



Episode 22 – Black maternal experiences with Shanice Holder, Tonye Alagoa (RPC) and Tinuke Awe and Clotilde Rebecca Abe (Five X More)

Ellie: Before we start today's episode, we wanted to give our listeners a quick content warning. We will be discussing themes around traumatic births, pregnancy loss, maternal deaths, and racism, which some listeners might find distressing. With that in mind, we would advise listener discretion as to whether you feel comfortable listening to this episode. Hi, and welcome to the Work Couch Podcast, your fortnightly deep dive into all things employment.

Brought to you by the award-winning employment team at law firm RPC, we discuss the whole spectrum of employment law with the emphasis firmly on people. My name is Ellie Gelder. I'm a senior editor in the employment equality and engagement team here at RPC and we'll be exploring the constantly evolving and consistently challenging world of employment law and all the curve balls that it brings to businesses today. We hope by the end of the podcast, you'll feel better prepared to respond to these people challenges in a practical, commercial and inclusive way. As we celebrate Black History Month, the theme of which this year is reclaiming narratives and as we also approach Baby Loss Awareness Week, the Work Couch is devoting a special episode to a very important but perhaps rarely discussed topic, Black maternal experiences and the impact on employees and their families.

And I'm thrilled that my wonderful colleague, Shanice Holder, will be taking over the reins and hosting today. Shanice, who is an associate in our professional and financial risks team and is a member of our ethnicity community, is passionate about shining a light on this really important topic. So without further ado, I will hand over to Shanice. Thank you.

Shanice: Thank you so much, Ellie. It's really wonderful to be hosting today and as you said, to explore such an important topic. I'm delighted to be joined by three inspirational guests. Firstly, we welcome Tinuke Awe and Clo Abe from the charity [Five X More](#), named after the [MBRRACE Report](#), which in 2018 found that black women are five times more likely to die in childbirth than white women. A shocking and heartbreaking statistic that drove Tinuke and Clo to found their charity to campaign for better maternal outcomes for black women and birthing people. And finally, we welcome Tonye Alagoa, a contracts lawyer in our risk and compliance team here at RPC and an active member of our ethnicity community. Tonye joins us to speak about his experiences as a partner of a black woman, which is a key part of this discussion. So thank you all for joining me. It's so great to see you all.

Tinuke: Hey, thank you so much for having us.

Clo: Thank you for having us.

Shanice: It's a pleasure. Thank you so much for joining. So, Tinuke can we start by hearing a bit about your background and how you came to create your charity Five X More?

Tinuke: Yeah, absolutely. So I had my son back in 2017 and it was an interesting pregnancy. But the birth wasn't that great. So without going into too much detail, I had late-diagnosed preeclampsia, which led me to be induced. And the whole experience was just not great at all.

It was one that left me feeling like I wasn't important or like my voice didn't matter. I was repeatedly telling midwives that I felt like I was in labour and no one listened and everything kind of took a turn from there. So I think because of what I had experienced and through running my other organisation called Mums and Tea, Mums and Tea was designed to get mums out of the house, make new mummy friends. And it's basically like a mother's meeting, if you like. And obviously we were all like new first-time mums. You get together, you talk about your birthing experience, you know, "how was your birth? And how was your birth?" And so listening to other black women's experiences of their births, it was quite heartbreaking. You you'd hear stories of like emergency C-section, of sepsis, of...generally feelings of not being listened to. And I started to feel like something was seriously wrong.

In 2018, the year later, when it started, you know, becoming popular knowledge that black women were five times more likely to die during pregnancy, childbirth and the six-week period after I had joined forces with Clo. So I approached her at the time she was running her organisation called Prosperity's dealing with maternal well-being for Black and South Asian mothers. And I was like, let's raise awareness and let people know that these are horrible statistics, but there are things they could do to try and not have bad births. And at the time, she was also working in maternity. So I thought it would be a great collaboration between what we all do. And we ended up just creating an organisation. And that was five years ago. we've done a lot since then. and trying to get Black maternal health and women's health in general, put on the map to try and improve things.

Shanice: That's amazing. Thank you so much for sharing that. And Clo, can you tell us about your experience of maternity? Because you've also worked in maternity units, haven't you?

Clo: Yes, I have. from working in maternity, I happened to see the good and the bad. So I saw what actually worked and what didn't work. And I just saw how having certain people on shift changes the whole atmosphere of the unit. And I saw how when certain other people came in, how pleasant it was. So it was really good to be able to work in the units to see how we can better support women with the work that we do in Five X More.

Shanice: So Tinuke, that figure five times more it really does beg the question why. Why is it that the outcomes are so much worse for black mothers and birthing people?

Tinuke: That's a good question and it's obviously why we exist. We wanted to find out why and through running Five X More and speaking to multiple black women and health professionals and the wider NHS and the wider structures and organisations that are in charge, we realised that it's not one thing, it's a multifaceted reason as to why this is happening. You can't pinpoint it to just one thing. So for example, stereotypes, there's so many different stereotypes that we believe leads to the poorer outcomes we experience. For example, black women being strong and feeling less pain and statistically, you know, there are studies that show that medical professionals do believe that black people have thicker skin and feel pain differently. And that has a whole different history. There's a whole different podcast episode talking about how we have gotten to this point. But there are certain stereotypes that actually have very deep rooted and deep-seated meanings. For example, black women feeling like they're not being listened to because of this. If a health professional perceives you as being strong, then they would not believe you when you say you're in pain or people having different pain thresholds. There was a couple of years ago now, a nursing medical textbook that was taken off, being published because it was telling students this is how to address people by their race, by their pain thresholds. It was saying things like, you know, Asian women have very low pain thresholds and black people don't feel pain and Hispanic people feel X and Chinese people feel Y. It was honestly, you would think that in 2000, I think it was 2012, the book was published and in 2017 it was pulled. But it's telling people how to address you know, people by their race in terms of their pain, their thresholds you know, it's just so mind boggling that this is all happening in this day and age because we're all humans and we all bleed red blood and we all feel pain. there's so many different reasons behind it. think another one I can think of is, you know, when we initially first started, we asked a survey in terms of women, black women and their birthing options. Like, how much knowledge did they have about things like home births and water births? And, you know, it was very astonishing to see that a very low number of people knew about births, basically outside of the maternity ward. you know, you can't... make informed decisions if you don't know everything that is available to you as well.

Clo: The one thing we must say is it's not a colour thing. It's the system itself doesn't work for us. So as a black woman, if I have an injury or if I'm concerned about maybe just say a rash, I might call 111, they will ask you, "Are you purple? Has it gone blue? Has it gone red?" And some of our skin tone don't change that colour. So on my arm, I might go with red, but on my neck, there's no colour changes. So also that doesn't work for us. The food that we eat, a lot of people have diabetes during pregnancy and they become diabetic during pregnancy, doctors or midwives will give me a leaflet and say, do not eat this type of food. That's great. I don't eat that type of food anyway. So tell me about the food I do eat. How do I put less salt, less oil? You know, the system itself doesn't work for us as black women.

Shanice: Yeah, yeah. Thank you very much for that. It's so interesting to think about it because, so I'm a black woman but I haven't had children yet, that's something that I hope to do in the future and it does make me worried, the statistics makes me worried or speaking to other black women, you know, in my family, my friends who have been through it and had negative experiences and as you said it's no one person or one group of people, it's the system that's the problem so it makes you worried to go into that system and it's multifaceted it's nuanced but it doesn't fill you with confidence to go into that situation so that's why the work you do is so important to support people like me through raising awareness through your charity, it has been getting better. So what are some of the most commonly reported experiences that you've heard from the community?

Tinuke: So in 2022, we actually launched the Black and Maternity Experience Report, which is to date the largest report on black women's experiences in the UK. At the time, our thinking behind it was that we know what the stats are in terms of mortality, so death, but we don't know what is going on behind those statistics. We don't know about the morbidity. We don't know about the illnesses, we don't know about the injuries suffered. We don't know about the general experiences. Anecdotally, we do in our families, we do in our communities, we do, but there's nothing like, there's no such data, didn't exist on such a large scale. So we really wanted to plug that gap. So it stems back from quite a while, and I'm a context kind of person. So in 2020, we launched our petition to improve black maternal health outcomes, which led to black maternal health being debated in Parliament for the first time ever in its history because we gained over 187,000 signatures. Well, that debate, we knew that the government were holding a survey, if you like, about women's experiences, women's health experiences. And they said that there was no data from black women, they were really hoping to get more black women to respond to their surveys. And we kind of had an idea that this would happen. We knew it was a big thing at time. And we actually came out with our own report And we gained over 500 respondents within 24 hours. So, and in total we had over 1,360 people respond just to show, you know, all these black women they couldn't seem to find, you know, they're here, they exist, so they do want to take part in the research, but it's important who's running it and who's behind it and the kind of language that's used.

So I think because we had the trust of the community, was kind of easy to gain those kind of responses and have black women give us their experiences. There were so many different findings we found in that report, for example, common stereotype, back to stereotypes, because, you know, this world is like rife with stereotypes when it comes to black women but one of the stereotypes is that you know that we we're young we're unmarried we come from low social economic backgrounds and this is why this is happening to black women but our research found that the majority of people that filled out the sort the survey were degree educated and higher, earning above the national average, and were also in relationships at the time of pregnancy and childbirth. So it was really interesting to see all of those stereotypes being refuted. I'll use myself and Clo as an example. We are educated. We have great jobs. And we still had bad experiences or people think, this happens because English is our second language when it wasn't for us. That's not to say that that doesn't happen, but there's a whole cohort of women that are missed because these stereotypes are in place. I think one of the common findings and one of the most shocking findings was that actually a lot of people are educated and can advocate for themselves, yet they're still having bad experiences.

Shanice: Yeah, exactly. think it's what you said. It's the stereotypes and the system. It's indiscriminate. It doesn't matter what your personal background is or your relationship status. It's just those stereotypes will cloud views and it shapes oftentimes a lot of people's experiences, unfortunately. And I know that you're really keen not to scare black women and their partners with these statistics. But I just think it's a really interesting discussion point for us about, you know, these stories because they're rich with lessons.

Tinuke: No, absolutely. I believe, you know, the one step, the first step to creating change is by creating awareness because you can't change something that you don't know about. So as much as we don't like to focus on the negative, we know what the stats are, You have to highlight those in order to make sure that you can actually create that change. You know, so one of the things that we initially wanted to start off with when we started was raising awareness and then creating change. So you raise awareness by talking about the stats, by saying the negative experiences, by highlighting actually this is what's really happening to us. And then you could go about, you know, doing the petitions, training the NHS professionals and working within the NHS and doing the reports and doing the things that we've done because you're creating change by talking about stuff people were not talking about before.

Shanice: Exactly, exactly. I think it's creating that safe space to enable that conversation to start to develop, to grow, to have traction and to bring people in to feel that it's comfortable to speak about it, it's not taboo. And with that, we know that when you started the charity, it was five times more likely at that point, that black women were more likely to die in pregnancy, childbirth and thereafter than their white counterparts. But we know that through your work and the hard work you've been doing that has dropped slightly to 3.7 times. And whilst that's amazing news and it's comforting because it shows that progress is being made, there is still a way to go.

Tinuke: Yes, absolutely. We welcome any change, you know but because overall maternity is not great at the moment, you know, we really have to think about that, bear that in mind. But yes, in terms of the gap, it does appear to be closing, but there's so much work to be done behind the scenes, especially for black women. We always say, like, you fix it for black women, you fix it for all women, because we clearly have the worst outcomes that we have had for a very long time. So yeah, that gap is starting to close, but not quick enough. There definitely is a lot more that needs to be done there.

Shanice: Are there any practical suggestions you have for black women going into, you know, when they're pregnant and they're going in for the antenatal appointments and going into labour, practical suggestions on what they can do to advocate for themselves safely?

Clo: So we have six recommended steps that we tell women to follow. So the first step is if you feel like something is not quite right, make sure you speak to a medical professional and don't stay silent. And I find that a lot of the women stay silent or they wait for their next appointment before they speak up. I used to work on day assessment unit. So that's where women used to come in if they have a concern. So if they fail, drop, they'll bleed in or have reduced fetal movements or diabetes or pre-eclampsia, you come to my clinic. And a lot of the time the women will be so apologetic. They'll be like, "My gosh, I'm so sorry. I didn't want to waste your time. I was just a bit concerned". And I always tell them, "do not apologise. This is your baby. If you have to come here 10 times in one day, please come here". We also say, find an advocate. So find someone that can speak on your behalf when you can't. So that could be a partner, family member, friend, someone that you can trust that can speak on your behalf when you come. Because if the pregnant person is anything like I used to be, I didn't speak. But also where you're going through maybe a C-section or having epidural. So I had a forceps delivery. And do you know, when you're pregnant, you're very vulnerable, especially when it's time to deliver your baby. So find someone that can remind you or speak or be your ears and your eyes, just in case things don't go well. Seek a second opinion. So if you do feel like you need more information, or the person that you're speaking to is not helping the way you feel like they should, you are allowed to seek a second opinion.

We work with this organisation called [AIMS](#). And there's another organisation called [Birthrights](#). They have maternity rights on their website. So you know your rights. So then you might not feel scared I think it will help if you know what your rights are. It'll make you feel empowered to actually speak up and seek a second opinion. The fourth one is trust your gut. You know, trust your body. Your body will lead you in the right direction. Your body will tell you what to do if something's not quite right, just definitely speak up. Don't ignore it. The fifth one is do your research. And then the sixth one is document everything. Anything that the doctor said you should take, you should document everything and also ask the reason why.

Shanice: That's amazing. Thank you so much. So many gems there and something that particularly stood out to me is about having someone to advocate for you. Having someone who knows what your wishes are that you've clearly communicated to them beforehand and someone that will be there to advocate on your behalf and to be a supportive presence. I think it's really important. And Tonye, if I can bring you in here? Can you tell us about your experiences as a partner and the impact that it's had on you, please?

Tonye: Yeah, of course. In terms of my experiences, as a partner, I kind of think the main one is just being as supportive as I could be. I would just make sure I was always there. I take notes. And I just make sure that we had a proper conversation about how she wanted to give birth and what she wanted. Especially before she went into labour. So yeah, I just made sure I was very much prepared. And then in terms of being an advocate, as I already knew what she wanted when we did get to the to the labour ward. And also, I just realized that, you know, from hearing things about, you know, black women being five times more likely and seeing a lot of like trigger stuff on TikTok, etc. I would speak up and say, even in appointments, even if I had a question to clarify. If it's a thing where our appointment's finished but I still have questions I'd still ask why because I need to make sure that it's the three of us that come out fine at the end of that journey.

Shanice: Yeah, these are the kind of stories that are heartwarming and that make you feel like there's the opportunity for you to also have a good experience and to be able to go in and advocate for yourself.

Tonye: Yeah, you've just got to make sure that you do your own research. So, for example, I downloaded I think it's BabyBuddy, every single day that tells you information of what the baby is supposed to be doing, how big the baby is and then also gives you more information and then I'd also say just make sure you have a community of people. So one of my best friends his son is I think a year older than mine, so when we were going through the pregnancy process, I always used to speak to him about things and they had an emergency c-section so he explained how that happened and how it made him feel so I kind of just had to make sure I was equipped enough to be able to deal with anything in that moment.

Shanice: So Tinuke, can you share some practical ways in which mothers and birthing people can prepare so that they feel empowered and informed?

Tinuke: So we've actually recently launched our app we have so much resources and information on there. All the resources that you can find online on our website now been put into one place as well as a community hub and some brilliant new information and videos from health professionals on there for what to expect, know, during pregnancy, what foods are safe to eat for us, can you perm your hair, can you relax your hair during pregnancy, all these questions, some of them are a bit culturally nuanced that you probably won't get answers for online or you hear mixed things online. So we wanted to work with health professionals on that side as well. So the women not only feel supported by having the right information, but they can also connect with one another. Also we've got our YouTube channel, our social media. We're trying our best to make sure that we're giving information not just via text, but I think social media at the moment is king. So in terms of providing digestible, short kind of information that is credible is so important. In terms of like resources and just in general, we do sort of, you know, work with health professionals and we deliver talks. And so on that side as well, there are things going on to make sure that in turn the women ultimately do feel a lot more safe. So, for example, we used to run our training called 'I'm Here to Listen' in various hospitals across the country. The health professionals that have gone on there, the training and have answered the quizzes appropriately. And we're satisfied that they are understanding of the issues that are going on and will be able to do their best to give women the best care. Women in general, especially black women, they all have badges with our Five X More logo on there. So we've had experiences of women who have seen, who know about Five X More, of course, who have seen health professionals with that logo and feel immediately at ease that this is a health professional that understands exactly what I might be going through as a black woman.

Also, recently we have launched our wallets across Southeast London. We're hoping to roll that out across London and across the UK where it's called the Colourful Birth Wallets and it's where you would store all your maternity notes, leaflets, anything that they give you. On the front and back, it's got different kind of information on self-care, what to do, when to call the midwife, that kind of thing. And also, QR codes to other organisations that we signpost to quite regularly, for example, Tommy's and AIMS and Kick Count and pregnancy and sickness support.

Shanice: So, Tinuke, I know you used to work in HR. So I wondered if you could talk us through some of the most effective ways in which employers can support people and their partners before and during the pregnancy and also on the return to work.

Tinuke: No, absolutely. I think it's so important. But, you know, things like flexible working options allowing for working, flexible working hours, remote work, enhanced maternity and paternity leave. So I think it's important to realise that, know, just the two or the three months, it can, it might not be enough time. And when you have more time with your child, statistically speaking, it's, you know, it's been shown, it can help with your mental health and you and your baby. So making sure that there are things like mental health resources and counselling and options like that as well. I think this one's really important in terms of like creating a supportive work culture. So I think making sure that you as an organisation are fostering an environment that is inclusive, one that feels supportive. So if employees were to ever speak about maybe some of the issues that they're facing or they have faced that you understand first and foremost what they're going for actually understanding what the stats are for black women and understanding the type of experiences that they can have and how it can lead to poor mental health outcomes or traumatic birth PTSD. These things are very, very real experiences that you can have after having traumatic birth. I think creating that sort of supportive environment where people, they choose to feel, if they choose to speak about this, but even if they don't, there are things like counselling and then other places and people that they can talk to about that. Their wellbeing programmes should be as up to date as possible to make sure that people can accommodate for when people's families are growing. And training for managers is important, know, equipping the line managers with the skills to support employees throughout their pregnancy journeys and whilst they're parenting as well. And definitely postpartum return to work support, providing that transitional support for parents and people who returning back to work after pregnancy, like gradual returns or breastfeeding rooms or just make accommodations for that work-life balance because your life completely changes when you become a parent. You've got childcare to think about. You've got a whole different life.

Shanice: That's an amazing answer and I think the coming back can be quite difficult because as you said, your life changes so much and to go back into work. It's like you're trying to piece all of those things together. And hopefully as well, this podcast is a great way for others, for colleagues to educate themselves on these issues. But how else can employers raise awareness across the workforce?

Tinuke: I think it's just by having the conversation. you know, a few years ago, this podcast probably wouldn't have happened. We need to be having these conversations. We need to be raising more awareness so that we can go about creating that change. Once employers are aware that this is what's happening, they can start putting things in place, but it's so important to make sure that in the first place, they know what's going on. This is very real and it's happening now. These are some things you can do to try and mitigate that. I think that really is the first step.

- Shanice:** Yeah, I think it's important, especially what you said about creating safe spaces for people to just to speak openly at work and to feel that it's a supportive environment. And that I think it's created throughout the organisation, you know, that will be through HR, through your line manager, through your colleagues. It's the culture that's set that will allow that safe space to exist and allow people to come back from work or even on maternity leave, you know, to feel comfortable.
- Well thank you so much for all the advice you've given and all the gems, all the knowledge you've provided for sharing really practical ways in which everyone can support those at work who may be affected by the issues you've described. While we talked about some really challenging themes, as we've heard before, it's so vital to open up the conversation and raise awareness so that birthing outcomes become equal, regardless of your skin colour.
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- Tinuke:** Thank you so much. Sorry, before we go, can I just add, black women do have good births. I know we have mentioned this, know the overall general tone has been quite formal and talking about stats and things like that, but black women do have good, so both myself and Clo have two children, one good and one bad experience.
- We hope that everyone can have a good experience, and this is what we're campaigning for. We know what good looks like, and black women are having great experiences So I did want to like kind of finish on that note in case there are any black women who are pregnant, who might be listening and might be thinking this is a bit much or it's a bit overwhelming. It's not all doom and gloom, and this is why we exist.
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- Shanice:** Well, thank you so much for that.
- Well, that brings us to the end of this special Black Maternity Experiences podcast. We hope you've enjoyed listening. If any of you listening would like further information or support, please do visit Five X More's website, which is www.fivexmore.org. They have so many excellent resources to help you and your partner. Thank you again. We've really enjoyed speaking with you. Just thank you for taking the time.
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- Tinuke/Clo:** Thanks so much for having us, we really appreciate it.
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- Ellie:** If you would like to revisit anything we discussed today, you can access transcripts of every episode of The Work Couch podcast by going to our website: www.rpclegal.com/theworkcouch. Or, if you have questions for me or any of our speakers, or perhaps suggestions of topics you would like us to cover on a future episode of The Work Couch, please get in touch you can email us at theworkcouch@rpc.co.uk – we would love to hear from you.
- Thank you all for listening.



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