

Dianne ([00:00:00](#)):

Hi, welcome to the badass breastfeeding podcast. This is Dianne your location consultant.

Abby ([00:00:24](#)):

And I'm Abby, The Badass Breastfeeder. This episode is brought to you by Nikis and Earth Mama Organics. Right now Dianne has our review of the week.

Dianne ([00:01:23](#)):

I do! "I Got thrown in with a random OB for my 37 week appointment, and she swept my membranes without asking when I was only one centimeter dilated, which led to jumpstarting labor before my body and my baby was ready. I had such a traumatic birth experience between being told that I had to get an epidural to keep my baby safe and receiving magnesium citrate, which made me so sick labor delivery was not at all what I had in mind. So my son was born with low blood sugar and had difficult time legging. So they pushed formula on me, even though I made it very clear, I was determined to exclusively breastfeed. I tried to see the lactation consultants at the hospital and kept being pushed off and told that it's a weekend. And there were too many babies born for them to keep up with, which was extremely discouraging to say the least. I ended up pumping and bottle feeding for the first eight weeks while trying to get my baby to latch without any professional support. It was extremely difficult pumping every two hours around the clock and sleeping in 30 minute increments. But I fought like hell because I was absolutely determined to give my baby that I had tried five long years for the absolute best start to life. I can. My son is almost eight months old now in boob obsessed. He has quadrupled his birth weight and it's such a loving, active, and healthy boy. I hate hearing comments from people like he has teeth. I bet you're going to stop nursing now or even worse from the pediatrician that he should only be nursing three to four times a day and mainly eating solids. Our society is so uneducated when it comes to the benefits for both mother and baby of extended breastfeeding. I am so proud of how far we have come and look forward to breastfeeding my booby baby. As long as he wants, I'm grateful to you, both for being the like-minded friends, I don't have and sharing your endless wealth of support from others who don't have any or enough. I think everyone needs to mind their own tits and let this and every other bad-ass breastfeeding baby wearing bed sharing cloth, diapering, mama raise happy, healthy, and secure babies. Thank you for reading, keeping the badasses as you are." So amazing story of like kicking it in to get what she wants. And I just think that's amazing. So congratulations to you. And if you would love to send us a review, we would love to see it and hear it and know your story and be the review of the week. She emailed us at the baddest breast breastfeeding podcast. But you can also put it on iTunes, which actually really helps the podcast a lot. So get to it. We'd love to hear from you and yeah, that's it.

Abby ([00:03:47](#)):

I forgot to say earlier, too, that you can go to badassbreastfeedingpodcast.com and you can find our transcripts if you need to. And you can also find a contact form there. If you want to contact us and you can also scroll all the way down, you can find a slot to enter your email address and then we'll send you the episode every week. That's cool. We're about to celebrate Black breastfeeding week! Now it's August 25th and we're celebrating with an interview. Welcome to the show. Meisha you are known as the nurse milk on Instagram, and nurse milk on facebook. Tomorrow will be the first day of black breastfeeding week. Do you want to just introduce us, like tell us a little bit about yourself?

Meisha ([00:06:13](#)):

Absolutely. Well, as Abby said, my name is Meisha. My full name is Shameeka. I go by Meisha. I am a registered nurse and a certified lactation educator and an IBCLC candidate. I'm working on my mentorship hours right now. I am a wife, a mom to a two year old and I live in orange County, California. Yeah, that's me in a nutshell.

Abby ([00:06:42](#)):

That's awesome. Did you breastfeed?

Meisha ([00:06:46](#)):

I did. I breastfed for two full years. It wasn't intentional. My goal, my goal was a year. My daughter had other plans, so we just kinda went with the flow.

Abby ([00:07:02](#)):

That's great. Yeah. It's so funny. I think that's so much how it happens with people, right? It's like, Oh, this is my goal. And then you get to the goal and you're like, Oh, well it didn't feel at all how I thought I was going to feel when we got here.

Meisha ([00:07:14](#)):

Yeah, I was, I didn't even feel ready when she turned one. I was like, okay, well I guess when I'm ready, we'll just keep going.

Abby ([00:07:25](#)):

You're a registered nurse, IBCLC candidate. That's awesome. So I'm assuming that you were a nurse before you were a parent?

Meisha ([00:07:34](#)):

Yes. I've been a nurse for nine years now. I just hit nine years last week. I would have never imagined this would be happening right now, but here we are in 2020.

Abby ([00:07:56](#)):

Thank you for everything that you're doing. So you became a parent. How did that affect you career, all of the things that you were doing?

Meisha ([00:08:11](#)):

Me becoming a parent changed the entire course of my career, honestly. I had no interest in women's health before I became a patient in women's health. No interest, never worked in women's health. My background is in pediatrics and nursing education, had no interest. And then I became a women's health patient and a breastfeeding mom. And it kind of sparked this new passion that I didn't even know I had. So it literally changed my, the course of my entire career. So parenting definitely, you know, it's great because of that. And I'm grateful for my breastfeeding journey because of what it did for me.

Abby ([00:09:05](#)):

That's, that's fantastic. Yeah. I feel I was a social worker before I came a parent and then I became a parent and of course it changed everything and I ended up doing this and I was like, well, wait. I mean, I,

I didn't even intentionally change my career, but I'm like, this is kind of social work, you know, this is very much still kind of the goal of what, you know, what my work was before.

Meisha ([00:09:26](#)):

Right. You can, you can reach people anywhere. So it's like, yeah, you just have to, you just have to be willing to go where you're needed. That's the best, the main thing

Abby ([00:09:40](#)):

That's true and where your passion is. And I think that's, that's so true about kids too, right? It really changes sometimes really what you're passionate about.

Meisha ([00:09:48](#)):

Absolutely.

Abby ([00:09:50](#)):

So you are a nurse and you work within this, in the healthcare system in America, and this is really kind of the bulk, I think of what we're going to talk about. So we have a healthcare system that is it within our, you know, system and we see a lot of systemic racism within healthcare systems. So how does that affect your work within that system? You are also a black woman, right? How does that, how does that, what do you see, how does that play out? How does that affect you, your patients and what you do?

Meisha ([00:10:25](#)):

If that's a loaded question, I have worked, my most of my career has been working as a travel nurse. So I have worked in States, Alabama, California, Minnesota, Washington, all over and everywhere I go, there's a little bit of racism, just a little bit everywhere. And it's funny because I experienced more when I moved to California than I did in Alabama, which is very interesting. But there it is. There's times where, you know, that is okay, this is black and white, this is racist, but you, you don't really have the proof behind it. And nobody will speak up. That is the main issue. I have people see what's happening to patients and the fact that they're being discharged too early or that they're being underdosed because their pain is not realized and say, Oh, well, it's okay. You can handle it. I've heard doctors say this to patients. And no one is speaking up. I have wanted to leave the hospital. I don't know, for the past, maybe four years, maybe I've just been really kind of preparing myself to leave the hospital system altogether. But every time I put it in my mind that are ready to leave a situation happens. And I feel like I have to be, I have to be there to be a body guard. And I don't feel like I, that's not what I signed up to be. I didn't sign up to have to, you know, monitor the fact that there are so many racist people that work in this hospital. And I don't know if you're going to treat my patient the way they deserve to be treated. And it's, it sucks because as a black woman, I know what racism feels like. I felt in my entire life, but you know, in a hospital setting, you come for care. But oftentimes I've had, I've had so many patients. Who've had sickle cell cause I work with adult patients as well. And sickle cell is a very, very painful disease, very painful. And the first thing that the reporting nurse will tell me is that the patient is a pain seeker. Now, most of the time sickle cell patients are black people. That's just what it is. And it's all in every single report, their a pain seeker, their pain seeker. I have friends who have sickle cell who are also nurses and they live with that pain every day. But people come in the hospital in a sickle cell crisis. And the first thing you said, Oh, they're just looking for Dilaudid. Even though they're in so much pain, they're doubled over and can barely speak. So those types of things is what drives me to want to get out of the hospital. But it also keeps me there because I feel like if I'm not there, who's going to speak up

because there's so many, there's so many nurses and doctors who refuse to say anything who are just compliant with the BS. That is the American hospital system, the American healthcare system. And I hate to say it like that because that's where my career has been. But I've seen so much, I've been in situations where I've had patients escorted from the hospital. Not because they were discharged, but because the doctor no longer wanted to treat them and they were being discharged, even though they were not ready to be discharged from the hospital, that was actually a recent situation. And at that moment I felt completely powerless. And I've never, I've never felt like that before. And I've always been a nurse who speaks up for my patients, always doesn't matter who it is, whether you're the chief nursing officer of the hospital, whether you're the administrator, whether you're the doctor, whoever I've always been an advocate for my patients. But in that moment, my words meant nothing. In that moment they wanted to get that patient out of the hospital more than they wanted to listen to me or the patient. So it's hard because you know, it's wrong, but everybody else who is in administration, every doctor that everyone is telling you, get them out, get them out, get them out. So what do you do? So that, so that is the part that I struggle with as a black woman. I struggled because I know that there's so much racism in the healthcare system, but it's like, I'm doing my best to fight against it and take care of my patients at the same time. So it's, it's an everyday battle. It really is. And unfortunately, I don't think that it will end any time soon unless people start using their voices and speaking up and calling racism out when they hear it, when they see it. And that's, that's the only time it will ever change.

Abby ([00:16:27](#)):

So yeah I have like 5,000 different directions I want to go after you talking. But so this healthcare system that we're talking about here, I think another thing is people using their voices, white people using their voices and speaking up and, you know, forcing change and also realizing that this all stems from slavery, right? This is where, this is where the American healthcare system was built. It was built on racism, abuse of black people on this experimenting of black women and the horrors, which maybe we can put some links or something where people can, can look more into that history. I know where like where I was getting a lot of information was the podcast 1619, it's such a great podcast. If you, if anybody's listening would like to listen to. It's Nicole, Hannah Jones from the New York times hosts it and she is just incredible. And she goes, it's just wonderful. And I've learned a lot. One of the things that I learned was a woman named Rebecca Lee Crumpler and a lot of what you're talking about kind of reminds me of the things that, that I heard about her and, and, you know, just the history of this healthcare system. I didn't know who she was and I have to assume people listening don't know who she is. So this, this comes from the podcast 1619 that I was just talking about and a little bit about what she was saying about the history of the healthcare system. And I think the episode is called where the bad blood started. I think that's what that episode is. So here's a little bit of just the history and again, I'm not a historian, I'm learning myself. So bear with me. So the emancipation proclamation was signed and, you know soldiers were going around to plantations and telling people that the emancipation proclamation had been signed. And, you know, you can go now we're not doing this anymore. And so the enslaved people were like, well, where are we supposed to go? You know, I never thought about that. You know, like, well, where are we supposed to go? And, you know, people were like, well, that's not my problem. You need to just go. You need to get off this land. So groups of people were getting together and were taking up residence in places like old buildings, abandoned buildings, abandoned prisons, abandoned military place bases and things like that. And this was also in the middle of a smallpox outbreak. And so people were getting sick, you know, and people have normal every day, you know, health concerns that need to be attended to, and nobody was addressing any of these health concerns. They were just kind of pushed to the side. And people were dying. A lot of people were dying of smallpox and there was nowhere to go with their dead and it was a huge mess. So this program, this Friedman's assistance

program, or I think it's also been called the Freedmen's Bureau was created. And it was a hundred doctors funded to go down and take care of the 4 million freed enslaved people. And so these doctors are going down there and they're just like, Oh my God, this is out of control. There's too many, we need more doctors, we need more money. We need help. And the government was like, no, we're not giving you any money. It's clear that black people are not suited for freedom and giving you more money would just be a waste. It would just be a waste. And so there was no money being invested, no more resources. So Rebecca Lee Crumpler is the first black female doctor. She graduated from a medical school in the Northeast of the country. I don't remember exactly where, what the name of the school was, but she graduates, she knows what's going on. She hears what's going on. She had straight South and she's going to go down here and she's going to help people. And she's putting her foot down. So she comes down and she is doing what she can. And she writes a book and she doesn't write a book for her colleagues. She doesn't write a book for, you know, the population in general. She writes a book specifically for black mothers and black nurses and how to treat yourself and you know, your family of common medical issues that are going on. And that is kind of where my knowledge stops. But when I heard this, first of all, when I learn about history, I start to feel how short it is. You know how just like, Oh my God, we're still in this. People say well, slavery ended. No we're still in this. What struck me about what she did and what her kind of mission was, was something that I think that we still see. And again, still is not a good word because we're still in this, we're in this. Now what we see of black midwives, black doulas, black lactation consultants, black professionals all around of creating services specifically for black people because the services and the needs are not being met by the mainstream services mainstream resources, whatever that have always been aimed at white people.

Meisha ([00:23:43](#)):

We create these programs because, just like you said, like there is nothing that is just for us because the, even with growth charts that pediatricians use, they're based on how they're based on European standards, everyone's bone structure is not the same. So if it's really kind of necessary for us to create these safe spaces for black women to come and not feel judged just be who they are without the fear of, well, they're not going to hear me, you know, they won't address my needs and I love that you brought her up because just that, that is really what I want to do. That's part of what I want to do. I want to open a freestanding clinic. I don't know if I can really call it a clinic, but I want to have a freestanding building where you can come and give birth, you can see lactation consultants, you can be assigned to doula. You can have breastfeeding classes, you can see a nutritionist all in one location, specifically for women of color, because we are so marginalized and we're, we're constantly, you hear story after story, after story of us dying, every time we just want to give birth and giving birth, shouldn't be a scary situation, but it is even myself as a nurse. I was terrified to give birth because I'm like, are they going to hear me? Are they really gonna listen to me? I didn't have a doula, but I had my nurse friend right next to me to make sure that I came out of there. Me and my child came out of there alive. And that's the reason why we create these spaces for us, because if we don't, who will?

Abby ([00:26:06](#)):

I think the answer has been, you've been given your answer. "If We don't, who will?" Nobody. It's not happening. And that fear that you talk about, that fear is realized it's not imagined. It's realized. It's been happening for hundreds of years. One of the reasons, one of the ways that we talk about black breastfeeding week is that Black moms and Black babies are dying at a higher rate than white moms and babies, you know? And there are lower rates of breastfeeding which affect the health in all kinds of ways.

Meisha ([00:26:45](#)):

It's like, even when, even though I was a nurse, even though I was educated, when I came into the hospital, I was very, very clear about my intentions to breastfeed, but I had my daughter at 9:15 at night, my nurse, when I got to the mother baby unit, she completely dismissed my breastfeeding goals, completely dismissed me. And it was so frustrating because my daughter is hungry. I was a brand new mom, but I knew that hunger cried very quickly and my milk hadn't come in yet. I'm trying, she's not really latching. That's when I expected the nurse to kind of jump in and try to assist me because I was delivering at a baby friendly hospital. So their goal is for moms to breastfeed, but it didn't seem like that was the goal for me. So she proceeded to tell me that she had two other moms and babies that she had to deal with as well, basically telling me that I was not her priority, basically. That's what that meant because I speak a nurse too. So I'm like, wow, you're basically telling me that I'm not your priority. Okay. Okay. Got it. So she came in, she put a bottle of formula on the counter and she left and I was so frustrated. I said, okay, so what am I supposed to do? My child is screaming and hunger, my milk is not here. What do I do? So I gave it to her because I'm not going to be that mom that just left my child starve. I'm not going to do that. I'm not going to screw up. I'm not going to do that to my child. So I gave her the formula and then she comes back in and was like, well, you gave her too much. Oh, are you serious? Where were you? Where are you helping me? You're not even helping me with this. I'm a brand new mother. I have no idea what I'm doing. I have my husband. He knows even less. So like, what are we supposed to do? So she got the formula. She went to sleep. Okay. The nurse, the next morning, she was literally like night and day. She came in and was so gentle and kind and sweet. And she took the time she sat on my bed, she saw my frustration. She said, listen, we're going to help you. And she, I mean, literally put some gloves on and was like, showing me, okay, this is how you do it. I'm like, this is what you're supposed to do, where I'm in a baby friendly hospital. I came to this hospital specifically because of the breastfeeding initiative here and the night shift nurse just dismissed that all together. But the, the day shift nurse, she really changed everything around. She even had lactation consultant come to my room and it was wonderful after that, but it shouldn't have taken me crying and being frustrated because this lady is completely dismissing me for that to happen.

Abby ([00:30:27](#)):

Right. And with a newborn, not to scare anybody, but every minute does count, you know? So now your baby's already been given formula. So now it's going to be awhile until they're hungry again. And then time is ticking, you know? You need to have this support right from the start. You shouldn't have to go through that, but this is something that is so common and something that is also so easy for us to dismiss. I can say, well, that didn't happen to me. You know, well I didn't see that, I went to the hospital, I had a great experience, that didn't happen to me. And then everyone just moves on with their day and continues to ignore that Black people are saying is their experience. And I think that's also another thing that comes into this, where we just ignore it. We don't pay attention to anything that is being said, we ignore experiences. We dismiss experiences all around.

Meisha ([00:31:35](#)):

And the thing is, it, it doesn't matter how much money you have, how much education you have. None of that women are dying across the board, does not matter how much money you have, what kind of insurance you have, where you have your baby, it's the same thing. So it's like what's the underlying issue that nobody seems to want to talk about? And it's like I have been in so many arguments with doctors. It's like a sport now because they they'll come in and say, Oh, well, you know, she's here all the time, she's always wanting pain medicine. Well, she has lupus. Do you know what lupus is? Do you know how painful lupus is? It's like, this is something that you to consider, not just, Oh, she's a black woman.

She's strong. She can take it. We're still human. I know plenty of Black women who have the pain tolerance of a mouse. There's so many people who have this misconception that Black women can just take it because we've been forced to, that's the difference. We've been forced to take it. Not that we can, or not that we should, if we haven't been given the option. So that's a lot of what it has to, and the thing is in nursing school, there was a book. And I don't know if this is probably been taught in medical school too. I don't know. But there was a book that talked about like the, the highlights of each of the main populations, main ethnic groups in America. And what is said about Black women is that they don't experience as much pain as other populations. That is what it said in my nursing school book. And I was like, and this was when I first started nursing. So this was 11 years ago. It said this in this book. That's not that long ago. I know this is not true. Who wrote this? But the thing is, if you're not a Black woman, and this is what you've been taught in your school book, why wouldn't you think it's true? And then you come in with your own bias and your own stereotypes. Plus what you've learned in school. That's how racism is born. That's how bias is perpetuated. I learned this in school. They don't experience as much pain as others. And that's what they carry every day. That's what is taught and it's unfortunate, but that's, what's happening.

Abby ([00:34:52](#)):

That's wild. I definitely want to talk more about that, that specific thing. And let's, let's take a break for a second to hear from our sponsors. And we will definitely be right back with Meisha, the nurse milk in just a second. Today's episode is brought to you by Niki's natural wipes. Niki's was created out of the passion of two new parents, wanting to protect the health of their precious new baby, Niki. Conventional baby whites contain harsh chemicals that can lead to redness, itchiness, dry skin, a burning sensation, and even blisters and urinary tract infections utilizing the miraculous antibacterial qualities of manuka honey, combined with the proven ability of coconut oil to moisturize your skin Niki's has set a global standard for premium baby wipes. The smell and feel of the wipes is unique. 100% natural, ethically sourced, EWG certified, and biodegradable. My kiddos have been wiping their very big boy bottoms with these wipes and they are very happy. And they rave about them. It's weird. I know they're like, Oh, I like these wipes. I'm like, yeah, you're nine. Check out the first, all natural baby wipes on the market at www.nikis.com and use promo code BADASS10 for 10% off of your purchase. And today's episode is brought to you by earth mama organics. Earth mama recognizes that becoming a mother is the beginning of a series of profound changes. Often it changes the way we see the world because we're looking through a new lens and that can lead to a big question about what we put on and in our body, which is, is this safe for my baby? Earth mama organics manufactures, organic herbal care for the entire incredible journey of motherhood, nurturing women and their whole families from pregnancy to postpartum recovery breastfeeding and far beyond marrying generations of women's wisdom about traditional herbal solutions with evidence based research earth mamas safe, effective, and trusted formulations range from certified organic herbal teas, like the best selling organic milkmaid tea to castile soaps, balms, lotions, soothing sprays, sunscreens deodorant, and two kinds of non-GMO project verified, nipple cream, the organic nipple butter and the vegan nipple butter experience, their botanical rich products for yourself. Head to earthmama.com and use code badass for 15% off of your purchase. And the offer expires on September 31st. So get going over there and you can find all of these sponsors, their sponsored links and the promo codes at badassbreastfeedingpodcast.com, along with all of our breastfeeding resources, all of our other episodes, our show notes for this particular episode and all of them, you scroll down under the episode and you'll find links about things that we talked about and further information about the episode. You will find information about scheduling your very own personal one on one face to face online consultation with Dianne. Okay. And we're back with Meisha,

the nurse milk, and we were talking about systemic racism. That's what we're talking about. That's what all of this is.

Abby ([00:38:27](#)):

This is systemic racism. And this is where we have like, doctors that are like I'm not racist. I treat all my patients the same and they might actually genuinely think they do, because this is how systemic race and racism works. It's like sneaky. I remember I talked to Kimberly Seals Allers and she explained it as like getting wet in a pool and we're all wet. Right? It's on you. And you know, you don't even, maybe even know it, but you're operating inside of the system. And even if you are like, you're speaking up and you are advocating for your patients and you are doing all of the things that is what you would hopefully do when you see racism happening. But you are butting up against a machine, right? Like a giant machine. Hopefully we can start to see it, but when we have it all on us, I do too. I try to keep myself in check and I try to keep learning, but I am a product of a racist society and I have racism in me. And that book!

Meisha ([00:39:38](#)):

And the thing is it's so in your face that it kind of blows your mind, like, wow, they wasn't, that's not implicit bias. That's explicit. It's in your face, like right. They don't experience pain.

Abby ([00:40:16](#)):

No. And I think that sometimes like, even because there's so much out at word blatant racism, it makes it so much easier to like cover up the systemic racism. Because it's like, well, that's just blatant, like right there, that's racist and everybody can point fingers and be like, that's totally racist. We see it. But what also hurts people and what also is really driving it is the stuff that is not so blatant. Right? It's like the stuff you say where, you know, quick discharges saying that somebody is looking for drugs, pain relievers, just because they want to be high and things like this, this is stuff that people can say like, well, no, you know, I didn't mean it like that or she's been here before or that there's all these ways that we can make excuses about that.

Meisha ([00:41:09](#)):

And the thing is when you call it out, you're labeled as aggressive. I've been called aggressive before by a nurse manager who never met me. I'm we've never had a conversation. How do you know anything about me? But it's like, when it comes to BS, I'm going to call it out every time. So if that makes me aggressive, when I'm trying my best to save my patient's life, when I know they are not ready to go home, when they're throwing up, like they're in the Exorcist and you're saying, well, are they able to discharge today? Probably not. Stuff like that. Those types of things are it's like am I living in a Twilight zone? Does nobody else see this? Or nobody else does. Somebody has to care that this is happening. And the underlying issue is a lot of people don't, that's the problem. A lot of people don't care because it doesn't directly affect them. It doesn't directly affect them. And in order to address it, you have to address racism within yourself, racism within the society that you're living in. Earlier this year, this was in February, actually myself and one of my colleagues were invited to Chapman university to speak at a medical, sociology class. These were future medical students were getting ready to take the Mcats. These are our future doctors and nurses and dentists. So this is who we need to talk to right now. And we did this presentation on Black maternal health and the biases that come with it and things like that. At the end of the presentation, you could tell like, everybody's mind was blown because they had no idea that there was even a Black, maternal health crisis. They didn't even know exists. And these are

future doctors had no clue. And you know, when we did our surveys after just going through a reading and they're like, you know what? I have done that before. I have put in my own bias before I need to learn to check myself. And I was like, wow, I think we made a difference here, but that's just one class of doctors. What about the other hundreds? But it starts with learning to check your own bias at the door. And we all have bias. We all, we all do. But the thing is when you can learn how to recognize it. And I was like, okay, you know what? I have this preconceived notion this person, let me just go have a conversation with them. Let me see if we have some kind of commonalities. Let me see if it's something. If we can come to some kind of common ground, instead of saying, okay, well they're not educated. So we don't have anything to talk about or, you know, XYZ. But the thing is, it's like, if you don't come in the door and just say, let me see this person for who they are. And the main thing I hate was like, Oh, I'm colorblind. That's a bunch of crap. Nobody is colorblind. I don't think we need to not be colorblind. Right? You need to see people for who they are.

Abby ([00:45:17](#)):

Who we are in history and who we are right now. Being colorblind just allows us to ignore. We're all the same, you know? No, there's no differences. We all struggle. You know, I hear this all the time. We all struggle. We're all the same. No, no. We all struggle, but the struggle is not the same. And being colorblind is a way of just ignoring this. It's a way of just kind of allowing this systemic racism to continue.

Meisha ([00:45:48](#)):

Right. And the thing that I think a lot of people don't realize, or don't really put into perspective is that slavery was just a couple of generations ago now. I mean like one and a half. Like you don't even realize it wasn't that long ago. My grandmother, when she died, she was 92. It was just her mother. Like, it was not that long ago.

Abby ([00:46:17](#)):

Right. I mean, like maybe not within our lifetime, but my parents' lifetime, there were still enslaved people around. I mean, you know, people who had been enslaved living. And we have somehow been so disconnected from history. I mean, I smell a rat when it comes to that, you know of like, let's push it under the rug. Let's kind of just try to ignore it. Let's let it go behind let it die in history. When you know it was just right now. And this is what I mean when I say the more you learn the shorter history gets. So the emancipation proclamation, just like to think about that date. Okay. So either when it ended, which it wasn't even that day, when it ended. Okay. But that's another story. So we go into like the period of reconstruction, was what they call it. And then it's a Black codes and Jim Crow. It's going on right now with Black people in America is directly related to slavery.

Meisha ([00:47:31](#)):

Yeah. And the thing is, nobody wants to touch that. Over the years I've heard so many people say, you know, it happened so long ago. People just have to get over it. But the thing is when those, when that situation, when those 400 years happen and those, the remnants are still seen today it's not as easy to just get over when you're still seeing the effects today. The last payment to descendants of slave owners was just made in 2015, just made in 2015 slave owners' family. I didn't even know this, slave owners' family were given reparations for their financial loss when they lost their slaves. But yet, somehow Black people who were the enslaved people don't deserve reparations, but the people who lost money do. That's the part that blew my mind when I found that I'm like, what really?

Abby ([00:48:53](#)):

I mean, that was the basis of the economy. It was just like any other kind of economic move we have now of trying to save the economy because that's more important than people.

Meisha ([00:49:08](#)):

That just like COVID-19 is more important than children. Send them to school, let them gather. And that's a whole other episode and you can come back next week and we're talking about that.

Abby ([00:49:22](#)):

So I want to, just in the interest of time, I want to switch gears because we have other things that we talked about talking about. I hope that everyone continues to do their research on history and keep it alive and keep it, you know, that we know that this is going on today and that what's happening is directly related to slavery and how when people say get over it, it's like, well how about we have some healthcare resources. Just get over it even though we're still oppressing you. So you told me one time that sharing images of Black women breastfeeding can combat the view that Black people don't breastfeed.

Meisha ([00:50:23](#)):

Yes, absolutely. The thing is when I grew up I can't actively remember seeing anyone in my community breastfeed. No one. I don't remember if it happened. I don't remember. So when I got pregnant with my daughter, I made the decision early. I'm breastfeeding my daughter period. And I see it as a revolutionary act because we, as enslaved people, we were forced to have children. Those children were either taken away from us or sold off or used as alligator bait or whatever, but we didn't even get to breastfeed our own babies. We were forced to breastfeed the master's children. So that's trauma that came along with having to breastfeed someone else's child and dismiss your own that was passed down from generation to generation. So our grandmother said, no, we don't breastfeed because, you know, that's, that's something that other people do. We don't breastfeed. And it was kind of like their form of protest. We don't breastfeed. But the thing is, it's like as the time passed and we learned more about the benefits of breastfeeding and what it does for us, what it does for our babies. It's like when, when Black women breastfeed, that is a form of protest, it's like, I will breastfeed my child no matter what anyone else tells me to do, I will breastfeed. So sharing those images. Yes. It absolutely encourages other women. When I saw those images, it encouraged me because there's somebody else out here who's wanting to breastfeed, just like I did. But the problem is there are so many Black people who are still conditioned to say, don't breastfeed, don't breastfeed, they'll give the baby formula. So it comes with education and support. Those are the two big things that's for any woman, but especially in the black community education and support are the two most important things that need to happen for a woman to be able to breastfeed.

Abby ([00:52:51](#)):

Absolutely. The theme of this year is revive, restore reclaim. Can you tell us about that?

Meisha ([00:53:17](#)):

Like, I feel like that that theme alone piggybacks off of the revolutionary act of breastfeeding in the Black community.

Abby ([00:53:28](#)):

I feel like it's so much of just what you were just saying, explaining the history of like your grandmother.

Meisha ([00:53:32](#)):

Yeah, absolutely. Because the thing is we, we have just been constantly shown and statistics over and over again, thrown in our face that we don't breastfeed. And the thing is, is that black women do breastfeed. We don't always breastfeed as often as we should. And I'll take that. We don't, but we're working towards it. We're working towards increasing our rates. And the thing is people have to be willing to provide cultural competent care, not just across the board. I treat every, every person the same, everybody needs the same type of kid. No, you treat that person according to their needs. This is not about you. This is about providing cultural competent care. And that, that is what I think a lot of lactation consultants are missing there. I don't want to say any names, but there was a post about a month ago of a lactation consultant asking a question. And she said, uwell, I'm trying to help this Black mother, uplace a nipple shield on, but it doesn't seem to be sticking to her skin. Is there something else that I should be doing? And I'm like, well, her skin is not any different than, so she thought that because the person was black, that there was something special about the skin that the nipple shields wouldn't get on. Not just that she doesn't know how to use a nipple shield instead of user error. Maybe you just don't know what to do. You don't know what you're doing, but something had to be wrong with her skin. Or maybe there's a different way to put it on black women's skin. And I was like, are you serious? She was dead serious. Oh my God, that's the problem. So things like, constant education is necessary.

Abby ([00:55:46](#)):

That's wild. I think throughout history that dehumanizing of Black people still exists today. I'm stealing this from Kimberly Seals. Allers again. But she said, we need to see Black people as human and affirm that humanity every single day.

Meisha ([00:56:24](#)):

You know, we need to see, you know, that as a human being mother trying to breastfeed and it's somehow her humanity is not, you know, you're not seeing her as human.

Abby ([00:56:34](#)):

I saw one of your posts you said "despite what rates say" and it made me think because when I was talking to Jaysha Lyons Echo Hawk during our native breastfeeding week episode, and she was talking about how breastfeeding rates for native people are often not even present. For those numbers, a lot of times as well, the numbers are misrepresentative of the culture. There's a lot of ways that breastfeeding happens in native and indigenous cultures that aren't reflected in the numbers. Do you think that happens too with Black people?

Meisha ([00:57:34](#)):

I do. Because so many of this younger generation, they are so curious about breastfeeding. They want to breastfeed even like myself. I didn't see breastfeeding growing up, but I knew that's what I wanted to do. And nobody was going to deter me from that. There are so many young mothers who think that same way. And the, the thing is it's like, everybody is okay, well, if you gave your baby formula in the hospital, then that automatically puts you in a different category. It doesn't, it doesn't always reflect the same when you're saying, okay, well, she gave her baby formula at this time, or because they don't look at it as something, because some women give their babies formula and breastfeed. And, but a lot of

times that's just seen as you giving your baby formula and that they don't see the breastfeeding part too. So I, yeah, I do think these numbers are skewed. I don't think it's always accurate. I don't.

Speaker 3 ([00:58:38](#)):

If we're looking at society in general and the healthcare system and how dismissive it is of Black people why wouldn't the rates be dismissive too? You know, and how would that maybe not just affect the numbers in general. We're not bothering, like you said, we're not bothering to count things. We're not bothering to look closely at what's going on, what breastfeeding traditions or breastfeeding behaviors are going on. It's just like, nah, we'll just say that's, you know, put her in the no breastfeeding category, move on with it.

Meisha ([00:59:17](#)):

Right. Right. And a lot of times that's, that's how it is. People are just so dismissive of, well, you know, it didn't, it didn't work out. Or if a lot of moms get discouraged, if, if their milk doesn't come in in the hospital, but most women don't even know that their milk doesn't really come in. And so they had three or four. But if you don't know that, then you just say, Oh, well, I'll just get my baby for me. My milk never really came in. That's absolutely how the misinformation or the lack of information, lack of support leads to just people not being able to breastfeed.

Meisha ([00:59:59](#)):

Absolutely. That's why I encourage every mom who, every parent who plans to breastfeed take a prenatal breastfeeding class. It is so important.

Abby ([01:00:09](#)):

And you have those, am I right?

Meisha ([01:00:11](#)):

I do. I offer them, I forget a breastfeeding classes I do, because the thing is, I didn't take one and I regret it. So that's why I'm always telling people, take a prenatal breastfeeding class. Don't suffer unnecessarily. If you take a prenatal breastfeeding class, then you know what to look for. Okay. My baby is going through a growth spurt. That's why she's on my boob every 20 minutes, you know, instead of saying, okay, well, I need to give her a formula because I don't have enough milk. It's not that you don't have enough milk. Your baby's just requiring more right now. So, but if you take a class, you know, that ahead of time, that's why it's important to take a class. So that's right. And being prepared ahead of time is so, you know, it's, it's so much more helpful to be prepared ahead of time. Then when you have this new baby and you're like, what just happened to me because yeah.

Abby ([01:01:06](#)):

It's so much chaos having a new baby and then trying to learn on top of it. You know, breast and trying to learn breastfeeding.

Meisha ([01:01:14](#)):

Yeah. That is like, that's, it's difficult breastfeeding. It's natural, but it doesn't always come naturally. It takes practice. It takes practice. You and your baby have to learn. It's natural. But it's learned just like walking, You have to learn. And there were many days I was crying. My baby was crying. I'm like, okay,

you have to let's try it again. Eventually we got it. But sometime it's not, it was not something that was just going to come just, Oh, baby comes out or you just latch and you live happily ever after it doesn't always work that way. So,

Abby ([01:01:57](#)):

Well, I cannot thank you enough for being here. This conversation was very enlightening and I hope it was really helpful to the people who are listening. I hope that you follow Meisha, the nurse milk at nurse milk on Facebook and the nurse milk on IG.

Meisha ([01:02:13](#)):

Yes. Yes. And I said, before I offer prenatal breastfeeding classes, you can go on nurse milk.com and purchase your class. We'll set up a time and it's a two hour interactive breastfeeding class and you will learn everything you need to know to take your baby home.

Abby ([01:02:34](#)):

Oh, that is so awesome. Well thank you again. And I hope you'll come back and share it.

Meisha ([01:02:42](#)):

Absolutely. I plan to

Speaker 3 ([01:02:44](#)):

Great. Thank you.

Speaker 2 ([01:02:46](#)):

Thank you so much for having me. [inaudible].