BIRTH JUSTICE COLLABORATIVE

COMMUNITY THEMES SYNTHESIS

DECEMBER 2022

BIRTH JUSTICE COLLABORATIVE: COMMUNITY THEMES SYNTHESIS

Cover Art by Noah Lawrence-Holder

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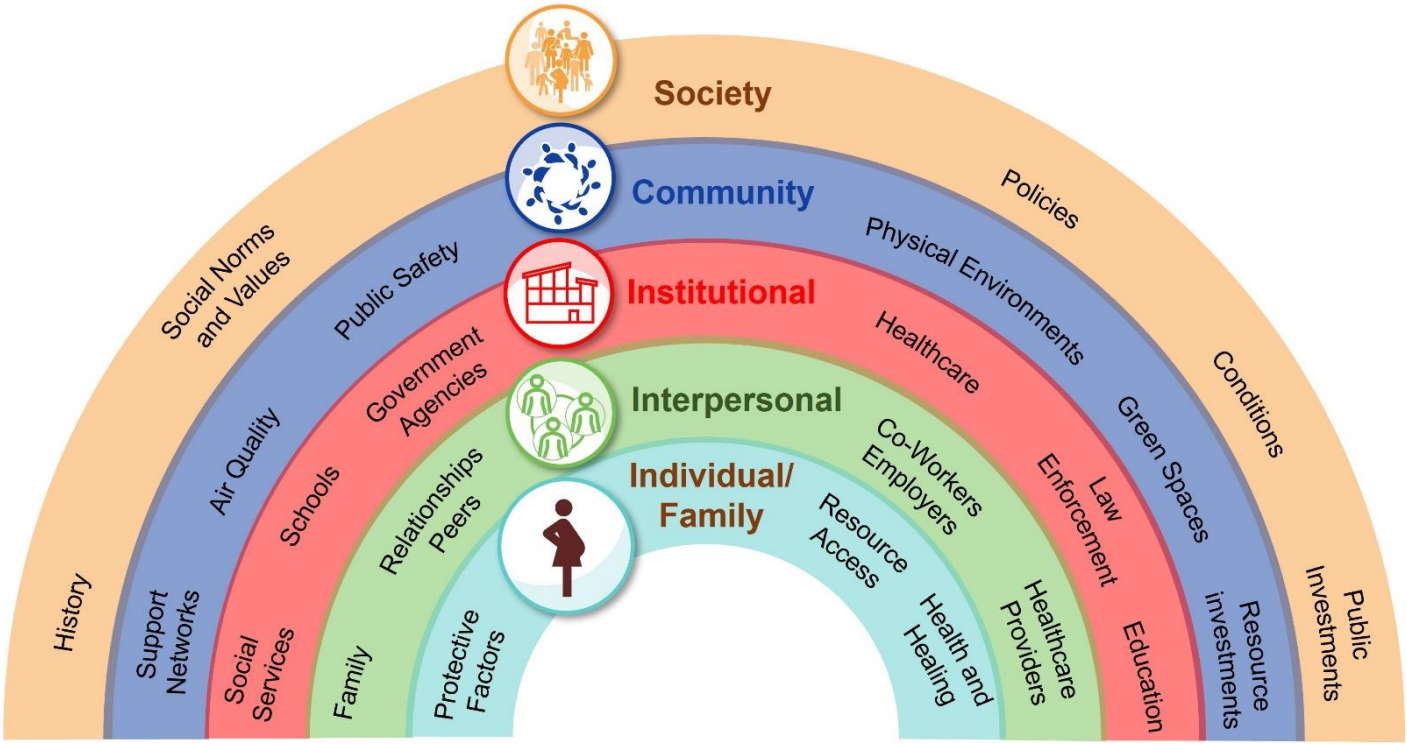
Context

This Synthesis is submitted by the Birth Justice Strategy Collaborative (BJC), which consists of two Black and two American Indian led organizations—Liberty Northside Healing Space (NHS), the University of Minnesota Robert J. Jones Urban Research and Outreach-Engagement Center (UROC), Minnesota Indian Women's Resource Center (MIWRC), and Native American Community Clinic (NACC) —and a coordinating organization, Collective Action Lab (CAL).

The BJC is under contract with Hennepin County to engage American Indian and Black community members to identify strategies that advance maternal health and birth justice. Black community members included US born descendants of slavery, US born, and non-US born Black people. The term birth justice encompasses any policy, practice, mindset, behavior, or ceremony found in community, institutional, spiritual, family, and/or other system or construct that positively impacts maternal health and well-being from pre-conception through post-partum, reduces exposure to adverse experiences, and/or fosters trauma healing among American Indian and Black people.

This document synthesizes themes from community engagement in Black and American Indian communities in Hennepin County between October and December 2022. Consistent with the BJC's previously submitted literature review synthesis, the themes are organized using a model that provides a comprehensive context for identifying issues that could impact maternal health and well-being at societal, community, institutional, interpersonal, and individual levels.



Conceptual Source: Bronfenbrenner, U. (1994). Ecological models of human development. In International Encyclopedia of Education, Vol 3, 2nd Ed. Oxford: Elsevier. Reprinted in: Gauvin, M. & Cole, M. (Eds.), Readings on the development of children, 2nd Ed. (1993, p. 37-43). NY: Freeman.

Engagement Principles and Process

OBJECTIVES: The BJC had two objectives for engagement:

1. **Convene as a means to an end.** Surface key strategy themes that community members believe will advance maternal health and birth justice for Black and American Indian people in Hennepin County.
2. **Convene as an end unto itself.** Offer participants culturally meaningful opportunities to connect, commune, heal, and inspire one another through shared stories and ideas, food, and ceremony.

GUIDING PRINCIPLES FOR ENGAGEMENT:

CO-DESIGN

The four core BJC partners co-designed and held convenings in accordance with their own community practices, rituals, ceremony, and norms (the fifth partner, CAL, coordinated logistics to support the events at the direction of the other partners).

CREATE SUPPORTIVE SPACE

The BJC partners hosted three in-person convenings in trusted community locations: 1) American Indian Convening (co-hosted by MIWRC and NAAC at MIWRC); 2) Black Convening (co-hosted by NHS and UROC at UROC); and 3) Intercultural Convening (co-hosted by all four partners at UROC). Each convening was supported by local, cultural elders and ceremonial leaders who were compensated for their expertise.

FOSTER ACCESS

- Convenings were held in-person and virtually in large and small groups, 1-1 interviews, and in forums with scheduled events that permitted the BJC to hold an adjacent discussion group.
- BJC partners invited community members directly and asked those they invited to invite others.
- Participants could but were not required to register in advance to attend convenings.
- At in-person convenings, participants had access to food, childcare, and emotional and energetic support offered by community members who were paid for their time and expertise.

HONOR WISDOM AND TIME

Participant time and wisdom was acknowledged via $50 gift cards and participants were invited to follow up discussions in 2023 to review draft strategies and plans.

DIALOGUE PROMPTS: BJC partners designed dialogue prompts for the convenings:

Black and American Indian Convening Prompts

- *What is wisdom you wish you had received or would want to share with others about maternal health and support?*
- *When you hear the words birth justice, what does that mean to you?*
- *What would need to START and what would need to STOP to make maternal health and birth justice real for you and/or others?*

Intercultural and Virtual Convenings Prompt

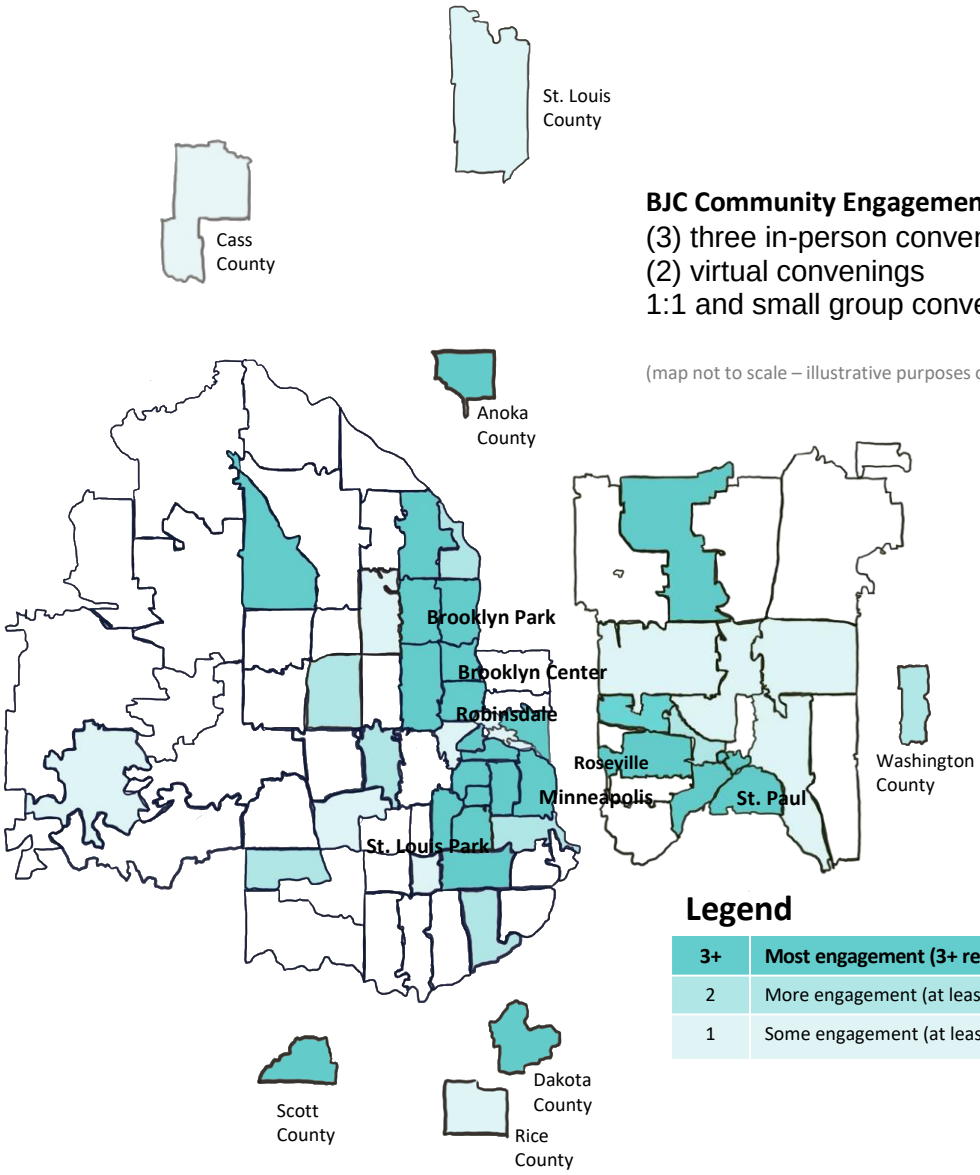
Based on feedback the partners designed a single prompt for the third convening:

- *What is needed to protect and support American Indian and Black people before, during, and after birth?*

There were 6-7 dialogue tables at each in-person convening and 4-5 small group break outs during each virtual convening. Pre-assigned notetakers captured themes and participants shared highlights from their discussions with the full group. Raw notes were transcribed and organized by themes that align with the socio-ecological model. The Appendix to this report holds the detailed notes from each convening.

Engagement Participation

As of 12/15/2022 we have reached over **275 individuals** through our outreach efforts (three large in-person convenings, two virtual convenings, and small discussions).



Outreach	Zip Code	Outreach	Zip Code	Outreach	Zip Code	Outreach	Zip Code	Outreach	Zip Code
21	55404	7	55164	4	55372	2	55113	2	55417
17	55411	7	55406	3	02130	2	55114	2	55420
16	55102	7	55423	3	55108	2	55116	2	55426
15	55407	7	55443	3	55122	2	55118	2	55441
10	55104	6	55311	3	55126	2	55128	2	55444
9	55408	6	55419	3	55403	2	55346	2	56484
8	55107	6	55432	3	55422	One from each: 53102, 53212, 54603, 54829, 55057, 55068, 55106, 55109, 55117, 55125, 55129, 55337, 55343, 55364, 55376, 55401, 55405, 55428, 55435, 55454, 55803, 55804, 55928, 56601, 56671, 58404, 84066, 97060			
8	55409	5	55024	3	55429				
8	55412	5	55155	3	55430				
8	55414	5	55410	2	20747				
7	55101	4	55124	2	55103				

American Indian Convening

November 9, 2022
(In-person)

Art by Andres Guzman

American Indian Convening
Minnesota Indian Women's Resource Center
23300 15th Avenue South, Minneapolis 55404
51 registered in advance
57 attended* (30 gift cards distributed)
Predominantly American Indian, also Black and multiracial (approximately 5 white)

Registration	Zip code	Registration	Zip code
12	**55404**	3	55107
5	55407	2	55101
4	55406	2	55155
4	55409	2	55408

22: one from each of the following: 54829, 55024, 55068, 55109, 55118, 55128, 55129, 55164, 55311, 55372, 55403, 55405, 55410, 55411, 55417, 55419, 55423, 55426, 55429, 55435, 55444, 58404, 54829, 55024, 55068, 55109, 55118, 55128, 55129, 55164, 55311, 55372, 55403,5 5405, 55410, 55411, 55417, 55419, 55423, 55426, 55429, 55435, 55444, 58404

*Attendance reflects inclusion of healers and musicians who in addition to their work, actively engaged in the discussions.

AGENDA

5:00-5:30 p.m. Check in and welcoming
Hosts: Marissa Miakonda Cummings, Iktomi Wašte Winyan Favel, Lisa Skjefte, Dr. Antony Stately

5:30-6:00 p.m. Food, conversation, and grounding ceremony
- Mazopyia, Prior Lake, MN (food)
- Linda Eaglespeaker and Donna LaChapelle (opening and closing prayer, smudging, participant support)
- Reuben Stately, youth drum group (drumming)
- Alejandra Alatriz (body worker)

6:00-7:00 p.m. Community Dialogue (Dialogue Prompt Questions)
- What is a wisdom you wish you had received or would want to share with others about maternal health and support
- When you hear the words birth justice, what does that mean to you?
- What would need to START or STOP to make maternal health and birth justice real for you and/or others?

7:00-8:00 p.m. Sharing and closing

African American/Black Convening

November 10, 2022
(In-person)

Art by Andres Guzman

African American/Black Convening
University of Minnesota's UROC
2001 Plymouth Ave N., Minneapolis 55411

39 registered in advance
51 attended* (23 gift cards distributed)
Predominantly African American/Black and multiracial (approximately 5 white)

Registration	Zip code	Registration	Zip code
6	**55411**	2	55408
4	**55104**	2	55414
3	55407	2	55430
3	55412	2	55432
2	55155	2	55443
12: one from each of the following: 55024, 55101, 55108, 55164, 55311, 55337, 55406, 55409, 55410, 55417, 55419, 55429			

*Attendance reflects inclusion of healers and musicians who in addition to their work, actively engaged in the discussions.

AGENDA
5:00-5:30 p.m. Check in and welcoming
Hosts: Rev. Dr. Alika Gallaway and Makeda Zulu

5:30-6:00 p.m. Food, conversation, and grounding ceremony
- Chelle's Kitchen (food)
- Brother Ghana Mbaye (drumming)
- Rev. Dr. Alika Galloway (opening)/ Makeda (closing)
- Ayo Somatics (participant support/body worker)
- Rebeka Ndosi (participant support/healer)
- Paige Reynolds (artist: participatory quilt making)

6:00-7:00 p.m. Community Dialogue (Dialogue Prompt Questions)
- What is a wisdom you wish you had received or would want to share with others about maternal health and support
- When you hear the words birth justice, what does that mean to you?
- What would need to START or STOP to make maternal health and birth justice real for you and/or others?

7:00-8:00 p.m. Sharing and closing

Intercultural Convening

November 16, 2022
(In-person)

Art by Andres Guzman

Intercultural Convening
University of Minnesota's UROC
2001 Plymouth Ave N., Minneapolis 55411
54 registered in advance
48 attended* (22 gift cards distributed)
Predominantly African American/Black, American Indian, and multiracial (approximately 4 white)

Registration	Zip code	Registration	Zip code
5	**55411**	2	55409
3	55404	2	55412
3	55407	2	55414
2	55102	2	55420
2	55104	2	55432
2	55311		
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*Attendance reflects inclusion of healers and musicians who in addition to their work, actively engaged in the discussions.

AGENDA

5:00-5:30 p.m. Check in, welcoming, opening
Hosts: Rev. Dr. Alika Galloway, Makeda Zulu, Lisa Skjefte, Antony Stately

5:30-6:00 p.m. Food, conversation, and grounding ceremony
- Gatherings Café—Minneapolis American Indian Center (food)
- Linda Eaglespeaker and Donna LaChapelle (prayer/participant support)
- Reuben Stately, youth drum group (drumming)
- Brother Ghana (drumming)
- Jayanthi Kyle (singing)
- Nothando Zulu (story telling)
- Alejandra Alatriz (body worker)

6:00-7:00 p.m. Community Dialogue
Dialogue Prompt Question:
- What is needed to protect and support Black and American Indian people before, during, and after birth?

7:00-8:00 p.m. Sharing and closing

Virtual Intercultural Convenings

December 6 & 7, 2022
(Virtual)

Art by Noah Lawrence-Holder

Intercultural Convenings
Virtual (Zoom Meetings)

109 registered in advance

64 attended (39 gift cards distributed)
Predominantly American Indian and Black, 8 white attendees most of whom formed a white affinity small group for discussion

Registration	Zip code	Registration	Zip code
5	55423	2	20747
5	55443	2	55024
4	55101	2	55103
4	55104	2	55114
4	55164	2	55116
4	55404	2	55122
4	55408	2	55126
4	55411	2	55311
4	55414	2	55346
3	02130	2	55372
3	55107	2	55403
3	55124	2	55406
3	55412	2	55407
3	55419	2	55410
3	55422	2	55432
23: one from each of the following: 53212, 54603, 55057, 55106, 55108, 55113, 55118, 55125, 55343, 55364, 55376, 55401, 55409, 55426, 55441, 55454, 55803, 55804, 56484, 56601, 56671, 84066, 97060			

NOTE: We have and will continue to conduct small group conversations across the county and provide updated information in early 2023 on any new themes and/or numbers and demographics of people engaged.

AGENDA
Check in, welcoming, opening
Hosts: Rev. Dr. Alika Galloway, Makeda Zulu, Lisa Skjefte, Antony Stately

5:30-6:00 p.m. Conversation and grounding ceremony
- Brother Ghana (African drumming)
- Miziway (Native drumming)

6:00-7:00 p.m. Community Dialogue
Dialogue Prompt Question:
- What is needed to protect and support Black and American Indian people before, during, and after birth?

White affinity group discussion prompt question:
- What can and will white people and dominant culture systems do to support American Indian and Black birthing people?

7:00-8:00 p.m. Sharing and closing

Community Themes Overview

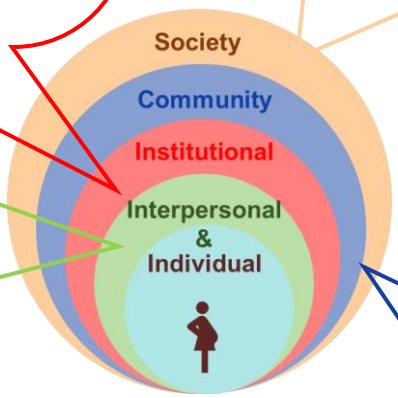
The synthesis below reflects high level themes that surfaced across all community engagements and is organized using the Socio-Ecological framework. The themes voiced by community members do not yet rise to the level of recommendations for action, but provide the foundation for developing specific, actionable strategies and an implementation plan to take back to and vet with community members in 2023.

INSTITUTIONAL

- Decolonize Western Healthcare Systems
- Hold Systems Accountable for Addressing Provider Bias, Discrimination, and Abuse
- Exhibit Cultural Humility
- Support Self-Autonomy in Care by Communicating Options
- Distinguish and Acknowledge Distinctions among Black Communities
- Diversify the Healthcare Workforce
- Engage and Support Fathers and Non-Dominant Cultural Family Structures
- Provide Comprehensive Support for Health Issues that Co-Occur
- Provide Trauma Responsive Care
- Include, Respect, and Pay Ceremonial Providers on Care Teams

SOCIETAL

- Demand that Systems Change and Hold Them Accountable
- Address Historical Injustices-Reparations
- Assure Access to Health Insurance and Health Care
- Invest in Ways to Connect People to Resources Outside of Health Care
- Adequately Fund/Reimburse Doulas and Cultural Ceremonial Staff
- Decolonize Western Certifications to Include Cultural Practices and Providers
- Reform Data Collection Practices
- Reform Child Welfare, Prison, and Public Safety Policy Regarding Birthing



INTERPERSONAL AND INDIVIDUAL

- Work to Heal Trauma
- Access Available Supports
- Ask for and Seek Help from Others
- Recognize and Support Fathers
- Form Community Healing Circles and Networks
- Seek Family Planning and Counseling
- Learn Self-Advocacy

COMMUNITY

- Adopt and Invest in Cultural, Community Births
- Establish and Invest in Indigenized Birthing Centers with Land; Indigenize Birth
- Invest in and Support Cultural Connections Including Doulas, Birth Workers, Fathers, Families
- Invest In and Support a Network of Community Based Cultural Programs and Resources
- Fund and Support Cultural Advocates/Navigators
- Fund Wrap-Around, Community-Based Resources from Pre-Conception through Early Childhood
- Organize, Share, and Teach Cultural Birth Wisdom
- Come Together as Black and American Indian Communities to Reclaim and Support Cultural Ways

SOCIETAL

ADOPT AND INVEST IN ANTI-RACIST POLICIES:

- **Demand System Transformation and Accountability—**through policy enactment and enforcement, require provider anti-bias training, enforce standards for auditing systems of care for racism at the point of service, assure access to culturally meaningful, trauma-informed care, and support people in getting needed resources outside of healthcare (basic needs and cultural resources)
- **Address Poverty—**create access to income supports (targeted guaranteed income programs), housing supports, food access, and other needed resources
- **Address Historical Injustices via Reparations—**develop and offer land grants, monetary reparations, housing, education, and other wealth building grants (baby bonds), and return sacred sites for use as birthing lodges for multiple tribes
- **Assure Access to Health Insurance and Health Care—**cover all aspects of maternal and infant health-pre-natal through early childhood-including doulas and abortion care—fund and support insurance navigation and support
- **Raise Awareness About and Adequately Reimburse Doulas and Culture-Ceremonial Staff —**recognize and provide adequate, secure, and flexible funding for doulas and cultural-ceremonial staff –poverty is a barrier to reclaiming traditional ways—and ensure that providers educate people about these options
- **Decolonize Western Certifications—**expand certification in ways that acknowledge expertise of cultural healers and practices that support American Indian and Black people before, during, and after birth
- **Reform Data Collection Policy and Practices—**improve data collection and support tribal data sovereignty and research capacity; better distinguish data relating to US born versus foreign born Black people to understand their different needs and how generational exposure to racism impacts health outcomes
- **Invest in Ways to Get People Resources Outside of Healthcare—**invest in approaches that get people access to needed resources such as food, transportation, and community-based and cultural supports, but do so in ways that do not disrupt or undermine existing trusted relationships
- **Reform Public Safety—**reduce over-policing in Black and American Indian communities and ensure access to emergency and ongoing mental health and other community supports that are culturally meaningful
- **Reform Child Welfare System Policy—**ensure maternal and infant health, dignity, and support in birthing when incarcerated
- **Reform Prison Birthing Policy—**assure access to humane, trauma-informed maternal care and support

Items in blue font reflect themes arising only from the American Indian community engagements, and **Green items** arose only from Black community engagements.

"Our ancestors came tonight and they want every baby to be celebrated."

"We don't even know what to expect from or ask of systems and white people – but we need to!"

"Poverty is a barrier to reclaiming traditional ways."

"Hold systems accountable for their racist structures, policies and practices – this is where the limitations hit so hard and are so hard to overcome – we tend to adapt to what is rather than radically reform what needs to be."

"I think there are a lot of Black and American Indian parents who are immobilized by fear of the system, fear of asking for help, fear of having their children taken from them. Showing vulnerablity is to show weakness"

"People have to be able to report providers somewhere for not only malpractice but lack of understanding and culturally inappropriate care; where do they go to do this?"

COMMUNITY

- **Adopt and Invest in Cultural and Community Birth Settings—**create more options for and fund births outside of hospitals at home or in cultural birthing centers w/cultural practices and family models of birthing—**Indigenize Birth via Reclaiming, Investing In, and Adopting of Traditional Ways**
- **Establish and Invest in Indigenized Birthing Centers with Land—A Sovereign, Indigenized Birth Center** – for Women by Women – where birthing people have autonomy, family support (aunties, grandmas) on land w/ lodges and help with postpartum needs among kinship and consistent, long-term doulas
- **Invest in and Support Cultural Connections Including Cultural Doulas and Birth Workers, Fathers, Family, and Other Supports** – birthing resources start in and with community and culture
- **Organize, Share, and Teach Cultural and Reproductive Wisdom—**support people in teaching and helping others know cultural ways and the right thing to do—providing guidance, and acknowledging history through native stories, theater, videos; invest in and disseminate community resources that teach and help others know cultural ways, the sacredness of birth, traditions, and culture including from grandmothers, doulas, granny midwives
- **Invest in and Support a Connected Network of Community Based Cultural Programs and Resources—**create circles of support and healing, cultural doulas and birth workers, father and family resources
- **Fund and Support Cultural Advocates and Navigation Support—**use cultural navigators, community health workers, and family advocates that are from Native and Black communities to help navigate systems and support parents in expressing and getting what they need; also support in self-advocacy
- **Fund Wrap-Around, Community-Based Resources from Prenatal through Early Childhood—**support women before, during, after birth with a diversity of resources, especially those in poverty and isolation, who don't have grandmas and aunties with them: Include **--Food Support –**education, support, and access to healthy, cultural foods for native parents and children **--Breastfeeding Support—**normalize, encourage, provide resources, and support parents who want to breastfeed—**Home Health Visits—Housing Supports**--**Companionship**
- **Black and American Indian Communities Need to Come Together to Reclaim and Support Cultural Ways and Resource Centers—**identify Maternal Toxic Zones- where there is a lack of support for mothers/babies and advocate and build support there on a massive scale, e.g. Northside Achievement Zone model in all regions

Items in blue font reflect themes arising only from the American Indian community engagements, and **Green items** arose only from Black community engagements.

"If only I would have known as a young Native woman about the placenta or belly button ceremony."

"As a nurse I saw a young Black girl of 14 giving birth, but not screaming because she had been taught not to have any expectations that she would be helped."

"How can we expect people who are already traumatized to speak up and self-advocate? They need people who understand and have lived experience to support them."

"On day ONE, we need to surround families with care; there should be 30 people saying to the parents, "we got you!"

"I'm from Bosnia and am a Muslim and I grieve the loss of our traditions."

"I learned that the history of doulas, the granny midwives, and black women's knowledge was passed down and we had better outcomes before we could go to a hospital, before the medical, industrial complex took over. It was about healing; I remember my grandmother and her healing."

"Instead of having people alone, during labor, they should have someone with them because health providers will ignore them, and not listen to their concerns or wishes, having someone advocate for you."

INSTITUTIONAL

- **Decolonize Western Healthcare and Systems—**move away from purely clinical models and certifications to models that can include and respect traditional practices and providers and include doulas and cultural providers on the care team at the outset, not as an afterthought

- **Hold Systems Accountable for Addressing Provider Bias, Discrimination, and Abuse—**train and hold providers accountable for providing culturally respectful, trauma-informed, person-centered care and support from pre-natal through post-partum; audit systems for racism and hold them accountable for responsive policy and practice changes

- **Exhibit Cultural Humility and Support Autonomy in Care—**honor that Native and Black birthing people know what is best for their babies; explain all available options and choices; listen, hear, see, respect, and support their decisions and their traditional elders and healers

- **Distinguish and Acknowledge Distinctions among Black Community Members—**US born African Americans and African born community members have different needs, cultures, and histories that need to be seen and addressed by providers

- **Diversify the Healthcare Workforce—**increase the number of American Indian and Black doctors, midwives, doulas, and cultural advocates/navigators and do not require them to unlearn cultural ways of being and doing

- **Engage and Support Fathers and Family Members–**recognize, include, and provide support for fathers and other family members even outside of marriage or other dominant culture family norms

- **Provide Comprehensive Support for Issues that Co-Occur in Maternal Health-** provide culturally responsive care with a framework that addresses more than one health issue, including mental health support, substance use disorder support, and intimate partner violence intervention and support

- **Provide Trauma Responsive Care and Support—**train providers to recognize the generations of trauma and see and support people in that broader context of history and their lived experiences

- **Assure Inclusion and Reimbursement Parity for All Care Team Members—**respect, include, and adequately pay all members of birthing peoples' care teams, including traditional knowledge keepers and providers of ceremonial health

Items in blue font reflect themes arising only from the American Indian community engagements, and **Green items** arose only from Black community engagements.

"

I could hear the nurses talking about how I did not know what to do, yet they didn't help me know what to do. I had to google how to breastfeed when I was at the hospital."

"If you are Black they test you for drugs."

"Birthing is a spiritual experience – they drug us because they don't like us to have the Spirit or bring a Spirit into the world."

"We don't put our staff through the midwife program because they have to follow certain state standards of care and we believe in a broader approach that is based on our cultural experiences and input from elders and aunties. Instead, we focus on doulas and cultural practices."

"We lack systems that support the continuity of our stories."

INTERPERSONAL & INDIVIDUAL

- **Heal Trauma—**engage in self-care and support to recognize and heal trauma in any form, whether physical or mental health issues, substance use, intimate partner violence, or other trauma manifestations
- **Access Available Supports—**access available resources for mental health issues such as post-partum depression and advocate for new and culturally meaningful resources whenever possible
- **Seek Help**—recognize personal limits and ask for help
- **Recognize and Support Fathers**—support fathers in their roles as it is key to supporting maternal health
- **Support One Another—**form circles of support, healing circles, and community/family networks
- **Family Planning Counseling—**seek support in forming and maintaining intimate partner relationships and planning to have or not have children

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> *I faked it. I did not have an initial connection with my baby and felt very depressed; I thought that I was supposed to be happy, so I pretended."*
>
> *"We need to support rather than shame birthing people in abusive relationships. We need to surround them and help them get what they need."*
>
> *"We need to support fathers in their roles. As men, we don't say "we" are having a baby."*
>
> *"Birth is beauty. Birth is harmony. It is heartbreaking to put birth and justice together. Justice needs to be a given."*

Next Steps

A Leadership Coalition composed of community members and organizations, BJC partners, County representatives, and others will convene in late-January, 2023. The Coalition will use this community guidance as a foundation to develop specific strategies and an implementation plan for funding. That plan will be tested via additional community convenings in the spring of 2023 for input and revisions. Implementation and funding of select community strategies will occur in late 2023-2024.

For further information or to get involved in the Birth Justice Collaborative, please contact Corenia Smith, corenia@collectiveactionlab.com

Art by Noah Lawrence-Holder

Appendix: Detailed Convening Summaries

American Indian Convening Detail

November 9, 2022

SOCIETAL

Adopt Anti-Racist Policies to:

- **Address Poverty through Access to Money, Housing, Food, and other Resources that Impact Health:** Address poverty through income supports, affordable housing, healthy and cultural food access, and other resources
- **Address Historical Injustices through Reparations**
  - Getting land back is crucial to our well-being; sacred sites need to be returned
  - Birth justice is social justice – which also means reparations – invest money in community, birthing lodges, with doctors. on site if needed – in a multicultural way (tepee, birth lodges, traditional birthing ways for multiple tribes) – not a Pan Indian type approach
- **Assure Access to Health Insurance and Health Care:**
  - Access to private and public health insurance that covers all aspects of maternal and infant health pre-natal through post-partum
- **Fund/Reimburse Traditional and Ceremonial Staff:** Recognize, and provide adequate, secure, and flexible funding for doula's and ceremonial staff –poverty is a barrier to reclaiming traditional ways
- **Demand System Accountability**: Systems measure racism at the point of care and are rewarded or penalized financially based on results
- **Reform Child Welfare System:** Unless the child is in danger CPS should not be called; but when a child is in danger CPS should be called
- **Reform Prison Birthing Policy:** Assure access to humane, trauma-informed maternal care pre-natal through post-partum

COMMUNITY

Indigenize Birth via Reclaiming, Investing In, and Adopting Traditional Ways -- Support native births outside of hospitals; having babies at home is our story—and support cultural practices and family models in birthing

- We need elders, aunties, fathers, sisters
- See birth as ceremony and sacred; adopt practices that support harmony and balance in birth
- Birthing isn't a medical condition it is natural and we should choose and decide what works best for us
- Honor the agreement that we have with the creator when we are born, we choose our parents and that experience
- Birth is beauty and harmony; it breaks my heart that justice and birth are put together in the same term
- Call in the pregnancy—awareness/choice of who you conceive with and when
- Support birthing positions other than lying on one's back
- Support elders/healers in practicing their traditional protocols, including adequate reimbursement
- Celebrate the different traditions. E.g. Period (Moons); historically this was a time to be with other women, beauty changes – ceremony of mooning; Mom may want a burial if baby miscarried or died; Birthing at home with the placenta and burial of the placenta as a gift back to Mother Earth.
- Ceremonial herbalists can help with tinctures, creams for stretch marks, teach the women to make the medicines, teas for themselves
- Ensure that we have autonomy about whether we want to be or are ready to be parents
- Make sure we retain full identity, not just as mothers
- Justice should be a given in birthing; native women have always had respect and power and we are working to reclaim that; feminism and justice (fighting for power you never had) belongs in someone else's world

Establish and invest in indigenized birthing centers with land—A Sovereign, Indigenized Birth Center for Women by Women – where moms have autonomy, family support from aunties, grandmas on land with lodges and tents, where they can stay as long as they need to, and get help with postpartum needs among kinship with assigned doulas or native sisters to continue till the babies are 4 years old

- Birth with aunties, grandmas – in lodges and tents (or at home)
- Based on a big piece of land or lodge so that we can draw power from the land
- Land can support ceremonial herbalists and traditional herbal medicine garden; we need to grow our medicines

Nurture and engage cultural connections including cultural doulas and birth workers, fathers, family, and other supports

- Cultural doula and birth workers are important and critical for families, need a birth plan
- Birthing is a family versus an individual experience; Include fathers and other family members
- We must build strong connections with people and native birthing resources that can support
- Deliver "sister babies"

Share and Teach Cultural Wisdom—support native people in teaching and helping others know cultural ways and the right thing to do; providing guidance, and acknowledging history through native stories, theater, videos, etc.

- Collect sacred stories and create a library to pass down the knowledge oral history collection
- Record, document, and teach to make sure the knowledge is transmitted--use videos and storytelling-every tribe is different
- Teach through a native theater, women and youth can do the plays of Indigenous stories—bring in youth
- Share Birth stories; no one hears about them when things go bad or what to do about that
- Teach women the process of birthing at a young age (moon starting)
- Normalize the death experience during childbirth – the pain is transforming
- Talk/teach about menopause, hot flashes, offer spaces to talk about everything, how to treat our bodies – especially with young girls)
- Talk about post-partum depression and early connections (of disconnection) with babies; share that it can happen and that it doesn't make you bad; share about what is there to help when that happens
- Talk/teach about sexual assault (what it is) and trauma--talk about how untreated trauma affects the birthing experience for the baby and the mother; sometimes the baby gets stuck because of the untreated trauma (trauma blocks the birthing)
- Teach about indigenous information, the role of the earth, going to the water, names, opening up to the ancestors, nurturing that part of our relationship with traditional medicine, care taking relationships, sharing stories, having a place to do that
- Provide Medicine kits, moon kits, menopause kits

Offer Resources from Prenatal through Post-Partum (early childhood) through:
Wrap Around Care and Support-- Support women before, during, after birth with a diversity of resources especially those in poverty and isolation who don't have grandmas and aunties with them

  - Create support system for community and support
  - Offer doula and midwife support on the first prenatal visit and explain why both are important
  - Make sure people are good before sending them home
  - Ongoing help with after care – in ways that are meaningful and cultural
  - Make sure rural moms get what they need
  - Support birthing people with dental hygiene

Food Support –provide educations, support, and access to healthy, cultural foods for native parents and children

- The food pyramid (to support formula) was created to capitalize on money – culturally we know what to do out of love – what to eat, how to live, what to smoke (or not smoke) – we don't need others to tell us what is best for us or our babies
- More research on what is healthy for native moms and babies (e.g. dairy is pushed but not good for us)
- Work with Indigenous cooks to support moms from prenatal thru postpartum; get traditional heath meals; Learn from Healthy Black Preparing for Farmers; Indibaby food line
- Understand food choices and how they impact mom's and babies so we can feed our babies like we did back in time

Breastfeeding Support—encourage, provide resources, and support parents who want to breastfeed

- Encourage women to breastfeed more
- Talk about health benefits of breastfeeding
- My Mom grew up breastfeeding – I was told that it hurts babies.
- Offer resources to moms like breast pumps, but don't pressure them to give up breastfeeding

INSTITUTIONAL

Decolonize Western Healthcare and Systems—move away from purely clinical models and certification processes to models that can include and respect traditional practices and providers

- Stop making *white right*--reverse the system of white supremacy in western medicine
- Western medicine does not work for native birthing people and disrupts the wisdom of traditional ways ; It is injustice to place traditional ways in the context of western systems
- Interrupt exploitive systems as we are creating new ways
- Move away from clinical models and shift to traditional practices
- Reform western certifications and other ways that determine qualification based only on white supremacy

Address Provider Bias, Discrimination, and Abuse Through Education, Training—train and hold providers accountable for providing culturally respectful, trauma-informed, person-centered care and support from pre-natal through post-partum

- Providers took my baby away after he was born and did not bring him back for 5 hours; he was crying alone
- Doctor's won't always listen to you or tell you what is happening to you or what they are doing (e.g. inducement, preeclampsia; hemorrhaging)
- Explain the tests and procedures they are doing and why; Providers don't really talk about options during the birth process
- I was overdue and told if I did not induce, my baby would die; but I knew it was coming in its own time and I talked to the baby and two days later he was born; I had to trust myself—systems need to trust us!
- Listen to our women/birthing people
- Pushing native and other oppressed people to the back in healthcare
- Stigmatizing and judging our parental capacity because we are native and/or based on our past health/mental health/substance use records
- Shaming moms for using meds
- Excluding dads and family members; only one person allowed with me during the birth process
- Patronizing staff
- Arguing with nurses not listening
- Unions protecting nurses even when they are racist
- Stop unnecessary medical interventions (c-sections, ECV, inductions)
- Our babies and moms must stop dying at higher rates

- We fear giving birth or bringing in our babies for their checkups
- Implicit bias of doctors
- Bad hospital aftercare
- Giving us medication so that we don't have the spiritual experience that we should have during birthing
- Inducing babies too soon
- Discriminating, assuming, stereotyping, and not listening to native women
- Barring grandparents from caring for their grandchildren as much
- Shaming birthing people in abusive relationship, provide them with safety and support
- Separating children from parents
- Providers taking babies away after birth for hours
- Equating low resourced parents as not able to parent
- Requiring trained doulas to do substantial recordkeeping tasks to satisfy doctors
- Doctor's who won't always listen to you or won't tell you what is happening to you or what they are doing
- Note to Doctors: Don't tell us our body is too big, small, etc. or scare us, "If you don't do this your baby will die"
- Hospital staff telling us wrong information or giving us no information
- Providers crossing boundaries in care and not asking for consent on procedures
- I had to google how to breastfeed while in the hospital because the nurses were not sharing how to do it

Cultural Humility and Trauma Responsive Care—Honor that native birthing people know what can be best for our babies; listen, hear, see, respect and support us and our traditional elders/healers in providing cultural and trauma-responsive care

- Support elders/healers in practicing their traditional protocols
- Listen to native moms, we know!
- Recognize and honor that native parenting is different from white parenting
- Decolonize all help and support to native birthing people (not just healthcare, but all care and support)
- Raise cultural awareness among providers
- See birth within the context of families not just birthing people
- Recognize the generations of native parenting
- Systems measure racism at the point of care
- Systems understand the impact of racism on our bodies and birth plans
- Address substance abuse in context of historical trauma and culture

Diversify the Healthcare Workforce—increase the number of native doctors, midwives, doulas, and cultural advocates/navigators

- Cultural advocates/navigators are critical when birthing in systems
- Diversify all staff clerical staff and hospital workforce
- Those who help birthing people should have lived experience (birth, culture)
- I felt judged as a doula, my role was to make sure the family was heard even young moms, women would choose water births if they knew they had options

Engage and Support Fathers -recognize, include, and provide support for fathers regardless of whether they are married to or live with their birthing partners

- Hold circles of support for fathers
- Ask fathers to advocate and support their partners

Provide Comprehensive Support for Issues that Co-Occur in Maternal Health including:

- Culturally responsive mental health support
  - I faked it; I did not have an initial connection with my baby and felt very depressed; I thought that I was supposed to be happy so I pretended
- Substance Use Disorder
  - Don't shame moms for using meds
- Intimate Partner Violence
  - Support rather than shame birthing people in abusive relationships; surround them and help them get what they need

Provide Trauma responsive care and support: Train providers to recognize the generations of trauma and see and support people in that broader context

Reimbursement parity for traditional knowledge keepers and providers of ceremonial health

- Tie money to how providers show up; don't pay them until they improve health determinants
- Adequately reimburse traditional birthing folks
- Policies and funding that supports social, economic, ceremonial health, including mental health
- Pay and elevate doulas and traditional knowledge keepers the same as medical people

INTERPERSONAL & INDIVIDUAL

Trauma Healing—support ourselves in recognizing and addressing our trauma in any form whether that is mental health issues such as post-partum depression, substance use, intimate partner violence.

- Be open about my own trauma because it helps other women. "When I first started speaking my language it got stuck – and that was from the generation trauma from my grandmas native voice being beaten out of here."

Mental Health and Substance Use

- Provide more support to moms with post-partum depression
- Talk about post-partum depression and early connections (of disconnection) with babies; share that it can happen and that it doesn't make you bad; share about what is there to help when that happens
- Raise awareness about post-partum depression before people give birth
- Stop stigmatizing our parental capacity because we are native and/or based on our past health/mental health/substance use records

Intimate Partner Violence Supports

- Healing ceremonies for sexual assault and abortion – nonjudgment is important – when we work together as women we need love (no guilt and shame)
- Talk/teach about sexual assault (what it is) and trauma--Talk about how untreated trauma affects the birthing experience for the baby and the mother. Sometimes the baby gets stuck because of the untreated trauma (trauma blocks the birthing)


ANCESTRAL TOOLS
PREGNANCY Care
SANCTUARY
ACCESS
Legacy of Trauma

SOCIETAL

Adopt Anti-Racist Policies to:

- **Address Poverty through Access to Money, Housing, Food and other Resources that Impact Health:** Address poverty through income supports, affordable housing, healthy and cultural food access, and other resources
    - My roommate's sister lost her job during the middle of pregnancy, she worked for a bank
    - A recession is here even if you are employed, you need 2-3 jobs to make ends meet
    - $15 per hour doesn't cut it, low paid jobs get competitive because undocumented works will do the work
    - People need basics, housing, food.
- **Address Historical Injustices through Reparations**
    - Pay the doulas, increase Medicaid reimbursement, and reparations.
    - We need reparations so people can make solutions.
- **Assure Access to Health Insurance and Health Care:**
    - Access to private and public health insurance that covers all aspects of maternal and infant health pre-natal through post-partum, including doulas and abortion care
    - Assure access to adequate health insurance, and health care (including pre care) and a care team We need universal health care, the right kind of healthcare. Not having to worry about accessing the full spectrum of care needed at a sacred time.
    - Address bankruptcy from medical bills
    - Address discrimination from state and private insurance
- **Fund/Reimburse Doulas:** Recognize and provide adequate, secure, and flexible funding for doulas
    - I do doula work once a month and many doulas are stepping away from the field. I have been at a 30-hour birth and got paid for a visit or the same amount as a birth that takes 5 minutes. I got paid the same.
    - Abortion doulas are volunteer based, no pay, it free labor. We have a lot of White folks who are doulas because they can afford to do it
    - Adequately compensate doulas; this issue of pay has always been an issue for doulas; they need an advocate
    - Lack of abortion care; using volunteer abortion care doulas because there isn't any pay
- **Demand System Accountability**: Systems measure racism at the point of care and are rewarded or penalized financially based on results
- **Reform Child Welfare System** to ensure maternal and infant health
    - I still had to work with severe morning sickness. Culturally marijuana is used for bad morning sickness – but if self-disclose child protection can be involved
    - My biggest concern is getting my child taken away after giving birth
- **Reform Prison Birthing Policy:** Assure access to humane, trauma-informed maternal care pre-natal through post-partum
- **Data Collection Policy and Practices:** We are trying to and must find an ethical way to collect data
    - Data Collection is a big issue because a lot of money goes into data collection
    - Translating data to policy is important but there is bias about data
    - We need policy that tells a story about doulas and how they contribute to healthy babies
    - I understand data, they have the data on doulas. How long have we been talking about it? Important people and decision makers make decisions on data, and I am tired of talking about it

COMMUNITY

Adopt and Invest in Cultural Traditions and Community Supports—create options for and fund births outside of hospitals at home or in cultural birthing centers w/ cultural practices

- Needs to be wisdom (cultural practices) and to be treated with kindness.
- Know the context of your origin story – your own birth story, that of your mother. Sometimes you just need to cry. All of the places where there has been rupture, loss of memories across the generations.
- We lack systems that support the continuity of our stories.
- We have become detached from our connection to the land, the earth we live on and it has a genetic impact on us.
- Return to the practices our ancestors knew to manage adversity.
- Consider birthing at home
- An Elder said that she loves to talk with young women about my stories, it is good for them and magical for me. Much discussion around the magicalness of birth that is lost.
- Keep the spirit, have healthy communities.
- In some cultures, everyone gets together during childbirth with a drum and thinking about the heartbeat of the child.
- Insurance company practices that support nurturing and doula options
- Support birth positions other than on the back
- Spend more time with those who know and practice cultural ways

Invest in and Support Community Based Cultural Programs and Resources, including circles of support and healing, cultural doulas and birth workers, father and family resources

- Need to build a culture of support for the entire birth process and after the birth. She wished her midwife and family had talked about circles of support. There was a lot of sadness related to the isolation and loneliness she felt.
- We are all in our silos, individualism.
- Circles of support from community even if they are not your immediate family members.
- What if I had somebody to walk with me – like community partners to walk with you and collect community wisdom – and it would be a fun way to connect.
- Healing is when the community comes and rejoices.
- What if we can pull together a senior (elder/wisdom) care team to welcome mothers and babies – and what if we had money to support this effort?
- There is a new way of baby showers where people give time/means/care after the baby is born to the family – lets build on this!
- Women helping women with delivery
- Trusting and nurturing experience

Organize, Share, and Teach Cultural and Reproductive Wisdom—More education around the sacredness (traditions) of birth – we need people there to safeguard you through the journey on a spiritual, physical, and emotional level

- Talk about collecting wisdom – baby had gas and it was the onions that the mom was eating (pediatrician told her) – and that a hat helps with colic
- Know the cultural healing practices from our grandmothers; the cultural history of doulas, granny midwives
- Share the importance of culture and birth
- Being trained by doulas and working with doulas who know the culture of the families they support
- Public health nurses who can teach health & educate families and kids on a population level

- Churches have played a role in health through programming for congregants
- Not everyone has adequate prenatal care – cultural piece of "if this is bothering you try this" – the wisdom is lost.
- Educate around the sacredness (traditions) of birth – we need people there to safeguard you through the journey on a spiritual, physical, and emotional level.
- Education is key for clients; schools don't educate students on their bodies.
- Public health nurses have the background and can educate and teach kids and others at a population level, people don't know how to access healthcare example, Abortion care, Medicaid doesn't cover the service.
- Have people model, and show how to do healthy actions for themselves; Be an example
- Abortion education--camping having abortion; going to the woods; going through TikTok because mainstream is not showing full truth, or not covering certain stories around abortion
- Sharing positive things that are happening and highlighting this positive news in the media
- Skin to skin contact

Provide Cultural Advocates and Navigation Support—fund and use cultural navigators and family advocates that are from our communities to help navigate systems and support parents in expressing and getting what they need.

- Education/awareness to advocate for self. I had a midwife (fortunately) for all my births, but was still not aware of what I signed (studies on my babies that I didn't know about) – important to have an advocate
- Husbands/partners need to be educated too. The language they use is confusing, and it can be hard to make decisions. If my doula is out of the room, I should know what to do – in our case other people were making decisions for us even when we were in the room.
- Moms need advocates – and the impact of hard trauma births show up in the children later
- Be knowledgeable and able to have clear choices about what you need.
- Start having advocates through the whole process for those who don't have them
- In my own family they didn't know about doulas. I had to explain doulas to my sister about doula care. I was her doula during her pregnancy.
- Abortion doulas are also new. Someone traveled here, needed 24 hours, we had our doula stay with them. Trust your inner voice.
- It's OK not to agree with everything the doctor is saying don't be hard on yourself regarding birthing or parenting we are our biggest critics and it's OK to make mistakes and ask for help.
- "Pregnancy is a dangerous condition" Not just the body changes but hormones and the worry of will I be cared for? Even professional Black women have no guarantees.
- Request documents and chart, if refuse treatment
- We have many options and we have to find out what they are
- Know who you want to be and support that in birth
- I would have explored having a home birth more – there was a huge amount of trauma involved with my second birth – I was a high-risk pregnancy and I called them on my way to get my pool ready and there were at least 20 nurses involved (horrifying) and I didn't get the pool, which I needed. They told me I was too fat to give birth in the tub (mentioned by another mother at the table too) – you don't get what you want but they don't tell you beforehand, they tell you yes and then do what they want.
- Discussion about Issues between legal and HIPPA and parental rights – prenatal advocacy is needed.
- Help people know where to take complaints.
- We must regain control of our bodies
- We must be able to do our own birth plans without being told that's not the way we do things
- "Your body your way," having a midwife, a water birth, or using pain meds
- Instead of having people alone, during labor, they should have someone with them because health providers will ignore them, and not listen to their concerns or wishes; having someone advocate for you

Fund Community-Based from Prenatal through Post-Partum (early childhood) through:

Wrap Around Care and Support-- Support women before, during, after birth with a diversity of resources such as food, housing support, home health visits, companionship, advice,

- She remembered her son's birth and how she had a midwife and a doula (inexperienced one) but felt so alone and did not realize she would feel that way. She did not feel supported. New mothers need so much more support that she had received. How do we ask for what you need when you are trying to care for a newborn?
- Provide umbrella pregnancy care, you need additional care, housing
- Families want to be supported. I support my clients by centering them. explain to my person my role.
- Do they still have home health nurse visits (group not sure) – this was really helpful.
- Helping families get health insurance, helping families access supports, example, I am having dental services from three different doctors, and I have to interact and find information from all of them.

Breastfeeding Support—normalize, encourage, provide resources, and support parents who want to breastfeed

- Know the importance of breast-feeding and teach about it before birth.
- Make breast-feeding normal.

INSTITUTIONAL

Decolonize Western Healthcare and Systems by moving from purely clinical models and certifications to incorporating models that include and respect cultural practices and providers and are family-centered

- Healthcare should repair the rupture of culture and tradition rather than reinforce it.
- Birth should be a celebration, a rite of passage and this is not always the way it is treated.
- Get the foot of white supremacy off our necks. Black folks in the workplace and other systems feel the stress of constantly needing to prove themselves to be seen as competent. The backstabbing and micro aggression wears on people.
- Policy change of procedures and systems to support us; I wonder if the birth process was not so violent how much better (longer term) would be the children
- Midwife/doula/OBGYN need to coordinate care; westernized thinking is based on silos.
- Drs. are in silos, pharmacist provide patient educates, how do we educate people?
- Birthing is now focused around money.
- Communicate and share options. When wife was taken out of the room, they didn't tell her (or her husband) why she was taken out. Education and communication – her uterus was not contracting (this was her 6th child) and she hemorrhaged – she woke her husband up (who was holding their new baby) as she was being wheeled out of the room – and all he saw when he woke up was a huge amount of blood all over the floor – no communication.
- This country does more C sections at the convenience of the doctor, but they are not always in the best interest of the mother.
- Healthcare systems must stop the killing of black birthers; this is a form of control.
- Turn away from the system completely
- Recognize family systems outside of dominant culture norms
- Forcing people into procedures, such a C-section
- Doctors rush through visits
- Doctors working 72+ hours
- Dehumanizing, black women, for example, through the development of modern kind of gynecological tools
- Taking the baby away to the nursery or pressing to do procedures on the baby right after birth
- Psychological impact of colonization removing people from their culture or replacing it with other customs

- Health care feels like an assembly line
- Healthcare uses so many interns to teach during delivery
- Healthcare makes the mother feel like a burden

Address Provider Bias, Discrimination, and Abuse Through Required Education, Training—train and hold providers accountable for providing culturally respectful, trauma-informed, person-centered care and support from pre-natal through post-partum

- You are treated by how much you make (money), kind of insurance, color of your skin – treated differently. We need to get to the place where all are treated equally (and given what they need – equity).
- High level of bias with Black people and couples. They assume they aren't married, on drugs (check the baby for drugs)
- How can you have a healthy body when doctors can't see you wholistically?
- Hospital staff need to learn how to ask for consent rather than telling a mom what she needs.
- Always feeling like we have to fight adds stress to our bodies and diminishes health. Let's NOT have to fight for what we need.
- People are seen as individuals rather than through a lens of the racial background.
- We shouldn't have to double check with doctors are telling us.
- Listen to us
- Feeling fully informed of options and being treated with respect and dignity
- Women helping women with delivery
- Trusting and nurturing experience.
- It's not what you say it's how you say it; be respectful of our pain and attending to pain meds.
- Mothers should not feel like a a burden to health providers.
- Using vaginal not "natural" terminology.
- Health care that does not feel like an assembly line.
- Healthcare that is not using so many interns to teach during delivery.
- Providers are very wealthy and the only time they see people outside of themselves is when they see black patients. They should have to have a friend or network before they work in the community.
- Physicians need to know how to talk to patients. Know cultural practices for families that are important to them.
- Doctors explaining their decisions and treatment options.
- Listening, even when I'm angry, not just when I am soft-spoken, and not seeing me as the angry black woman.
- Recognizing our experiences and our pain, just because you didn't experience what I did does not make it untrue.
- Validating and seeing us.
- Recognize family systems outside of dominant culture norms.
- Dehumanizing, black women, for example, through the development of modern kind of gynecological tools.
- Black folks in the workplace and other systems feel the stress of constantly needing to prove themselves to be seen as competent. The backstabbing and micro aggression wears on people.

Cultural Humility and Trauma Responsive Care—Honor that birthing people know what can be best for our babies; listen, hear, see, respect and support us

- Some traditions have community health care (support) built in – lets support that
- How a doula is introduced by you is important – call her a sister or a friend and you will get a better response (hospital staff is threatened by doulas)
- Doulas need respect
- Listen and support women to be successful in birth

- Listen and consult rather than tell
- Doulas advocate for the family, type of food they eat. In some religious practices taking honey after the birth is important. Know the cultural implications of practices.
- The cultural history of OB GYN as it related to the discussion on genital circumcision is an example of conversations that need to happen about what to do.
- Have conversations about options before, during, and after delivery.
- Know history of the origins of our current birth system and its impact on the knowledge that has been lost
- Stop questioning why people choose to have homebirths.
- Recognize the broader context and the trauma we experience. Black folks in the workplace and other systems feel the stress of constantly needing to prove themselves to be seen as competent. The backstabbing and micro aggression wears on people.
- Train providers to recognize the generations of trauma and see and support people in that broader context.

Diversify the Healthcare Workforce—increase the number of native doctors, midwives, doulas, and cultural advocates/navigators

- I was contracted to do a study about teen pregnancies in youth below the age of 15. There were lots of young teens outside Hennepin County ages 13, 14, etc. Most of the teens were younger than 15 years old. I was the only African American nurse that they ever met.

Engage and Support Fathers -recognize, include, and provide support for fathers regardless of whether they are married to or live with their birthing partners

- The mom (in active labor) was asked if she wanted the dad there – and wanted to know if he was her legal husband (as she was being wheeled away for an emergency procedure. They knew all this (paperwork was done prior to delivery) – but they wanted to separate the husband and gave him no rights
- Need to stop disrespecting men in the birthing process – they can act as protectors
- Being supportive of father involvement not asking about possible abuse or drug use

Provide Comprehensive Support for Issues that Co-Occur in Maternal Health including:
Culturally responsive mental health support

- Blacks have high stress loads 24/7 and it has changed our DNA and is transmitted intergenerationally. This informs our coping mechanisms or lack thereof. The rise in mental illness, the amount of rage people carry around – we need to learn how to destress. Young people are also suffering. We don't have our village anymore. Normalization of medication for stress is rampant.
- One mom said her son was on the phone with a friend who was happy that he just got meds! If we had the cultural healing ways and did not have to fight for justice the people would be healthier.
- The prevalence of young black males diagnosed with ADHD is upsetting. Sometimes that person may just be highly creative! Systems look to homogenizing young people so it is easier for them to deal with rather than nurturing the gifts of youth. Additional harm from western based education that forces young bodies into inactivity for lengths of time.

Substance Use Disorder

- We are too ready to seek instant gratification in the form of a pill. Kids need critical thinking skills.

Intimate Partner Violence Interventions

INTERPERSONAL &  INDIVIDUAL

Trauma Healing— support ourselves in recognizing and addressing our trauma in any form whether that is mental health issues such as post-partum depression, substance use, intimate partner violence.

Mental Health and Substance Use

- Attend to mental health issues and access available resources

Intimate Partner Violence Supports—culturally responsive family planning and counseling

- Be intentional about having babies and with whom—family planning and counseling
- Access available resources


ENCOURAGEMENT
flying Together
VIBRATION*
options
BirthPREP
POWER
2
SAY NO

SOCIETAL

Adopt Anti-Racist Policies to::

Assure Access to Health Insurance and Health Care:

- We need healthcare for all, before, during and after birth
- Universal healthcare
- This year they extended Medicaid coverage for one year past birth, that is a good policy
- We need more policies that enable access to behavioral health and battle stigma and myths

Fund/Reimburse Doulas: Recognize and provide adequate, secure, and flexible funding for doulas

- Policy is important to get doulas adequately compensated at the level they need to be self sufficient
- Doulas need to be paid for their work and people need to know they have access to them

Demand System Accountability:

- Advocacy and legislative accountability that penalizes inequitable, racists systems
- Mandated performance measures for hospitals with penalties for non-compliance
- Strive to eliminate white supremacy, it's the only way to envision humanity of black and native people, we must be valued we must believe it's possible, the ideals are possible
- Look at the motivation for why doctors and doulas and others are in it and connect that to accountability

Reform Child Welfare System to ensure maternal and infant health

- Because we are African American or American Indian it is assumed that we are "bad." There are a lot of assumptions because of race. They are not only looking at your history but also at family history. Automatically the baby and where it goes is out of our hands. Neighbors are also interviewed. Everything in the records is viewed as the truth. I don't agree with taking babies away. Moms can't heal.
- There are a lot of Native parents who, as new parents, get paralyzed and afraid to ask for help, fearful of doing wrong, the threat of child protection is always there. As a new dad, just the simple mistake of clipping baby's toenails too close and it caused a lot of bleeding, he did not know what to do. Thought about going to ER but was terrified the system would take his babies from him.
- I think there are a lot of Black and American Indian parents who are immobilized by fear of the system, fear of asking for help. Showing vulnerability is to show weakness.
- One woman spoke of her son falling while in the care of her husband and he would not take baby to doctor because of fear they would assume he had harmed his child.

COMMUNITY

Black and American Indian Communities Need to Come Together for Maternal Health to Pool Resources, Network, Leverage and Shift Power to Community versus Systems

- Because work is in both cultures, we need more coming together.
- We need to start younger and bring cultures together, we can work more with MIWRC, we have to talk and set up a panel of experts rather than just throwing us together.
- We need to identify Maternal Toxic Zones- this is a term developed by Jennie Joseph and the JJ Way and it is an area of the city where there is a lack of support for Mothers/Babies. We must find these areas and build support?
- We worked in the Phillips Neighborhood to identify high levels of lead in the neighborhood in both communities, Indian families were living in old housing where there was lead chips, this impacts the household, lead has even been found in the water.

- Camp Lejeune is another example of toxic water in the community and the link to cancer. I knew a family that trained there and now the father has cancer. This is an example how the water impacts the community.
- Doula dads cross both communities

Adopt and Invest in Cultural Traditions and Community Supports—create options for and fund births outside of hospitals at home or in cultural birthing centers w/ cultural practices

- Indigenous people are sovereign; we shouldn't be going through this, and we should be negotiating as sovereign people. Indian people admired the Black Panthers but couldn't relate with Dr. King and integration. We are about using our sovereign status.
- Culturally specific care to make it a healthy pregnancy.
- My mom had a hard time during pregnancy – she wanted to give birth on all fours, but the white nurse wanted her to give birth like a "normal" person (i.e. laying on back).
- We (American Indians) have the highest disparities for maternal mortality and COVID-19. COVID-19 restrictions reflect the current issues within the health system. We want all of our families in the room. White people don't need the same thing. The rooms are not designed for us.
- Being in a hospital is stressful for women of color because of previous bad experiences.
- The first infant mortality research was done by Indian leaders who gave us secrets to why there was less infant death in the Indigenous community, Indians used cradles and cradle boards, they didn't sue boxes or drawers to put their babies to sleep like black folks did in the south. Some members of their own community hadn't heard this before, we shared information, the Indian leaders also shared that information with youth, we learned new ways to share the health of infants, expanded resources to have folks on the outside to know how to support cultural families.
- It is better now because we are interacting more working with MIWRC on doula training, doula dads, making it spiritual rather than transactional, bringing elders together where we can respect boundaries.
- I wish I could go back to ways that we used to have to support one another before we had clinical therapies.
- When you don't have healthy responsible family around there are not many options. Unhealthy family members can do more harm than good. Need elders, faith leaders, people you can trust to not judge, just listen.
- How do we tap into non-traditional public health resources?

Invest in and Support Community Based Cultural Programs, Resources, and Networks, including circles of support and healing, cultural doulas and birth workers, father and family resources

- A partner should be with the mom along the way [during childbirth] like a doula.
- While training as a doula we talked about membrane rupture, but they aren't pushy about it.
- I wished I had a doula during my birth.
- Someone I know became a trained doula dad and was present for the birth of his son and initiated skin to skin contact with his newborn son. His experience helped his son's development from day one. Akhmiri was the doula that trained him and was present for the birth. Engaged dads are active dads, are emerging doulas.
- Midwives and doulas are very important advocates for moms and build trust, doulas are introduced to moms early on during the pregnancy and they work as a unit.
- Families need support and a way to connect to one another or have doula support.
- Native women were in my first doula training, and they can follow up and follow through in their own community and continue the circle of development.
- Men need to be brought in to become more open to this and to being doula dads-we have good examples.
- Build in value within ourselves and our community; the perpetrators of white supremacy and racism cannot police themselves, and this cannot be the burden of Black and American Indians; we can make many of these changes on the ground and don't need the political process.
- There is so much need, we have to be careful not to run out of our own resources

- People need to have a larger network of like-minded people to feel more empowered.
- Having an auntie encouraging you and giving you positive affirmations.
- Change models of care, adopt models that are inclusive of all practices.
- We need more circles of support with each other, we need to talk to each other, share our thoughts, secrets, troubles, we will understand we are not alone.
- Weaving circles, book lending, community circles, we need to teach women how to talk to physicians, to know when they are and are not in safe spaces and what they should and should not share.
- Mothers used to bring their children together, we need to do that more, these are the old ways we need to reclaim.
- Community connections and support--we are more than anything that's happened to us we must find the people who will accept us and hear us we must sit with them and be together even if it's not our own family members people who can sit with us and be with us, surround moms, make our food, help keep and care for our babies, and support our needs after birth, even clean our kitchens.
- We need to help each other coparent even with friends who are not family members.
- She has no family support – this was a huge trauma for her.
- We need better access and resource directories for community services and supports
- As a young mom it would have been more helpful to have community advice – what to expect etc, but there were none of these conversations. So one woman went to Lamaz class but no one looked like her so it was uncomfortable. Another speaker says taking classes where people don't look like you or share the same cultural background is difficult – more support from Black and American Indian groups are needed.
- Myth busting – there was guilt about needing a C section even though the baby was too big and in this case a C section was needed. Definitely not breastfeeding led to guilt – all the myths of the "good" mother. This particular mother who did not breast feed later died of breast cancer – she had a lump but was so convinced she needed to breastfeed she delayed mammogram.
- Midwife and Elder grandparents can help bust those myths. Reading the book "What to Expect When you Are Expecting" was NOT helpful – it was anxiety producing. These kinds of resources cater to white people. Fund the development of Black and American Indian resource guides – digital storytelling, videos, blogs. Storytelling from community across different media platforms, use music, art. Black Storytellers Alliance is now working with UM Extension on gathering stories.

Organize, Share, and Teach Cultural and Reproductive Wisdom—More education around the sacredness (traditions) of birth – we need people there to safeguard you through the journey on a spiritual, physical, and emotional level

- We need to educate the community; you don't know what you don't know.
- The Cultural Wellness Center brings elders together to help educate the community.
- People for both communities need to realize how similar we are, and we can work together.
- Meet with elders, bless elders for their knowledge and support.
- Loving education, not just what not to do, more affirmation.
- Prepare the moms for how the baby looks after birth.
- Birthing classes.
- Now as a mother I have the info for my daughters, but there are generations that don't. I had to learn about cultural customs through the internet (my family is still in Mexico) – many moms have a hard time with immigration – leaving a country, starting back over.

Provide Cultural Advocates and Navigation Support—fund and use cultural navigators and family advocates that are from our communities to help navigate systems and support parents in expressing and getting what they need

- I have 3 children, the youngest is 45. I was a young mother. My mother could not be present during my labor and childbirth. I knew something was wrong and wanted my mother. I had a long labor and there was a hush

as my baby was coming out – she was turning blue. She had down syndrome. I needed my mom. I remember distinctly there was a nurse that advocated for me. She fought for me, and I remember her till this day. I never forgot that kindness. Only after my baby was gone was my family allowed in the room. I went on to have two more children – the same nurse was working at the hospital. She was a birthing nurse and was not Native. 45 years later and we are still going through the same thing.

- Young people need advocates support and protection.
- Whatever we provide must include self-agency get away from "learned helplessness."
- I thought doulas were for people who were rich. We need help for people who didn't have that kind of support.
- Use our smartphones as tools to help take charge of our health, e.g. track our menstrual cycles.

Fund Community-Based from Prenatal through Post-Partum (early childhood) through:
Wrap Around Care and Support-- Support women before, during, after birth with a diversity of resources such as food, housing support, home health visits, companionship, advice

- We need more emphasis on prenatal and birth whole child and family supports, housing, transportation etc.
- Stress free environment for mothers throughout birth process: looks like addressing social determinants of health with shelter, food, good environment, and education about birth.
- Provide Resources for home birth not just hospital, and emphasize cultural ways to support the experience.
- Limited contact with racism, bills paid, pto, lactation, doulas, tools for healthy diet, access to healthy food.
- Scaffold families with protective factors that support what they need when they need it, not handouts.
- People need a lot, they are in a vulnerable state, they need a lot of encouragement and affirmation.
- Protection from advertisements about pharmaceuticals praying on them.
- Support around breastfeeding.
- Constant encouragement.
- A lot of physical activities working together more as communities: we need our brothers!
- A preparation team so every mother would have someone come in so they have everything they need.
- Help with aftercare as well, a body worker to come in, gentle touch.
- Music, singing to change the vibration of the space.
- Have a network through birthing process
- It's about support – the kind of support you need and understand
- With my physician I only had one prenatal visit but lots of support – for me that was good.
- Support includes sleeping and eating
- It would be helpful to put together a support network for people – for transportation, birth plan, like the online therapist (live) with you. Integrative support – not based on if you qualify or not, and no waiting lists. Huge wait time barriers.
- Extend support to postnatal care – ongoing care is important and part of mental wellness. Sometimes people are living with another family or in a bad situation – do you have good or bad support, who interacts with you (after you have the baby) – what kind of support are you getting – this is important
- The above includes support for breastfeeding, not everyone has this kind of support – some families don't have sisters to help, or sisters that agree with breastfeeding. Others not constant support, and are judgmental. Makes you feel like you are not meeting their high expectations, where do you look for support?
- Breastfeeding Support.
- Have a check baby and check mom at 5 day baby check
- Home Health Care – see that as stepping into a sacred space, and the right way to do care.
- Melanated Mamas – send prenatal and postnatal care boxes – shares other resources, connect and amplify work (good work) already being done
- Mobile Services (paid)

- Public health workers, Community Health Workers who are from community would be a good resource. In the doctor's office they should ask expecting moms about their support system. Include post partum period when baby is new and it is super important to have regular check ins.
- Good health care before during and after birth.

INSTITUTIONAL

Decolonize Western Healthcare and Systems by moving from purely clinical models and certifications to incorporating models that include and respect cultural practices and providers and are family-centered

- Traditional medicine is not western medicine, traditional ways are about adopting our cultural ways and to do so we will need a power shift.
- We need to get people involved to help shift the power so that we can adapt our cultural ways.
- We need an integrated system of care.
- Change models of care, adopt models that are inclusive of all practices including cultural practices, chiropractic, physical therapy, acupuncture, massage therapy, mental health, nutrition, swimming, centering classes, food delivery
- Providers should use smartphones as tools to better engage their patients.
- Licensures that accommodate American Indian and Black cultures and practices.
- I don't need a PHD therapist to support my mental health, I need a person from my community who has good skills and training but not a lot of certifications/licensure/titles.
- Eliminate white supremacy, strive to do this, it's the only way to envision humanity of black and native people, we must be valued we must believe it's possible, the ideals are possible.
- We must balance what is needed for the mother and the institution.
- Coordinated actions between midwives and doctors.
- Every woman should have a birth team before during and after birth--Offer Wholeness to moms beyond the womb.
- Clinical practice – there is just too much going on (this from a nursing student) that we have to do, and risk factors – to give people the care they need. How are we approaching protocol and providers level of understanding – it is not just 20 minutes with each person/family – we need more than that.
- Explaining all options takes time – as does comprehension, we need time and space to understand explanations for every option – sometimes this is hard if labor is advanced.
- Interdisciplinary knowledge, we need to build a relationship with the mom and understanding - if they had a relationship prior to the birth, things would go better during the birth.
- Centering Pregnancy as a model – alternative ways to go through birthing.
- There are growing alternatives but they are not accessible for many reasons – how do we even the playing field – some want a regular gynecologist, others was alternative care.
- Hospital is not in control, control is in the patients hands.
- MDH follows clinical guidelines pretty rigidly, there needs to be more cultural sensitivity and amplify cultural strengths. How could systems like MDH support and fund the community work? Need access to education – some people may want private ways to get information, so develop QR codes in easy to access places for info on breastfeeding, etc, or have culturally relevant posters and messaging.

Address Provider Bias, Discrimination, and Abuse Through Required Education, Training—train and hold providers accountable for providing culturally respectful, trauma-informed, person-centered care and support from pre-natal through post-partum

- Doctors are as bad as the police towards Black women. Social workers too.
- I want to have a child again, but a white doctor told me it was too risky. I am 35. The doctor also stated my weight was a concern. ***Another person at the table comments that this is the age when white women give birth***. Doctors made me feel like I should not have more children.
- Doctors should be encouraging.
- Doctors need to ask for consent (***this comment was made after the women at the table referred to a previous story about one woman waking up to someone pressing on her stomach after having a c-section***). In addition, many American Indian women are sexually assaulted.
- While giving birth I needed a blood transfusion. While resting someone placed a sheet over my head. I had enough strength to pull it off of me. It was a traumatic experience.
- I am a part of the maternal mortality review committee. I think we should have a cohort of women and medical professionals that look at medical charts together to identify inconsistencies.
- Doctors are not providing the full details during pregnancy, labor, and childbirth. For instance, doctors don't say what women are missing from having a vaginal birth when they are about to have a c-section.
- While giving birth it was assumed that I was drunk and an addict. There was an emphasis on drug testing. They look down on us like we are adductors or drunks. It is not okay to assume. Another person at the table comments that this happened to them as well.
- In the current system we are not allowed to express or share our pain and have it validated, we need that, we need to be able to tell our story the way we want to tell it.

Cultural Humility and Trauma Responsive Care—Honor that birthing people know what can be best for our babies; listen, hear, see, respect and support us

- Doctors need to be trauma informed.
- When there is respect then they can meet your needs, like who you want in the room. Someone who doesn't look down on you when you want something they don't agree with.
- We need providers that are open and willing to learn and change. There needs to be a high level of respect – they need to meet me where I'm at.

Diversify the Healthcare Workforce—increase the number of native doctors, midwives, doulas, and cultural advocates/navigators

- I want birth workers who look like me
- We need doctors that know us and help us heal, community doctors
- We are constantly vigilant and must be careful about what we share regarding our family history, our current practices, our childcare, etc.
- We feel safer when we are talking with brown and black physicians, but we still must have a cultural knowing of whether this person or that person is safe.
- We reveal just enough to get what we need and don't disclose any more, it's sad that we must do this.
- We need more providers that represent what we look like – our beliefs, culture, what we carry and go through (including mental health and the huge stigma around it)
- Home care need to be representative of the population – worried about child protection.

Engage and Support Fathers -recognize, include, and provide support for fathers regardless of whether they are married to or live with their birthing partners

- We must continue to eliminate stigma around pregnancy before marriage or partnership because it shames pregnant people from accessing care make sure birth is always celebrated so everyone can access prenatal care improve and improve the reality of going to the doctor, knowing there's a safety net there.

 INTERPERSONAL &  INDIVIDUAL

We Need to Rely on Each Other Through Networks, Circles of Support, and Old Ways

Healing Circles/Trauma Healing—

- Younger birthing people feel like they have to have it all together and do it all on their own, but it's ok to not be ok and it's ok to ask for help; trauma will show through even if you can't see it or pretend like it's not there.
- Direct communication, pick up your phone and ask if we're at each other is OK don't just say I got this and I don't need help.
- The role of trauma and grief and guilt.
- Black and brown people live with Imposter Syndrome – The constant fear of not being good enough. The constant fear of being transparent. Oppression over centuries seeps into the bones. White people don't have to worry about this.

We Need to Clarify the Role of and Support Men

- Role of men – if men don't have a mom or dad to ask for advice, where do you go? This leads to a feeling of failure with no support. Don't think men know how to be fathers when they grow up without their fathers due to incarceration, early death or absence.

Mental Health Supports:

- Mental wellbeing #1 priority (with cultural resources) for postpartum care.
- Need to understand the issue of infant loss and impact of/on next pregnancy.
- Need to provide mental health support in a way that they deed – depending where they are on the spectrum of care – promote skills for everyone, network, have a conversation, create a welcoming space for conversation and building of relationships.
- I couldn't find local mental health care, and ended up going to mayo which has more accessible care all in one place

Virtual Convenings Detail
December 6 & 7, 2022

SOCIETAL

Adopt Anti-Racist Policies to::
Demand System Change and Accountability:

- The dignity in pregnancy act is a good example of what we need to do to improve systems—we need to do more of that.
- People in the room are not using a racial equity lens when they are trust building and that can be detrimental.
- It's definitely time where we need to start calling out these institutions for their treatment.
- The system is not capturing these events and telling a bigger and broader story of the mistreatment.
- When traumatic care keeps getting repeated and repeated, and there is no accountability, and doctors stay in the system, we are discussing how if that happens what is the feedback loop.
- Issues with things not being charted on the healthcare side of things, someone went through a traumatic experience and in their chart it says patients handle situations well.
- Nexus community engagement tool to get the system to recognize the importance of bringing community voice in.
- We need to adopt and use the new tool that gauges racism at the point of service and then hold organizations accountable for the results—we need to hear from people and make sure that people's experiences are shared with providers—Patient Reported Experience Measure of Obstetric Racism PREM.
- Another way is to hold systems accountable to addressing its racist structures, policies and practices – this is where the limitations hit so hard and are so hard to overcome – we tend to adapt to what is rather than to radically reform what needs to be.
- Accountability is missing from health care provider's practice (i.e., misdiagnosis based off provider's uninformed assumptions). We need to talk about what the County is doing as well. There needs to be a feedback loop. People have to be able to report providers somewhere for not only malpractice but lack of understanding/culturally appropriate care/etc.; where do they go to do this?
- There is no feedback to the person who made the report and they are still seeing this provider working in the community- it's re-traumatizing. Especially when the family thinks action was taken and really nothing happened (i.e., family thought the doctor was fired, but found out he still works at the same hospital).
- Issues with these scenarios not being documented/charted on the side of the health care system.
- We need more accountability especially where hospitals are NOT providing good care. There has to be some sort of accountability mechanisms set up.
- Many people are sitting on information that should be public. Some of the conversations on what it takes to make change happen are not going to be put into any report.
- Mandatory training. Specifically bias training, and don't cheap out on it. Have it continually part of the conversation. Not just a checklist item.

Address/Prevent Poverty and Other Conditions that Impact Maternal Health --through Housing, Food, Income and Other Supports**:**

- Paid family leave and maternal child care. Its very tricky to offer a 2 year long program when families have no paid time off.
- Expand prenatal care, that is accessible for everybody.
- Develop policies that assure people have affordable and stable housing, it can really disrupt people's lives, and when they live in houses they aren't healthy.
- Require paid family leave for a year but at least 6 months. No matter where you work, just if you live in MN.
- With the surplus we have, we could do well to advocate for mothers and their infants.
- A barrier to birth justice is the need of systems and policy to look for changed outcomes right away versus over the arc of time – we have to change this!
-

- Do we have qualitative data on the amount of Black and indigenous women who are homeless?
    - Wilder does some data but I don't know if they share it.
    - MDH did some research, when it comes to maternal health they don't have data but they do on homeless mortality
- If you have a baby and no place to go and no place to lay your head. That will impact your ability to breastfeed, and peace of spirit
- Babies sleeping in unsafe sleeping spaces can also lead to SIDS, babies falling of the bed and being wedged.

Fund/Reimburse Doulas: Recognize and provide adequate, secure, and flexible funding for doulas

- I am proud of Hennepin Health for having the class that we are teaching. It's just for Hennepin, and they should expand it.
- There should be more pilots and places that can support and financially push forward these types of programs so more people are educated from an evidence-based lens.

Decolonize Western Certifications to Include Cultural Practices and Providers

- Being mindful about that, when you do go onto MDH registry, it shows you as a registered doula but it does create some barriers to billing insurance. When you get state money it can be a barrier to how much time you can spend with the mom, sort of shackles you to when you can provide service. Once state/insurance money comes trickling in the whole process can become a western society one. The registry only means the doula can bill the mom's insurance.

Invest in Effective Referrals so People Get what They Need

- Do outreach that is effective, not just for the sake of outreach.
- People always must fill out forms to access to services—before we can talk about birth justice, we must talk about accessing services from Hennepin County—if we cannot access services like food, or housing, we cannot get to birth justice; simplify the systems and forms so that people don't' have to keep telling their stories and create better referral mechanisms.
- Minnesota Thrives is working on one intake form and referral system.

Reform the Child Welfare System to ensure maternal and infant health

- Because of the high rate of drug abuse, when we walk into the hospital they automatically think we are using. Nurses were talking about the baby and tested the baby's blood to see if they needed to call CPS.

COMMUNITY

Black and American Indian Communities Need to Come Together for Maternal Health to Pool Resources, Network, Leverage and Shift Power to Community versus Systems

- Our traditions are so distant, it's a grandfather, grandmother, aunty. We are maybe one of the last generations that can bring it back if possible.
- "I think about reproductive justice, I have not birthed myself. Do we get to live our lives the way we want to?" I wish for more places to gather and heal together. We need time and space for people to come together. We need funding for this.
- Grants can be limiting and not allowing for innovation.
- Create a digital story to get this info out to communities in plain language, not medical terminology.

Adopt and Invest in Cultural Traditions and Community Supports—create options for and fund births outside of hospitals at home or in cultural birthing centers w/ cultural practices

- Want pregnancy to feel magical and not medical.
- Need to understand the cultural practices. The spiritual part. If I would have known as a younger woman, a young Native woman, to understand about the placenta or belly button ceremony.
- What makes birthing centers so unique, people are looking for alternatives, women want something different.

Invest in and Support Community Based Cultural Programs, Resources, and Networks, including circles of support and healing, cultural doulas and birth workers, father and family resources

- Being a doula – thinks it should be simple = it used to be so easy and has become medicalized
- How can philanthropy fund more doulas and midwifes?
- I would love to see universal access and funding for doulas, training for doulas, training for hospitals. More awareness – commercials, media.
- Take care of those people who take care of birthing people. People caring for birthing people may come from their own trauma – how do we take care of the whole team and everyone is being reimbursed for their time?
- Protection is not just about protecting us from bad things happening but also about building up those protective factors that mitigate trauma. We need much more post-partum care – mental health, body work, nutrition.
- There is an incongruence between community agencies and the populations they are trying to serve—this has created a system that is unnavigable and untrustworthy.

Organize, Share, and Teach Cultural and Reproductive Wisdom—More education around the sacredness (traditions) of birth – we need people there to safeguard you through the journey on a spiritual, physical, and emotional level

- Midwifes should come into high schools and let students know about this as an option.
- Birth as ceremony – birth is one of those moments that brings people together and brings something sacred in the world.
- More ceremony, conversation about the beauty, the ancestral healing to have a child, not for everyone. Having a child is not just a medical event.
- Even the conversations around birth justice is around healthcare, not culture.
- "I'm from Bosnia and am a Muslim and I grieve for the loss of our traditions"
- Being informed, we need an educated birthing body.
- In US we tend to discard our elders. How do we care for our elders and connect them to our children? The elders WANT to teach, want to be involved. Native aunties and uncles had a lot of fear of using their language and/or practices so discouraged this in the current generation. They were beaten for speaking their language and did not want their children and grandchildren to suffer that fate.

Provide Cultural Advocates and Navigation Support—fund and use cultural navigators and family advocates that are from our communities to help navigate systems and support parents in expressing and getting what they need

- The other piece – in our culture and maybe in African American culture, when mom had baby, all the relatives came. Now you can only have 2 people or so, everyone is outside waiting.
- As a cultural navigator at Hennepin healthcare. I want to show up in spaces for black moms, to advocate. There is a fear that if you don't have the knowledge you can't speak up. Having people show up in spaces where you don't feel you can advocate for yourself, its important that people look like you.
- In the native community folks usually don't go to their 6 week check up because there is so much distrust with the medical system- so how can we have home visitors, etc?
- Sometimes some people just need someone to talk to—an advocate, coach, navigator
- Would love to do more of that pre-prevention work. When we advocate we don't just get mad, how do we step up in the moment, interrupt what is going on, what to say, how to say it in a way that will not disrupt a birthing process.

- The Emergency Dept is the place where people go to get their care and this is not the best place the integrated and coordinated care that they need—We should put navigators at the ED so that they can start to connect people at that point.
- Health literacy is also so important so they can better navigate the healthcare system and push back, and to better advocate for themselves in the system.

Fund Community-Based from Prenatal through Post-Partum (early childhood) through: Wrap Around Care and Support-- Support women before, during, after birth with a diversity of resources such as food, housing support, home health visits, companionship, advice

- Good health care before during and after birth.
- Sometimes housing and job security is birth justice.
- I agree it needs to be more magical. My experience was mostly magical, birth process was simple.
- My pregnancy was rough and the birth process was horrific, I was traumatized, had two emergency c sections for my last two kids, it made me not want to have any more kids. Me and my husband decided we can't do this again. Kinda wish I had more support. Wish I had more support for the pregnancy…more mental health support, especially right after the birth. More support is needed in the birthing room. Not necessarily medical support.
- Prenatal care is a huge determinant of health outcomes.
- Everyone needs a birth and postpartum doula.
- This work is more focused on the birth period but what about the prenatal and postpartum, when the deaths are higher in the year after birth

INSTITUTIONAL

Decolonize Western Healthcare and Systems by moving from purely clinical models and certifications to incorporating models that include and respect cultural practices and providers and are family-centered

- Midwives and OBs and doulas creating advocacy plans for anyone considered high risk – that is integrative health care. Not just checking blood pressure and taking vitals, not just giving a pill, but create a full advocacy plan.
- When we talk about cultural norms, when you go into a birthing center or hospital they treat you like a number.
- So much of what we do is tied up by funding restrictions – we can no longer see the human being, we are identified by our title, we are guided by the restrictions not what is needed.
- The questions and documentation involved post birth, asking all those questions and requiring me to fill out forms. Is there a way to eliminate the Q and forms at that time? (registering the child, SSN) Can some of that work be done on the front end? Can it be done at the follow up well baby check?
- Made her feel powerless and less than as a person, she didn't want to question the doctor because we are taught to respect that authority and it affected the whole family.
- Doctors stopped talking to the client after they found out they had midwives.
- If things can be social determined, how can we undetermined them?
- Everyone in health care needs to see the birthing person as their person or client and we need to have a shared mission—we need to provide people with wrap around services that they are automatically connected with via one, streamlined intake form and approach
- Shared resource referral approach for the region would help avoid people telling their story more than once and having to navigate the system
- Coming into this space as a white woman, I found the process to be overly medicalized. SO if the system that is designed for white people makes white people uneasy, it must be much more difficult for BIPOC.
- Require systems to review policies and practices and change them to be more inclusive, more power-balanced, and equitable versus paternalistic; even look at contracts and language – The County should do this too.

Address Provider Bias, Discrimination, and Abuse Through Required Education, Training—train and hold providers accountable for providing culturally respectful, trauma-informed, person-centered care and support from pre-natal through post-partum

- When women of color are giving birth, they are drug tested. And we aren't sure what the criteria is because not everyone is tested. So it would be good to create a policy and gather data on the practice of that.
- Because of the high rate of drug abuse, when we walk into the hospital they automatically think we are using. Nurses were talking about the baby and tested the baby's blood to see if they needed to call CPS.
- As providers – implicit bias is a great FIRST step but what is after that?
- I would really love to see when people had a horrible birthing experience, is there a way for them to contact MDH to debrief or be heard?
- I know MDH sends a survey to select folks, but they need to go deeper and do a specific survey for those who had a bad experience and use it as an opportunity to better understand what went wrong, what could have been done differently?
- Understand the trauma!
- We all have seen the data on substance abuse by moms, this is where bias and racism occurs a lot by medical people in how a mom who may be experiencing substance or alcohol abuse during pregnancy. The holistic support for these moms is lacking.
- We think we are doing it all right, and its heartbreaking to find out about the gaps. Its still about not listening to the patient, around pain too.
- Providers also need to know risk factors and treat them before they become more extreme or go untreated and people die.
- There have been things that I have witnessed and have been going to therapy for. And I know that others have been impacted. I'm grateful that my work now is providing training for unconscious bias.
- Mandatory training. Specifically bias training, and don't cheap out on it. Have it continually part of the conversation. Not just a checklist item.
    - Would love for that to happen in medical and nursing school, they did something like that a couple years ago. Something had been said in a class and a lot of hands went up to challenge what was said. The further downstream we can go the better.
- I tried to pitch to look at a time when a mom was given lactation support before she was discharged. And some people are not discharged because they are waiting for the lactation nurse, and how long it takes. We could look at how long it takes and use the data to share the story.

Cultural Humility and Trauma Responsive Care—Honor that birthing people know what can be best for our babies; listen, hear, see, respect and support us

- "I have no idea what birth justice is. I've been a mom for 12 years and I've never heard of it"
- Lactation coverage is also a huge disparity across the board, what's holding them back is comments and approaches from staff that have turned them off. We should start the conversation prenatally. Some areas there is stigma, so starting early can reduce the stigma.
- Struggled a lot with baby friendly in the hospital, its 10 steps guidelines or rules. And its that a certain number of people leave the hospital breastfeeding. Its tied up in having letters behind your name, and moving traditional things into a lettered process. The number of folks who have expressed difficult interactions with lactation consultants, is a lot.
- Gravity friendly birthing. Its how folks did it a long time ago and as we talk about systems,
- At regions I received a c section due to my child's heart rate dropping but really they were tired of me laboring. And in my chart is say failure to thrive which is really failure of my labor to progress.
- Talk about how pediatricians and others cause trauma as well as not looking at the family unit as a whole.

Diversify the Healthcare Workforce—increase the number of native doctors, midwives, doulas, and cultural advocates/navigators

- We have partnered with WIC to bring in peer counselors who are interested in becoming lactation consultants- and it allows them to skip the red tape because they get clinical hours and learn under us.
- We should have a pipeline from high school to train BIPOC kids to become healthcare providers and we should pay for it and provide scholarships.
- We don't **just** need more Black and brown providers, because they may also have a colonized model of medicine.
- Systems need to reflect the communities we serve; we need to diversify – We simultaneously need to crack open the clinical system barriers and train dominant culture providers while diversifying the workforce over time.
- We need providers who are not "brought into the system," including Black and brown providers, because many are not working for the people.

Engage and Support Fathers and Family Members—recognize, include, and provide support for fathers regardless of whether they are married to or live with their birthing partners and support other family members

- Looking at everyone is the family. The family plays a role in the birthing process.
- Engaging fathers; ie giving them breast pumps and providing education.
- We need to look at how these instances affect the whole family. If a birthing person dies or goes through a traumatic event, how does it affect the children? The extended family? The grandmothers? Etc. The family/support unit as a whole.
- Community education for the birthing people and their supports to understand risk factors.
- As a man, we don't say "we" are having a baby and need education.
- Finding ways to include the fathers in the process and what to do, helping with dishes or even catching the baby

INTERPERSONAL & INDIVIDUAL

We Need to Rely on Each Other Through Networks, Circles of Support, and Old Ways

Healing Circles/Trauma Healing—

- African American community, we hold annual Black birth summit every year, we do listening sessions, doula and CHW trainings,…..an overarching theme is not being listened to and not being brought along.
- Protecting and supporting spiritually the mom, she is the vessel, the first home for the child.
- Having another person added to the plate in the Black community, if you have a this person and that person. Where is the time to enjoy the pregnancy?
- We try to add more to our plate as birth justice practitioners, and that's not needed, we need to address the root.
- When I went to north city which is now Northpoint I got so much education and breastfeeding education- and without it I wouldn't be the person I am today.
- Making sure every mom has a circle of support.
- We don't get congratulations when we announce when we are pregnant.
- As individuals interacting in the birth continuum "what can I do" to create an environment and respect? That is about doing personal homework and challenge existing ways of doing and being.
- Being a safe place, feeling safe

Substance Use Disorder Support:

- Healthy beginnings babies, its a universal drug screen and that's ensuring a healthy beginning for the child and if they screen positive there is a coordinator that connects with them through pregnancy, to have a drug free pregnancy. There are so many other social drivers, so the coordinators are also shifting to address other things.