

RHimpact

THE COLLABORATIVE FOR EQUITY AND JUSTICE



CONNECT 2023

Maternal Health

Alliance for Early Success

Friday October 27, 2023

RH Impact's Vision and Mission

THE COLLABORATIVE FOR EQUITY & JUSTICE

VISION

RH Impact envisions a world where Black communities can achieve our full potential for reproductive health, wellbeing, safety and joy.

MISSION

In collaboration with communities, RH Impact challenges systemic inequities to achieve reproductive equity and justice. We apply research and evaluation to policy advocacy, capacity-building and power-shifting strategies while centering the lived experiences, scholarship and activism of Black communities.

CARMEN POSITIONALITY



Elephant Circle's Vision and Mission



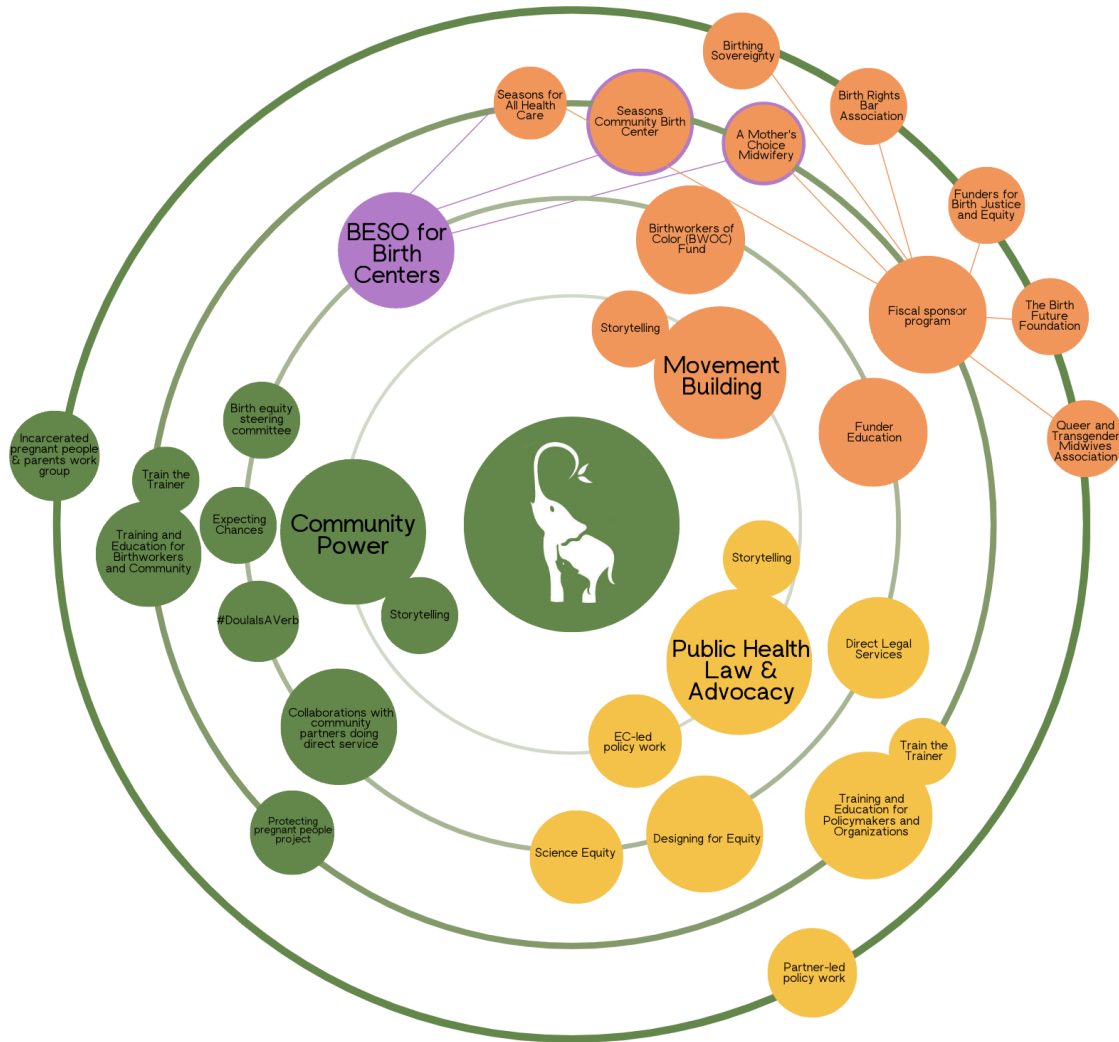
VISION

Inspired by elephants who give birth within a circle of support, we envision a world where all people have a circle of support during the perinatal period.

MISSION

To achieve this we will need both the HOW and the WHAT of birth justice. We will need strategies for tackling systems of power and oppression and we will need strategies for change and resilience. We will also need expertise in health systems, legal systems and the perinatal period. Elephant Circle is here to help you expand your capacity to bring about birth justice.

MAPPING OUR WORK



Color Key

- Community Power
- Public Health Law & Advocacy
- Movement Building
- Birth Equity Statewide Operations for Birth Centers

This ecosystem map shares the core elements of our work at Elephant Circle.

We lead with an intersectional, feminist, reproductive justice, design thinking approach to birth justice.

This approach will help manifest solutions every step of the way that do not re-inscribe status-quo power dynamics - making true transformation possible.



I AM A FULL SPECTRUM DOULA, LIVING IN DENVER, CO WITH MY HUSBAND & ADULT DAUGHTERS. I SPECIALIZE IN CHILDBIRTH PREPARATION & NEWBORN EDUCATION AS A WAY TO EDUCATE FAMILIES PRIOR TO DELIVERY. I LOVE SUPPORTING PEOPLE, I ORIGINALLY TRAINED IN '99 & WAS CERTIFIED W/ DONA. MY LATEST CERTIFICATION IS ABAR (ANTI-BIAS, ANTI-RACIST) TRAINING @ JAMAA BIRTH VILLAGE. CURRENTLY, TRAINING DOULAS W/ ELEPHANT CIRCLE'S: #DOULAISAVERB TRAINING, ORGANIZING BIRTH WORKERS & AMPLIFYING BIRTHWORKER'S VOICES IN POLICY WORK. MY EXPERIENCES INCLUDE HOSPITAL, BIRTH CENTER & HOME BIRTH CLIENTS. FORMERLY, I PRACTICED AS A COMMUNITY MIDWIFE IN WV & OHIO. I HAVE HELPED FAMILIES WITH PHYSIOLOGIC BIRTH, INDUCTIONS, TOLAC & SUCCESSFUL VBACS. I SERVE FAMILIES POSTPARTUM FOR NEWBORN & POSTPARTUM MOM CARE, & BREASTFEEDING ISSUES WITHIN THE SCOPE OF A CERTIFIED LACTATION COUNSELOR'S PRACTICE. I'M BILINGUAL & HAVE TAUGHT SPANISH, MOST RECENTLY IN MONTESSORI PROGRAMS, & I'M A REGISTERED YOGA TEACHER W/ PRENATAL YOGA CERTIFICATION. I AM ALSO A CERTIFIED PEER SPECIALIST, MENTOR & TRAINER FOR ANXIOUS & DEPRESSED MOMS WITH UC/BOULDER & THE RENÉE CROWN WELLNESS INSTITUTE'S ALMA PROGRAM. I'VE BEEN PRESENT FOR HUNDREDS OF BIRTHS & AM HONORED & HUMBLLED EACH TIME I'VE THE OPPORTUNITY TO BEAR WITNESS TO THESE LIFE EVENTS.



PRESENTATION OVERVIEW

Framing

Maternal Health

Underserved Populations

- Rural
- Migrants
- Criminalization/Incarceration
- Gender & Sexuality
- Unhoused

Creating Equity

Calls to Action



Framing

Defining Reproductive Equity and Justice

REPRODUCTIVE EQUITY

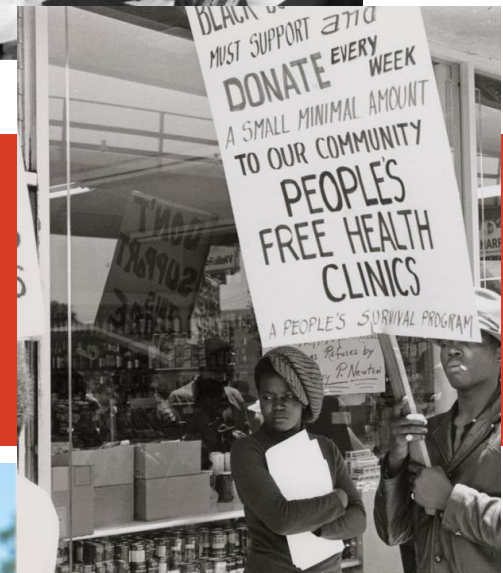
Equitable access to the full spectrum of reproductive health care a reality for all people



REPRODUCTIVE JUSTICE

SisterSong defines Reproductive Justice as the human right to

- maintain personal bodily autonomy,
- have children,
- not have children, and
- parent the children we have in safe and sustainable communities.



Centering Joy

- Joyful Birth Experiences

Have you heard about [Kimberly Seals Allers](#)? She is committed to restoring black birthing experiences and bringing back the joy in childbirth & breastfeeding & her goal is to eliminate the disparities. She has also developed an app called Irth. She took out the B for Bias... [Irth app](#). It's like Yelp for BIPOC birthing folks and their birthing experiences.

- Asset-based

Social Determinants

Social determinants of health are the conditions in which people are born, grow, live, pray, play, work, and age. These conditions are determined by the distribution of money, power, and resources at the global, national, and local levels.

Examples of resources include;

- Housing
- Transportation
- Food
- Income
- Freedom
- Education
- Safety

Maternal Health Inequities

BIRTH OUTCOMES

- Black women three times as likely
- Indigenous women twice as likely
- than White women to experience a pregnancy-related death.

- In 2021 the rates for Hispanic women's pregnancy-related mortality and morbidity surpassed those of white women for the first time in the U.S.

- Severe maternal morbidity (SMM), sometimes known as a “near miss”, is far more common

- Severe maternal morbidity has more than double since 1990s (CDC)

- For each mortality, there can be 50-100 SMM cases
- For many families, SMM can be a traumatic experience, with potentially devastating impact to quality of life, like short- and long-term disability for both mom and baby.

EXPERIENCE OF CARE

- Over 80% of all pregnancy-related deaths were determined to be preventable (CDC)
- Many Black women and other women of color describe how they are disrespected and ignored by the system and individual providers, and studies have confirmed a pattern of mistreatment.
- The racial disparities on some mistreatment indicators were particularly pronounced, with Black, Hispanic, Asian, and Indigenous women all being twice as likely as white women to report being ignored or having their request for help refused. Young women, immigrant women, and women having their first child were also more likely to report mistreatment.¹⁰
- 25% of women who were induced or had a cesarean birth felt pressured to consent to those interventions
- 60% who had episiotomies were not asked to give consent.

MATERNAL MENTAL HEALTH

- 20% of pregnant and postpartum birthing persons experiencing depression and/or anxiety
- 1-2 birthing persons per 1,000 pregnancies experiencing psychosis. In the US
- 25% of WOC will suffer from a maternal mental health condition at some point compared to 14.3% of white women.
- Maternal mental illness is estimated to be 2-3 times as prevalent among birthing persons in LMICs compared to their counterparts in high-income countries.

Maternity Deserts

Data

"A maternity care desert is any county in the United States without a hospital or birth center offering obstetric care and without any obstetric providers." - March of Dimes

- More than 2.2 million women of childbearing age live in maternity care deserts (1,119 counties) that have no hospital offering obstetric care, no birth center and no obstetric provider.
- Almost 150,000 babies were born in maternity care deserts.
- An additional 4.7 million women of childbearing age live in counties with limited access to maternity care.
- The rural maternal mortality and severe morbidity rates are 10 percent higher than that of their urban counterparts

Research/Current Events

- [Impact's announcement on Hospital closure in Alabama](#)

THANKS YOU!



Policy Advocacy

(Im)Migrant & Refugee Communities

Data

- Refugee women, who account for nearly 47 percent of all those displaced across borders, are particularly vulnerable
- Higher maternal health risks than women in host countries, including
 - gestational diabetes
 - stillbirth
 - low-birth-weight infants
 - early neonatal mortality
 - prenatal mortality
 - preterm birth
- Refugee and migrant women have been found to attend fewer antenatal care appointments than their counterparts in host countries, despite the potential health risks ([11](#)). This is likely due to a variety of factors such as language barriers, cultural differences, transportation difficulties, financial constraints, and fear of discrimination ([5](#), [11](#), [12](#)). In the United States (US), research indicates that refugee and migrant women tend to postpone antenatal care visits more frequently than their domestic counterpart ([11](#)).

Research/Current Events

- Total paid to refugee doulas = \$115,500 (3 over \$20k, 4 over \$15k) since January's training



Policy Advocacy

- " Community-led Solutions to Prevent Maternal Mortality and Morbidity - RFA #42001 The RFA is funding five (5) organizations to implement community-led solutions to decrease mortality and morbidity among pregnant and postpartum Coloradans.

Empowering Communities, Protecting Women (ECPW) is a community organization made up of twenty-four trained, refugee-identifying women who serve as Labor and Birth Doulas. ECPW's mission is to provide culturally congruent care to newly arrived immigrants in Denver during their perinatal period. Their proposal includes continuing education for existing doulas, as well as training additional cohorts of diverse language-speaking women to build up doulas representing each spoken language in Denver, Colorado and the surrounding areas."

Criminalization/ Incarceration

Data

- Many mothers experience systemic barriers to adequate support and information, including racism [40], classism [41] and homophobia/transphobia [42]. Some mothers feel judged and unwelcomed in community groups [15] or lack financial means for transportation to services and programs [43].
- However, the early postpartum period may look quite differently for those who are dealing with complex psycho-social and physical changes [1,2,3] that require specific support, information and intervention. One example of these complex psycho-social changes may include postpartum depression, which is the most common complication of pregnancy [4]. The postpartum period can be especially difficult and even traumatizing for mothers when being monitored by Child Protection Services and are fearful that they may have their baby taken away [5,6].
- Poverty
- Mental Illness
- Substance Abuse

Research/Current Events

Pregnant and postpartum people know what is best for their pregnancy and their family.

HB23-1187 GOES INTO EFFECT NOVEMBER 2023



What is HB23-1187?

This new law will create better pathways for criminal justice-involved pregnant and postpartum people to access alternative sentences, such as probation or a diversion program. It recognizes that prison and jail are not appropriate places to address the physiologic and mental health impacts of pregnancy and birth and encourages courts to consider alternative sentencing options for anyone who is pregnant or in the postpartum period (defined as up to one year after the end of the pregnancy) so that they manage their pregnancies and care for their newborns in community.

Know Your Rights

If you are pregnant or were pregnant in the last year and become involved in the criminal legal system, you have rights. You do not have to disclose being pregnant or postpartum if you don't want. But if you do share it with your legal advocates or the judge it could open up more options in your case. If you know a pregnant person or are an advocate, please share this information

Take Action

Follow @ElephantCircleCO and @Soul2SoulSistes for action updates on this legislation and ways we are showing up and advocating for families!

Learn More

www.elephantcircle.org/hb1187

Policy Advocacy



HB23-1187: Alternatives in Criminal Justice System & Pregnant Persons



IS HEADED TO THE GOVERNOR'S DESK!



Gender & Sexuality

Data

- Birthing people also report experiencing ableist bias, obesity bias and transphobia
 - Transmen experience specific bias and disrespect regarding misgendering and parental rights
- Lesbian women were more likely to have stillbirth
- Bisexual women more likely to have miscarriage – than heterosexual women in relationships with men

Research/Current Events



Doula is a Verb is *how we practice doulaing, how we organize doulas, and a political-orientation to the role of doulas in caring for and supporting people across the perinatal period.*

It's a practice of principles that **reorient the perinatal system so that care is a top function and priority.** Care isn't just an intention you hold in your heart, it's a way of taking action that anyone and everyone can do.

This practice is also a way of resisting and reversing built-in inequities, so that **women, people of color, and gender nonconforming birthing people are healthy and free.**



READ OUR FULL DOULA IS A VERB POST:

elephantcircle.net/circle/2023/9/21/doula-is-a-verb

GET INVOLVED: Community Doula Ambassador:
Sarah@elephantcircle.org



**AT ELEPHANT CIRCLE,
WE LIKE TO SAY
"DOULA IS A VERB."**

This simple sentence reflects a specific philosophy about our values and commitment to doula-work.

Our philosophy includes **5 core principles:**

Doula-work **does not need to be professionalized** in order to work or be valuable for the clients and communities doulas work alongside.

Doula-work in the U.S. today happens in the context of the broader perinatal health care system where inequity is built-in; **doulas are only one strategy we have to equip people with tools and resources inside of these systems and spaces.**

Doula-work is **connected to a long history of care-work** that has been systematically deprioritized and devalued inside of patriarchy and white supremacy.

Healthy communities have doulas.

Pregnant people are experts; they are best positioned to navigate their pregnancy, birth, and postpartum.



Policy Advocacy



Unhoused Families

Data

- Women experiencing homelessness were more than twice as likely to
 - experience a serious complication
 - have an early or threatened labor or a hemorrhage during pregnancy
- Emergency department use was more widespread among women experiencing homelessness (76 percent) than in the comparison group (59 percent). [MI]
- Women experiencing homelessness had more months during which they received no reimbursable health care than the comparison group (61 percent versus 18 percent).
- Induced abortion rates were lower among pregnant women experiencing homelessness (8 percent) than in the comparison group (17 percent).

Research/Current Events

- **PPP program stats which assist families in need....**

- As of the end of September 2023
- # families served in 2023 (through September) = 28 direct +doula families
- # of doulas paid in 2023 (through September) =
- Total spent on program in 2023 = \$268,672
- Direct Aid = \$4250
- ash (\$1800) and moneyfor:
- Baby wraps
- Baby gates
- Birth certificates
- Car tow fees
- Court document filing
- Diapers, wipes
- Food, formula, bottles
- Groceries
- Heat
- Prenatal vitamins
- Walmart gift cards
- Window replacement
- Total paid to doulas = \$263,032
- Other types of support = \$1400

- All dates (10/2020-9/2023)
- Direct Aid = \$16,845
- Doula payments = \$277,282
- Other types of support = \$7,150

Policy Advocacy

- Shelter-based interventions providing prenatal care would likely improve the health outcomes of pregnant women experiencing homelessness, but they might receive the interventions too late to reduce their risk to the same level as women with greater housing stability.

Creating Equity

Current Events

Narrative to research

LANDSCAPE
ANALYSIS 



TAKE THE SURVEY

[Landscape Analysis Survey](#)



The Landscape Analysis work we are doing in 2023 has 5 main objectives:
Define the birth justice movement and why and how it is both part of, yet distinct from the reproductive justice movement.

Describe the networks and alliances within the birth justice movement, and map the services and strategies offered for people in the perinatal period, in order to create a picture of the existing change-infrastructure.

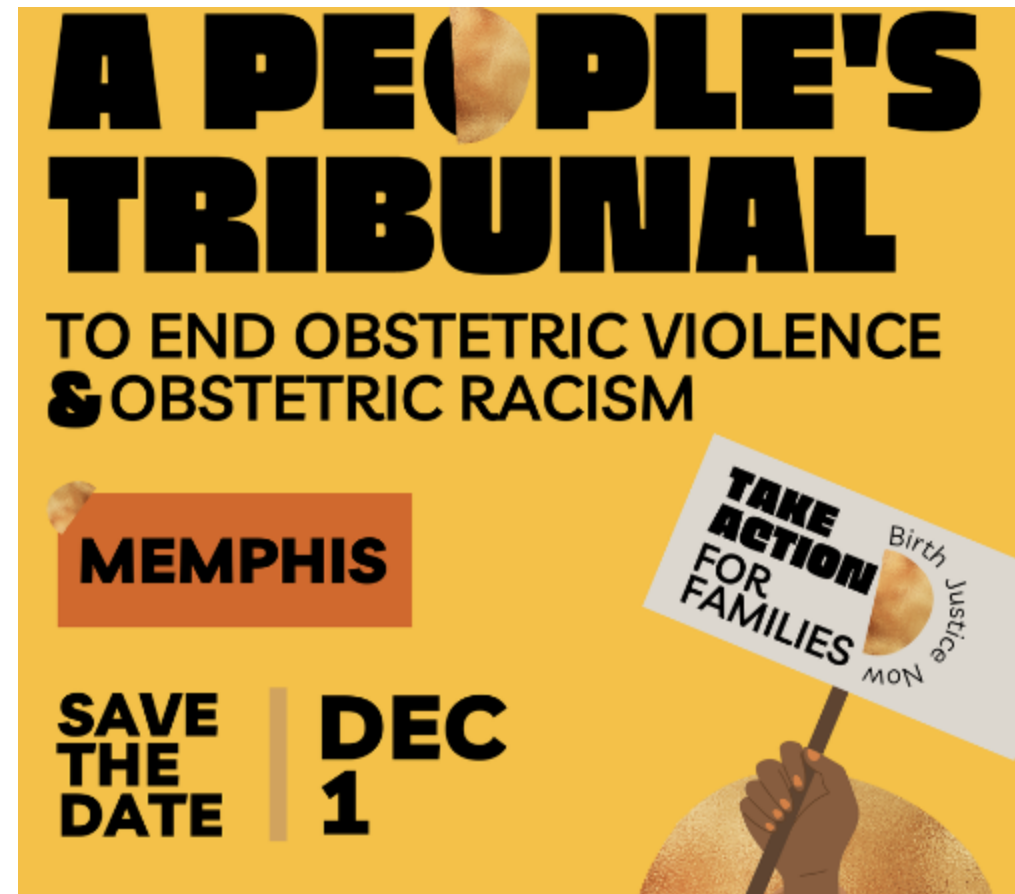
Describe the funding needs of the birth justice movement and how funding for various services and strategies may impact it.

Caution against funding strategies that could be detrimental to the movement and its participants.

Recommend a strategic approach for the larger maternal public health/early childhood health landscape to work with the birth justice movement and participate in improving outcomes.

Tribunal

- This fall, individuals and families came together from across the country - in **New York (10/6)** and soon in **Memphis (12/1)** - to share personal stories of mistreatment and discrimination during the perinatal period and demand systemic change.
- [RSVP](#)
- To learn more about what obstetric racism and obstetric violence are, and possibly make a complaint to the Office for Civil Rights, [view here](#). This page will also provide some examples of how discrimination on the basis of race, color, national origin, sex, age, and disability often show up in the perinatal period. Obstetric racism and obstetric violence are forms of discrimination. This short [write up](#) by If/When/How and These Waters Run Deep can help you learn about the history of people's tribunals and some examples of tribunals related to sexual and reproductive health.



Calls to Action

ALLYSHIP v SAVIORISM



ACTIVATE...

With Elephant Circle

We offer coaching and consulting to leaders, families, and individuals to help them tackle whatever birth justice issue they are facing. We focus on the [HOW and the WHAT](#) of birth justice. Birth justice requires strategies for tackling systems of power and oppression, and strategies for change and resilience. Birth justice also requires expertise in the legal, health, and biologic systems related to the perinatal period. We would love to consult with you or establish coaching for any combination of the HOW and the WHAT.

Contact us to set up your coaching or consulting plan today.

(720) 335-5033

[Contact EC form](#)

With RH Impact

Schedule a meeting with one of RH Impact's Policy and Advocacy teams

Request data and/or research from RH Impact to support policy and advocacy efforts at your organization and/or in your state

Invite RH Impact to speak at upcoming engagements



RHImpact
THE COLLABORATIVE FOR EQUITY AND JUSTICE

How To Connect With Us!

Follow Us On Social Media

- **ELEPHANT CIRCLE ENGAGEMENT**
- **@RHImpact_** on Facebook, Twitter (X), Instagram, TikTok and Threads
- **Reproductive Health Impact** on LinkedIn and YouTube

Email Us

- cgreen@rhimpact.org
- PIA EMAIL



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**Thank You For
Joining Us!**



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