

ORAL HISTORY INTERVIEW WITH KIM QUANG ĐÂU  
Duke University Libraries and Archives  
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Researcher: Josephine McRobbie

## COLLECTION SUMMARY

This collection features an oral history I conducted with Kim Quang Đâu on October 19th, 2022. The 40-minute interview was conducted via Zoom from Durham, NC (McRobbie) and Đâu (San Francisco, CA). Our conversation explored Đâu's path to midwifery, patient-centered care in a community setting, and the experience of change in healthcare systems. The themes of these interviews include midwifery, community healthcare, and medical training.

This document contains the following:

- Short biography of interviewee (pg. 2)
- Timecoded topic log of the interview recordings (pg. 3)
- Transcript of the interview (pg. 4-11)

The materials I am submitting also include the following separate files:

- Audio files of the interview
  - Stereo .WAV file of the original interview audio
  - Mono .MP3 mixdown of the original interview audio for access purposes
- Photograph of the interviewee (courtesy: Kim Quang Đâu)
- Scan of a signed consent form

## BIOGRAPHY

Kim Quang Đâu (CNM, MS) is a Clinical Professor of Midwifery in the School of Nursing at the University of California-San Francisco (UCSF), a Certified Nurse-Midwife at Zuckerberg San Francisco General Hospital, the Director of UCSF's Nurse-Midwifery/WHNP Program, and a co-lead for UCSF's Midwifery Mentoring and Belonging Program. From 2007 to 2010, Đâu was a Staff Midwife with Duke Midwifery Service, and the Coordinator for the Centering Pregnancy program facilitated in collaboration with Durham County Department of Public Health in locations including Lincoln Community Health Center and El Centro Hispano.

Born in Lowell, Massachusetts, Đâu received her B.S. in Biology from Duke University in 2001. As an undergraduate with an interest in Neuroscience, she also centered non-Western medicine practices in her studies, and led a student-taught House Course on this topic at Duke. She met Duke Midwifery Service's Amy MacDonald when she invited MacDonald to speak to her class about midwifery. MacDonald's "animated" presentation and showing of the Monty Python sketch "The Miracle of Birth" made a substantial impact on Đâu. "It resonated with me in terms of the ways in which I felt the healthcare system had failed us ... and pointed out a really big need for more humanity in healing and wellness." Đâu went on to shadow MacDonald during her undergraduate education, learning firsthand about how midwifery, which is "philosophically quite radical" can be practiced within a "rather conservative space" such as a large academic medical system.

Post-graduation, Đâu worked for a number of midwifery programs and returned to school in 2004, receiving her M.S. in Nursing from UCSF in 2007. While at UCSF she was trained by midwives who had established Centering Pregnancy programs, such as Margy Hutchison, who led the build-out of Centering Pregnancy at a site called Homeless Prenatal, and Rebekah Kaplan, who held Centering groups at Hilltop High School in San Francisco (a high school for pregnant and parenting teens). When Đâu was recruited back to Duke Midwifery Service as a staff midwife, she brought many of the innovations of Centering programs with her to Durham in order to facilitate mobile clinics.

During her time as a Duke midwife and Centering Coordinator, Đâu remained engaged with her interests in power, partnership, and exchange in medicine. "Centering is prenatal care where the model is that the midwife facilitates the group, as opposed to treating it like a childbirth education class," she explains. "It gives space for people to have more power in that healthcare relationship. And that's aligned fundamentally with the practice of midwifery." Now back in San Francisco, she is driven by her experiences to train and support more midwives, especially midwives of color. "The healthcare model that I believe is the one we should be striving for in the US is one where midwives are attending the majority of births," she says.

## INTERVIEW TOPIC LOG (kim-dau-interview-audio.wav)

- 00:00 Introduction and biographical details.
- 00:50 Role in Duke Midwifery Service and Centering program.
- 01:29 Undergraduate education in Biology at Duke University; meeting Amy MacDonald.
- 02:26 MacDonald's guest lecture in Dau's House Course.
- 03:22 Interests in Vietnamese and other non-Western medicine practices.
- 04:38 Initial impressions of MacDonald; Monty Python clip: "It resonated with me in terms of ways in which I felt the healthcare system had failed us."
- 08:00 Early career interests in healthcare practices in a way that creates change; midwifery as "philosophically quite radical."
- 11:46 Undergraduate shadowing of MacDonald: "I was probably the first undergraduate to ever shadow a midwife"; observing how a midwife practices in a large health system.
- 15:25 Post-undergraduate work in midwifery settings; UCSF education (RN in Nursing, MS in Nursing [Nurse Midwifery]).
- 16:59 First post-graduate job as a staff midwife in Duke Midwifery Service; mentorship by Maria Valentin-Welch.
- 20:11 Training at UCSF in Centering Pregnancy modality; later work with Centering Pregnancy program at Durham County Health Department.
- 22:35 Influence of UCSF's Margy Hutchison work with Homeless Prenatal site and Rebekah Kaplan's Centering groups at Hilltop High School in San Francisco; traveling clinic model enacted at El Centro Hispano with suitcases of supplies including Dopplers, scales, and blood pressure cuffs; Centering environment and layout.
- 26:49 Reflections on power, exchange, healthcare as a partnership, and working in a relational way with people with different backgrounds from one's own.
- 29:54 Move back to San Francisco and pandemic "pause" on many Centering programs.
- 31:43 Current work in education and training of midwifery students; work at Duke in education of residents and students.
- 33:57 Learning from midwives; partnerships with other practitioners; reflections on Duke and how midwifery has and can be incorporated into large medical institutions.

TRANSCRIPTION (kim-dau-interview-audio.wav)

Josephine McRobbie 0:00

So, I'll start just by explaining what this is for. It's Wednesday, October 19th, 2022. My name is Josephine McRobbie. I'm in Durham, North Carolina. And I'm interviewing Kim Châu, who is in San Francisco, over Zoom. This is part of an oral history series for the Duke University Medical Center Archives, documenting the history of Duke Midwifery Service. So thank you for being a part of this project. Kim.

Kim Châu 0:30

Thank you, Josephine.

JM 0:31

So, we usually start oral history interviews by asking people their full name, their place of birth, and their date of birth.

KD 0:38

My full name is Kim Quang Châu. And my date of birth is May 14th, 1980. And I was born in Lowell, Massachusetts.

JM 0:50

All right. And could we start by giving me a quick introduction to Duke Midwifery Service and your role in that program, and in Centering? And I see you need to end at 4:30.

KD 1:04

So, I joined the Duke Midwifery Service after I graduated from UC San Francisco, in 2007. And I joined the Duke Midwifery Service as my first job post-graduation.

JM 1:24

And you were a Duke grad already, is that correct?

KD 1:29

That's right. So I graduated from Duke as an undergrad. I had my BS in biology. And during my time there, I actually met Amy MacDonald, who was the service lead of the midwifery group at Duke. She had introduced me to midwifery through one of the elective courses that I had taken. And I stayed in touch with Amy while I was pursuing midwifery studies, and was lucky enough that they were hiring at the time that I graduated. And I interviewed for the position and was very excited to return back to Duke.

JM 2:15

And I think Amy said during her interview, too, that at the time during your undergrad, you were running a home course for people interested in healthcare careers. Is that right?

KD 2:26

Yes. So when I was attending Duke, they had an elective series [of courses] that could be run by students, and they were called House Courses. And the House Course elective that I was participating in was a survey of multiple disciplines outside of Western medicine. And when I was taking the course, I had the good fortune to hear Amy speak about the tradition of midwifery and the benefits of midwifery in childbirth support. And then after that I co-facilitated that course for a couple of years, and continued to invite Amy back as part of the speaker series.

JM 3:22

And is that what spurred your interest in midwifery? Or was that already the path you were on?

KD 3:27

No, it was the first time I heard of midwifery. It was true that at the time I was interested in health care. I was definitely interested in alternative health care. I'd done internships trying to understand better -- more traditional forms -- of medicine. So, forms of medicine that involved herbs, acupuncture -- my family is from Vietnam, and I have an uncle who practices acupuncture, my grandfather in Vietnam used herbs for wellness. And so this was something that intrigued me for quite some time. So I knew that there was something that drew me to health and healing. I knew that it was outside of the traditional confines of Western medicine. But it wasn't until I heard Amy speak, that it struck me that that was the path that resonated best for me.

JM 4:38

And she said in her interview [about first meeting], she said "I was wearing my scrubs, I had my doll and my pelvis, and I probably told the birth story of the day." Do you remember much about that conversation, or that visit?

KD 4:56

You know, I think all of that rings true. Amy was in her scrubs, running over from a shift and telling -- the birth story of the day, that sounds right. She is very animated, and is an excellent storyteller. Really knows how to draw in her audience. And she also really hit the nail on the head for me by bringing in a video for us to watch. It was a clip from Life of Brian, which is a Monty Python film. And in this clip -- I think it's probably the segment called "Birth" -- they're rolling a woman down a hospital hallway on a gurney, with the gurney slamming open all of the doors and with the person in the gurney. And then they land in a very sterile-looking operating room space with a ton of machines, cold metal, clean surfaces, that [is] quite institutional. And the clip sort of plays out with the surgeons losing track of the patient, and being quite focused on impressing the administrator [and] how they're making best use of the bottom line. And the patient was lost in it all. And the miracle of birth, as it were, was in this fantastic satire probably the least important part. And even though it was satire, you know, as good satire does, it resonated with me in terms of ways in which I felt the healthcare system had failed us, or is failing us, and pointed out a really big need for more humanity in healing and wellness. And that's something that the practice of midwifery seemed to better fill.

JM 7:39

It's funny that you mentioned that video, because in preparing for these interviews, I got access to some of the documents that Amy donated and I saw one of her training curricula, and that clip

was mentioned. So we talked about that as well. So it sounds like it really had an impact on people when it was shown.

KD 7:59

Yeah, absolutely.

JM 8:00

And so to get a little bit more of a feel for you as a practitioner, what were your interests when you were younger? And what kind of career path did you see yourself on, and what kind of upbringing did you have? Anything you feel comfortable sharing.

KD 8:22

Yeah, I think -- I'm pausing as I'm considering what are the relevant pieces to bring forward. And what comes to mind is a grounding that my parents provided me in terms of sticking to the basics, keeping things simple, and considering [that] I had a really strong conceptualization of wellness as being more than physical wellness but mental, emotional, spiritual [wellness]. And I think that's something that was a strong part of my philosophy moving into adulthood. I think when I came to college and was exploring these different modalities, one of the things that struck me was that I wanted to create change. And I wanted to find a way, a profession, that not only was practicing in a different way, but practicing in a way or within a context where there was greater capacity to change the healthcare system. And so I think from connecting that, I just had a strong conviction that healthcare could be better, or should be better. And when I learned about midwifery from Amy, I think what struck me was she was practicing midwifery, which at its heart is philosophically quite radical. And she was practicing it in a rather conservative space. And that piqued my interest. Like, how is it that you can bring something that is ultimately fundamentally challenging of the status quo? And what does it mean to bring it into this space that centers around the revered tradition of Western medicine? I feel I've rambled on a bit, I'm not sure if I'm even on the thread of your original question.

JM 11:46

No, that's really useful. And yeah, I'm wondering in what ways you were able to see that start playing out the work of midwifery in a conservative institution. Amy mentioned that you interned with her while you were an undergraduate. Is that right, as well?

KD 12:05

Yeah, Duke had a program that was really intended to support students that wanted to pursue medical school. And the program was great. I mean, it made it really easy for undergraduate students to spend time in the Medical Center, shadowing with current practitioners. And it wasn't lost on me that I was probably the first undergraduate to ever shadow a midwife. But it was a great eye-opening experience, in terms of both the realities of what it was like, what birth was like, what it was like to take care of patients, and the bigger picture of health care. And then I think the second thing is it helped me to see exactly that, how Amy functioned in that space. And I think what I noticed was the small ways in which little interactions -- well, let me put it a different way, the ways in which little interactions, or seemingly smaller interactions, can be really profound in terms of patient care experience. Seeing the way that she cared for patients,

seeing the way that she really centered what it was that they wanted and needed, seeing the ways in which she spent a lot of time with each individual. And also the way in which she navigated conflict, the difference in opinion in the way that the labor and birth space can and should be held, and [the] ways in which the institution sort of put pressure to make it look a different way. So, I don't have a good specific example. But I know that Amy used humor. She used her ability to connect with people, both her patients and her colleagues, to get people to be open to different ways of seeing things. And I thought, you know [laughs], that's an important art form. And that's how things do change, these little actions. These little actions add up and start to build a culture, change the context in which people are birthing.

JM 15:25

And so after this period, you went to San Francisco, did your midwifery education, and became fluent in Spanish? Is that correct, during that time?

KD 15:36

I don't know if I would say fluent, but I'd say advanced beginner. I mean, definitely not fluent [laughs]. But yes, that's right. So, once I graduated from undergrad, I stayed in Durham for another year working in a lab, and then spent a year after that traveling to different midwifery practices throughout the country. I was in New Mexico, I was in Texas, I was in Oregon, while I applied for graduate school. And that's how I found myself in San Francisco for graduate school. UCSF has a program that allows entry into the Nursing School for folks that have a bachelor's degree in an area that's not nursing. So my Bachelor's was in biology. They had a program that you could attend for one year, obtain the necessary training to sit for the nursing licensure boards, and then continue on into the Master's program in midwifery. That's what I did, I was in school between 2004 and 2007.

JM 16:59

And then what was your path to coming back to Duke in this role as a midwife, staff midwife.

KD 17:07

I was lucky enough that Amy and I stayed in close contact. She remained a mentor for me throughout school. And yes, sorry, I feel like I might be repeating myself, Josephine. But I was just lucky enough that when I graduated in 2007, the Duke Midwifery Service was hiring. And it was a bit of work. Amy had never hired a new grad before. The midwives that they had brought on were experienced. And in large part because it's a teaching institution, and to function as a teaching institution you need to have the experience to teach, right? So in many ways, though, I think that Amy was able to find a way for that context to work to our advantage, in that there was a support system already in place with the senior residents, and the attendings, multiple senior people that are in the site that can help bring on a new graduate. And in that first year, I was protected from teaching. I participated in direct patient care, but also at the same time, learned better the medical training model, and the role that the midwives played in training the medical students, and working with the interns. I had a mentor of my own. Amy, of course, continued on as a mentor, but I had another mentor -- Maria Valentin-Welch, she was with the Service. Maria was my sort of day-to-day mentor. And Maria and I were very close in that time. We spent a lot of time during the shift, after the shift, you know, debriefing and talking about the challenges that

it poses. You know, going back to that idea of changing the system. Reflecting on where those little conflicts happen, how to navigate them, and how to maintain one's eye on the prize, so to speak. How to keep one's path in midwifery.

JM 20:11

And at what point did you become involved with the Centering [Pregnancy] program?

KD 20:18

It's a good question. So, I was there for about three years. And I can't remember exactly at what point, how soon after I started, that I started to work with Amy in building out the Centering program. One of the things that was really special to me about the UCSF program is that everyone is trained there in how to lead Centering groups. So, Centering is prenatal care where the model is that the midwife facilitates the group, as opposed to treating it like a childbirth education class. And it gives space for people to have more power in that healthcare relationship. And that's aligned fundamentally with the practice of midwifery. And when I was at UCSF, I was trained by midwives who had a lot of experience, who had established Centering Pregnancy programs. And who had established [them] not only within the clinic, but [they had] built partnerships with community groups, so that the health care model could be extracted from the clinic, and embedded in these community spaces. Which, again, is something more aligned with what I think the midwifery philosophy really espouses. So I don't remember exactly when it was, but I do know Amy had started the program. And given my enthusiasm, my experience, and being trained in the Centering model, she asked me to step in and help support the growth of Centering within the Durham County Health Department clinic at Lincoln [Community] Health Center.

JM 22:35

And Amy also mentioned that you were behind some of the innovations of making this a pop-up clinic. She mentioned two briefcases and a blow-up bed that would be taken to El Centro, and that that was your innovation to get it out and into some more community spaces. Is that correct?

KD 22:55

Yeah. So I mean, it was my innovation in terms of the application, but it certainly wasn't my idea. I had some really excellent models back in San Francisco, [people] who had done something similar. Margy Hutchison -- who's actually a mutual friend of Amy and I, Margy Hutchison here in San Francisco -- she was leading the build-out of the Centering Pregnancy program in the San Francisco community at a site called Homeless Prenatal. And so I did exactly what they did. Oh, and also my dear colleague, Rebekah Kaplan. She held Centering groups at Hilltop High School in San Francisco, which was a high school for pregnant and parenting teens. And so, they did the same thing. They had a little suitcase, a little, like, carry-on luggage size bag. And they would bring -- back then it was paper charts, right? So they would bring the paper charts in the suitcase, they would bring Dopplers, and measuring tape to measure bellies. We had blood pressure cuffs, a scale, sort of the basics of a prenatal clinic, stripped down and put into this little suitcase. And El Centro Hispano, was or is -- I don't know if it's still there -- but it was in downtown Durham. We had made some connections there. And I gained their support and enthusiasm for the idea. And we built out several groups that met at El Centro. They had a space



that they used for their childbirth classes. Because, you know, the goal is that you have room for 8 to 12 participants to be able to sit in a circle, and their partners, small children. There was the group space, and then I built a sort of private corner where there was a table with a blanket over it, or something like that. And then behind that was this double-high air mattress that could accommodate pregnant people, so that they don't have to get very low. Because it was a double-high, they didn't have to bend down very low to get on this mattress. And then it also was accommodating for the midwives, who didn't have to sit on the floor the whole time. So, there was space for the individual one-on-one checkup. There was space for us to check in as a group about questions that everybody had regarding pregnancy, regarding postpartum. Yeah. I'm just thinking back on how fun that was, and what a different time that was to be doing the Centering groups there.

JM 26:49

Yeah, thanks for describing what it looked like. That was a question I wanted to ask you, to kind of take us to the space. And I was curious about what you were learning, as a new practitioner, during this time leading these group classes. What were the client needs, and what were the conversations like?

KD 27:22

I think what I would describe as what I was learning was learning how powerful the role of healthcare provider is. By that, what I mean is -- it's just these visits, especially the group visit, there's such a point of exchange, right? Healthcare is an exchange, and partnership. Exchange and partnership. And I think the power of that -- to now be in a role that held such great responsibility -- was quite humbling. And it was also learning that because I had the benefit of working with people largely from cultures different from my own -- a lot of immigrant families -- I got to experience more directly what it was like to have the health care provider conceptualized as a community member. As someone who, I don't know, became a part of something, right? It was a joining. It's a very different feeling than when I work in a clinic and see people one-to-one. In that space, there's less opportunity to get to know people personally. When you sit in a group, even though it's a group space, you gain a lot more learning about people's personalities, and how they are. You gain or you develop a relationship where there's trust. And in the one-to-one visits it's also an exchange, but it feels much more transactional, and not relational.

JM 29:54

Yeah, it sounds like a very satisfying way to practice, and also it's interesting because it seems almost like it would be incongruent. Like, if you were in a group setting, you might not have as much time with people, but the way you're describing it, you really do get to know people, and be embedded in community in a different way.

KD 30:13

Yeah, exactly. When I left Durham and came back to San Francisco, I didn't have an opportunity to do Centering groups again. So the last time I've done Centering was when I was in Durham. So, it's quite bittersweet to reflect on what that time was like. And, as you know, I'm teaching now. I'm teaching in the same program where I train our students. We still prioritize preparing

them in the Centering Pregnancy model. But the pandemic really put a big pause. Centering was really growing, and gaining a lot of traction. And the pandemic put a big pause on the growth of that, because people couldn't come into these group spaces anymore. And it's shifting back so that there are now more in-person group circles. But from what I've heard the alternative, like, if you could imagine group prenatal care via Zoom, it's just not nearly as satisfying.

JM 31:43

Well, I believe it's coming back in-person more here as well. [KD: "Oh, good!"] I hope you're happy to hear that. That's from what I've heard from other interviewees. Yeah, so I know in your role now you do a lot of work preparing new practitioners for the workforce. And you said this isn't something that you did initially as a staff midwife in the Duke Midwifery Service, but during your time there, did you start to be involved with training residents and training students?

KD 32:17

I did, I spent more time with the medical students and orienting the interns to triage, and working with them in normal birth. It was a big -- it was clear to me that teaching was something that I found interesting and fulfilling, because I had that opportunity at Duke. And I knew that teaching midwifery students was going to be an important transition for me to make. I admire highly what Amy was able to do, to train medical students and to train residents. If we could have all the physicians familiar with the midwifery model of care, I think that that would be really powerful. And I'm also really clear that the healthcare model that I believe is the one we should be striving for in the US is one where midwives are attending the majority of births. And if that's the case, then we need all the midwives -- because there's not that many of us -- aligned with training more midwives.

JM 33:50

Yeah. So that is your focus now, is training midwives?

KD 33:53

Absolutely.

JM 33:57

With the bit of time we have left, I have many more questions for you. But I wondered if you could just reflect on what the most kind of satisfying part of this section of your career was, being involved with Duke. And also, if you want to mention any parts that were very challenging.

KD 34:45

It was really important to me to be able to return and work with Amy, in particular. I had some really positive experiences with the group as well. Midwifery groups can be really big, they can be really small. And I was very fortunate that I came into a group that was about five people. And that was a good number. So I had -- maybe even more than that, maybe seven? And I had an opportunity to learn from other midwives that were trained in different places, that had different perspectives. And the fact that it was robust, and the fact that Amy created a space where we could have a team identity, was really important. It helped me to see the possibility, the power.

And there was a lot of -- you know, Amy had done a lot of work. And all the midwives in their own areas, for the time that they were there, created partnership and opportunity for midwives to really have a solid home there. With the nursing staff, with our MFM colleagues, our colleagues in maternal-fetal medicine, with physicians in the private practices, within the med school and the folks in the med school who were teaching. There were definitely a lot of individuals that were champions for midwifery, and I could see what was possible. And, you know, I think a lot of things changed after I left, [from] the structure of the service to the role of the midwives on the unit. And I can't speak to what that is, in any detail. And it certainly wasn't something I experienced firsthand. But as I think about the amount of change -- or let me put it this way, when I think about the amount of work that it takes to change a system, I remain hopeful about our capacity as people who are committed to seeing labor and birth look a different way. And the power of medicine, the power of institutions, to maintain the status quo -- we certainly haven't won the hearts and minds of enough people to reach that tipping point. And when I think of Duke, I have a lot of fond memories. In particular of Durham. But when I think of Duke, you know, the picture of the Duke Chapel that always comes to mind is the one where the photographer is kind of on the ground and looking up. And so you have this huge imposing symbol of the university that's like -- it's towering. And it's an institution that when I was there seemed to really uphold medicine in a way that didn't fully bring midwifery to the table. It was a step in the right direction, and we need more opportunities to have a more powerful impact.

JM 39:11

Well, I want to be cognizant of time. So I'm so appreciative of you for reflecting on this. And I would have loved to ask you more about your more current career as well. I had never heard the term "silent curriculum" before. I learned all kinds of stuff from just the brief time I was able to spend with your CV and bio. So, I'm very happy that you're there doing the good work of midwifery, and I'm really appreciative of your time reflecting on your time at Duke.

KD 39:44

Thank you, Josephine. A pleasure to be able to honor the work of Amy, in particular, and the strength of the group of midwives that have all been there at Duke.