



**Advancing Racial Equity in
Maternal Child Health and
Addressing Disparities through a
Reproductive and Birth Justice Lens**

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Disclosure

Both presenters do not have any financial interests or relationships to disclose.



Objectives

- Increase understanding of diverse birth workers and their role in the N.M. Maternal-Child Health (MCH) ecosystem
- Identify at least two collective actions for equitable change
- Articulate at least two critical birth justice elements within the Reproductive, Birth, Family and Infant Systems Model



Context: Purpose of Report

- Previous report 2015
 - Focused on MCH health but not racial equity
- Worked with grantees in our MCH portfolio on the full scope of their work (i.e. not just WKKF funded)
- Informed our grantmaking and learning
- Opportunity to make report public
 - Share findings that go beyond WKKF to support the MCH ecosystem
- Partnered with NMREAL team (Research, Evaluation and Learning)



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Context: Positionality



Participants Grounding

We all have a birth story ...

Where were you born? –Place (Las Vegas N.M., Ft. Defiance or hospital, home, etc.)

How were you born? Did it require interventions? Did you/your birthing parent participate in a ritual/ceremony or receive traditional medicines?

What family/community members were with you and your birthing parent in the birth space?

What type of care did your birthing parent receive before, during and after birth?

Did they feel supported?

Was they centered in the decision making?

Did they feel safe?

Did they feel respected and honored?



Methods

Grantees contributing: *AASTEC, Bold Futures, Changing Woman Initiative, Forward Together/Strong Families NM, Human Milk Repository of NM, LANL Foundation, the Navajo Nation Breastfeeding Coalition, NM Breastfeeding Task Force, Northwest NM First Born, Santa Fe Community College First Born, Tewa Women United and UNM- Thrive*

- Secondary literature review
- 1-2 Interviews with individual grantees
- Sharing circle to discuss draft and incorporate feedback and additional edits (to make sure we got it right)



Finding 1: Equity Practices Improve Maternal-Child Health Access and Care

This finding provides an analysis of five practice areas that could improve access and quality of equitable care for birthing families in N.M. The six practice areas for finding one include:

1. Truth telling: Historical context of birthing for communities of color
2. Reclaiming traditional birthing practices
3. Culturally and linguistically appropriate practices
4. Gender equity
5. Payer systems
6. Meaningful data representation



Finding 2: Ensuring Diverse and Inclusive Birth Workers, Home Visitors and Healthcare Providers Have Equitable Pay

This finding discusses the importance of having a diverse and inclusive maternal-child health workforce within hospitals and community-driven organizations. It also highlights the need for equitable pay for doulas, midwives, home visitors and other birth workers of color. This finding is outlined by:

1. Why representation matters
2. Pay equity



Finding 3: Collective Actions Drive Racially Equitable Change

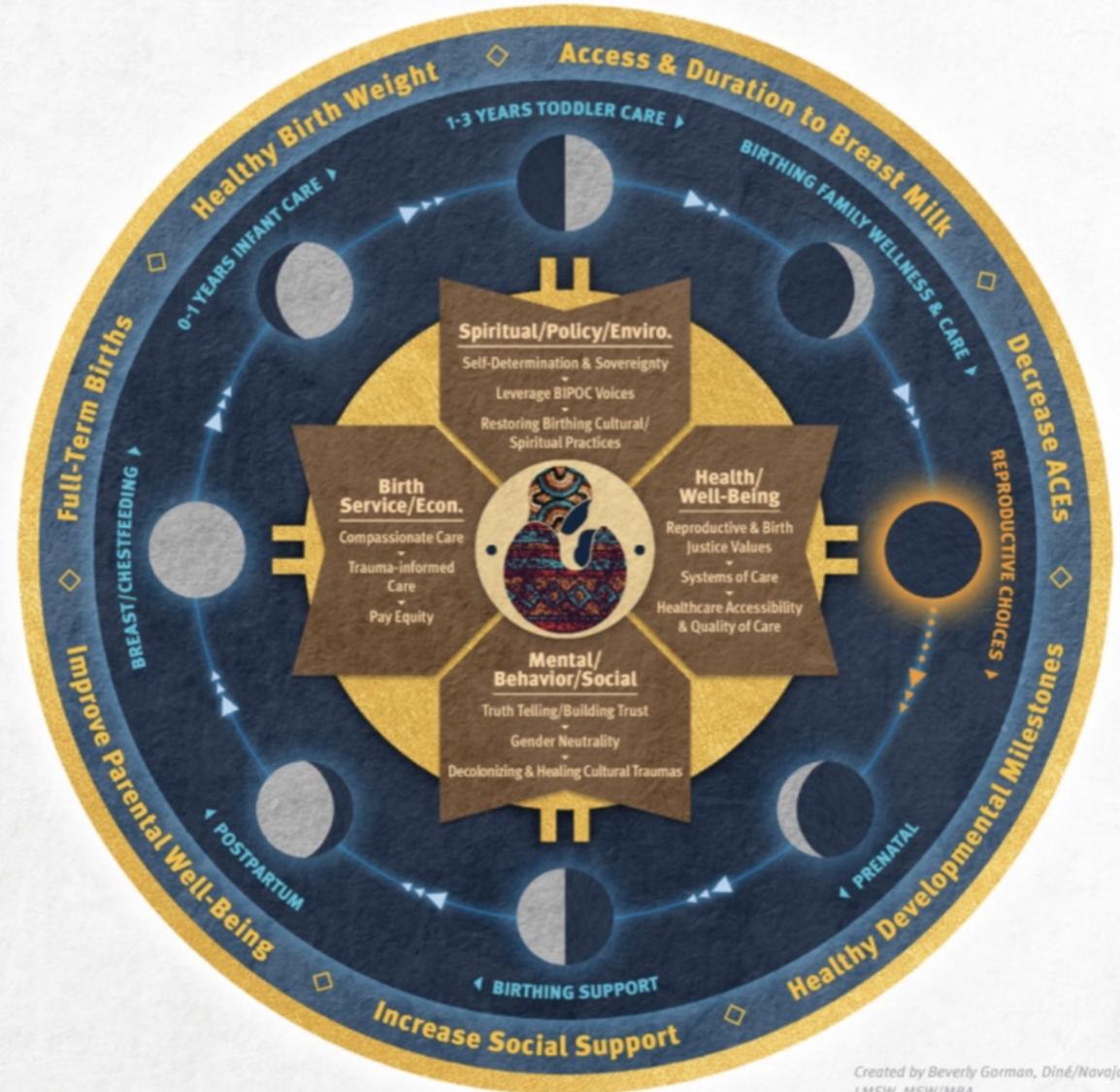
This section provides context for how the grantees are creating policy and systems change through their individual and collective efforts. This finding includes:

1. Navigating institutional systems change
2. Collaborative community-driven efforts
3. Policy

Finding 4: Systems of Care Model

FINDING 4:

Reproductive, Birth, Family & Infant Systems of Care Model





Data Highlights

Data specific to N.M.:

- Birth and fertility trends
- Health insurance and health supports
- Prenatal indicators
- Perinatal indicators
- Breastfeeding
- Hospital experiences and support
- Paid Leave



Reflections/Moving Forward Together

How do we each play a role in nurturing this ecosystem/model of care?

How does or can racial equity show up in your work?

Which collective action(s) do you or can you work on: *navigating institutional systems change, collaborative community-driven efforts, policy?*



Ahéhee'- Gracias - Thank you!

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