



BIRTH JUSTICE COLLABORATIVE

An American Indian & African American led coalition advancing maternal health and birth justice in our communities



The Birth Justice Collaborative (BJC) was launched in 2022 when six **African American and American Indian** led organizations partnered with Hennepin County to engage their communities in co-designing strategies to improve maternal health and birth outcomes. Over 300 community members informed and are now implementing the strategies described below:

Acknowledge and Address the Impact of Racism. Pilot a 15-month postpartum support program for parents that combines evidence-based, cultural home visiting and supportive resources.

Invest in a Network of Trusted Cultural Providers. Seed and plan an African American Homeplace and an American Indian Birthing Center that will offer healing-centered engagement and culturally-grounded support for birthing families and cultural providers.

Expand Culturally Meaningful Workforce Pathways. Support doulas and other cultural providers with technical assistance and business supports and increase community awareness of and access to doulas and other cultural providers.

Advance Anti-Bias Accountability. Improve Minnesota's anti-bias curricula, equip community members with tools to identify bias and self-advocate, and pilot a tool in health systems to identify and address racism at the point of service.

Advocate for and Radically Reform Payment and Policy. Advance a shared legislative, administrative, and community-based agenda for increasing reimbursement rates for cultural birth workers, expanding billing codes, and increasing funding for culturally-based services.

COALITION PARTNERS





WHY BIRTH JUSTICE ?

➤ African American Maternal Mortality Rates

23%

Of pregnancy-associated deaths are African American birthing people, despite representing only 13% of the population.

➤ American Indian Maternal Mortality Rates

8%

Of pregnancy-associated deaths are American Indian birthing people, despite representing only 2% of the population.

The Minnesota Department of Health's Maternal Mortality Review Committee determined that over 60% of pregnancy-associated deaths occurred between six weeks after the pregnancy and one year postpartum and were 100% preventable.

✓ Cost of Structural Racism in Maternal Healthcare

As a result of structural racism, American Indian and African American families face higher rates of mortality, poverty, preterm and cesarean births, low birth-weight, inadequate perinatal care in Minnesota, and experience significant barriers to receiving adequate treatment, leaving our youngest Minnesotans more vulnerable.

✓ Access to Effective Care

African American and American Indian birthing people are more likely to receive late or no prenatal care compared to white birthing people.

✓ Community-based Care Models show Better Results

Research shows that the utilization of midwives and community-based care models have been associated with improved maternal and infant outcomes.

✓ Importance of Cultural Competency in Maternal Health Care and Support

BJC's strategies center culturally competent providers and birth workers because they improve birth outcomes. They deeply understand the historical context of the communities they care for and acknowledge that respecting and upholding diverse cultural backgrounds, traditions, and belief systems is essential for establishing trust with our communities.



Sources.

Minnesota Department of Health. (2021). Care during pregnancy and delivery.

Minnesota Department of Health. (2022). Minnesota maternal mortality report: Reporting for 2017-2019.

Almanza, J., Karbeah, J., Kozhimannil, K. & Hardeman, R. (2019). The experiences and motivations of midwives of color in minnesota: Nothing for us without us. Journal of Midwifery & Women's Health, 64(5), 598-603.