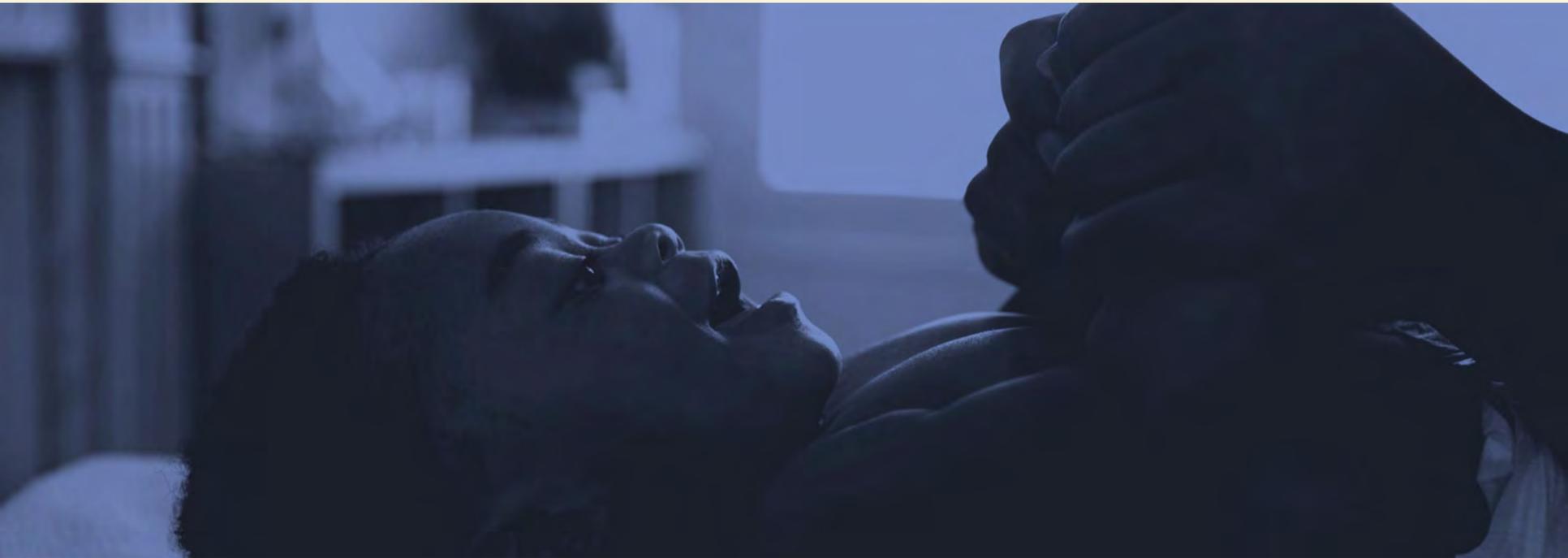


NATIONAL BIRTH EQUITY COLLABORATIVE



The Path to Reproductive Justice: Research, Practice and Policies

APHA Maternal Health Webinar

Joia Crear-Perry, MD, FACOG

7/6/2020

Mission

NBEC creates solutions that optimize Black maternal and infant health through training, policy advocacy, research and community centered collaboration.

Vision

All Black mothers and babies thrive.



NATIONAL BIRTH EQUITY COLLABORATIVE

Core Values:

*Leadership, Freedom, Wellness,
Black Lives, Sisterhood*

Objectives

- Identify Respectful Care as a global maternal health concept to be adopted in the US.
- Articulate levers, wins, and barriers to provider advocacy.
- Examine BMMA platform for racial equity through Reproductive Justice.

A blue-tinted photograph of a man kissing a woman's forehead while she holds a baby. The text "Respectful Maternity Care" is overlaid in white. The man is on the left, leaning over the woman and baby. The woman is on the right, smiling and holding the baby. The background is a plain wall.

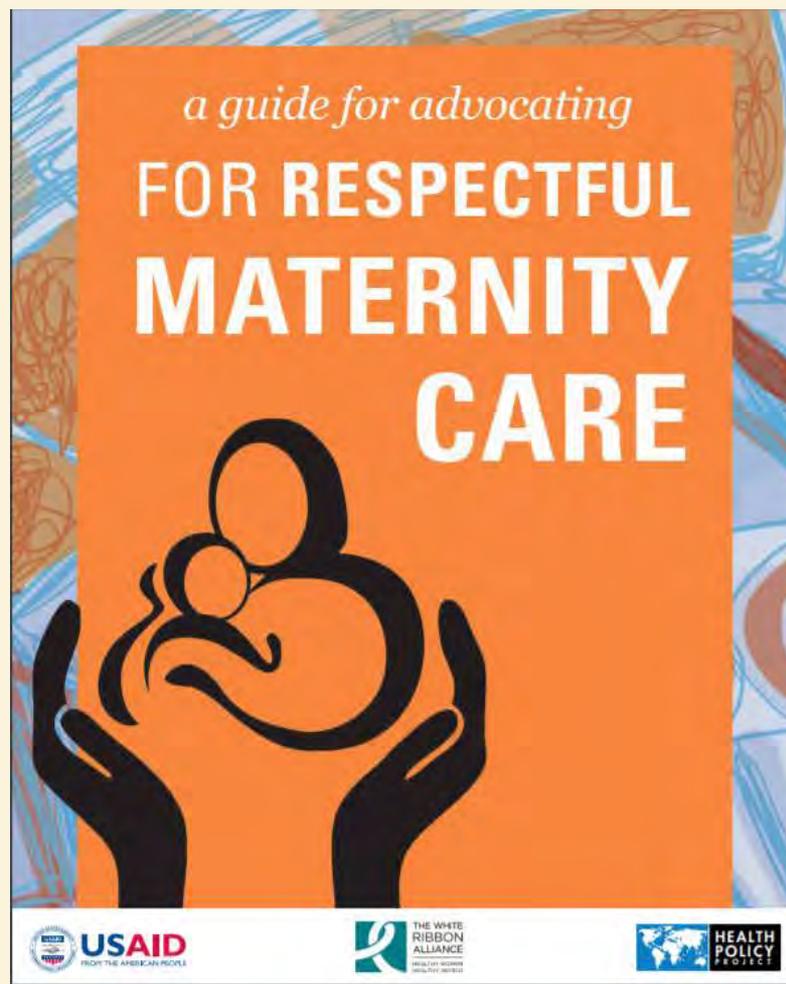
Respectful Maternity Care

Global Respectful Care

Respectful Maternity Care Charter: Universal Rights of Women and Newborns

The Global Respectful Maternity Care Council

- Researchers
- Practitioners
- Advocates
- Policymakers
- Programmers



NYC Standards for Respectful Care at Birth

EDUCATION

You deserve to ask for and receive simple information that you can easily understand about your health care, health care provider and birthing experience options. This includes information about the following:



- 1 Obstetricians, gynecologists, midwives, doulas or family medicine doctors, and their qualifications and professional experience
- 2 Options for where to give birth, such as a hospital, a birthing center or your home
- 3 The policies and practices of the place where you choose to give birth
- 4 Resources to prepare for childbirth and feeding your baby, such as childbirth education classes and nursing counselors
- 5 A description of all possible outcomes of birth for you and your baby
- 6 Information and referrals for benefits and services you may need, such as housing, food, legal support and health insurance*

QUALITY OF CARE

You deserve the highest-quality health care. This includes:

- 1 Timely attention to your needs, including taking your pain level seriously, for your entire stay at a hospital or birthing center, or during the birthing experience at your home
- 2 A safe and clean environment during your labor and delivery, and a quiet and safe room after you give birth
- 3 Providers who are trained and skilled in current best practices for care during pregnancy and childbirth
- 4 Courteous staff who introduce themselves when they enter the room. If you have a negative experience or do not feel comfortable with a staff member for any reason (e.g., behavior, skill or experience level, etc.), you can ask for and receive a different staff member



DECISION-MAKING

You deserve to decide what happens with your body and to make decisions for your baby. This includes:



- 1 Making health care choices, such as which medical procedures you will and will not allow to be performed on you, based on your values, religion and beliefs
- 2 Deciding where to give birth, whether at a hospital, birthing center or your home
- 3 Choosing how to feed your baby - whether with breastfeeding/chest feeding, formula or a combination of both - and receiving the help you need to feed your baby
- 4 Holding your baby immediately after birth (also known as skin-to-skin), even if you have had a C-section
- 5 Making choices about the care of your baby, such as whether or not to be with your baby for their medical tests and procedures (unless there is a medical reason not to) and where your baby stays (in the same room with you or in the nursery)
- 6 Having your decisions documented and that you understand their associated possible risks

NYC Standards for Respectful Care at Birth

DIGNITY AND NONDISCRIMINATION



You deserve to be treated with dignity and respect during pregnancy, labor and childbirth, as well as after childbirth – no matter what.^{***} This means health care providers are expected to:

- 1** Treat you and your family fairly, regardless of race, gender, religion, sexual orientation, age, disability, HIV status, immigration status, housing status, income level or form of insurance
- 2** Provide an interpreter so that you can understand your health care provider and they can understand you
- 3** Protect your privacy and keep your medical information confidential
- 4** Let you decide who you do and do not want in the room, including staff members, during exams and procedures, and respect this decision
- 5** Ask for and use the name and gender pronouns you prefer
- 6** Use the name and gender pronouns you use to refer to your baby
- 7** Respect the decisions you have made about your family, such as whether you have a spouse or partner, what your spouse's or partner's gender is, how many children you have, or if you have chosen to place a baby for adoption
- 8** Acknowledge concerns or complaints you may have about your health care, and give you information about how to file a complaint about any aspect of your care

Mothers Voices Driving Birth Equity

National Birth Equity Collaborative
Funded by the Robert Wood Johnson Foundation

BACKGROUND

Women in the US are dying in pregnancy and childbirth at unprecedented rates.

The community closest to the pain and suffering through disparate deaths and complications are Black mothers and birthing people.

Disrupting birthing narratives and care required cultural shifting from mother/individual blame to provider/systems accountability.

Cultural transformation depends the capacity for providers and systems to listen to, understand, and respond to community voices in sharing stories of disrespectful and dismissive care and service gaps.



Listen to Black Women
Trust Black Women
Respond to Black Women



NBEC

National Birth Equity Collaborative (NBEC) optimizes Black birth outcomes through training, research, community centered collaboration, and advocacy. NBEC uplifts Black women led organizations, guiding clinicians and researchers to center women, their families and their stories.

ACOG-
AIM

The American College of Obstetrics and Gynecology (ACOG) is the lead partner in The Alliance for Innovation on Maternal Health (AIM) program. AIM is a national alliance to promote consistent and safe maternity care to reduce maternal mortality and severe maternal morbidity.

PURPOSE

To develop and apply a community informed theoretical model in the creation and testing of a participatory patient-reported experience metric (PREM) of mistreatment and discrimination in childbirth.

There is no metric for patient-reported experience of mistreatment and discrimination in childbirth and pregnancy developed by, for, and with impacted Black communities, mothers, and scholars

Research & QI Methodologies

Reproductive Justice

Cultural Humility

Research Justice

Systematic analysis and disruption of hierarchy of knowledge construction and power in QI, clinical research, and public health

Prioritization and amplification of community voice and knowledge

Co-development of shared language, vision, and understanding of respectful and dignified maternity care

Co-creation and testing of best practices that lead to improved listening, shared decision making and trust between Black mothers, clinicians, and health systems

OBJECTIVES

- Facilitate and sustain opportunities for Black mothers stories to be valued, seen, & heard in semi-structured focus group interviews
- Develop a community informed theoretical model in collaboration with Black mothers/birthing people based on group interviews
- Map existing theoretical constructs onto those identified from Black mothers and CBOs to inform the co-creation and co-testing of a PREM of respect, mistreatment, and discrimination
- Utilize the PREM in systems accountability, quality improvement patient advocacy and interprofessional education

Mothers Voices Driving Birth Equity



Robert Wood Johnson
Foundation

Transforming Health &
Healthcare Systems

“Cultural transformation deepens the capacity for providers and systems to listen to, understand, and respond to community voices in sharing stories of disrespectful and dismissive care and service gaps.”

- Dr. Karen Scott

Participant Characteristics

Black women from U.S. and Africa
N=50

Mean Age: 32

Cities

- Atlanta, GA
- Baltimore, MD
- Chicago, IL
- Dallas, TX
- Houston, TX
- Tulsa, OK

What is Respectful Care?

Themes

- Accountability
- Equity
- Empathy
- Safety
- Racism
- Trust

COVID-19 Relevant Themes

- Autonomy
- Communication
- Information
- Medical recommendations
- Transparency
- Social capital and networks



Black Mamas Matter

“What’s missing from the care of Black women is their centered voice, validation of experience, and freedom to choose and be informed. Black women need **respectful care that is free of implicit and explicit bias**. It is the provider’s responsibility to address those biases. To address the issue of maternal mortality **we need care that originates from and is defined by Black women-led organizations, practitioners, and community members.**”



Jessica Roach, MPH

Black Maternal Health Week

April 11-17

#BMHW20

#BlackMaternalHealthWeek

Join the Movement
for Black Mamas

Black Maternal Health Week 2020

#BMHW20

BMMA Kindred Partners



Co-Mothering



BLACK GIRLS BREASTFEEDING CLUB



VILLAGE BIRTH INTERNATIONAL



Holistic Systems of Care

Setting the Standard for Holistic Care of and for Black Women



Human centered design
Community engagement

- Trauma informed story sharing
- Community informed advocacy

Mamatoto Village Doula Services



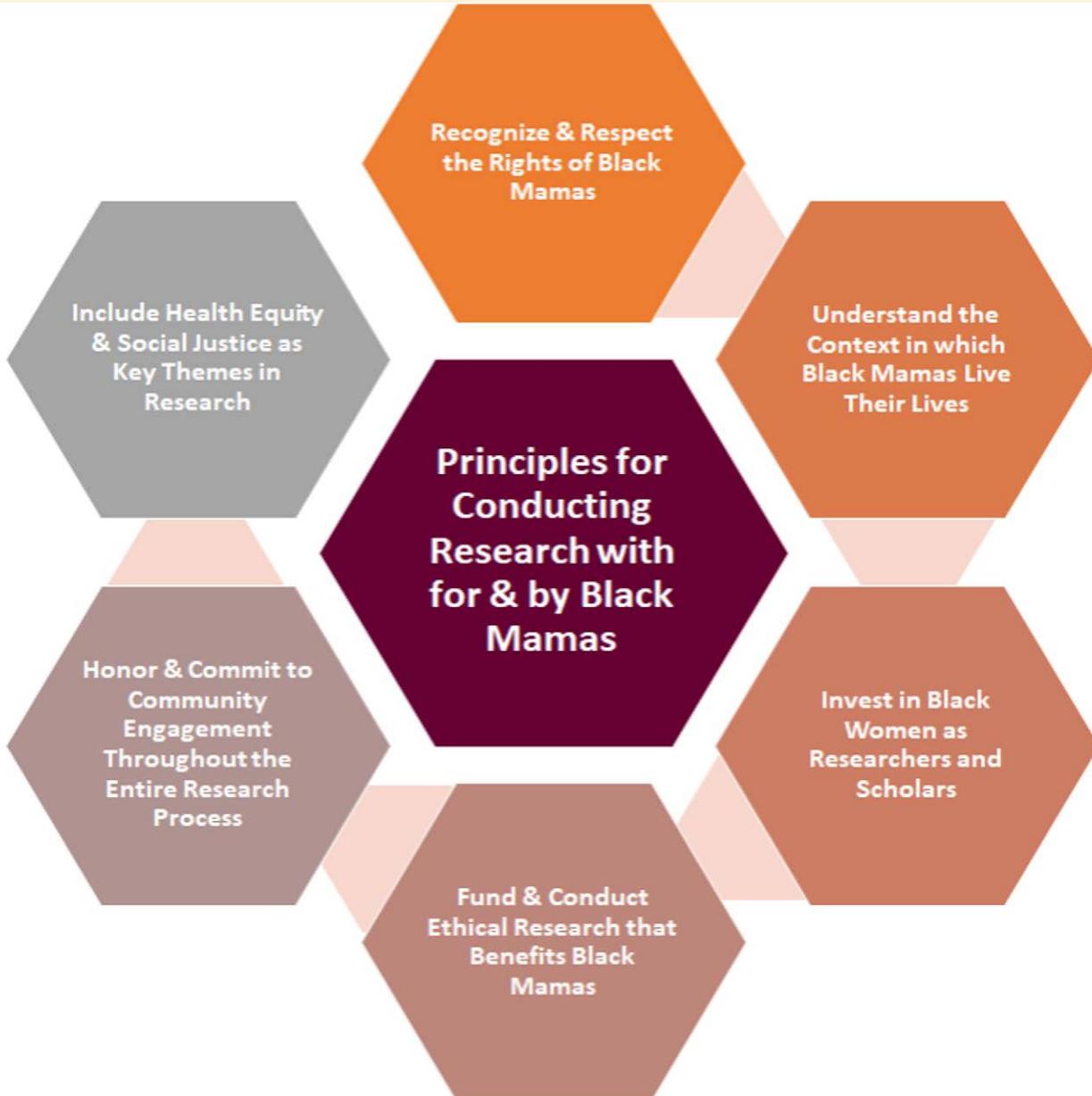
Washington D.C.

Ancient Song Doula Services



Brooklyn, New York

BMMA's Research Principles



BMMA

A photograph of a family of three in a hospital bed, overlaid with a blue tint. The father is leaning over the child, kissing their forehead. The mother is lying in the bed, smiling. The text "Provider Advocacy" is centered over the image.

Provider Advocacy

Racial Equity Lens

The health care system alone isn't equipped to overcome the inequities driven by income, language, education or racism

Racial Equity Lens

- Centers place, environment and social determinants
- Addresses aggravated risk for specific local challenges
- Addresses intergenerational and cumulative effects of structural racism on health
- Uses Critical Race Theory and Intersectionality (Dr. Kimberle' Crenshaw)

Provider Advocacy

Tools for Racial Equity

Root Cause Analysis

- Identify systems vulnerabilities that impact patient safety and outcomes
- Identify measurable systems-based corrective actions
- Ensure follow-through and implementation
- Ensure that leadership at all levels of the organization participate and hold staff accountable for RCAs

5 Whys Exercise

- ❖ Identify an event or pattern that concerns staff
- ❖ Identify tangible and intangible structures that are contributing to results
- ❖ Brainstorm implications for action

Can you better apply existing tools and advocate for policy change in your daily work?

Policies for Repro Justice

Economic

- Paid sick/family leave
- Living wage, Wage transparency
- Economic protections during COVID-19 response

Maternal Health

- Extend postpartum Medicaid coverage to 1 yr
- Fund maternal mortality review boards

Criminal Justice

- Eliminate solitary confinement for incarcerated birthing people
- Birth education and parenting supports
- Eliminate police brutality and excessive use of force



Segregationists

Assimilationists

Anti-Racists

Thank you



Founder/President
drjoia@birthequity.org

   @birthequity