

Learning About Maternal and Child Health at IWES!

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Hello! My name is Pooja Talati, and I'm a sophomore here at Tulane studying International Relations on the pre-med track. I've recently begun my internship with the Maternal and Child Health Division at the Institute of Women and Ethnic Studies. I've always been interested in reproductive rights, health, and justice but never had the time or opportunity to engage myself with these topics. However, in the age of COVID-19, I've found myself looking for online opportunities in areas I have yet to

learn about. That's how I stumbled across the Reproductive Rights and Reproductive Health Internship Program with the Newcomb Institute, which connected me to the position at IWES I currently hold. Although it's only been a couple of weeks so far, I've already learned so much about maternal and infant care issues specifically relating to BIPOC and marginalized women and families.

My main task at IWES so far has been reviewing transcripts of focus group and individual interviews that describe the birthing process, from prenatal to postpartum experiences. Most of the focus groups I've reviewed so far center around Black mothers' experiences with breastfeeding their children and interactions with healthcare providers. Many of these women mentioned difficulties they've encountered when considering breastfeeding or when speaking to hospital staff. Most participants discussed the fact that they had either seen few examples of Black women breastfeeding or didn't feel they received enough information at the hospital upon delivery about breastfeeding their infants. As I've conducted external research to supplement the summary report of these interviews that I'll be writing, I've learned that Black women are less likely to breastfeed as compared to other racial and ethnic groups in the United States. I'd never put much thought previously into the factors that went into a mother's decision to breastfeed, but after listening to these interviews I realized the importance of healthcare professionals explaining options and medical progress to the patient. Even during the prenatal phase, mothers discussed the importance of trusting their OB/GYNs to take their concerns seriously. Many interviewees reported that they wished nurses and doctors had better communicated the options they had in interacting with their newborns, especially concerning breastfeeding, or had better explained what was happening, especially when infants were sent to the neonatal intensive care unit for premature or complicated births.

I've already learned so much about women's experiences with healthcare professionals and their communities during the stages of pregnancy, which I believe is critical for me considering I would like to go into the healthcare profession, perhaps even as an OB/GYN, neonatologist, or pediatrician, which would put me in direct contact with women similar to those who participated in the IWES interviews. Understanding the patient's feelings and concerns is crucial to providing proper care, and these interviews have already demonstrated the lack of understanding when it comes to BIPOC and other marginalized patients' concerns. I'm eager to continue reviewing these interview transcripts and researching more about these topics to help remedy the issues mothers face when having a child.