FIRST 5 CENTER FOR CHILDREN'S POLICY

UCSF California Preterm Birth Initiative

THE ROAD TO BLACK BIRTH JUSTICE IN CALIFORNIA

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This report is dedicated to the memory of the babies born too soon and the babies who were lost due to preventable causes.

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IT'S NOT JUST RACISM, IT'S SPECIFICALLY

ANTI-BLACKNESS.

JUST HOW WE SAY RACISM IS THE ROOT CAUSE OF RACIAL HEALTH DISPARITIES, ANTI-BLACKNESS IS AT THE ROOT OF THE BLACK MATERNAL HEALTH CRISIS.

Alexis Cobbins

EXECUTIVE SUMMARY

It's a fact that Black women and birthing people experience infant and maternal mortality, maternal morbidity, and preterm birth at higher rates than most other groups in the United States. Achieving a vision of birth equity at the population level requires cross-sector partnerships and system-level changes.

KEY FINDINGS

- **Listen to Black women and birthing people**
- **Implicit bias training is only a starting place**
- **New horizons of holistic care exist**
- **Partnerships are necessary for structural change**

This report summarizes the findings of a multipart project that the UCSF California Preterm Birth Initiative conducted, in partnership with the First 5 Center for Children's Policy, to understand the challenges and opportunities to improve the birth outcomes and experiences of Black people and their families in California.

RECOMMENDATIONS TO ADDRESS ANTI-BLACKNESS

Provide respectful care that is free of anti-Black racism to the birthing person as well as their support network

Improve data collection, accuracy, interpretation, dissemination, and utilization practices

Boost effectiveness of anti-racism training to focus on addressing anti-Blackness, promoting action, and producing meaningful results

Enhance perinatal and postpartum support to fully meet the needs of Black families

Strengthen recruitment and retention strategies to increase the number of Black professionals who interface with Black birthing people and communities

Prioritize collaboration to create mechanisms that lead to systems change solutions and quality improvement

Use this legend to determine the implementation level of the recommendations below.

KEY

1 Fruit = Immediate change is possible. Implement these recommendations now!

2 Fruits = Additional resources and support likely needed. Work with others to push this forward.

3 Fruits = Systematic change and community buy-in necessary. Start making progress towards these recommendations today for long-term change.

STATE LEADERSHIP AND POLICYMAKERS Support the implementation of CA SB65, particularly the extension of postpartum follow-up care and coverage for the mother/birthing person to at least 12 months.	
Reinforce the urgency of Medi-Cal coverage and reimbursement of doulas and midwives, because all Black women and birthing people should have access to both, and doulas and midwives deserve equitable compensation for their services.	
Increase paid family medical leave and options for expecting Black women, birthing people, partners/parents, and caregivers.	
Increase awareness of mutually reinforcing policy actions like CA SB1237, which removed physician supervision of certified nurse midwives.	
Incorporate monitoring and evaluation (e.g., the Irth app) into healthcare systems across the state in an accessible manner.	
Ensure that employees, at all levels across sectors (e.g., custodial, security, program and social service, medical and clinical, education, research, etc.), receive and engage in quality, ongoing anti-racism training specific to addressing anti-Blackness.	
Reform hiring and onboarding practices to support the hiring and retention of Black employees.	
Invest in administrative and other supports for birth workers who primarily serve the Black community, including a living wage, health insurance, time for employees to engage in mutually aligning meetings and activities.	
Implement rigorous evaluation of anti-racism training to assess quality and effectiveness that contributes to a larger system of accountability owed to the Black community.	
MEDICAL AND CLINICAL PROVIDERS Be prepared to provide more information and resources regarding care, including programs and services for fathers, partners, and family members of the birthing person.	
Be truly respectful in your communications with Black birthing people and their support networks by fully acknowledging their humanity and interacting in nurturing, supportive, and caring ways.	
Follow through by providing competent and meaningful solutions that respect the wishes of Black patients.	
Improve consistency and continuity of care. Provide complete information about possible care options while incorporating medical history balanced with the birthing person's needs and desires for their care.	
Support and advocate for the hiring of more Black staff and clinicians.	
Have conversations around the implementation of more effective practices, programs, and policies that combat anti-Black racism.	
Develop highly visible materials and resources that serve as constant reminders to eradicate anti-Black racism.	

Refer participants to virtual/in-person programs in other counties if your county does not have a focus on Black maternal and infant health.	
PROGRAMS AND SERVICE PROVIDERS Build trust of the Black community by intently listening and responding to the needs of Black women and birthing people.	
Have conversations around the implementation of more effective practices, programs, and policies that combat anti-Black racism.	
Reform hiring and onboarding practices to support the hiring and retention of Black employees.	
Create resources to highlight and visually depict the impacts of historical trauma and racism which lead to conversations around practice, programs, and policies.	
Find innovative ways to collaborate with other services to be better able to address other factors that impact healthy births (e.g., mental health, behavioral health, housing, financial support, etc.).	
Refer participants to virtual/in-person programs in other counties if your county does not have a focus on Black maternal and infant health.	
Increase client stipend amounts to aid with program retention.	
COMMUNITY-BASED ORGANIZATIONS Find innovative ways to collaborate with other services to be better able to address other factors that impact healthy births (e.g., mental health, behavioral health, housing, financial support, etc.).	
Refer participants to virtual or in-person programs in other counties if your county does not have a focus on Black maternal and infant health.	
Strengthen and expand community networks to better position them to engage with cross-sector collaborations.	
Build energy around accessible and transparent data collection.	
Create a work culture — by giving agency, empowering, feeling supported, respecting their positions of leadership without feeling stretched too thin, visibility — that pours into Black employees to improve retention.	
Ensure all employees receive adequate and ongoing racial equity training that addresses anti-Blackness.	
COUNTY LEADERSHIP Curate information and develop more resources regarding care, including programs and services for fathers, partners, and family members of the birthing person.	
Identify networks focused on advancing Black birth justice and support knowledge sharing and capacity building. Ensure they are supported and well resourced, with clear representation of various stakeholder groups, especially Black women, birthing people, and families.	
Include rigorous evaluation of effectiveness of anti-racism trainings and quality improvement plan.	
Develop highly visible materials and resources that serve as constant reminders to eradicate anti-Black racism and lead to conversations and implementation of more effective practices, programs and policies.	
Advocate for the restructuring of funding mechanisms to make hiring and retention of Black professionals, as well as increased pay, a priority.	
Improve competency of local and state policy advocacy so that people at all levels can contribute to policy change for birth justice.	

BACKGROUND

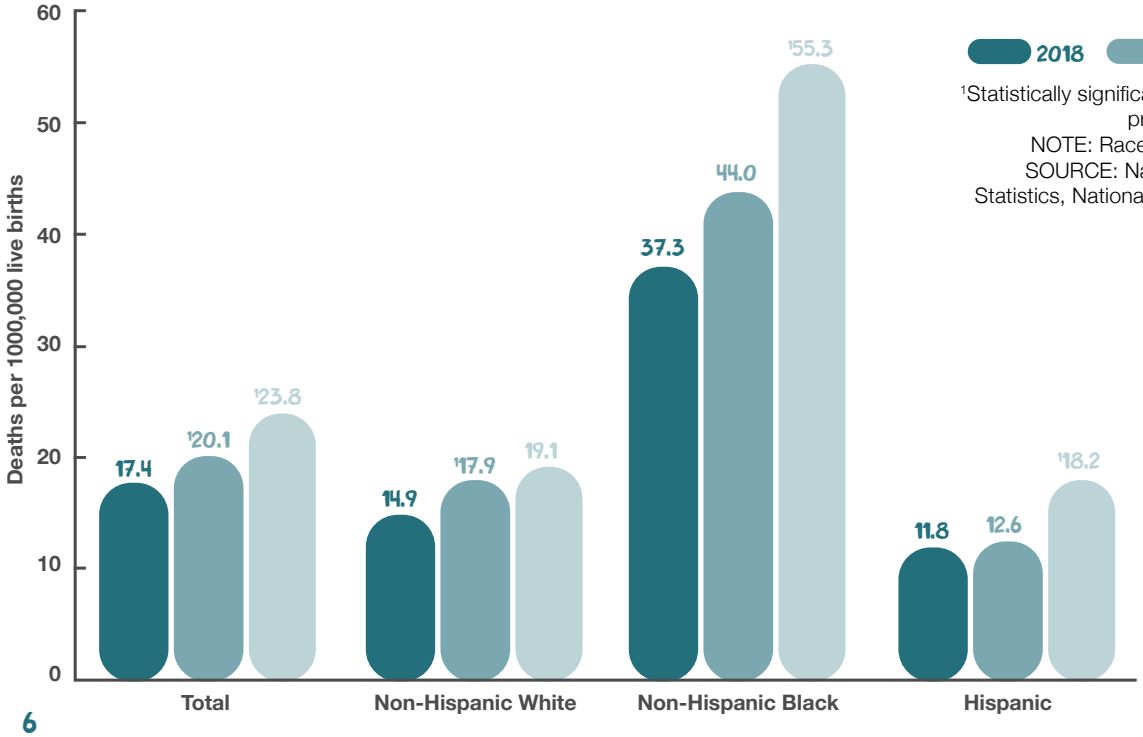
Our country is in the midst of a longstanding Black maternal health crisis. In 2021, for the first time in over 6 years, the United States finally saw a reduction in preterm birth rates, one of the leading causes of infant death.[1] However, this was not the case for Black Americans whose preterm birth rates increased.

BLACK WOMEN ARE 3–4 TIMES MORE LIKELY TO DIE FROM PREGNANCY-RELATED COMPLICATIONS THAN WOMEN IN ALL OTHER RACIAL/ETHNIC GROUPS.[2]

CLINICAL AND BEHAVIORAL HEALTH INTERVENTIONS HAVE DONE LITTLE TO ADDRESS PERSISTENT RACIAL DISPARITIES IN ADVERSE MATERNAL AND INFANT HEALTH OUTCOMES.

Despite state efforts aimed at reducing racial disparities in pregnancy and birth outcomes, our state is not exempt from this reality. Interpersonal, institutional, and structural racism are at the root of this issue.[3-7]

Figure 1. Maternal mortality rates, by race and hispanic origin: United States, 2018-2020



[1]Statistically significant increase in rate from previous year ($p < 0.050$).
NOTE: Race groups are single race.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Recent research conducted with Black women revealed 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."[7] The majority of respondents felt fearful of health systems and reported experiences of disrespect and coercion when interacting with providers. Health care system factors play a key role in the healthcare experience, including pregnancy and birth outcomes for women of color.[8-10] Leading researchers have called for health care systems to address racism within their own institutions as a means of addressing racial disparities in perinatal and other health outcomes.[11-14]

Despite this call to action, there is a lack of authentic community inclusion and partnership within research and health care systems improvement. Women of color have repeatedly shared that they are not listened to and their concerns are largely ignored, resulting in compounding stress and a hesitancy accessing services.[15-22] Furthermore, research is one of the main domains of the healthcare enterprise that lacks patient and community involvement at every level.[23]

SOLUTIONS THAT TRULY AIM TO ADDRESS RACIAL DISPARITIES IN MATERNAL AND CHILD HEALTH OUTCOMES MUST INCLUDE THE COMMUNITIES THAT ARE MOST IMPACTED EVERY STEP OF THE WAY. BIRTHING PEOPLE WITH LIVED EXPERIENCE CAN GUIDE HEALTH CARE SYSTEMS AND POLICIES TO BETTER SUPPORT AND RESPECT COMMUNITIES OF COLOR THROUGHOUT PREGNANCY, BIRTH, AND BEYOND.

COLLABORATORS

The UCSF California Preterm Birth Initiative (PTBi) lives at the intersection of research, community partnerships, and education to create positive change for and alongside Black and Brown families. Our mission is to eliminate racial disparities in preterm birth and improve health outcomes for babies born too soon, through interventions, programming, and campaigns research, partnerships, and education grounded in community wisdom. We believe all women and birthing people deserve healthy pregnancies, and all newborns deserve healthy starts in life.

Grounded in the experience of First 5s, the First 5 Center for Children's Policy (First 5 Center) studies and disseminates best practices and solutions in early childhood development; convenes experts inside and outside the early childhood space to inform policy; and evaluates solutions within and outside California that can be adapted for the state.

UCSF California Preterm Birth Initiative

FIRST 5 CENTER FOR CHILDREN'S POLICY

PROJECT OVERVIEW

In 2021, the First 5 Center and PTBi teamed up to identify best practices and promising solutions to improve maternal and infant health outcomes for Black families in California, with a particular focus on infant mortality and maternal morbidity. The purpose of this project is to design short- and long-term strategies at county and state levels to improve birth outcomes for California's Black families. Strategies were developed in partnership with researchers, advocates, practitioners, and other stakeholders, and are informed by community voices throughout California.
Click here for more information and updates on the collaboration between PTBi and the First 5 Center.

PROJECT APPROACH

> IT'S SIMPLE: IF YOU ARE GOING TO BE ENGAGING WITH THE BLACK COMMUNITY, WE NEED LEADERSHIP WHO LOOK LIKE THEM TO TALK TO THE PEOPLE DIRECTLY IMPACTED BY THE ISSUE.
> -Shanell Williams

At the start of the collaboration, the PTBi team established the California Black Infant and Maternal Health Steering Committee with stakeholders and leaders from organizations serving California's Black communities as well as Black women and birthing people with lived experience. With guidance from the steering committee, the team conducted a deep landscape analysis of existing programs and services serving the Black community across California as well as successful initiatives across the U.S. With the support of the steering committee, the PTBi team surveyed and interviewed stakeholders across the state.

COUNTIES REACHED

Community-based organizations:
24 organizations contacted, 13 interviews conducted

County and State Leadership:
21 Interviews

Parent focus groups:
25 focus group participants over 7 sessions

RESEARCH PROCESS

The following activities were conducted as part of this stage of the collaboration:

- A literature review of different articles, online journals, and databases within the last 15 years that focused on maternal morbidity, infant mortality, and Black maternal and infant health
- A landscape analysis consisting of identifying several California counties, state, and national level programs that had successful interventions addressing adverse maternal and child health outcomes in the Black community
- Surveys, interviews, and focus groups with county and state leaders, community-based organizations, Black Infant Health programs, Perinatal Equity Initiative interventions, and Black mothers and birthing people

The PTBi team used a semi-structured interview guide that incorporated follow-up questions as necessary to clarify responses or assess more details.

- In the focus groups with Black parents and families data collected focused on what has worked well, what has not, what they expect to see, and what is exciting to them to shape recommendations for county and state leadership that are informed by the community we served, specifically Black mothers.
- In interviews with county and state leadership, the team gathered data on current best practices and promising approaches which is cross-referenced with what was heard from California's Black community.
- Similarly with community-based organizations and county programs, the team asked questions about current best practices, challenges, and successes.

Ultimately, the recommendations synthesize perspectives from all groups interviewed. As part of the next phase of this collaboration, the PTBi team is working in partnership with First 5 commissions across the state to replicate best practices and produce a model for equitable care in services of Black families.

PARTICIPANTS OF THE SURVEYS AND INTERVIEWS

COMMUNITY ORGANIZATIONS

Black Infant Health (BIH) programs, Community Based Organizations and Perinatal Equity Initiative interventions

COUNTY AND STATE LEADERSHIP

Black infant and maternal health leaders in public health departments, county First 5 commissions, and champions of Black families

BLACK PARENTS AND FAMILIES

Perspectives on positive and negative birthing experiences, expectations for care, and experiences of infant loss

County First 5 commissions across the state are partnering up to implement changes that align with our recommendations to model what it looks like to collaborate for Black birth

FOR US, OUR BEST PRACTICE – AND IT'S VERY SIMPLE – IS

BUILDING TRUST.

BECAUSE THE AFRICAN AMERICAN CULTURE DOESN'T TRUST EASILY. FOR [OUR] COUNTY, WE PRIORITIZE BUILDING THAT RELATIONSHIP WITH OUR PARTICIPANTS. AND WHEN YOU BUILD THAT RELATIONSHIP, IT OPENS UP OPPORTUNITIES TO SHARE BECAUSE THEY TRUST YOU. IF I [AS A PARTICIPANT] TRUST YOU AND YOU GIVE ME THE INFORMATION, I'M GOING TO UTILIZE IT. I TRUST THAT YOU WANT WHAT'S BEST FOR ME.

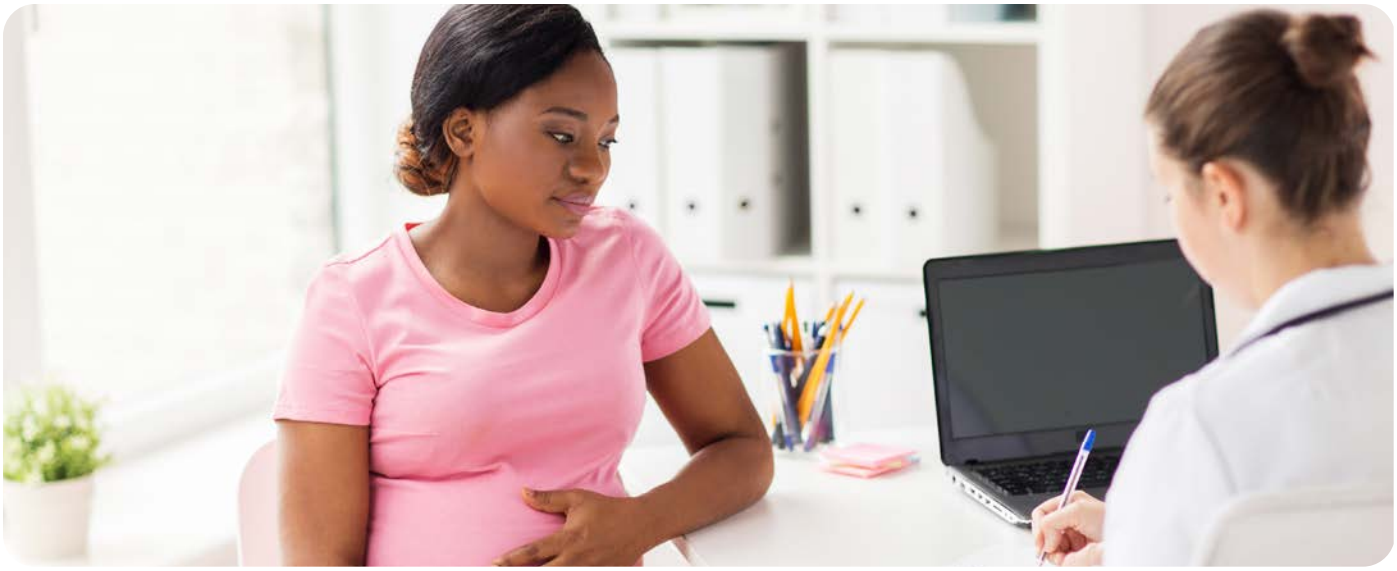
County Black Infant Health Director

KEY FINDINGS

We sought out the perspectives of multiple stakeholders to create a comprehensive understanding of the experience of giving birth as a Black person in California as well as the systems in place that are intended to support Black birthing people and their families. We conducted focus groups with Black parents and those who have lost children to infant mortality. We interviewed community-based organizations that provide programs and services to Black women and birthing people, families, and communities during the preconception, pregnancy, birth, and postpartum phases. The Black Infant Health program, Perinatal Equity Initiative interventions, as well as community doula organizations, home visiting and field nursing programs were included in the community-based organization interviews group. We also interviewed state and county leadership, particularly Black infant and maternal health leaders in public health departments, county First 5 commissions, and other champions of Black families across the state of California. There was significant overlap between what representatives from community-based organizations and state and local leaders said and experience in their work to improve Black birth outcomes. There was less overlap between the experiences of these two groups and Black families, however, connections were drawn from outcomes shared by those with lived experience to the best practices and challenges shared by organizations and leadership.

In sharing their experiences and expertise, participants spoke at length about the opportunities and challenges that exist in California. They are summarized in four major themes:

- **THEME 1** — Listen to Black women and birthing people
- **THEME 2** — Implicit bias training is only a starting point
- **THEME 3** — New horizons of holistic care exist
- **THEME 4** — Partnerships are necessary for structural change



THEME 1: LISTEN TO BLACK WOMEN AND BIRTHING PEOPLE

Black mothers in the focus groups stated that not being heard by their healthcare professionals during childbirth was the main source of their challenges and negative experiences.

"When the technician came and talked to me about my epidural, he was not listening to me, neither took what I said into consideration. He then got mad and left the room. So, I didn't get my epidural and I literally delivered my son by myself; no doctors no nurses. I lost so much blood after that."
– Black mom from Los Angeles County

"When I told the nurse that I am in pain and I felt like to push, she was not listening to me at all. She called a doctor after, and they told me that I was fully dilated and ready to push. I felt like a child for not being heard instead of embracing this beautiful moment."
– Black mom from Los Angeles County

Even in instances where Black moms are heard and listened to, it takes a tremendous amount of self-advocacy to be believed and to receive care, pointing to a larger systemic issue.

"The hospital staff during my labor and delivery listened to me, so that was a good experience, but I did feel like I still had to advocate for myself. When my water broke, and I initially went in, they were trying to tell me I peed on myself, and I was like, no, no, no. I'm a social worker, so you know I'm aware of the health disparities and how Black women can be treated in the hospital and how we have to speak up."
– Black mom from Solano County

What can be done to amplify the voices of Black women and make sure their words are met with appropriate care? In our discussions with community-based organizations and state and local leadership, three avenues towards better listening arose:

- Building trust
- Developing support systems
- Centering the voices and needs of Black women and birthing people in public health programming

Community-based organization staff and leaders throughout programs in California have gone above and beyond to build relationships with program recipients to understand the nuances of fulfilling day-to-day needs during pregnancy and birth.

Community-Based Organizations are Building Trust

Community-based organization staff and leaders throughout programs in California have gone above and beyond to build relationships with program recipients to understand the nuances of fulfilling day-to-day needs during pregnancy and birth.

In California, the Department of Public Health's Black Infant Health and Perinatal Equity Initiative programs have found success in utilizing marketing tools such as social media, billboards, radio ads, brochures, community events, and street outreach.

According to program staff and leaders, the most prominent recruitment strategy has been through word-of-mouth. All recruitment methods are needed, however. The comprehensive marketing and recruitment approach highlights the importance of trust building with Black birthing people and their families while taking into consideration the historical racial trauma of inequitable healthcare and harm caused by medical systems, which is why representation is a big part of this strategy. Staff and leadership of these county and state level programs need to look like the people being served to continue to build trust with the community.

RECRUITMENT STRATEGIES:

- Eligibility lists from clinical providers, hospitals, insurance providers
- WIC and Department of Public Health
- Word of mouth
- One-to-one navigation support (Family Advocate, Community Liaison)
- Support with transportation, food insecurity, housing, financial support
- Continuous communication
- Collaborative care models

"OUR PROGRAM STARTED LAST YEAR DUE TO COVID. WE ARE OFFERING A PROGRAM CALLED CASE MANAGEMENT AND THAT'S ENROLLING A WOMAN AFTER SHE'S HAD HER BABY – SO POSTPARTUM UNTIL THE INFANT IS 1 YEAR OLD. INITIALLY, WHEN WE BEGAN THIS NEW MODEL, WE ONLY ENROLLED PREGNANT WOMEN AND WERE TURNING AWAY WOMEN AFTER 31 WEEKS BECAUSE THEY COULDN'T COMPLETE OUR 10 WEEK PRENATAL GROUP INTERVENTION. SO THIS [NEW] WAY, WE'RE STILL HELPING THE WOMEN AND THEIR FAMILIES, AFTER THEY HAVE THE BABY UNTIL THE BABY IS A YEAR, SO THEY CAN AT LEAST PARTICIPATE IN THE POSTPARTUM PERIOD."

– County Black Infant Health Staff

Community-Based Organizations are Developing Support Systems

Due to the COVID-19 pandemic, parents are feeling more exhausted than ever. As a result, many have expressed a need for additional support socially, emotionally, mentally, and medically. In response, community-based organizations in California developed classes on how to cope with stress and strategized innovative ways to be in community. Other programs worked on providing mental health resource kits as well as training and tools to self-advocate in clinical settings.

Community-based organizations have been working to make space to hear community voices and build capacity within the community. One example shared by one of the organizations we interviewed is connecting people with mentorship opportunities and professional development training.

Another consistent and critical request from the families served is for consistent racial equity training with a focus on addressing anti-Blackness. Clients expressed wanting to be able to obtain the tools and language to better understand historical trauma and articulate structural racism to employ when advocating for better care.

"SUPPORT THE ADVOCACY AND BEING ABLE TO ADVOCATE FOR YOURSELF. WHEN YOU HAVE THE TOOLS TO DO THAT, NO MATTER IF YOU'RE IN THE DOCTOR'S OFFICE OR WHEREVER YOU ARE, YOU HAVE A TOOL SET TO HELP YOU GET BY. SO I THINK THAT'S THE MAIN THING: HAVING A SUPPORT SYSTEM BECAUSE ONCE YOU HAVE THAT, YOU CAN NAVIGATE THROUGH EVERYTHING AND ANYTHING ELSE."

– Black mom from California

State and Local Leadership are Centering Black Voices

Centering the voices and needs of Black women and birthing people is a work in progress for many public health leadership structures. Nevertheless, leadership in many counties spoke of an increased attention and effort to make representation a reality in their programming.

We also heard programs across the state highlight that true, tangible collective impact lies in empowering, bringing together, and listening to the community.

> "IT'S BEEN ENCOURAGING TO SEE MORE OF A FOCUS THERE. THEY'RE LOOKING AT HOW CAN WE BRING IN BLACK DOULAS TO OUR COMMUNITY. WHETHER IT'S BRINGING IN OR TRAINING UP WITHIN THE COMMUNITY, SO DEFINITELY SEEING MORE FOCUS THERE."
>
> – County First 5 Commission Executive Director

Leadership especially spoke highly of the relationships that have been built with their local Black Infant Health programs as a key point of connection to other community networks. Peer support groups and building mom-to-mom connections has also been a critical part of network expansion and capacity building efforts.

Another strategy that some counties have adopted are Community Advisory Boards, which bring together families and other stakeholders to identify solutions that are needed and are being called for by Black mothers and birthing people. These advisory boards are a key element of the collective impact models developing in California and have led to dramatic success in cities like Cleveland, OH and Baltimore, MD. *Read more about B'more for Healthy Babies in the following case study.*

SUCCESSFUL PROGRAM HIGHLIGHT: HEALTH EQUITY FOR AFRICAN AMERICAN/BLACK LIVES (SOLANO HEALS)

Solano HEALS is a community-driven effort to promote equity in birth outcomes for Black babies by addressing racial equity training for medical providers and mental health problems in the Black community and advocating for Centering Pregnancy (a group prenatal care model). By implementing upstream and downstream strategies, Solano HEALS addresses urgent needs of the community while planning to make long-term changes in systems of care. This program has been very effective in providing resources and improving birth outcomes for Black families.

CASE STUDY: B'MORE FOR HEALTHY BABIES (Baltimore, MD)

Best practices: Community-centered, strong city programs, communications, place-based, collective impact/multi-sector collaboration

B'more for Healthy Babies (BHB) works to reduce infant mortality in Baltimore City through programs emphasizing policy change, service improvements, community mobilization, and behavior change. **Since its launch, infant mortality in Baltimore decreased by 28% and the Black-white disparity in infant deaths decreased by almost 40%.**

One of BHB's major focuses is on improving the healthcare delivery system so that quality maternal and infant health services and support reach all Baltimore families. BHB achieves this through collective impact strategies, an anti-racist approach, and deep community partnership.

BHB prioritized having a Community Advisory Board (CAB) from the very beginning to serve as a governing body that advises and guides direction and decision making for the initiative. BHB has done extensive outreach and education in the community to partner with parents and informs residents, business owners, and other community partners about the risk and the harms of infant mortality, maternal mortality and morbidity, and the impact on the health of Baltimore families and residents. The BHB CAB is made up of predominantly Black women that provide their lived experience and wisdom about what is happening in their neighborhoods.

> "HAVING CITYWIDE SYSTEMS THAT SUPPORT YOUR WORK IN THE COMMUNITY IS KEY."
>
> – BHB Representative

Using collective impact strategies, their CAB is often connected with several programs and services across Baltimore for continuous communication and improvement, such as informing data collection for the Fetal Infant Mortality Review Board and providing feedback for citywide leadership. BHB is also supported by strong institutional partnerships with Baltimore City Health Department, Family League of Baltimore, and HealthCare Access Maryland. One of the most impactful partnerships of BHB has been with the John Hopkins Center for Communication which has been integral in developing and disseminating educational materials and information throughout Baltimore City. These relationships allow BHB to better address challenges, structures, resources, and strengths identified by the CAB.

Although BHB is citywide, the work is most intensive in two communities. At BHB's launch, 12 communities were identified that had very high infant mortality rates, however, there was only enough funding to support work in two of those communities. That led to a much more focused and intensive approach that has resulted in tremendous success in those communities. At the city level, BHB works to ensure there are strong city systems that support population-level outcomes. One example is the centralized intake system. Data shows that infant death is five times more likely if a woman is not referred to the system. The centralized intake system ensures that women receive care coordination based on their geography, risks, and strengths, and they're referred to all of the related resources in the city that they qualify for. The overarching goal is to have really strong citywide systems rather than creating multiple pilot programs that only serve a small number of families.

COMPARED TO THE PREVIOUS FIVE YEARS, IN 2020, THE DISPARITIES BETWEEN DEATHS OF WHITE AND BLACK BABIES HAS NARROWED BY MORE THAN 50 PERCENT.

Learn more about B'more for Healthy Babies: https://www.healthybabiesbaltimore.com/

B'more for Healthy Babies
Every baby counts on you

THEME 2: IMPLICIT BIAS TRAINING IS ONLY A STARTING POINT

In the focus groups, racial discrimination was discussed as a root issue that prevents Black mothers from receiving proper and equitable care at hospitals and clinics.

These types of experiences can directly impact the wellbeing and health outcome of both the mother and the newborn, which in worst cases, can result in infant or maternal mortality. *Read more about Black mother's experiences of infant loss in the "Hearing Black Moms" callout at the end of this section.*

"She [the provider] was 30 minutes late coming into the room and it wasn't that she was with another patient because I saw her, she was in her office. She looked at me and based on what I looked like as far as my size, she was already saying that I was going to have gestational diabetes and that I was going to need a C-section and all these negative birth outcomes that I could potentially [have] basically just based off of looking at me."
– Black mom from Riverside County

"They basically treated me as if I was like low-income, just dumb, didn't know anything. Treated my husband [just as bad]: When they wrote on the board, they wrote down like 'Baby Daddy.' The way they treated him and the way they treated me, it was really, really bad."
– Black mom from Sacramento County

90% of Black mothers in the focus groups experienced negligence and lack of care by providers, hospital staff, and members of their care team during their prenatal, childbirth, and postnatal care.

"The anesthesiologist said, 'Let's first make sure that she is numb in that area' and when they did the test, I said, 'I can feel that.' The doctor said, 'You should not be able to feel that," and said if she is not jumping from the table, she is fine. The anesthesiologist tried to advocate for me, but the doctor was like she is fine. I felt the entire C-section. I screamed the entire C-section. I felt every cut. I felt her slicing me all over and it was torturous. The nurses and others kept saying that she is feeling it. The doctor stopped for a moment and said 'Are we stopping or are we going?' I felt so violated."
– Black mom from Fresno County

What is going well?

California legislation passed in the last few years, such as the "Momnibus" Act (CA SB65), have been proclaimed policy "wins." Identified by leaders as providing necessary changes to how programs for Black birthing people are supported and funded, these recent policies (including CA SB464 which focuses on implicit bias training for perinatal healthcare providers) have created valuable inroads for intersectional conversations with hospital teams about their own experiences with racism, a very unanticipated but very welcome outcome. Additionally, these bills create a legislative evidence framework for identifying the systemic racial disparities that Black mothers and families have been saying for years were their lived experiences.

Many of these policies have expanded pathways for funding, which have been especially key when dealing with new challenges brought on by COVID-19. For example, new outreach and triage strategies are being adopted to reach and enroll new families in programming, thus reducing barriers to getting needed support for moms. Virtual options have also helped with engagement for clients who may have otherwise been unable to attend in-person offerings.

In 2022, California became the first state to require implicit bias training of all physicians and surgeons with the passage of AB241. Implicit bias are attitudes and internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner. This type of bias often contributes to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics. However, anti-Blackness specifically may not necessarily be addressed and is not often addressed directly.

Where can we improve?

Despite 95% of community-based organization staff and leadership reporting having some form of racial equity or implicit bias training, when probed, most described their training to be inconsistent and ineffective.

Responses from leadership at these organizations regarding their county's or agency's racial justice competency can be categorized into either:

1. AWARENESS AND LITTLE TO NO ACTION, OR
2. AWARENESS, SOME ACTION, BUT LITTLE CHANGE.

AWARENESS means that there is an acknowledgement that racial inequities or anti-Blackness directly contributes to the racial disparities seen in adverse birth outcomes, such as infant mortality and maternal morbidity. This is currently reflected in county or agency websites, social media platforms, and interviewee responses.

ACTION means that concrete and visible steps have been taken to address this issue. Steps could include racial equity trainings or conversations within departments or agencies, increased attention during meetings or presentations, etc.

CHANGE can mean many things and for the purposes of this report, change is described as evident shifts or promising innovations meant to directly respond to structural racism impacting Black families, as reported by interviewees.

Many interviewees expressed an awareness of racism and the impacts on health outcomes. Those that voiced there was little to no action being taken to address racism described challenges such as a lack of leadership buy-in, where momentum is carried by client-facing or middle management staff but not senior management or department leadership.

"13 years I've been here and never been invited to talk about Black maternal health to the Board of Supervisors. It's always 'Let's stick to the script' but the truth needs to be told. Until they accept what's going on, we're always going to have poor birth outcomes."
– County Program Director

Interviewees that stated there was some action to address racism disclosed that actions taken have resulted in little change due to trainings lacking focus and sustained effort and having no operationalization or implementation of the work.

"There have been several trainings, but not as much change. It's included in our performance appraisals now — with a 4-hour requirement. Where there used to be 10 attendees in a training back in the day, there are now 50."
– County Public Health Nurse

We heard repeatedly that there is a gap between county leadership and the Board of Supervisors and/or local commissions. It was said that both the Board and various commissions are not prioritizing structural racism.

When asked about what support is needed to improve service delivery, the top needs identified by both community-based organization staff and leadership included higher quality racial equity trainings that explicitly focus on addressing anti-Blackness, an increase in the number of Black staff, and more financial resources to support more staff and build their capacity (e.g., train-the-trainer models to support sustained efforts). These requests aren't particularly innovative or new — what they are, is very practical.

From all our stakeholders across the state, we heard a resounding call-to-action to fulfill these needs and build a foundation for racial justice. Policiies already underway include CA SB464 and CA SB65, which, while a good start, need to be monitored through systems of accountability.

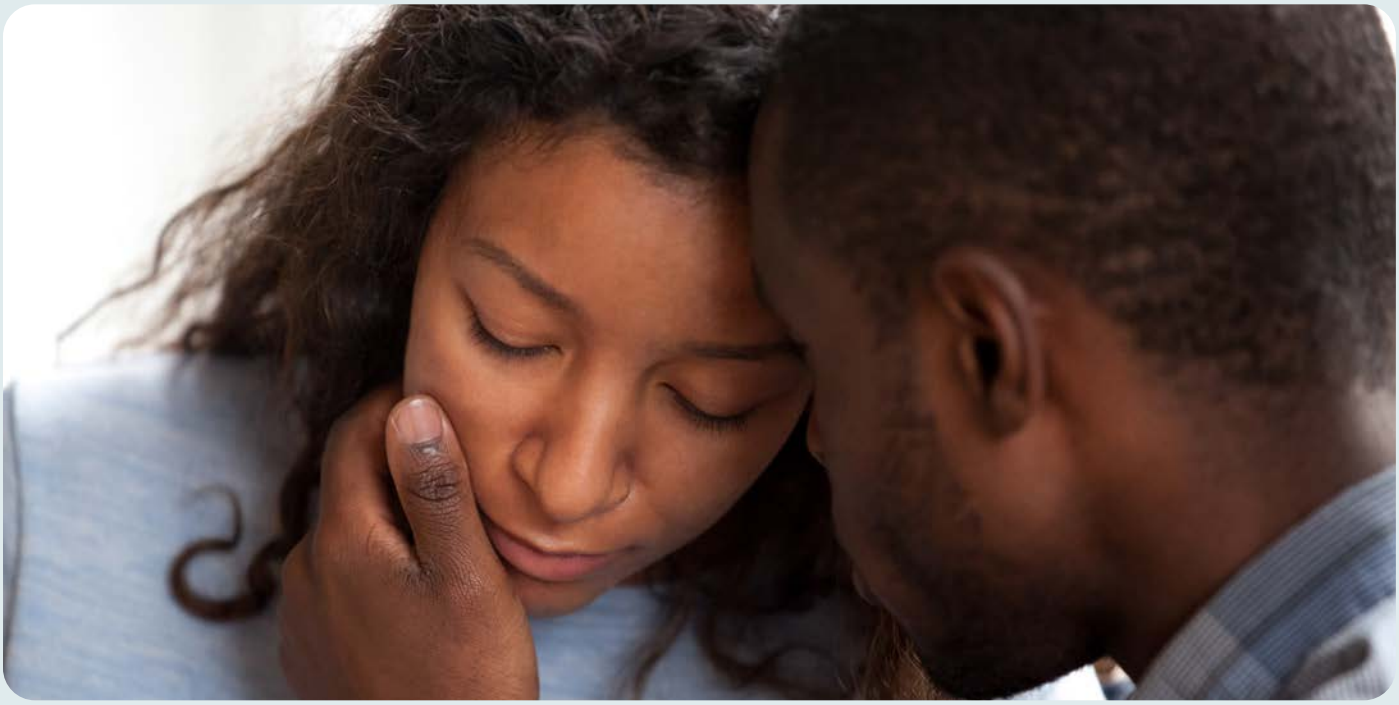
Building Systems of Accountability to Address the Urgency of Black Birth Justice

Repeatedly, state and county leaders shared that systems of accountability must be designed alongside community partners to ensure the implementation of policies like CA SB464 and CA SB65 fulfill their intended impacts of decreasing birth disparities for Black families in California. Months after the passing of this legislation, there is still significant grey area on how these laws are being enacted and upheld.

WHAT IS ANTI-BLACKNESS?

Anti-racist scholar and educator Dante King defines anti-Blackness in our society as the "criminalization, hyper-negativity, and hyper-scrutiny of Blackness legally, socially, principally, culturally, sociologically, economically, and institutionally."[24]

- Criminalization of Blackness in the legal system as observed through explicit laws and policies created throughout the 17th, 18th, 19th, and 20th centuries that specifically targeted Black and Brown people of African descent based on skin color as prima facie evidence.
- A sociological, psychological, and emotional institution and construct.
- A persisting condition and institution developed through collective European/white (i.e., Portuguese, English, French, Dutch, Spanish, Irish, British) colonialist, imperialist ideas and beliefs.
- At the core of whiteness, white ideals, and white ideologies: Black and Brown people of African descent are inferior, animalistic, and barbaric (i.e., African, African-European, Afro-Latinx, African Haitian, etc.).
- The underlying foundational principle of racism.
- A construct and condition established to demean, degrade, oppress, disenfranchise, dehumanize, invalidate, surveil, diminish, minimize, kill, and otherwise harm anyone interpreted or perceived as Black.
- Condition meant to destroy Black people mentally, emotionally, physically, symbolically, and spiritually; through political, governmental, legal, educational, economic, religious social, and all other institutional means.
- Inescapable negative orientation towards, and association of people defined, perceived, and/or interpreted as Black people.
- The tendency and proclivity towards adapting to white Eurocentric culture and normative standards, connected to an enhanced sense of superiority to Black people and culture.



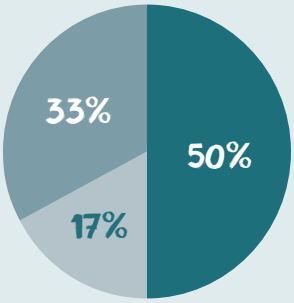
HEARING BLACK MOMS: EXPERIENCES OF INFANT LOSS

In the United States, infant mortality is a public health concern, particularly among non-Hispanic Black women. According to the Centers for Disease Control and Prevention,[25] Black women had 10.8 fatalities per 1,000 live births in 2018, compared to 4.6 deaths per 1,000 for white women and 3.6 to 9.4 deaths per 1,000 for other racial and ethnic groupings. This huge discrepancy in infant mortality rates is mostly due to higher rates of preterm birth and low birth weight experienced among Black infants.

HERE ARE SOME THOUGHTS SHARED BY BLACK MOMS WHO EXPERIENCED THE LOSS OF THEIR CHILD:

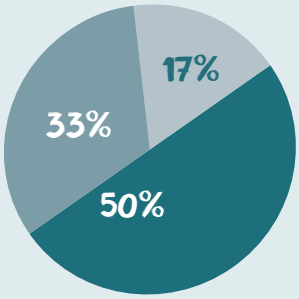
Is there something that you wished someone would have shared with you prior to the loss of your loved one?

- Self advocate
- Getting a second opinion
- Educating self more



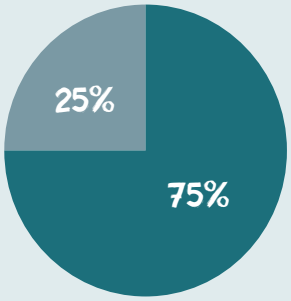
What supported you after the loss of your loved one?

- Family/Friend support
- Help w/cooking, cleaning, childcare
- Helping others



Were there any programs or services you were referred to that were supportive?

- Black Infant Health
- None



"I wish that with my doctor knowing my mother's medical history, knowing that it could have been a possibility for me and it being my first pregnancy, they should have taken that as high-risk […] Knowing that I had you know this kind of family history, they should have made me look deeper into it and maybe had me going to maybe visits weekly cause the second time I was [pregnant, I went in] every week. I got sick of that doctor's office, […] but I wish they had done that before and we may have been able to save him. But they didn't know or they didn't think it was a possibility I guess, so I think mothers' history, family history has a lot to do with pregnancy. How your mother carried, how your sisters carried, how your grandmother carried. I think that should be noted. […] It was my first kid, I had no idea, you know, I just you know went along with what's supposed to happen." — Black mom from California

"I went [in] that next morning. And sure enough, we go in and there was no heartbeat. The doctor's face was just so nonchalant. I was so angry. I said, 'Had you listened to me, or had you taken me serious, maybe this wouldn't have happened.'" — Black mom from Alameda County

"I just felt like, I can just give to mothers who couldn't produce milk or who was having trouble, so that was kind of my blessing in disguise." — Black mom from Yolo County

"I still have my older son, who was four at the time. So someone would pick him up, which would allow me the opportunity to just fall apart and not have to worry about being strong for him. The second part was my friends would pick me up and bring me to their house with no expectations of really socializing, just me being around other people." — Black mom from Los Angeles County

"I think what I realized and it took me to meeting a midwife out here that I had very low expectations for doctors and I had a little very low expectation for my birthing experience so what I learned when looking at them is how much care they gave, the beautiful just ambiance created, like how loving they were." — Black mom from Los Angeles County

"I would have felt a lot better if there was someone that had stayed with me until my car came [and I got] into my car, cause at least I'd have someone to talk to or so I didn't feel alone. I just had to sit there and watch these dads grabbing them babies and putting them in the car seat. And the moms are getting hugs. The families were coming up and they had balloons and like I just had to sit there and watch. I'm thinking no one knows that I just lost my child so I can't get mad and mean mug the moms. But at the same time, it would have been nice to have the lady who wheeled me out stay." — Black mom from California

THEME 3: NEW HORIZONS OF HOLISTIC CARE EXIST

Several mothers in the focus groups stated that they had a strong support system throughout pregnancy, childbirth, and postpartum. Support systems included partners/spouses, family members, friends, networks of support, and healthcare providers from inside and outside of the hospital.

'My mother was my birthing coach. She answered all my questions. She was my mom/midwife/advisor whom I gained knowledge from."
– Black mom from Fresno County

"There were six of us, Black women, in the room. From my doctor to the tech, the aid, and the anesthesiologist, it was all Black women. It just felt safe and felt comfortable. I would agree just having the opportunity and the option to have people who look like you in the room, who you feel like would have your best interests at heart."
– Black mom from Fresno County

Even though programs and services vary in different counties, focus group participants mentioned a few programs and services they have received during their pregnancy and childbirth experience.

"Black Infant Health program made my pregnancy the most positive experience. I had a team of women who were able to walk me through my first pregnancy. I can call on them and ask as many questions as possible when I needed to without feeling silly or ashamed."
– Black mom from Fresno County

"My doula advocated for me when I couldn't do all that and I didn't have to shrink to talk to that nurse and get her to do what I needed to do."
– Black mom from San Francisco County

Community-Based Organizations are Forming Partnerships for Holistic Care

Creating partnerships with other social and clinical programs and services can help supplement the areas where one community-based organization's services may be lacking. Many organizations refer and work alongside programs such as WIC, food banks, doula programs, and religious organizations. Staff at these organizations ensure clients have connections to potential job opportunities and housing, which can stabilize a community consistently facing food, economic, and housing insecurities.

"We had about 20+ moms under that [partnership] and out of those 20+, we only had one preterm birth. So we know that […] moms being supported by Black Infant Health and having a doula led to positive outcomes. It was great and the moms were having full term births"
- County Black Infant Health Program Staff

"In order to truly support the mother, we need to also look at her support system, whether they're parenting, whether she and the father of the baby are together or not. We need to take a step back and figure out how we can involve that co-parent into the process. I would say the most, the biggest element of the Perinatal Equity Initiative that I'm most excited about — and I'm excited about all of it— but I'm most excited to see is how the fatherhood initiative continues to grow. It's really filling that gap and it's awesome."
– County Perinatal Equity Initiative Program Coordinator

State and Local Leadership Recognize Funding Challenges

Both public health leaders and county First 5 commission leadership shared that while there is increased funding to improve Black birth outcomes in California, it still falls short of what is needed to address the depth of the issue of unequal birth outcomes, an issue that is decades, if not centuries, in the making.

Funding streams for many of these programs — whether funded by the government or private donors — can have strict rules on how and where money can be spent, creating barriers to making impactful and sometimes time-sensitive decisions related to hiring or purchasing, respectfully, when there is an emergent need.

It's time to make an investment in the wellbeing and health of Black families in California. Programs and services responsible for the health and wellbeing of our families should be sustainably funded, easily accessible to Black communities, and uplifted as models of care. *Read the Cradle Cincinnati case study to see how collaborating to create partnerships can change the tides.*

CASE STUDY: CRADLE CINCINNATI QUEENS VILLAGE (Cincinnati, OH)

Best practices: Black women leadership, precise impact, community-centered, place-based, collective impact/multi-sector collaboration, transparency

Cradle Cincinnati is a cross-sector collaborative effort between parents, caregivers, healthcare providers, and community members that works to reduce preterm birth and infant mortality in Hamilton County. Some of the Cradle Cincinnati's projects have focused on mitigating stress throughout pregnancy through social support and addressing barriers to safe sleep practices. The organization has a strong practice of community engagement which has resulted in positive impacts such as a **25% decline in sleep-related infant deaths, a 17% decline in extreme preterm births, and a 15% decline in infant deaths.** Cradle Cincinnati publicly recognizes some of their failures and has made efforts to mediate missteps in programming, such as creating localized solutions, understanding the impacts of word choice in campaigns, and continuous community engagement over time.

Queens Village is an initiative of Cradle Cincinnati, that centers Black women's voices for birth justice and racial equity. Even before Queens Village, Cradle Cincinnati named racism as a root cause of infant death and brought on Black women leaders to spearhead this effort. From there, a Community Advisory Board (CAB) was established and after several listening sessions, they identified the top needs that Black women have – to be seen, heard, and valued. Their work started in one neighborhood then expanded to more neighborhoods to listen to needs and to build solutions to address the high rates of Black infant mortality.

Queens Village prioritizes relationship building and trust building to develop impactful interventions and drive change. Activities to ensure this include story sharing and building empathy between moms and providers, fostering allyship, and promoting visibility, celebration, and education. Leveraging partnerships and resources related to funding, research, and policy that Cradle Cincinnati and Queens Village hold, the organization has been able to strengthen and follow through with CAB priorities.

> "THE MOMENTUM IN THE WORK IS THE PEOPLE – IT'S ALL POWER TO THE PEOPLE."
>
> – Queens Village Representative

With guidance from their CAB, Queens Village has been focusing on (1) utilizing telehealth as an opportunity for moms to choose how they receive their care in a way that best meets their needs and eliminates otherwise immovable barriers to accessing care, (2) supporting the Cradle Cincinnati policy arm to address housing insecurity, doula access, and fatherhood support, and (3) collectively address anti-black racism and violence against black people and the impacts and harm on the black community.

As of 2019, there was a 24% decrease in Black infant mortality compared the 2009 rates.
Learn more about Cradle Cincinnati and Queens Village: https://www.blackwomenforthewin.com/

cradle cincinnati
every baby, every day

QUEENS VILLAGE
Powering Cradle Cincinnati

THEME 4: PARTNERSHIPS ARE NECESSARY FOR STRUCTURAL CHANGE

State and county leadership acknowledged varying levels of urgency and action to addressing birth disparities in their respective geographies, but it is clear that there is continuous statewide movement toward understanding the deeper social determinants of health that impact birth outcomes. County leadership across California shared innovative new programs and pilots covering a range of factors which contribute to healthy births, including housing support, guaranteed income, childcare, transportation, mental health support, increased cultural competency and anti-racism trainings for providers, and expanded insurance and Medi-Cal coverage. Many spoke of ramping up programs which increase accessibility to doula care and home visiting that are being done in partnership with insurers to assist families faced with social and structural barriers in accessing these services for free or at a substantially reduced cost. Throughout, there was an emphasis on building deeper community networks to achieve this goal.

> "WE REALLY MAKE SURE THAT WE HAVE INITIATIVES IN HOUSE THAT ARE SUPPORTING THE WHOLE CHILDHOOD WHOLE FAMILY APPROACH."
>
> – First 5 County Commission Representative

What does it take to unite to bring about structural change?

According to the Government Alliance on Race and Equity's strategic approach to institutional change, advancing racial justice requires a focus beyond individual programs to include policy and institutional strategies that create and maintain inequities.[26] Their normalize, organize, and operationalize framework involves building staff and organizational capacity as well as developing and implementing measurable actions for meaningful change that addresses racial inequities. In a previous section, we discussed the need for a comprehensive racial justice framing. In this section, we will tackle the "organize" and "operationalize" steps.

SIX-PART STRATEGIC APPROACH TO INSTITUTIONAL CHANGE

Normalize

- Use a racial equity framework
- Operate with urgency and accountability

Organize

- Build organizational capacity
- Partner with other organizations and communities

Operationalize

- Implement racial equity tools
- Be data-driven

Government Alliance for Race and Equity. (2017). Racial Equity: Getting to Results.

Partnerships are at the heart of driving change

Inter- and intra-county partnerships with community-based organizations and other programs, services, and entities vary across the state. Counties that have funding and resources set up to support Black birthing people reported having more active outreach and partnership building to support and improve service delivery. Programs that build partnerships — outside of social and clinical programs and services alone — that include collaborations with academic institutions, policy advocacy organizations, and other similar agencies gain stronger trust from the community. At the core of the partnerships that are successful: meaningful community engagement (e.g., Community Advisory Boards, Steering Committees), which in turn allow the partnerships to result in more significant and effective impacts.

Despite this however, there is a lack of capacity and financial support to scale these efforts county- and state-wide. Black Infant Health programs and community-based organizations alone cannot be the silver bullet to address this long-standing issue — it takes cross-sector collaborative efforts to successfully push for sustainable structural change.

AFRICAN AMERICAN INFANT AND MATERNAL MORTALITY (AAIMM) INITIATIVE

One promising collaborative in Los Angeles County is the African American Infant and Maternal Mortality (AAIMM) Initiative, which is a coalition of key stakeholders working to address the high rates of Black infant and maternal deaths. It began in 2018 with a goal of reducing infant mortality rates by 30% in Los Angeles over 5 years. They've been successful in establishing cross-sector partnerships through their steering committee and reaching over 10 million people with their public awareness campaign.

Who is currently partnering?

- Black Infant Health
- Women, Infants, and Children (WIC)
- First 5 County Commissions
- Children's Council
- Nurse Family Partnership
- Comprehensive Perinatal Services Program
- Human Services Agency
- Community-based doulas
- Faith-based organizations
- Community-based organizations
- Private insurers: Anthem and Blue Cross
- Sororities/Fraternities

Investing in Structural Change

We heard from community-based organizations and leaders that it is vital to strengthen networks across the state. It is true that the counties across California are at different stages in the process of mitigating disparities. While many have begun integrating their communities into models of change, others may still be working on building those relationships, which is why it is more important than ever to build capacity and fund initiatives as they move towards bringing about birth justice.

The work that organizations across California do has been transformative. But it is important to note that the work is very easily stalled and held back at times by state- or county-level bureaucratic processes.

In addition to increased funding, we must reduce limitations or restrictions on how money can be spent. These organizations need flexible funding, so that they can quickly, effectively, and appropriately make program changes and decisions when necessary to best meet the needs of the families they support — whether that means moving to virtual care or hiring culturally congruent staff for services.

Building the Workforce in California Needs to be a Priority

Let's be frank: The transformational work taken on by community-based organizations is low-paying and extremely emotionally draining in nature. Many organizations and their staff are under-resourced, overworked, and underpaid.

Several interviewees alluded to high turnover and burnout rates among their peers and employees, and refilling roles meant facing bureaucratic hurdles to hiring which often excluded Black women in outreach, recruitment, and hiring practices.

The most common piece of feedback we heard? Staff and leadership of county and state level programs need to have more representation to adequately carry out the assessed needs and to work towards policies that will improve Black maternal morbidity and infant mortality. Having Black people in roles that serve their population is essential for relationship and trust building.

Underrepresentation means that there is a heavier burden on the few Black women that are in leadership roles, as they may be expected to represent entire communities, which in themselves are not monoliths, and are given limited support and mentorship due to scarce representation in those roles prior. A lack of Black women leading organizations often equates to managers who are not connected with the communities that they are meant to be serving. Overall, an absence of visible Black leadership, staff, and providers fosters mistrust, as the Black community wants and deserves to be seen and represented by people who look like them and understand their background.

> "THERE'S DEFINITELY A CULTURAL BARRIER WHEN IT COMES TO CORRESPONDING WITH THE BLACK COMMUNITY, AND SO WE DO OUR BEST SO IF PEOPLE REQUEST TO HAVE THAT CONVERSATION, THAT CONVERSATION USUALLY COMES FROM ME AS THE BLACK REPRESENTATIVE IN THIS BUILDING."
>
> - County Public Health Leader

Culturally congruent staff and providers are more likely to take the time to build trust and work extensively to create a good rapport by listening to individual client needs. These often include transportation needs, support with food and housing insecurity, mental health support, and raising awareness around advocacy.

How Can We Monitor Statewide Cohesion? The Answer: Better Data

Community-based organizations reported various data constraints in understanding the overall Black infant and maternal health landscape locally and statewide. Black Infant Health programs collect data on enrollment, retention, and attrition for each of their programs across the state, however, this data does not capture the complexities and context for the specific causes leading to these numbers and their resulting effects. Interestingly, data may be retrieved if requested from the state, however, there are often barriers to receiving complete datasets.

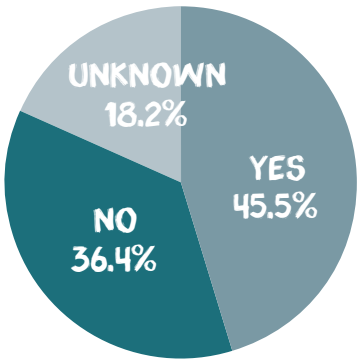
> "THE INFORMATION [COLLECTED] IS IN A STATE DATA SYSTEM AND IT IS OWNED BY THE STATE. WE USE A COMPUTER-GENERATED PROGRAM CALLED "EFFORTS TO OUTCOMES" AND THAT'S WHERE WE CAPTURE THE DATA. YOU CAN'T GO IN AND STRATIFY THE DATA WHICH MEANS YOU HAVE TO ASK THE STATE FOR PERMISSION TO PROVIDE THAT TO US. BUT WE DO KEEP TRACK OF WHO IS REFERRED TO THE PROGRAM AND WHO WE ENROLL."
>
> - County Public Health Leader

There is existing data on population health outcomes at the state level, however, the state limits what data is available to the public which means it can be difficult to convey important, up-to-date information to the community. While statewide policy changes have been encouraging, they have sometimes left leaders and providers frustrated by the rapid changes that are happening, without much guidance.

> "THE STATE CREATES SO MANY BARRIERS IN MAKING A SUCCESSFUL PROGRAM."
>
> – County First 5 Commission Staff

We asked interviewees,

"IS THERE A PUBLIC OR EASILY ACCESSIBLE WAY TO OBTAIN DATA ON ENROLLMENT, RETENTION, AND ATTRITION FOR YOUR PROGRAM OR SERVICES, STRATIFIED BY RACE?"



One such area of improvement would be to standardize certain data. Right now, the stratification of data by race varies from county to county and depends on that county's target population. For instance, rural counties reported having no specific programs focusing on Black families because there is a lack of community representation to dedicate financial or human resources.

By now, the state of California should have had a policy in place to be able to stratify the discrepancies further amongst Black women and birthing people.

Another practice to pursue is to carefully analyze the types of data we collect and revise to include rigorous collection of information such as client satisfaction with programs and services and whether their needs are being met to better assess Black infant and maternal health outcomes.

There is a deep need to prove that racism is happening through data. But how do we achieve that without transparent, accessible, consistent, and useful data? At the same time, this subpar data is utilized as metrics to maintain program support. Moreover, even when data that draws clear conclusions of the negative impacts of racism is presented, there is still a lack of urgency and action on the part of those in power.

In research and policy, quantitative data tends to take precedent. Through this report, we note the many structural barriers and complexities affecting the Black community and found it was critical to gather qualitative data to better understand the nuances found among people with lived experience. Prioritizing qualitative data, like what is in this report and often shared by community advisory boards, steering committees, and others forms of community engagement, is yet another approach to better data — and can translate to clear and actionable recommendations.

RECOMMENDATIONS

The following recommendations have been developed by PTBi and are informed by the surveys and interview data from community-based organizations, county and state leadership, and Black women and birthing people who have given birth in California. The recommendations reflect ideas, visions, expectations, and solutions on how we can improve Black infant and maternal health in our state

We acknowledge that some of the information reflected in our recommendations is not particularly new or novel and we are proud to contribute to the groundswell of advocates and families mobilizing for Black birth justice over the years. Our goal is to amplify this longstanding issue and highlight promising solutions to advance Black infant and maternal health in California and beyond.

OVERARCHING THEME: ADDRESS ANTI-BLACKNESS

Provide respectful care that is free of anti-Black racism to the birthing person as well as their support network

Boost effectiveness of anti-racism training to focus on addressing anti-Blackness, promoting action, and producing meaningful results

Strengthen recruitment and retention strategies to increase the number of Black professionals who interface with Black birthing people and communities

Improve data collection, accuracy, interpretation, dissemination, and utilization practices

Enhance perinatal and postpartum support to fully meet the needs of Black families

Prioritize collaboration to create mechanisms that lead to systems change solutions and quality improvement

PROVIDE RESPECTFUL CARE THAT IS FREE OF ANTI-BLACK RACISM TO THE BIRTHING PERSON AS WELL AS THEIR SUPPORT NETWORK

- Provide more information and resources regarding care, including programs and services for fathers, partners, and family members of the person giving birth.
- Improve consistency and continuity of care, incorporating medical history balanced with the birthing person's needs and desires for their care.
- Be truly respectful in your communications with Black women and birthing people and their support networks by fully acknowledging their humanity and interacting in nurturing, supportive, and caring ways.
- Build trust with the Black community by intently listening and responding to the needs of Black women and following through with competent and meaningful solutions that respect their wishes.

This recommendation in practice looks like…

Uplifting fatherhood programs and initiatives

Having relevant and Black-centered resources on hand

Respecting support systems, including fathers and other family members

Being willing to share complete information regarding care and care options

BOOST EFFECTIVENESS OF ANTI-RACISM TRAINING TO FOCUS ON ADDRESSING ANTI-BLACKNESS, PROMOTING ACTION, AND PRODUCING MEANINGFUL RESULTS

- Secure buy-in and support from leadership to promote and advance anti-racism training and implementation that is evident and cements the standard and commitment broadly.
- Ensure that employees, at all levels across sectors, including and not limited to custodial, security, program and social service, medical and clinical, education, research, and contractors, receive and engage in quality, ongoing anti-racism training specific to addressing anti-Blackness.
- Develop highly visible materials and resources that serve as constant reminders to eradicate anti-Black racism and lead to conversations and implementation of more effective practices, programs, and policies.
- Include rigorous evaluation of anti-racism training to assess quality and effectiveness and that contributes to a larger system of accountability owed to the Black community.

This recommendation in practice looks like...

Revising the hospital reporting process to address incidents of racism and violence related to Child Protective Services

Evaluating trainings on a regular basis and ensuring they're effective and having the intended impact

Having leaders who visibly support and actively work towards advancing racial equity training and implementation

STRENGTHEN RECRUITMENT AND RETENTION STRATEGIES TO INCREASE THE NUMBER OF BLACK PROFESSIONALS WHO INTERFACE WITH BLACK BIRTHING PEOPLE AND COMMUNITIES AS THEIR SUPPORT NETWORK

- Reform recruitment and onboarding practices to improve retention of Black employees in a way that amends for the historical and current lack of access to education and opportunities in these communities.
- Dedicate more funding to support hiring and equitable pay of Black professionals, and restructure funding mechanisms to make hiring and retention of Black professionals a priority.
- Create a work culture that pours into Black employees to improve retention: Providing agency, empowerment, support, and visibility, while respecting their positions of leadership and preventing burnout.
- Increase capacity of employees to allow more room to engage in collaborative activities.

This recommendation in practice looks like…

Increasing funding to increase capacity and impact

A less bureaucratic hiring and an accessible on-boarding process for Black-identified applicants

Continuing to build and establish trust with community by hiring people that look like them

More career pathways for Black health care professionals

Click here:
UCSF Embrace Program

Click here:
SisterWeb Community Doula Network

IMPROVE DATA COLLECTION, ACCURACY, INTERPRETATION, DISSEMINATION, AND UTILIZATION PRACTICES

- Refine data collected to increase utility. The data we often refer to when developing maternal and child health solutions are clinical outcomes (e.g., adequate prenatal care rates). Considering utility, patient or client satisfaction is another indicator we might use as a better measure of success.
- Interpretation of the same piece of information changes response. For example, framing the problem as low attendance of prenatal care visits places an onus on patient versus measuring the quality of prenatal care practitioners.
- Gather data on satisfaction, obstetric racism, and transparency.
- Ensure implementation and evaluation of new bills like CA SB 464: California Dignity in Pregnancy and Childbirth Act.
- Data is often years old and hard to get. Reduce barriers to access and continue to monitor and collect meaningful metrics.

This recommendation in practice looks like...

Believing the stories of Black women and birthing people

Click here:
Black Mamas Matter Alliance

Using apps like Irth to gather data on obstetric racism in a transparent way

Click here:
Irth App

ENHANCE PERINATAL AND POSTPARTUM SUPPORT TO FULLY MEET THE NEEDS OF BLACK FAMILIES

- Advance care options for Black birthing people that include all social determinants of health.
- Support the understanding and implementation of CA SB65: Maternal Care and Services, aka the "Momnibus."
- Increase paid family medical leave options for Black women, birthing people, parents, and caregivers who are expecting.
- Invest in administrative and other supports for birth workers who serve Black communities.

"HAVING SAFE PREGNANCIES SHOULDN'T BE A BIG GOAL. I SHOULDN'T BE LIKE', WOW, I REALLY HOPE I LIVE AND MY BABY LIVES.'"

– Black mom from California

This recommendation in practice looks like…

All Black women and birthing people having a community-based doula and a culturally congruent midwife

Referring families to Black Infant Health programs

Providing Medi-Cal coverage for community-based doula services, at a rate that is equitable and supportive of doulas

Creating additional touch points through Medicaid expansion to monitor the health of Black postpartum people

Click here:
Expecting Justice - Abundant Birth Project

PRIORITIZE COLLABORATION TO CREATE MECHANISMS THAT LEAD TO SYSTEMS CHANGE SOLUTIONS AND QUALITY IMPROVEMENT

- Identify and support networks that are focused on advancing Black birth justice and support knowledge sharing and capacity building.
- Strengthen and expand community networks to better position them to engage with cross sector collaborations.
- Find innovative ways to collaborate with other services to be better able to address other factors that impact healthy outcomes for the Black birthing person and their child (e.g., mental health, behavioral health, housing, financial support, etc.).
- Refer participants to CBO for services if your county does not have a focus on Black maternal and infant health.
- Improve competency of local and state policy advocacy so that people at all levels can contribute to policy change for birth justice.

This recommendation in practice looks like...

Click here:
CA Coalition for Black Birth Justice

Click here:
Deliver Birth Justice

Click here:
Voices for Birth Justice

Click here:
Black Women for Wellness

Click here:
Black Women Birthing Justice

Knowledge sharing across county lines

Click here:
African American Infant and Maternal Mortality - Community Action Team

An increased awareness of CA SB1237: Removed physician supervision of certified nurse midwives

Working with insurers to help with supplemental funding

Click here:
BELOVEDBIRTH BLACK CENTERING

BElovedBIRTH Black Centering is a unique model of group care developed and facilitated by the Alameda Health System and the Alameda County Public Health Department. Through an all-Black dream team of healthcare providers, BElovedBIRTH provides a supportive Black community to help growing families through the joys and challenges of pregnancy, birth, and parenting.

BE loved BIRTH
BLACK CENTERING
Group Perinatal Care By, For, and With Black People


PEAR

CONCLUSION

"WHAT THE BLACK COMMUNITY WOULD LIKE IN ONE SENTENCE? THAT'S TO BE HEARD – AND ACTION."

– Black mom from California

Having a network of support, having a family member or birth worker advocating for them, and having access to critical resources through programs like Black Infant Health, support groups, and other services are instrumental to paving a road towards Black birth justice. As noted in this report, carelessness, a lack of education, a lack of respect, and, most importantly, a lack of compassion from health care professionals were among the top issues that Black mothers and birthing people found most difficult about their birth experiences.

We have illustrated that in California there have been many successes and many more challenges ahead. We must come together to ensure a future where Black birthing people can advocate for their needs and desires, where healthcare professionals show compassion, listen, and provide appropriate resources, and where support programs in the community are available to Black families from the beginning of pregnancy and at any point during a birth journey.

WHAT'S NEXT FOR OUR TEAM?

We are invested in Black pregnancy and birth in California being a time for celebration, love, and joy that is shared with loved ones and the community. We are dedicated to supporting the implementation of these recommendations which speak to a system of perinatal care that listens to, respects, and empowers Black women and families from all walks of life. Our team will continue to partner with Black birth justice advocates across California, which includes our frontline maternity care providers, state and county leadership, and Black women and families who have been impacted. Our team, our partners, and our steering committee has begun important awareness-building through webinars, the First 5 Association of CA Annual Summit, the First 5 Sister County Cohorts, and our upcoming "Rally for Black Birth Justice" event. The journey will continue and we look forward to you joining our movement for real and lasting change.

Introducing The Expecting Better Equitable Birth Scale: A County Level Assessment Tool

Based on our findings, as well as input and guidance from our Steering Committee, we have developed an 18-item assessment tool which we are piloting with First 5 commissions across the state as part of the First 5 Sister County Cohort effort. The Expecting Better Equitable Birth Scale, consists of yes or no questions which result in a score (1-18, divided among thematic pillars), indicating a county's readiness to act on recommendations to improve racial and birth equity. The First 5 Sister County Cohorts will provide important insight on collaborative efforts to implement recommendations and on successful collective action practices to address systemic issues impacting birth outcomes.

Contact Caroline Demko at caroline_demko@berkeley.edu for more information on cohort progress.

"I SEE A FUTURE WHERE ANTI-BLACK RACISM IS ADDRESSED AND COMBATTED; WHERE BLACK MOTHERS, BLACK CHILDREN, AND BLACK FAMILIES THRIVE; AND WHERE BLACK BIRTH IS HONORED BY EVERYONE INVOLVED. THAT WORK STARTS TODAY."

– Solaire Spellen

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