

BARRIER TO CHANGE:

→ **Criminalization of abortion care and non-hospital based birthing options**

This document describes actions from the [Birth Equity Action Map](#) that can help to shift system structures that perpetuate the criminalization of abortion care and non-hospital based birthing options, which was identified as a barrier to change using the [Iceberg Model of Systems Thinking](#). Click [here](#) to view these actions in the interactive Birth Equity Action Map.



ACTION



DESCRIPTION



RESPONSIBLE SYSTEM ACTORS

ACTION	DESCRIPTION	RESPONSIBLE SYSTEM ACTORS
<p>Ensure equitable, trauma-informed, patient-centered care^{1,3,4}</p>	<p>Ensure equitable, trauma-informed, patient-centered care is provided and rooted in reproductive justice. Specifically, this might look like:</p> <ul style="list-style-type: none"> • Develop community-led governance structures within health systems • Invest in reproductive justice informed peer-to-peer, and community health worker programs • Train providers to deliver respectable maternity care, including respect for the full range of birthing options and patient autonomy • Provide access to peer counselors and lactation specialists to support human milk feeding • Establish breastfeeding-friendly spaces and adhere to the 10 Steps to Successful Breastfeeding. 	<p>Health systems, Hospitals, Payer, Medical and health education programs</p>
<p>Improve care for people in the justice- and immigration-system¹</p>	<p>Advocate, build coalitions, and pass policies at the federal, state, and local level to ensure the delivery of equitable, trauma-informed, patient-centered care for justice- and immigration-system involved individuals and families. Specifically, this might look like:</p> <ul style="list-style-type: none"> • Establish federal guidelines for trauma-informed care in correctional and detention facilities • Guarantee access to respectful, comprehensive, and quality maternal, sexual, behavioral, and reproductive healthcare, including abortion care, in correctional and detention facilities and hold staff accountable for denial of care, sexual and gender-based violence, and other human rights abuses • Establish provider exchange service programs to increase access to perinatal health workers like doulas, counseling, reentry assistance, and maternal-infant bonding opportunities • Mandate access to menstruation products and contraception • Eliminate the use of protective restraints for pregnant incarcerated persons • Explore alternative placement and secure housing options for incarcerated persons during the perinatal period • Establish correctional policies that support family video conferencing, parenting resources, family visitation, and overnight visiting 	<p>State and local health agencies, Federal agencies, Health systems, Professional medical associations, Legislators</p>



Funding & Acknowledgements

The Birth Equity Action Map was developed by the Association of Maternal and Child Health Programs (AMCHP), UNC Gillings School of Global Public Health, and Vijaya K Hogan Consulting LLC with funding from the Pritzker Children's Initiative.

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 of 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