

# NPA's 2022 Conference—An Essential Message that Almost did not Happen.

Cody M. Pyke, MD, JD, LLM, MS

The National Perinatal Association (NPA) is an interdisciplinary organization that strives to be a leading voice for perinatal care in the United States. Our diverse membership is comprised of healthcare providers, parents & caregivers, educators, and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

Members of the NPA write a regular peer-reviewed column in *Neonatology Today*.



***“What do you think of when you imagine an interprofessional perinatology conference? Many imagine doctors, perhaps in business attire or cleanly pressed white coats, presenting their latest research or midwives and neonatal nurses discussing innovative models of care.”***

What do you think of when you imagine an interprofessional perinatology conference? Many imagine doctors, perhaps in business attire or cleanly pressed white coats, presenting their latest research or midwives and neonatal nurses discussing innovative models of care. These feel like the usual offerings at a conference that purports to be about the field of delivering health care to pregnant people and their newborns.

But do you think of neonatal psychologists speaking both with parents of NICU babies? What about queer and BIPOC lawyers and birth workers speaking plainly about the harsh realities of racism, ableism, homophobia, and transphobia, which all perniciously persist in a profession that delivers care to the most vulnerable patients? Does the word “perinatology” evoke an image of a swollen belly in an orange prison jumpsuit?

***“What about queer and BIPOC lawyers and birth workers speaking plainly about the harsh realities of racism, ableism, homophobia, and transphobia, which all perniciously persist in a profession that delivers care to the most vulnerable patients?”***

The National Perinatal Association’s (NPA) 2022 annual conference, *Perinatology at the Intersection of Health Equity and Social Justice*, had all these things and more. The first thing that drew me to NPA was its core mission to equitably integrate the diverse voices of everyone affected in the perinatal period. It is the only place I have encountered where a first-time parent with no medical background and the most highly subspecialized physician have an equal seat at the table. The 2022 con-

ference theme emphasized that the aim and its message—although hard to hear at times—are *essential* to the betterment of perinatal health care and outcomes.

***“It is the only place I have encountered where a first-time parent with no medical background and the most highly subspecialized physician have an equal seat at the table.”***

*But it almost didn't happen.*

In April 2021, when neonatal psychologist Dr. Tiffany Willis and I agreed to co-chair this conference, we expected the event to occur in December 2021. With COVID-19 cases declining since the previous winter’s surge and increasing utilization of available vaccines in the United States, we optimistically set a goal for an in-person conference with a virtual option. In the wake of the 2020 conference being delayed and forced exclusively online for safety reasons, NPA had not had an in-person conference in just over two years. Dr. Willis and I wanted to ensure that important topics such as “equity” and “justice” were given due respect; online did not feel appropriate.

Unfortunately, the Delta variant of the COVID-19 virus didn’t particularly care about conference plans or any plans for that matter. After multiple emergency meetings of the NPA board and staff, a decision was made to delay the conference five months, to May 2022, to build a truly hybridized conference—one that would be equally enriching for those who could safely attend in

person as well as remote attendees. While the decision was necessary to further the overall vision of the conference, it also meant that we had to rebuild a conference in a very short amount of time. For many folks, both conference speakers and registrants alike, the new date was a barrier to participation. About a month after the conclusion of the 2022 conference, however, I can confidently say it was well worth it.

Over three days, more than 180 people—the majority in person—gathered for 21 sessions dedicated to perinatal health equity and intersectional justice. We discussed the fate of *Roe v. Wade*, the incidence of obstetrical racism, and the ability of local communities to impact health care for pregnant and birthing people. Visual presentations showed graphs of cannabinoid pharmacokinetics were seen alongside beautiful medical illustrations that reflected diverse skin tones, body types, sexualities, and gender identities. During breaks, posters and exhibits lined the walls with novel work across disciplines, including nutrition, mental health, human milk, and accessible childbirth education.

---

***“Over three days, more than 180 people—the majority in person—gathered for 21 sessions dedicated to perinatal health equity and intersectional justice. We discussed the fate of *Roe v. Wade*, the incidence of obstetrical racism, and the ability of local communities to impact health care for pregnant and birthing people.”***

---

As a professional and advocate, the opportunity to co-chair this conference was one of the highlights of my career thus far. As a queer, transgender person and older sibling to a few NICU veterans, seeing so much work being done to protect our most fragile and vulnerable patients was moving and uplifting. Yet the most gratifying, if not most important aspect of this conference, were the comments attendees provided about what they *learned*. After all, the entire point of an interdisciplinary conference is to foster education and integration. What would the audience take from the conference back to their clinics, hospitals, universities, and communities? We asked conference attendees how they would change their practices as a result of attending our conference, and I conclude this article with some of their answers.

- “I will view the patient and family holistically and keep in mind they may have cultures and priorities that I am not aware of, influencing their outcomes in my practice.”
- “Listening more, helping without judgment, and holding others accountable.”
- “I will view mental health as [a] priority..., and actively seek the appropriate resources and providers...in order to give my patients care that prioritizes their needs.”
- “I plan to educate our staff on standardized questions for all families on how they would like [us] to refer to their familial makeup.”
- “I will be more cognizant of my language when describing

birthing parents.”

- “I will ask a patient how they want to be called and referred to, to ensure I do not misgender someone, and to open up a space... for [sexual and gender minorities].”
- “Humanize more; pathologize less.”
- “Reduce biases in my practice.”
- “Utilize my position to advocate for patients birthing while incarcerated.”
- “I will be kinder to myself as a provider when I make mistakes.”
- “Incorporate an understanding of ancestral history and historical factors related to racism into my practice.”
- “Practice self-assessment [to] identify blind spots [and] implicit biases.”
- “Ask myself, ‘Who is missing from the table?’”

And my personal favorite,

- “Challenge the status quo.”

*Disclosure: The National Perinatal Association [www.nationalperinatal.org](http://www.nationalperinatal.org) is a 501c3 organization that provides education and advocacy around issues affecting the health of mothers, babies, and families.*

**NT**

*Corresponding Author*



*Cody Miller Pyke, JD, LLM, MSBE,  
MD Candidate Class of 2022  
Baylor College of Medicine  
Houston, Texas  
Email: [:cody.miller@nationalperinatal.org](mailto:cody.miller@nationalperinatal.org)*