The goal of my project, "Maman Sante: Restoring Agency in Maternal Health," was to provide material, emotional, and community support to pregnant Haitian women in the Brooklyn area. Specifically, my team and I sought to establish support groups with the goal of informing, educating, and strengthening the Haitian community around the health and needs of Haitian women and mothers. We conducted three support groups over the summer, one community baby shower, and we are currently working on a schedule to continue our sessions as a long-term project.

The idea for this project arose from the reality that Haitian women in Brooklyn, along with other Caribbean and immigrant communities in New York, are especially vulnerable to adverse maternal outcomes such as maternal morbidity due to various factors, access to prenatal care being one of the predominate barriers (New York City Department of Health and Mental Hygiene, 2016). The pregnancy experience is also shaped by the widely evidenced realities of racism and xenophobia in society as contributors to the health of marginalized populations. Dr. Christina Pardo, a gynecologist at SUNY Downstate Medical Center and my partner in creating the support groups, wrote in a recent article that "public health and medicine have yet to fully acknowledge and mitigate how other spheres of oppression—like anti-immigrant rhetoric and violence—contribute to the Black maternal health crisis...Infants born to Haitian immigrants have also been shown to have increased risk of infant mortality when compared to most other Black immigrant populations" (Pardo, 2021). Our efforts and dedication towards the Haitian community and especially its women continue to be needed in light of the sociopolitical climate of both the United States and Haiti.

While I was initially meant to partner with the Caribbean Women's Health Association, these support groups were made possible through collaboration with Life of Hope, a Haitian-founded organization that provides a range of services to the Brooklyn immigrant community such as English and technology learning courses, immigration and citizenship aid, and more. Their sub-group, Sante Se Lavi, is dedicated to Haitian women's health in the community. Our support groups were one of the main projects used to develop the new Haitian Women's Birth Equity Initiative, dedicated to providing education, resources, advocacy, and support to Haitian pregnant women.

Working with a fully-Haitian-led team to expand this new initiative from the ground up was both exciting and apprehensive. We bonded through our shared dedication towards maternal health and the Haitian community. However, much work had to be done to expand our network and partners while solidifying our various events throughout the summer. It was important for me to realize early on that everyone working on this project had other commitments in their lives—jobs, children, graduate school, etc.—and therefore a strengthened effort towards communication would be key. We held weekly meetings over Zoom, mostly twice a week to start, and met in person about once a week at the Life of Hope Office. Not everyone could be at every meeting, though everyone was dedicated to doing what needed to be done to accomplish our goal. We started out focused on outreach and accumulating our community network of pregnant and postpartum women in the area, then focused on the educational materials and structure of our support groups. In our first group, we had a total of 5 participants attend, which was our initial goal for our first session. We had two community nurses facilitate the group using the educational material and had discussions around pregnancy experiences. This was a great opportunity for currently pregnant women to share their fears or concerns while also receiving advice from their peers who had already given birth. Our team shared informational folders with the group containing community resources
translated to Creole, including sheets on what doula care is and how to receive it. To our pleasure, some of the women in our group had already heard of doulas, which made it great to generate discussion around their potential significance. One woman had a negative experience with a doula, which was equally valuable in terms of our initiative’s future efforts towards providing services to women.

Our support groups were not isolated from the realities of Haiti’s sociopolitical climate. Our second support group was held the day that the President of Haiti was assassinated. We decided to continue on with our session that day, knowing that the fundamental purpose of our efforts was to strengthen community bonds. Our numbers doubled in our second group, with ten participants attending (split evenly between Zoom and in-person platforms). Despite the unfortunate and fearful news, we had a lively group session; we performed demonstrations of safe infant sleep habits, as well as exercises and stretches that are helpful during pregnancy. Participants from the first session came back for the next workshop which lifted our confidence in the work we were doing (one of the women from our first session was so excited that she cooked food for the next meeting, and later on reached out about volunteering for our future events). Participants were eager to share advice and stories, some of which supported the information we were providing. We were glad that the liveliness of our session could alleviate some of the apprehension people were experiencing around their lack of knowledge of the assassination.

We would find ourselves in a similar predicament a few weeks later—before our third support group, we decided to hold a community baby shower event in collaboration with local organizations to distribute educational, community, and material resources while celebrating pregnant women with games, music, and food. This happened to coincide with the earthquake in Haiti that mostly affected the Southern area. We were grateful to have over 30 women attend our event and bond together as a community on what started as a solemn morning. Our third and last support group of the summer had about 10 participants, and that one left the most memorable experience. At the end of our discussion, one pregnant woman arrived who recently emigrated from Haiti, having travelled through Chili and Mexico and now residing in Brooklyn temporarily. She was initially present for TPS (“Temporary Protected Status”) application support that Life of Hope offers but was invited to attend the support group as well. She broke into tears soon after talking with us after recounting how her doctor said her baby may need surgery post-delivery. She was unsure of the exact diagnosis or the explanation behind what was wrong (or what was expected to go wrong). In addition, the woman’s two existing kids were in Haiti which was recently affected by the earthquake. It was during that session that I felt the most emotional and cognizant of our work—for many women, pregnancy is not just a single act, but one that is woven together with existing traumas from other areas of their lives, which end up reinforcing worries and fears about the health of themselves and their future baby, just like this woman. This intimate moment only reinforced the need to continue the work that we’re doing. We’re providing a space to shoulder the fears and struggles of Haitian women in our community, allowing them to be vulnerable among each other. Our team does this while also making our sessions a place for celebration of new life and of the strength of mothers. I believe this is fundamental to our collective growth and thriving while also advocating for better social conditions.

The Haitian Women Birth Equity Initiative and our support groups were doing a unique job of cultivating "peace" in the Brooklyn community by providing all our services in Haitian Creole. A community-led and focused interpretation of peace targets structural and systemic ills while providing opportunity for everyday people to live safe, fulfilling, and thriving lives. The reality is that many organizations that serve Haitian or immigrant-majority populations do not have adequate staff to communicate in their preferred language, nor do they have their informational material available in those languages (and if a translation tool is used, they are not always accurate). Language is one of the primary ways that community is fostered, and I believe that was a main source of comfort for our women, and why many came back to our
subsequent group sessions. This is also why our project is a long-term effort and vision; as Christina Pardo mentioned to our team, "we are building a village."

While the fears of the COVID-19 pandemic created some hesitation around how many people we would be able to reach, women were more than willing to attend our sessions however they could, be it through Zoom or in-person (our intake team called participants and made sure they knew how to use Zoom on their phones or computers). We also used each session to stress the importance of taking the vaccine, and especially to dismantle any myths around its effect on pregnant women. I would advise future Davis Project for Peace grantees to stick with the integrity of their project, being to promote peace, by always considering the safety of their target population. Holding hybrid sessions worked out great for our team thanks to the technical support of Life of Hope, and we were able to have rich conversation, educational discussions, and demonstrations for both groups. Having spent the past year focused on isolation and caution due to the pandemic, it was encouraging to see the eagerness that women had to be around each other, to be vulnerable, to share laughter and tears, and to want better for themselves and others. Those are the feelings that motivate me and our team.

References

