



BATTLING OVER BIRTH

BLACK WOMEN & THE MATERNAL HEALTH CARE
CRISIS IN CALIFORNIA



Black Women Birthing Justice is a collective of African-American, African, Caribbean and multiracial women who are committed to transforming birthing experiences for black women and transfolks. Our vision is that every pregnant person should have an empowering birthing experience, free of unnecessary medical interventions and forced separation from their child. Our goals are to educate, to document birth stories and to raise awareness about birthing alternatives. We aim to challenge human rights violations, rebuild confidence in our ability to give birth, and decrease disproportionate maternal and infant mortality.



BATTLING OVER BIRTH

BLACK WOMEN AND THE MATERNAL HEALTH CARE CRISIS IN CALIFORNIA

Authors:

Julia Chinyere Oparah

Helen Arega

Dantia Hudson

Linda Jones

Talita Oseguera

© Black Women Birthing Justice, Oakland, CA, 2016

www.bwbj.org | [#birthingjustice](https://twitter.com/birthingjustice) | bwbj.info@gmail.com

Cover photograph: John Johnson

All rights reserved. This publication may be reproduced without fee for advocacy, campaigning and teaching purposes, but not for resale.

The copyright holders request that all such use be registered with them. For copying in any other circumstances, or for re-use in other publications, or for translation or adaptation, prior written permission must be obtained from the copyright holders, and a fee may be payable.

EXECUTIVE SUMMARY

These tendencies have resulted in an expensive maternal health-care system that dedicates millions of dollars to medical interventions and surgeries that experts describe as unnecessary, while failing to provide accessible, culturally sensitive and equitable care for black women and other marginalized communities.

There is a crisis in black women's maternal health care in California. Black women are three to four times as likely than white women to die of pregnancy-related causes. A black baby born today is twice as likely as a white baby, born the same day in the same California city, to perish before she can take her first steps or experience her first birthday party. One in seven black babies are born too soon or too small. We have euphemisms that mask the real impact of the maternal health-care crisis. We talk about "maternal mortality and morbidity" or "the MMR" because the truth is too hard to speak. We don't want to think about women dying, about babies born too little to survive their first few days. We prefer not to hear about women who emerge from giving birth feeling disempowered, violated or traumatized. And we especially don't want to think that these things have anything to do with professional or institutional failings. We'd rather think of the doctors and hospitals as knights on white horses, riding in to save women and infants from enemies with mysterious names like preeclampsia or venous thromboembolism. But if lives are to be saved, we must listen to, and face hard truths.

Despite the dire statistics, *birth is not a medical emergency*. Every life matters, and every death is a cause for concern and action. Yet a focus on racial disparities in maternal and infant mortality can create a skewed impression of pregnancy as dangerous, leading to the belief that the desire for “normal physiologic” or natural birth is irresponsible or a luxury that black women in particular cannot afford. This belief overlooks the long history of traditional birthing practices in black communities, from the granny midwives who attended thousands of home births in the rural South to the contemporary black alternative birth movement. The idea that birth is an emergency requiring medical supervision and intervention has resulted in an expensive maternal health-care system that dedicates millions of dollars to procedures and surgeries that experts describe as unnecessary, while failing to provide accessible, culturally sensitive and equitable care for black women and other marginalized communities.

Battling Over Birth is the report of a participatory action research project conducted by Black Women Birthing Justice. Between 2011 and 2015, the co-researchers recorded narratives and collected questionnaires from 100 black women who had given birth in California, and who had a child aged five or younger. The stories also included black women who had lost one or more pregnancies during the same time period. Finally, we consulted medical practitioners, birthworkers, advocates and experts. The co-researchers pursued a research justice approach, which centers the perspectives of those most directly affected by a social problem, and involves community members in identifying solutions. This approach allowed us unprecedented access to black communities, and enabled us to gather intimate, detailed and deeply honest testimonies from our participants, some of whom subsequently joined us as co-researchers. The black women we encountered had given birth in a range of settings, from home to hospital in eleven California cities and towns. They ranged in age from 17 to 46 years old. They were diverse in terms of socio-economic status, education and sexual orientation and held a variety of attitudes toward and visions for giving birth. We are grateful for their courage and generosity in sharing these very personal stories with us.

The findings of our research are presented in five chapters, covering prenatal care, relationships with medical professionals, birth locations, labor and delivery, and the first six weeks. Using an international human rights framework, each chapter provides evidence of human rights violations and inadequate care experienced by black women, as well as positive practices that were celebrated by our participants. Each chapter also ends with recommendations. Separate recommendations are directed to medical professionals and hospital administrators; community birthworkers and advocates; policy-makers; partners, families, and friends; faith-based and community organizations; and pregnant black individuals.

KEY FINDINGS

- 1. BIRTH AS A BATTLE:** This study reveals that the relationships between pregnant black individuals and their health-care providers are often a source of stress, anger and distress during a vulnerable time. Rather than viewing physicians, nurses and other medical staff as a trusted team working on their behalf for a common goal, participants reported numerous incidents of

stress and conflict. Participants identified four sets of practices and attitudes that led to conflict between medical staff and black pregnant women: i) refusal to listen to women's wisdom about their bodies; ii) not respecting women's boundaries or bodily autonomy; iii) stereotyping based on race, class, age, sexual orientation and marital status, and iv) suppressing advocacy and self-advocacy. Our research also identified key attributes of relationships identified by black women as positive and empowering. In particular, women in the study who worked with a midwife were more likely to state that the care they received was based on trust and listening and felt supportive and empowering.

- 2. THE CULTURE OF FEAR AND COERCION:** This study uncovers a culture of fear, fuelled by media images of childbirth, racial disparities and maternal deaths. 55% of our participants were anxious and afraid about the process of birth, labor pain, and the possibility of death and disablement for them or their baby. These fears left them vulnerable to control and coercion by others, including medical professionals. Participants in the study reported numerous instances in which they felt coerced or were denied full informed consent. These include being pressured into having unwanted medical procedures, being inadequately informed about what these procedures entailed, and being denied preferred labor positions or told not to push when the baby was in the birth canal.
- 3. MIDWIFERY CARE AND ATTRIBUTES OF POSITIVE CHILDBIRTH EXPERIENCES:** Our research identified key attributes of relationships identified by black women as positive and empowering. Participants indicated that the following three characteristics were most important to them in their relationships with medical professionals: i) psychological support and reassurance in relation to fears and pain related to pregnancy and childbirth; ii) respect for the pregnant individuals' values, beliefs and choices; and iii) competency and effectiveness. In particular, women in the study who worked with a midwife were more likely to state that the care they received was based on trust and listening and felt supportive and empowering. None of our participants who worked with a midwife/doula team reported feeling disempowered or very disempowered, compared to 31 percent of those who were attended by a physician/nurse team.
- 4. INADEQUATE PRENATAL CARE:** This study identified considerable barriers to accessing and persisting with prenatal care for black women. These included lack of or inadequate health insurance coverage, distrust of and poor treatment by prenatal care providers, and culturally-inappropriate care. Black women's pregnancies occur in the context of societal inequalities of race, gender, sexuality, class and age. These structural inequities produce stressors that impacted our participants' pregnancies, including racism and environmental stress, economic and job related stress, parenting stress, relationship and intimate violence-related stress. At the same time, the "Strong Black Woman syndrome"—the internalized belief that black women must be resilient and invulnerable, suppress feelings and succeed despite inadequate resources—as well as economic and family pressures, made it hard for many of our participants to slow down and commit to self-care during pregnancy.

Our participants found the typical prenatal appointment to be not only inadequate to meet their needs, but an additional source of stress. Participants recognized structural barriers that prevented health-care providers from offering optimal care, comprising i) the HMO model of care, which requires fast turnover of large numbers of patients; ii) the staff rotation system, whereby the pregnant person sees whoever is on rotation that day; and iii) institutional budget constraints. Participants responded to what they perceived as inadequate, stress-inducing care in various ways, including seeking out a midwife, and avoiding prenatal care. The study also reveals characteristics that black women identify as desirable in their prenatal care and makes recommendations to improve prenatal care for black women in California.

- 5. UNNECESSARY AND UNWANTED MEDICAL INTERVENTIONS:** This study revealed that black women giving birth in hospital settings are routinely subjected to violations of their autonomy and right to make informed choices during labor and delivery. Our participants shared experiences of having their membranes stripped or bag of water broken to induce labor without their consent, being denied movement or a range of birthing positions, being pressured to have intravenous pain medications or an epidural, and pushed to have unnecessary cesarean surgeries (C-sections). As a result, many of our participants had to battle to defend themselves from unwanted interventions. Participants in the study were seldom informed about the possibility of failed epidural anesthesia or about major and minor side effects related to the interventions offered. The study also found that black women in California are negatively impacted by the overuse of cesarean surgery. Fear of having a cesarean, concerns about the “C-section epidemic” and complaints that cesareans were promoted excessively were among the most cited concerns expressed by black birthing individuals in this study.
- 6. BARRIERS TO ACCESS TO DOULA AND MIDWIFERY CARE:** Research shows that doula-assisted mothers are less likely to have low-birth weight babies, less likely to have a birth complication, and more likely to initiate breast-feeding. Continuous labor support by a doula or midwife leads to more spontaneous (non-induced) vaginal births, and less use of pain medication, epidurals, vacuum or forceps-assisted births, or cesarean birth. Given racial disparities in birth outcomes and breastfeeding, black women are in particular need of the benefits of doula and midwifery care. However, our research revealed significant barriers to access to doula-care for black women: i) the shortage of trained doulas and midwives of color; ii) the cost of doula and midwifery care and inadequate coverage by insurers or Medi-Cal; iii) lack of knowledge about doulas and midwives of color and the image that doula and midwifery care is for white women.
- 7. HOMEBIRTH AS A RESPONSE TO A BROKEN MATERNAL HEALTH-CARE SYSTEM:** Although 99% of births occur in hospital settings, only 57 percent of women in our study expressed a preference for hospital birth. These women gave cost, safety, lack of knowledge about alternatives, and the belief that this is what modern, post-segregation birth looks like, as reasons for giving birth in a hospital setting. This study reveals that many black women in California have negative beliefs about hospital births. The primary concern expressed by

participants about hospital birth is that they are likely to have unwanted medical interventions forced on them. This belief is informed by personal experience, birth stories told by friends and family members, and books, films and other media. Our research uncovered a significant and overlooked network of black community midwives, homebirth mothers and doulas who are working to create alternatives to hospital birth in California. Over one quarter of our participants expressed a preference for a home birth, in many cases in response to negative experiences of and fears about hospitalized birth. Our research demonstrates that giving birth at home is an option that is desirable to many black women in California, some of whom are unable to pursue it due to cost and lack of access to homebirth midwives.

8. INADEQUATE POSTPARTUM SUPPORT: Our study indicates that physical changes, recovery and side effects from medical procedures, mental health challenges, birth trauma, relational and environmental concerns have a complex and interlocking impact on postpartum recovery for black women. Our participants were largely underprepared for the challenges of postpartum recovery. Women in the study needed additional support in relation to physical recovery, mental health challenges, socio-economic concerns, intimate violence and breastfeeding problems. Their postpartum recovery was also complicated or hindered by expectations related to the Strong Black Woman Syndrome, which led to self-judgment over perceived weakness, and prevented help-seeking behavior.

9. PRESSURES UNDERMINING BREASTFEEDING: Breastmilk is often known as “liquid gold” because of its unique benefits for mother and child. Research shows that breastfed babies are less likely than formula-fed babies to experience hospitalization and outpatient visits, and have a lower risk of infant mortality. They also tolerate stress, benefit from improved maternal-infant bonding and have higher cortisol levels than formula-fed babies. Despite these significant benefits, black women nationwide are less likely to nurse their infants and to persist with breastfeeding. This study revealed several barriers to breastfeeding, including family histories of formula use, feelings of shame related to the hyper-sexualization and commodification of black women’s breasts, community judgment and condemnation of breastfeeding in public, pressure from male partners and relatives, pain, and lack of lactation support. Our research also identifies reasons that black women chose to breastfeed despite opposition or lack of support and makes recommendations for improving breastfeeding rates among black women in California.

RECOMMENDATIONS

A short version of the recommendations appears below. For more detailed recommendations, please see chapter 9.

1. Recommendations for Physicians, Nurses and Hospital Administrators
 - a. Offer holistic prenatal care based on principles of cultural humility and empowerment.
 - b. Improve relationships between staff and pregnant individuals and adopt mechanisms to enhance accountability to pregnant individuals.

BLACK WOMEN BIRTHING JUSTICE

- c. Support autonomy and informed decision-making regarding location of birth.
- d. Improve birth experiences by reducing rates of interventions, in particular cesareans, providing accessible midwifery and doula care, and prioritizing the pregnant person's emotional and psychological needs.
- e. Improve postpartum care by expanding access, hiring more trained black staff, and targeting culturally sensitive messages to black women about breastfeeding.
2. Recommendations for health educators and medical schools.
 - a. Recruit and train more healthcare professionals of color, including black women.
 - b. Improve curricula for ob-gyns, nurses, midwives and doulas.
3. Recommendations for birthworkers, organizations and activists:
 - a. Improve access to midwifery, doula care, birth centers and other services.
 - b. Explore strategies to increase the number of doulas, midwives and lactation consultants of color, and the cultural humility of all birthworkers.
4. Recommendations for policy-makers:
 - a. Address barriers to access to and persistence with prenatal care by black pregnant individuals.
 - b. Expand options for black pregnant individuals to include midwife-assisted birth center and home birth as viable alternatives.
 - c. Establish mechanisms to improve accountability, patient satisfaction and best practices in relation to labor and delivery.
5. Recommendations for partners, families, friends, coworkers and neighbors:
 - a. Set up a Circle of Support around the pregnant person in your life and do your part to reduce stress and isolation.
 - b. Respect the pregnant person's autonomy and informed decision-making.
 - c. Get involved in the birth justice movement.
6. Recommendations for faith-based institutions and community organizations
 - a. Commit your organization to becoming an ally in the struggle for birth justice.
 - b. Become a source of information and support for pregnant individuals and new parents in your community or congregation.
7. Recommendations for black women and pregnant individuals:
 - a. Empower yourself with knowledge and support.
 - b. Explore your options, find prenatal care that is supportive and respectful, and persist with it throughout your pregnancy.
 - c. Explore a range of strategies to pay for a birth experience that honors your values and desires.

- d. Carefully consider the pros and cons of home, birth center and hospital birth, make an informed decision and work with health-care providers who support your decision.
- e. Educate yourself about the benefits of normal physiologic (natural) birth for you and your baby.
- f. Prepare to be an informed and empowered advocate during your birth process.
- g. Learn about the role of labor pain in birth ("pain with a purpose") and explore the full range of options for dealing with it, including doula-provided comfort measures.
- h. Educate yourself about the benefits of and myths about breastfeeding.
- i. Plan your first six weeks with your newborn carefully and ensure that you have adequate care and support.
- j. Share your story and get involved! Join the #LiberateBlackBirth and #BlackMamasMatter campaigns.



Recommendations

RECOMMENDATIONS FOR PHYSICIANS, NURSES AND HOSPITAL ADMINISTRATORS

1. Offer holistic prenatal care based on principles of cultural humility and empowerment.
 - a. Eliminate short examination room prenatal visits as standard care for individuals with healthy pregnancies. Replace these with group-based midwifery care that is holistic, reduces hierarchy, empowers pregnant individuals to take control of their healthcare, emphasizes relationship building, encourages horizontal support between pregnant women, and provides more in-depth care. Use ob-gyn examination room visits only for an initial intake meeting and sensitive issues requiring privacy.
 - b. Recognize the mental, emotional, spiritual and social dimensions of pregnancy and childbirth. Address mental and emotional wellness and stress-reduction needs. Provide referrals to services addressing racial discrimination, employment and legal concerns, housing, intimate partner violence, and childhood trauma as part of a holistic approach to prenatal care.
 - c. Learn about fears that may impact black pregnant individuals and develop materials and information that address these concerns. Avoid contributing to the culture of fear when developing campaigns to address racial disparities in maternal and infant health.
 - d. Offer prenatal groups specifically for black women/women of color, led by at least one black woman staff person who is trained in cultural humility and holistic prenatal care.

- e. Utilize a wellness and strength-based model of pregnancy and childbirth that builds on the pregnant individual's health and self-care knowledge and strategies.
 - f. Support the pregnant individual's vision for their birth and respect their right to evidence-based information on and access to a range of birthing options including vaginal birth, non-medicated birth, midwife-assisted birth and home birth.
 - g. Improve information distributed to pregnant individuals regarding medical interventions including induction, epidural, and cesarean birth. Provide online resources during prenatal care to enable pregnant individuals to explore their options before they are in labor.
 - h. Train all front-line staff, including medical and non-medical staff in cultural humility, holistic care and empowering patients.
 - i. Provide training for all front-line staff on pregnant teen support needs; respect the right of teens to empowering, non-judgmental prenatal care.
 - j. Provide options to women over 35. Ensure that all pregnant individuals receive full informed consent regarding prenatal testing; offer a questionnaire designed to ascertain which tests, if any, the pregnant person would prefer.
 - k. Train all front-line staff, including ultrasound technicians on how to support women through miscarriage and infant loss, including a cultural humility component.
 - l. Provide free interim care and referrals on how to access health insurance/ Medi-Cal for women who are uninsured or underinsured. Ensure that no pregnant individual is denied prenatal care due to inability to pay.
2. Improve relationships between staff and pregnant individuals and adopt mechanisms to enhance accountability to pregnant individuals:
- a. Train medical staff to develop relationships that: i) pay attention to the pregnant individual's emotional and psychological needs; ii) respect the pregnant individuals' values, beliefs and choices and iii) provide competency and effectiveness within a holistic framework that values emotional as well as physical wellness.
 - b. Provide cultural humility training about race, class, age, gender and sexuality for all nurses, midwives, ob-gyns and other frontline staff.
 - c. Adopt trauma-informed care protocols as best practices that support all pregnant individuals. Provide trauma-informed care training for all nurses, midwives, ObGyns and other frontline staff.

- d. Establish **Community Accountability Boards** for labor and delivery wards and birth centers comprised of individuals who have given birth at the facility, birthworkers, community members and staff to provide feedback, communication and transparency about current practices and progress to improve care.
 - e. Seek partnerships with organizations, such as BWBJ, serving black pregnant individuals to evaluate and enhance services for black pregnant individuals.
3. Support autonomy and informed decision-making regarding location of birth:
- a. Support the pregnant individual's autonomy in selecting where they wish to give birth. Provide balanced information about the research on home, birth center and hospital birth, including ACOG and MANA positions on the relative safety and benefits of each. In specific, pregnant individuals should be provided with a comparison of cesarean birth, VBAC and intervention rates, and informed about the debate about neonatal outcomes in home versus hospital births.
 - b. Ensure that care for individuals who chose to give birth at home or in a birth center is not interrupted or compromised by lack of communication or collaboration during the transfer of care.
 - c. Train all front line staff about the reasons why pregnant individuals choose home birth, and their right to autonomy; ensure that staff do not make disparaging or judgmental comments that could deter homebirthers from seeking medical attention if needed.
 - d. Be aware of the emotional and psychological impact of transferring from home to hospital during labor, and provide sensitive, affirming care at this vulnerable time. Affirm the validity of her choice and the benefits of laboring at home.
4. Improve birth experiences by reducing rates of interventions, in particular cesareans, providing accessible midwifery and doula care, and prioritizing the pregnant person's emotional and psychological needs.
- a. Read the CMQCC's *Toolkit to Support Vaginal Birth and Reduce Primary Cesareans*, discuss the proposed strategies with colleagues and develop an action plan for your practice or hospital. Join the California Quality Maternal Care Collaborative's Maternal Data Center to find out how your hospital compares with others on key outcomes. Develop action plans and targets to reduce cesareans and improve maternal health for black women in particular.
 - b. Train hospital staff to develop relationships that pay attention to the pregnant individual's emotional and psychological needs, provide empathy and appropriate comfort measures for labor pain and value respect for the birthing person as highly as safety and effectiveness.

- c. Provide cultural humility and anti-racist training for nurses and obstetricians.
 - d. Ensure that all hospital staff are trained to support pregnant women's birth choices, to respect their birth plans, and to provide full informed consent. Hold staff accountable when they violate pregnant women's human rights by using coercion and fear to encourage compliance.
 - e. If your practice does not have trained professionals able to assist vaginal births for breech, twin pregnancies or VBACs, provide viable alternatives for pregnant individuals seeking these options.
 - f. Explore ways to provide free and low cost midwifery and doula care for pregnant individuals; target resources to black women and other groups with disproportionately poor birth outcomes.
5. Improve postpartum care by expanding access, hiring more trained black staff, and targeting culturally sensitive messages to black women about breastfeeding:
- a. Expand the California Home visiting program so that every new parent receives excellent postpartum physical and mental healthcare in her home.
 - b. Prioritize hiring of black nurses and midwives to provide culturally sensitive postpartum care, including lactation support.
 - c. Develop strategies to improve access to and take up of postpartum mental health services by black women and new parents.
 - d. Use information about black women's attitudes and beliefs about breastfeeding to provide targeted messages that address intergenerational trauma and shame, and build on positive motivations for breastfeeding.
 - e. Join the Baby-Friendly Hospital Initiative—a global initiative sponsored by the World Health Organization and the United Nations Children's Fund to encourage and recognize hospitals and birth centers that provide an optimal environment for lactation, based on the WHO/ UNICEF *Ten Steps to Successful Breastfeeding for Hospitals*.¹

RECOMMENDATIONS FOR HEALTH EDUCATORS AND MEDICAL SCHOOLS.

1. Recruit and train more healthcare professionals of color, including black women:
- a. Partner with organizations serving black communities to improve access to health-care professions.
 - b. Support doula training for low-income women of color as an access route to training in health-care professions.

2. Improve curricula for ob-gyns, nurses, midwives and doulas by:
 - a. Integrating coursework on cultural humility in all training.
 - b. Developing continuing education modules to continue training and an ongoing discussion on caregiving for black women.
 - c. Prioritizing cross training/interdisciplinary education of midwives and ob-gyns.
 - d. Teaching maternal-health professionals how to integrate doulas and birth assistants into the birth process.
 - e. Training maternal-health professionals on how to empower pregnant and birthing individuals rather than offer or give services.
 - f. Provide training on vaginal birth for breech and twin pregnancies, and in VBAC.

RECOMMENDATIONS FOR BIRTHWORKERS, ORGANIZATIONS AND ACTIVISTS:

1. Improve access to midwifery, doula care, birth centers and other services:
 - a. Provide 2-3 pro bono births, including prenatal care, per annum to low-income women of color, especially young women.
 - b. Offer a sliding scale to make services accessible to low and middle-income women, target black women and women of color with these opportunities.
 - c. Explore creative ways to expand accessibility, including opportunities for satisfied customers to sponsor services for low-income women.
 - d. Host low-cost, free, and/or sliding scale prenatal workshops and classes for black women and women of color (e.g. childbirth classes, breastfeeding workshops, doula training, food and nutrition, prenatal yoga, massage).
 - e. Partner with BWBJ and other organizations led by black women in order to improve outreach to and access for black women and women of color.
2. Explore strategies to increase the number of doulas, midwives and lactation consultants of color, and the cultural humility of all birthworkers:
 - a. Provide free or subsidized training for prospective doulas of color. Establish scholarship funds to expand the numbers of doulas and midwives of color.

- b. Hire, train and promote visibility of doulas, midwives and lactation consultants of color.
- c. Provide or pursue cultural humility and anti-racist training for all frontline staff.

RECOMMENDATIONS FOR POLICY MAKERS:

1. Address barriers to access to and persistence with prenatal care by black women:
 - a. Provide greater access to prenatal care provided by midwives.
 - b. Promote a shift from individual to group/centering pregnancy prenatal care in hospital and clinic settings where individual midwifery model visits are not viable.
 - c. Ensure that private medical insurers and Medi-Cal include coverage for midwifery, including direct entry midwives serving low-income communities and communities of color.
2. Expand options for black women to include birth center and home birth as viable alternatives:
 - a. Remove barriers to using Medi-Cal to cover midwife-assisted home birth and birth centers.
 - b. Examine the increased use of home birth and independent birth centers for low-risk births as a strategy for eliminating unnecessary spending; redistribute the funds freed up toward expanding access to individualized, midwifery-style perinatal care.
 - c. Use provisions in the Affordable Care Act of 2010 that prohibit discrimination against licensed medical providers to push private medical insurers to cover midwifery and birth centers.
3. Establish mechanisms to improve accountability, patient satisfaction and best practices in relation to labor and delivery:
 - a. Require hospitals to establish Community Accountability Boards comprised of individuals who have given birth at the facility, birthworkers, community members and staff to provide feedback, communication and transparency about current practices and progress to improve maternal health-care.
 - b. Require maternal health clinics and hospitals to gather and publicize data on patient satisfaction, including qualitative assessments of their labor and delivery experience. Ensure that this data includes analysis by race, age, sexual orientation, gender identity and income.

- c. Reduce the cesarean rate to 23.9% (the national Health People 2020 goal) for NTSV (low risk) births within three years, and 15% (the World Health Organization upper limit) within 8-10 years. Double the rate of low risk vaginal births after a prior cesarean within three years. Provide expert support to hospitals to implement strategies that will achieve these goals. Penalize hospitals that fail to achieve the target within three years. Remove financial incentives for cesarean delivery.

RECOMMENDATIONS FOR PARTNERS, FAMILIES, FRIENDS, COWORKERS AND NEIGHBORS:

1. Set up a Circle of Support around the pregnant person in your life and do your part to reduce stress and isolation:
 - a. Recognize relationship racism, sexism, stress, economic pressures, pregnancy complications, and poor birth outcomes; do what you can to reduce stress and conflict in the pregnant person's life.
 - b. Cook a weekly meal, bring a healthy take-out meal, offer to do chores, laundry or pick up groceries, if she has kids, takes the kids out once a week and let her take a relaxing candlelit bath.
 - c. Give the gift of prenatal yoga, prenatal massage, or other stress relievers.
 - d. Offer nonjudgmental listening and encouragement.
 - e. Go with her to prenatal appointments if desired.
 - f. Educate yourself about postpartum depression; if you notice signs² in your loved one, encourage them to seek professional help.
 - g. Educate yourself about miscarriage and infant mortality. Support and respect that grieving a pregnancy or infant loss may take a long time, respect her need to talk, or be silent. Support mourning rituals if desired.
2. Respect the pregnant person's autonomy and informed decision-making:
 - a. Support the pregnant individual's autonomy in selecting where they wish to give birth. Never try to coerce her according to your own values and biases.
 - b. Educate yourself about the relative safety and benefits of home, birth center and hospital birth. Provide informed, balanced information to the pregnant person if asked.
 - c. Educate yourself about the benefits of normal physiologic (natural) birth. Challenge the myth that natural birth is "white and hippy" by learning more about birthing and midwifery traditions in black communities.

- d. Support the pregnant individual's autonomy in making choices about their birth. Ask questions and encourage the pregnant person in your life to read this report, but never try to coerce or control them according to your own fears, values or beliefs.
 - e. Resist the culture of fear by asking family members, friends and community birth-workers to share empowering and positive birth stories as an antidote to powerful media images.
 - f. Educate yourself about the benefits of and myths about breastfeeding. Ask questions that help the pregnant individual or new parent to challenge assumptions and shame-based narratives.
3. Get involved in the birth justice movement. Join the #LiberateBlackBirth and #Black Mamas Matter campaigns.

RECOMMENDATIONS FOR FAITH-BASED INSTITUTIONS AND COMMUNITY ORGANIZATIONS

1. Commit your organization to becoming an ally in the struggle for birth justice:
 - a. Educate staff and members regarding the crisis in maternal health for black women, and commit to concrete action steps.
 - b. Encourage your members to read this report. Invite local birthworkers of color to present information about birth options to your members.
 - c. Raise awareness about the data on cesareans, VBACs and episiotomies provided by www.calqualitycare.org. Encourage members to be actively involved in demanding best practices and reducing unnecessary cesareans and other interventions.
 - d. Challenge media representations that fuel a fear of natural birth, or encourage overuse of medicalization and drug use during labor and delivery. Call on media outlets to sign on to commitment to support "normal physiologic" birth.
 - e. Spread the word about the **#LiberateBlackBirth** and **#Black Mamas Matter** campaigns.
2. Become a source of information and support for pregnant individuals and new parents in your community or congregation:
 - a. Encourage members to set up Circles of Support around every black pregnant person, new parent and newborn.
 - b. Provide information on the benefits of midwifery and doula care, as

well as local organizations that can provide access to midwives and doulas of color.

- c. Provide balanced information on home, birth center and hospital birth, and referrals for each option.
- d. Offer nonjudgmental listening and encouragement.
- e. Challenge the Strong Black Woman myth; spread the word that vulnerability and reaching out for help is not a sign of weakness.
- f. Educate your members about the benefits of and myths about breastfeeding.

RECOMMENDATIONS FOR BLACK WOMEN AND PREGNANT PERSONS

1. Empower yourself with knowledge and support.
 - a. Educate yourself and others about the contents of this report.
 - b. Be bold in asking for support. You don't have to do this alone and it is not weak to need help. Ask friends and loved ones to continue or create a Circle of Support during the first six to eight weeks and to continue through pregnancy and postpartum. Connect with other pregnant black women via meetup.com, Our Family Coalition and other organizations.
2. Explore your options, find prenatal care that is supportive and respectful, and persist with it throughout your pregnancy:
 - a. Learn about the benefits of midwifery care and Centering Pregnancy groups.
 - b. Ask your health care provider if they offer prenatal care with a midwife trained in a cultural humility approach or midwife of color.
 - c. Create a birth plan and ask your provider if they can support it. Empower yourself to switch maternal care providers at any point if your needs are not being met.
3. Explore a range of strategies to pay for a birth experience that honors your values and desires:
 - a. Explore your health insurance options early on. If you decide to pay for out-of-hospital birth out of pocket, do not let inability to pay the full fee discourage you. Many midwives and birth centers offer sliding scale.
 - b. Consider asking people to contribute to your "doula and/or midwifery fund" in lieu of expensive baby shower gifts.

- c. Ask your employer if they offer a tax-advantaged flexible spending account (FSA). Midwifery care is an FSA eligible expense.
 - d. Join the campaign for private health insurance and Medi-Cal coverage for doula and midwifery care, home and birth center birth.
4. Carefully consider the pros and cons of home, birth center and hospital birth, make an informed decision and work with health-care providers who support your decision:
 - a. Do your research! Don't assume that a hospital birth is the safest and best option. Learn about the benefits of and debates about out-of-hospital birth.
5. Educate yourself about the benefits of normal physiologic (natural) birth for you and your baby:
 - a. Challenge the myth that natural birth is "white and hippy" by learning more about birthing and midwifery traditions in black communities.
 - b. Write down your fears about pregnancy and labor and investigate where these fears come from and how realistic they are. Ask family members, friends and community birthworkers to share empowering and positive birth stories as an antidote to powerful media images.
6. Prepare to be an informed and empowered advocate during your birth process:
 - a. Visit the BWBJ website and read the **Black Pregnant Persons' Bill of Rights**.
 - b. If you plan a hospital birth, research the cesarean, episiotomy and, if relevant, VBAC rates of local hospitals using data provided at www.calqualitycare.org and www.leapfroggroup.org. Read ratings of California hospitals produced by Consumer Reports at <http://www.cahealthcarecompare.org/>. Ask your obstetrician to share their cesarean rates since these may vary among physicians at the same practice or hospital.
 - c. Learn about the benefits and risks of possible medical interventions **before** going into labor, write down a birth plan and ask your obstetrician or midwife if they feel able to respect it. A birth plan template is available at www.bwbj.org.
 - d. Learn about and demand your rights to informed consent, to refuse medical treatment, to humane, dignified and equal treatment, and to adequate health-care. Remember that you have the human right to ask for evidence for recommended interventions, make choices and say "no" throughout your pregnancy and labor.
 - e. Ensure that the people who will be present at your birth understand and support your birth preferences.

- f. If your physician tells you that you should have a scheduled cesarean, consider getting a second opinion.
 - g. Investigate the benefits of midwifery care and consider primary or concurrent care (alongside a physician) with a midwife.
 - h. If your rights have been violated, or you have experienced coercive or conflictual relationship with a health-care provider, consider changing providers, lodging a formal complaint, and joining or starting an advocacy campaign to improve standards of care at that facility.
- 7. Learn about role of labor pain in birth (“pain with a purpose”) and explore the full range of options for dealing with it, including doula-provided comfort measures:
 - a. Educate yourself about the pros and cons of intravenous pain medications and anesthesia, including potential side effects, so that you can make informed decisions.
 - b. Learn about how a doula can support you with comfort measures for pain and emotional support. Ask whether your hospital provides free doula services. Explore doula of color networks such as the Roots of Labor Birth Collective (Bay Area).
- 8. Educate yourself about the benefits of and myths about breastfeeding:
 - a. Ask yourself if you have been impacted by intergenerational trauma from slavery and shame-based narratives. Join others who are writing and healing about this.
 - b. Explore your options and be assertive about your choice of nutrition for your infant and your right to breastfeed if that is your choice.
 - c. Join a lactation support group, or support group for new mothers. Consider starting a support group/lactation support group for black new parents.
- 9. Plan your first six weeks with your newborn carefully and ensure that you have adequate care and support:
 - a. Ask family and friends to help with older children, cook meals, do household chores and provide emotional support and company.
 - b. Learn about the signs of postpartum depression and seek professional help and community support if needed.
 - c. Join a new parent support group.
- 10. Share your story and get involved!
 - a. Share your birth story and get support for any emotional or psychological issues that may be present as a result of your birth experience.

- b. If your rights have been violated, or you have experienced coercive or conflictual relationship with a health-care provider, consider changing providers, lodging a formal complaint, and joining or starting an advocacy campaign to improve standards of care at that facility.
- c. Challenge media representations that fuel a fear of natural birth, or encourage overuse of medicalization and drug use during labor and delivery. Call on media outlets to sign on to commitment to support “normal” birth.
- d. Spread the word about the **#LiberateBlackBirth** and **#BlackMamasMatter** Campaigns. See the BWBJ website for more ways of getting involved.

NOTES

1. <http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>, 6.
2. These include: Feeling sad, hopeless, empty, or overwhelmed, crying more often than usual or for no apparent reason, worrying or feeling overly anxious, feeling moody, irritable, or restless, oversleeping, or being unable to sleep even when her baby is asleep
Having trouble concentrating, remembering details, and making decisions. For more information, see National Institute of Mental Health, “Postpartum Depression Facts,” accessed June 16, 2016
<http://www.nimh.nih.gov/health/publications/postpartum-depression-facts/index.shtml>





blackwomenbirthingjustice.org



BirthingJustice



Black Women Birthing Justice



birthingjustice