



December 2019

Ɔkasamafo

The communicator

Afehyia Paa!

As we celebrate our New Year, we also celebrate life, renewal and birth. In this issue we will explore the importance of women's health specifically regarding carrying children and child birth. Please share with the women in your life. I hope you enjoy.

As always, please do continue to share your thoughts, suggestions, concerns, and stories with us via email and/or our FB page Akom Kese. We look forward to hearing from and sharing with you.

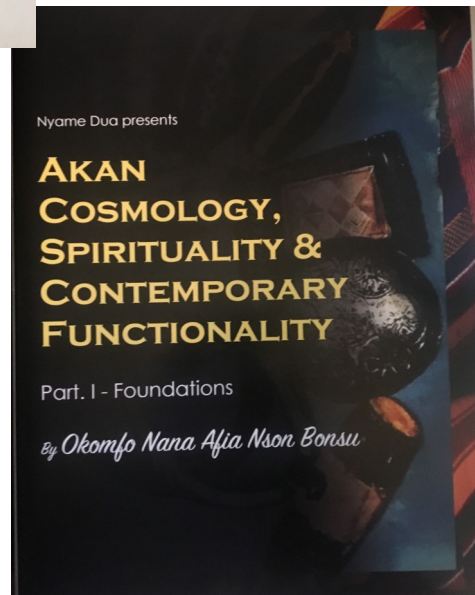
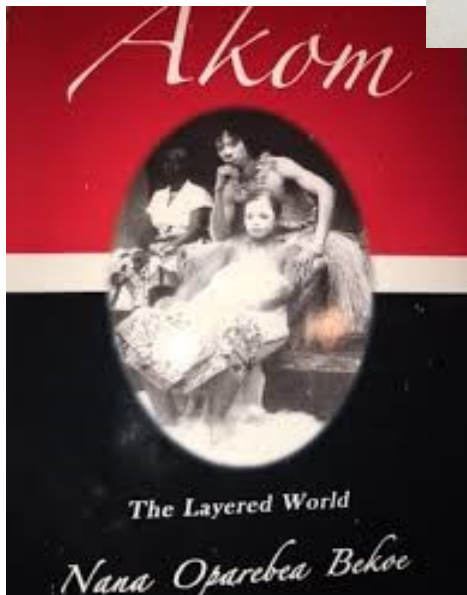
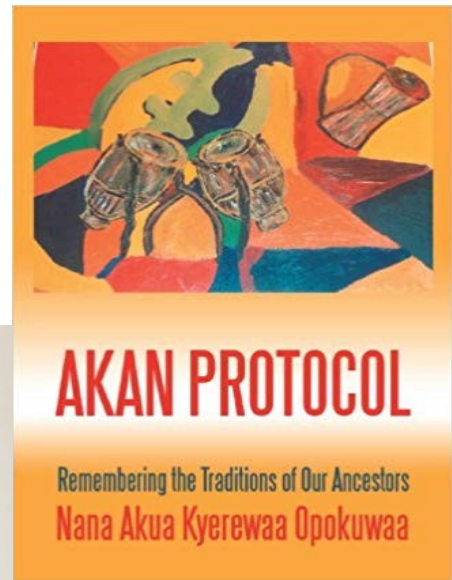
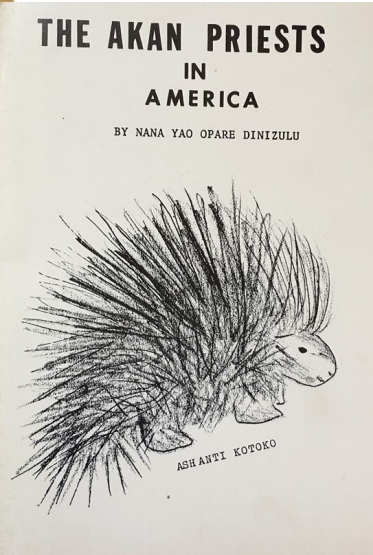
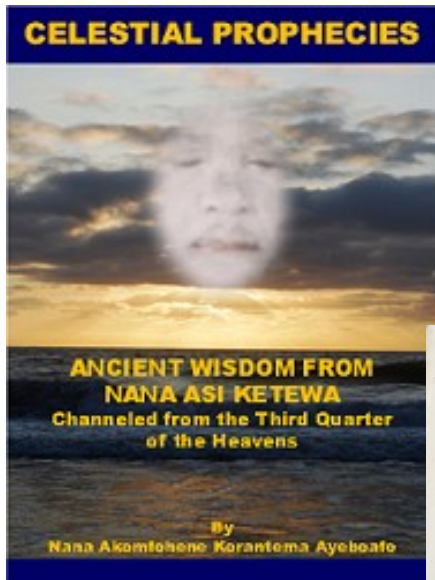
ƆKɔmfo Akosua Baakan



Duafe

*Wooden Comb,
Symbol of womanhood
and beauty*

FROM THE MOUTHS AND MINDS OF OUR ELDERS



Nyansapo wasne no badwemma

Knots tied by wise men are loosened by wise men

Preparation for Childbirth by Nana Amadoma Bediako

Birth is an initiation into life. Something that we all have in common is that we were born. How we bring our children into the world is not something that we should take for granted.

Establishing a healthy body before becoming pregnant is important for both mother and father.

(There is scientific evidence that the lifestyle choices of both parents and grandparents affect our genetic integrity.) Healthy parents are the foundation for healthy babies.

Good health does not simply mean the absence of disease. Consuming a wholesome diet and maintaining regular exercise will help the mom to look and feel much better, while enabling her body to handle the demands of pregnancy and birth. Staying well hydrated by drinking plenty of water is essential. It is also very important for the mom to get sufficient rest.

Among the Akan people there are special rituals that can be performed to initiate pregnancy and also to ensure that a pregnancy has a desired outcome. Nana Esi is the “Queen Mother of the ancestors” and therefore she is the one we consult for families who are ready to procreate. If a woman is already pregnant, she can receive special baths throughout her pregnancy to help her to carry the baby to term and to have a healthy baby. Special blessed waist beads are prepared for the expectant mother and she wears them until just before her estimated due date.

An important part of maintaining a healthy lifestyle is cultivating a positive attitude. A woman who trusts her body and her ability to give birth usually has a quicker, easier labor than someone who is resistant or fearful of the birth process. Tak-

ing a childbirth education class can support a woman or couple in deciding where and how to give birth and with whom. (Natural childbirth or medically managed birth? Midwife or obstetrician? Homebirth, birthing center or hospital birth?)

In addition to prenatal childbirth education, several studies have demonstrated that women have better birth outcomes when they hire a doula to offer labor support. A doula offers emotional, physical and informational support for the birthing family. Ideally the doula meets with the family during the pregnancy to build rapport but also to introduce options to the family for the best possible birth experience. A number of studies have demonstrated that a woman is less likely to require pain medication or have a Cesarean delivery with the support of a doula. Her labor is often shorter and she will generally have a better overall feeling about her birth experience. The doula does not perform any clinical procedures like taking blood pressures or temperatures. The doula does not do vaginal exams or catch babies. Most doulas are women but there are some male doulas.

It is important for the expectant couple to learn about the various options that are available today for childbirth. Being informed consumers about evidence-based care in childbirth can prevent a number of problems. It can contribute to healthy outcomes for mother and baby. Knowledge is only powerful when it is applied.

This is Nana Amadoma’s 40th year as a birth worker. She is a Childbirth Educator, Lactation Counselor, Birth Doula and Birth Doula Trainer.

Up Coming Events:

NY / NJ

December 7, Nana Adade Kofi Afahye. See flyer.

DC / MD

December 7, PMSO 2019, Featuring Okomfo Lennard Jack Jr., See flyer

December 14, The Dinizulu Legacy Continues, Dinizulu Cultural Arts Institute, See Flyer

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Black Pregnant Mothers Dying As Maternal Mortality Crisis Persist

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Black women are three to four times more likely to die of pregnancy complications than White women, reports the Centers for Disease Control. Photo:Pixabay.com

Jamila Bey remembers the pregnancy that gifted her a beloved son. The entire time leading up to his birth was magical, she said.

At the time, the D.C.-based journalist and commentator said, she thought her experience was the norm for Black women. She had a very easy pregnancy, she told *The Final Call*.

“I had a super, wonderful, happy pregnancy. I was 31, older than most, weighed 200 pounds and was playing with the D.C. Divas, a semi-professional women’s football team. I was eating 6,000 to 7,000 calories a day. I was an exceptional athlete in excellent health. Frankly, I looked amazing at this weight.

“I worked out for six months during the pregnancy and didn’t show until the eighth month,” she said.

Ms. Bey said while doing research in 2011 as part of an Association of Healthcare Journalists Ethnic Media Fellowship, she was shocked to learn just how pervasive and deadly childbirth is for Black women.

The deadly landscape of maternal mortality

According to The Centers for Disease Control and Prevention (CDC), Black women are three to four times more likely to die of complications from pregnancy than White women, regardless of their social status, economic standing or education. Also, infants born to Black mothers are dying at twice the rate of infants born to non-Hispanic White mothers. National Public Radio’s Nina Martin and Renee Montaigne put the crisis in stark terms in a story titled, “Black Mothers Keep Dying After Giving Birth. Shalon Irving’s Story Explains Why.”

Put another way, a Black woman is 22 percent more likely to die from heart disease than a White woman, 71 percent more likely to perish from cervical cancer, but 243 percent more likely to die from pregnancy or childbirth-related causes.

Every year, Dr. Paige Long-Sharps said, between 600 and 700 Black women die of these causes. The CDC puts that figure at 700-900 deaths annually. Many of these deaths are preventable, Dr. Long-Sharps and others say, but a host of factors—including disparities in healthcare; the inherent racism and racial bias in the healthcare system; stressors from Black women’s lived experiences which exacerbate pregnancies; and prospective mothers who lack the education and information to properly plan and prepare for a child—have a direct bearing on successful pregnancies.

In a *New York Times* magazine article, contributor Linda Villarosa cites reasons echoed by Dr. Long-Sharps as to why Black women are falling ill and dying before, during and after childbirth.

“High blood pressure and cardiovascular disease

are two of the leading causes of maternal death, according to the Centers for Disease Control and Prevention, and hypertensive disorders in pregnancy, including pre-eclampsia, have been on the rise over the past two decades, increasing 72 percent from 1993 to 2014,” the article said. “A Department of Health and Human Services report last year found that pre-eclampsia and eclampsia (seizures that develop after pre-eclampsia) are 60 percent more common in African American women and also more severe.”

“Absolutely, it’s a crisis,” Dr. Long-Sharp said during a recent interview. “We live in an industrialized country but we’re behind Libya and the Third World in terms of caring for pregnant women. The numbers are real. Facts don’t lie. There are tons of studies that all lead to the same conclusions. We have a healthcare system where mortality and morbidity are so high.

“Women in Mississippi have worse outcomes than women in Palestine, Kenya and Egypt. There was a major report released in 2013 which showed that 60 percent of women of color are receiving inadequate healthcare. That’s crazy.”

Dr. Long-Sharp, a specialist in obstetrics & gynecology in Bronx, N.Y., has been practicing for 21 years and has garnered more than a quarter century of experience in the field. Citing a great need, the former medical director of Montefiore Medical Center for more than 10 years said she’s moving more into teaching and education than practicing medicine.

What has become crystal clear over the years—based on research, surveys, studies and other criteria—is that a crucial factor driving the maternal mortality crisis is racism and the inherent racial bias built into this country’s healthcare system.

“I live in Westchester County which is supposed to be affluent,” said Dr. Long-Sharp. “It doesn’t matter about one’s social and economic background, status or education. It comes down to racism. This is the crux of why we have such disparities. This is a multifaceted problem. I work in a majority-dominated environment and I see inherent racism every day but I’m not even sure if they see it.”

Dr. Long-Sharp said racism is manifested in residents and doctors when they ignore Black female patients during visits; don’t see the need to inform them of prospective procedures; disregard their concerns or desires for certain types of treatment; and don’t listen when these women try to explain how they feel or reasons for being in the hospital or doctor’s office.

“You’re starting from a place of inequality,” she said. “There are inherent stressors such as poverty, jobs, and family. Women are dealing with diabetes, hypertension. I believe, though, that as Black women the onus is on us. I also believe that there definitely is a revolution coming with doulas.”

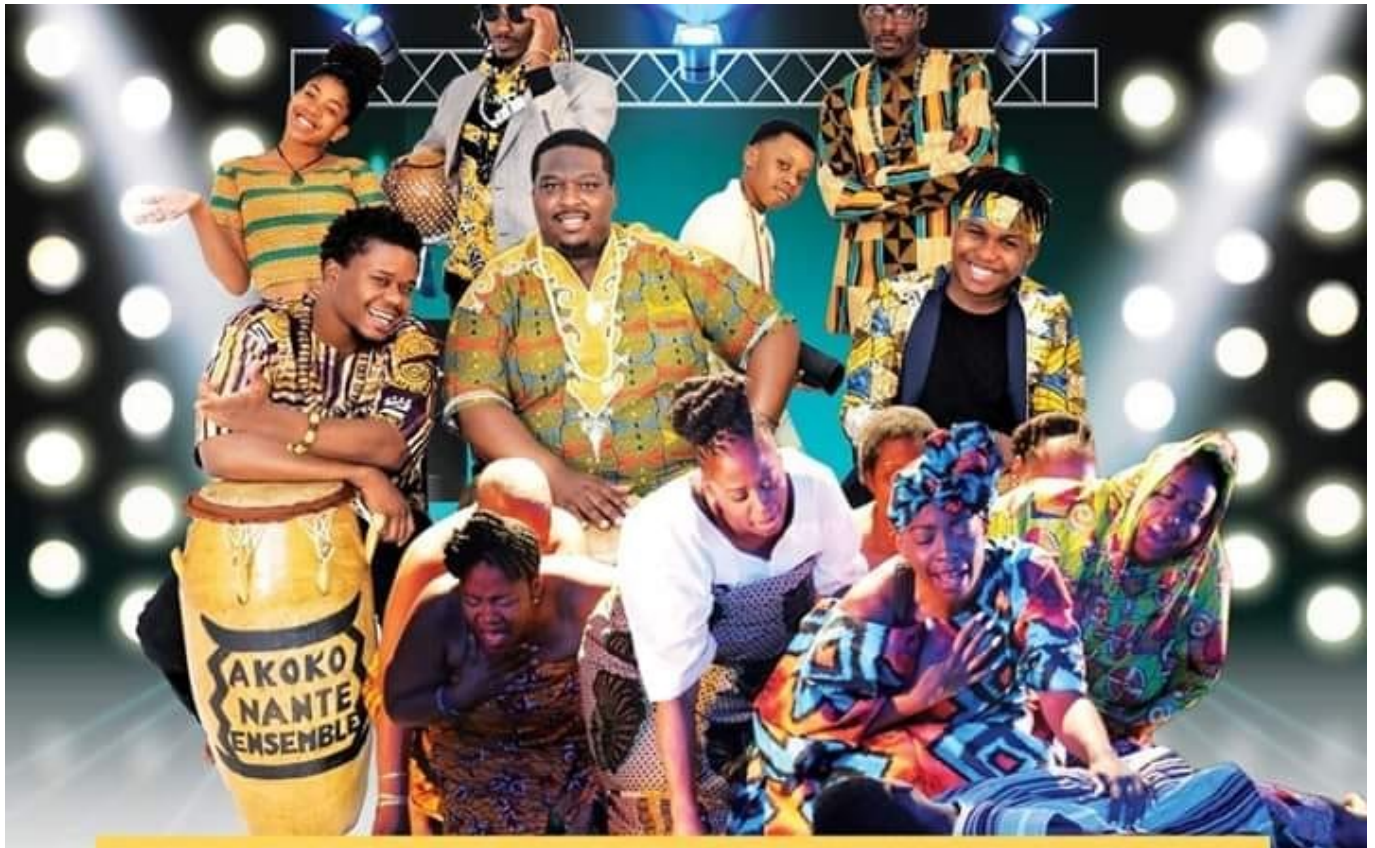
Studies indicate that the racial gap amounts to the deaths of 4,000 babies each year, notes Ms. Villarosa, who heads the journalism program at City College of New York. What’s most unsettling, she and Dr. Long-Sharp say, is findings that education and income offer little protection. In fact, a Black woman with an advanced degree is more likely to lose her baby than a White woman with less than an eighth-grade education.

U.S. Senator and presidential candidate Elizabeth Warren concurred in her *Essence* magazine opinion article.

“This trend persists even after adjusting for income and education. One major reason? Racism,” she wrote. “In a detailed report, Pro-Publica found that the vast majority of maternal deaths are preventable, but decades of racism and discrimination mean that, too often, doctors and nurses don’t hear Black women’s health issues the same way they hear them from other women.”

These are structural problems that require structural solutions, and medical institutions as well as the people who staff them must be held accountable, Sen. Warren asserted.

A trio of affiliated with the Center for American Progress researched and wrote a report, released in early May 2019, that provides a comprehensive policy framework to eliminate racial disparities in maternal and infant mortality.



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“Structural racism in health care and social service delivery means that African American women often receive poorer quality care than White women,” said Jamila Taylor, Cristina Novoa, Katie Hamm, and Shilpa Phadke. “It means the denial of care when African American women seek help when enduring pain or that health care and social service providers fail to treat them with dignity and respect. These stressors and the cumulative experience of racism and sexism, especially during sensitive developmental periods, trigger a chain of biological processes, known as weathering, that undermine African American women’s physical and mental health.”

The long-term psychological toll of racism, the authors said, puts African American women at higher risk for a range of medical conditions that threaten their lives and their infants’ lives, including embolisms (blood vessel obstructions), and mental health conditions.

“Although racism drives racial disparities in maternal and infant mortality, it bears mentioning that significant underinvestment in family support and health care programs contribute to the alarming trends in maternal and infant health,” the authors continue. “In the past decades, many programs that support families in need—such as Medicaid, Temporary Assistance for Needy Families (TANF), and nutrition assistance—have experienced a steady erosion of funding, if not outright budget cuts. The fact that these cuts have a harmful impact on families of color, who are overrepresented in these programs due to barriers to economic opportunity in this country, can be attributed to structural racism.”

Yet despite pervasive racial disparities in maternal and infant deaths, the authors say, public attention has only recently focused on this issue as a public health crisis.

“... And the full extent of the crisis is not yet known due to incomplete data. Compared with data on infant mortality, data on maternal mortality are less reliable and complete. While the disparities in maternal mortality across race are clear within individual states, a reliable national estimate has not been possible because data have been incon-

sistent and incomplete across states.”

A renewed push to confront the problem

The Black maternal healthcare and the crisis that is engulfing Black women has gotten the attention of some Democratic contenders running for the White House in 2020. California Sen. Kamala Harris recently reintroduced her Maternal Care Access and Reducing Emergencies (Maternal CARE) Act. The 2019 Maternal CARE Act creates a \$25 million grant program to fight racial bias in maternal health care through training programs and medical schools and directs \$125 million to identify high-risk pregnancies and provide mothers with the culturally competent care and any resources they need.



Black maternal health is a critical health issue that has garnered attention from some of the 2020 Democratic presidential candidates.

“Black mothers are dying at alarming rates from pregnancy-related causes in part because of racial bias in our health care system. Everyone should be outraged this is happening in America,” Sen. Harris told *Elle* magazine. “We cannot ignore the Black maternal health crisis that is happening in this country. Every day we wait and don’t address this issue is another day we allow more mothers to be at risk. This legislation is a critical step toward protecting mothers and understanding that a healthy mom means a healthier baby, community, and society.”

Sen. Harris has been joined by fellow Sens. Kirsten Gillibrand and Warren who have also been very vocal on the issue. In her *Essence* article, Sen. Warren highlighted the work being done by

Sens. Harris and Cory Booker, as well as Rep. Alma Adams and her freshman colleague, Rep. Lauren Underwood, a nurse with whom she announced the formation of the Black Maternal Health Caucus. The caucus will help in developing policies to mitigate and eliminate what the lawmakers describe as “the shockingly high Black maternal death rate.”

A wide swath of organizations and individuals nationally have been involved or have joined the fight to reverse this trend. Sen. Warren said “as they have so often in the past, Black women and activists are leading the way. Widowers, mothers, and groups like the Black Mamas Matter Alliance, MomsRising, and the March of Dimes are demanding concrete actions to reverse these deadly outcomes,” she said. “The Alliance for Innovation on Maternal Health is developing tools to save lives and stamp out racial disparities. Legislators in Texas and California are collecting data and rolling out new best practices. Cities are testing whether covering doula services can help.”

Doulas: An ancient solution to a modern problem

Dzifa Richards Jones, a pediatric physician’s assistant and a practicing doula for 15 years, agrees doulas are a key to getting a handle on maternal mortality.

“My clients have doulas so I don’t see the challenges, the non-successful cases and the stories of maternal mortality but I see it all around me,” said Ms. Richards Jones, a certified holistic birth and post-partum doula who has operated A Womban’s Place in the Atlanta area for six years. “There is definitely a lack of education, medical support and tough financial situations (that some women are dealing with). Also, people are less connected to their families. The more I see, it’s not a medical thing. It’s a mindset, relaxing. I think about the old midwives and that ancient wisdom. What I do is teach women to listen to themselves,” she said.

In Ms. Villarosa’s New York Time magazine article, Dána-Ain Davis, director of the Center for the Study of Women and Society at the City University of New York, said, “One of the most important roles that doulas play is as an advocate in the medical

system for their clients. At the point a woman is most vulnerable, she has another set of ears and another voice to help get through some of the potentially traumatic decisions that have to be made.”

Doulas “are a critical piece of the puzzle in the crisis of premature birth, infant and maternal mortality in Black women,” concluded Ms. Davis, a doula and author of a forthcoming book on pregnancy, race and premature birth.

In addition to the weathering the toxic effects of racism and discrimination that adversely affect African American women, particularly during pregnancy, Ms. Richards Jones said Black women are very different from their White counterparts. They eat differently, live differently work hard and, more often than not, have two or three jobs.

“It’s a challenge to find peace during birth. The uterus can’t retract, and the placenta won’t be healthy,” Ms. Richards Jones said. “In some cases, the women are in single-parent households and not living healthy lifestyles.”

Among the responsibilities she has shouldered is to teach her clients tools, techniques and tips on how to change the way they eat, think and approach the pregnancy. A crucial part of the process is helping women feel empowered to deal with their doctors.

“We’re nervous seeing the physician, intimidated by the medical world, don’t feel entitled,” she said. “Caucasian clients feel very comfortable saying what they will and will not accept. But often, doctors make Black women agree to things they don’t want.

Ms. Bey echoed sentiments shared by interviewees about ways structurally, within families and medically, to ensure successful pregnancies. And there is the unspoken reality that dismantling structural racism and racial bias would go a long way to improving outcomes, she added.

“There are lots of factors that need to be addressed and changed,” she said. “Black women are under-supported, under-resourced and under-

medically cared for, to coin a new word. Black mothers need more help and support than we get but we're doing well regardless, despite the false narratives out there that Black women don't take care of their children."

Barrington M. Salmon

Freelance Journalist

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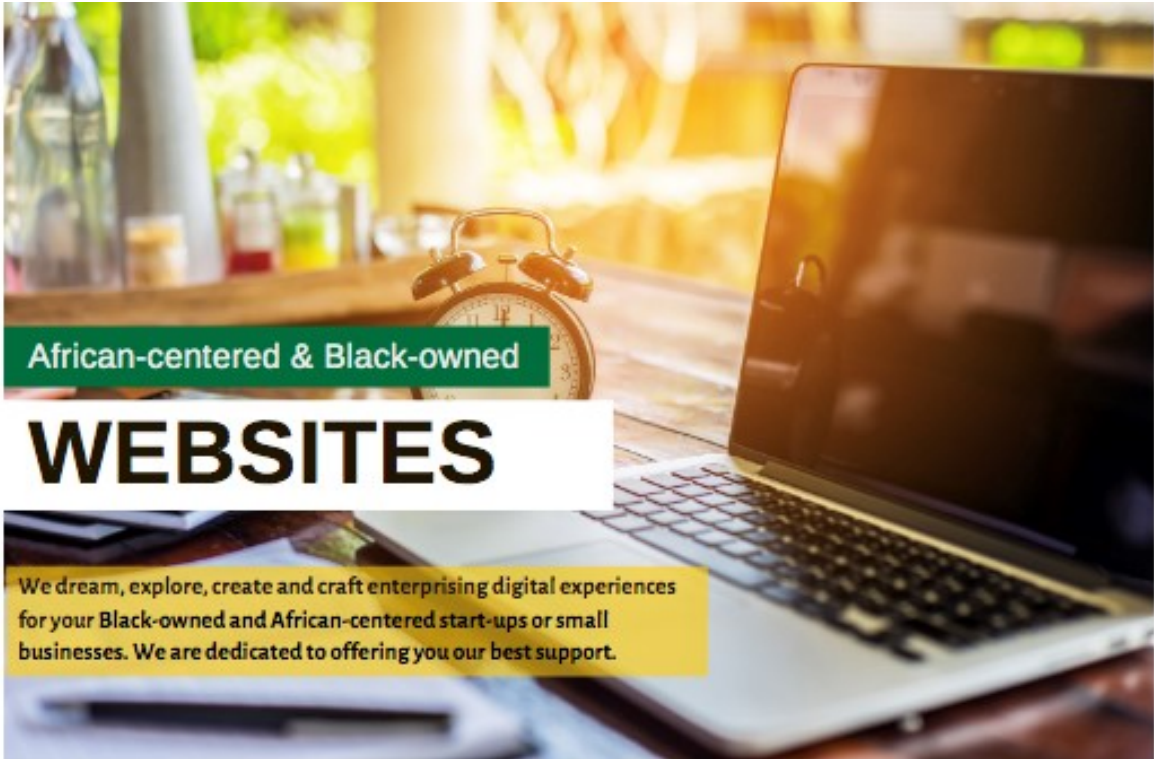
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