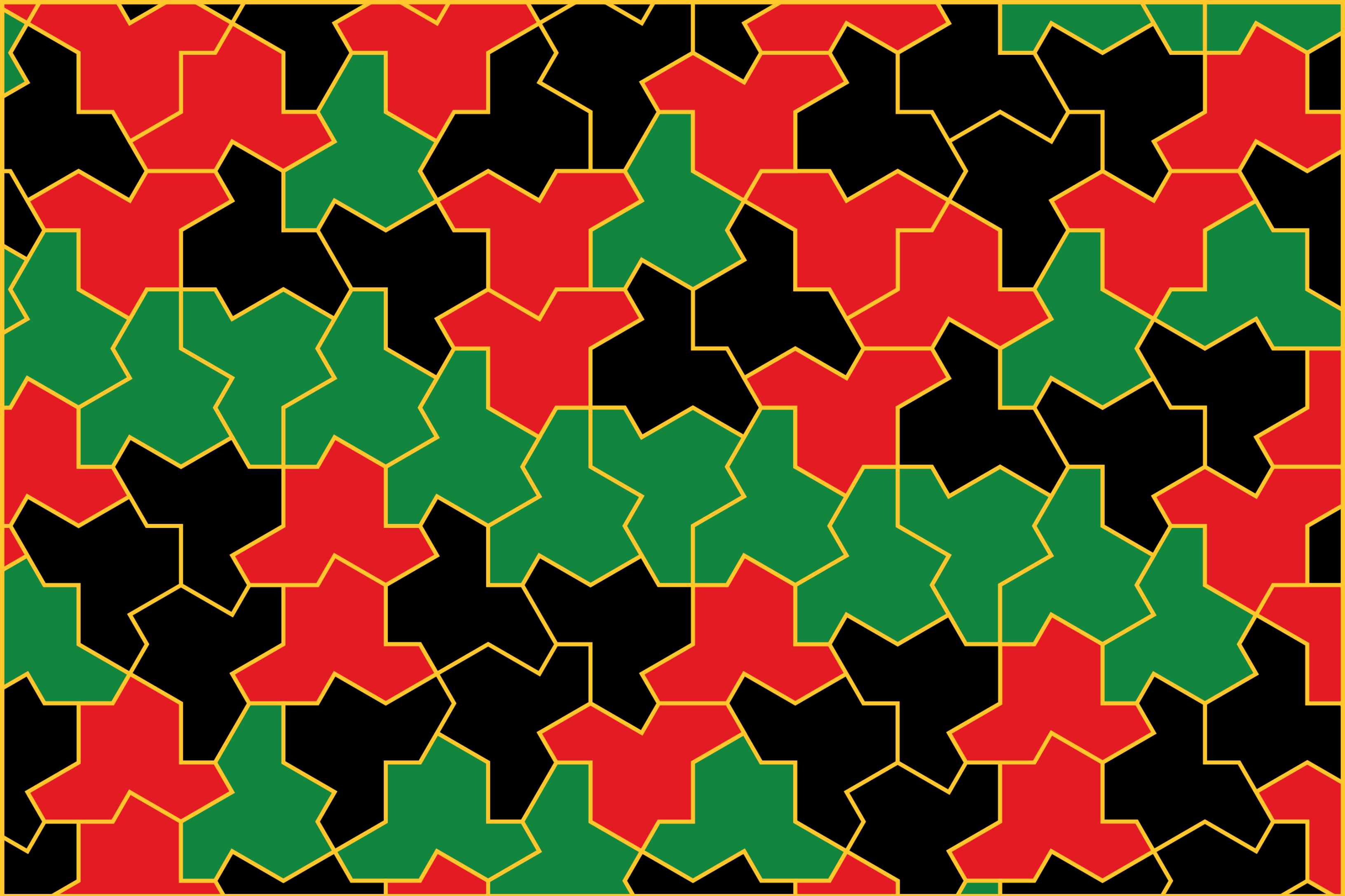

COMMUNITY-LED BIRTHING CENTERS TO IMPROVE BLACK MATERNAL DEATHS©

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Policy Brief

Executive Summary

The United States has the highest maternal mortality rate of any high-income country, more than doubling between 1999 and 2019, with Black women experiencing the worst outcomes. In New Jersey, this situation is particularly profound. More than 90% of pregnancy-related deaths in New Jersey from 2016 through 2018 were preventable, according to the New Jersey Department of Health's New Jersey Maternal Mortality Review Committee (NJMMRC) report.

Birthing deserts (also referred to as maternity care deserts) are areas in which access to maternity health care services are limited or absent, either through lack of services or barriers to a woman's ability to access that care within that area. Maternal toxic zones (or materno-toxic areas) is defined by the National Perinatal Task Force as being an "area where it is literally unsafe to be pregnant or parenting; any area where you yourself would not feel comfortable being pregnant, breastfeeding or parenting." Maternal toxic zones are not solely characterized based on geographic location rather it is the "toxicity of implicit and explicit biases, racism, classism and sexism" demonstrated by the existence of birthing deserts; the absence or inaccessibility of food, services, resources or support; and the lack of investment in securing culturally congruent providers and staff in health care settings that constitute maternal toxic zones.

The history of Black midwifery dates back over 400 years when enslaved Africans were brought to America. Historically, Black midwives were tasked with providing this standard of culturally congruent care which rested on the understanding and awareness of the clients' cultural needs and sensitivities, but also their ability to provide the necessary supports and services. The demise of Black midwifery in the United States is the result of the commercialization of health care and systemic racism created by predominantly white healthcare institutions. Birthing deserts and maternal toxic zones are just a few examples of the ways in which implicit and explicit bias and systemic racism materialize within the maternal health care space and how they have played a major role in the disparate outcomes for Black women. Studies have shown that Black women fare better when they are treated by Black physicians or midwives, thus, the dominance of predominantly white institutions over Black birthing outcomes must be diminished if wellness, equity, and justice are to be realized.

Salvation and Social Justice's (SandSJ) approach has been to listen to the very women these institutions do not. By utilizing SandSJ's platform as a creditable messenger, we have been able to amplify the needs and concerns of these women bringing them to the attention of those stakeholders and lawmakers in a position to begin pursuing substantive policy changes. Essential to this approach is extending SandSJ's advocacy to ensure that the community and those with lived experiences are present at the decision-making table when policies are being discussed and advanced. SandSJ has found that Black women desire care led by Black people. Therefore, we recommend increasing the number of Black midwives and Black-led birthing centers so Black women have culturally congruent options.

Background

New Jersey's Black maternal mortality rates are among the worst in the nation. A Black woman dies from pregnancy related causes at 7.6 times the rate of white women. In New Jersey, 90% of these maternal deaths are preventable and often the result of systemic and societal failures (i.e. racial traumas, systemic barriers to health insurance and reproductive healthcare services, exposure to biases and marginalization within the healthcare system either from physicians or staff). For example, only 61% of Black women receive early and consistent prenatal care compared to 83% of white women. Furthermore, Trenton, the state capital, currently exists as a birthing desert. Trenton has a population of 89,661. Almost half of the city's residents (49.1%) are Black and 27.7% of the total population lives below the poverty line. Black communities like Trenton and Plainfield, have seen widespread closures of maternity care units and have become virtual "birthing deserts".

The Black women SandSJ have spoken to throughout the state, explain that predominantly white healthcare providers and systems fail to listen to their pregnancy related needs and concerns. When symptoms are ignored and allowed to go uninvestigated by medical practitioners and staff, then those conditions that may have otherwise been mitigated by treatment may now result in death. These responses from Black women are in alignment with the statewide and national narrative around Black maternal health as captured in the New York Times' recent February 2023 article, entitled *Childbirth is Deadlier for Black Families Even When They're Rich*.

Studies have shown Black mothers and children are more likely to live and have better outcomes and experiences when cared for by a Black physician, Black midwives and utilize Black doula services, because there exists a shared lived experience and awareness between health care providers and clients that ensures that the needs and concerns of clients will not only be understood but met. There is also a commitment and foundational framework rooted in reproductive justice and community wellness that's central to their services and organizational process that yields a degree of trust and comfortability among clients . Therefore, Salvation and Social Justice (SandSJ) seeks to address two critical needs: 1) the lack of Black midwives and doulas; and 2) the lack of Black led birthing spaces.

Methodology and Data Collection

SandSJ in partnership with Greater Mount Zion CDC has leveraged the role of the Black church as pillars in our communities by launching the First Ladies Black Maternal Health Initiative.

According to Pew research, 75% of Black individuals identify as Christian and report going to church at least 2-4 times per month. Among Black women, 62% are members of historically Black Protestant churches. Black women also stand out for their high level of religious commitment. More than eight-in-ten Black women (84%) say religion is very important to them, and roughly six-in-ten (59%) say they attend religious services at least once a week. Therefore, the Black Church is an indispensable resource and infrastructure within Black Communities to reach people. First Ladies (women married to the pastor of the church), Black women clergy, church mothers and other leaders in Black churches are extremely influential and powerful as role models and

teachers for young women.

SandSJ facilitated a series of visioning sessions in Black churches co-facilitated by the churches' First Ladies. These sessions gave space for Black women to express the harm they experienced in predominantly white healthcare systems and created space for them to imagine solutions. The visioning sessions were held virtually and spanned across Atlantic, Mercer, Burlington, and Gloucester counties.

Additionally, SandSJ facilitated a Black in Our Hands Maternal Health Conference, developed a toolkit, and conducted a comprehensive "Lift Every Birth" training session. These training sessions offered the history of Black midwives and doulas and provided advocacy tools and resources to help inform policy discussions. This approach and advocacy have also led to the development of a Black-led birthing center in a vacant, former school building, currently owned by Greater Mount Zion AME Church, the oldest Black church in Trenton.

Stakeholders in the program include: Assemblywoman Verlina Reynolds-Jackson; Assembly Speaker Craig Coughlin; First Lady Tammy Murphy; Trenton Mayor, Reed Gusciora; Robert Wood Johnson Foundation, Melanin and Maternal Wellness; the Economic Development Authority; Community Change; Mayors for Guaranteed Income.

Findings from Your Work

By creating learning environments, where Black women with lived experience are listened to and given the space to provide valuable knowledge and expertise, SandSJ is developing trusted messengers and advocates in Black faith spaces that work to create culturally congruent advocates, prenatal and postpartum networks, services, and practitioners. In addition, SandSJ's discussions with Black mothers, Black led perinatal organizations, midwives, doulas and legislators, have yielded tremendous insight into the barriers facing Black led birthing centers and midwifery care.

Community-based doulas are trained to provide emotional and educational support during pregnancy, childbirth and postpartum periods. Midwives provide reproductive health care and act as attending medical practitioners in multiple birthing settings including hospitals, homes or birthing centers. Research shows that community midwives and doulas have been effective in minimizing complications during delivery; less likely to have low birthweight babies and preterm births; higher rates of vaginal delivery and lower rates of C sections; and a more positive and healthy overall birthing experience.

Black midwives continue to face significant systemic challenges to entering the professional maternal health workforce. Black midwives have expressed issues with the absence of adequate midwifery training programs; nontraditional students being faced with unsustainable workloads with little financial support by way of aid or grant opportunities; as well as absence of Black instructors or mentors. Significant financial barriers and

burdens arise for those actively practicing. While studies show that Black patients fare better when treated by Black practitioners, structural systems construct barriers through reimbursement processes, navigating Medicaid systems and setting requirements of physician supervision to practice.

Despite the scholarship that illustrates the benefits of a Black midwifery workforce, state policy continues to lag in terms of data and has failed to implement the necessary investments and reform to secure a culturally congruent workforce. Community-based systems of care are uniquely equipped to provide this intimate level of care and have proven to positively impact the overall birthing experience at reduced costs. There are usually high out-of-pocket costs associated with birthing center births, making them largely inaccessible to low-income and Black communities, who are disproportionately impacted by existing disparities. While community-based models have the potential to save health care systems money, the reality is that birthing centers are often contending with low insurance reimbursement and face financial losses when servicing patients with Medicaid. All of which makes it increasingly challenging to establish birthing centers in the communities that are in dire need and stand to benefit the most.

Recommendations

SandSJ seeks to improve maternal outcomes for Black women by amplifying and advancing community led solutions. The three recommendations discussed in detail below were birthed from more than 2 years of conversations, visioning sessions, and intentional partnerships with Black led organizations, Black women, and directly impacted communities.

Recommendation #1: Establishment of Black Women Led Birthing Centers in "Birthing Desert" Cities

SandSJ seeks to address the erosion to access of maternity care by funding neighborhood maternal health centers in Black communities. For instance, the widespread closures of maternity care units in cities like Trenton and Plainfield, New Jersey have only worked to increase existing disparities in maternal health. The first step to addressing those disparities involves allocating dollars towards the rebuilding of these critical sources to health care.

As discussed above, Salvation and Social Justice in partnership with Greater Mount Zion AME Community Development Corp has begun laying the groundwork for this effort in Trenton with the construction of a Black Maternal and Infant Health Community Hub. The location, while serving as a birthing center, will offer an array of services and support to members of the Trenton community. Those services include, but are not limited to core perinatal and prenatal services, mental health support services, birthing classes, holistic fatherhood support services, restorative services, doula services, lactation support, workforce development, housing resources, and birth justice advocacy training programs. Through SandSJ's intimate work with members of the community, an in-depth understanding of the unique needs of Black women have been ascertained, including the programs necessary to promote healthier birthing outcomes and families in the Trenton area. This location,

which is set to open in early 2025, is a culmination of those partnerships committed to the development of a space that speaks to those very important needs.

Recommendation #2: Targeted Workforce Development Programs

Historically, Black midwives have played a central role in the birthing of this nation. Specifically, Black midwives have been critical to ensuring quality care and outcomes for Black pregnant women throughout this nation. Recently, Black women have been pushed out of the midwifery profession with the emergence of more maternity institutions and private obstetrics practices. However, these new institutions and practices often have yielded racially disparate outcomes which serves as indicators of how structural racism works.

For example, in 2013, Capital Health Regional Medical Center, Trenton's largest hospital, closed its maternity ward stating that services were being underutilized by local residents. The for-profit structure of Capital Health contributed to the decision to shift its maternity services to Hopewell, leaving large numbers of Trenton residents with limited healthcare options and forcing them to travel distances in order to safely deliver their babies. Prior to their departure, many Trenton residents complained that they received inadequate or dissatisfactory treatment from Capital Health, whose physicians, leadership and board members were predominantly white. Today the issue facing Trenton mothers and families extends beyond the absence of a delivery unit and includes the absence of adequate prenatal and postpartum care services. There needs to be significant investments made to increase the capacity for prenatal services that would allow physicians to identify and resolve health issues before they become fatal. The business model of Capital health coupled with the State's failure to provide adequate resources to support prenatal and postpartum care for a city that has an overwhelming Black population (49.1%) has helped to perpetuate harms emblematic of the deeply rooted racist traditions and practices embedded in the DNA of health care institutions throughout the United States.

SandSJ encourages legislators to adopt policy that establishes a pilot program, which would include money for recruitment and support of Black women in midwifery programs as a response to the maternal health disparities that exist in New Jersey. This program should be intentional in its outreach to target communities most impacted by the disparities, offer financial support to participants as they pursue their certification, and provide small business training that would equip participants with the "know how" to return to their communities and establish the facilities and care that is required. SandSJ has consulted with a network of Black midwives who have been able to illustrate the unique challenges encountered by those who are breaking into the workforce. Those conversations will be critical in the drafting of legislation to adopt targeted workforce development programs for Black women.

Recommendation #3: Guaranteed Income for Pregnant Black Mothers

While economic security does not guarantee favorable maternal health outcomes, Black women continue to be excluded from many of the resources needed to have safe and healthy pregnancies. The success of guaranteed income programs such as "In Her Hands" in Atlanta, Georgia; "Abundant Black Birth Project" in San Francisco,

California; and "The Magnolia Mother's Trust" in Jackson, Mississippi have demonstrated an ability to aide individuals and families in escaping the vicious cycles of poverty. These programs have provided resources to increase access to adequate food and nutrition, shelter, transportation and other basic needs, thereby addressing several of the social determinants of Black maternal health (i.e. education, income, neighborhood characteristics, housing, access to care, safety and food stability).

SandSJ encourages legislators to adopt a statewide guaranteed income pilot program that would provide pregnant, Black women with unconditional monthly stipends for a length of time intended to provide economic stability during this vulnerable and most critical time in their lives. SandSJ has researched existing, successful models throughout the nation and consulted national partners advancing guaranteed income pilot programs in their respective areas. The models researched are included in the resource section.

Conclusion

New Jersey has major systemic barriers that have contributed to poor Black maternal health outcomes. The failure to hear and include Black women in leadership and grassroots solutions lays at the heart of the problem. Implicit and systemic racism is the major determinant in how well a Black woman will fare. The dominance of predominantly white institutions over Black birthing outcomes must be dismantled. Developing and supporting Black midwifery, doulas, and institutions are the key in combating the crisis.

This approach is the very definition of anti-racist healthcare policy. SandSJ has held a series of visioning sessions with Black women throughout South and Central New Jersey to capture their reproductive and maternal health experiences within health care systems that are predominantly white staffed and white led. The responses and experiences captured as a result of these visioning sessions led to the development of the Black Maternal Health Toolkit to support community power building of Black maternal health advocates throughout the Black church network.

In addition to the launch of the Black Maternal Health Toolkit, SandSJ launched the Birth Justice Advocacy Curriculum geared towards the development and training of those with lived experiences in becoming birth justice advocates and peer support leaders. Additionally, SandSJ has worked in partnership with Greater Mount Zion Community Development Corp (GMZCDC) to offer the following community-based services: perinatal doula services inclusive of prenatal labor and delivery, postpartum care, basic lactation services, and childbirth education.

Acknowledgements

Charles Boyer, Racquel, Romans Henry, Rosalee Boyer, Retha Onitiri, and Crystal Charley are members of the organization Salvation and Social Justice. Charles Boyer is also a member of the Anti-Racism Consortium.

Support for this policy brief was provided by the Robert Wood Johns Foundation. The views expressed here do not reflect the views of the Foundation.

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Links to Resources

1. Salvation and Social Justice, Black in Our Hands, Pulpit Toolkit (2023)

2. American Midwifery Certification Board, 2021 Demographic Report

3. Nurture New Jersey, 2021 Strategic Plan

4. Greater Mount Zion, Black in Our Hands

5. National Guaranteed Income Models:

    a. Atlanta, GA--- "In Her Hands" currently the largest US Guaranteed Income program supporting Black women slated to provide more than $13 million in transfers over the next two years to 650 Black women in Atlanta and other suburban/rural areas in Georgia. Half of the program's participants are to receive an upfront lump sum payment of $4300 and then $700 per month for 23 months, while the other half will receive $850/month for 24 months.

    b. San Francisco, CA--- "Abundant Birth Project" operating in conjunction with Expecting Justice has a guaranteed income program that pays up to $1000/month for a full year and has recently expanded into 4 other counties.

    c. Philadelphia, PA--- Philly Joy Bank is launching a pilot with a group of 250 people who will receive $1000 month for up to 18 months. The money would go to pregnant women and would begin the third month of pregnancy and continue until the baby's first birthday.

    d. Jackson, Mississippi--- Magnolia Mother's Trust, which has been giving out money to Black mothers since 2018 is currently on its third cohort.

    e. Baltimore, MD--- Baltimore Young Families Success Fund provides $1000/ month for 2 years to 200 young parents.

6. Bureau of Labor Statistics operates from a rather narrow definition of unemployment as individuals actively looking for work. It fails to include individuals that are "passively looking for work" or individuals who remain without work but cease active job search due to lack of transportation or other factors. Additionally, BLS' data fails to account for those who are underemployed or participate in the unofficial job market (i.e. sales out of their home, services such as babysitting, barbering, etc). So while BLS data shows a Trenton unemployment rate of 5.4%, the American Community Survey operating with a broader definition of unemployment indicates a rate closer to 13%. easset_upload_file50266_272500_e.pdf (stfrancismedical.org)