



SISTA Fire

Our Mission: SISTA Fire is co-creating a network of women of color to build our collective power for social, economic, and political transformation.

SISTA Fire aims to nurture a movement building culture in Rhode Island which centers the experience and leadership of women of color. By investing in women's leadership capacity and creating space for womxn to build relationships, heal from their individual and collective trauma, develop their historic and systemic analysis, and strategize community-led solutions.

Our History: SISTA Fire was co-founded by **Ditra Edwards** and **Chanravy Proeung**, in May 2017 to address the lack of support for women of color's vision for change and their development as leaders.

Community Based Participatory Action Research

What is it?

Community Based Participatory Action Research engages those most affected by community issues to conduct research on and analyze the issues, with the goal of developing strategies to resolve issues and envision new solutions.

Why we did it:

SISTA Fire spent the last 14 months gathering information on the state of maternal health for Black Womxn and Womxn of Color in Rhode Island. We specifically focused on the experiences our community was having at Women & Infants Hospital. The information that follows is a result of engaging 300 womxn in one-on-one interviews, street outreach, conversations with birth workers, organizing Community Listening Sessions, reviewing stories told on online forums, as well as being in conversation with Birth and Reproductive Justice activists across the country.

On September 10, 2019 SISTA Fire shared our first set of lessons in a community accountability meeting with Women and Infants Hospital along with womxn who shared their stories along with the larger community. SISTA Fire is working continues to meet with Women and infants Hospital to change the conditions impacting birthing families.

Translation and Interpretation

Triage

- Patients identified there was no consistent system where medical interpretation services are available to them in the ED or by phone 24/7.

In Patient

- Patients are not being communicated to about their condition in their own language. Medical providers often discuss patients and offer recommendations in front of them in a language they do not fully understand.
- Patients do not find it sufficient to rely on medical providers who have limited proficiency in their language or cannot speak their preferred dialect.
- Non-English speaking patients are being asked to sign forms without proper translation or interpretation, including for post-birth contraception.
- Patients who do not speak English are unable to express their health care needs and preferences during their stay in the hospital

Discharge

- Non-English speaking patients are not connected to community based organizations that offer follow-up care and health services in patients' preferred languages
- Non-English speaking patients are not discharged with adequate and safe follow-up information and care in their preferred language

Trauma Informed Care

Triage

- The environment in ER often was unwelcoming, with long waiting times, and feels very scary when you have no idea what is happening to you
- Every Black womxn we spoke to knew of a relative or friend who had a death, near-death, or traumatic experience during pregnancy.
- Patients overwhelmingly mentioned that upon entering WIH, there were very few medical providers of color.
- Before a patient enters WIH, there is already a sense of distrust and fear between the hospital and the community
- Patients are not being asked about their trauma histories by providers so that they can be provided care that is trauma informed

- Patients expressed re-traumatization and a violation of safety by having physical examinations, including but not limited to pelvic exams, that were not in adherence to trauma-informed principles

Inpatient

- Patients found that their severity of pain was not acknowledged or adequately treated. There were many reports of Black and Brown womxn saying they did not feel believed.
- Patients often felt judged and nervous by staff asking personal questions, under the assumption that patients weren't responsible parents. This is a major reason patient often did not want home visits services from WIH. Patients also expressed a real fear that DCYF would be contacted and that mothers would be separated from their children based on stereotypes they felt hospital staff held about WOC mothers.
- Patients and birth workers found that there are no protocols that are transparent and accessible when stillbirths and miscarriages occur.
- Patients who received epidurals reported long term side effects and chronic pain that were dismissed and not adequately treated.

Discharge

- Patients overwhelmingly felt that they would be crying, and suffering and providers demonstrated no ability to console, empathize, or relieve patients of their emotional distress
- Birth workers and patients expressed the need for more post-op healing modalities offered to patients after surgical procedures including D&Cs (abortion procedure)
- Many patients felt that the hospital does not see postpartum care on a continuum that exists outside of the hospital setting. As such, the hospital seems to make no effort to inform and connect patients to available community resources, such as mental health counselors, birth workers, doulas, lactation consultants, etc.

Informed Consent

Triage

- Many women reported not having a full understanding of their rights and autonomy when it came to making decisions around their treatment. Patients

perceived that physicians were withholding information that limited their understanding of the different options available to them

- Birth workers and patients, we spoke to reiterated that services for patient advocates were not encouraged or offered by the hospital. There was no clarity on who patients can have present in the delivery room and OR.

In Patient

- During emergency treatments, patients felt physicians did not communicate or explain the reasoning and the process behind certain physical exams, treatments, interventions, and surgeries. Not having a clear understanding of what was done to them during their stay in the hospital has caused a lot of trauma.
- Patients reported that it felt like different providers were coming in and out of their room, and it was not clear who they were and what their role was. Patients don't always know the difference between a resident, attending, and students.
- Many WOC reported being forced or scared into choosing a c-section.

Discharge/ Postpartum

- The overwhelming majority of patients identified "doctor speech" as a huge barrier that limited their understanding of their care and condition. Whether intentional or not, patients perceived this as cruel and intimidating.

Community Impacts

- Many of WIH's hiring comes from outside the surrounding community and greater Providence area.
- The expansion of both WIH and RIH has greatly impacted the neighborhoods in South Providence. Community members are unclear in the ways WIH has invested in South Providence and its residents.