

BLACK

— Birthing Guide —

a resource for birthing while Black in the U.S.A.

Compiled by:

Briana Simmons,
Black Health & Reproductive
Justice Coordinator

Designed by:

Niyankor Ajuaj,
Communications, Storytelling
& Narrative Manager



Soul Soul
SISTERS

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ABOUT US

Soul 2 Soul Sisters is a grassroots, loved-based, racial justice, nonprofit organization based in Denver. We transform Colorado and beyond through Black Women-centered programming focused on Black healing, health & joy, Black civic engagement & policy, ending anti-Black racism & white supremacy culture, and reparations.

OUR VISION

Soul 2 Soul Sisters' work is based in a reproductive justice framework all towards actualizing Black healing and Black liberation.

OUR PASSION

A precious aspect of Soul 2 Soul Sisters is we honor and support Black Women, femmes, and gender expansive beloveds wherever they are in the broad spectrum of their reproductive journey i.e. healthy body-image, healthy partnered relationships, correct use of contraceptives, deciding when to have a baby, support with breastfeeding, navigating postpartum, healing from a miscarriage, or deciding whether to have an abortion – Soul 2 Soul Sisters upholds abortion as a sacred, holy decision among Self, Divine, Universe, Ancestors and Chosen Beloveds. #MyBody #MySacredDecision

We love Black Women, femmes, and gender expansive beings as we lead a love-based revolution.

WE ARE WOMANIST

Inspired by Womanist creative thought the following principles guide Soul 2 Soul Sisters:

1. All Black Gender Expansive Beloveds Matter.
2. Self-love and love of Black Women are medicine to the soul.
3. REST is a spiritual practice.
4. Black liberation work liberates Black Femmes NOW.

To read/learn more about our principles, visit soul2soulsisters.org.





HOW TO USE THIS GUIDE


Soul 2 Soul Sisters joins the local, national, and international struggle for exceptional maternal health outcomes by unapologetically centering and amplifying the needs and desires of Black birthing people.

The infant and maternal mortality rate is the strongest and most distinct global indicator for measures such as quality of life, access to resources, and human rights inequities. The experiences of Black Mamas, birthing people, and their families in the maternal healthcare system tell us all we need to know about this Black HERStory in-the-making moment.

We deserve better. Black Mamas and birthing people deserve respectful care, healthy outcomes, and abundant resources throughout their reproductive experiences.

We offer this Black Birthing Guide to join the growing list of national resources that center Black birth. It includes information on birth teams and birth settings, tips for communicating with healthcare providers, self-advocacy tools, and steps to pursue accountability measures from medical facilities and providers. It can be used as a starting point and reference guide in navigating important pregnancy decisions. You'll find a glossary of terms, facts, and various calls to action throughout the guide to expand our scope outside the limitations of this document.

Our hope is that this will serve as a quick and informative guide for Black birthing people and those who love them to:

- navigate the healthcare system armed with information
 - proclaim themselves as empowered and autonomous decision makers
 - receive life-affirming and quality healthcare services, and
 - achieve desired birth outcomes
- 



THE PROBLEM

The United States maternal healthcare system is in crisis and the impacts of this reality on Black families is unacceptable.

Not only are Black Mamas on average 3-4x more likely to die from childbirth, they are also more likely to experience morbidity, violence, and/or trauma from their birth experiences. In addition to this staggering disparity, Black babies are also more likely to die before their first birthday than other racial groups. The infant and maternal mortality rate of Black babies and Mamas is worsening as the consequences of the COVID-19 pandemic, inflation, and increased state repression make waves throughout the country.

Pre-existing health disparities in underlying chronic health conditions were only exacerbated by the onset of the global pandemic bringing this reality more into focus.

The socioeconomic and financial constraints of being Black in America result in limited access to quality healthcare services, under-resourced facilities, and an insufficient representation of providers who culturally reflect the communities in which they work.

The 2022 United States Supreme Court decision to overturn *Roe v. Wade* and subsequent state-by-state abortion bans have frightening implications for Black Women. The majority of the Black U.S. population is concentrated in the South where the most restrictive bans have been enacted. This is a direct act of suppression on bodily autonomy and will impact Black people with the capacity for pregnancy disproportionately.



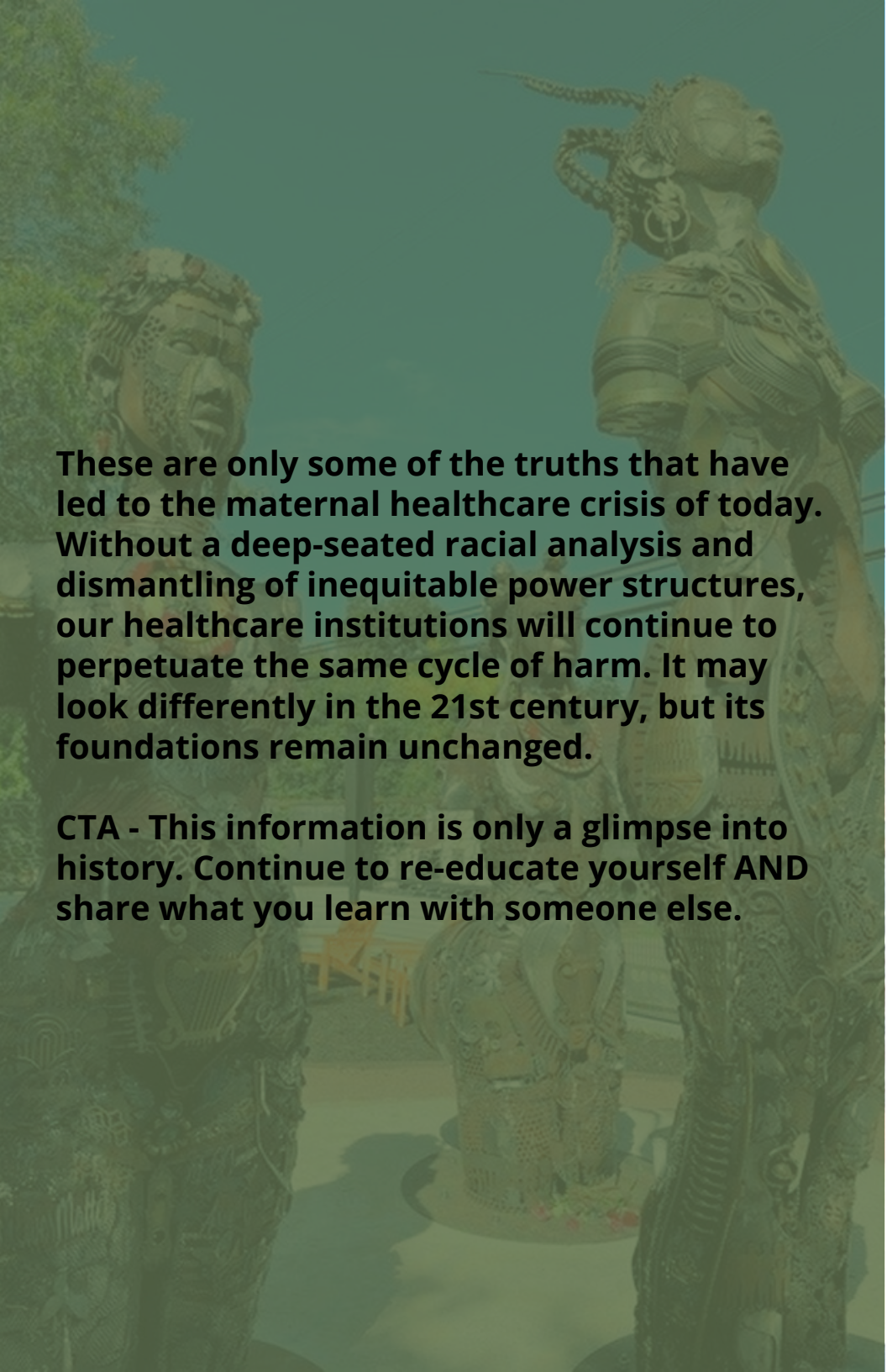
State-sanctioned discrimination against LGBTQIA+ individuals has been permitted in many of the same states under the guise of “protecting minors” and “public safety”. This includes bans on gender-affirming care, legislation enabling healthcare providers and insurance companies to deny LGBTQIA+ people healthcare services, and restrictions on the use of public restrooms and changing facilities.

Government interference in healthcare is a slippery slope. We know that over 80% of pregnancy-related deaths are preventable.

We affirm abortion as a healthcare decision between an individual and their chosen care team. Lastly, we recognize that social determinants of health are vague without an in-depth inquiry into an individual’s lived experiences, especially given identity markers such as race, sex, gender, sexual orientation, ability, and so on.

Still the question remains, how did we get here? And how do we remedy this crisis? For decades, it has been well-documented that structural racism, implicit bias, and high exposure to stress over a lifespan overwhelmingly contribute to poor maternal outcomes. The very social support systems we rely on for sustenance, care, and fulfillment of our needs, disproportionately traumatize, harm, disadvantage, or otherwise threaten the safety of Black birthing people. We cannot talk about the experiences of Black Women within the United States healthcare system without acknowledging its roots.

Anarcha, Betsey, and Lucy - collectively known as the Mothers of Gynecology - endured the unthinkable at the hands of a white man who has since been recognized as “the Father of Gynecology”. Dr. J Marion Sims enslaved, abused, and experimented on Black Women without anesthesia to advance obstetrical techniques and ultimately further the ideology that Black Women do not feel pain in the same way white women do. Obstetrics and gynecology as we know it came about following the medicalization of childbirth and professionalization of midwifery. As a result, by the 1950s, a majority of births were no longer attended by a midwife in your home and pregnancy care transitioned to hospital settings led by physicians and nurses.



These are only some of the truths that have led to the maternal healthcare crisis of today. Without a deep-seated racial analysis and dismantling of inequitable power structures, our healthcare institutions will continue to perpetuate the same cycle of harm. It may look differently in the 21st century, but its foundations remain unchanged.

CTA - This information is only a glimpse into history. Continue to re-educate yourself AND share what you learn with someone else.



THE SOLUTION(S)

It is not enough to push Black mamas to make individual lifestyle changes. It is not enough to expect real social change through the provision of services via buffer institutions such as volunteer groups, charity programs, nor nonprofit organizations. To hold Black mamas, our babies, and our families with the care they deserve, systemic change at the institutional level is necessary.

Not only does our storytelling offer firsthand experiences in navigating the healthcare system. Our storytelling pinpoints gaps and failures in the delivery of healthcare services while also envisioning solutions. It's time to listen to Black Women.



WE ENVISION A WORLD WHERE ALL BLACK FAMILIES CAN EXPECT TO HAVE THEIR BASIC NEEDS MET. OUR VISION MAINTAINS THE DIRE NEED TO REUNITE AND PROTECT THE INTERCONNECTEDNESS OF BLACK KINSHIP AND CHOSEN FAMILY.

We envision a world where ALL Black families can expect to have their basic needs met. Our vision maintains the dire need to reunite and protect the interconnectedness of Black kinship and chosen family. A world where Black Women are no longer dying preventable deaths. A future where Black babies grow into adolescence without fear. A world where Black communities are restored with abundant resources. A world where the social inequalities of the past and present collapse into infinite possibilities to reshape our collective future.

At the core, we're all much more alike than we are different. One thing all beings have in common is that we are all born. The solutions to remedy the maternal healthcare crisis will create a world where ALL beings are born under exceptional, respectful, and dignified care.

Dismantling white supremacy culture is a solution.
Institutional accountability is a solution.
Reparations through the redistribution of wealth,
power, and resources is a solution.
Reproductive justice is a solution.
Risk appropriate care is a solution.
Culturally reflective care is a solution.
Care untethered to capitalism is a solution.
Integration and collaboration between OB/GYNs
and community-based midwives is a solution.
Universal healthcare is a solution.
Embracing a holistic care approach is a solution.
Extended postpartum support is a solution.
Queer-affirming care is a solution.
Paid family leave is a solution.
The midwifery model is a solution.

CTA - We deserve **REAL** solutions. Whenever integrating systems let's be sure to root ourselves in what's moving our communities ahead and contributing to long term impacts and broad-based cultural shifts.





1

Start early

to give yourself ample time to make an informed decision about your healthcare provider/s



2

Get clear

on your unique needs and desires



3

Seek referrals

by searching for local resources and asking within your personal networks



4

Interview

potential providers to assess alignment with your unique pregnancy needs and personal preferences



5

Trust

the feeling in your gut and allow your actions to be led by your intuition

HOW TO BUILD YOUR BIRTH TEAM



ASSESSING LEVEL OF CARE

Some birthing people require a higher level of care than others. Finding the appropriate level of care to match your unique circumstances is one of the most important steps. Assessing the level of care needed to support a healthy pregnancy and birth experience will influence the providers you interact with and where you will give birth. Here's some terms to know:

- **Medical intervention** - an action taken by your healthcare provider to intervene in the birthing process in order to monitor, manage, or progress labor
- **Cascade of interventions** - the likelihood of one medical intervention being followed by another in managing the progression of labor.



Assessing the medical necessity of an intervention is best when guided by a risk appropriate care provider who matches the needs and desires of the pregnant person.

- **Culturally congruent care** - applied knowledge for providing healthcare services that are uniquely reflective of an individual's cultural understanding of the world and how it influences their values, beliefs, and practices.
- **Perinatal risk assessment** - risk assessment and classification system to predict the potential progress, outcomes, and care necessary to support a pregnancy.

A vast majority of pregnancies are low risk and will follow a predictable course of progression over three trimesters. Low risk simply means there are no existing medical conditions or pregnancy complications.

High-risk pregnancies can be the result of pre-existing conditions or conditions that develop during pregnancy that increase the potential risk for maternal or fetal complications.

This is important because this classification system determines the level of care best equipped to support an individual's experience.

- **Morbidity** - unexpected outcomes of pregnancy, labor, and delivery that result in significant short-term or long-term consequences to a pregnant person's health.
- **Physiological birth** - the natural onset and progression of labor with the conditions to support effective labor, shared decision making, and collaboration with your birth team.
- **Risk appropriate care** - Strategy to improve perinatal care outcomes for pregnant people and their families by ensuring that medical facilities and personnel match the appropriate level of care to meet their health needs.

Sidenote/Pro Tip:

The care of an individual with no to low risk who desires natural birth support and alternative pain management options will differ greatly from an individual who has developed a condition during pregnancy that could be life threatening and requires specialized care or monitoring. Understanding where your perinatal journey lies along this spectrum at any given time can only enrich your birth experience.



A composite image showing a person's hand writing in a spiral notebook with a white pen, and another hand typing on a laptop keyboard. The background is a wooden desk. A semi-transparent green box is overlaid on the image, containing text.

PERINATAL HEALTHCARE PROVIDERS (AND IMPORTANT QUESTIONS TO ASK)

No one provider can meet all of your needs throughout your perinatal journey. From preconception to postpartum, it's likely you'll interact with a handful of providers, specialists, and support staff. It's crucial to ask the questions that help you to make the best decisions for you and your family.

MIDWIVES, OB/GYNS, & BIRTHWORKERS

OB/GYN

OB/GYN is a specialty of two distinct fields of medicine. An obstetrician is a physician who specializes in care during pre-conception, pregnancy, childbirth, and immediately after delivery. A gynecologist provides general female reproductive health care. OB/GYNs are physicians who are surgically trained to manage high risk pregnancies. They employ medical interventions to monitor prenatal care and manage labor and delivery.



10 QUESTIONS FOR AN OB/GYN:

1. Why did you pursue this field of work and can you describe your educational path?
2. What is your philosophy on birth and how would you handle a pregnancy concern or complication?
3. What healthcare standards can I expect from your care?
4. What level of interaction can I expect to have with you throughout pregnancy, labor/birth, and postpartum care?
5. Who will be present at my birth at this facility?
6. Does your practice support doulas as part of the birth team?
7. My most ideal birth includes the following preferences: x, y, and z. Does your practice support these preferences?
8. What do you know about the rate of Black maternal morbidity and mortality?
9. How does your care work to ensure safe and healthy outcomes for Black Mamas and pregnant people?
10. What is your Cesarean rate? Rate of other interventions such as inductions, use of forceps, etc.?

MIDWIVES

There are several types of **midwives** with varying credentials in the United States. Each varies in education, training, approach, scope of practice, work setting and credentialing through different organizations. The types of midwifery care available in your area will depend on the laws and regulations of midwifery practice in your state.

- **Certified Midwives (CM)** - direct-entry midwife with credentials that do not require a nursing degree.
- **Certified Nurse Midwives (CNM)** - registered nurses with midwifery education who typically practice in hospitals, but can also practice in birth centers and attend home births.
- **Certified Professional Midwives (CPM)** - direct-entry midwife with a CPM credential whose midwifery education takes an emphasis on the apprenticeship model training in holistic care and physiological birth in out of hospital settings. They are trained in providing home birth care.

"The basic tenet of midwifery is creating a partnership of shared decision making and trust between the immediate family."

- Demetra Seriki, CPM

10 QUESTIONS FOR A MIDWIFE:

1. Why did you become a midwife and how would you describe your educational path?
2. What's different in how you approach pregnancy, labor/birth, and postpartum as a midwife?
3. What are the costs associated with your care? What does this include? Do you accept insurance?
4. What is your experience with herbs, homeopathy, and alternative practices for pregnancy and labor support?
5. What options for pain management and emergency procedures are possible under your care?
6. What circumstances would cause me to risk out of your care?
7. What is the most common reason for a hospital transfer? What is your transfer rate? What is your protocol for non-emergency transfers? Emergency transfers?
8. What relationships do you have with physicians and hospitals in this area?
9. Who comprises your midwifery practice that may play a role in my birth team?
10. What is your level of awareness of Black maternal morbidity and mortality?





10 QUESTIONS FOR A BIRTHWORKER:

1. Why did you become a birthworker?
2. Can you please describe your training and continuing education experience?
3. What are your fees and what is included? What is your policy on cancellation of services and refunds?
4. What areas of support do you feel well-versed in?
5. What is your level of awareness of high statistics of morbidity and mortality for Black pregnant folks?
6. How would your care support me and my family in a healthy and safe pregnancy and delivery?
7. What alternative pain management techniques are you skilled in?
8. How do you work alongside my partner and other chosen beloveds in my care?
9. How do you manage your client load?
10. What happens in the event of...?

BIRTHWORKERS

Birthworkers are non-medical professionals who provide emotional, physical, informational, and logistical support to clients and families throughout a range of reproductive experiences. Most interactions with a birthworker will begin with a consultation where you have an opportunity to better understand who they are and learn more about their services. There's all types of birthworkers:

- Do you need support navigating an abortion? Contact an **abortion doula**.
- Have you experienced pregnancy loss by way of miscarriage, stillbirth, or a life-limiting diagnosis? A **bereavement doula** can support you.
- If you want to conceive, are actively trying to conceive, or struggling to conceive, book services with a **fertility doula**.
- Need support in prenatal preparation, labor/birth, and immediate postpartum? Consult a **birth doula**.
- Are you seeking extra support following childbirth? Hire a **postpartum doula**.

Sidenote/Pro-Tip: Prepare at least 2 questions to ask your providers every time you interact. Whether it's a loved one or a birth advocate, consider bringing someone along with you to your appointments for support.

SPECIALISTS

Lactation support is key for being well-informed and well-resourced, handling challenges, and ultimately meeting your personal lactation goals.

A **Peer Counselor** is someone who lives in your community, has firsthand experience in bodyfeeding, and is recruited, hired, and trained by a local clinic or program to provide encouragement and support informed by their own experiences. The most well known peer counselors are typically WIC peer counselors.

A **Certified Lactation Educator (CLE)** is qualified to provide education, support, and instruction in individual and group settings on the basics of lactation such as how it works, why it's important, common challenges, and other general lactation support.

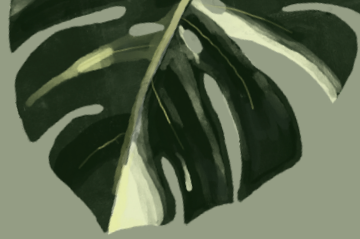
A **Certified Lactation Consultant (CLC)** is trained and certified to provide counseling and management support to individuals and families. Their expertise positions them to receive referrals for parents who are experiencing challenges throughout their breastfeeding journey.

An **International Board Certified Lactation Consultant (IBCLC)** is a group of breastfeeding specialists who complete academic education, clinical training, and complete a certification exam and continuing education. Whereas all other lactation support services are paid out of pocket, services from an IBCLC are typically eligible for reimbursement by insurance companies.



Did You Know?: Breastmilk is a living substance! In addition to vital nutrients such as carbohydrates, protein, fat, vitamins, minerals, digestive enzymes and hormones, it also contains live antibodies and cells to enhance its composition if the baby needs it.

CTA - Challenge public spaces to shift toward becoming human feeding friendly environments.



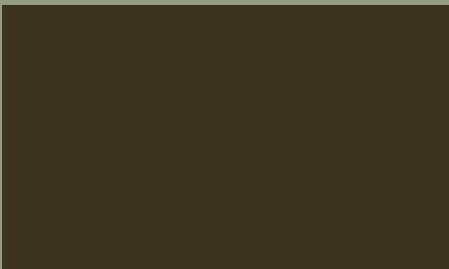
- A **chiropractor** works with pregnant people to reduce pain in the back, neck, and joints, relieve tension in ligaments and muscles, and realign the spine. Chiropractic care helps to rebalance the pelvis creating more space for the fetus to reposition in the most ideal position for birth. Additionally, some chiropractors have specialized training in prenatal and postnatal care to support infertility.

Did You Know?: *In the pushing stage of labor, it is your pelvic floor that is being activated to do the work so a strong pelvic floor will support an efficient birthing process.*

- A **pelvic floor specialist** works with clients from preconception to postpartum to treat pain, weakness, and dysfunction of the pelvic floor muscles. The pelvic floor is a group of muscles, ligaments, and connective tissues that wrap around the pubic bone and tailbone to support the bladder, bowel, uterus, and vagina. No wonder it is crucial to perinatal health to get familiar with your pelvic floor muscles! A specialist can guide clients on how to activate the pelvic floor muscles properly in childbirth. They also provide relief for common symptoms such as constipation, hip pain, back pain, painful intercourse, and/or leaks.



- A **perinatologist** is an obstetrician who specializes in prenatal care of high-risk pregnant folks and diagnosing and managing complex fetal conditions. A perinatologist may also be referred to as a Maternal-Fetal Medicine Doctor.
- A **neonatologist** is a pediatrician who specializes in after birth care for premature babies and newborns born with illness or those who need specialized care such as extensive monitoring or surgery.



COMPARING BIRTH SETTINGS

Many factors will influence where you give birth. Making the best decision for you and your family will depend on your unique needs and available resources in your region.

	Hospital	Birth Center	Home
Setting	A healthcare institution	A stand alone center or attached to a hospital	At the place of residence
Provider/s	OB/Gyns, Certified Nurse Midwife, Labor & Delivery Nurses, Perinatologist, Neonatologist	Certified Nurse Midwives, Certified Midwives, Certified Professional Midwives, Birth Assistants	Certified Midwives, Certified Professional Midwives, or other direct-entry midwife, Birth Assistants
Pros	<ul style="list-style-type: none"> • Access to specialists • Availability of pain medication is available if desired 	<ul style="list-style-type: none"> • Staff is familiar with alternative pain management techniques • Home-like setting • Typically more affordable than hospital 	<ul style="list-style-type: none"> • Care team comes to you • Familiar and comfortable environment that you're in control of • Most affordable • Safe option for low risk pregnancies
Cons	<ul style="list-style-type: none"> • Best for high risk patients • Although hospital care is typically covered by insurance, it is most expensive • Fewer support people are allowed in the birthing room • Inability to guarantee delivery doctor • Rotating nursing staff • More likely to experience interventions like induced labor • More likely to receive a C-section that may not be medically necessary 	<ul style="list-style-type: none"> • Insurance coverage will vary • Birth centers are difficult to find • Your care needs may require a transfer and protocols for transfers may vary by center • Must be a low risk patient • Quick discharge at an average of 6 hours post-labor 	<ul style="list-style-type: none"> • Must be a low risk patient • Insurance coverage is limited • Out of pocket costs • If an emergency arises, that cannot be managed by midwife, you'll have to transfer care to a hospital

PREPARING YOUR MIND, BODY, SPIRIT

Birth is a full body experience. Many holistic birth workers encourage the preparation of mind and spirit just as much as the physical. While factors of an individual's socioeconomic status and environment will always be influential, it is important to elevate taking responsibility for preparing your mind, body, and spirit for the birth experience you wish to have. When coupled with systemic change, the promotion of holistic wellness is an effective tool for ensuring healthier outcomes for Black mamas, birthing people, and their babies.





**10 PRIORITIES FOR
HOLISTIC
WELLNESS TO
SUPPORT
PREGNANCY**



01

Water is life! Hydration is crucial for supporting pregnancy. Enhance your hydration by drinking water and consuming hydrating foods like watermelon, peaches, broths and soups.

02

Whole food nutrition is necessary for sustaining the vitality of a pregnancy. Balanced meals and snacks should include sources of proteins, vitamins, minerals, natural sugar, and healthy fats.

03

Movement is key for lubricating the muscles needed to carry your pregnancy and birth your baby. Whether it's through stretching, walking or taking a yoga or dance class, get active at least 30 mins a day!

04

Information is powerful. Do your due diligence in researching, asking questions, and equipping yourself with evidence-based information.

05

Rest is your birthright. Unapologetically expand your rest practice to include idle time, naps, and better sleep practices.

Explore alternative care options for a well-rounded approach for addressing your needs and concerns.

06

Affirm self-talk to raise the vibration of self-esteem and empowerment. Filtering out negative self-talk and anything that is draining your energy such as unwarranted opinions will allow for more spaciousness.

07

Foster true community that requires intentionality. Are you in loving community with folks who will journey with you as you transition into parenthood? Build community within your family, with chosen beloveds, in virtual support groups, and in-person meet ups.

08

Limit stress, easier said than done, but small changes can go a long way for reducing stress. Some ideas include boundary setting to protect your time and energy, lessening social media use, and saying “no”, “not right now”, “maybe next time”.

09

Focus on developing a strong mind → body → baby connection. Journaling, meditation, and talking to your baby can help strengthen this connection.

10

PROVIDER REFERENCES FOR MIND, BODY, SPIRIT

MIND:

Birthworkers, Psychiatrists, Mental Health Counselors, Marriage & Family Counselors, Social Workers, and/or Community Health Workers

BODY:

Birthworkers, Nutritionist, Fitness/Yoga Instructors, and/or Massage Therapists

SPIRIT:

Birthworkers, Energy workers, Faith Leaders, and/or Community Healers

ADVOCACY TOOLS

BUT FIRST, WHAT IS ADVOCACY?

Self-advocacy is most powerful when situated within a larger framework of understanding the root cause of any particular issue. One of those frameworks that is important to get familiar with and understand is **Reproductive Justice (RJ)**!

RJ is a human rights framework and organizing/movement building tool for understanding the intersection between reproductive rights and social justice.

RJ affirms the right to:

- **Have a child,**
- **Not have a child,**
- **Parent the children you have in a safe, sustainable, and healthy environment, and**
- **Maintain bodily autonomy**



Did you know?: Reproductive Justice (RJ) was coined by 12 Black Women in 1994.

BIRTH PLANNING

So you've secured a birthworker? Now it's time to create a birth plan! Although your birth plan is not a contractual agreement, it's much more than a just plan. It should also be used as an advocacy tool. Create your birth plan to reflect your wishes for care throughout pregnancy, labor/birth, and be sure to consider a thorough postpartum plan.

Here are some things to consider in planning your ideal birth experience:

- **Get clear on your personal preferences** as it relates to all aspects of your birthing experience including how you desire to be cared for, use of medications, pain management, knowledge and comfort level with routine procedures, etc.
- **Format your birth plan** with brief bullet pointed instructions and requests that are easy to understand.
- **Write a short letter** to your medical provider highlighting some important preferences in your birth plan and share it with them during an early prenatal visit. This will open up dialogue and help you to assess their support, willingness, and comfortability with your preferences.
- Discuss your plan with your entire birth team **AND** assign everyone on your team a designated role.
- **Draft a Plan B & C** around certain scenarios in case the circumstances of your pregnancy, labor/delivery or postpartum experience require an alternative plan.
- **Utilize the expertise of your doula** to support this process. Whether it's specific resources or insight from other clients, they will be positioned to help you consider all aspects of your birthing plan.

Sidenote/Pro-Tip:

The Fourth Trimester, or the first 12 weeks after giving birth, is a huge transition for the entire family unit. This time period deserves proper planning and preparation. Some things to consider in postpartum planning include protecting time to rest your body and bond with your baby, mental health and wellness, and returning to work.

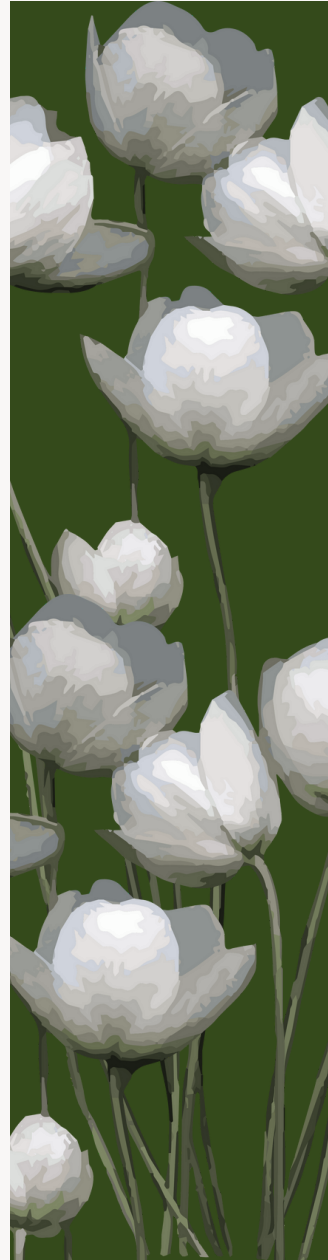
EMPOWERED & EFFECTIVE COMMUNICATION

The **B.R.A.I.N. Technique** is an assessment tool designed to help pregnant people communicate with providers, explore options, and make informed medical decisions with their care team. B.R.A.I.N. stands for:

- **Benefits** - What are the benefits of making this decision?
- **Risks** - What risks are associated with this decision?
- **Alternatives** - Are there any alternative options?
- **Intuition** - What is my intuition saying to do?
- **Nothing** - What if we do nothing (or wait)?

Two additional aspects of self-advocacy are informed consent and informed refusal.

- **Informed consent** - a process by which a fully informed individual gives permission to proceed with medical treatment with understanding of the possible benefits and risks involved
- **Informed refusal** - a process by which a fully informed individual opts to forgo a medical treatment with an understanding of the possible benefits and risks involved



FACING RACISM

When facing racism, microaggressions, and other injustices it is important to know your rights. The following resources were designed to help Black birthing people better understand their rights when navigating pregnancy. The resources also serve as a guide for healthcare institutions and providers to improve their delivery approach and better care for Black families.

- The **Black Birth Bills of Rights** was created by the National Association to Advance Black Birth (NAABB) as a resource for individuals to become knowledgeable of their rights as a Black person in need of maternal care.
- Written by a Black Mama and community-based midwife the **Birth Justice Bill of Rights** is a tool for Black mamas and gender expansive parents to know their rights and advocate for respectful care.
 - **CTA:** Jamarah Amani and her team at Southern Birth Justice Network (SBJN) are working to call upon health care facilities and providers in Florida to adopt the Birth Justice Bill of Rights. Call upon your local network to do the same.

CALL IT WHAT IT IS: OBSTETRIC VIOLENCE

Accountability is a process. Giving language to pain and trauma is the first step in an accountability process where the person, people, or community who have been harmed are able to define their experience for themselves. Ultimately, language creates possibilities for grievances to be made and accountability to be sought.

Obstetric violence is harm inflicted during or in relation to pregnancy, childbearing, and the postpartum period by medical personnel, including nurses, doctors, and midwives.

It can include: denial of treatment, verbal humiliation, invasive practices, disregard for pain, sexual assault, lack of privacy, unnecessary use of medications, etc.

What to do if you experience obstetric violence?:

- File a complaint to your state medical and nursing board
- File a complaint with the accreditation institution for the hospital
- Contact the Joint Commission to file a complaint
- Seek legal counsel and representation



HEALING FROM BIRTH TRAUMA

Are you sure, sweetheart, that you want to be well?... Just so's you're sure, sweetheart, and ready to be healed, cause wholeness is no trifling matter. A lot of weight when you're well.
-Toni Cade Bambara



Everyone's healing journey will look differently and that's okay! Below are some suggestions to help assist in healing from birth trauma, if ever needed:

- **Seek mental health support.** Normal experiences of postpartum mood disorders like baby blues can be intensified when trauma is present. If you do not already have a therapist, find a local or virtual counselor who specializes in perinatal mental health.
- **Tell your story.** Storytelling remains a pivotal cultural experience for Black folks. Whether you write in a private journal, share your story on a social media platform, or speak out for change as a birth advocate, find a space to share your truths.
- **Engage in ritual and ceremony.** Embracing the healing nature of ritual & ceremony as means of processing birth trauma can offer validation, honor, remembrance, closure and a way forward. Identify someone in your close circle or find a trusted healer in your community to hold space for you.
- **Lean on your community.** Be selective in finding chosen beloveds who will affirm, celebrate and grieve alongside you. This may include family members, friends, your doula, your healthcare provider and/or other birthing parents who can relate to you. It takes a village, right?
- **Practice radical self-care.** Practicing radical self-care can look differently for everyone, but some activities for Black folks to reclaim could include unapologetic rest, extending yourself grace, setting boundaries, and prioritizing what brings you leisure, peace, and pleasure.



GLOSSARY OF TERMS

Birthworker - non-medical professional who provides emotional, physical, informational, and logistical support to clients and families throughout a range of reproductive experiences

Cascade of interventions - the likelihood of one medical intervention being followed by another in managing the progression of labor.

Certified Midwife - direct-entry midwife with credentials that do not require a nursing degree

Certified Professional Midwife - direct-entry midwife with a CPM credential whose midwifery education takes an emphasis on the apprenticeship model training in holistic care and physiological birth in out of hospital settings

Certified Nurse Midwife - registered nurses with midwifery education who typically practice in hospitals, but can also practice in birth centers and attend home births

Culturally congruent care - applied knowledge for providing healthcare services that are uniquely reflective of an individual's cultural understanding of the world and how it influences their values, beliefs, and practices

High-risk - High-risk pregnancies can be the result of pre-existing conditions or conditions that develop during pregnancy that increase the potential risk for maternal or fetal complications

Informed consent - a process by which a fully informed individual gives permission to proceed with medical treatment with understanding of the possible benefits and risks involved

Informed refusal - a process by which a fully informed individual opts to forgo a medical treatment with an understanding of the possible benefits and risks involved

Low risk - Low risk simply means there are no existing medical conditions or pregnancy complications

Medical intervention - an action taken by your healthcare provider to intervene in the birthing process in order to monitor, manage, or progress labor

Morbidity - unexpected outcomes of pregnancy, labor, and delivery that result in significant short-term or long-term consequences to a pregnant person's health

OB/GYN - physicians who are surgically trained to manage high risk pregnancies

Obstetric Violence - harm inflicted during or in relation to pregnancy, childbearing, and the postpartum period by medical personnel, including nurses, doctors, and midwives

Physiological birth - the natural onset and progression of labor with the conditions to support effective labor, shared decision making, and collaboration with your birth team

Risk appropriate care - risk assessment and classification system to predict the potential progress, outcomes, and care necessary to support a pregnancy

Self-advocacy - a process of understanding your values, communicating your needs, asserting your rights, and making informed decisions about your care



RESOURCE LIST

BOOKS:

- [Black, Pregnant and Loving It: The Comprehensive Guide for Today's Woman of Color](#) by Yvette Allen-Campbell
- [A Taste of Our Own Medicine: 3 Vital Keys to Ending Postnatal Depletion, Nurturing Mothers and Improving Communities](#) by Danett C Bean, DAAM
- [Oh Sis! You're Pregnant: The Ultimate Guide to Black Pregnancy & Motherhood](#) by Shanicia Boswell
- [A Black Woman's Guide to Homebirth](#) by Brittany Tru Kellman
- [Birthing Liberation: How Reproductive Justice Can Set Us Free](#) by Sabia Wade

PODCASTS:

- [Birth Stories in Color](#)bi - A podcast centering storytelling from a multiracial lens by Laurel Gourrier and Danielle Jackson.
- [Birtright](#) - A podcast about joy and healing in birth with Kimberly Seals Allers.
- [Dem Black Mamas](#) - A podcast that answers all the questions you mama won't! From sex & dream chasing to adulting & raising free Black children in an unfree world, Crystal Tennille Irby, NeKisha Killings, & Thea Monyee, three #BlackMamaCreatives give you all the #BlackMamaMagic your heart can hold.
 - [NATAL](#) - A podcast about having a baby while Black in the United States.

APPS:

- [Candlelit Care](#) - point-of-care digital platform focused on the prevention of perinatal mental and anxiety disorders (PMADs) among Black women and birthing parents.
- [lirth](#) - (As in Birth, but they dropped the B for bias) platform for Black and Brown women and birthing people to offer peer reviews helping to inform decisions about healthcare facilities and providers
- [Poppy Seed Health](#) - on demand telehealth services providing 24/7 text support with doulas, midwives, and nurses for pregnant and postpartum birthing people

COLORADO BASED ORGANIZATIONS:

- [Sacred Seeds Black Birthworker Collective of CO](#)
- [A Mother's Choice Midwifery](#)
- [Colorado Black Health Collaborative](#)
- [Elephant Circle](#)
- [Families Forward Resource Center](#)
- [MamaBird Maternity Wellness Spa](#)
- [Seasons Community Birth Center](#)
- [WombCycle](#)

NATIONAL ORGANIZATIONS:

- [Ancient Song Doula Services](#)
- [Black Mama's Matter Alliance](#)
- [Black Women's Health Imperative](#)
- [Health In Her Hue](#)
- [National Association to Advance Black Birth](#)
- [National Black Midwives Alliance](#)
- [Sista Midwife Productions](#)
- [Sistersong](#)
- [Southern Birth Justice Network](#)



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Soul 2 Soul Sisters


P.O. Box 7632


Denver, CO 80207


720-295-4876

www.soul2soulsisters.org

info@soul2soulsisters.org

 @soul2soulsisters

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