Safety Action Series

Steps Toward Achieving Birth Equity & Reducing Maternal and Infant Mortality Among Black Women
Speakers

**Joia Crear-Perry, MD, FACOG**
President & Founder
National Birth Equity Collaborative

**Chanel L. Porchia- Albert CD, CLC, CHHC**
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Ancient Song Doula Services
Health & Reproductive Justice Advocate
Midwife Assistant
Disclosures

- Joia Crear-Perry, MD, FACOG has no real or perceived conflicts of interest.

- Chanel L. Porchia -Albert CD,CLC, CHHC has no real or perceived conflicts of interest.
Objectives

➢ Define birth equity and consider it under the lens of patient safety

➢ Identify systemic factors that perpetuate health disparities among black women and discuss the importance of addressing them in the efforts to improve health outcomes

➢ Share tools and best practices for reducing maternal and infant mortality, including the collaborative care framework
Steps Toward Achieving Birth Equity & Reducing Maternal Mortality and Infant Mortality among Black Women

Joia Crear-Perry MD, Founder/President
National Birth Equity Collaborative
birth equity (*noun*):

1. The assurance of the conditions of optimal births for all people with a willingness to address racial and social inequalities in a sustained effort.

Joia Crear-Perry
Mission
To reduce Black maternal and infant mortality through research, family centered collaboration and advocacy.

Goal
Reducing black infant mortality rates by 25% in the next 5 years in cities with the highest numbers of Black infant deaths and to reduce Black IMR to at or below the national average in these sites in the next 10 years.

Our vision is that every Black infant will celebrate a healthy first birthday.
NBEC Focus

- Human Rights Framework applied
- Dismantling systems of power and racism
- Reproductive Justice
- Education on SDHI

"Working in this area of overlap is part of the reason why programs like Healthy Start, Case Management, NFP, and Centering experience much of their success."

– Arthur James, M.D.
Black Mamas Matter

Black Mamas Matter is a Black women-led cross-sectoral alliance. We center Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice.
The Naked Truth: Death by Delivery
Methodology
Human Rights – The Global Standard

Article 2.
Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.
Everyone has the right to life, liberty and security of person

Article 25.
(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services
(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.
Reproductive Justice

What is RJ?
The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities

To achieve, we must...
• Analyze power systems
• Address intersecting oppressions
• Center the most marginalized
• Join together across issues and identities
Root Causes

- Institutional Racism
- Class Oppression
- Gender Discrimination and Exploitation

Power and Wealth Imbalance

- Labor Markets
- Globalization & Deregulation
- Tax Policy
- Social Safety Net
- Social Networks

Social Determinants of Health

- Safe Affordable Housing
- Quality Education
- Transportation
- Availability of Food
- Social Connection & Safety

Psychosocial Stress / Unhealthy Behaviors

Disparity in the Distribution of Disease, Illness, and Wellbeing

Adapted from R. Hofrichter, *Tackling Health Inequities Through Public Health Practice.*
LEVELS OF RACISM

Institutional

Internalized

Personally Mediated
Levels of Racism

- Institutionalized racism - the structures, policies, practices and norms resulting in differential access to the goods, services and opportunities of societies by race.

- Personally mediated - the differential assumptions about the abilities, motives and intentions of others by race.

- Internalized racism - the acceptance and entitlement of negative messages by the stigmatized and non stigmatized groups.

  - Camara Jones, MD, PhD, Past President APHA
Power of Policy
Redlining is the practice of arbitrarily denying or limiting financial services to specific neighborhoods, generally because its residents are people of color or are poor.

Banks used the concept to deny loans to homeowners and would-be homeowners who lived in these neighborhoods. This in turn resulted in neighborhood economic decline and the withholding of services or their provision at an exceptionally high cost.

While discriminatory practices existed in the banking and insurance industries well before the 1930s, the New Deal’s Home Owners’ Loan Corporation (HOLC) instituted a redlining policy by developing color-coded maps of American cities that used racial criteria to categorize lending and insurance risks.

New, affluent, racially homogeneous housing areas received green lines while black and poor white neighborhoods were often circumscribed by red lines denoting their undesirability.

Mapping Inequality: Poverty and Birth Outcomes
Power of Data
Flint, Michigan

Community voices humanize issues of class, race and power.

Without stories, a purely data-driven response can miss the mark.

Data - Voice

Poor Policy

http://michiganradio.org/post/how-zip-codes-hid-water-crisis-flint#stream/0
Campaign for Black Babies

Mixed methods research, parent-centered collaboration, collective impact and advocacy to effectively reduce Black infant mortality in the cities with the highest burden of Black infant death.

Campaign Activities

- **Center the voices and experiences of Black women and families**
- Conduct research informing a national report to be released to local stakeholders, and policy-makers.
- Encourage collective impact by convening local and national stakeholders committed to disaggregating data, customizing strategies, and advocating for systems change.
- Promote evidence-based culturally appropriate interventions effectively reducing Black infant mortality.
Campaign for Black Babies

CITIES WITH HIGHEST BLACK INFANT DEATHS
*1 in 4 black infant deaths occur in these places.

CITIES WITH ACTIVE CAMPAIGNS FOR BLACK BABIES
*Meeting our 5-year and 10-year goals in all 20 places means saving 3,000+ babies.
Maternal Interviews

Question Topics

– Trauma
– Medical History
– Race/Racism
– Transportation
– Housing/Community
– Clinical Care
– Economic Insecurity
– Criminalization and Reproductive Justice
– Support and Connectedness
– Grieving and Counseling

• We used a traditional qualitative analysis methods; transcription, codification, analysis, maintaining confidentiality for the participants
Birth Equity Index

Data tool to identify significant social determinants

• A comprehensive set (50+) of social determinant indicators were selected to broadly define health and opportunities for better health within the social and physical environment of 20 US metro areas with some of the highest black infant mortality rates in the country. We identified those that were at least marginally associated with black infant mortality rates including:

  – prevalence of smoking and obesity among adult residents
  – number of poor physical and mental health days experienced by residents
  – percentage of residents with limited access to healthy foods
  – rates of homicide and jail admissions
  – air pollution
  – racial residential segregation (isolation)
  – rates of unemployment and low education among NH black residents
  – income inequality between black and white households

• We used data-reduction techniques to combine values of these indicators into an overall index of black infant mortality social determinants, with higher values representing worse health conditions.
## Birth Equity Index

**Table 1. Indicator description and data source.**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Definition</th>
<th>Source and year</th>
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<tbody>
<tr>
<td>Education</td>
<td>% of NH Black residents age 25 and older with less than a high school education</td>
<td>American Community Survey, 2009-2013 5-year estimate</td>
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<td>Unemployment</td>
<td>% of NH Black residents in the civilian labor force who are unemployed</td>
<td>American Community Survey, 2009-2013 5-year estimate</td>
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<td>Residential segregation</td>
<td>Isolation index ranging from 0 (complete integration) to 1 (complete segregation)</td>
<td>Census, 2010</td>
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<td>Adult smoking</td>
<td>% of the adult population that currently smokes</td>
<td>BRFSS, 2006-2012 average</td>
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<td>Poor mental health days</td>
<td>Average number of mentally unhealthy days reported in the past 30 days (age-adjusted)</td>
<td>BRFSS, 2006-2012 average</td>
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<tr>
<td>Poor physical health days</td>
<td>Average number of physically unhealthy days reported in the past 30 days (age-adjusted)</td>
<td>BRFSS, 2006-2012 average</td>
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<td>Adult obesity</td>
<td>% of adults that report a BMI of ≥30</td>
<td>CDC Diabetes Interactive Atlas, 2011</td>
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<td>Limited access to healthy foods</td>
<td>% of the population who are low-income and do not live close to a grocery store.</td>
<td>USDA Food Environment Atlas, 2010</td>
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<td>Homicide rate</td>
<td>Homicide deaths per 100,000 residents</td>
<td>CDC WONDER mortality data, 2006-2012 average</td>
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<td>Air pollution</td>
<td>Daily fine particulate matter (average daily measure in micrograms per cubic meter).</td>
<td>CDC WONDER Environmental Data, 2011</td>
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<td>Jail admissions</td>
<td>Annual admissions per 100,000 residents age 15-64</td>
<td>Bureau of Justice Statistics, 2012</td>
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<td>Structural racism (Racial inequality in income)</td>
<td>NH White to NH Black ratio of median household income</td>
<td>American Community Survey, 2009-2013 5-year estimate</td>
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[COUNCIL ON PATIENT SAFETY IN WOMEN’S HEALTH CARE]

[Safe health care for every woman]
Social Determinants of IM

...in NBEC pilot cities

Black infant mortality rates are 12% lower for every $10,000 increase in the Black median household income.

The Black infant mortality rate increases by 3% with every 1% increase in Black unemployment.

The Black infant mortality rate is 3% lower for every 1% increase in the proportion of Black residents with a Bachelor’s degree or higher.

The Black infant mortality rate is 1% higher for every 1% increase in racial residential segregation.

Percentage of all pregnancy related-deaths %

- Cardiovascular disease
- Other medical non-cardiovascular
- Infection/sepsis
- Hemorrhage
- Cardiomyopathy
- Thrombotic pulmonary embolism
- Hypertensive disorder of pregnancy
- Cerebrovascular accident
- Amniotic fluid embolism
- Anesthesia complications

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
Opportunities for Engagement
Racial Health Inequities: Doing and Undoing

They are a consequence of deliberate political action which can be undone with deliberate political action on many levels.

Decision-makers in all sectors of public service exhibited their racial prejudice and bias through policies disempowering families and communities of color.

We have a responsibility and challenge to undo these disparities that were created with strategic action.
Addressing Root Causes

Despite available research, opinion leaders, local change agents, and policy makers give little attention to inequities and their root causes. Typically focus on remedial options...

Why?

Social Structure

Power and Wealth Imbalance

Social Determinants of Health

Psychosocial Stress / Unhealthy Behaviors

Inequity in the Distribution of Disease, Illness, and Wellbeing
• Using Birth Equity Index, data and stories
  – Identify crosscutting themes
    • Themes are barriers and opportunities for improving maternal mortality
  – Assess capacity/readiness (staff, partners, resources, knowledge)
  – Program practices, internal policies and local municipal policy have significant leverage
  – Maintain health and racial equity lens
Responding to Data & Voices

Cardiovascular Disease
• Responding to structural racism in housing and job markets
• Reducing Black unemployment
• Increasing median Black household income
• Gender equality in wages and salaries
• Support/provide resources and positive social networks for single parent households

Infection
• Continue decreasing uninsured rates
• Reduce prevalence of sexually transmitted infections
• Support food security and access to healthy foods for low income families

Hemorrhage
• Increase/support rural health
• Improve access to transportation
Collaborative Care Framework

Primary care physicians accessing services for mental and behavioral health concerns and symptoms of their patients.

- Patients may not be ready to accept referrals to specialty care and physicians may not be able to assess mental and behavioral health
- More research is needed to understand the effects on outcomes of different scientific approaches to clinical integration, care processes and financial models

Triple Aim
- Patient care
- Health outcomes
- Health care costs
Collaborative Care Framework

Patient Safety
• Focus on racial equity and human rights to protect the basic humanity and cultural respect for women and families in the service area

Compassionate, Collaborative Care Model
• The ability to experience and act on compassion
• Ability to collaborate, communicate and partner with patients and family members to the extent they need and desire
• The commitment of all who provide and support healthcare to communicate and collaborate with each other
• The resilience and well-being of professional and family caregivers.
Policy Change Examples

• Leverage nurses and other staff to assist in culture-shift to collaborative care (assessments, referrals, relationship building)

• Trainings and workshops to develop more cultural competence and manage implicit bias in response to maternal experiences of racism

• Work with Mortality Review teams to improve city-wide transportation infrastructure in response to data and maternal experience (signage, bike lanes, bus schedules, etc)

• Lead community action teams to activate against federal threats to Medicaid and public health infrastructure, in response to overall disinvestment in health and safety
Incorporating Non-Traditional Partnerships for Addressing Social Determinants of Health Inequities Through a Collaborative Care Framework
Chanel L. Porchia-Albert CD, CLC, CHHC Founder/Executive Director
Ancient Song Doula Services
Overview

• **Defining the Issues**— High Infant and Maternal Mortality, Racism, Intergenerational Trauma & Structural Oppression

• **Social Determinants that Effect Access**

• **Models of Care**— Community Based Doula Programs & Perinatal Health Worker

• **Data**— Community Based Doula’s for Change

• **Solutions**— City/State Initiatives through Collaborative Care
Mission: Reduce health disparities within marginalized communities and address the high infant and maternal mortality rate by offering full spectrum doula services to all regardless of socio-economic and immigration status.
Ancient Song’s Focus

• Infant and Maternal Mortality
• Reduction in Poor Birth Outcomes
• Birth/Reproductive Justice
• Advocacy
Defining the Issues
Infant and Maternal Mortality

Black Women are 4x times more likely then our counterparts to experience and infant or maternal death and this number is rising.

- Considerable racial disparities in pregnancy-related mortality exist. During 2011–2013, the pregnancy-related mortality ratios were–
  - 12.1 deaths per 100,000 live births for white women.
  - 40.4 deaths per 100,000 live births for black women.
  - 16.4 deaths per 100,000 live births for women of other races.

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
On the Rise!


*Note: Number of pregnancy-related deaths per 100,000 live births per year.*

https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html
Racism

“Researchers like Michael Lu believe that chronic stress is the culprit: unequal treatment causes anxiety and the release of stress hormones, which over a lifetime of constant activation not only creates wear and tear on the body's organs and systems, but can trigger premature labor.”

- Unnatural Causes –When the Bough Breaks, PBS

Intergenerational Trauma

Intergenerational trauma is the transmission of historical oppression and its negative consequences across generations.

Dr. Rachael Yehudo of Mount Sinai School of Medicine in New York study on Epigenetics finds genetic markers that indicate how DNA is modified based on reoccurring traumatic events that lead to PTSD.

https://www.ucalgary.ca/wethurston/files/wethurston/Report_InterventionToAddressIntergenerationalTrauma.pdf
Structural Oppression

Systemic (or Structural) Oppression = The ways in which history, culture, ideology, public policies, institutional practices, and personal behaviors and beliefs interact to maintain a hierarchy – based on race, class, gender, sexuality, and/or other group identities – that allows the privileges associated with the dominant group and the disadvantages associated with the oppressed, targeted, or marginalized group to endure and adapt over time (Aspen Institute).

Systemic

Cultural (US)

Personal

Institutional

Social Determinants
Social Determinants

**Health Factors**
- Gestational Diabetes
- STD/STI’s
- Hypertension
- Age
- Disability
- HIV
- Congenital Heart Disease

**Social Factors**
- Transportation
- Housing
- Food Insecurity
- Immigration Status
- Gender/Sex
- Finances
- Urban/Rural
- Insurance Type
Models of Care
Community Based Doula Programs (CBDP)

The Community Based Doula Program Model connects underserved women to women in their community who are specially trained to provide support during the critical months of pregnancy, birth and the early months of parenting. Focusing on this sensitive period in a family's life, when intervention makes the most difference, creates long-term linkages to support networks.

-HealthConnect One – Chicago, Ill.
Key Components to CBDP

• Hire women from the community
• Extend the role of the doula for up to one year
• Collaborate with community stakeholders/institutions
• Facilitate experiential learning using popular education techniques
• Value doulas work and salary, supervision, and support.
Full Spectrum Community Based Doula (FSCBD)

Assist along the spectrum of health services offering preconception, interconception, and post-conception care and education. Including support during an abortion and post abortion care, miscarriage/stillbirth, antepartum, labor, and postpartum care services.

-Ancient Song Doula Services – Brooklyn, NY
Key Components to (FSCBD)

• Train and hire members from the community
• Facilitate reproductive health education
• Extend role of doula for up to one year
• Provide culturally relevant services/resources to address the intersections of care.
• Address social determinants that effect access to care.
• Collaborate with national, state, and community organizations/institutions to improve care.
• Provide advocacy/information during reproductive health cycle
Community Birth Worker (CBW)

As an emerging member of the maternity team, CBWs fill in systemic gaps in care. Their role is strictly non-clinical, allowing them to focus instead on the emotional, educational, and physical needs of the mother and her partner. CBWs provide a sense of continuity in the mother’s care that is typically lost in a large institutional setting. Provider shift changes, rotating on-call schedules, and the myriad of other new faces that expectant parents must navigate can be overwhelming at a vulnerable time.

- Mamatoto Village – Washington, DC
Key Components to CBW

• Train and Hire women from the community
• Facilitate emotional and physical support and case management services
• Connect participants to resources
• Facilitate educational workshops and development.
• Works in various institutional settings
Data from 2008-2012 were analyzed and compared with benchmarks from a similar sample of participants in the Pregnancy Risk Assessment Monitoring System (PRAMS), a surveillance project of the CDC, from 2008-2010. Results of the analysis were consistent with positive outcomes that were shown in the original community-based doula pilot and reported by Dr. Susan Altfeld in the 2003 Chicago Doula Project Evaluation Final Report. These included much higher breastfeeding duration and exclusivity (at 6 weeks, 3 months and 6 months) and much lower c-section rates.

Key Findings

• Longer breastfeeding duration among Hispanic mothers who were Community-Based Doula participants —65 percent after six months among Hispanic women, vs. 33 percent in the PRAMS survey.

• Greater breastfeeding exclusivity among Hispanic mothers —62 percent vs. 13 percent in PRAMS.

• Longer breastfeeding duration among Black/African American mothers who were Community-Based Doula participants —37 percent after six months, vs. 17 percent in the PRAMS survey.
Key Findings Cont.

- Less use of c-sections among all Community-Based Doula participants than among PRAMS subjects (24 percent vs. 30 percent).
- Less use of epidurals among Hispanic women than among PRAMS subjects (26 percent vs. 48 percent).
“Dominator culture has tried to keep us all afraid, to make us choose safety instead of risk, sameness instead of diversity. Moving through that fear, finding out what connects us, revelling in our differences; this is the process that brings us closer, that gives us a world of shared values, of meaningful community.”

bell hooks
Teaching Community: A Pedagogy of Hope
State/National Initiatives

- **New York** – In June 2015, NYC DOHMH convened the Sexual and Reproductive Justice (SRJ) Community Engagement Group (CEG) as a vehicle for ongoing community engagement in the initiative. The goal of this group is to increase awareness, access, utilization and coordination of a full continuum of sexual and reproductive health and related services. The SRJ CEG made up of community members, advocates, and nonprofits is working in partnership with the NYC Health Department to create SRJ campaigns that are respectful, culturally grounded and an authentic means of promoting sexual and reproductive health and justice in NYC. Birth Justice is a key part of moving towards SRJ in NYC.
• **New York** - Healthy Women, Healthy Futures developed in July 2014 to improve the Infant & Maternal Mortality rate in NYC by offering free labor & postpartum doula services throughout NYC’s five Boroughs.

• **Chicago** – HealthConnect One Community Based Doula Program offering free doula services to the community.

• **Minnesota, Oregon, & Wisconsin** - Medicaid and Private Insurance Coverage Improving the quality of care, including by making it more accessible, safe and woman- and family-centered (e.g., by enhancing women’s experience of care and engagement in their care); `Improving health outcomes for mothers and babies; and Reducing spending on non-beneficial medical procedures, avoidable complications and preventable chronic conditions.

Respectful Maternity Care Campaign – White Ribbon Alliance

1. Every woman has the right to be free from harm and ill treatment. No one can physically abuse you.

2. Every woman has the right to information, informed consent and refusal, and respect for her choices and preferences, including companionship during maternity care. No one can force you or do things to you without your knowledge and consent.

3. Every woman has the right to privacy and confidentiality. No one can expose you or your personal information.

4. Every woman has the right to be treated with dignity and respect. No one can humiliate or verbally abuse you.

5. Every woman has the right to equality, freedom from discrimination, and equitable care. No one can discriminate because of something they do not like about you.

6. Every woman has the right to healthcare and to the highest attainable level of health. No one can prevent you from getting the maternity care you need.

7. Every woman has the right to liberty, autonomy, self-determination, and freedom from coercion. No one can detain you or your baby without legal authority.
Black Mamas Matter Alliance

Developed a toolkit for Addressing the Human Right to Respectful Maternal Health Care

http://blackmamasmatter.org/
The Results

Collaborative Care of Providers, Doulas, Stakeholders and Policy Makers = Birth Equity & Improvement in Birth Outcomes
Q&A Session

Press *1 to ask a question

You will enter the question queue
Your line will be unmuted by the operator for your turn

A recording of this presentation will be made available on our website:

www.safehealthcareforeverywoman.org
Next Safety Action Series

Implementing the Safe Reduction of Primary Cesarean Patient Safety Bundle: A Look at an Institution's Efforts

July 27th 2017
12:00 pm Eastern

Ellen Ray, CNM, DNP
Doctor of Nursing Practice; Certified Nurse-Midwife
Carroll Hospital Center

Joyce L. Bragg, MSN
Nurse Manager, Carroll Hospital Center

Click Here to Register