

Saving Lives: Establishing Reproductive Justice as a Matter of Health Equity

Webinar Summary and Call to Action



Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *Saving Lives: Establishing Reproductive Justice as a Matter of Health Equity* on October 15, 2024. Panelists engaged in discussions about strategies to promote reproductive health equity and justice, highlighting the importance of centering communities' needs and initiatives. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

- › **Caryn Bell**, Associate Director, P4HE, [Celia Scott Weatherhead School of Public Health & Tropical Medicine, Tulane University](#)
- › **Joy Spencer**, Executive Director, [Equity Before Birth](#)
- › **Nicole Deggins**, Founder and CEO, [Sista Midwife Productions](#)
- › **Monica McLemore**, Interim Director for the Center for Anti-Racism in Nursing, [University of Washington School of Nursing](#)

Key Resources

- [Community-led Initiatives](#)
- [Maternal and Child survival Program Equity Toolkit](#)
- [Advocacy Guide](#)

Your Voice

P4HE values collaboration. If there is a resource on this topic that you would like to share with us, provide it [here](#).

Key Takeaways

Every day, people encounter life-threatening situations related to pregnancy, childbirth, and contraception that severely impact their health due to racism, sexism, and classism in healthcare. Reproductive health is markedly influenced by politics, and this exacerbates risks due to policies and systemic barriers that restrict access to quality care, insurance, contraception, and abortions. Organizations across sectors should collaborate to develop, implement, and champion reproductive justice policies and practices to improve health outcomes for all.



Most webinar attendees were either very or somewhat familiar with the concept of reproductive justice. Attendees also noted changes that are needed to address reproductive justice, including **more funding; valuing bodily autonomy; addressing systemic racism, discrimination, and bias; listening to and sharing power with communities with lived experience; creating and implementing evidence-based, community-centered policies; and dismantling barriers to accessing equitable and diverse types of services.**

Call To Action



"We need people to really prioritize the health and well-being of childbearing families and pregnant-capable people so that they have the things that they need in order to thrive, live, and survive." Monica McLemore, Interim Director for the Center for Anti-Racism in Nursing, University of Washington School of Nursing

Below we've summarized immediate action steps shared by the panelists and identified by webinar participants to be taken to advance health equity.

Working Definition of Reproductive Health Equity

“Reproductive Health Equity is the assurance of the conditions of optimal health for all people – using reproductive justice as the mechanism to ensure whatever trajectory individuals envision for their lives.”

– Dr. Monica McLemore

› Respect and uplift community-led initiatives for improving reproductive health equity and justice.



“Put some respect on mamas doing the work to help mamas. Put some respect on community-led initiatives. We want to be able to share power, to influence decisions, and to make decisions that impact our care.” Joy Spencer, Executive Director, Equity Before Birth

Across the country, community-based organizations are doing impactful work to meet the needs of birthing people. [Equity Before Birth](#), is a great example of a boots-on-the-ground approach to offering services, resources, cash assistance, and more, to Black and Brown birthing people across North Carolina while also advocating for reproductive health policies to benefit these communities. The work of Equity Before Birth highlights the use and successful implementation of [research-backed, community-centered solutions](#), which have led to no maternal or child fatalities since the organization's inception. Such outcomes and successes of community-led initiatives prove the necessity for people and organizations from other sectors to value, trust, and respect communities as leaders and experts in the reproductive health space. To do this, engage with community-based organizations to learn about [innovative, hands-on approaches](#) to serving birthing people and engage directly with birthing people. Joy Spencer recommends people *“come sit, look at the baby down the hallway, [and] talk to mamas”* to gain insight into [lived experiences with structural racism and oppression](#) that result in reproductive health disparities and other life challenges more broadly. By [being relational, not transactional](#), in interactions with birthing people and organizations serving them and by demonstrating an authentic and sincere commitment to listening, learning, and helping, cross-sector partners can build intentional relationships with communities.

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Organizations from various sectors should consider community-based organizations' efforts as guides to follow, uplift community-led practices, and actively share power with communities as decision-makers for issues that will directly affect them. Policymakers must [involve communities](#) to inform and participate in the co-creation and revising of reproductive health policies, and philanthropic organizations and other funders must [invest in community-led initiatives](#) and grant greater flexibility for the use the funds as the communities see fit. More trust in communities from people in power promotes greater investment in community-based work for reproductive health and a more robust health infrastructure; thereby, more attention and resources can be given to lacking areas, such as [data collection and analysis](#) on community-based reproductive health interventions and participant outcomes, which can incorporate the knowledge of [researchers](#). Cross-sector collaborations aimed at advancing reproductive health equity and justice should respect and elevate community-led initiatives so that these leaders, with the closest connections to birthing people, can build upon and expand their existing efforts to make meaningful, widespread change.

"The lack of investment and lack of funding for community-led initiatives shows that they don't trust and value the community to be in control of our own solutions. Building relationships will help with that."

- Joy Spencer

> Collaborate across sectors to provide wraparound services to address birthing people's social needs.



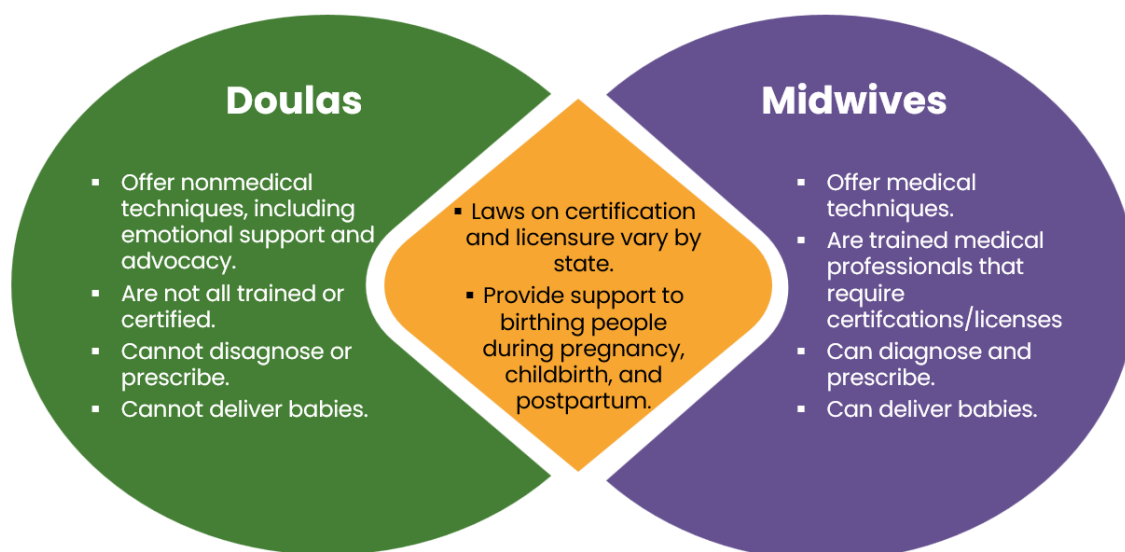
"Break the silos. Every single sector in every country should be considering maternal health outcomes and protections and wraparound services in all that they do...It shouldn't just be a healthcare thing. It impacts everybody everywhere." Joy Spencer, Executive

Director, Equity Before Birth

Birthing people encounter various challenges during pregnancy, childbirth, and postpartum, not only within the health care system, but in all facets of life. In health care, Black and Brown birthing people disproportionately experience [racism and discrimination in interactions with medical professionals](#), a lack of [culturally competent care](#), and systemic barriers to [accessing quality care](#) and [insurance](#). Beyond health care, barriers such as lack of [transportation access](#), financial constraints for [childcare](#), insufficient support and flexibility from [employers](#) or educational institutions, lack of essential items for infant care (e.g., [diapers](#), breast pumps, [formula](#), etc.), and limited access to mental, emotional, or physical support from loved ones or [therapists](#) contribute to negative health outcomes for mothers and children. All these factors necessitate a [holistic understanding](#) of the disparities birthing

people face and investment in wraparound services and initiatives to combat them. To start, each sector must recognize the role they play in affecting maternal and child health outcomes and consider ways to act individually and to work together across sectors to reduce harm for Black, Brown, and low-income communities. In [cross-sector collaborations](#), leverage resources, strengths, and connections between partners to work bidirectionally to alleviate negative determinants to health. [Philanthropic organizations](#) can provide funding to community-based organizations so that they can offer direct services and cash assistance to birthing people to help pay bills and obtain necessities, such as food and items for infant care, as well as to seek out therapy and prenatal education. Employers and educational institutions can revise their leave and absence policies and work and school schedules to allow for greater flexibility for these individuals, as well as expanding access to reproductive health care [services](#) and [benefits](#). Health care systems should [diversify their workforce](#) and promote widespread, high-quality training for both [community](#) and [traditional health care workers](#), including [doulas](#) and [midwives](#), particularly in Black and Brown communities. Policymakers and government agencies should reevaluate policies and programs and make necessary changes and expansions to account for the extensive challenges of birthing people. And most importantly, [communities'](#) voices, perspectives, and expertise must be empowered as co-creators and at the center of all cross-sector collaborative efforts. With each sector coming to the table, offering strategies to [collectively design and implement programs](#) that affect maternal and child outcomes, the collaborative can provide wraparound services and supports to address both medical and social needs of birthing people. Advancing reproductive health equity and justice requires breaking the silos between sectors in order to target all avenues of change and create the largest impact for birthing people.

Doulas vs. Midwives



› Mobilize to affect policies at all levels to dismantle the systems inhibiting reproductive justice.



“Policy is on many different levels... You think about policy, and you go straight to Washington. There are so many policies where you work, where you live, where you play that you can impact more easily, and those policies can often lead to better policies at a larger level.” Nicole

Deggins, Founder and CEO, Sista Midwife Productions

Policies at all levels, across all sectors, have implications and often direct effects on reproductive health equity and justice. At the national, state, local, and organizational level, policies and the institutions enforcing the policies perpetuate unjust practices and systems that worsen health outcomes, and thereby health disparities, whether they affect health directly or affect various determinants of health. Policymakers are the arbiters influencing change, so it is important that communities use their voice to ensure that they feel represented and protected by policymakers and policies that prioritize their health concerns. In government elections, vote for champions of reproductive justice, and remove politicians from office who may claim to support reproductive justice, but their actions prove otherwise. [Engage with policymakers](#) at all levels to share stories of reproductive health challenges highlighting the correlations between current policies, such as [abortion bans](#), and preventable tragedies, namely the [unfortunate deaths of women](#) due to such policies and restrictions.



“We [need to leverage] our current structure. We need it all. We need people in the law, in the arts, in health care, in human services, in business, in philanthropy. We need everybody to act accordingly because too many people know how to say what needs to get done but they’re not doing it. They want to look like they’re doing the work without actually doing it. And what we need is action.” Monica McLemore, Interim Director for the Center for Anti-Racism in Nursing, University of Washington School of Nursing

All sectors are involved in policymaking in one way or another, so organizations across sectors should work together to amplify community voices, strengthen reproductive justice movements, and advocate for policies that protect the rights and well-being of disproportionately impacted communities, particularly Black, Brown, and low-income populations. Despite the structural challenges and political climate, mobilize within the current unjust systems to operate and make change where possible, using the current systems until they are dismantled. [Advocacy groups](#) possess key expertise and experience to leverage for organizing movements and challenging oppression. After garnering momentum and forming alliances with policymakers championing

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reproductive health equity and justice, draft and implement [community-centered, evidence-based policies and programs](#) that support pregnant people, parents, people choosing not to have children, and reproductive health care workers. Such policies may include [paid family leave](#), protections for and expansion of access to [abortion](#) and [contraception](#), investment in further research, anti-discrimination laws, [Medicaid expansions](#), required training for health care workers, and free tuition for medical and nursing students. Apart from government policies, ensure that [private sector companies](#), [educational institutions](#), and other organizations also put forth internal policies and practices, such as quality insurance coverage, to increase access to reproductive care and promote positive determinants of health, leading to positive health outcomes. To dismantle the systems that have preserved and uplifted oppressive policies and thus perpetuated inequity and injustice, actors across society must unite and demonstrate dedication to making systemic change for the advancement of healthy equity and justice.

Black Maternal Health Week

[Black Maternal Health Week](#), held annually from April 11 to 17, aims to build awareness, amplify voices of Black birthing people, and inspire action to improve Black maternal health outcomes. Learn about BMHW events, themes, and more from [Black Mamas Matter Alliance](#), the founder and leader of the campaign.

Deeper Dive

The Birth Story Project

The [Birth Story Project](#) began in June 2018 as a collaborative initiative between [Sista Midwives Productions](#) and [High Heal Productions](#) to create safe spaces to discuss and document the lived experiences of Black mothers in Louisiana. Black women in Louisiana gathered in “[sister circles](#)” to share their stories related to birth, pregnancy, breastfeeding, and parenting. The in-person circles were so informative and enlightening that the project launched an anonymous online survey two years later. The goal was to expand the impact of mothers sharing their pregnancy and birth experiences by collecting information from birthgivers in Louisiana of any race on their birth settings, healthcare providers, birth choices, interventions used, and feelings of respect and autonomy. The project aimed to use the survey data to amplify women’s voices and experiences to inspire statewide systemic change and accountability for healthcare providers. Across the country, organizations from various sectors can collaborate to replicate and implement similar initiatives in their communities to listen to the stories of birthgivers and uplift their lived experience to inform necessary policy and practice changes in pursuit of health equity for all.

Healthy Birth Louisiana (HBL)

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In 2019, [Sista Midwives Productions](#), alongside the [Blue Cross and Blue Shield of Louisiana Foundation \(BCBSLA\)](#), launched the [Healthy Birth Louisiana \(HBL\)](#) initiative. With its first cohort in April 2020, HBL began by examining birth outcomes in Louisiana and evolved into a program to train [perinatal community health workers \(PCHWs\)](#) across Louisiana. Sista Midwives Productions had been training doulas for years and now, through this initiative, individuals are trained to receive a Healthy Birth Ambassador (HBA) certificate. HBAs are PCHWs who live and work in the same community and receive the information and training to become certified doulas, childbirth educators, and certified breastfeeding specialists. HBAs embody the core values of community, advocacy, service and support, and education, as denoted by the acronym CASE, in pursuit of improving birth outcomes. The HBL initiative emphasizes the importance of culturally competent community birth workers to serve and advocate for the health and wellbeing of birthgivers and infants, especially within Black communities. Cross-sector collaborations across the country should incorporate this approach to train individuals in the community to better informed and equipped to address the specific needs of birthgivers in order to advance health equity for those disproportionately affected by reproductive injustice.

Liberated Birth Recovery Fund

[Equity Before Birth](#) launched a program in 2024 called the [Liberated Birth Recovery Fund](#) which aims to provide financial support to working birthing people in North Carolina who either do not receive, or only receive partial, paid maternity leave from their employers. The focus of the program is to address both immediate financial needs and long-term stability and well-being of working birthing people while also prioritizing efforts to overcome systemic oppression and rebuild communities, despite the lack of systems change. This ten-month program includes a six-week prep course covering financial literacy, personal and professional development, and postpartum guidance. Families have a mandatory budget check-in at six months and receive one-on-one support from peer mentors. The program offers paid scholarships for up to three months of leave assistance, providing \$2,000 per month for full-time workers and \$1,250 per month for part-time workers. Graduates can become peer mentors to support new families in the next cohort. The pilot began in October 2024, aiming to help 5-6 families in North Carolina served by Equity Before Birth. While paid family leave is still not mandated in the U.S., organizations from various sectors can work together to replicate this model to offer financial assistance to working birthing people in need, facilitating an easier transition into parenthood and thereby, improving health outcomes for parents and children.

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About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University Celia Scott Weatherhead School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Robert Wood Johnson Foundation.



Foster

the co-creation and spread of knowledge.



Sharpen

our research tools to focus on solutions, facts and stories.



Disrupt

traditional research approaches.



Harmonize

our voices.



Challenge

the status quo.



Shine

light on practices that are indefensible, irrational and inconsistent.

To learn more about these issues, or Partners for Health Equity's calls to action, a resource library including a full recording of this, and all previous P4HE Webinars, can be found on the P4HE [website](#).