



## A Black Birth Doula on What Black Mothers Deserve

Chanel Porchia-Albert wants Black mothers to be able to fully center themselves in the joy of childbirth. With Black women facing the highest rate of maternal death, Porchia-Albert explores the issues that have contributed to the abysmal numbers and the reasons behind them. The Founder and Executive Director of Ancient Song Doula services, she discusses the role of birth workers in mitigating healthcare disparities and empowering individuals to make informed choices. Reported by Pamela Kirkland.

Follow Chanel on Twitter [@ChanelPorchia](https://twitter.com/ChanelPorchia).

---

Pamela Kirkland:

I am Pamela Kirkland, a reporter and producer. The conversation around reparations can seem both overwhelming and contradictory. On one hand, it's hard to imagine how our country could ever fully atone for the centuries of injustice and atrocities committed against Black and brown citizens. On the other hand, there's the belief that reparations are not only achievable, but essential, to healing and moving forward, what we know is that reparations are owed to the descendants of the enslaved, and frankly, the bill is past due.

Black people in the U.S. continue to deal with health disparities caused by deeply rooted medical discrimination within the healthcare system. For Black birthing people, that system has an especially troubling history. [In 2021, the U.S. had one of its highest rates of maternal mortality in history. It's Black parents and their babies that have the worst birthing outcomes, and Black women that are three times more likely to die from a pregnancy related complication.](#) Although labor and delivery are often thought of as the most dangerous time during pregnancy, most deaths actually happen after mother and baby get home, when visits to the doctor are much less frequent. And the distinction doesn't get better with wealth—[the more money you make, the more likely you are to survive the year after childbirth unless you're Black.](#)

Black doulas and birth workers are stepping in to fill the gaps in the healthcare system by navigating stereotypes that influence quality of care, and addressing concerns specific to Black mothers. [Chanel Porchia-Albert](#) is founder and chief executive director of [Ancient Song Doula Services](#). Her organization specializes in providing resources to marginalized communities, and her work focuses on bringing a human rights lens to reproductive care. Chanel and I discussed her personal journey as a mother of six, and what is owed to Black mothers after generations of less than adequate care.

Kirkland:

There's been more discussion around the racist and sexist biases in the medical world, inequities in healthcare, a decline in women's health around the country.

But what we can't get a lot of research around is the why. How do you grapple with the question of why do we allow this to happen in a country like the United States?

Chanel Porchia-Albert: I think, it's a lack of not valuing women and our autonomy over our bodies in a affirming way. And I'll say this from various different perspectives. So there's a touch point where you have the enslavement of African people, you have bodies who are seen as resources, right? As commodities and not as human beings. You have now the emancipation. You go through reconstruction, you have Jim Crow laws, you have segregated access to local amenities. You have the civil rights movement. You see desegregation, but you never have these systems really take accountability for the ways in which they have historically, through generations, created a culture of care that was centered on the dehumanization of individuals.

You also have an educational framework when we talk about medicine, that was structured on the backs of Black, brown, and indigenous people, where they also weren't given credit for their contribution, even though it was involuntary contribution, if you could look at Henrietta Lacks. And you have an educational framework that has not changed. And so you go from segregation to desegregation, but you never talk about, well, how are we making systems-level changes? Because it's not just about just having access to something. It has been about having equity and accountability, and making sure that it's implemented in a way where individuals across the board feel like they are getting a level of patient-centered care. And the way in which care is driven right now is not based on that. It's based on a formula that says, okay, all people are like this. And if you don't fit within that catchment area, well then sorry for you.

When we look at maternal health from a broader spectrum, just for anyone, regardless of race, how you identify all of those things, reproductive healthcare in and of itself, is one of the most under-resourced areas. And here in the United States, we do not value individuals based on who they are and how they show up in the world, we value them as a product. What can I get out of you, and how much can I get out of you, regardless of what level of wear and tear it's going to have on you? But we've seen in other situations, so if you think about workforce development, or you think about a job, most people are happy when you are censoring them in other ways. So why we don't think about healthcare in that same way. If you got childcare, you're going to be a happier employee, you're going to stay longer.

Why can't we think about healthcare in that same way? Oh, if I had equitable access to go here and see a specialist and I don't have to jump through hoops, and I'm going to be treated with dignity and respect, and I'm going to have person-centered care. We would think that people would be like, well, good name is better than gold, and that's where I want to go. But that's not how it happens.

Kirkland: And it's one of those things where you've clearly outlined what it could be, but looking at the system that we have right now, that's not where we are necessarily. And how do you bridge that divide?

Porchia-Albert: I personally bridge the divide by providing education and resources. So meeting people where they are, and not where I expect them to be. And that's in all aspects of the policy, at looking at training, and so how I'm training folks, the type of educators that will come into the space. And being in community, being a part

of community. I'm not separate of, and I think that what oftentimes happens, is that we get into certain positions and we become removed from the realities of life.

I'm also a mother of six children, so my own parenting informs how am I feeling? Am I feeling like my parental rights are being uplifted? Am I feeling like I'm being centered respectfully within the state, or where I am? Is my child's bodily autonomy being centered? Because we think of young Black children as when their babies are cute. Oh my God, you're so adorable. What happens when that child gets older? Are you still valuing them at that same level of gentleness and care and kindness, as you did when they were in the infancy stage? And so my work is about valuing individuals and their humanity. That's it.

Kirkland: And the doula training that you're doing, do you think that's helping to mitigate some of these things that we're seeing?

Porchia-Albert: I would say yes to an extent, because I also want folks to understand the realities is that, as birth workers of color, you too are not separate from the level of discrimination that the birthing person, birthing woman is going to experience as well. Because you're there, it does help, but that doesn't mean that you are not going to experience things while you're also in that room. And so I think, where the biggest touch point comes in, is about individuals knowing what their rights are, knowing what it means for them to advocate for themselves, what it means to center your bodily autonomy, but also understanding that you have options and you have choice.

I think a lot of times people feel like, I don't have choice. I can only go to a hospital. It's like, no. You know what I mean? You do have choice. And so a lot of the information that doulas are doing, is helping folks to navigate choice, to make an informed decision, to know if depending on your state, you can go to a birthing center, you can have a home birth, you can have a hospital birth, and what that could possibly look like. And it's also about the education of what to expect when you go within a hospital based institution. How to navigate within those systems.

And honestly, it shouldn't have to be that way, because really what I should be doing is, I should be going in and I should be using some aromatherapy and rubbing some backs, and you know what I'm saying? Using some fairy dust and making it nice, right? And a joyous experience. But what ends up happening is, that you find yourselves in more positions of having to be an advocate, in a space where you're bringing life into the world. I've been doing this since 2008, and even educating myself, starting to see the ways in which, when I would bring up conversations around, how does this affect Black women, and how is this centering Black children? Or, well, what does this mean? And then people being like, well, that's not what we talk about, or that's not our thing. Or going to conferences and you know, got a handful of Black people that you see or people of color and you all end up clinging together and you be like, child, listen, what for you? You know what I mean? This ain't for us.

And so the other thing that I do, is to create the things that we need. I created something called Decolonized Birth Conference that's annual, happens every year. And it's a space where parents, advocates, policymakers, legislators, all the folks can converge in one place, other community based organizations, and we can learn with and from each other, leaving folks with tools and actionable things that they can use within their respective communities. Because I think that that's important, right? Because we need to understand that we do have the power to

transform our reality and the ways in which we center ourselves. It's just about taking that first step.

Kirkland: Yeah. So you mentioned you're a mother of six.

Porchia-Albert: Yes.

Kirkland: And you've talked a little bit about how that impacts your worldview, just as a parent now, and how that drives your work. Were you ever afraid to give birth, just based on some of the statistics that were out there previously?

Porchia-Albert: No. I was never afraid to give birth, I will say. So I have a younger sister who gave birth as a teen. And I just remember accompanying her and going to her birth and being in the hospital and saying, oh no, I don't know what this is, but this is not what I want. And I just knew, I was like, that's not it. But I didn't know that there was any other options. And this was a long time ago. And I remember, prior to me meeting my husband, I was in Union Square in New York, and there was a natural birth expo, and it was a lot of folks that are not like myself. And then I came across a Black midwife and a doula. And I was talking to them and I was like, I didn't even know Black midwives still existed. I said, because everything that I have ever read about Black midwifery was centered on something that was historical, but it was never in a present day context. And she was like, "Yeah, child, we're here." Very nonchalantly.

So I took the information, I held onto it for two years. And I was like, well, if any of my friends get pregnant, I'll pass it on. I happened to meet my husband, and we're in the process of having a child, and I go to a Black OBGYN, a female, and I thought, okay, that would be enough. She's a Black woman. We're good. And it wasn't. Like her care was just very... She had no vibes. You know how you meet people that just ain't got no energy, like child, I don't know what happened to you, but I'm going to need you to put some seasoning salt into what you're doing. And so I remember I had this info, and I contacted that midwife and a doula, and I ended up having an amazing home birth, and someone to really center me through my process.

And this is coming from a person who, for me, it was important, because I was becoming a mother without a mother. I had lost my mother. My mother had passed away when I was 14. I needed more than just a transactional, something that would happen between two people, because that's how health care usually is. It's very transactional, as opposed to you sitting and being with someone, and getting to understand and know them. And so I have had a hospital birth. My first birth was a home birth, because I just knew for me, the safest place and the most comfortable place for me, was at home.

But I also understand that that's not the reality for everybody. They don't necessarily have access to it. And so this is where the doula comes into play, to be able to help you to navigate the spaces where you can't necessarily have a home birth, or you can't go to a birthing center, but to let people know, no, you have choice.

Kirkland: I wanted to talk a little bit about Serena Williams. She was open about her story a couple years ago, giving birth to her daughter Olympia and the complications afterwards. Knowing that she's a world-class athlete, she has a lot of resources at her disposal, and that doctors still didn't listen to her. What do we do if we

ourselves are equipped with all of the knowledge and the education and we're ready to advocate for ourselves, we have supportive partners, and that's still not enough?

Porchia-Albert:

I would say, you have to continue to center yourself and what you know is right for you. Regardless of socioeconomic status, bias and racism plays a role and a factor in someone believing your care. You know what I mean? There are studies that have shown that Black people will get thicker needles, or will not be given the same doses of pain medication. And so I think, people need to get away from thinking that money will save you from a situation. It will open access, but it doesn't mean that that access is necessarily centered in centering you, right? Because you can have millions of dollars, and you can have all of those things, but if you're not grounded in understanding who you are, knowing your body, and how to center yourself, you may still find yourself in a situation. And so I think it's really about having conversations with one another about creating pathways for change, in terms of looking at providers and finding providers that are really going to center you.

And then also interview people. I don't think we interview folks enough. Like, "Hey girl, where did you have your baby? And how was it?" And they're like, "Oh yeah, it was fine. It looks nice." And we'll base things on aesthetics. What folks really need to start to look at is, asking the individual, who was going to possibly be your provider, what's your philosophy on birth? How many cesareans have you had? What happens when a medical complication arises? What are some of the situations that you would deem to say, "Oh, you need to have a cesarean." And if people can't answer your questions to a point where you feel comfortable enough, child, that's not the doctor or provider for you.

And that's for anybody. That's not just for maternal health. That's like if you going to the dentist, when you going to take your child to a pediatric visit. We don't think about any of those things. We're just like, oh, well this is my insurance tells me to go. You pay for that. Same way we will research a trip, a vacation, that restaurant that's getting all the reviews, I'm going to need you to put that same level of energy, into censoring your healthcare and your bodily autonomy.

Kirkland:

Do you find people are more reluctant to do that in the healthcare space, because it can be intimidating, or it just feels like something you're not used to doing? You're not really encouraged to ask questions in that environment.

Porchia-Albert:

Yes, and I think that's based on the colonial framework though, right? Because as children, you're taught to not question people of authority. You don't question doctors, police officers, teachers, anyone who has letters behind their name, because they're educated. I'm doing the air quotes. And it's understanding again, and knowing oneself and your positionality within the context of knowing your own healthcare and taking charge of that, and understanding that this person is someone who went and decided to learn about something. And just because you learn about something and you know a little bit about something, doesn't necessarily mean you know everything about something.

And so the difference between what makes them an expert and makes you an expert in something, is just how much you value something. It has nothing to do with degrees and all that other stuff. And so no one knows your body better than you.

Kirkland: You often write on Instagram, "Let's center autonomy and joy." What does that mean to you?

Porchia-Albert: I've realized in this work, especially when it comes to birth, is that, again, people want to know that you have their genuine wellbeing at heart. And that's everybody, outside of birth. People want to be seen, and that could be scary too, because we live in a society that tells you not to be seen, or you may have grown up in a household that told you, you be seen but not heard. And so a lot of that can feel overwhelming, especially if it's happening to you for the first time. It can bring up feelings of inadequacy. It can bring up past triggers and traumas and all those other things.

As you wake up and you breathe every morning and you put your dress on or your pants on one leg at a time, you have the right to center yourself and whatever that looks like, to affirm yourself as a human being like nobody else, nobody can take that away from you. You know what I mean? People will try to, there's always an attempt to dehumanize someone, but you have to be centered and grounded in knowing who you are. And when you know yourself, then everything else is just biscuits.

When I say autonomy, I'm talking about bodily autonomy, I'm talking about being able to make an informed decision in all aspects of your life. Not just, I'm talking about kids, partner, whoever. You know what I mean? Buying a car, like stand firm.

Kirkland: Whatever it is.

Porchia-Albert: Whatever it's. And be joyful about it, because our life is short, and so where we can create moments of happiness and joy, it's important.

Kirkland: Having spent time talking about some of these systems and the colonialism within the healthcare system, what do you think is owed to Black birthing people who have been treated by an unjust healthcare system? Thinking in the context of reparations, what would be owed to Black mothers?

Porchia-Albert: Lord J, a lot is owed to Black mothers. I think what is owed to us is access to equitable healthcare, through a workforce that is grounded in cultural humility and congruency. And that looks like building up the perinatal workforce by, there was a direct action that eradicated Black midwives through licensure and other modalities. And so the upliftment of the profession again, and so creating pathways where those who want to go into the profession to support their communities, they're able to do that, and they should be able to do it for free. I think that there should be a campaign to remove the stigma away from midwifery, because through policy, there was direct action that was made to stigmatize midwifery as a whole. And when I say midwifery as a whole, I'm talking about Black and Indigenous midwifery as a whole, not white midwives, because they're there.

But building up that workforce by creating educational pathways for easy accessibility for us to be able to, not only train, but become licensed, but also to be able to support our communities in equitable ways. If you live in an area where there is no access, or you live in a maternity care desert, then you owe it to that community to build an infrastructure that is in place, that allows for people to come in and get those services from the people that they want to see there. And it should be a well-rounded center.

So I'm talking about a mom, a Black mother, should not have to go to 20 million different places in order to get care. You should have one centralized place where you could see your pediatrician, you can get primary healthcare for yourself, you can get screenings. And by the way, while you getting your own personal doctor's visit, why is childcare not afforded today so that you could actually center yourself while you're getting taken care of? There should be a pharmacy in that space. How about you could pick up groceries while you go there or take a cooking class at the same time? You can't tell people, oh, I want you to do something, but then not have tangible ways for them to be able to actually do it. You know what I mean?

And so creating a framework like that, and I'll also say, of course, like child, listen, the ways in which Black women's bodies have been used to advance science. When we think about Anarcha, Lucy and Betsy, and then the multitude of just surgeries that they had to go through to inform the specialty of gynecology. When we look at Henrietta Lacks and her family still has not gotten any kind of compensation from the fact that they still use the HeLa cells today, to make medicine, and so they deserve financial compensation, or whatever that compensation looks like to them.

And so I think that it's important to have a conversation with those communities who that are most impacted, ask them what they need and what that looks like for them as a form of accountability. It's the same way when I go into support someone, I ask them, what does support look like for you? Instead of assuming that I'm going to know what they need. And so there needs to be conversation around that, where voices are input. And then those changes are actually being put into place. You know what I mean? So whether it is financial compensation, whether it is building up the healthcare infrastructure in meaningful ways, or educational structures so that people can get the access that they need so that they are no longer just surviving, but they can thrive.

Kirkland: Looking ahead, what is your vision for the future of Black maternal health?

Porchia-Albert: Let me see. My vision for it is to, one, see the numbers decrease. To see Black women and birthing people have the knowledge and the information that they need to make an informed decision. To have universal policies that center that to have more Black midwives and doulas and doctors, who want to serve our communities in meaningful ways. To see hospital-based institutions just not be placements within a community, but extensions of those. And we've seen touchpoints of that, right? Because if you look at free medical clinics that were created by the Black Panther Party and others, it's not that it can't be a reality, right? It just takes for us to take that first initial step in order to create those things.

And so, I would like to see us be more engaged within the conversation, and understanding that when someone has a baby, that is not a singular event, that is a community event. And so how it affects that one individual, affects us all, and it has a ripple effect. I know what happens in New York in regards to policy, people look at that, and then they want to be like, "Ooh, let's copy that. What they doing over there?" You know what I'm saying? That's the new trend. So create the trend that is going to have a long time, lasting effect in the upliftment of a community, that can have generational effects as opposed to momentary.

Kirkland:

Chanel emphasizes the role of doulas in advocating for Black birthing people and educating them about their rights and choices. While doulas can offer support, they too can face discrimination. She believes that empowering individuals with information, can lead to better birth outcomes. Chanel says reparations should include compensation for historical exploitation and better healthcare infrastructure to create a more equitable, and ultimately more joyful, birthing experience. Her hope is that with changes to the system, Black mothers can move beyond the fear of surviving childbirth, and more fully experience the joy that comes from it.

Special thanks to Chanel Porchia-Albert for taking the time to speak with us. This podcast is meant to be enjoyed in an order that makes the most sense for our listeners. Choose your reparations journey and keep the conversation going. For more information, all episodes and transcripts, visit [stillpayingthepricepod.com](http://stillpayingthepricepod.com). This is an open source podcast. We encourage you to use our episodes and supporting materials in your classrooms, organizations, and anywhere they can make an impact. You may rebroadcast parts of, or entire episodes of, without permission, just please drop us a line so we can keep track.

Still Paying The Price is made possible by a grant from the MacArthur Foundation, and is an original production of LWC Studios. Juleyka Lantigua is the show's creator and executive producer. I'm Pamela Kirkland, the series co-editor. Kojin Tashiro is the sound designer, and Judybelle Camangyan mixed this episode. Paulina Velasco is our managing editor. Michelle Baker is our associate producer. Amanda DeJesus is our production intern. Lindsay Hood is our fact checker. Thank you for listening.

**CITATION:**

Kirkland, Pamela, host. "A Black Birth Doula on What Black Mothers Deserve." *Still Paying The Price*, LWC Studios. July 24, 2023. [StillPayingThePricePod.com](http://StillPayingThePricePod.com).

Produced by

