

SYSTEM ACTOR:

Birth Equity Advocates

This document describes actions from the [Birth Equity Action Map](#) that birth equity advocates can take to advance birth equity, as well as potential partners and the barriers to change each action addresses. We define birth equity advocates as any individual within the system committed to advancing birth equity, including individual health care providers, doulas, midwives, community health workers, public health professionals, social justice advocates, and grassroots organizers. **Click [here](#) to explore these birth equity advocate actions in the interactive Birth Equity Action Map.**



ACTION

DESCRIPTION

POTENTIAL PARTNERS

BARRIER(S) TO CHANGE BEING ADDRESSED

Address biases system-wide and advance cultural humility^{1,3}

Enhance commitment, create accountability for, and support the practice of cultural humility and awareness/ improvement of workforce biases. Specifically, this might look like:

- Provide health care staff and providers with education on cultural humility and birth equity to grow their empathy and understanding of the need for equitable, trauma-informed, culturally competent care.
- Recognize and raise awareness of learning and action opportunities available (i.e., the Racial Equity Institute) to organizations.
- Inform and activate leadership champions to communicate the need for cultural humility to providers and health care staff, including stories from people with lived experience

National non-profits, Private funders, State and local health agencies, Health systems, Hospitals, Academic institution, Federal agencies

Mental Model: Belief among decision makers that it is not critical to invest in workforce, anti-racism, or service gaps



ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Advance policies to support families' basic needs^{1,2,3,4}</p>	<p>Educate/advocate for and advance policies at the state and federal level to protect and provide for basic human needs such as food, shelter, and childcare. Apply Black feminist praxes and Indigenous knowledge to policy and program development, implementation, and analysis at every level of government. Specifically, advance policies including:</p> <ul style="list-style-type: none"> ▪ Raising the minimum wage ▪ Federal laws for paid family leave, paid sick leave ▪ Increasing EBT/WIC allocation and benefit period ▪ Increasing the supply of affordable housing ▪ Enacting progressive policies to support families basic needs at the state and local level ▪ Enacting the Black Maternal Health Omnibus Act. Center and defer to Black-led and centered, community-based organizations in implementing and evaluating Omnibus policies and programs. ▪ Offering evening and weekend appointments. ▪ Offering telehealth visits, in-home visits, mobile clinics, and other options for expanding access to care. ▪ Co-locating laboratory, imaging, mental and behavioral health, and other services to facilitate one-stop prenatal and postpartum visits. ▪ Ensuring the accessibility of exam rooms and other service areas. ▪ Making translators available and ensure signage and websites are available in priority languages. ▪ Removing work requirements ▪ Expanding Child Tax Credit ▪ Ensuring affordable and accessible childcare ▪ Targeting resources to families living in climate-affected areas 	<p>State and local health agencies, Federal agencies, Health systems, Legislators</p>	<p>System Structure: Inconsistent investment in providing equitable access to basic health, social, and economic services and supports</p>
<p>Build local coalitions^{1,3,4}</p>	<p>Build local coalitions to expand collective capacity to advance birth equity. Specifically, this might look like:</p> <ul style="list-style-type: none"> ▪ Sharing resources and strategies among organizations for collective impact ▪ Investing in the development of cultural humility and empathy among coalition members ▪ Changing the traditional hierarchies to share power with community organizations, members, and patient representatives 	<p>State and local health agencies, Health systems, Hospitals, Birth equity advocates, Legislators</p>	<p>Mental Model: Resistance to collaboration across sectors</p>

ACTION	DESCRIPTION	POTENTIAL PARTNERS	BARRIER(S) TO CHANGE BEING ADDRESSED
<p>Develop and support an organizational growth culture³</p>	<p>Grow and support organizational commitment and capacity for adaptive leadership, including a growth and transformative mindset. This includes building organizational cultures that support a true commitment to psychological safety to unleash the potential for meaningful improvement, courageous creativity, human connection, and grace towards oneself and each other; mandatory/strongly encouraged paid time off; and instilling and welcoming a deep commitment to speaking truth to power, while also recognizing that strategic decisions need to inevitably play a role when navigating different settings, spaces, and audiences.</p>	<p>National non-profits, Private funders, State and local health agencies, Health systems, Hospitals, Federal agencies, Academic institutions</p>	<p>Mental Model: Resistance to embracing a transformative mindset</p>
<p>Disseminate health education and birth rights information³</p>	<p>Develop and disseminate culturally relevant health education resources, including on birth choices and rights, acknowledging current system flaws, and suggested strategies for resiliency while pursuing community-driven systems change. Specifically, this might look like:</p> <ul style="list-style-type: none"> ▪ Disseminating birth rights information to families and communities ▪ Assuring providers are knowledgeable on and held accountable to state-level and facility-level policies regarding patient rights 	<p>State and local health agencies, National non-profits, Health systems, Hospitals, Community-based organizations</p>	<p>System Structure: Birthing individuals only have access to what their insurance is willing to pay for, setting a standard that doesn't allow choice</p> <p>Mental Model: The devaluing of women and childbirth and intense focus on the newborn</p>
<p>Grow public awareness of factors impacting birth equity^{3,4}</p>	<p>Influential thought leaders and organizations should develop social media, mass communication content, and other strategies to grow public and cross-system (eg. among all other relevant organizations and providers) appreciation of the interconnected nature of maternal health, behavioral health, and health insurance policies along with their joint influence on birth equity. Specifically, this might include:</p> <ul style="list-style-type: none"> ▪ Partnering with local media to raise awareness and create urgency around areas of needed systems change ▪ Focusing on informing and influencing youth mental models in partnership with schools, youth-led organizations, etc. 	<p>State and local health agencies, Federal agencies, National non-profits, Health systems, Community-based organizations, Academic institutions, Professional medical associations</p>	<p>Mental Model: Lack of appreciation for interconnected nature of maternal health, behavioral health, and health insurance policies</p>
<p>Share resources to maximize impact^{1,3,4}</p>	<p>Actors with institutional power can share non-financial institutional assets with other community partners. Specifically, this can look like in-kind donations of goods and services and pro bono support with professional services such as:</p> <ul style="list-style-type: none"> ▪ Information technology infrastructure and support ▪ Data collection and management resources ▪ Financial, legal, and governance resources ▪ Emergency preparedness and response resources 	<p>National non-profits, Private funders, Health systems, Community-based organizations</p>	<p>Mental Model: Resistance to collaboration across sectors</p>

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Sources

Actions were synthesized from a two-part Systems Mapping to Advance Birth Equity workshop with 48 diverse actors representing federal, state, local, community, and family birth equity partners as well as the following recommended recent sources that have called for specific actions to advance birth equity.

1. Black Mamas Matter Alliance (2023). Black Mamas Matter: In Policy and Practice: A policy agenda for the Black maternal health, rights, and justice movement.
2. Institute for Medicaid Innovation (2023). Innovation in Perinatal and Child Health in Medicaid.
3. National Birth Equity Systems Mapping Workshop (2023). AMCHP Virtual Workshop, May and June 2023.
4. National Partnership for Women and Families (2023). Raising the Bar for Maternal Health Equity and Excellence.
5. New Jersey Health Care Quality Institute and The Burke Foundation (2022). Delivering Better Care: Midwifery Practice in New Jersey.

Participating Organizations (in the workshop or feedback sessions)

- Alliance for Early Success
- Birthing Cultural Rigor, LLC
- BirthMatters
- Black Mamas ATX
- CityMatCH
- Family Solutions: A Program of the SC Office of Rural Health
- Funders for Birth Justice and Equity
- Georgetown University Center for Children and Families
- Giving Austin Labor Support
- Greater Newark Health Care Coalition
- Hand to Hold
- Healthy Mothers, Healthy Babies Coalition of Georgia
- HRSA's Maternal and Child Health Bureau
- Institute for Women and Ethnic Studies
- Intermountain Health RMOMS Program
- Mama Sana Vibrant Woman
- Mamatoto Village
- March of Dimes
- Maternal Health Equity Collaborative
- Maternal Mental Health Leadership Alliance
- Merck for Mothers
- Minnesota Indian Women's Resource Center
- National Healthy Start Association
- National Institute for Children's Health Quality
- National Partnership for Women & Families
- Our Journ3i
- Philadelphia Department of Public Health
- Preeclampsia Foundation
- Rhode Island Department of Health
- Sedgwick County Health Department
- St. Joseph County Department of Health
- Starting Out Right
- The BEE Collective
- The Reilly Group
- Trenton Health Team
- The U.S. Department of Agriculture
- U.S. Department of Labor
- Utah Pacific Islander Health Coalition
- University of Washington's Parent-Child Assistance Program

