

Epikid Productions Presents

# **DELIVERING WHILE BLACK**

A health equity dialogue toolkit

# CONTENTS

- Introduction
- Purpose Statement
- Discussion Questions
- Discussion Guide
- Resources
- Thank you

# PURPOSE STATEMENT

The purpose of this toolkit is to empower individuals, communities, and organizations to facilitate conversation around maternal infant health disparities.

Our greatest hope is that Delivering While Black (DWB) will inspire actions that lead to better maternal outcomes for Black Women and Black Birthing People.

## INTRODUCTION

There are stark and undeniable differences in maternal and infant outcomes between Black birthing people and White birthing people in the USA.

In healthcare statistics are more than just numbers. **These are real lives impacted and unjustly lost due to systemic and institutionalized racism.**

Black birthing people across the nation fear dying secondary to being dismissed and disregarded within the American healthcare system.

Delivering While Black is a short documentary focused on Birth Justice in Grand Rapids, MI.

The title Delivering While Black is a nod to the concept of driving while Black. For those unfamiliar with this concept, driving while Black refers to the type of racial profiling that can cost Black motorists their lives.

# DISCUSSION QUESTIONS

These discussion questions were designed to facilitate conversation about health inequities and possible solutions to address them.

- 1** The film opens with an impactful story of loss which was incredibly emotional, painful, and all too relatable for some. What particular moment in the film did you find most inspiring or moving, what will stay with you?
- 2** What changes need to be made in the US healthcare system - particularly surrounding Black maternal health equity? What changes can you make in your organization/community to help support Black maternal health equity?
- 3** What are some factors that impede Black women's access to quality medical care?
- 4** How can birthing people advocate for themselves before they get to the delivery room, during and after?
- 5** Decades of research show that patient outcomes improve when they have providers with the same racial identity. Is one way to help reduce Black maternal deaths by creating education and creating job pipelines (doctors, nurses, medical technicians, etc.) answer? Is that process too long-term for this immediate crisis? What are some other possible solutions?

# DISCUSSION QUESTIONS

**6** Research has shown that male allyship and/or familial support for mothers and birthing people contributes positively to birth outcomes. How can we better empower fathers and other relatives during the process of pregnancy so that they are more equipped to navigate the maternal health care system with a birthing person?

**7** Which statement best describes how you are feeling at this moment after watching *Delivering While Black*?

A. Shocked. There was a lot that I was not aware of.  
B. Not surprised. I'm aware of the statistics and the issues discussed in the film.  
C. Overwhelmed. I'm just taking it all in. I don't know where to start.  
D. Motivated. There's a lot to do to address this. I'm ready to move this forward and dialogue.  
E. Other/Please describe

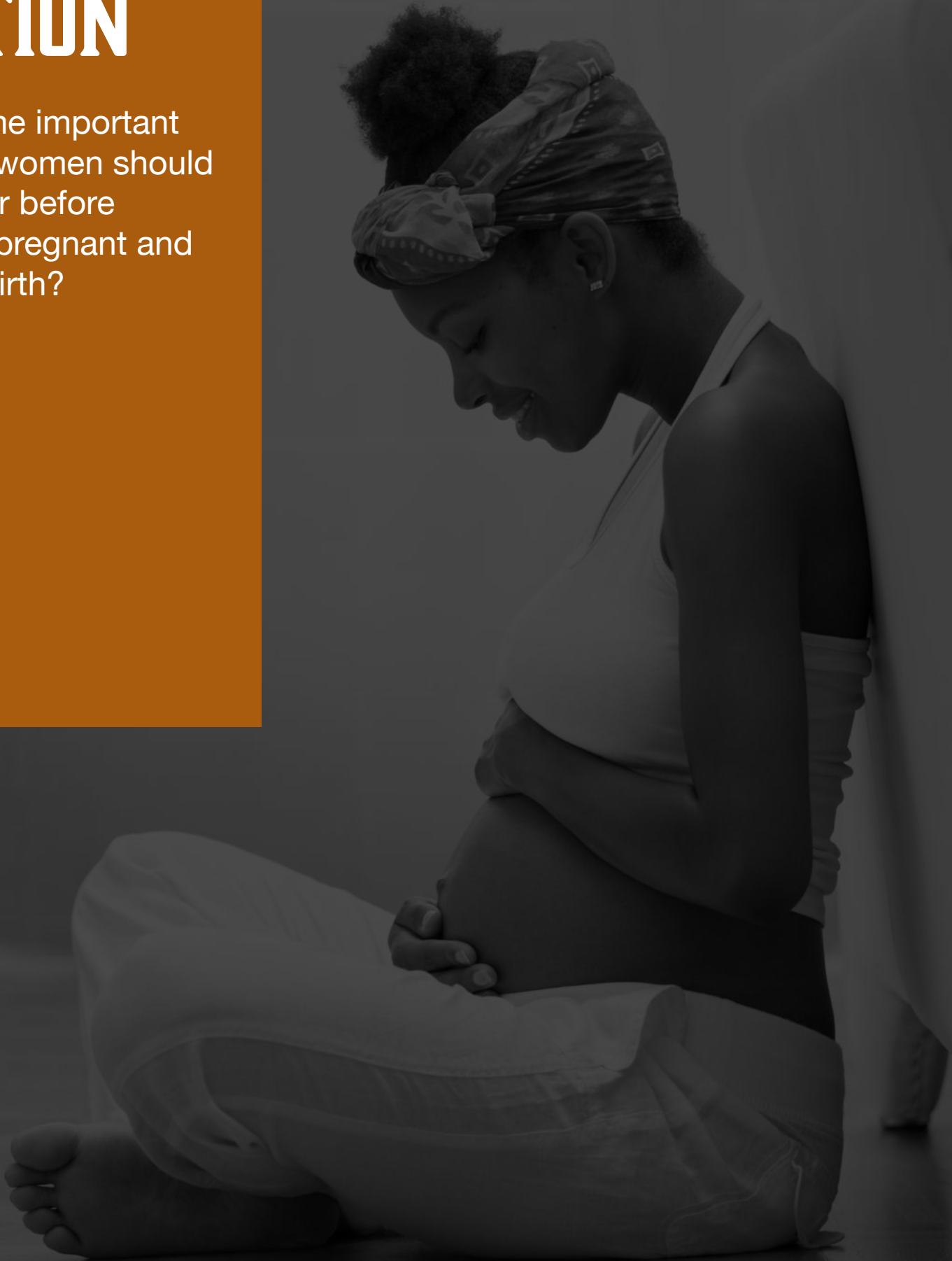
**8** What actions do you think should happen to alleviate the issue of maternal and infant mortality for Black mothers and children? Is it...?

A. Increased public policy and investments, including legislation (local, state and federal governments)  
B. Increased public awareness and advocacy on the issue of birth inequities and birthing justice  
C. More people of color and cultural competence in the medical field  
D. Other/Please describe

**9** What are you doing within your organization, city, and/or state to ensure that Black Mothers and Birthing People survive and thrive before, during, and after childbirth?

# ACTION

List some important factors women should consider before getting pregnant and giving birth?



# DISCUSSION GUIDE

**2** What changes need to be made in the US healthcare system - particularly surrounding Black maternal health equity?

The US healthcare system is in need of some meaningful reform when it comes to maternal care in general but especially when it comes to Black maternal health equity. Black Mothers, Black Birthing People, and Black Infants have the highest mortality rates across all racial groups.

The US Government could/is involved in the following:

- **Eliminate coverage gaps** by encouraging states to extend Medicaid coverage from 60 days to a full 12 months postpartum.
- **Invest in maternal behavioral health** by launching a 24/7 national support hotline for pregnant individuals and new mothers facing mental health challenges and improving provider education.
- **Implement a “Birthing-Friendly” designation for hospitals** participating in perinatal quality improvement programs and implementing evidence-based practices to improve maternal health so that families know which hospitals are taking steps to provide high-quality care and so that hospitals are more accountable for the quality of care they provide.
- **Help train providers on implicit biases** as well as culturally and linguistically appropriate care.

# DISCUSSION GUIDE

**3** What are some factors that impede Black women's access to quality medical care?

## Geography

There are maternal deserts where maternal care is limited or absent. This results in women not having safe access to healthcare providers.

## Racism & Microaggressions

Decades of data show that Black Women/Birthing People experience racism across their lifespan during healthcare experiences.

**4** How can birthing people advocate for themselves before they get to the delivery room, during and after?

Mothers/Birthing People can advocate for themselves by:

- Hiring a doula
- Bringing a support person (partner, relative, friend, etc.) to each visit
- Taking notes during appointments and asking for additional resources
- Repeating phrases like “ I do not feel heard right now.” or “I do not feel safe.” when applicable Have a birth plan and share it with your support person and care team
- Get a second opinion or new doctor if you feel uncomfortable



# DISCUSSION GUIDE

**5** Decades of research show that patient outcomes improve when they have providers with the same racial identity. Is one way to help reduce Black maternal deaths by creating education and creating job pipelines (doctors, nurses, medical technicians, etc.) answer? Is that process too long-term for this immediate crisis? What are some other possible solutions?

**Creating educational and career pipelines takes a long-time.**

Pipeline efforts require infrastructure and collaboration between schools and hospitals. In some communities it's vital to begin exposing students to S.T.E.M (science, technology, engineering, and mathematics) in elementary and middle school. Pipeline efforts also need to connect with high school and college students to ensure continued support and success. Medical school is a very long path.

**Short-term solutions include** training more people to be doulas, midwives, and physician assistants. Many of these lifesaving paths require one-two years or less of schooling/training.

# DISCUSSION GUIDE

**6** Research has shown that male allyship and/or familial support for mothers and birthing people contributes positively to birth outcomes. How can we better empower fathers and other relatives during the process of pregnancy so that they are more equipped to navigate the maternal health care system with a birthing person?

First healthcare professionals must make sure to acknowledge and make note of who the patient relies on for support. Partners and support people must be able to participate in important medical conversations and decision making. There is a growing body of evidence that shows Black Partners and support people are more likely to be profiled in maternity wards, disregarded when advocating for the patient, or removed from the premises by security after being subjectively labeled “aggressive”.

So first we must welcome males and familial support to have a seat at the table during the entire pregnancy experience.

Second, we need to ensure that partners and familial support people are provided with educational resources that they can understand and utilize.

# DISCUSSION GUIDE



List some important factors women should consider when it comes to getting pregnant and giving birth?

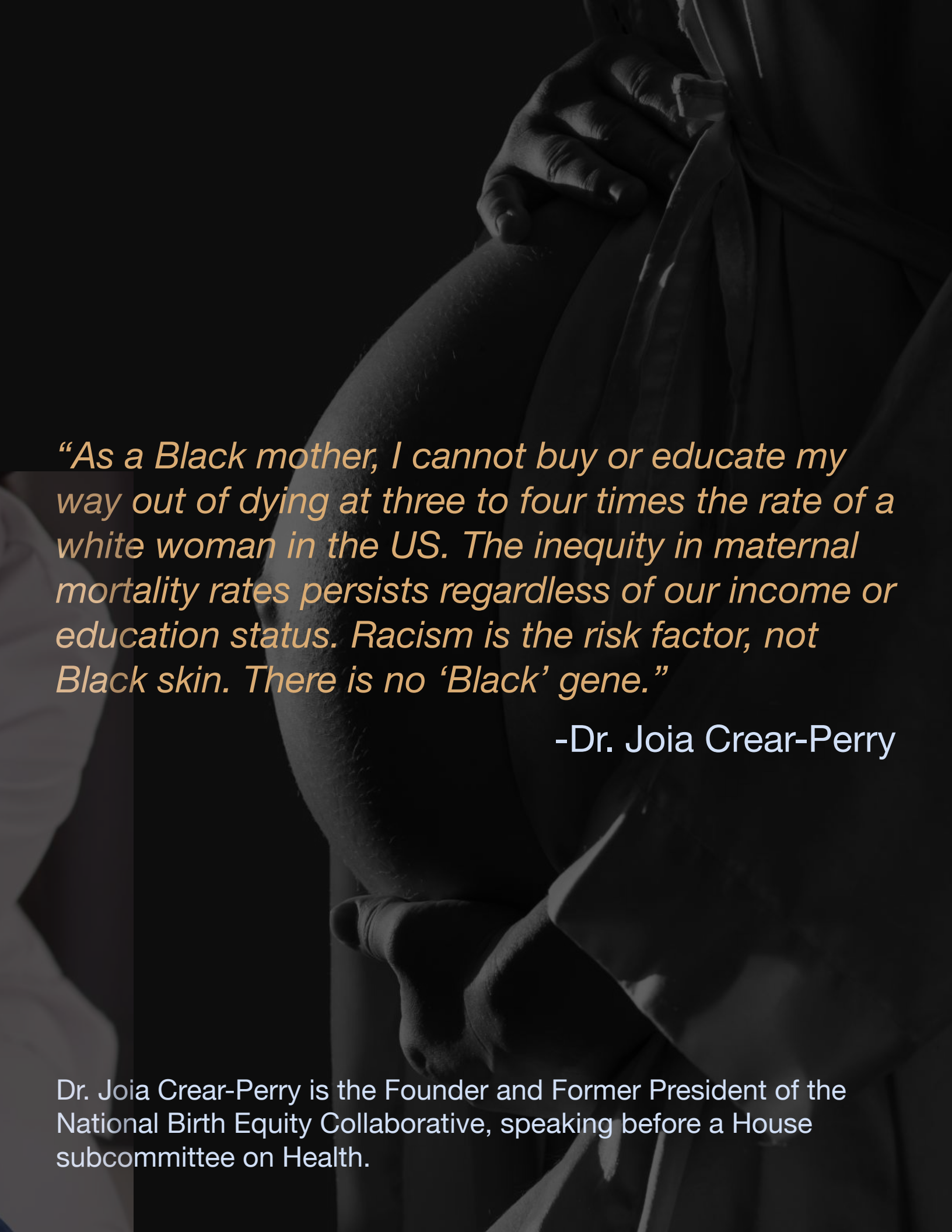
Important factors to consider include but are not limited to:

- Make sure to follow up your everyday health BEFORE becoming pregnant. Make sure to take care of your mental health before and after giving birth Bring a partner, relative, or friend to every appointment
- Hire a doula
- Understand what your options are for delivery (hospital, birthing center, etc.)

# RESOURCES

- [National Library of Medicine: Strategies and Actions: Improving Maternal Health and Reducing Maternal Mortality and Morbidity](#)
- [Centers for Disease Control and Prevention Hear Her Campaign](#)
- [National Institute for Children's Health Quality National Institutes of Health- Maternal Search](#)
- [Black Mothers Breastfeeding Association\(BMBFA\)](#)
- [White House Blueprint for Addressing the Maternal Health Crisis](#)





*“As a Black mother, I cannot buy or educate my way out of dying at three to four times the rate of a white woman in the US. The inequity in maternal mortality rates persists regardless of our income or education status. Racism is the risk factor, not Black skin. There is no ‘Black’ gene.”*

-Dr. Joia Crear-Perry

Dr. Joia Crear-Perry is the Founder and Former President of the National Birth Equity Collaborative, speaking before a House subcommittee on Health.

# GLOSSARY OF TERMS

## Allyship

The quality or practice of helping or supporting other people who are part of a group that is treated badly or unfairly, although you are not yourself a member of this group.

## Bias

A prejudice in favor of or against one thing, person, or group compared with another, usually in a way that's considered to be unfair. Biases may be held by an individual, group, or institution and can have negative or positive consequences.

There are two types of biases. Conscious bias (also known as explicit bias) and unconscious bias (also known as implicit bias).

## Birth Friendly Designation

This designation identifies hospitals and health systems that participate in statewide and national quality improvement programs and that implement evidence-based care to improve maternal health outcomes. The Birth Friendly designation aims to improve outcomes, as 80 percent of pregnancy-related deaths are preventable, concerning disparities among racial and ethnic minority groups. This is the first-ever hospital quality designation by Health and Human Services that specifically focuses on maternal health.

**National List:** Baby Friendly USA

**Michigan Specific:** State of Michigan: Baby-Friendly: It's Worth It!

# GLOSSARY OF TERMS

## **Birth Person**

A pregnant person who may not identify as a woman or other feminine terms.

## **Doula**

A trained professional who provides continuous physical, emotional, and informational support to a woman/birthing person before, during and shortly after childbirth to help them achieve the healthiest, most satisfying delivery experience possible.

## **Health Disparity**

A type of **preventable** health difference that is closely linked with social, political, economic, and environmental disadvantage. Health disparities may occur because of race, ethnicity, sex, gender identity, sexual orientation, age, religion, disability, education, income, where people live, or other characteristics. Health disparities also include preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health, health quality, or health outcomes that are experienced by populations.

Certain race and ethnic groups may have higher rates of disease, disability, and death than those in other groups because they are more likely to have problems having access to good health care, healthy food, or the latest medical treatments.

**Examples of health disparities:** Higher rates of disease, disability, and death, premature or excessive mortality, and gaps in medical care.

# GLOSSARY OF TERMS

## Health Equity

Health Equity exists when all people have **fair and just access, opportunity, and resources to achieve their highest potential for health** regardless of race, gender, sexual orientation, disability, socio-economic status, geographic location, or other societal constructs.

Health is a fundamental human right. Health Equity is the absence of unfair and/or avoidable differences in care based on race, sex, sexual orientation, disability, socio-economic status, geographic location, or other societal constructs.

## Institutionalized racism

The perpetuation of discrimination based on race by political, economic, and/or legal institutions and systems.

Institutional racism is embedded into the structures of society. It leads people of different races to have different outcomes regarding housing, employment, health, finance, and education.

## International Board-Certified Lactation Consultant (IBCLC)

A health care professional who supports and educates mothers, birthing people, and families on their breastfeeding journey.



# GLOSSARY OF TERMS

## Maternal Behavioral Health

The emotional, social, and mental well-being of a person who is pregnant or postpartum. The World Health Organization (WHO) defines maternal mental health as a state of well-being that allows a mother to:

- Realize her own abilities
- Cope with normal life stresses
- Work productively
- Contribute to her community.

Mental health is not the same as the absence of mental illness, but rather the ability to adapt and cope. Untreated mental health conditions during pregnancy can increase the risk of preterm birth, lower birth weight, and other issues for both the mother and baby.

## Microaggressions

A statement, action, or incident of indirect, subtle, intentional, or unintentional discrimination against members of a marginalized group. Microaggressions expresses a prejudiced attitude toward a marginalized group.

## Midwife

A trained health professional who helps women/birthing people during labor, delivery, and after the birth of their babies. Midwives may deliver babies at birthing centers or at home, but most can also deliver babies at a hospital. Women/ birthing people who choose midwives usually want very little medical intervention. Midwives generally have a relationship with an OB-GYN who provides consultation as needed.

# GLOSSARY OF TERMS

## Racism

An organized social system that devalues and disempowers racial groups regarded as inferior; reduces access to resources and opportunities such as employment, housing, education, and health care; and increases the likelihood of poor health outcomes.

## Systemic Racism

The oppression of a racial group to the advantage of another as perpetuated by inequity within interconnected systems (such as political, economic, and social systems).

Systemic racism is a scientifically tractable phenomenon and unfairly elevates one group of people over everyone else. Systemic racism occurs when racially unequal opportunities and outcomes are built into the operation of a societal structures (example: housing, banking, etc.).

## Unconscious Biases

Social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Certain scenarios can activate unconscious attitudes and beliefs. For example, biases may be more prevalent when multi-tasking or working under time pressure.

**Note:** *It is important to note that biases, conscious or unconscious, are not limited to ethnicity and race. Though racial bias and discrimination are well documented, biases may exist toward any social group. One's age, gender, gender identity, physical abilities, religion, sexual orientation, weight, and many other characteristics are subject to bias.*

# GLOSSARY SOURCES

- [Centers for Medicare & Medicaid Services \(CMS.gov\)](#)
- [National Cancer Institute Health Disparity Definition](#)
- [Robert Wood Johnson Foundation: What is Health Equity?](#)
- [University of California San Francisco Office of Diversity and Outreach](#)
- [CDC Racism Definition](#)
- [DONA International](#)
- [What Are Microaggressions?](#)



# THANK YOU!

[www.deliveringwhileblack.com](http://www.deliveringwhileblack.com)

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