah, how can parents and caregivers use this information to help inform what they're doing? You just gave the example of where they might want to live or think about where they want to settle down before they have kids, right? I see

these videos of people giving birth in the car and I'm like, How many miles are people driving to get to a hospital? And unfortunately, I mean, that's a shockingly high percentage. 35% of counties in the US don't have a hospital appropriate for giving birth.

Dr Amanda P Williams: [00:11:56] No, they do not. I mean, we are a developed country. We're supposed to be this great America, and we don't even have a place for people to have birth. I mean, it is really a problem. I mean, there are lots of reasons why hospitals have been closing their maternity units, but it's one of the things we advocate very strongly for in March of dimes around improved reimbursement for birth, for helping counties figure out how to keep their maternity care units open, and then for workforce development, especially around expansion of midwifery, integration of midwifery into into hospitals, and then also family practice doctors expanding into doing obstetrics.

So for sure you know, it's different than just figuring out what are the good schools in a neighborhood that you're considering moving to. Also, figure out if you have good maternity and postpartum care services in the neighborhood and county where you want to buy a new house or live.

Sarah Trott: [00:13:02] And this is a really neat interactive resource. I've been to the March of Dimes website and played with the map. You can click on the different places and look at the information where you live. So go check that out. I would also be curious about some of the other ways you've seen people using this data.

Dr Amanda P Williams: [00:13:23] So you can also use it to look for things like trends in actual care outcomes. So preterm birth rates or C-section rates. C-section is a big one because there's huge variation across the country and there can be variation just from one county to the next. However, I would say when you're looking at C-sections, look at that county rate and then try to see what the hospital rate is as well, because a lot comes down to the culture of the hospital where someone is getting care. So it's worth doing one's homework.

Now, is that going to put a protective bubble around you and make sure that you're not going to get a C-section? No, it doesn't, but it may increase or decrease the probability.

Sarah Trott: [00:14:20] Yeah. And there's a really great resource I want to mention. We'll probably talk about it later too. But thinking about hospitals and the qualitative piece that you mentioned earlier, which is reviews, and there's an app called Irth that we know about. And we've had the founder, Kimberly Seals Allers on the program before, and that's an app where people can go and they can rate their pediatrician and their doctors and the hospitals where they gave birth. And that's a lot of interesting storytelling and additional data that you can layer on top of, say, some of this quantitative information as well.

Dr Amanda P Williams: [00:14:56] That's probably my favorite qualitative data source. And I know Kimberly and her team and they are absolutely fantastic. The best part of that is that it's not run through institutions. So it's not run through the hospital or through the state. This is direct patient feedback and feedback from the doulas. So it's not from the medical staff or the institution. So you really do get that firsthand patient viewpoint. Now that does mean that it's anecdotal. So it's great to marry both of them together to find out what is the hospital C-section rate, for example, or hospital exclusive breastfeeding rates, and then to hear the stories also.

Sarah Trott: [00:15:45] Yeah, they go together. And I would also be interested in your thoughts on going back to the maternal care desert statistics. Your thoughts on alternatives like home birth, home birth midwifery or birth center options?

Dr Amanda P Williams: [00:16:13] I think it's important to figure out what all the options are in your area. Also, it very much depends on who the individual is, because some of those alternative approaches really are intended for and can safely be done if you are a low risk pregnant person. and sometimes people's self-assessment may be different from the medical assessment so that if you're planning for pregnancy, it's probably worth having that conversation early with either your ob gyn, midwife or even your general doc, your family doc if it is sort of a preconception conversation. I think that it is possible for birth to be done incredibly well and safely in birth centers, at home for people who are very low risk and for providers who are well trained.

Dr Amanda P Williams: [00:17:16] One of the pieces of that puzzle, though, that I think people underestimate, is that you want to be somewhere where there's a good relationship with the local hospital, because it's not that there's that often an emergency need for transfer, but just for something as simple as pain control, which cannot feel simple in that in those moments of labor. But it's not an emergency. But it's a real reason for transfer. You want there to be a good relationship, because that's where we see the very best outcomes when we see community birth and hospital birth working well together.

Sarah Trott: [00:18:00] Right. So say someone's at home or at a birth center and they want pain relief that's not available. They would need to be transferred at that point and then be received well at the hospital.

Dr Amanda P Williams: [00:18:12] Exactly. And so, you know, when you have people who are rolling their eyes and talking about failed home births, that's not the environment that you want to be going into while you're in the middle of your labor. So things to look for would be are there midwives that work at that hospital? Do they have a reasonable C-section rate at that hospital? Was I able to go on a tour to get a sense of where things are? Those might be some of the things that one would be looking for. And then just to ask the community provider about their thoughts about who is the best hospital to be collaborating with. If you're having a community birth.

Sarah Trott: [00:18:59] Yeah. I love that advice. Thank you. And so we talked about Irth. But what other resources and tools do you like that you recommend parents can use to access more data, either helping monitor their own health or their baby's health and development?

Dr Amanda P Williams: [00:19:16] There's so many good things out there in the virtual world. So sometimes your computer is your best friend or your smartphone for during pregnancy. And there is junk out there as well. and sometimes that information can be utterly overwhelming. So it's important to have a sense of where one can go for high quality information, as opposed to just what somebody's aunt told them on a Reddit thread. So when it comes to knowing who to go for your care, certainly you want to ask

people in your community. I can't believe I'm going to say this, but you can also double check on the medical board, make sure everybody's like, licenses are up to date, that they don't have any complaints against them.

Dr Amanda P Williams: [00:20:16] Some hospitals will publish individual C-section rates. most don't. But you want to know what the C-section rate is at that hospital? Breastfeeding rates, preterm delivery rates, those sorts of things are publicly available because they have to be reported by the Joint Commission. So those should be on that individual hospital's website. Us News and World Report gives rankings of hospitals, so that's at least a decent place to start if you're looking at, again, evaluating a hospital or a practice.

Dr Amanda P Williams: [00:20:56] Now, if you're looking for advice, I'd certainly point you towards some of the big societies. So our governing bodies, things like American Association of Pediatrics, American College of OB GYN, Maternal Fetal Medicine, Society for Maternal Fetal Medicine all of those are fantastic options. Obviously, I love our March of Dimes website. There's a ton of information there, which is sort of nonpartisan not connected to any payers or hospitals.

Dr Amanda P Williams: [00:21:34] And so it's important to know who's controlling this information. So, for example, if you're looking for breastfeeding information on a site that's funded by formula companies, you know you're going to get a very skewed potentially perspective.

And I have to say, Sarah, I love what you're doing with HelloGaia. And taking the recommendations from our big medical societies, pulling them together, and then all the brilliant work that's happened on your podcast into a starting place for search for new parents, because the middle of the night Google doesn't always have fantastic outcomes. So it's certainly not a replacement for medical advice, but it's a really good place for families to start.

Sarah Trott: [00:22:28] Thank you. I appreciate the kind words. I'm honored that you've tried HelloGaia yourself. And that you've given me feedback on different sources that

you find reputable. And I really hold your opinion in very high regard, as you know. And certainly we are also including March of Dimes as a source.

Sarah Trott: [00:22:50] And I want to mention some of the cool data I've seen on March of Dimes. There's week by week baby development milestone kind of information. In addition to the incredibly rich source of data that you have called Peristats.

Dr Amanda P Williams: [00:23:07] Yeah, that's the name. Peri for perinatal, stats for statistics. So yeah. Peristats is awesome. And it's pulling from CDC, NIH, county health reports from all over the country. so, you know, aggregating data is something that's really changing rapidly and making data more accessible, but it's so important for people to know where the data is coming from. The good old garbage in, garbage out mantra is definitely true. And so it's nice to have evidence-based recommendations to be able to share that is in a format that patients can use. Because in the middle of the night, you're not going to be wanting to look up terms from the medical literature. You want it to be cultivated for you. And that's what's nice. One of the nice things that some of our March of Dimes educational tools do, and that HelloGaia does as well.

Sarah Trott: [00:24:18] Thank you so much. And then the other piece of technology I'd love to get your opinion on, because I remember chatting with you a bit about this at the summit or, you know, tools for personalized technology and personalized support. You and I had talked really briefly about things like continuous glucose monitors and how technology has evolved and allowed people to get really amazing data that they can leverage for their own journey.

Dr Amanda P Williams: [00:24:52] Yeah. For sure. I mean, the two big ones, of course, are continuous glucose monitoring for people who have either preexisting diabetes or gestational diabetes, and then a remote blood pressure cuffs. That's particularly important for patients who have hypertension or high blood pressure. Did you know, Sarah, that 1 in 3 patients entering pregnancy now have a chronic condition like diabetes or hypertension? I mean, that is a lot of people.

There's a lot of higher risk patients. But we now have the technology to support healthy pregnancies even with these high risk conditions. But it does take some extra work. And so having your remote blood pressure cuff and CGM really make a big difference. And that's something you can ask about in a practice if you're considering, oh, where do I want to get my prenatal postpartum care? Is this a place that is leveraging technology?

Dr Amanda P Williams: [00:26:03] Well, we're now starting to go out and have other exciting new types of technology around fetal monitoring. So there are a couple of companies out now that can do remote non-stress tests. So that's actually putting on monitors on your abdomen at home to do the fetal testing instead of coming in for that high risk surveillance.

Dr Amanda P Williams: [00:26:35] And then, is the practice that you're considering leveraging video visits. So can you - especially if you live in a maternity care desert - can you get a consultation with a maternal fetal medicine specialist? Can you get a consultation with not just a psychologist in your community, but someone who actually specializes in postpartum depression? But there may not be anyone who lives nearby. So, you know, how do you leverage virtual support? And we learned in the pandemic, even doula care can be done virtually as well.

So thinking about not just what does my direct care look like, but what does my care team look like? And, you know, the pregnant and postpartum family has to be at the center of that care team, but you can leverage technology to bring in all kinds of different folks to help support you on the journey.

Sarah Trott: [00:27:36] Right? Because if you are in one of those deserts, the internet is suddenly your best friend. You can have conversations with people that are in other states, right?

Dr Amanda P Williams: [00:27:44] Yes, exactly.

Sarah Trott: [00:27:46] You're not you're not driving for hours and hours. I mean, in some cases you might have to, but how wonderful that you can take advantage of

technology in these new ways. And also how interesting about, you know, being able to potentially do some of that fetal monitoring at home without having to go in? I mean, who wants to go to another appointment if you can be comfortable, especially gosh, I remember, you know, we've been really pregnant - sometimes you really don't want to get in the car for another road tip.

Dr Amanda P Williams: [00:28:18] And I think it's important for people to remember one of the things March of Dimes advocates for a lot is for broadband expansion, because broadband allows people in those more remote areas to be able to get access to telehealth, which is of course, sort of very adjacent. And another thing we really care about at March of Dimes, because we want to expand access. Now, if you don't have good Wi-Fi and broadband in the areas where you live, think about where in your community might you be able to access it? So can you go to the library? Can you go to McDonald's or Starbucks or a community restaurant or hospital that might have it? So to think about where in your community can you get access to those extensions of care?

Sarah Trott: [00:29:14] Yeah, that makes so much sense. So then ideally, you know, you're finding trustworthy apps and websites that are from reputable sources that aren't necessarily backed by a certain brand or interested party, and then you're able to access virtual care and then perhaps best of the best would be in-person care?

Dr Amanda P Williams: [00:29:41] Well I would take issue with that. It isn't always best of the best to get in-person care, because sometimes, you know, you know, having to pay for parking and find childcare and take your day off of work. And like that is not necessarily in the best interest of patients. I think obviously a computer cannot deliver a baby. And there are things that we need to do that are in person, especially around growth and fetal well-being. so there is some stuff that needs to be in person, but I think a combination is the very best.

Dr Amanda P Williams: [00:30:23] And then to think about where can you bring in these outside sources and not just the straight care, but the whole pregnancy experience. So, you know pregnancy workout videos and there are, you know, pelvic floor drills that you can be doing through virtual care or meditation apps, really one can

put together a pretty incredible set. And there are some health systems that are trying to bring more and more of these into one platform so that the patients don't have to do quite so much shopping.

Sarah Trott: [00:31:04] I so appreciate that point. Thank you so much. And in addition there are virtual parent groups out there because the feelings of isolation, especially fairly early on postpartum, is real.

Dr Amanda P Williams: [00:31:17] Absolutely. And getting into a postpartum support group, whether it's just because you're a postpartum parent or because you have postpartum depression or March of Dimes actually has postpartum groups specifically for NICU parents to help support them, because that's super can be a super isolating experience. and we know just how common postpartum depression and anxiety can be. So using that, using your virtual tools to get to community really matters too.

Sarah Trott: [00:31:55] Yes. And we've had some brilliant guests come on the program and talk about in-person care in the home, too. I just want to mention that that's a thing. Well, certainly it's rare in terms of access to at home midwifery care. But also some people don't even know it exists. So I just want to mention it, that it's something that's out there and maybe an option.

Dr Amanda P Williams: [00:32:28] And if it is, that's fantastic. And, you know, in some cases doulas will come to the house. There is a pretty big chunk of counties across the country where there are starting to have nurse visits in the early postpartum. That is my absolute number one wish for this country in the maternal health space, which is a dyad parent baby visit in the first few days by a nurse who is trained to take care of both mom and baby.

Sarah Trott: [00:33:05] And note listeners, doctor Amanda just said first few days, not weeks.

Dr Amanda P Williams: [00:33:10] Yes, yes, I did say the first few days because things happen quickly in this postpartum time. I mean, the American College of ob gyn did

move their recommendation for your first postpartum visit to three ish weeks, so there should be a 2 to 3 week visit and a sort of 4 to 6 week visit in the ideal setting. But that early touchpoint, that touchpoint that's in that first week in those first few days really can make a huge difference in terms of screening for, you know, on the baby side, how's the breastfeeding going? How's the baby's weight gain going?

And then for the parent, how are you doing mood wise? Do you have the things you need at home? What's your blood pressure doing? Are you having too much bleeding? I mean, there's so much that goes on in those early days postpartum that an extra pair of eyeballs really matters, so that if one is not getting seen by clinician in those early days, at the very least having and sometimes even better, having your doula or whoever your primary support person is. Aunt, sister, mom, make sure that they're around. You don't want to be alone in your first days postpartum.

Sarah Trott: [00:34:35] Yeah, and potentially life saving even.

Dr Amanda P Williams: [00:34:38] Heck yeah. For sure. And I can't give up an opportunity to talk about advocacy. If you ever feel like you aren't being heard or that your symptoms are being ignored, ask again. Ask to speak to a manager. Ask for a referral to a colleague. Because we know that in this country that women are not well listened to in this perinatal space. Well, one might argue they're not well listened to, period, but not well listened to in this perinatal space, and particularly women from groups that have been traditionally marginalized. so until we can get every health care provider to listen deeply and authentically and without bias. We have to keep standing up for our loved ones and encouraging patients to advocate.

Sarah Trott: [00:35:31] Yes. Thank you so much for reiterating that point for everybody. And so I want to talk a little bit about using data for outcomes in the immediate, which we've done, but also how can we use data to advocate for ongoing improvements in our health system and in our area where we live?

Dr Amanda P Williams: [00:35:52] So there are so many advocacy opportunities we have and National Day of Maternal Health Advocacy is coming up. And they're going to

be demonstrations at state legislatures all around the country and encouraging things like Medicaid expansion, doula coverage, midwife integration, Telehealth. You know, all of these things actually make a difference. And you can talk to your legislator, you can talk to your congressperson and pull that data off of the stats about your state, your county, in order to be able to advocate. You can also, if you're part of a sorority, if you're part of a mom's group and you're looking for a community service project, coming out and advocating or donating to one of these organizations is a great way to actually try to be a part of quality improvement from the patient perspective.

Sarah Trott: [00:37:02] Yes, yes, because I think there will probably be more than 1 or 2 people here listening who are ready to think about how we can use this data to make some real change, drive some real change for the better, for ourselves and for our future generations. We want to see some positive steps towards all of the things you just mentioned. And how cool would it be if parents started walking into their conversations with their health care providers, with their hospitals, with stats in their hands, you know, referencing, hey, I noticed your C-section rate has gone up. Why is this? Let's you know, having those numbers is so incredibly empowering.

Dr Amanda P Williams: [00:37:43] Absolutely. And to help hold our lawmakers and our physicians accountable so that they know that people are watching and paying attention to what's going on. And if you don't study it, if we don't count it then people might not know. You know, when we started in the, in California and the California Maternal Quality Care Collaborative, when we started with hospitals, unblinding individual C-section rates at one point.

That was really horrifying and it was a tough thing to do, but it ended up being fantastic because then there was the opportunity for learning to take place, for people to be able to learn. Okay. She works down the hall from me. Why is her C-section rate 19% and mine is 40%? Like, I've got something to learn from how she's managing her patients or how she's interacting with the nurses or how she. So there's we can use data to help drive quality improvement, which is actually at the heart of what goes on at CMQCC.

Sarah Trott: [00:38:57] Well, thank you for shining a big old spotlight on the data and the numbers so that everyone can benefit from them.

Dr Amanda P Williams: [00:39:05] It is my pleasure. And I always say, like when you're looking at data, remember who's in the population that that data are reflecting. Acting and then ask yourself, how close am I to that population? Because the data is not necessarily your destiny, but it will increase or decrease the probability of a particular outcome. And you deserve to know what's going on with your health care.

Sarah Trott: [00:39:37] Yes you do. 100%. Dr Amanda P Williams, thank you so much. I want to invite you to share any final words you have with us that are top of mind for you.

Dr Amanda P Williams: [00:39:49] I would also say remember that every data point is a person and everybody's story matters and that you are the star of your own movie. And so use the data. But that doesn't mean that that is going to be what your individual outcome will be. And especially when we're thinking about negative outcomes - pregnancy complications, god forbid, pregnancy deaths, babies deaths - we have to keep using the data to learn to be able to be better. So don't be scared of the numbers. They're not your destiny, but they do actually reflect real people. And we honor them by using the data and thinking about how we can all be better.

Sarah Trott: [00:40:45] Thank you so much for being on the program today.

Dr Amanda P Williams: [00:40:49] Yes. My pleasure. I'm a data nerd, I love it. I like to engage the intellect and the heart. That is always my goal to be compassionately pragmatic.

Sarah Trott: [00:41:07] Yes, yes, you're in good company. Well, thank you so much again. And we'll talk to you soon.

Sarah Trott: You can subscribe to this podcast in order to hear more from us. **Click here for iTunes** **and** **click here for Spotify**. 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.