



Introducing the Reproductive Well-Being Framework Podcast Series

Podcast Transcript

Episode 2: Setting the Foundation: The Four Pillars of Reproductive Well-Being

Dr. Raegan McDonald-Mosley (00:09):

Hello, and welcome to a new podcast series focused on reproductive well-being. This podcast is a partnership between Power to Decide and the Reproductive Health National Training Center, with funding from the Office of Population Affairs and the Office on Women's Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.

Dr. Raegan McDonald-Mosley (00:32):

In this series, we will explore the reproductive well-being framework, which strives to ensure that all people have the information, services and support they need to have control over their bodies and make their own decisions related to sexuality and reproduction throughout their lives. My name is Dr. Raegan McDonald-Mosley, and I'm the CEO of Power to Decide. I have 20 years of experience in this field, including as a practicing OB/GYN with a dedication and commitment to reproductive health and justice. Today, we have with us Jennifer Messenger and Alexandra Byron from the Metropolitan Group, as well as Dr. Gillian Sealy from Power to Decide.

Dr. Raegan McDonald-Mosley (01:05):

Jennifer and Alexandra were instrumental in the creation of the reproductive well-being framework. Jennifer Messenger is the Senior Executive Vice President at the Metropolitan Group. She focuses on public health, health equity, and working to ensure that everyone can reach their best health and well-being. She works with clients in communities to make that a reality by changing policies, power structures, access to information and services or whatever else it takes. Alexandra Byron is the Senior Director of the Metropolitan Group. Alexandra has a background in global health, human rights and social entrepreneurship. She is deeply passionate about creating sustainable and social change in partnership with communities most impacted by a particular issue.

Dr. Raegan McDonald-Mosley (01:46):

Also with us is Power to Decide's Chief of Staff, Gillian Sealy. Gillian has a masters in public health and a PhD in health science. Gillian has deep experience in leading policy and systems work in a variety of settings, including schools and communities, as well as expertise in social determinants of health. She has worked at the local, regional and national levels and has built scaling and sustainability strategies for all of these settings.

Dr. Raegan McDonald-Mosley (02:11):

In this episode, we're going to discuss the development of our four pillars of reproductive well-being. So let's dive in. Thank you so much to our guests for joining us today. In the last episode, Gillian, I had the opportunity to talk about the creation of the reproductive well-being framework. And today, we're going to dive in a little bit deeper to talk about the four pillars that uphold this work. But before we do, I want to open the floor to hear more about how you all landed on these four pillars for reproductive well-being.

Dr. Gillian Sealy (02:40):

Thank you so much. So during our research phase of reproductive well-being, we met with providers, clinicians, nurses, adults, and parents of teenagers to better understand their vision of reproductive well-being. We talked to various people in different roles and at different places in their own reproductive well-being journey. And we started to hear themes emerge. So for instance, a physician we spoke to told us I used to be so linear. Pregnancy spacing means a better life. But it's much more complex than that. An adult participant in one of our focus groups shared that doctors need to keep a line between their personal opinion and people's perspectives on culture. And then we heard from a teen parent where we heard this quote, "I felt supported when my group leader wanted to be sure I knew all the decisions were mine and didn't want me to feel judged." And finally, we heard from a medical resident, "Being able to take time to listen to patients does not always feel realistic in our current healthcare system. If you feel strongly about autonomy, you have to hold that close."

Dr. Gillian Sealy (03:54):

And so hearing from people about reproductive well-being directly allowed us to use a patient centered focus to develop this framework. So we know that too many people, especially those who are economically disadvantaged, facing racism and discrimination or otherwise marginalized, lack the power to determine and decide for themselves if, when and under what circumstances to get pregnant and to raise a child. And so for us, there really was an urgent imperative to build a line and enhance the systems that support people and to create a culture of equity, empowerment, and autonomy as well.

Dr. Gillian Sealy (04:37):

So that led us to the meaning of reproductive well-being, which states that all people have equitable access to the information, services, support that they need to have control over their bodies to make their own decisions related to their sexual and reproductive health throughout their lifespan. And we know just from this, that this really is a powerful idea. And if it's shared by everyone, it definitely would dramatically change the care that people receive and the system of support that surrounds them.

Dr. Gillian Sealy (05:10):

To explore and build on this concept, Power to Decide convened and collaborated with a steering committee representing 40 national organizations across a wide set of disciplines, including public health, women's health, maternal and child health, men's health, human service education, reproductive rights, health and justice. And this broad group came together, under the recognition that right now, too many people as we know, especially those who again, are facing racism and discrimination or otherwise marginalized, do not have reproductive well-being in the way that they should or that they must. And so we definitely need to work closely with others and really there's an urgency to create a culture of equity and autonomy.

Dr. Gillian Sealy (05:59):

And one of the focuses of this group that we convene as well as the two guests that we have on with us was in creating a cultural shift towards reproductive well-being, using a narrative change as a tool. And we're very excited to discuss this today. And so I turn to someone that I've worked closely with. Jennifer, could you please describe what the narrative is and why it was so important to the work that we were doing together?

Jennifer Messenger (06:27):

Yes, Gillian. Thank you for asking that. To back up just a second to a definition of narratives, narratives are the collection of stories and experiences that together, articulate ideas about how the world works. Narratives influence what people think and believe, they shape their mindsets and they also inform what people do, their actions. Narratives influence cultural norms and expectations. Sometimes narratives emerge organically over time, but more often, they're intentionally created or sustained. And that's often to protect power or the status quo. So that makes narrative change a very powerful tool for social movements, because it allows them to assert a new reality, a new explanation or expectation or assumption about how the world works. If you think about marriage equality, the MeToo movement, and other recent and ongoing movements, those have also demonstrated the power of narrative change. They're replacing one assumption of how things are with a new one. Movements for climate protection, vaccine uptake, those are all in the thick of narrative change right now.

Jennifer Messenger (07:34):

So when it comes to reproductive well-being, that same kind of narrative change is essential. Reproductive well-being envisions a reality, as Gillian said, in which every person, no matter who they are or where they live, can achieve reproductive well-being. That means all people have equitable access to information, services, systems, and support as they need it, to have control over their bodies, to make their own decisions related to sexuality and reproduction throughout their lifespan. That's the narrative of reproductive well-being. But right now, think about the narratives that shape most people's understanding of reproductive health and sexuality. Many of those are disempowering, shaming, even loaded with judgment about what's right. Those narratives are often focused on healthcare, body parts and functions. They greatly influence the confidence and support people feel, the care they receive, the information and services they can access and the autonomy they feel and have over their bodies and their futures.

Jennifer Messenger (08:36):

Those narratives tell us who knows best, what is best for us and who has the Power to Decide. And the answer is too often, not one's self. Those narratives can play a really powerful role in maintaining systems that don't support reproductive well-being, systems that deny full access to information and services, that create shame or stigma around sexuality and reproduction and strip people of decision making power. So as long as those narratives persist among health and social service providers, parents, educators, the justice system, employers, people living their lives, those systems stay in place.

Jennifer Messenger (09:13):

So the opportunity now is to turn up the volume on a different narrative that reproductive well-being narrative is way more holistic, empowering, and relevant to all people over their lifetimes and establishing that as the new idea of the way things are or the way things should be can lead

to new attitudes, behaviors, policies, practices, and realities. So if we build support for this the way many providers want to practice, the way they want their patients and clients to show up as empowered partners in their own care, imagine what could happen. You asked, Raegan, about how we found the four pillars of reproductive well-being, and there's a lot of research and listening that goes behind it, and Alexandra can tell us more.

Alexandra Byron (09:54):

So for this work, we conducted nationwide qualitative research to find the values and the ideas that could build into a new narrative that really rings true for people. And as Gillian mentioned, this research included many conversations. And I just want to say it was such an immense privilege talking to people in various role and at different places in their own reproductive well-being journeys, both those who were seeking to deliver reproductive well-being as a physician or a doula or a social service provider or a nurse, and also those who were seeking to experience it. And it was an honor that they were willing to share their experiences with us. And so the reproductive well-being narrative that we're talking about really is a reflection of what we heard. And in addition to understanding people's lived experiences and how they defined reproductive well-being, this research also took a really deep look at understanding what providers specifically would need to embrace it and to live the narrative of reproductive well-being and to really explore the pathways and the roadblocks to establishing this new narrative.

Alexandra Byron (10:59):

And this was a really important strategic decision that we made, to hone in on providers, because we realized that without their support, including those who are working in healthcare and social services, that reproductive well-being and health equity more broadly can't be achieved, and that the narrative will continue to be drowned out by current and more disempowering narratives. We all know that providers interact with patients and clients every day, and they really have an immense influence over shaping people's experience, their understanding and their expectation of reproductive well-being through the information and the services that they provide, the experiences they create, the attitudes they convey. So their roles are very influential over people's experiences and the narrative that people hold about reproductive well-being more broadly. And the reality that we learned, and it was reaffirmed through the research, is that no matter how much patience, desired reproductive well-being can really only be achieved if their providers are also on board and committed to changing the way that they distribute health information and services.

Alexandra Byron (12:02):

And what was exciting and really important to lift up is that as we talked to clinicians specifically, we heard from many of them that they want this, they want to be practicing care in a way that's reflective of reproductive well-being. We also heard that the reality for many physicians is that there are a host of things that affect their ability to support reproductive well-being from the way that they're professionally trained, the responsibility that they feel to deliver evidence based care and how sometimes that might conflict with what the patient is saying they really need, hospital policies, healthcare system itself, payment models, and sometimes the realities of the patients. And so in that vein, while the research did focus on providers, it's really important to say that they can't do it alone, especially if they're working in organizations, systems, communities that don't support reproductive well-being.

Dr. Raegan McDonald-Mosley (12:53):

Super powerful. Thank you all so much. And Jennifer, I really appreciated the background on just defining the narrative and the importance of reframing the narrative about how people experience the broader ecosystem and the current healthcare system regarding their reproductive health, which is often shrouded in stigma and shame and often centers the providers and the provider's needs rather than the individual's. And doesn't really acknowledge the lived realities of people who often experience too many barriers. So I'd love if you could introduce us to the four pillars of reproductive well-being, and again, talk a little bit about the process of how you all landed there.

Jennifer Messenger (13:32):

Across those conversations, that included more than 300 people across the country, we really learned what was vital about reproductive well-being. For this narrative to take hold, it has to be created, or at least informed by the people who experience and deliver it. And so listening, as you said, was really critical. So here are the four pillars. Respect, really being seen and understood, autonomy, being in control, and being surrounded by communities and systems of support. So it really came down to mindsets and confidence and empowerment to make informed decisions, the right to make choices about one's body. As compared to reproductive health, which felt to people more like it was about clinical care and access to services. That's really important, but it's not the whole story. This idea of reproductive well-being around those four pillars really resonated across all of those conversations we had. People felt like it was highly relevant for themselves and for most people, in most cases.

Jennifer Messenger (14:34):

It's definitely still aspirational. Like we say this narrative, we say these four pillars and some people are saying, "Yes, this is what I receive from my provider network, my social network, my family, my peers." A lot of people are saying this isn't what I received, but it's what I want. If this took hold broadly, this would have a powerful impact. It's something people really want and need. So that's a powerful finding when it comes to narrative change that people believe the emerging narrative, they want it, and they're willing to do what it takes to make that shift.

Jennifer Messenger (15:06):

I do want to touch a little bit more on autonomy because I think that was the strongest theme we heard, but how that happens and for whom was one of the most points of tension across the research. So for the people we spoke with, people experiencing or wanting to experience reproductive well-being, autonomy meant being empowered to make their own decisions and having access to a full range of information and options. Not having someone filter that for them, but to give them the full range of information and options and all the information in context that the person would need to make their own decision.

Jennifer Messenger (15:40):

So together, with all those other pillars, the narrative really is about receiving care without judgment, being supported by family, community, and cultural values, and having all these systems of care that surround an individual being aligned and supportive. Among service providers, social service providers, as well as doulas and nurses, a core theme was about meeting people where they are, providing that autonomy by listening and facilitating shared and patient driven decision making. They took this stance of possibility in one person's words, not prevention and they really strive to put their clients and patient's desires first, even if they personally disagree with the choice someone's making. And that's a hard spot to be in, we heard that over and over.

Jennifer Messenger (16:27):

One social service provider said, "My attitude is aligned with strong tomorrows, relationships, advocacy, and empowerment. This group talked about the importance of reliable transportation systems, working in collaboration with healthcare providers, and supportive educational systems in workplaces." They were really looking at the whole world that wraps around the people they support, not just the healthcare they receive. Although, that's a key part of it too. Healthcare providers are seeing exciting and positive changes happen in training and education, including patient-centered care, empathy, and trauma-informed care. So they're seeing things move in a really positive direction toward reproductive well-being. And yet still, many providers and especially physicians really struggle with their traditional training on "what is right" (in quotes) versus fully supporting their patient's decisions that they may not agree with, especially for teens or people whose judgment they thought was impaired.

Jennifer Messenger (17:21):

That's where these discussions really became rich and challenging about what I'm taught as a provider, what my medical training tells me, what I think is right, what is evidence-based care, that comes up in conflict with what I'm here from my patient or my client. The current system, especially coverage, access and provider attitudes is seen as a barrier to reproductive well-being being fully realized. Other barriers include racism and oppression, cultural and religious norms and family attitudes. So this is not a small shift that we're making in narrative. And those insights from our research help to clarify the shifts and supports that are needed in both place-based work and support for providers of all kinds and across all the other strategies that will take from policy advocacy to patient education.

Dr. Raegan McDonald-Mosley (18:09):

It's so important. I remember having a conversation with a provider once who said, "I just don't understand why it's not okay to just offer IUD and implants." Like if I had a patient with high cholesterol who came to me, I wouldn't offer them a less effective cholesterol medication. And so I think it's from, you brought up the fact that this butts up against some of the traditional training for providers. And I think it's really important, to provide this narrative in this framing, to understand the full context of people's lives and how focusing on autonomy and focusing on trust and building trust with communities and people is critically important to reproductive well-being. That's super helpful.

Dr. Raegan McDonald-Mosley (18:52):

And I think it's important to acknowledge that so much of achieving reproductive well-being lies outside of the brick and mortar walls of the healthcare system. But for a minute, I do want to double down on what this could look like for a healthcare setting, because hopefully folks listening to our podcaster are in that space, they're providing care in Title X clinics and to people in our communities. Oftentimes, people who have a lot of barriers to access, and in some cases, significant and well-founded mistrust of the medical system. So I'd love to hear from you all. And maybe we can just go quickly to each of you to just highlight a few things of how you feel like this could look in a healthcare setting, what you would focus on if you could bring this to the healthcare setting?

Alexandra Byron (19:40):

I'm happy to start. Maybe we can think about this answer from the perspective of someone who is visiting their provider to access contraception for the first time. And I was thinking, it could be

interesting to talk about this from the perspective of each of the four pillars of reproductive well-being. So maybe I'll do the first couple and then one of my colleagues can take the next two.

Alexandra Byron (20:03):

But if we think about this person's experience, someone who is going to interact with their provider to have a conversation about accessing contraception, the first pillar being respected in practice would mean that this individual might walk into the room with an idea of what contraception is best for them based on their lived experience, their culture, the situation that they're in as an individual. And they can really freely and openly have that conversation and share their thoughts with their provider who trusts them and ensures that their experiences, culture and desires are respected in making that choice. And it also means that they're receiving any information in the context of that conversation without judgment, because their provider will recognize that part of reproductive well-being means that there's no right answer to making complex decisions about one's health.

Alexandra Byron (20:53):

The second pillar, autonomy in this scenario, would mean that this individual has the power to make their own decision about using contraception in the first place, meaning that they're there to have this conversation with their provider to explore contraception because of their own individual goals and desires and what they want for their own reproductive well-being. And that they're looking for an option and having this conversation because they are currently experiencing their sexuality freely and safely with consent and want to continue to do so. And that's why they're there, to have the conversation.

Dr. Gillian Sealy (21:26):

And I would say, the other two pillars, so being in control, would mean receiving information on all contraceptive options available from their provider so that this person could make an informed decision about what contraception is best for themselves, their future and their families. I think these decisions are not made in a vacuum. And I think just going back quickly to what you said, Raegan, in terms of providers saying like, "Why couldn't I just give a LARC?" We want to make sure that people are in control of their own bodies, their own sexuality and their own reproduction. And so it's important that we're giving people all the information that they need so that they can make those decisions.

Dr. Gillian Sealy (22:07):

But also, finally, even if we do those three things that we just mentioned, we know that we need to have a system of support that communities have at their disposal. And that would mean that people have, for instance, easier transportation, getting to clinics, to be able to access those services, that they could choose a contraceptive option that was best for them. But not only that they could choose it, but that it was also affordable. Because it doesn't do us any good if they're able to make those choices, but then can't afford it. And that these systems of support would surround us as people supporting the individual in their reproductive health journey as a core component of overall well-being. Reproductive health is really a part of overall health. And so it's really important when we look at these four pillars and really think about what is a person's journey to make sure that they're receiving optimal reproductive well-being.

Dr. Gillian Sealy (23:10):

I also think it's really important to reiterate again, that so many people, just looking at the work that Jennifer and Alex did, I was able to sit in on some of those focus groups as well, so many people spoke about not experiencing reproductive well-being. Especially those again, who were young. So we talked to teenagers that were either pregnant or parenting, economically disadvantaged people, those facing racism and discrimination or otherwise marginalized. So this was really important in our discussions with them.

Jennifer Messenger (23:51):

I just really want to emphasize that system of support, like as Gillian was saying, the transportation system, the access to care, the affordability of care. The other thing I would layer in there is just the cultural societal, community, familial acceptance of what people need and want. And so I would add, having all of that available, if it's not affordable, it's still not accessible. If it's not allowed or permissible or celebrated or supported by a person's systems of care and they have to hide that, that's not accessible.

Jennifer Messenger (24:25):

Alex and I were talking about a story that we heard of a young woman, a teenage woman, who hid her pregnancy for eight months because she was terrified to tell anyone she was pregnant and seek the support that she needed to take care of that baby and her own body and prepare for her future. She hid, rather than seeking essential services. As the parent of teenagers, I can't stand that. But that's the reality. And everybody listening to this knows that, that's a reality for too many people who don't feel that level of acceptance and celebration within their communities. And so there's a lot of layers where this narrative really has to take hold and look differently for people to experience reproductive well-being, as Gillian said, as nothing other than full spectrum health and well-being.

Dr. Raegan McDonald-Mosley (25:11):

Yes. Thank you for that. It's so important to think about what access really means, and to whom it's available and who can avail themselves of services and get there. So, one question I think that it's really important to think about, and I know something that you all discussed is, how will we know when reproductive well-being is experienced by all? How do we measure this? How do we quantify this? Because we know what gets measured gets modeled to, and we want to provide some framework so that people can work through this in their own settings.

Alexandra Byron (25:43):

I can take this one first. The stories that we heard from the research about how so many people really are not experiencing reproductive well-being, not just hearing about the ways in which they're struggling to experience reproductive well-being, but watching their faces and their body language and their whole being really shift positively when they envisioned what it would actually feel like to have reproductive well-being, thinking through what that would feel like with their family, with their community, with their provider, was such a powerful experience for us.

Alexandra Byron (26:19):

And those stories really stuck with me and also created such a deep sense of urgency that this shift towards reproductive well-being is urgently needed now. And so, I think that we'll know that reproductive well-being is experienced by everyone when the pillars are brought to life, when people are receiving care that respects their autonomy, it listens to their needs, it respects their lives and their cultures. It doesn't make people feel judged. And also, it genuinely honors and

celebrates who they are and what they're asking for when they walk into a room with their clinician. And so it also means that providers are fully supported to deliver that reality.

Jennifer Messenger (27:02):

I'd say I'll be watching for the narrative to really take hold broadly. So it's not something voiced mainly by reproductive justice and rights advocates, but providers and people in community level. Lots of people are saying this, but it's still not the dominant narrative. So I'll be looking forward to it coming from community leaders, education systems, dominant culture and dominant, like big microphone media.

Jennifer Messenger (27:27):

I was thinking about even the outcry over Britney Spears, and the allegation in her conservatorship hearings that she was not allowed to have her IUD removed. And that sparked all kinds of outrage, but that outrage can't just be for celebrities. This kind of stuff happens every day to all different kinds of people. And that outrage, or not the outrage, but the expectation of reproductive well-being really needs to be the standard expectation for everyone.

Jennifer Messenger (27:55):

I don't say that lightly. I know the political realities, insurance, billing codes, other factors that make it hard to move all the way to reproductive well-being. But there are indicators along the way. For providers, I'd look for signs that practicing in alignment with the reproductive well-being narrative is becoming more accepted and supported and that your patients and clients expect it and are ready to be autonomous engaged participants because they know they can be. They have the space and the invitation, the autonomy and control respect to be in that conversation.

Dr. Gillian Sealy (28:28):

I will just follow up and say that I think that we will know when reproductive well-being has been realized or achieved, when everyone has been able to achieve their full reproductive well-being potential, when reproductive well-being becomes a part of overall healthcare, and they're not seen as two separate things. When patient centered care becomes the norm and not the exception, because I feel it's not just sufficient that we talk about patient centered care, but also that it's experienced by all patients, regardless of their geography, race, ethnicity, or the ability to pay.

Dr. Gillian Sealy (29:09):

And so when systems of support like healthcare systems make health equity a strategic priority, I think that also helps us to achieve reproductive well-being. And I'd also say how do we measure it? That's something we also want to think about. How do we know when we get there? And we do know that there are many indices that measure pieces of reproductive well-being, but really what is the framework for identifying when people have reached their reproductive well-being? So I think when all of these things that we just talked about come to fruition, that we will definitely see that paradigm shift.

Dr. Raegan McDonald-Mosley (29:49):

Thank you. That was beautiful. I love the idea of just envisioning a world where the expectation is reproductive well-being for all, where conversations like this to lift up what is important and how to do it, aren't necessary. I love that vision. And I'm so grateful for your partnership in getting there. Before we close, is there anything else that I have not asked you about the

process, about the pillars, about the reproductive well-being framework that you'd like to share with our audience?

Alexandra Byron (30:17):

I would say one thing we didn't touch on that's so important is that reproductive well-being, while aspirational, is achievable. And, it's achievable if it's a collective responsibility. And we heard this in the research that reproductive well-being is aspirational, but people think it's possible. And I think in order for this narrative shift to happen, some of the things that we can all collectively do are really simple and completely actionable. So one thing that comes to mind is just using the term reproductive well-being. We know from the research that we did, that it really resonates with folks. Speaking to hundreds of people across the range of sectors and geographies and backgrounds, we heard that reproductive well-being evoked ideas of, like we talked about a lot, autonomy, also mental and emotional health, much fuller notions of sexuality and reproduction. So just using the term as a conversation starter and having an opportunity to really overtly describe what that means is incredibly powerful in narrative change.

Alexandra Byron (31:20):

Same with telling stories. And as we tell stories, really thinking about who those stories are coming from, really thinking about shifting power, when your platform might not be the right one and your voice might not be the right one to carry forward these messages of reproductive well-being. We talk to so many community members and these are their stories. So think about when there are opportunities for community-based organizations, grassroots organizations, to lift up moments of reproductive well-being or what the barriers might be.

Alexandra Byron (31:49):

And then finally, on a more practical, technical level, I guess, narrative change and the stories and the messages and the communications are a critical piece, but operationalizing is also critical. And so think about ways to reflect on what reproductive well-being means after listening to this and how can you really integrate reproductive well-being into your programs and your trainings and education and research that's happening as well?

Jennifer Messenger (32:16):

Yeah. I would echo that Alex and I think just inviting everyone to really keep the tenets of reproductive well-being in mind and into those in all of your interactions and actions, respect, being seen and understood, autonomy, being in control and being surrounded by communities and systems of support. One of the things we talked about in this research with providers was what do you walk into work with every day? What's your mantra or what do you say to yourself in the car, on the bike, on the bus, on the way to work? And if you go in thinking about how will I live into those pillars today, that might reinforce what you're doing, it might point out some different things that you can push on what you're doing. And it might start to surface some barriers that you can advocate to break down within your practice or the system that you're working in. Even starting small can make some big changes happen over time.

Jennifer Messenger (33:10):

You can also start by asking your patients and your clients, what reproductive well-being means and looks like to them, if that's not a conversation you've had recently. I was noticing, Raegan, when you asked us how we'll know if we have reproductive well-being, none of us said, "Well, we'll have a decline in unintended pregnancy rates or any other traditional health indicators." It's

all about how people are feeling, what they're experiencing, how they're doing. It's about well-being and possibility and promise, not just the absence of a health risk or the absence of some health indicator. So it's really a different way of measuring, evaluating, setting goals around what we're creating in expectations as a society.

Jennifer Messenger (33:51):

And I would really encourage everyone to watch the Power to Decide website. It's an amazing resource anyway, but there's also more information and tools on reproductive well-being to come. We developed some conversation guides and talking points and other things like that, that are evolving based on learnings in the place based work. And over time, those will be shared on the website. So that's a great resource too.

Dr. Gillian Sealy (34:13):

Finally, I would say in doing this work, we definitely know that no man's an island, that it really does take a collaborative effort, as both Jennifer and Alex talked about and the many folks that we talked to, to get where we are in terms of reproductive well-being. And so during this journey, there are many that we reached out to that we looked at the work that they were doing. Because again, we never want to duplicate efforts. And so we've talked a lot about this work and about the critical importance of the work that we're doing. But we also wanted to acknowledge some folks who have been doing this work before us in different ways.

Dr. Gillian Sealy (34:53):

So what comes to mind is the reproductive justice movement, who we want to lift up that reproductive well-being hopes to achieve some of the principles of reproductive justice in terms of equity and addressing health disparities. We also know that reproductive justice uses a broad rights based framework and the work goes beyond just having children. It also includes bodily autonomy and parenting in safe communities and preventing violence against women and others, much of which resonates with reproductive well-being.

Dr. Gillian Sealy (35:29):

And so finally, it's critical in this work to acknowledge that for those who have been doing this work, who have gone before us, they've been doing this work for many decades and it really provides for us doing this work on reproductive well-being, some principles and some goals that we want to incorporate and strive to meet and also, that we've learned from in the work that we're doing.

Dr. Raegan McDonald-Mosley (35:52):

This is amazing. Thank you all so much for your contributions to this discussion. And I want to continue your challenge to our listeners to think about in their own settings and in their own sphere of influence how they are supporting the tenants of reproductive well-being now, in their interactions with all of their patients, regardless of their race, religion, gender, or sexuality or gender identity and how might they improve on and move along this spectrum for reproductive well-being for all in their own settings.

Dr. Raegan McDonald-Mosley (36:26):

So thank you again so much Jennifer and Alexandra for your partnership and this work, and Gillian for leading this important work that has become integral to our culture at Power to Decide, and will hopefully become even more integral to the overall culture in the United States

and for this informative discussion and for joining us today. It was so great to speak with you all. To follow the work of the Metropolitan Group on Twitter, you can follow them, @MetGroup. You can follow me at @DrReagan on Twitter and you can stay connected to Power to Decide by following @PowertoDecide on all platforms. This podcast was produced as a partnership between Power to Decide and the Reproductive Health National Training Center. You can learn more at rhntc.org.