



**BIRTHING
JUSTICE**
IMPACT
AWARENESS TO ACTION



Viewer Insights and Advocacy Report

From the **BIRTHING JUSTICE** Documentary Film

Support for this report provided by



www.birthingjustice.com

EXECUTIVE SUMMARY

Every Women Deserves a Beautiful Birth Story

In the United States, the alarming reality of maternal deaths and pregnancy-related complications persist. **A staggering 1,200 maternal deaths were reported in 2021, with countless other women enduring severe complications.** While these issues disproportionately affect marginalized communities, our research reveals those maternal deaths affect Black women of all ages, education levels and socioeconomic statuses.

The BIRTHING JUSTICE documentary, presented by Women in the Room Productions, stands as a poignant catalyst for change. It transcends the boundaries of a traditional narrative, for it is not just a story of Black birthing in the U.S.; it's a call to action, a plea for justice, and a vision of joy in pursuit of birth equity.

Report Goals

This analysis and data should enable us to provide policymakers, funders and other stakeholders with compelling information about the reach and impact of BIRTHING JUSTICE, along with new information about the people most in need of support around maternal health.

Results

The film's objectives focused on raising awareness of the maternal health issues Black women face. BIRTHING JUSTICE *achieved* these *goals by reaching a diverse audience of policymakers, healthcare workers and members of the general public, and moving them to action to create and sustain birth equity.*

Conclusions

Our analysis demonstrates that BIRTHING JUSTICE achieved all the goals of generating high awareness, educating even the most well-Informed, and sparking action from most film goers, especially those who work within the health sector.



BIRTHING JUSTICE

IMPACT

EXECUTIVE SUMMARY

AWARENESS TO ACTION

This briefing report presents an analysis of the data collected pre- and post-film screening. Its primary objective was to assess the audience's level of awareness regarding critical issues, their grasp of potential solutions, and their commitment to taking meaningful actions following their viewing of the documentary.

177
Screenings

10,600
Attendees

1500
Pre/Post Surveys

FILM IMPACT

77% respondents have a greater understanding of the overall issues after watching the film

3 of 4 viewers are more aware of current inequities in Black maternal and child health after watching the film

70.9%

“ As a Black man, I want to learn more about Black maternal health. ”

WHO WATCHED

BIRTHING JUSTICE

REGION

WEST	424
MIDWEST	255
NORTHEAST	186
SOUTHWEST	48
SOUTHEAST	677

RACE

Asian	6%	White	34%
Black	46%	Multiracial	5%
Hispanic	11%	Other	1%

GENDER

PROFESSION

Healthcare	48%
Non Healthcare	52%

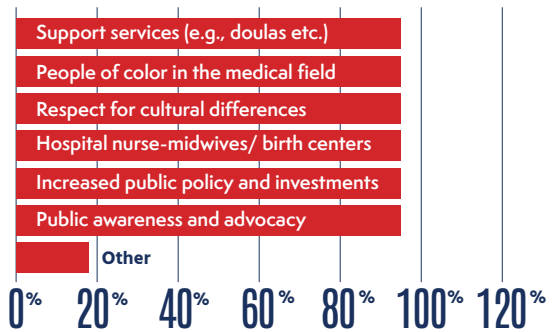
ACTIONS TO CHANGE OUTCOMES

71% changed their view of what actions are needed to alleviate Black maternal health

93% **WHITE VIEWERS** vs **87%** **BLACK VIEWERS** Agree with the three statements below

- Viewers believe more actions need to be taken.
- Knowledge and respect for cultural differences in healthcare.
- Increased public awareness and advocacy on the issue of birth inequities and birthing justice.

Actions Needed



Q Which actions do you think are needed to alleviate the issue of maternal and infant death for Black mothers and children?

Experience in the HEALTHCARE SYSTEM

67.4% I was ignored/dismissed/ judged/mistreated by member(s) of my medical care team
Negative Experience

33.5% Experienced a health issue which could have been prevented

Does Race of Medical Professional **MATTER?** For Blacks **YES**, Whites **NO**

Conclusions and Recommendations

Watching Birthing Justice leads to positive change on behalf of Black children and parents, and inspires people to take charge in that change for themselves or their community.

Qualitative data shows that respondents want both the private and public sectors to hold responsibility in changing maternal and infant outcomes for Black children and parents.

It is the responsibility of not only policymakers but also public health and healthcare leaders to educate themselves on the innate biases within Black maternal infant health.

77.9%
Blacks-Race Matter

16.1%
Whites-Race Doesn't Matter

Policymakers at all levels must answer to the will of the people to increase and sustain funding and solutions to expand access to quality prenatal, maternal and early child healthcare to all, especially Black women and children.

MEDIA SHAPING A NEW NARRATIVE

The Birthing Justice Documentary Survey Data Analysis Report demonstrates the power of telling aspirational stories of people who have turned tragedy into hope.

The full report paves the way for actionable change. From clinicians to policymakers, from activists to birthing individuals, it is a rallying call to be part of a movement that aims to rewrite the script of maternal health equity.

For further information, interviews, or inquiries about the Birthing Justice Documentary and the Survey Data Analysis Report, please contact: birthingjusticefilm@gmail.com

For more information on RH Impact (formerly NBEC), contact Jordan S. Woods, RH Impact jwoods@birthequity.org

TABLE OF CONTENTS

1	BIRTHING JUSTICE: A Documentary Film Experience That Dramatically Changed Hearts and Minds
7	How Birthing Experiences Shape Views and Reactions
8	Why the Racial Background of Maternal Health Providers Matter
13	Views of Mothers
20	Maternal Health Perceptions and Outcomes Among Viewers With Multiple Children
22	Discussion
23	Males and Fatherhood
26	How BIRTHING JUSTICE Shifted Healthcare—Professionals’ Attitudes and Perceptions
30	Activating Clinicians
32	Discussion
33	Convincing Public Health Workers
34	Sparking Action: How BIRTHING JUSTICE is Driving Financial, Legislative and Other Support
34	Impact on Non-Health Professionals
36	Influencing Healthcare Professionals
39	Driving Birthing People to Action
41	Discussion
42	Understanding the Regional Impacts of BIRTHING JUSTICE
44	Solutions: Support Services
61	Four BIRTHING JUSTICE Imperatives: Love, Respect, Engagement and Professional
48	A Call for Change
48	A Call for Love and Respect for Black Families
52	A Call for Clinicians and Public Health Workers
54	A Call for Policymakers
58	A Call for Communities
61	Conclusion
63	Methodology
64	Appendix
64	Definitions
65	Who We Are
66	Film Reviews
77	References

BIRTHING JUSTICE

**A Documentary Film Experience
That Dramatically Changed
Hearts and Minds**

“The United States is the most dangerous place in the industrialized world to have a baby, especially for those who are not white.”¹

In the United States, the harrowing specter of maternal deaths and pregnancy-related complications lingers. A daunting 1,205 maternal deaths were reported in 2021², each one a stark reminder of the challenges that persist within the nation’s maternal healthcare system.³ These challenges highlight a troubling disparity that crosses lines of race, age, education and socioeconomic status. At the same time, these issues grip marginalized communities, casting a long, shadowy veil of inequity over the most vulnerable members of our society.⁴

“PEOPLE I LOVE AND CARE ABOUT ARE IMPACTED.”

Available data indicates the U.S. leads in healthcare spending for maternal care and childbirth.⁵ Despite this fact, we lag far behind other high-income nations in maternal health outcomes. The United States had the worst rates of maternal mortality, neonatal mortality, and infant mortality, amongst 11 high-income nations, with a low birthweight rate that next to last.⁶

Amongst the healthy population, childbirth is the most common reason for interacting with hospital systems, with cesarean birth as the nation’s most common operating room procedure.^{7,8} Over time, Black and indigenous birth outcomes have been starkly different than White families, and those of Asian or Hispanic heritage⁹ due to the practical challenges in identifying and meeting psychosocial and health needs.¹⁰

Black women are *three times* as likely

than white women to experience pregnancy-related death¹¹



Indigenous women are *twice* as likely

than white women to experience pregnancy-related death¹¹



Today, nearly half the babies are born to mothers who are Black, Indigenous, Latinas, Asian American, or Pacific Islander; all communities with worse maternal health outcomes than non-Hispanic White birthing people.¹² According to the CDC, approximately one in five mothers overall, and 30-40% of Black, Hispanic, and multiracial mothers reported mistreatment or discrimination during maternity care.¹³ **Recently worsened by the COVID-19 pandemic, childbearing families living at the intersection of these identities experience compounding layers of harm that widen gaps in care, experiences, and outcomes.**

Background

BIRTHING JUSTICE, a groundbreaking documentary from Women in the Room Productions that aired on PBS, demonstrates that art can emerge as a catalyst for transformation. It defies the conventions of a typical narrative, for it is more than just a story of childbirth; it is a clarion call for change, a heartfelt plea for justice and an eloquent vision of equity. The film's closing message is one of hopefulness and joy, for "Every Woman Deserves A Beautiful Birth Story."

This comprehensive report is a testament to our commitment to understanding the impact of BIRTHING JUSTICE. A profound cinematic endeavor and a driving force for progress, the **film gives Black women a voice to be heard and galvanized the medical community to build new solutions for Black mothers in our maternal care system.** The Federation of State Medical Boards (FSMB) recognizing the crisis decided to address the issue through professional development and offered the film as a Continuing Medical Education (CME) credit for all medical professionals pursuing further education in their respective fields. Additionally, the film is now a required viewing by American Association of Colleges of Osteopathic Medicine (AACOM) for all future Doctorates of Osteopathy (D.O.) students.

Our analysis and data are intended to provide policymakers, funders and all stakeholders with compelling insights into the film's reach and influence, along with new knowledge about the people most in need of support in the realm of maternal health and the clinicians who serve them. We are inspired by the potential for change when individuals, communities and institutions unite in a common purpose.

"I think the health care system is really broken, putting profits before people."

BIRTHING JUSTICE is not merely a documentary. It is evidence of the transformational potential of art, advocacy and the unwavering pursuit of justice.

“

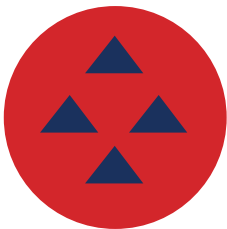
It's such a special and most beautiful time in most parents' lives, it should be worry free in the area of proper care. ”

REPORT GOALS

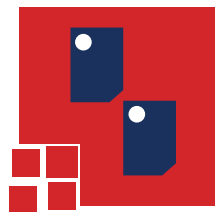
This analysis and data should enable us to provide policymakers, funders and other stakeholders with compelling information about the reach and impact of BIRTHING JUSTICE, along with new information about the people most in need of support around maternal health. We intend to highlight the film's real impact on awareness, high return on investment, and call to action to specific groups we hope will benefit Black maternal health in the future.

OBJECTIVES

The film's objectives included:



Raising awareness of maternal health issues facing Black mothers



Educating the general public, policymakers and healthcare providers on key health and policy issues



Spurring viewers to take action by engaging in concrete activities such as contacting policymakers, making donations and changing providers

“

The movie helped me identify in my last birthing experience a trauma.”

PRIMARY CONCLUSIONS

BIRTHING JUSTICE exceeded its goals to create awareness, education and action-related responses.

Survey respondents initially indicated the following as significant features of birth justice:



Comfort and joy



A fully torn down governmental system



Uproot systemic racism



End capitalism



Reparations



Reproductive justice and reproductive rights



Anti-racism training beyond click-through modules



Follow the leadership of Black women who have already come up with solutions



Radical investments in reducing black maternal death

Final survey responses indicated that the following overarching themes will be most beneficial to Black women throughout prenatal, pregnancy and post-pregnancy care for themselves and their children:

 <p>Access to healthcare</p>	 <p>Cultural competency</p>	 <p>Advocacy and education</p>	 <p>Diverse healthcare workforce</p>
 <p>Mandatory anti-racist policies</p>	 <p>Community involvement</p>	 <p>Family involvement</p>	 <p>Financial support</p>
 <p>Health education</p>	 <p>Reducing stress and racism</p>	 <p>Legislative representation</p>	

Throughout this report, we've included the pre- and post-survey responses from audience members. We felt it was important to include their voices to describe, with deeply personal details, the challenges Black mothers face during pregnancy, childbirth and post-delivery care. Additionally, a number of these quotes demonstrate a growing understanding of the issues we hope to address through BIRTHING JUSTICE. It is our hope that the film—and our learnings from it—lead us to engage in a comprehensive, inclusive approach to creating a healthcare system that ensures the well-being of all Black mothers and their children.

HOW BIRTHING EXPERIENCES SHAPE VIEWS and REACTIONS

58%
of the film's watchers
are parenting or
have been pregnant.

55%
Parenting, Fostering,
Adoptive Parent or
Guardian.

42%
No Children

3%
Pregnant

“My birth experience was... painful, transformative, incredible, blessed, miraculous.”

WHY THE RACIAL BACKGROUND OF MATERNAL HEALTH PROVIDERS **MATTERS** RACIAL CONCORDANCE

MAJOR FINDINGS

Racial concordance fosters trust between a patient and their healthcare provider.

Patients who feel they have a strong connection with their healthcare provider are more likely to follow up on recommended treatments.¹³

Racial concordance in healthcare is a concept that holds profound significance in the quest for equitable and patient-centered medical services. It refers to the alignment or congruence between the racial or ethnic background of a patient and their healthcare provider. In simpler terms, racial concordance means a patient and their healthcare professional share a similar racial or ethnic identity. This seemingly straightforward alignment bears the potential to create a significant impact on the quality and outcomes of healthcare, especially in marginalized communities.

The American College of Obstetricians and Gynecologists has identified concerns about the underrepresentation of Black and Hispanic ob-gyns and the circumstances contributing to a workforce shortfall of BIPOC OBGYNs¹⁴. However, racially concordant maternity care is foundational for improving quality, building trust, improving patient-physician communication, patient care, and outcomes associated with decreased bias between patients and physicians¹⁵. Racial concordance between Black newborns and their physicians is associated with halved infant mortality rates, as compared with White newborns¹⁶. The value of racial and cultural concordance has been identified in nursing¹⁷, midwifery care¹⁸, birth center care¹⁹, doula services²⁰ and lactation support.²¹



Participants featured in Birthing Justice



Participants featured in Birthing Justice

“

As a white nurse, a black mother did not want me to take care of her, she preferred a black nurse. I was offended, knowing I could take good care of her. Seeing this film helps me to realize, why she wanted a black nurse and I'm grateful she asked for one and there was one who was there for her.

”

Equally important is the positive impact of racial concordance on health outcomes. Patients who perceive a stronger connection with their healthcare providers are more likely to follow recommended treatments, attend follow-up appointments, and take prescribed medications. In essence, the patient-provider relationship is strengthened, leading to improved adherence to medical advice and, ultimately, better health outcomes.

There are several conditions in the maternal health realm for which racial concordance may play a significant role. Preeclampsia and eclampsia are serious pregnancy-related conditions that require timely and accurate medical interventions. Gestational diabetes, when not diagnosed and treated with specific care and guidance, can impact both the pregnant individual and the developing fetus. In addressing cases of preventable health issues, as well as issues that may be life-threatening, healthcare workers and institutions must demonstrate diversity, inclusivity, cultural sensitivity and equitable care in order to communicate effectively with their patients.

Variation in provider behaviors may be driven in part or in full by positive and negative attitudes that create a bias. Since the majority of physicians are white and male, the unconscious assumptions they may hold may influence the way they treat Black, Indigenous, people of color, people with disabilities²², obese²³ and transgender birthing people²⁴ which can lead to inappropriate treatment decisions, covert discrimination, providers taking more time with White patients than Black patients, and therefore learning more about the White patients' needs and concerns worsens inequities on a larger scale²⁵. Many studies have confirmed²⁶ that a typical hospital birth experience may include mistreatment during childbirth²⁷. One study found that a typical method of mistreatment is yelling at or scolding patients, followed by ignoring or refusing requests.²⁸

“ My birth experience was... painful, transformative, incredible, blessed, miraculous. ”

“ I have had four live births. Amongst my 10 closest friends we have 35 children. I have lots of firsthand experience on what a good birth looks like. ”



Participants featured in Birthing Justice

Black, Hispanic, Asian, and Indigenous women are twice as likely as white women to report MISTREATMENT.²⁹

25% of women who were induced or had a cesarean birth felt pressured to consent to those interventions.³⁰

60% who had episiotomies were not asked to give consent.³¹

Young women, immigrant women, and women having their first child were also more likely to report mistreatment.

In conclusion, racial concordance serves as a powerful tool, particularly in situations in which patients have historically faced discrimination, unequal access to care, or suboptimal health outcomes due to their racial or ethnic identity. To ensure patients feel seen, heard and understood, it's critical that the healthcare workforce can no longer rely solely on medical expertise. It's a reminder that the patient-provider relationship be built upon understanding, cultural humility and genuine compassion for people of all identities and lived experiences.

It's also important to recognize that while racial concordance is a valuable concept in the pursuit of healthcare equity, it's not always feasible or necessary in every healthcare encounter. Many healthcare professionals are adept at providing culturally competent care to patients from diverse backgrounds. However, racial concordance serves as a powerful tool, particularly in situations in which patients have historically faced discrimination, unequal access to care, or suboptimal health outcomes due to their racial or ethnic identity. Women, especially Black women, have reported being ignored by medical professionals. To ensure patients feel seen, heard and understood, it's critical that the healthcare workforce be diverse.

In conclusion, racial concordance serves as a powerful tool, particularly in situations in which patients have historically faced discrimination, unequal access to care, or suboptimal health outcomes due to their racial or ethnic identity. To ensure patients feel seen, heard and understood, it's critical that the healthcare workforce is not solely built on medical expertise. It's a reminder that the patient-provider relationship be built upon understanding, cultural humility and genuine compassion for people of all identities and lived experiences.

VIEWS OF MOTHERS

“

My birth experience was... very hard, but I advocated for myself for an unmedicated natural birth. My OB didn't support my birth plan, but I was successful in doing so! It was a fight! ”

Over 80% of maternal morbidity and severe near-miss mortalities are preventable.³²

84%

of Women who experienced a preventable health issue in birth prefer cultural concordance with their doctors.

83%

of Women who were ignored in their birthing experiences prefer cultural concordance with their doctors.

Worldwide maternal mortality has been improving since 1990 yet is increasing in the States.³³ Maternal mortality rates for non-Hispanic Black people has nearly doubled since 2018³⁴ with specific risk for those in rural geographies. The rural rate of maternal mortality and severe morbidity rates have been nearly 10 percent higher than that of their urban counterparts.³⁵ The COVID-19 pandemic exacerbated this crisis, for all. In 2021 the rates for Hispanic women's pregnancy-related mortality and morbidity surpassed those of white women for the first time in the U.S.³⁶

For each mortality, there can be 50-100 SMM cases.³⁷ Severe maternal morbidity (SMM)- sometimes known as a “near miss”- is far more common and is associated with serious consequences for mothers and babies³⁸ and has more than double since 1990s.³⁹ For many families, SMM can be a traumatic experience, with potentially devastating impact to quality of life, like short- and long-term disability for both mom and baby.⁴⁰ The trauma from these preventable occurrences creates **distrust of systems and within the patient-provider relationship**. Though racial concordance is not a cure-all for adverse Black birth outcomes, trust and communication between patients and providers can be a matter of life and death.

“*My OB assumed that because I was black and lived most of my life in the south, that I had high blood pressure pre-pregnancy, didn't know how to eat well, would be on blood pressure meds for the rest of my life and that my kidneys wouldn't heal. Unfortunately, he told me these things over the course of a few visits so he didn't give me the resources I needed to get better.*”

The findings reveal that Black women who experienced maternal health issues, such as preeclampsia/eclampsia, felt it was important that medical professionals shared their racial background.

77%
of Women who experienced pre-eclampsia or HELLP syndrome prefer cultural concordance with their doctors.

67%
of Women who experienced gestational diabetes prefer cultural concordance with their doctors.

Pre-Eclampsia is defined as hypertension and proteinuria that develop during pregnancy, whereas gestational diabetes is the onset of glucose intolerance during pregnancy. HELLP (hemolysis, elevated liver enzymes, low platelets) syndrome can occur in more severe forms of this condition, leading to seizures. They impact nearly 10 percent of births and are the leading causes of maternal morbidity, mortality, low birth weight infants and long-term impacts of preterm birth.⁴¹ These birthing people require specific care and guidance, considering various cultural and social factors over the life course impacting their health. Improved patient-provider relationships can foster more trust, better adherence to treatment plans and ultimately healthier birth outcomes.

“My birthing environments were what I wanted, although I was induced.”

Social determinants of health are the conditions in which people are born, grow, live, pray, play, work, and age. These conditions are determined by the distribution of money, power, and resources at the global, national, and local levels.⁴²

Examples of resources include:



Housing



Transportation



Food



Income



Work Conditions



Social Inclusion



Education



Safety



Environment

The interconnected pathways between structural and social determinants can shape an individual’s life course, leading to increased risk of maternal and infant mortality.⁴³ This risk is amplified for women who have preexisting conditions when they become pregnant or who develop comorbidities during the perinatal period. The compounding impacts of being raised in a food desert, the lack of access to healthcare in rural locations, and the stress of underemployment or housing insecurity could create conditions for pre-eclampsia and gestational diabetes. The shortage of primary care providers (e.g., nurse midwives, obstetricians, nurses) puts women of color at risk for the delay or omission of two essential activities during the perinatal period: seeking care at an early stage in pregnancy and building trust with providers. The child’s long-term health- increasing the risk for conditions such as obesity, asthma, and allergies- is also part of this long-term puzzle.⁴⁴

Fewer mothers are dying while hospitalized during childbirth, indicating the success of some quality improvement efforts. Many deaths occur after they leave the hospital due to increases in maternal age complications with pre existing conditions or the lack of community supports and resources at home.

53 %
of pregnancy related deaths have occurred seven to 365 days postpartum.⁴⁵

30 %
of pregnancy-related deaths occur from days 43 to 365 days postpartum.⁴⁶

Whether it is allostatic load, the microbiome, or epigenetics – there are many opportunities for lives to enter the labor room.⁴⁷

MOTHERHOOD EXPERIENCE

“

I have had four live births. Amongst my 10 closest friends we have 35 children. I have lots of firsthand experience on what a good birth looks like.

”

MAJOR FINDINGS

The film has the power to engage with and educate a diverse audience.

After viewing the film, both parents and nonparents were inspired to become advocates for maternal health equity and justice.



Participant featured in Birthing Justice

The film successfully increased parents' awareness of inequities, even if they were already familiar with the issues.



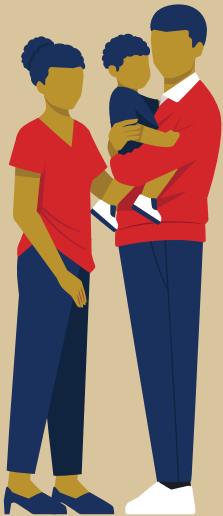
89 %

of *Pregnant people* who were somewhat to very familiar with the issues increased their awareness.



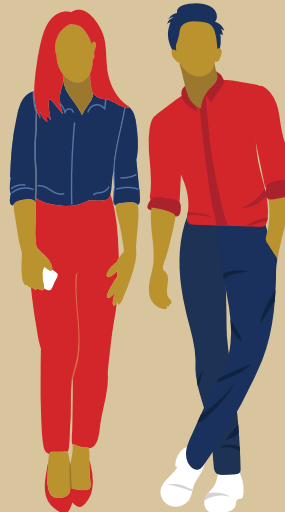
79 %

of *People without children* who were somewhat to very familiar with the issues increased their awareness.



74 %

of *Parents* who were somewhat to very familiar with the issues increased their awareness.



66 %

of *Guardian, Foster or Adoptive Parents* who were somewhat to very familiar with the issues increased their awareness.

The film succeeded in increasing all peoples' awareness of inequities, disparities and challenges in maternal and child healthcare. It increased awareness even among those who had personal experiences and were very familiar with the issues discussed in the film.

Women who have experienced maternal health issues gained even more knowledge through this film.

35 %
of Women who watched the film had experienced maternal health issues.

57 %
of those women gained even more knowledge.

We confirmed the film resonates with and educates its audience. It has the power to connect with individuals on a personal level and inspire them to become advocates for maternal health equity and justice. While raising awareness about the issues individuals already face, the film influences people's views and beliefs and emphasizes the urgent need for action and change.

“ My OB was great, and the birthing process was exciting. However, the treatment I received after delivery was horrible. I was ignored and dismissed. **”**

Women with maternal health issues change their views on what's needed to alleviate inequities through this film.

35 %
of Women who watched the film had experienced maternal health issues.

48 %
of those women changed their view on what is needed.

The findings indicate that the film was effective in altering the perspectives of women with firsthand experience or those who have been directly affected by the inequity, underscoring the film's potential to raise awareness and increase the advocacy capacity of birthing people.

“

I was bullied into a cesarean because I was having twins, but I could have pushed them out with no problem.”

EXPERIENCE WITH MULTIPLE CHILDREN

“

My first birth was difficult. My second birth was at a Baby Friendly Hospital... I felt joyful, supported, empowered, strong, and peaceful.”

MAJOR FINDINGS

Parents with two children were most likely to report experiencing preventable health issues.

Parents with two children were most likely to report experiencing issues discussed in the film.

MATERNAL HEALTH PERCEPTIONS AND OUTCOMES AMONG VIEWERS WITH MULTIPLE CHILDREN

67% of respondents are parenting

Parents more experienced with the medical system (having three or more children) are *less likely to report maternal health issues.*

52 parenting viewers reported they've experienced preventable maternal health issues.

73% of parenting viewers

People with 1-2 children

27% of parenting viewers

People with 3+ children

Parents with one or two children were *more* likely to report experiencing preventable health issues, being ignored by medical professionals or having any health issues discussed in the film. This indicates it may be beneficial to focus education, prevention and mitigation efforts on parents with less experience navigating the health system.

“I was too scared when having my second child to even talk about natural birth I immediately opted for a planned C-section and a VBAC was never mentioned.”

Parents with larger family sizes are *less likely to report being mistreated or ignored by their care team.*

100 parenting viewers reported being mistreated or ignored

63% of parenting viewers

People with 1-2 children

37% of parenting viewers

People with 3+ children

While each pregnancy and childbirth is unique, the data suggests that parents with one or two children may face distinct challenges or interactions with healthcare professionals. Understanding the reasons behind this discrepancy is crucial for healthcare providers to improve the quality of care and ensure that all patients, regardless of their parenting status, receive equitable and respectful treatment during pregnancy and childbirth.

Parents who lost children continue to interact with the medical system.

400 survey respondents have experienced an infant loss

“ I had a stillbirth and two live births and each was impactful and meaningful. ”

“ Sad/heartbreaking (in the case of delivering my deceased daughter). Each of my births has been unique. Ultimately, they were all empowering, even if I didn't feel that way in the moment. ”

“ I had 3 births that resulted in live babies. 3 that did not. All of them were different experiences. ”

“ My daughter lost a child because the medical care team dismissed her concerns. ”

“ My births varied...1. traumatic with post-delivery hemorrhage, 2. miscarriage at 17 weeks, 3. miscarriage at 10 weeks, 4. placental attachment issue with manual removal of placenta, 5. at age 39 wonderful empowered birth without issue. ”

“ I was very fortunate to have great pregnancies I had an epidural with the first pregnancy but I gave-up a baby at birth in a military hospital in Germany 50 years ago, when I was 23 years old. ”

Infant loss due to miscarriage and healthcare encounters is a normal and shared experience, shedding light on the need for more compassionate and empathetic care. Responses expressing a sense of constant worry and concern during childbirth remind us that the fear of something going wrong can overshadow the birthing experience. This underscores the importance of quality prenatal care and mental health support during pregnancy.

DISCUSSION

“

I was a provider who witnessed this. ”

The responses regarding personal birth experiences from the viewers of BIRTHING JUSTICE reflect the diverse and deeply personal nature of childbirth. Each response carries its unique perspective, emotions, and outcomes. (more detailed responses are included in the Appendix). Here is a sample of descriptions we heard:

painful

transformative

incredible

miraculous

disappointing

patronizing

patriarchal

powerful

giving birth demands extraordinary physical and emotional strength

informed

indicating education and resources enabled informed decision-making

lengthy

The response “I was in labor for a full four days!” reminded us of the variations in labor duration.

blessed

relaxing

intense

scary

paternalistic

exhausting

over-medicalized

smooth,
but surprising

even with preparation and planning, there can be surprises and challenges intense

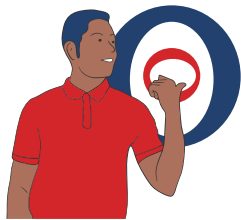


MALES & FATHERHOOD

“Fathers want to get involved but are often ignored.”

The response “I am a male!” adds a unique perspective, reminding us that birth experiences are not limited to women. Men may witness and support birthing individuals, and they have their own perceptions of the process.

What is needed to alleviate issues in Black maternal and child health?



Specific inclusion of positive Fatherhood/all parents



Support for black fathers



Support programs to involve fathers. Involve faith-based community partners.

One respondent described their birthing experience with a great obstetrician (OB) as “exciting,” but postpartum treatment as “horrible.” Disparity in care can occur during different phases—prenatal, during pregnancy, and or postpartum. We’re reminded that access to comprehensive, consistent and patient-centered care and mental health support is critical throughout the childbirth journey. Furthermore, maternal health is a holistic, multifaceted experience, not just a medical procedure.

Interestingly, there were both alignments and notable discrepancies between the perceptions of viewers who were without children, those with one or two children, and those with three or more children. The experiences of families with three or more children suggest that there is a specific knowledge that is developed after multiple interactions with birthing hospitals and their care staff. They are also less likely to report bias or mistreatment. This may be a manifestation of fatigue from withdrawal from or evasion of the standard of care. It could also be an indication of families finding care providers with whom they’ve built a trusting relationship after several births. This information underscores the need for healthcare professionals to exhibit cultural humility that includes concerns for families that have suffered infant loss and family sizes of all types.

The responses collectively capture the diverse and deeply personal nature of birthing experiences, reinforcing that each journey is unique. They reflect the physical and emotional intensity of childbirth, the strength and determination of birthing individuals, and the impact of support and resources on the birth process. These insights contribute to a broader understanding of the multifaceted nature of birthing experiences and the significance of maternal health equity efforts in ensuring that all individuals have access to safe, respectful and empowering birthing experiences.

Responses that describe the birthing experience as "scary" and express a lack of awareness or the need for improved education and support for expectant individuals. We must also consider the importance of providing support and care for all individuals who have experienced the loss of a pregnancy or child. While no discernible pattern presented, we feel healthcare professionals and support networks need to be sensitive to the diverse circumstances and emotional needs of individuals dealing with pregnancy loss, irrespective of their family size or parenting status.

Several viewers used terms like "over-medicalized," "patriarchal," and "patronizing" to describe their birthing experiences. These words highlight the historic power dynamics that can sometimes overshadow the birthing process, where individuals feel that their preferences and autonomy were not respected. Such descriptions emphasize the significance of patient-centered care and informed decision-making in maternal health. Childbirth can indeed be a source of anxiety, but with adequate information and guidance, individuals can approach it with more confidence and providers with more reverence.

Key Takeaways

Diverse birthing experiences

Parents with multiple children, like all individuals, can have varied experiences, from transformative and blessed to painful, exhausting or even disappointing. These diverse experiences highlight the importance of personalized care in maternal health to accommodate everyone's unique journey.

Impact of being ignored

The responses reveal that individuals who reported being ignored by medical professionals attach great significance to having healthcare providers who share their racial backgrounds. This underscores the need for culturally competent care and how healthcare providers' backgrounds can significantly impact the quality of care. Addressing racial disparities in healthcare requires a more diverse healthcare workforce.

Impact of the film on parents' awareness

The film successfully increased parents' awareness of maternal and child health inequities, even among those already familiar with the topic. This demonstrates the film's potential to educate and engage parents in advocating for improved maternal and child health policies and support systems.

Changing views on actions required

The findings reveal that the film was effective in altering the perspectives of individuals who had personal experiences with maternal health issues. This underscores the film's potential to not only raise awareness but also influence people's views and beliefs about the actions needed to address maternal health inequities.

Discrepancies based on family size

Parents with one or two children were more likely to report being ignored by their medical team, compared to those with three or more children. This indicates a notable discrepancy in the experiences of individuals based on the number of children they have. Understanding these differences is crucial for improving the quality of care.

Parenting status and maternal health issues

Parents with fewer children were more likely to report maternal health issues, suggesting that it might be beneficial to focus on education, prevention and mitigation efforts for parents with less experience navigating the healthcare system.

Cultural competence in gestational diabetes

Most individuals who experienced gestational diabetes expressed the importance of medical professionals sharing their racial background. This underscores the significance of cultural competence in managing conditions like gestational diabetes, where understanding cultural and social factors is vital for effective care and better patient-provider relationships.

The film's impact on individuals with maternal health issues

The data shows that the film had a significant impact on increasing awareness of maternal health inequities, even among those with personal experience. This emphasizes the film's potential to resonate with and educate its audience, irrespective of their prior knowledge or first-hand experience.

Cultural concordance significance

The findings suggest that those who have experienced maternal health issues, such as preeclampsia or eclampsia, emphasize the importance of medical professionals sharing their racial background. This highlights the critical role of cultural congruence in healthcare, particularly during complications like preeclampsia, underlining the need for diverse, culturally sensitive healthcare providers.

Loss of children

The experience of losing a child can affect individuals regardless of their family size or parenting status. These findings emphasize the need for healthcare professionals and support networks to be sensitive to the diverse circumstances and emotional needs of individuals dealing with pregnancy loss.

In conclusion, the experiences of parents with multiple children in the realm of maternal health are as diverse and complex as the individuals themselves. The cultural congruence of healthcare providers, the impact of the film on raising awareness and changing views, and the variations in experiences based on family size are crucial aspects to consider in the pursuit of equitable and sensitive maternal healthcare. These insights underline the need for personalized, culturally competent and inclusive care to support individuals on their maternal health journeys.

HOW BIRTHING JUSTICE SHIFTED HEALTHCARE—PROFESSIONALS' ATTITUDES AND PERCEPTIONS

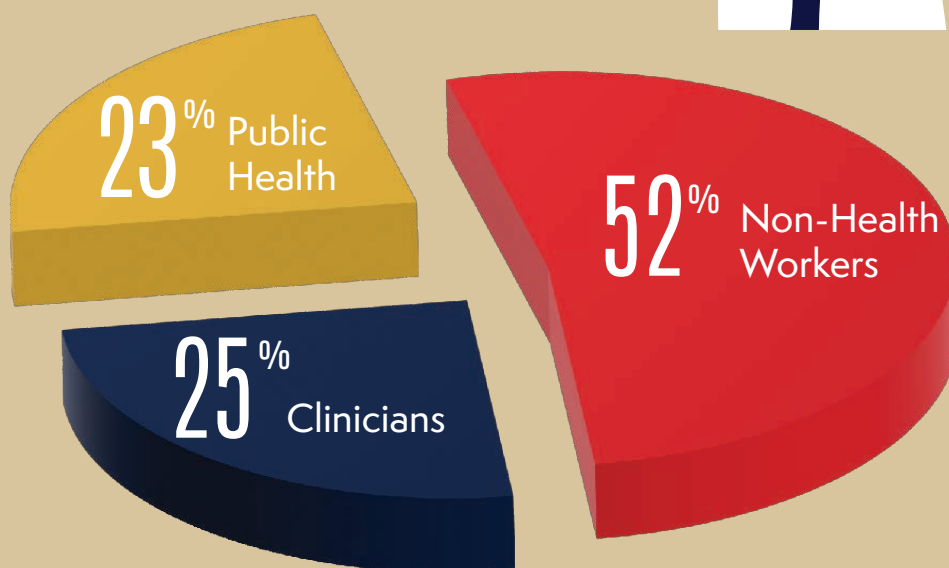
“My birth experience was...the best of a bad situation.”

HEALTHCARE PROFESSIONALS

78% of total survey respondents working in healthcare and *already familiar with the inequities indicated that the film raised their awareness.*



Viewers



CLINICIANS



MAJOR FINDINGS

After viewing the film, clinicians better recognized the value of holistic care.

A more diverse medical workforce would have a positive impact on maternal health outcomes.

“*My birth experience was...over-medicalized, against my plan for myself. Patriarchal. Patronizing.*”

Before watching the film, viewers were asked to rank actions they thought might alleviate maternal health issues. Clinicians - with and without children - prioritized these three actions.

Clinicians with Children

Knowledge and respect for cultural differences in healthcare

Clinicians with no Children

More people of color in the medical field

Clinicians with Children

Increased public awareness and advocacy on the issue of birth inequities and birthing justice

Clinicians with no Children

Increased public awareness and advocacy on the issue of birth inequities and birthing justice

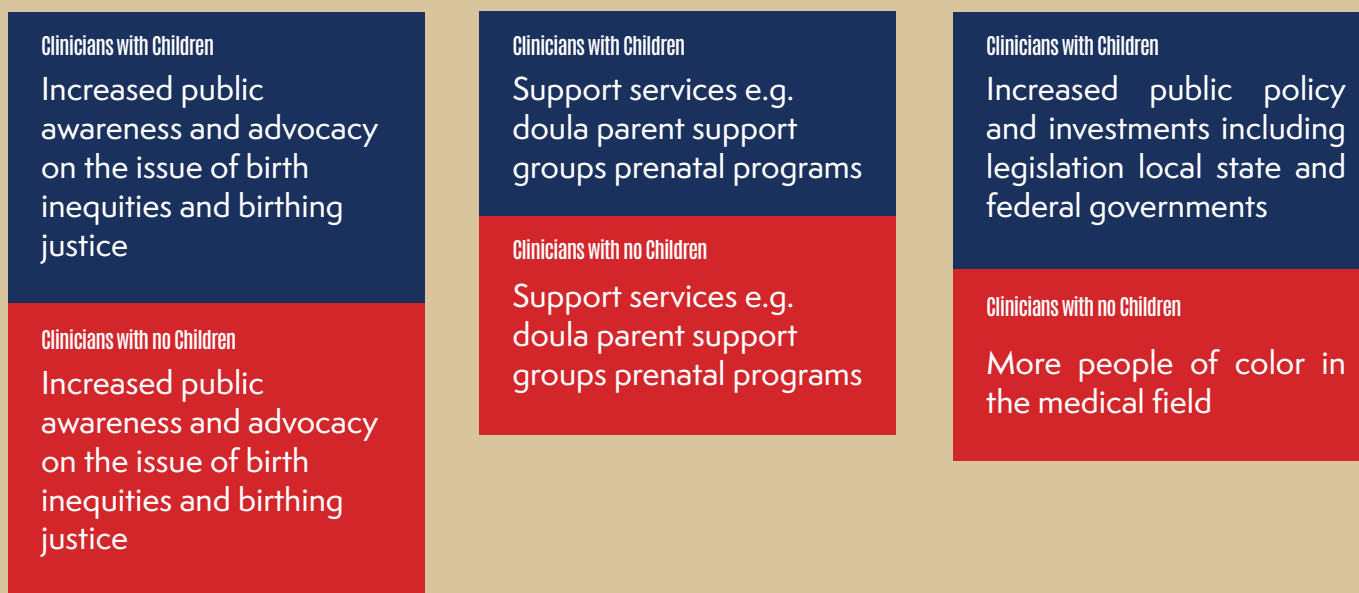
Clinicians with Children

Increased public policy and investments including legislation local state and federal governments

Clinicians with no Children

Increased public policy and investments including legislation local state and federal governments

After watching the film, the three actions identified by Clinicians with and without children slightly deviated. Clinicians of all parenting status seemed to increase their value in support services.



The pre- and post-film beliefs of clinicians show a remarkable consensus on key actions needed to alleviate maternal health issues. Their survey responses also offer valuable insights into cross-generational concerns about maternal health disparities. Furthermore, their call for a more diverse medical workforce reflects an acknowledgment of the positive impact of representation on maternal health outcomes and recognition of the role of racial concordance in addressing the issues effectively.

A substantial portion of clinicians - both parenting and non-parenting - emphasized the urgency of a need for increased public awareness and advocacy, as well as their understanding of the need for systemic change. Additionally, clinicians highlight the necessity of increased public policy and investments, including legislation at the local, state, and federal levels, reflecting their understanding of the need for systemic change. The call for more hospital nurse-midwives and birth centers suggests a growing recognition of the value of midwifery models of care.

In the post-film survey, clinicians' perspectives on actions required to alleviate maternal health issues showcase a shift in priorities. The most prominent change is the increased emphasis on comprehensive support services, including doula services, hospital nurse-midwives, parent support groups and prenatal programs. This reveals an evolving understanding of the importance and value of holistic care and community-based resources in addressing maternal health disparities.

“

As a physician- I thought that I wouldn't be dismissed- but unfortunately, as a minority, in residency, at a time where residents vowed to not become pregnant during training, and when a few of my supervising leadership did not honor my needs, completely disregarded established work restrictions for pregnant workers and dismissed my needs during all stages- prenatal, postnatal and postpartum. The disappointment was that I felt that I cared more passionately for my pregnant patients than the care I received by my own residency program through my delivery...and would've likely been better off delivering outside of that hospital. I worked until the day I went into labor, suffered from significant blood loss from a perineal tear- that resulted in severe anemia. Additionally, I suffered severe postpartum depression under the significant strain I was under to return to work and full physical activity to pass the military physical fitness requirements just 6 weeks postpartum. I did what I could to do to support all the mothers I cared for. I hope the care delivered was received positively and that I positively impacted each mother I cared for rather than negatively impacted their birthing experience.

”

These results highlight the nuanced perspectives within the clinician community based on parental status and the potential for broader engagement with maternal health advocacy beyond healthcare providers. The findings align with the principles of the Momnibus bill package, emphasizing comprehensive approaches to addressing maternal health issues and the importance of culturally competent care and diversity within the medical field.

PUBLIC HEALTH WORKERS

“

As a Healthcare worker, I've witness patients feeling dismissed by their provider or their apprehension misconstrued as rudeness or ignorance.

”



ACTIVATING CLINICIANS

MAJOR FINDINGS

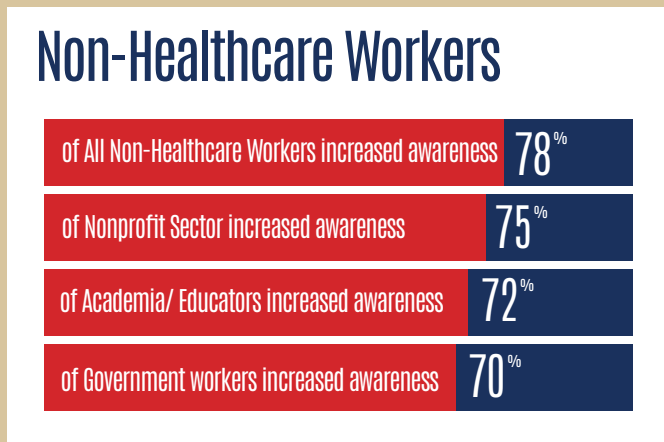
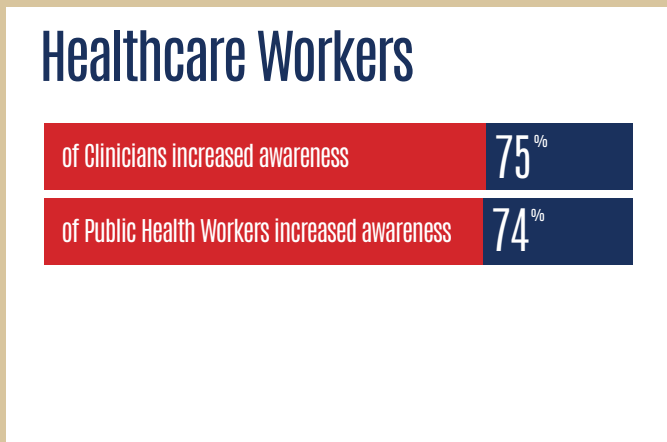
BIRTHING JUSTICE has the power to influence, inform and inspire viewers who may already be familiar with the issues.

The film fosters a broader societal understanding of the actions needed to address maternal health disparities.



Participant featured in Birthing Justice

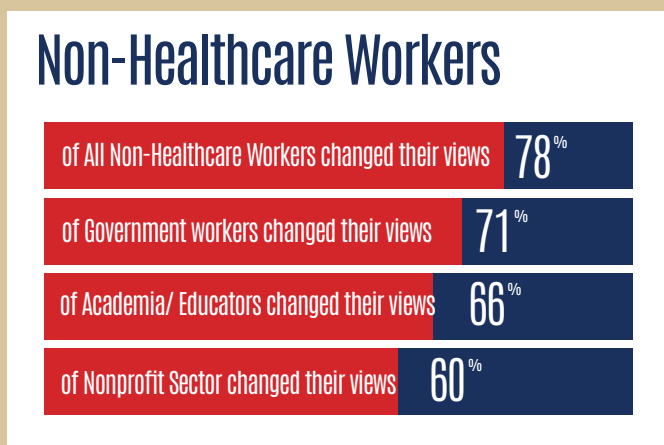
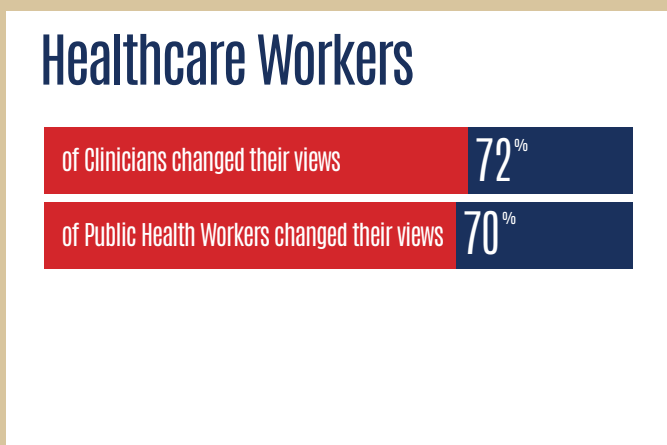
Healthcare workers and non-healthcare workers who were previously familiar with maternal health inequities increased their awareness of these issues post-film.



The data on health workers' changes in awareness of maternal health inequities following the film screening is particularly striking. The post-screening findings underscore the film's effectiveness in reaching, educating and influencing healthcare professionals, who may have had preconceived notions about maternal health disparities.

A similar effect was observed among non-health workers who were already familiar with maternal child health issues. The film has demonstrated its ability to reach individuals from diverse backgrounds, fostering a broader societal understanding of maternal health disparities and the actions required to address them.

Healthcare workers and non-healthcare workers who were familiar with maternal health inequities changed their views about the actions required to address them.



BIRTHING JUSTICE has the power to connect with audience members on a personal level, motivate them to become advocates and impress upon them the urgent need for action. Regardless of profession and personal experience, people are moved to action.

The film aligns with the principles of the Momnibus bill package, advocating for systemic changes in healthcare practices to improve maternal and infant health outcomes. Its influence on healthcare professionals is a positive step toward achieving these goals.

DISCUSSION

The pre-film survey findings among clinicians, both those without children and those with children, reveal a consensus on key actions needed to address maternal health issues. These clinicians shared the priorities of fostering a more diverse medical field, increasing public awareness and advocacy regarding birth inequities and birthing justice, and advancing public policy and investments at various government levels. This shared commitment highlights the urgency and cross-generational concern within the clinician community regarding maternal health disparities.

In the post-film survey, clinicians showed a shift in their priorities. Both groups continued to emphasize the importance of increased public awareness and advocacy surrounding birth inequities and birthing justice, reflecting the film's powerful message and the pressing need for awareness. Additionally, there was an emerging recognition among clinicians, especially those without children, of the value of support services, such as doula support, parent groups and prenatal programs. This reflects an evolving understanding of the importance of holistic care in addressing maternal health care disparities.

“ *My doula was my saving grace in the process. She was my voice when I couldn't speak and my reassurance when things went off plan.* **”**

Clinicians with children maintained their emphasis on increased public awareness and advocacy, recognizing the value of support services. Importantly, they continued to underscore the importance of public policy and investments. These findings highlight the nuanced perspectives within the clinician community based on parental status and their commitment to a multifaceted approach to maternal health advocacy.

In summary, these insights from clinicians and public health workers, influenced by the principles of the Omnibus bill package, showcase the film's transformative potential. They highlight how healthcare professionals are responding to the call for comprehensive, systemic change in maternal and infant health practices and the importance of cultural competence and diversity within the medical field in the pursuit of reproductive justice. The film serves as a catalyst for broadening awareness, changing perspectives, and inspiring advocacy to address maternal health disparities.

CONVINCING PUBLIC HEALTH WORKERS TO SHIFT

Before watching the film, respondents identified actions they felt were needed to alleviate the Black maternal and infant health crisis. The common thread woven through these voices is a demand for a significant cultural and systemic transformation that extends far beyond the boundaries of healthcare.

Several respondents called for a fundamental shift in how we view and approach racial disparities in healthcare. There's a resounding call for anti-racist policies and education, but not limited to healthcare professionals. Significant changes must extend to public policy, education, the media and society at large.

“*The fight to get respectful care is most deeply rooted in the admin and care providers having two different levels of buy in in equitable care.*”

The voices emphasized the importance of accountability, of holding healthcare providers and institutions responsible for discriminatory actions. They seek transparency, penalties for racism and consistent data collection to uncover disparities. Additionally, they advocated for community-driven initiatives, cultural competence and the active participation of those directly impacted.

These responses collectively advocate for a multifaceted approach to addressing maternal and infant health disparities, transcending the boundaries of healthcare alone. They highlight the need for a broad societal shift that challenges systemic racism and promotes inclusivity, a challenge that requires collective effort, from healthcare institutions and policymakers to communities and individuals. The commitment to change is clear, and the path forward is one of unity, education, accountability and advocacy.

SPARKING ACTION

How BIRTHING JUSTICE is Driving Financial, Legislative and Other Support

“

My birth experience was...scary. ”

IMPACT ON NON-HEALTH PROFESSIONALS

MAJOR FINDINGS

The film motivated healthcare professionals and educators to reach out to legislators.

Educators, inspired by increased awareness of the issues, are potential advocates and changemakers.

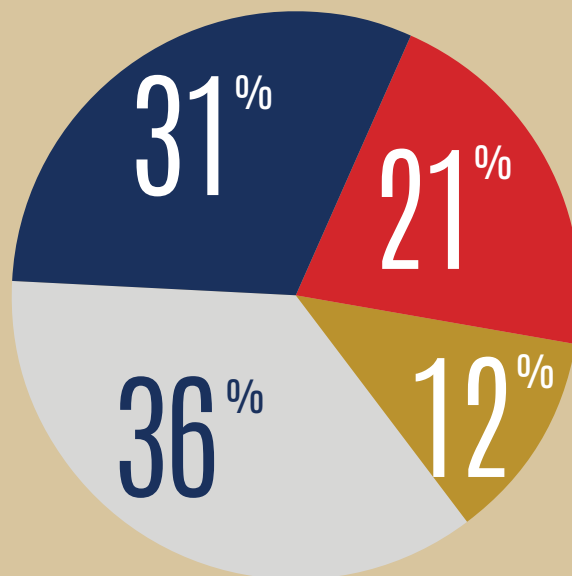
Commitments to learning more about the Omnibus bill package were greatest in the following professional sectors:

31% of clinicians

21% of public health workers

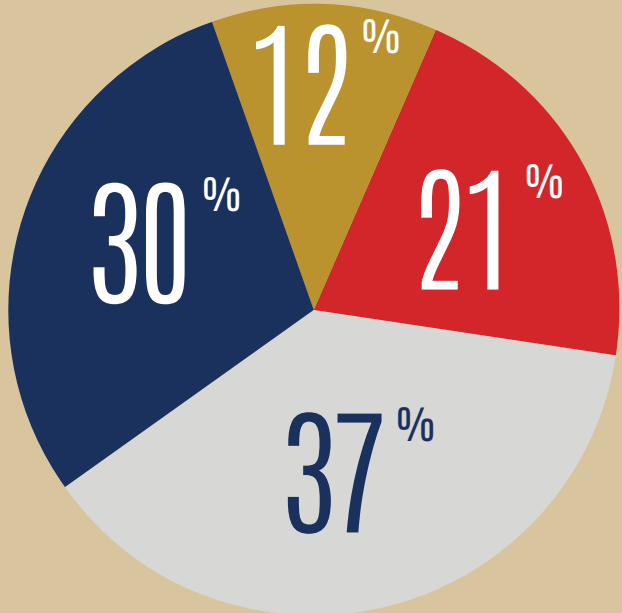
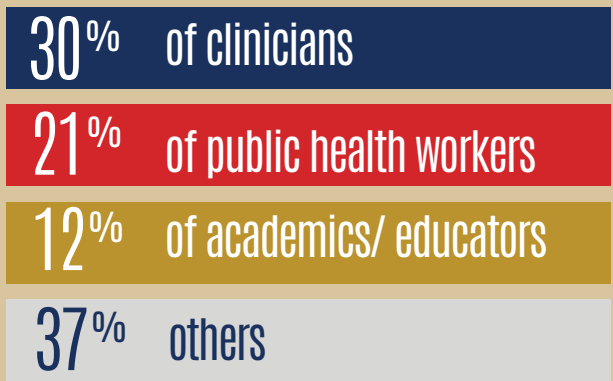
12% of academics/ educators

36% others



The survey data demonstrates that clinicians, individuals in the public health sector, and those in academia or education were the most motivated to learn about the relevant Bill after watching the film. This trend is significant, as it suggests that these groups recognize the importance of legislative efforts in addressing maternal child health disparities and are actively seeking to expand their knowledge in this area. Clinicians, with their direct involvement in healthcare; public health professionals, who often engage with health policy; and educators, who play a role in raising awareness, appear particularly committed to staying informed about legislative measures aimed at maternal and child health equity. This willingness to learn about the bill post-screening reflects the film’s effectiveness in motivating professionals and educators to engage with policy-related solutions to these pressing issues.

The same viewing audience committed to contacting their elected officials after watching the film:



Academicians and educators reported being much more aware of maternal child health inequity issues post-film, and they expressed a willingness to take any action. Their influence and power to evaluate, improve and create new curricula is significant to the next generation of healthcare professionals, and to the future prospect of birth justice. With increased awareness, they have the potential to become advocates and changemakers.

“BIRTHING JUSTICE...should be a must-show in intro nursing classes.”

Non-health sector workers, including clinicians and public health workers, demonstrated a substantial increase in their understanding of maternal child health inequities following the film, even if they were already familiar with the topic before viewing. By expanding the knowledge of non-health sector workers, the film is contributing to a broader societal comprehension of maternal child health inequities, which is crucial for mobilizing a unified effort to address these disparities.

INFLUENCING HEALTHCARE PROFESSIONALS

“
I am a healthcare provider who has repeatedly observed black women receiving inadequate care.”

25%
of viewers are
clinicians

23%
of viewers are in the
public health sector

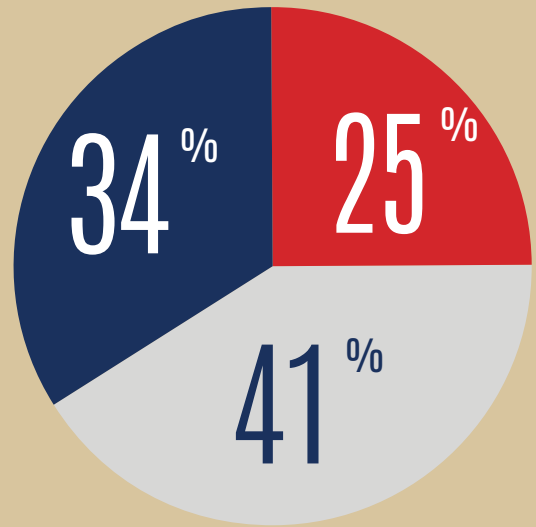
MAJOR FINDINGS

Even people already working in the health sector increased their knowledge and awareness of the inequities.

Our findings suggest increased awareness among individuals in the public health sector is a strong motivator for taking action.

Public health professionals play vital roles in addressing maternal and child health disparities, given their increased willingness to engage in efforts to alleviate these issues. The film has had a notable impact on this group, inspiring them to take concrete steps toward addressing the disparities highlighted in the film. This aligns with the film's goal of motivating various sectors, particularly public health, to actively participate in addressing maternal and child health inequities.

Both clinicians and public health workers reported a high likelihood of applying their new knowledge in the professional setting.

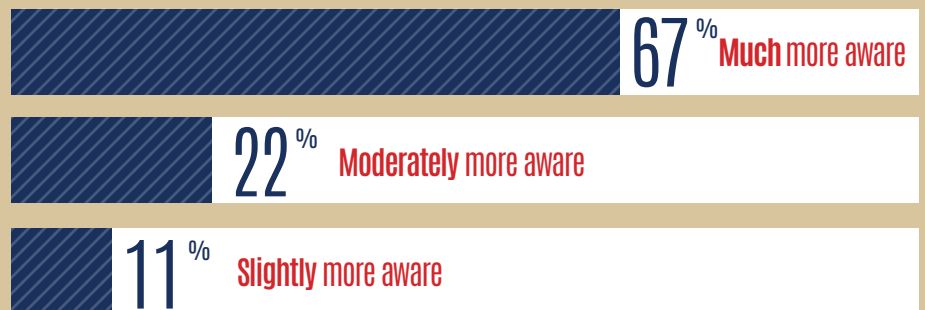


Clinicians, with their firsthand experience in healthcare, and public health workers, who often engage in public policy and health promotion, were particularly responsive to the film’s message of driving meaningful change and action within these critical sectors. The survey results indicate that clinicians and public health professionals, after watching the film, were the most inclined to utilize their professional knowledge, which aligns with our goals.

“*I’m inspired to...raise as much hell as I can until the institution I work at decides to fire me.*”

When clinicians become more aware, they are committed towards action.

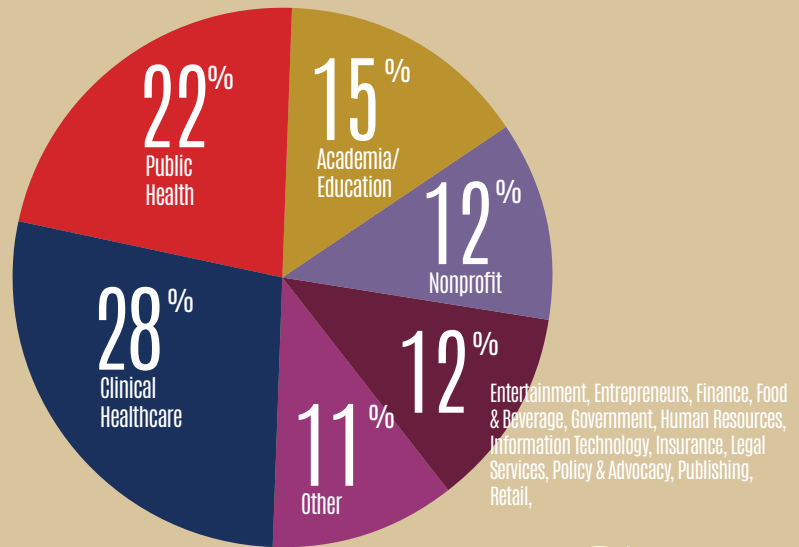
More likely to act



By engaging clinicians and facilitating their commitment to address maternal health disparities, the film is contributing to a potentially impactful group of advocates who can drive tangible change, both within their professional roles and beyond. Clinicians who indicated a significant increase in awareness of maternal child health inequities after watching the film were the most likely to express their intent to act, and they emerged

as the group most inclined to donate resources. This outcome suggests that healthcare professionals, particularly clinicians, are not only receptive to the message of the film but are also willing to contribute financially to demonstrate their dedication to driving change. The response from clinicians in terms of planned donations reflects their commitment to translating awareness into tangible support and action.

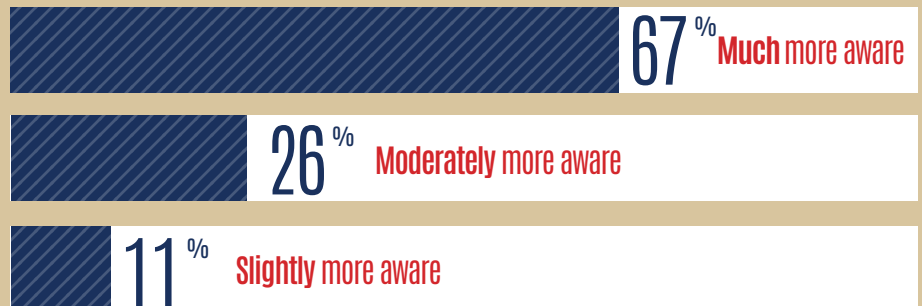
Clinicians were the most likely group of all professional sectors to report that they planned to donate resources after watching the film.



“I’m inspired to...become a midwife and develop a Black owned birth center.”

When public healthcare workers increase their awareness, they also reported being more likely to commit to taking action.

More likely to act



Public health workers reported a significantly increased awareness of maternal child health inequities after watching the film and expressed a strong commitment to taking action to make a positive impact. Their increased willingness to take action demonstrates the potential for the film to inspire advocacy and initiatives and underscores the film’s potential as a catalyst for change and policy advocacy within the public health sector.

DRIVING BIRTHING PEOPLE TO ACTION

94% of Respondents who became “moderately aware” to “much more aware” from watching the film were activated toward action.



MAJOR FINDINGS

The film’s message resonates widely and has the potential to unite viewers from different parental backgrounds in their commitment to taking action.

Regardless of parental status, viewers recognize the importance of seeking equitable and respectful healthcare.

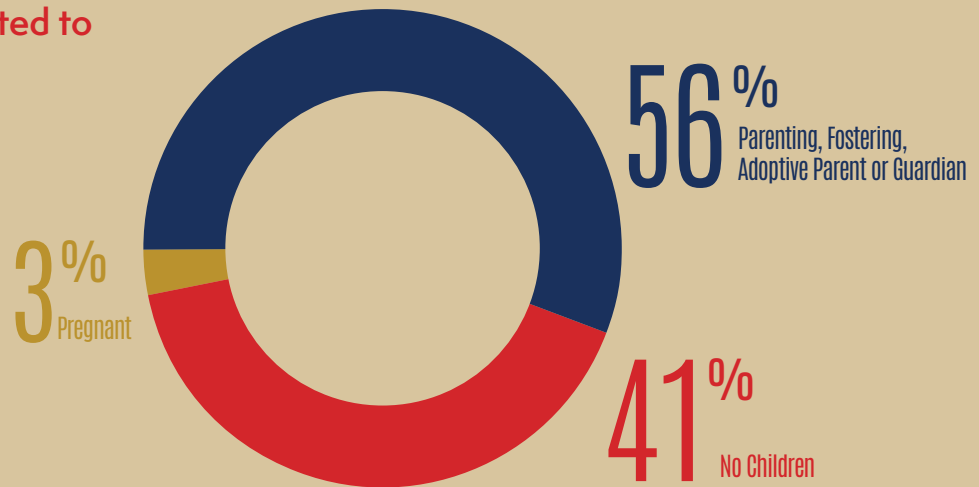
“*My birth experience was...exhausting.*”

Parenting status (adoptive, foster, guardian, pregnant, parenting or no children) was insignificant in film watchers’ plan to donate to maternal health equity efforts.

Parents and nonparents displayed nearly equal levels of willingness to take action to maternal health equity efforts, including monetary donations after watching the film. The film’s message is universal, and it helped all adults recognize the broad societal importance of maternal and child health equity. This shared willingness to activate in kind and monetarily indicates a collective sense of responsibility in driving change and ensuring a brighter future for birthing individuals and their families.

Similarly, people of all parenting status committed to learning more about the Momnibus bill package and to contacting their policy officials after watching BIRTHING JUSTICE.

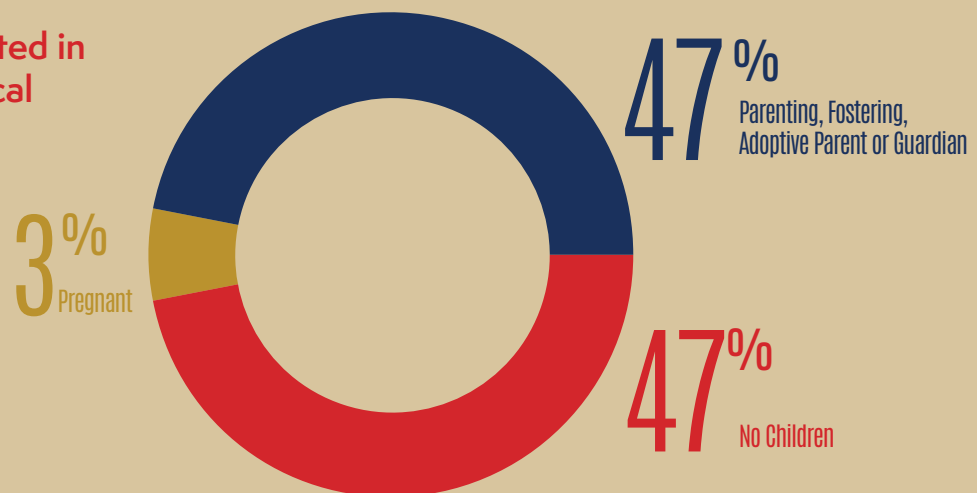
Respondents committed to policy advocacy



After watching the film, viewers expressed a collective willingness to become informed about legislative efforts, specifically the Momnibus bill package. In addition to learning about the legislation, they committed to calling their elected officials. The film has the potential to mobilize a wide range of individuals to engage with policy-related solutions and advocate for maternal and child health equity, emphasizing the broad societal impact of this important issue.

After watching the film, people of all parenting statuses were interested in changing their medical providers.

Respondents interested in changing their medical providers



This shared willingness to consider changing healthcare providers highlights a common recognition of the importance of seeking equitable and respectful care. It also emphasizes the potential for the film to inspire individuals from various backgrounds and life stages to take proactive steps towards improving their maternal health experiences. The equal distribution of this intention between parents and non-parents indicates the film's capacity to influence diverse audiences, signifying its potential for broader social impact.

DISCUSSION

The responses provided by our audience before watching the BIRTHING JUSTICE documentary reveal a profound and comprehensive plea for transformative change. These commitments to behavior change are especially significant when viewed from the perspective of Black mothers advocating for reproductive justice. The common thread running through these voices is a powerful demand for substantial cultural and systemic transformation that extends far beyond the boundaries of healthcare.

A fundamental shift in how society views and addresses racial disparities in healthcare is a recurrent theme in these responses. The call for anti-racist policies and education is not limited to healthcare professionals; it extends to public policy, education and even the media. It's a collective cry for cultural humility, recognizing that combating systemic racism necessitates a united commitment from society at large.

Equitable access to healthcare is an ongoing demand, irrespective of location or ethnicity. Real change will come with improved medical training, the dismantling of racial biases, and the confronting of implicit biases within healthcare institutions.

These responses collectively call for a multi-pronged approach to address maternal and infant health disparities, extending far beyond healthcare alone. They underscore the need for a societal shift challenging systemic racism and promoting inclusivity. The commitments to change are clear, and the path forward is one of unity, education, accountability, and advocacy.

The commitments to behavior change captured in viewers' responses reveal a powerful call for a multifaceted approach to maternal and infant health equity. They also emphasize the film's potential as a catalyst for change, inspiring individuals across different sectors, professions and racial backgrounds to take meaningful action and address these critical issues.

UNDERSTANDING THE REGIONAL IMPACTS OF BIRTHING JUSTICE

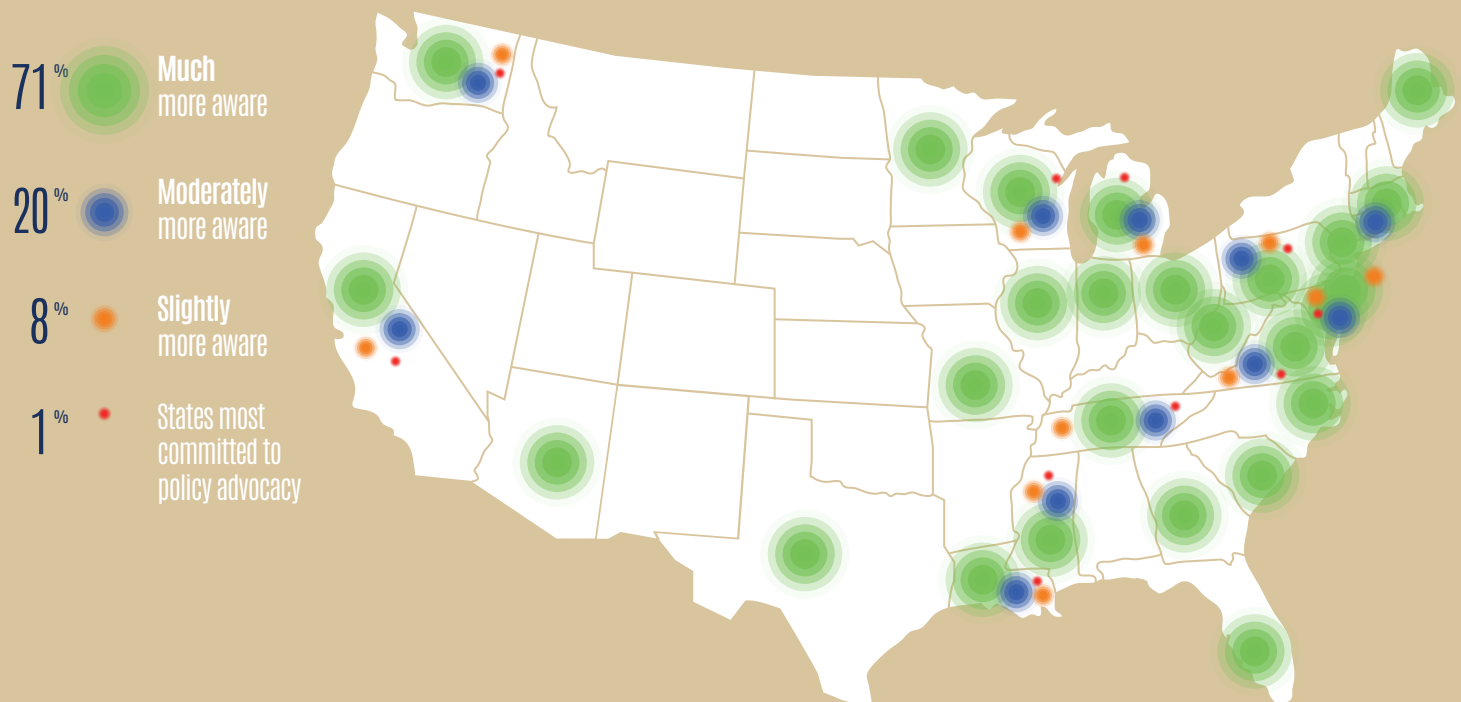
MAJOR FINDINGS

Once aware of the issues, audience members across the U.S. expressed new interest in advocating and supporting advocacy.

Residents of California, where healthcare inequity is a significant concern, indicated a high level of new commitment to advocacy.

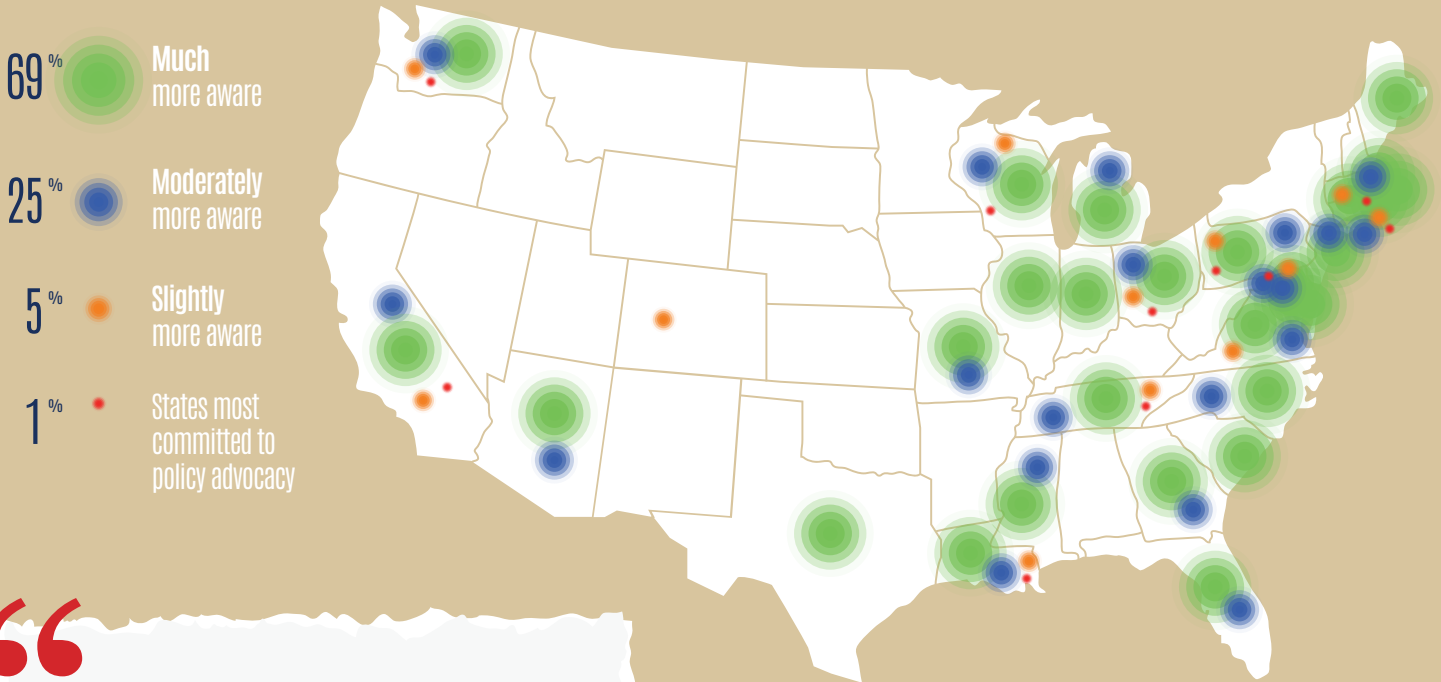
Many respondents across the country—regardless of the screening location—reported gaining significant awareness of the issues after watching BIRTHING JUSTICE. Furthermore, they were inspired to take action. This data highlights the film’s effectiveness and potential to engage and inspire audiences across various settings, underscoring its value as a tool for advocacy and change on a national scale.

After viewing the film, respondents indicated their awareness and their commitment to calling their policy officials:



Individuals from California where maternal health disparities are a significant concern, were particularly motivated to take action and engage with policymakers. The film's impact appears to be particularly pronounced in states where maternal health issues are pressing, highlighting the importance of tailored advocacy efforts in regions with specific needs.

Individuals in these states had the highest levels of commitment to using their new knowledge in their professional sectors.



“ I live in Long Beach, California, where the Black Infant Health program is available to Black pregnant and postpartum women, and I didn't learn about the program until I was 31 weeks pregnant. No medical staff had shared information about the program with me, and I saw no promotion of the program online or anywhere else. **”**

Again, Californians were the most motivated to leverage their expertise to address maternal health disparities. The state's specific context and healthcare landscape likely played a role in this response, underlining the importance of tailoring advocacy and awareness efforts to the unique needs of different regions. These experiences of disrespect and mistreatment have direct negative impacts on the health of birthing people and their babies. For example, a study of maternal mortality in California found that provider factors – such as delayed response to clinical warning signs – were the most common contributor to maternal deaths.

Viewers in the District of Columbia also had outstanding engagement with and subsequent commitments from the film.

SOLUTIONS: SUPPORT SERVICES

The lack of access to healthcare is a recurring theme. Respondents identified actions needed to provide equitable access, including better medical training, dismantling racial biases, and confronting implicit biases within healthcare institutions. There's also strong support for home births, holistic birthing experiences, and increased representation of Black midwives and doulas. The desire for financial support for these essential services, and for insurance coverage for these services, underscores the pressing need for accessible, personalized maternal care.

Four BIRTHING JUSTICE Imperatives: Love, Respect, Engagement and Professional Race/Ethnicity

“

White folks and white adjacent folks of color must use their power and privilege to dismantle this racist system.

”

MAJOR FINDINGS

The film motivated healthcare professionals and educators to reach out to legislators.

Educators, inspired by increased awareness of the issues, are potential advocates and changemakers.

Black respondents with previous awareness indicated they would take action, followed by white respondents with previous awareness.



Among respondents, the data suggests that Black individuals who felt much more informed about maternal health issues post-film were the most likely to express a strong willingness to take any action. This finding highlights the film's powerful impact on a specific demographic, a population that often experiences disproportionately high maternal health inequities. In addition, whites who reported feeling much more aware of these issues were the second most likely group to express a strong willingness to take action. *The film resonates with a diverse range of viewers, from Black individuals deeply affected by these disparities to white viewers who may be less directly impacted. It has the potential to bridge understanding and inspire collective action across racial and ethnic backgrounds.*

“ Even though I am not a woman of color, I had two traumatic births one could have been prevented which determined the course of the 2nd. ”

“ I am of Asian heritage. There are times I feel that the data does not reflect or acknowledge our experiences of the same inequities. ”

“ Being of Asian heritage, we communicate with high regard so at times clinicians reply to our inquiries in a demeaning tone. ”

“ I had home births to avoid the medical model and I'm a white midwife who works in a hospital. I can't imagine how it is for people of color. ”

“ I am a healthy married white care health care professional who gave birth at age 40 and 42. The US does NOT value women and families enough to make this a health care right. I am acutely aware that my experience was much better than that of the average black woman's and it is frightening! ”

“ Even as a white woman and a nurse, my doctor didn't listen to me when I had symptoms of something not being right during the last few weeks of pregnancy and delivery. Doctors need to learn to listen and stop thinking they know it all because they don't. ”

Since the majority of physicians are white and male, the unconscious assumptions they may hold about BIPOC birthing people can lead to inappropriate treatment decisions, covert discrimination, providers taking more time with White patients than Black patients, and therefore learning more about the White patients' needs and concerns worsens inequities on a larger scale. Variation in provider behaviors may be driven in part or in full by positive and negative attitudes that providers hold toward various racial and ethnic groups.

Accountability is a resounding theme, calling for transparency, penalties for racism, and data collection to uncover disparities. There's a strong emphasis on community-driven initiatives, cultural competence, and the active participation of those directly impacted.

YOUTH AND ADOLESCENTS

Several responses focused on education and training. Participants mentioned completing fertility awareness-based method family planning instructor or doula training, starting a doctoral program to contribute to research in the field, and furthering their educations to better serve their communities and advocate for patients.

Education emerged as a key pillar for change. Respondents advocate for education that starts early, teaching young people about their bodies, reproductive health, and racial equality. They call for an increased awareness of social determinants of health, expanded health education for young people, and specialized training in maternal mental health.

“
Educate and
show this to
grades 8 to 12.”

“
Exposure to birth
during puberty.”

“
Recruit more young
professionals to join
in the action.”

As healthcare professionals were already deeply involved in addressing maternal health disparities, we were encouraged to see their responses include interest in applying to specialized programs and working within institutions to promote change. There's a call for increased awareness of social determinants of health, expanded health education for young people and specialized training in maternal mental health.

“
*I think this should be required viewing for all women
service nurses.*”

Others emphasized community engagement, from encouraging more people to watch the film to starting social media accounts to raise awareness. Participants also expressed plans to donate and support areas with healthcare deserts, demonstrating a commitment to addressing healthcare disparities at the grassroots level. Collaboration and partnership were central themes as well, with individuals planning to work alongside social justice advocates, mentor young leaders, and support organizations dedicated to maternal health awareness and equity.

Viewers also mentioned taking action within their local communities, partnering with doctors, recruiting young professionals, and supporting Black women's efforts to define and address the root causes of maternal health disparities.

Many responses demonstrated a dedication to sharing information, engaging in dialogue and supporting organizations working toward maternal health equity. Some even expressed their intention to create curricula for community-based leaders for advocacy.

“I had great pregnancies Pre-labor. Once I entered the hospital everything changed both times I was surprised at the care or lack of especially once my family had to leave. Thankful I'm a believer and knew to pray or I may have broke.”

And, finally, faith played a role in some responses, including offering prayers and reflecting on the importance of treating all humans with kindness and respect.

“

Pray for all involved. It's truly an issue of the hearts of mankind treating other humans how they would desire to be treated. ”

“

Truly there is a need for prayer that the hearts of mankind would love thy neighbor as thyself or at least treat others as you would want to be treated in the same circumstance. May the Lord's mercy be with us all. ”

“

More cross-sector collaboration, especially inclusive of faith space. ”

A CALL FOR CHANGE

“ *Black birthing people deserve to feel safe, cared for, and happy throughout their entire journey.* **”**

A CALL FOR LOVE AND RESPECT FOR BLACK FAMILIES

Eliminating the pervasive disparities in maternal health outcomes requires a collective awakening and an unwavering commitment to dismantling the deeply entrenched structures of institutional and interpersonal racism. It is a mandate that transcends any one audience; it is a call to humanity itself. To bring about meaningful change, we must understand that the root of the issue extends beyond mere antiracism. While antiracism is a critical step, it is but one facet of a profound cultural shift that must take place — a shift that unequivocally rejects white supremacy and the multitude of oppressions it has birthed.

This shift demands that we acknowledge, respect and value Black lives, indigenous lives, Latina lives, migrant lives, disabled and differently abled lives, and the lives of gender-expansive people within the LGBTQIA+ community. It necessitates a fundamental transformation in our societal fabric, one that eradicates systemic biases and prejudices, and unequivocally affirms the dignity and worth of every individual.

“ *Specific inclusion of positive fatherhood/all parents... is needed to alleviate the issues of maternal and infant death rates for Black mothers and children.* **”**



Participant featured in Birthing Justice



Participants featured in Birthing Justice

Viewers' responses reflect a powerful and multifaceted commitment to advancing maternal health equity. They plan to use their skills, knowledge and influence to make a difference and ensure that every birthing individual, regardless of their racial background, receives the care and support they deserve. The film **BIRTHING JUSTICE** has served as a catalyst for change, inspiring individuals to act in the following areas:

Access to healthcare

Geographic proximity to medical care, guaranteed income during pregnancy and insurance reforms are critical components to ensure that Black mothers have timely access to prenatal, postnatal, and emergency care. The ability to attend doctors' appointments without risking job loss is an essential element of healthcare accessibility.



Diverse healthcare workforce



Increasing diversity within the healthcare workforce—to include Black midwives, doctors and allied health professionals—ensures that patients can receive care from providers who understand their experiences, preferences and concerns.

Cultural competency



The need for culture and diversity training for healthcare providers is consistently emphasized. This training is vital to address and eliminate racial bias, stereotyping and discrimination in medical care, ensuring that providers understand and respect the diverse backgrounds and preferences of their patients.

Advocacy and education



Education for patients on how to advocate for themselves and recognize signs of complications is essential. Additionally, peer support groups and community-based education classes empower mothers and their loved ones to navigate the healthcare system and advocate for better care.

Mandatory antiracist policies



To tackle systemic racism in healthcare, many recommend the implementation of antiracist policies throughout all healthcare organizations. This would involve identifying and dismantling racist practices and addressing preexisting conditions holistically.

Medicaid payment reform



Home births, holistic birthing experiences, midwives, and doulas resonate strongly among the audience. Many voices seek increased representation of Black midwives and doulas, underlining the pressing need for insurance coverage for these services. These desires are dependent upon legislative and institutional policies surrounding Medicaid and health insurance payers underscore the immediate need for accessible, personalized maternal care.

Community involvement



Building awareness, support and education within the community is vital. Sharing films and information in various community settings can foster a collective effort to improve maternal health. Community-based organizations and birth justice initiatives play a crucial role in supporting Black mothers.

Financial support



Affordable resources, paid family leave and support for aspiring midwives are essential for mitigating the financial barriers that many Black mothers face. Financial access to community-based midwives and holistic pre-pregnancy support can significantly impact outcomes.

Family involvement



Involving Black fathers or coparents is highlighted as an important aspect of maternal care. This family support not only eases the burden on mothers, but also ensures a holistic approach to maternal health.

Health education



Enhancing education and awareness in the community regarding maternal health and the signs of potential complications is crucial. This includes not only understanding the medical aspects, but also advocating for the importance of preventative care and comprehensive support.

Reducing stress and racism



The impact of reducing racism and stress for people of color in America should not be underestimated. Stress is a known factor contributing to pregnancy complications. Addressing this at a societal level is critical for improving maternal health outcomes.

Legislative representation



More women in legislative positions can advocate for policy changes and resources that support Black maternal health initiatives. This representation can help shape a more equitable healthcare system.

It is evident that a comprehensive, holistic approach is necessary to create a healthcare system that ensures the well-being of Black mothers and their children.

“*We need to raise our voices more.*”

A CALL FOR CLINICIANS AND PUBLIC HEALTH WORKERS



“

BIRTHING JUSTICE...should be a must-show in intro nursing classes.

”

Understanding the perspectives of healthcare providers who have watched BIRTHING JUSTICE offers a profound glimpse into the transformative power of awareness and education. Through ongoing dialogue about maternal healthcare in the U.S., providers can examine their roles in changing the standard of care and ensuring equitable healthcare access for all individuals, regardless of their racial or ethnic backgrounds.

Many providers— including nurses, physicians and midwives— bring unique lenses to the discussion. Their insights reflect a deep commitment to improving maternal healthcare and advocating for the well-being of their patients. One of the critical takeaways from these responses is the acknowledgment of systemic disparities within the healthcare system, specifically regarding racial bias and inadequate training.

The film has inspired providers to advocate for change within their professional spheres. It has emphasized the importance of personalized care, active listening and the necessity of medical professionals to support mothers throughout their journeys outside of clinical visits. Their recognition of the need for culturally sensitive care and addressing racial disparities is an important step toward a more equitable healthcare system.

“

*As a physician, I would like to be sure that women are receiving the recommendation of 81 mg of aspirin for prevention of preeclampsia. Racism can't be fixed, really. The film taught that preeclampsia is the main cause of maternal mortality. **START THE ASPIRIN!***

”

The film has also prompted reflection among educators in the medical field, with suggestions to incorporate antiracism curriculum, foster diversity and ensure that future medical professionals are equipped to provide equitable care.

Many providers expressed their passion for maternal health and their commitment to advocating for the rights and well-being of patients. This deeply empathetic approach is essential in delivering care that respects the choices and autonomy of birthing individuals.

Overall, the film has had a profound impact on these medical professionals, opening their eyes to the stark realities of racial disparities and healthcare injustices. Their responses suggest a collective call to action within the healthcare community to address these inequities and strive for a healthcare system that prioritizes compassion, equality and quality care for all, regardless of race or ethnicity. These providers are essential allies in the ongoing battle for maternal health equity in the U.S..

“ I'm already doing the work, but I will keep going no matter what. ”

A Call for Policymakers

Public Policy

Institutional Policy

“ I think a really simple way to empower birthing people is to teach them to say, 'Please document that you are refusing XYZ, after I specifically asked for it.' ”



Participants featured in Birthing Justice



Participants featured in Birthing Justice

Addressing the stark disparities in Black maternal health requires a multifaceted approach that engages public policy officials, policymakers and leaders in institutional healthcare policy. In addition to supporting the passage of the complete Momnibus Bill through Congress, the responses from film watchers underscore the urgent need for comprehensive reforms. Here's a condensed analysis to guide policy leaders and those with the power to effect change:

Community doula presence

It is crucial to recognize and support community doulas. These professionals play a vital role in ensuring culturally sensitive maternal care. Policy measures should facilitate the integration of doula services within the healthcare system, including reimbursement by insurance companies and Medicaid.

Structural and educational reforms

Acknowledging systemic racism in healthcare and uprooting it is essential. This involves addressing both structural barriers in the healthcare system and expanding capacity for educational programs, particularly for Black students in medicine, midwifery, and nursing.

Anti-racism training

Implementing antiracism medical training, diversity training and implicit bias training for healthcare providers, especially medical doctors, is essential. This ensures that healthcare professionals understand and address the racial biases that have contributed to disparities.

Health insurance initiatives

Develop health insurance initiatives that promote increased access to care, including maternal care, mental health and doula services.

Maternal and mental health integration

Emphasize maternal mental health within the healthcare system. Ensure that providers are well-educated in reproductive mental health and that maternal mental health is integrated into overall care.

Policy reforms

Consider structural policy changes such as reforming Medicaid, evaluating hospital practices regarding Medicaid patients and exploring the impact of Medicaid coverage on maternal care.

Community collaboration

Encourage continued community discussions to collaborate on finding solutions and provide funding and support to community-based organizations that focus on birth justice. Listen to and follow the leadership of Black women who have already identified solutions.

Economic and financial support

Offer economic and financial assistance to communities with inequities. Provide incentives or special financing for medical school, nursing and midwifery education to increase the number of healthcare professionals.

Increasing awareness and representation

Increase awareness about the issue and include people of color in medical research efforts. Focus on creating an inclusive healthcare workforce, especially doctors, who can better represent the diverse patient population.

Education from early stages

Start education on racial equality and health equity from a young age. Schools, including medical and nursing programs, should include antiracism training in their curricula. This paves the way for a more informed and sensitive healthcare workforce.

Maternal education

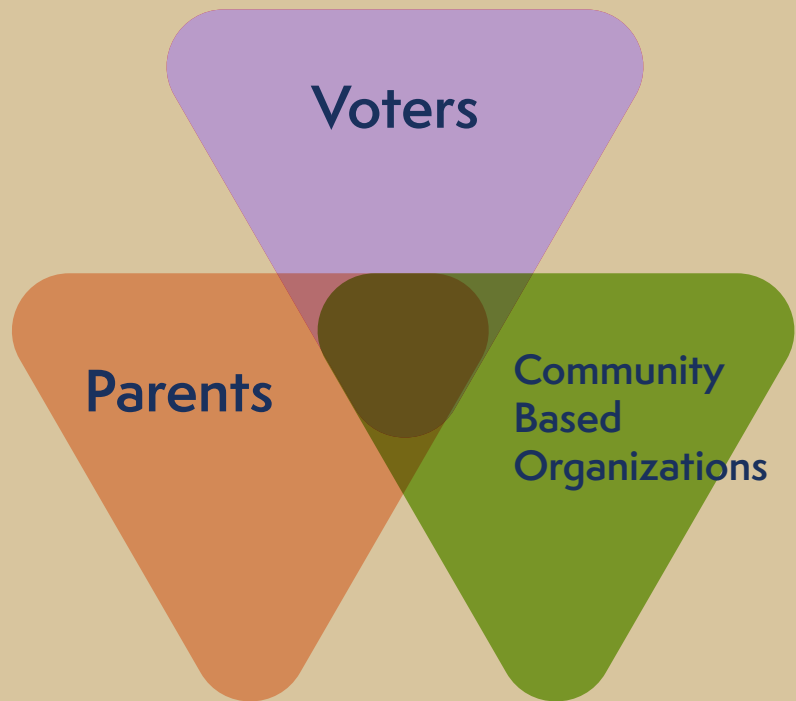
Provide education on maternal health from pre-pregnancy through the fourth trimester. This should encompass risk awareness, the joys of parenting and the responsibilities of maternal health.

Economic and financial support

Offer economic and financial assistance to communities with inequities. Provide incentives or special financing for medical school, nursing and midwifery education to increase the number of healthcare professionals.

In response to these recommendations, elected officials, policymakers and healthcare leaders should actively engage in policy reforms to address maternal health disparities. This entails funding, structural changes, and initiatives that promote diversity, inclusion, and education. By working collaboratively and embracing these strategies, it is possible to create a more equitable and supportive healthcare system for Black mothers. Ultimately, the goal is to eliminate the long-standing inequities in maternal healthcare.

A CALL FOR COMMUNITIES



“

I'm inspired to...work to organize community doula programs free to moms.”

”

Not everyone in our collective community is parenting, considering, or able to parent. However, the perspective of different groups within our community can prove that they are all allies toward eliminating maternal health inequities. Perceptions of birthing stories within their communities— that of family, friends, acquaintances or coworkers—provide invaluable insights into the diverse tapestry of birth experiences and the unfortunate standards that many families experience. Understanding the collective experience of birth within the American zeitgeist is an essential aspect of being in community with all families. These narratives serve as both a cautionary guide and a source of inspiration for those who have not yet embarked on their own journeys into parenthood.

“

I did not want to be pregnant, so birth was the start of a life role that I did not want. Subsequent physical issues didn't help my mental health. Six years later, I started seeing a therapist, and it's helped a lot. I would encourage any mom to seek out supportive services and let them know it's okay to feel overwhelmed and to have negative feelings.”

Storytelling

The stories featured in BIRTHING JUSTICE encompass a wide spectrum of emotions and scenarios. They range from the intense highs of empowerment and the joy of bringing new life into the world to the depths of fear, anxiety and trauma associated with challenging hospital births. The recurring themes of fear, trauma and a lack of preparedness echo the need for comprehensive and compassionate maternal care, ensuring that expectant parents feel supported, informed and confident. These stories are a call for continued improvements in maternal healthcare, emphasizing the need for a system that prioritizes safety, respect and emotional well-being during the transformative journey of birth.

The prevalence of unexpected difficulties, interventions and scenarios beyond one's control underscores the need for open and empathetic communication between birthing individuals and healthcare providers. It is within these stories that the struggle for autonomy and the quest for dignified, respectful care are evident. Empowering narratives stand in stark contrast to disempowering ones, emphasizing the immense significance of fostering an environment that respects an individual's choices and autonomy during childbirth.

Community Organizing

Individual birthing stories vary not only based on personal choices, but also on the settings in which these births occur, within communities. Whether it's home births, hospital births or elective C-sections, each setting influences the narrative and the collective experience of birthing people around us. It's important to note the experiences of families of different racial and ethnic backgrounds. Awareness of this highlights the need to address systemic inequalities within the healthcare system and beyond.

Systemic-level policy change is most often accomplished through population-level culture change and the activism of an array of allies. Like the organized allies mentioned with healthcare workers, community-based organizations and community action coalitions can create significant momentum for public policy.

“

It seems like Community is trying to fix an issue that's layered and at times seems to be never ending unless the root problem is addressed, which like many social injustices may seem unreachable. It's tough to stay hopeful, but the documentary highlighted that people will always fight for each other and will never settle. ”

The birth stories collected in this film capture the diverse array of communities. They convey the complexities and emotional depth associated with this life-altering event. While some tales may be cautionary, they are also a testament to the strength, resilience and hope that characterize people who have walked the path of childbirth. They are a reminder that birth, in all its unpredictability, is an experience that shapes families, defines parenthood and contributes to the ever-evolving tapestry of American birthing experiences. Storytelling and community organizing are the keys to engaging all people in the call for birth justice.

In summary, the responses from audience members who experienced BIRTHING JUSTICE illustrate a deep understanding of the challenges Black mothers face during pregnancy and childbirth. These recommendations collectively address the multifaceted issues of maternal health disparities, emphasizing the importance of cultural competency, community involvement, financial support, advocacy, education and systemic change.



Participants featured in Birthing Justice

CONCLUSION

The responses from viewers after watching the film BIRTHING JUSTICE reflect a profound and far-reaching impact. People from various backgrounds and professions were deeply inspired to take action and contribute to addressing the critical issues surrounding maternal health disparities. Their responses highlight a range of initiatives, from personal growth to community involvement and advocacy.

Many viewers expressed a strong commitment to advocacy and raising awareness. They mentioned becoming more vocal and engaged when faced with situations related to maternal health inequities.

I'm inspired to...

“
*Become a
doctor.*”

“
*Become a
doula.*”

“
*Become a
health care
professional.*”

Several individuals aspired to enter healthcare professions as doctors, midwives, doulas or healthcare professionals. Others aimed to develop Black-owned birth centers, emphasizing the need for representation and cultural sensitivity in healthcare.

Childbirth can no longer be considered a 'routine medical procedure.' Childbirth is a sacred event for the entire family, and especially for the person with the womb. Caring for women during their birth experience would include the full extent of risk prevention methods throughout the pregnancy, and the emotional aspects of childbirth and postpartum. Protecting them from trauma of psychological and physical harm. Seeking supportive services and acknowledging the emotional toll of pregnancy and childbirth is essential to creating a new standard of care; equitable, respectful, and supportive birthing experiences for all individuals. Viewers with a broader perspective on healthcare models, particularly those from different racial backgrounds, expressed a desire to critically review data and perceptions of inequity. This reflects a commitment to understanding the unique challenges faced by Black birthing individuals.

In our collective pursuit of a just and equitable world, we must understand that the battle against racial disparities in maternal health is inseparable from broader struggles for justice, equality and inclusivity. It's a call to action that transcends political, social and cultural boundaries. It's a summons to recognize that these disparities reflect deeply ingrained, historic injustices that cannot be rectified through half-hearted measures or short-term solutions.

It's not enough to be aware of racism; we must be actively antiracist. And this is only the beginning. We must work relentlessly to deconstruct a system that has perpetuated these injustices and has long denied marginalized communities their basic human rights. The journey is arduous, but the destination is a world in which maternal health is truly inclusive and equitable. We must be resolute in this endeavor, for it is a pursuit rooted in love, respect and the shared aspiration of a brighter future for all. Unwavering in our commitment, we must advocate for policies that challenge existing power structures, and engage in open dialogues that encourage understanding, empathy and respect among all members of society. These responses collectively reveal the complexity of birthing experiences, emphasizing the need for comprehensive, patient-centered care, improved access to mental health support, and a reduction in medicalization and patriarchal practices in maternal health. The stories shared by viewers serve as a powerful call to action for improving maternal healthcare systems and promoting equitable, respectful, and supportive birthing experiences for all individuals.



Participants featured in Birthing Justice

METHODOLOGY

BIRTHING JUSTICE film screened across the contiguous United States for audiences from January 2023 until mid-June 2023. The film had an accompanying pre- and post-survey to determine the audience and evaluate the impact of the film. Pre-Survey questions gathered baseline information about the respondents, including demographic details, education levels, professions, and personal experiences. Post-Survey questions assessed changes in awareness, reactions to segments of the film, and intended actions.

The survey was structured to explore various dimensions, including:

Awareness and Knowledge



Assessing participants' familiarity with maternal health terms and their understanding of current inequities in maternal and child health impacting Black families.

Envisioning Change



Capturing respondents' perceptions of necessary actions to address maternal and infant mortality rates for Black mothers and children.

Representation in Healthcare



Investigating views on medical professionals sharing the same racial background and their impact on patient care.

Overall, there are **1,597** unique submissions. There are **702** respondents that had complete responses to the pre- and post-survey which could be linked. The remaining participants (**894**) only have pre-survey data available. The BIRTHING JUSTICE documentary reframes the narrative of maternal health disparity into a story of hope and empowerment. It invites viewers to witness and internalize the stories of those affected and lost, galvanizing society to unite for birthing justice.

APPENDIX

DEFINITIONS

Maternal Death; the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Birth Justice; refers to the connection of birthing outcomes and the rights of families in the overall pursuit of social justice and liberation. Birth Justice will exist when all people are empowered to make decisions for themselves and their babies during pregnancy, labor, childbirth and postpartum.^{liv} Full spectrum maternal healthcare should be accessible, holistic, and culturally centered, including access to midwives and other traditional and indigenous healers as an integral part of reproductive justice.^{lv} The term was first defined and popularized by Jamarah Amani, a licensed midwife and founder of the Southern Birth Justice Network .

WHO WE ARE



Women in the Room Productions is a comprehensive media company that drives social impact for women and persons of color through storytelling and community.



The Robert Wood Johnson Foundation (RWJF) is committed to improving health and health equity in the United States. In partnership with others, we are working to develop a Culture of Health rooted in equity that provides every individual with a fair and just opportunity to thrive, no matter who they are, where they live, or how much money they have.



Reproductive Health (RH) Impact: The Collaborative for Equity & Justice (RH Impact) is a fiscally sponsored program of The Praxis Project, a 501(c)(3) public charity. RH Impact is one of the nation's leading experts and an advocate for change in the Black maternal health and infant mortality crises. RH Impact works to create transnational solutions that optimize Black maternal, infant, sexual, and reproductive wellbeing. We shift systems and culture through training, research, technical assistance, policy, advocacy, and community-centered collaboration.

To learn more visit <http://www.rhimpact.org> for more information.

Connect with Birth Equity on social media: -

FB/Meta:

<https://www.facebook.com/ReproductiveHealthImpact?mibextid=9R9pXO> -

YouTube:

https://www.youtube.com/@rhimpact_ -

IG:

https://www.instagram.com/rhimpact_/

TikTok:

https://www.tiktok.com/@rhimpact_?_t=8fnqkcbRfgY&_r=1

LinkedIn:

<https://www.linkedin.com/company/reproductivehealthimpact/mycompany/>

Subscribe to our Newsletter:

<http://www.rhimpact.org>

FILM REVIEWS

“ Thank you for the key message of justice & joy.

“ I learned a lot from this film! Thank you for the opportunity to view it.

“ This is a great film and labor of love! Thank you for doing this.

“ My experience of the event was that it was inspirational, well organized and a good learning tool.

“ Thank you for making this film - it lit a fire in me especially as a young woman who will enter into the trying to conceive stage of life in about a year. While I have had discussions about pre and post-partum experiences with friends and family, the statistics and reality shared throughout the film brought a new lens/perspective.

“ Thank you for doing this work. I hope that the survey responses provide meaningful insights that lead to positive change.

“ The film was amazing, and I am so grateful for all of your work! I answered that I did not learn much new, only because I am already well-versed in these challenges, not because there was not incredibly helpful information shared! I think anyone who is not already familiar with this issue would learn an incredible amount from the film!

“ Thanks for doing the film. more people should see it, like our legislators.

“ This documentary as a two-part series would be amazing. Question: are the midwives still at MLK?

“ Thank you for bringing this issue to the attention of the community.

“ I think it was great to have this event. My only caveat is that usually people that go to these events are the ones that already care. It would be great to work with hospitals to have mandatory talks given to the providers there.

“ I think better defining solutions to these issues would help people take more action after the film.

“ Thanks for your advocacy and beautiful film.

“ The film was beautifully created and very impactful in highlighting the inequities, discrimination, and racism faced by black women. It was also very inspirational! I am already thinking of what I can do to improve healthcare related experiences and my community as a whole.

“ I really enjoyed watching this film!

“ Thank you for bringing this event to us. Film was well-balanced and eye opening and inspiring. needs to be shown in movie theaters or have commercials for it on TV.

“ Expected the panel discussion to be more in depth.

“ Thank you for this project and your efforts to educate people on this issue.

“ Thank you so much for providing the opportunity to see this film!

“ The panel afterward made the film 10x more powerful.

“ I appreciate the opportunity to see this film, and the organizers of the event I attended provided some really helpful local context through a panel discussion afterwards.

“ I would like to have had more information or speculation about "why" the rate of poor birth outcomes is increasing vs. remaining as horrible as it has always been. What is changing?

“ Very well done film.

“ This was an awesome experience. I think this should be broadcast to different wards so people could come out and see what is really going on in their communities.

“ It was an excellent documentary, filmed beautifully! Thank you for sharing the knowledge. Would love to share it post screenings.

“ The film overall was great. However, one of the supposedly enlightened health care providers in the film made a reference and comparison to "third world countries" which I found offensive. This is racist language for anyone to be using today, particularly in a film that is addressing systemic racism.

“ Thank you for your important work!

“ Words cannot describe how thankful I am to you all for creating this film and hosting events locally. The panel discussion I witnessed was super inspiring, as were the stories in the film and the addition of black joy. This film needs to be viewed at the White House, CDC, Essence Fest, and the National Museum of African American History & Culture. I, along with many others, are proud to help make that happen. I also look forward to the report being released this Fall.

“ It was especially powerful to watch this film in a group. It allowed for reflection and some healing as a group.

“ This was a great film to watch at my university and I'm glad the director's cut of the movie was made available to us. The discussion after was enriching!

“ This documentary was AMAZING.

“ So many powerful quotes.

“ Thank you for creating this documentary!!

“ This was a great reminder of what we need to do in order to impact change. I loved the film.

“ I enjoyed the film and I am encouraging other people to see it.

“ Very well done-intriguing problem that will require multistakeholder solution.

“ Very moving film. I want to help get out the message to women about the birth centers. Was sad to hear that the DC birth center is not at capacity! Jolles's article in the Journal of Midwifery and Women's Health was inspiring and I wish more women of color could have similar births - and all women.

“ I thought this film was well done and more palatable compared to others on the topic.

“ Film is beautifully done; it should be seen by everyone.

“ Thank you for making this film.

“ I really enjoyed the panel discussion. Many interesting points of discussion were shared.

“ Really insightful film, esp. enjoyed learning about the fletcher report and all of the black medical schools that shut down as a result of it.

“ This documentary was very enlightening, and I felt many emotions after watching.

“ Great film.

“ It was powerful to see people who work in and are impacted in different ways by birthing injustice in the community come together both for the film and for the event.

“ I thought it was a very powerful film. This is my area of research and I like having the updated information and the stories to go along with it.

“ Movie was too long, lost concentration after about an hour.

“ This was a really powerful documentary.

“ This was an informative documentary!

“ Thank you for this film.

“ I loved participating in this screening, and I took tons of notes. Very well-put-together documentary.

“ This presentation was excellent and the leaders were successful in engaging all parties and including a wide range of issues.

“ I am a college professor that teaches maternity nursing and I also work as a bedside nurse in high risk antepartum and postpartum. The majority of the birthing people I serve are women of color. I think this should be required viewing for all women's services nurses. Much of this was not new to me because I teach a lot about health inequities in maternal health care but I appreciate hearing all of these different stories. I found this to be quite powerful. I would love to bring this film to my nursing students.

“ I have witnessed several of the stories depicted in the film.

“ I am currently doing work in this field, so the issues raised are familiar to me.

“ Viewing this film was absolutely life-altering! I am compelled now to do something to right this wrong! What a powerful documentary! As someone who works in maternal health, I came in with a lot of knowledge but I learned so much from this film.

“ I'm a Doula so I have seen and heard many stories and been a part of lord of journeys. I love the way this was done.

“ I work in the prenatal and lactation field. I appreciate this film being made and extremely honored to have given the opportunity to watch it. It saddens my heart to know what these ladies went through and knowing there is so many more. I personally try my best to ensure I educate and encourage all of my patients to advocate for themselves as well as make educated decisions pre and post-delivery. I think it is a road block of communication and circle of care with the Dr world and pre delivery care. The Drs are overworked and so not realize or have been ignorant to the facts of struggling families they serve! I also have seen hospital staff treat moms differently just because they are on Medicaid! I wish there was a way to make the patient's insurance unknown to the staff who is taking care of them which would eliminate some of them inequalities!! I also wish we had ways to reach all mothers and the mothers would be more open to those of us who truly care and try our best with each of them regardless of their socioeconomic status, insurance, etc. my prayers are with legislators to cut the inequalities of the healthcare and to the doctors, nurses who want to treat people different for insurance reasons. I pray there is a renewed passion for our mothers and their children! NOT A WOKE mentality because that is not the answer.

How would you describe the majority of birthing stories you've heard about from people in your community (family, friends, coworkers, etc.)?

“None of these words accurately describe what I know about birthing experiences of my family members.

“painful

“Scary

“Scary, painful

“Scary, sad, fearful

“Stressful and fearful

“Too often controlled by others
Trauma often associated with fast paced scenarios when there isn't time for clinicians to explain what is going on or what has transpired.

“Varied

“What I most often hear especially with first babies is that people did not feel prepared for birth by their medical care. .

“With unexpected difficulties .

“Worked for many years in birthing and doula community including home births and professional midwives and CNM and have 3 daughters of childbearing age with birthing friends so have heard the full spectrum of stories .

“You tend to hear the extremes, just the highs and the lows.

“A lot of elected c-sections in my world.

“At AtlantiCare hospital in Pomona NJ they treat black mothers bad.

“A lot of interventions seems to be a theme I hear from friends and have witnessed. Along with, women/birthing parent not being heard. Recently, one of my best friends from nursing school had her first baby (she is also an NP now), she and her husband said how no one ever offered them formula for their baby, when the baby was inconsolable and crying a lot. This was so saddening to me, as a peds nurse, I cannot imagine not offering formula in the hospital, to try feeding the baby, to see if maybe the baby was still hungry.

“Anxious

“Busy, Overwhelming

“Challenging

“Creating distrust

“Empowering

“Giving birth is a huge deal, especially if trying to do it naturally, without medications and interventions, it is traumatic. There is so much on the line with a newborn.

“Happy but cautiously worried

“Have not given birth.

“How they were mistreated in the hospital by the nurses.

“maternal grandmother died while giving birth. At least (2) of her cousins died giving birth.

“I am a midwife, I have experiences with most of the ways births go.

“I am a midwife who hears a lot of stories, and so it definitely depends on if I am hearing stories from homebirth clients, or people who have had hospital births. The vast majority of bipoc hospital births have been traumatic and scary

“I had two C-sections.

“I have heard the full range of birth stories .

“I have lived and worked in predominantly white spaces. As a black woman, the things I'm concerned about have not been present in the stories I've heard from coworkers and friends.

“I have not heard many stories from people I am close to however, my mother's birth stories are part of what has inspired me to seek a nursing career in maternal health. She felt disrespected and demeaned.

“I'm in a biased profession and volunteer position to hear more scary and "bad" birth stories, so my data may be a little skewed.

“inadequate pain control

“lifesaving.

“Most describe somewhere just short of traumatic, but never easy or as expected.

Experience of parents with multiple children

“ First birth traumatic, second at home with midwife not traumatic, both exciting and joyful.

“ I had a c-section with my first child and a VBAC with my 2nd. The 2nd was big and I had a vacuum aspiration to get her out.

“ One birth easy and uneventful, another was traumatic and didn't go as expected.

“ My first Birth was traumatic, after that I felt Empowered.

“ First baby preeclampsia long induction- 2nd baby naturally ruptured membranes & comfortably delivery - 3rd baby unplanned c/section

“ There was an issue with all 3 of my births.

“ I had a stillbirth and two live births and each was impactful and meaningful.

“ One birth was in a hospital with some unexpected intervention; second birth was in a birthing center and much more peaceful.

“ Varied with the birth 1. traumatic with post-delivery hemorrhage, 2. miscarriage at 17 weeks, 3. miscarriage at 10 weeks, 4. placental attachment issue with manual removal of placenta, 5. at age 39 wonderful, empowered birth without issue.

“ Sons cord was wrapped around his neck but he was eventually delivered with no problems, the other two came so fast they were natural. I do have great sympathy for the mothers in the film.

“ Delivered 2x: first one in a military base hospital; traumatized, painful, no education, horrible! Delivery number 2; civilian hospital: peaceful, joyful.

“ I was very fortunate to have great pregnancies I had an epidural with the first pregnancy but my 1 gave-up a baby at birth in a military hospital in Germany 50 years ago, when I was 23 years old.

“ Hard work, well supported by my doula both times

“ Sad/heartbreaking (in the case of delivering my deceased daughter). Each of my births has been unique. Ultimately, they were all empowering, even if I didn't feel that way in the moment.

“ I was scared. My OB wasn't in the room when I gave birth to my third baby.

“ I have given birth 5 times...the above words describe all my experiences combined.

“ One hospital not great, two homebirths great!

“ The positive experience came from my second birth the planned c-section was calm, peaceful and as expected. The first one was nightmarish .

“ I've given birth 4 times, some were worse than others, none were great. The one that started with a midwife at home was the best, until it ended in another unwanted surgery and anesthesia reaction and was also the worst.

“ I had great pregnancies pre labor. Once I entered the hospital everything changed both times. I was surprised at the care or lack of especially once my family had to leave. Thankful I'm a believer and knew to pray or I may have broke.

“ I had multiple births the ones in the health system were traumatic the ones at home were peaceful .

“ I had a home birth with midwives.

“ I had 3 births that resulted in live babies. 3 that did not. All of them were different experiences so my answers above reflect that.

“ I wish my dr of color would have let me had a chance to give birth naturally instead of inducing me for no valid health reasons. I was induced as he was going to be gone the week of my due date. The dr who I saw and delivered my baby girl gave me a choice but did not advocate and tell me the benefits and risks of. C-section either. Both were Drs of color.

“ I had two C-sections First birth my daughter was breech.

“ My midwife was amazing and I delivered both of my children at home. The OB who took over my care was the one I described in the previous section.

“ 1st pregnancy delivered at 41 weeks, post-partum renal DVT and stent placement. 2nd pregnancy delivered at 31 weeks. C-section procedure and treatment much worse for 2nd delivery.

“ I was told by my doc I needed to find a different provider if I wanted a birth without an IV. I found a midwifery practice which was great until delivery. I was moved into a birthing position that ultimately lead to me breaking my tailbone during labor and was sewn up in a manner that has created long term ongoing dysfunction. My doula was my saving grace in the process. She was my voice when I couldn't speak and my reassurance when things went off of plan.

“ I was lucky and had straight forward births (one induced, one natural) .

“ In my first birthing experience, I was separated from my newborn (due to a c-section) and I literally fought to find a provider who would offer a VBAC, or at minimum, allow my baby to stay skin to skin after c-section. I was able to achieve that goal - and I still feel disappointed with the medical system that they separated my firstborn from me. I am still quite angry. AND, I have NO idea all the circumstances women of color are faced with. my heart breaks for the injustice.

“ My niece died at 20 years old, her 2nd child during child birth in 2016 still very emotional behind it, didn't really understand why because her doctor or hospital staff didn't explain as if they really didn't know. Later I looked at the results of her autopsy and found out what cause her death and I still don't understand, anyway starting to get emotional again. Thank u so much for bringing awareness to me, I hope to attend more of your screenings/events to gain more knowledge and be able to pass along to others.

“ I had a precipitous delivery in a delivery room, in the middle of the night they took my baby to the NICU without informing me and said "I was asleep".

“ I was lucky to have a Midwife deliver my child at Kaiser Permanente.

“ I have had four live births. Amongst my 10 closest friends we have 35 children. I have lots of first hand experience on what a good birth looks like.

“ For context of my responses, my experience was 32 years ago, when there had just started to be "birthing rooms" in hospitals that were, basically, a procedure room dressed up with cushy, floral furniture. Home birthing and doulas were just becoming available, and as far as I know, pretty much only to wealthy white women.

“ My mother, a Black woman, was not believed during all three of her pregnancies when she indicated that something was wrong or that she was ready to give birth.

“ I was not made aware of what was going on but I remember hearing, lets prep for hysterectomy. That was when it got scary. I was going in to be induced but when I got to the hospital, my water broke so I felt better about the situation because I knew it was time and things were happening as they were supposed to until they didn't.

“ My first birth was difficult, and when I experienced the difficulty mentioned above. My second birth was at a Baby Friendly Hospital and that was the birth during which I felt joyful, supported, empowered, strong, and peaceful.

“ Even though I am not a woman of color, I had two traumatic births one could have been prevented which determined the course of the 2nd.

“ my personal experience was really scared and at the same time was unique and excited with the company of my husband family at the time of give birth.

“ I wasn't given resources or knowledge to know to ask questions - I didn't know inductions take so long. I didn't know that they often end in a c-section. I was uninformed and trusted my care team and it led to a traumatic birthing experience.

“ Painful (as expected) yet all felt they were heard by the providers but found the nursing staff to lack compassion at various shifts.

“ My birthing experience started off traumatizing as my doctor wouldn't listen to me when I said I wanted to have the baby naturally and told me that I had to have the baby right now before giving me Pitocin and an epidural. Both were an unpleasant shock to my system that made nursing my baby from the womb difficult. He also refused to follow my birthing plan which included standing up to allow the baby to progress naturally and made me lie down despite even the nurses pleas. I am just thankful that I had a healthy baby boy and I believe I am one of the lucky ones.

“ When I asked a front desk representative at a local healthcare facility about their volunteer programs that I had found online, one of the ladies dismissed me and motioned for the other lady not to share information with me.

“ I was very happy to have the support of a midwife who assisted me before, during my hospital delivery and after giving birth (in Germany).

“ My midwife caught my pre-eclampsia when my blood pressure was 128/78. I believe that if the OB I had post-delivery was the one who delivered my child, he would have missed the preeclampsia based on the assumptions he made about me.

“ Both of my children were born on military bases. The care I received I believe was adequate with both pregnancies.

“ I am a Black mom of 7 each time I was disrespected or mistreated or judged I am now a birth and postpartum doula and I've doula for all races i noticed my Black clients being dismissed and disrespected while my White ones treated with care and patience.

“ After I had my first child, the baby nurse refused to give her a bottle and tried to force me to breastfeed. After my baby would not latch, I repeatedly asked for a bottle and was denied. It was not until a nurse of color came in that I was heard. By that time, my child had developed jaundice from failure to have a bowel movement. I specifically asked her nurse to put her under the blue light for jaundice as I know what can be done. She told me know and never gave my request to the pediatrician.

“ The movie helped me identify in my last birthing experience a trauma that I experienced but did not initially identify it as trauma.

“ I felt scared. I felt like there was a knowledge barrier at the time. Things weren't explained to me to allow me to make an informed decision. I listened for fear of my baby's life not be out was the right thing to do. Now as a midwife I know I ruled in for pre-eclampsia by blood pressures but they never made the diagnosis.

“ I had a near death situation with my son.

Is there anything else you would like to share with us about your experience?

“

I think a really simple way to empower birthing people is to teach them to say, "Please document that you are refusing XYZ, after I specifically asked for it."

“

I had home births to avoid the medical model and I'm a White midwife who works in a hospital. I can't imagine how it is for people of color.

“

Thanks for putting this video together. Systemic racism across all of society plays a major role, not just within health care. The whole community needs to change. Health care plays one important role. Glad you mentioned briefly about fathers. They are often left out.

“

Doula work matters.

“

I was honored to be invited to watch this film. I left very angry at the situation and will do my best to transition that anger into action.

“

This film was extremely insightful. It increased my knowledge and challenged my emotions. I plan on watching it again and sharing with all.

“

This is so necessary & a powerful message. We MUST do better.

“

I am of Asian heritage. There are times I feel that the data does not reflect or acknowledge our experiences of the same inequities.

“

Fathers want to get involved but are often ignored.

“

Viewing this film was absolutely life-altering! I am compelled now to do something to right this wrong!

“

I will be 40 this year. I am thinking about freezing my eggs. But part of me is terrified of becoming pregnant because I am afraid that I will have a bad outcome. I am torn between my desire to create a living legacy and my fear of becoming ill or dying during or after childbirth.

“

I wish that more people who are unaware of these issues and have the legal power to change these outcomes would come to these events and watch the film. Most of the time I attend events concerning black birthing people and the mortality rates. I'm always surrounded by those experiencing the harm. We're not the ones who need to be educated.

“

The leadership at the California Department of Public Health's Center For Family Health being the introducing speaker was a joke. She's done a great job at fooling many in leadership and on the outside as being a champion of birthing justice and equity.

“

The movie helped me identify in my last birthing experience a trauma that I experienced but did not initially identify it as trauma.

“

I am white, so white women's experience is unfortunately completely different than Black women and most of the stories I've heard from other white women have been positive. This is completely the opposite for Black women.

“

I think the health care system is really broken, putting profits before people. I am concerned that Black Americans experience health disparities and maternal mortality rates are getting worse. I am also concerned about maternal mortality rates across the board-- in the US.

“

I didn't know how big and deep this issue was.

“ Thank you for addressing maternal health, and Black maternal health in particular, as not just a healthcare issue affecting the individual but a social justice issue that affects our entire society. Awareness is a start but not enough- we must take action at every level and I appreciate your emphasis on this.

“ The biggest shock to me was to find out that DC has the highest maternal mortality rate for black women in the country despite being the capital and one of few locations of an HBCU medical school.

“ Some medical professionals don't care to listen to your concerns and can be very dismissive.

“ I find it unacceptable that we do not do more to make birthing safe for women, and those at more risk need more help. I am saddened always by the lack of outrage generally when a disadvantaged group is harmed. We need to raise our voices more.

“ Birth can be very empowering with knowledge, self-confidence, and also realistic expectations (including that for most women, both won't be *exactly* what they expected and that's ok!) It's so important for women to have family/friend/professional support before, during, and after pregnancy and delivery!

“ It's really common to hear that preventative health is the key to many health issues, but it's really frustrating to learn that this issue of black maternal mortality is so prevalent in a community that constantly faces systemic racism. It's frustrating to me as a daughter of immigrants to see that brown and undocumented pregnant people face very similar issues and experiences to the ones highlighted in the documentary. It seems like Community is trying to fix an issue thats layered and at times seems to be never ending unless the root problem is addressed, which like many social injustices may seem unreachable. Its tough to stay hopeful, but the documentary highlighted that people will always fight for each other and will never settle. This film was overall inspiring to keep fighting the good fight and try to make a change in the future patients I will have as a nurse.

Reactions from Healthcare Providers

“ I had home births to avoid the medical model and I'm a white midwife who works in a hospital. I can't imagine how it is for people of color.

“ As a physician, I would like to be sure that women are receiving the recommendation of 81 mg of aspirin for prevention of preeclampsia. Racism can't be fixed, really. The film taught that pre-eclampsia is the main cause of maternal mortality. START THE ASPIRIN!

“ Even as a nurse, I realized there is so much we cannot prepare for when giving birth. so many scenarios can transpire.

“ Even as a white woman and a nurse, my doctor didn't listen to me when I had symptoms of something not being right during the last few weeks of pregnancy and delivery. Doctors need to learn to listen and stop thinking they know it all because they don't.

“ The fight to get respectful care is most deeply rooted in the admin and care providers having two different levels of buy in in equitable care.

“ All birthing providers need to really focus efforts on personalizing each experience- and need to find ways to support mothers throughout the journey outside of the clinical visit- mothers need much more support today than in the past.

“ I am a nurse and I support my patients. I advocate for them when needed. I also help them advocate for themselves. I encourage them not to accept subpar care. Keep this up! Should be a must-show in intro nursing classes.

“ What a powerful documentary! As someone who works in maternal health, I came in with a lot of knowledge, but I learned so much from this film.

“As a health care worker, I have witnessed patient concerns being ignored or minimized due to racism. I have cared for many patients who have experienced traumatic pregnancy and birth experiences. I'm a perinatal mental health provider. I provide individual therapy to women during pregnancy, and after childbirth. I knew that there was racial injustice and significant healthcare disparities among women (Black vs White), but I had no idea it was this bad. Thank you for opening my eyes.

“Working in L&D; I am aware of how traumatic some experiences can be.

“We need insurance companies to change policy appointment length of time, we need more time for OBGYN appts and we need more black practitioners, more training for medical health care professionals .

“I am a college professor that teaches maternity nursing and I also work as a bedside nurse in high risk antepartum and postpartum. The majority of the birthing people I serve are women of color. I think this should be required viewing for all women's services nurses. Much of this was not new to me because I teach a lot about health inequities in maternal health care, but I appreciate hearing all of these different stories. I found this to be quite powerful. I would love to bring this film to my nursing students.

“I was a provider who witnessed this.

“I felt like I was part of a machine. The nurses did a job and I just had to get on with it.

“What a powerful documentary! As someone who works in maternal health, I came in with a lot of knowledge, but I learned so much from this film.

“As a white nurse, a black mother did not want me to take care of her, she preferred a black nurse. I was offended, knowing I could take good care of her. Seeing this film helps me to realize, why she wanted a black nurse and I'm grateful she asked for one and there was one who was there for her.

“I am a Maternal Newborn Clinical Educator in the North Texas area, and an AWHONN Chapter leader. We viewed your film last night at our Chapter meeting, and plan to follow up with attendees, with an action plan, and how we, as our sisters.

“This movie opened a new perspective in my life. As someone striving to be a future physician this movie allowed me to start to think about the journey that I want to pursue in the medical field and strive to ensure that this topic is talked about on a larger scale throughout medicine.

“I am a healthy married white care health care professional who gave birth at age 40 and 42. Had I not had the knowledge and exposure to the birthing experience from my nursing education, I would have felt very unprepared and not particularly well supported during the birthing experience. The post-partum care specifically was insufficient and focused on basic "medical management". The US does NOT value women and families enough to make this a health care right. I am acutely aware that my experience was much better than that of the average black woman's and it is frightening!

“It's such a special and most beautiful time in most parents' lives, it should be worry free in the area of proper care. Who have so many things to be concerned about, proper care for you and your newborn should not be one of them.

“As a Healthcare worker, I've witness patients feel dismissed by their provider or their apprehension is misconstrued as rudeness or ignorance. I'm a Doula so I have seen and heard many stories and been a part of lots of journeys. I love the way this was done.

“I am a midwife, my clients have had their concerns ignored or dismissed by obstetricians and RNs and been coerced to accept decisions by threatening CPS. We have to make childbearing a priority, based on equality. Listening to all patients with dignity. We are very appreciative to have the medical field, but we need compassion with bedside manners to be incorporated for everyone. It's a profession, but it also is a call of duty to assist with the health of All ManKind.

“ I am a healthcare provider who has repeatedly observed black women receiving inadequate care.

“ I am white, which explains some of my answers about my birth experience and those in my community.

“ It's really common to hear that preventative health is the key to many health issues, but it's really frustrating to learn that this issue of black maternal mortality is so prevalent in a community that constantly faces systemic racism. It's frustrating to me as a daughter of immigrants to see that brown and undocumented pregnant people face very similar issues and experiences to the ones highlighted in the documentary. It seems like Community is trying to fix an issue that's layered and ant times seems to be never ending unless the root problem is addressed, which like many social injustices may seem unreachable. It's tough to stay hopeful, but the documentary highlighted that people will always fight for each other and will never settle. This film was overall inspiring to keep fighting the good fight and try to make a change in the future patients I will have as a nurse. I work in the prenatal and lactation field. I appreciate this film being made and extremely honored to have given the opportunity to watch it. It saddens my heart to know what these ladies went through and knowing there is so many more. I personally try my best to ensure I educate and encourage all of my patients to advocate for themselves as well as make educated decisions pre and post-delivery. I think it is a road block of communication and circle of care with the dr world and pre delivery care. The Drs are overworked and so not realize or have been ignorant to the facts of struggling families they serve! I also have seen hospital staff treat moms differently just because they are on Medicaid! I wish there was a way to make the patient's insurance unknown to the staff who is taking care of them which would eliminate some of them inequalities!! I also wish we had ways to reach all mothers and the mothers would be more open to those of us who truly care and try our best with each of them regardless of their socioeconomic status, insurance, etc. my prayers are with legislators to cut the inequalities of the healthcare and to the doctors, nurses who want to treat people different for insurance reasons. I pray there is a renewed passion for our mothers and their children! NOT A WOKE mentality bc that is not the answer.

“ I am currently doing work in this field, so the issues raised are familiar to me.

“ It was a great learning experience and beneficial for me as a pre-med student.

“ As a physician- I thought that I wouldn't be dismissed- but unfortunately, as a minority, in residency, at a time where residents vowed to not become pregnant during training, and when a few of my supervising leadership did not honor my needs, completely disregarded established work restrictions for pregnant workers and dismissed my needs during all stages- prenatal, postnatal and postpartum. The disappointment was that I felt that I cared more passionately for my pregnant patients than the care I received by my own residency program through my delivery, and would've likely been better off delivering outside of that hospital. I worked until the day I went into labor, suffered from significant blood loss from a perineal tear- that resulted in severe anemia. Additionally, I suffered severe postpartum depression under the significant strain I was under to return to work and full physical activity to pass the military physical fitness requirements just 6 weeks postpartum. I am lucky I survived my residency program despite the circumstance. I am also fortunate that along my journey other military female physicians who were also mothers quietly supported me through the difficult period. I also know as a provider that minorities and especially black women are treated differently throughout their birthing journey- and even early on- I did what I could to do support all the mothers I cared for - I hope the care delivered was received positively- and that I positively impacted each mother I cared for rather than negatively impacted their birthing experience.

“ I am reflecting more about my training as a nurse and the lack of anti-racism curriculum and lack of black educators. Trying to think about opportunities I have to expand my knowledge and skills to be better equipped to care for my patients. I was also struck by the history of standards for medical education and Flexner report. This was all new information for me. I'm curious about any initiatives that are in place to expand from just the two universities.

“ I have witnessed several of the stories depicted in the film.

REFERENCES

- 1 Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II. "The U.S. Maternal Mortality Crisis Continues to Worsen: An International Comparison," The Commonwealth Fund, December 1, 2022, <https://www.commonwealthfund.org/blog/2022/us-maternal-mortality-crisis-continues-worseninternational-comparison>
 - 2 Hoyert DL. Maternal mortality rates in the United States, 2021. NCHS Health E-Stats. 2023. DOI: <https://dx.doi.org/10.15620/cdc:124678>.
 - 3 "National Inpatient Hospital Costs: The Most Expensive Conditions by Payer, 2017;" U.S. Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), July 2020, <https://hcup-us.ahrq.gov/reports/statbriefs/sb261-Most-Expensive-Hospital-Conditions-2017>.
 - 4 Irene Papanicolas, Liana R. Woskie, and Ashish K. Jha. "Health Care Spending in the United States and Other High-Income Countries," *Journal of the American Medical Association*, March 13, 2018, <https://doi.org/10.1001/jama.2018.1150>
 - 5 Health Care Cost Institute and International Federation of Health Plans. International Health Cost Comparison Report, July 2022, https://healthcostinstitute.org/images/pdfs/international_health_cost_comparison_report_2022.pdf
 - 6 Irene Papanicolas, Liana R. Woskie, and Ashish K. Jha. "Health Care Spending in the United States and Other High-Income Countries," *Journal of the American Medical Association*, March 13, 2018, <https://doi.org/10.1001/jama.2018.1150>
 - 7 U.S. Agency for Healthcare Research and Quality. "Healthcare Cost and Utilization Project (HCUPnet)," accessed February 2, 2023, <https://datatools.ahrq.gov/>
 - 8 Kimberly W. McDermott and Lan Liang. "Overview of Operating Room Procedures During Inpatient Stays in U.S. Hospitals, 2018;" U.S. Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), August 2021, <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb281-Operating-Room-Procedures-DuringHospitalization-2018.jsp>
 - 9 National Partnership for Women & Children. "Maternity Care in the United States: We Can – and Must – Do Better," February 2020, <https://www.nationalpartnership.org/ourwork/resources/health-care/maternity-care-in-the-united.Pdf>
 - 10 Joia Crear-Perry and Sinsi Hernández-Cancio. "Saving the Lives of Moms and Babies: Addressing Racism and Socioeconomic Influencers;" National Partnership for Women & Children, accessed January 7, 2023, <https://www.nationalpartnership.org/momsandbabies>
 - 11 Latoya Hill, Samantha Artiga, and Usha Ranji. "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them," *Racial Equity and Health Policy*, November 1, 2022, <https://www.kff.org/racial-equity-andhealth-policy/issue-brief/racial-disparities-in-maternal-andinfant-health-current-status-and-efforts-to-address-them/>
 - 12 Latoya Hill, Samantha Artiga, and Usha Ranji. "Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them," Kaiser Family Foundation, November 1, 2022, <https://www.kff.org/racial-equity-andhealth-policy/issue-brief/racial-disparities-in-maternal-andinfant-health-current-status-and-efforts-to-address-them/>
 - 13 Mohamoud YA, Cassidy E, Fuchs E, et al. Vital Signs: Maternity Care Experiences — United States, April 2023. *MMWR Morb Mortal Wkly Rep* 2023;72:961–967. DOI: <http://dx.doi.org/10.15585/mmwr.mm7235e1>.
 - 14 Elizabeth Bogdan-Lovis, Jie Zhuang, Joanne Goldbort, Sameerah Shareef, et al. "Do Black Birthing Persons Prefer a Black Health Care Provider During Birth? Race Concordance in Birth," *Birth*, May 30, 2022, <https://doi.org/10.1111/birt.12657>
 - 15 Thomas Bodenheimer and Christine Sinsky. "From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider," *Annals of Family Medicine*, November-December 2014, <https://doi.org/10.1370/afm.1713>
- J. Paul Leigh, Daniel J. Tancredi, and Richard L. Kravitz. "Physician Career Satisfaction Within Specialties," *BMC Health Services Research*, September 16, 2009, <https://doi.org/10.1186/1472-6963-9-166>
- 16 Jennifer I. Almanza, J'Mag Karbeah, Katelyn M. Tessier, Carrie Neerland, et al. "The Impact of Culturally Centered Care on Peripartum Experiences of Autonomy and Respect in Community Birth Centers: A Comparative Study," *Maternal and Child Health Journal*, November 24, 2021, <https://doi.org/10.1007/s10995-021-03245-w>
- Eleri Jones, Samantha R. Lattof, and Ernestina Coast. "Interventions to Provide Culturally Appropriate Maternity Care Services: Factors Affecting Implementation," *BMC Pregnancy and Childbirth*, August 31, 2017, <https://doi.org/10.1186%2Fs12884-017-1449-7https://doi.org/10.1186%2Fs12884-017-1449-7>

- 17 Brad N. Greenwood, Rachel R. Hardeman, Laura Huang, and Aaron Sojourner. "Physician-Patient Racial Concordance and Disparities in Birthing Mortality for Newborns," *Proceedings of the National Academy of Sciences of the United States of America*, August 17, 2020, <https://doi.org/10.1073/pnas.1913405117>
- 18 Katy B. Kozhimannil, Jennifer Almanza, Rachel Hardeman, and J'Mag Karbeah. "Racial and Ethnic Diversity in the Nursing Workforce: A Focus on Maternity Care," *Policy, Politics & Nursing Practice*, March 27, 2021, <https://doi.org/10.1177/15271544211005719>
- 19 Jyeshia Wren Serbin and Elizabeth Donnelly. "The Impact of Racism and Midwifery's Lack of Racial Diversity: A Literature Review," *Journal of Midwifery & Women's Health*, November 2016, <https://doi.org/10.1111/jmwh.12572>
- Keisha L. Goode and Arielle Bernardin. "Birthing #blackboyjoy: Black Midwives Caring for Black Mothers of Black Boys During Pregnancy and Childbirth," *Maternal and Child Health Journal*, August 27, 2021, <https://doi.org/10.1007/s10995-021-03224-1>
- Renee Mehra, Amy Alspaugh, Jennie Joseph, Bethany Golden, et al. "Racism Is a Motivator and a Barrier for People of Color Aspiring to Become Midwives in the United States," *Health Services Research*, July 15, 2022, <https://doi.org/10.1111/1475-6773.14037>
- 20 J'Mag Karbeah, Rachel Hardeman, Jennifer Almanza, and Katy B. Kozhimannil. "Identifying the Key Elements of Racially Concordant Care in a Freestanding Birth Center," *Journal of Midwifery & Women's Health*, August 2, 2019, <https://doi.org/10.1111/jmwh.13018>
- Jennifer I. Almanza, J'Mag Karbeah, Katelyn M. Tessier, Carrie Neerland, et al. "The Impact of Culturally Centered Care on Peripartum Experiences of Autonomy and Respect in Community Birth Centers: A Comparative Study," *Maternal and Child Health Journal*, November 24, 2021, <https://doi.org/10.1007/s10995-021-03245-w>
- 21 Ebinoluwa Falade, Ronald M. Cornely, Caroline Ezekwesili, Juliet Musabeyezu, et al. "Perspectives on Cultural Competency and Race Concordance from Perinatal Patients and Community-Based Doulas," *Birth*, August 26, 2022, <https://doi.org/10.1111/birt.12673>
- 22 Julie L. Ware, Dominique Love, Julietta Ladipo, Kiera Paddy, et al. "African American Breastfeeding Peer Support: All Moms Empowered to Nurse," *Breastfeeding Medicine*, February 2021, <https://doi.org/10.1089/bfm.2020.0323>
- Elizabeth C. Rhodes, Grace Damio, Helen Wilde LaPlant, Walter Trymbulak, et al. "Promoting Equity in Breastfeeding Through Peer Counseling: The U.S. Breastfeeding Heritage and Pride Program," *International Journal for Equity in Health*, May 27, 2021, <https://doi.org/10.1186/s12939-021-01408-3>
- 23 Suzanne C. Smeltzer. "Pregnancy in Women with Physical Disabilities," *Journal of Obstetric, Gynecologic & Neonatal Nursing*, January 1, 2007, <https://doi.org/10.1111/j.1552-6909.2006.00121.x>
- 24 Briony Hill and Angela C. Incollingo Rodriguez. "Weight Stigma Across the Preconception, Pregnancy, and Postpartum Periods: A Narrative Review and Conceptual Model," *Seminars in Reproductive Medicine*, November 2020, <https://doi.org/10.1055/s-0041-1723775>
- Angela C. Incollingo Rodriguez, Stephanie M. Smieszek, Kathryn E. Nippert, and A. Janet Tomiyama. "Pregnant and Postpartum Women's Experiences of Weight Stigma in Healthcare," *BMC Pregnancy and Childbirth*, August 27, 2020, <https://doi.org/10.1186/s12884-020-03202-5>
- 25 Alexis Hoffkling, Juno Obedin-Maliver, and Jae Sevelius. "From Erasure to Opportunity: A Qualitative Study of the Experiences of Transgender Men Around Pregnancy and Recommendations for Providers," *BMC Pregnancy and Childbirth*, November 8, 2017, <https://doi.org/10.1186/s12884-017-1491-5>
- 26 Bendix, Jeff. "How Implicit Bias Harms Patient Care," December 10, 2019 Edition, 96 (June 8, 2020). <https://www.medicaleconomics.com/view/how-implicit-bias-harms-patient-care>
- Hall WJ, Chapman MV, Lee KM, et al. Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *Am J Public Health*. 2015;105(12):e60-e76. doi:10.2105/AJPH.2015.302903
- 27 Sang Hee Won, Shanon McNab, Angela D. Aina, Anna Abelson, et al. "Black Women's and Birth Workers' Experiences of Disrespect and Abuse in Maternity Care: Findings from a Qualitative Exploratory Research Study in Atlanta," *Black Mamas Matter Alliance*, 2022, https://blackmamasmatter.org/wp-content/uploads/2022/04/BMMA_AMDDReport_FINAL.pdf
- Laura Murphy, Fuqin Liu, Rebecca Keele, Becky Spencer, et al. "An Integrative Review of the Perinatal Experiences of Black Women," *Nursing for Women's Health*, December 2022, <https://doi.org/10.1016/j.nwh.2022.09.008>
- Priya FieldingSingh and Amelia Dmowska. "Obstetric Gaslighting and the Denial of Mothers' Realities," *Social Science & Medicine*, May 2022, <https://doi.org/10.1016/j.socscimed.2022.114938>
- Tiffany E. Byrd, Lucy A. Ingram, and Nkechi Okpara. "Examination of Maternal Near-Miss Experiences in the Hospital Setting Among Black Women in the United States," *Women's Health*, November 2, 2022, <https://doi.org/10.1177/17455057221133830>
- 28 Mohamoud YA, Cassidy E, Fuchs E, et al. Vital Signs: Maternity Care Experiences — United States, April 2023. *MMWR Morb Mortal Wkly Rep* 2023;72:961–967. DOI: <http://dx.doi.org/10.15585/mmwr.mm7235e1>

- 29 Kimberly W. McDermott and Lan Liang. "Overview of Operating Room Procedures During Inpatient Stays in U.S. Hospitals, 2018," U.S. Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), August 2021, <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb281-Operating-Room-Procedures-DuringHospitalization-2018.jsp>
- 30 Saraswathi Vedam, Kathrin Stoll, Tanya Khemet Taiwo, Nicholas Rubashkin, et al. "The Giving Voice to Mothers Study: Inequity and Mistreatment During Pregnancy and Childbirth in the United States," *Reproductive Health*, June 11, 2019, <https://doi.org/10.1186/s12978-019-0729-2>
- 31 Eugene R. Declercq, Carol Sakala, Maureen P. Corry, Sandra Applebaum, et al. "Listening to Mothers III: Pregnancy and Birth," National Partnership for Women & Children," May 2013, <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/listening-to-mothers-iiipregnancy-and-birth-2013.pdf>
- 32 Eugene R. Declercq, Carol Sakala, Maureen P. Corry, Sandra Applebaum, et al. "Listening to Mothers III: Pregnancy and Birth," National Partnership for Women & Children," May 2013, <https://www.nationalpartnership.org/our-work/resources/health-care/maternity/listening-to-mothers-iiipregnancy-and-birth-2013.pdf>
- 33 Susanna Trost, Jennifer Beauregard, Gyan Chandra, Fanny Njie, et al. 2022. "Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 U.S. States, 2017–2019," U.S. Centers for Disease Control and Prevention, 2022, <https://www.cdc.gov/reproductivehealth/maternal-mortality/docs/pdf/Pregnancy-Related-Deaths-Data-MMRCs-2017-2019-H.pdf>
- 34 Regine A. Douthard, Iman K. Martin, Theresa Chapple McGruder, Ana Langer, et al. "U.S. Maternal Mortality Within a Global Context: Historical Trends, Current State, and Future Directions," *Journal of Women's Health*, November 18, 2020, <https://doi.org/10.1089/jwh.2020.8863>
- 35 U.S. Government Accountability Office. *Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic*, October 2022, <https://www.gao.gov/products/gao23-105871>
- 36 Katy Backes Kozhimannil, Julia D. Interrante, Carrie Henning-Smith, and Lindsay K. Admon. "Rural-Urban Differences in Severe Maternal Morbidity and Mortality in the U.S., 2007–15," *Health Affairs*, December 2019, <https://doi.org/10.1377/hlthaff.2019.00805>
- 37 U.S. Government Accountability Office. *Maternal Health: Outcomes Worsened and Disparities Persisted During the Pandemic*, October 2022, <https://www.gao.gov/products/gao23-105871>
- 38 Eugene Declercq and Laurie Zephyrin. "Severe Maternal Morbidity in the United States: A Primer," The Commonwealth Fund, October 28, 2021, <https://www.commonwealthfund.org/publications/issue-briefs/2021/oct/severe-maternalmorbidity-united-states-primer>
- 39 Ida E. W. von Rosen, Rayan M. Shiekh, Bariki Mchome, Wu Chunsen, et al. "Quality of Life After Maternal Near Miss: A Systematic Review," *Acta Obstetrica et Gynecologica Scandinavica*, April 2021, <https://doi.org/10.1111/aogs.14128>
- Tesfaye S. Mengistu, Jessica M. Turner, Christopher Flatley, Jane Fox, et al. "The Impact of Severe Maternal Morbidity on Perinatal Outcomes in High Income Countries: Systematic Review and Meta-Analysis," *Journal of Clinical Medicine*, June 29, 2020, <https://doi.org/10.3390/jcm9072035>
- 40 Howard, Jacqueline. "Maternal Deaths in US Hospitals Are Declining, Study Suggests, but Birthing Complications Are Rising | CNN," June 22, 2023. <https://www.cnn.com/2023/06/22/health/maternal-deaths-hospital-complications/index.html>
- 41 Ida E. W. von Rosen, Rayan M. Shiekh, Bariki Mchome, Wu Chunsen, et al. "Quality of Life After Maternal Near Miss: A Systematic Review," *Acta Obstetrica et Gynecologica Scandinavica*, February 18, 2021, <https://doi.org/10.1111/aogs.14128>
- Sedigheh Abdollahpour, Abbas Heydari, Hosein Ebrahimipour, Farhad Faridhoseini, et al. "Postpartum Depression in Women With Maternal Near Miss: A Systematic Review and Meta-Analysis," *The Journal of Maternal-Fetal & Neonatal Medicine*, February 15, 2021, <https://doi.org/10.1080/14767058.2021.1885024>
- Sedigheh Abdollahpour, Abbas Heydari, Hosein Ebrahimipour, Farhad Faridhoseini, et al. "The Needs of Women Who Have Experienced 'Maternal Near Miss': A Systematic Review of Literature," *Iranian Journal of Nursing and Midwifery Research*, November 7, 2019, https://doi.org/10.4103/ijnmr.IJNMR_77_19
- U. Vivian Ukah, Natalie Dayan, Brian J. Potter, Gilles Paradis, et al. "Severe Maternal Morbidity and Long-Term Risk of Cardiovascular Hospitalization," *Circulation: Cardiovascular Quality and Outcome*, January 31, 2022, <https://doi.org/10.1161/CIRCOUTCOMES.121.008393>
- 42 Wen, S. W., R. -H. Xie, H. Tan, M. C. Walker, G. N. Smith, and R. Retnakaran. "Preeclampsia and Gestational Diabetes Mellitus: Pre-Conception Origins?" *Medical Hypotheses* 79, no. 1 (July 1, 2012): 120–25. <https://doi.org/10.1016/j.mehy.2012.04.019>
- 43 World Health Organization. 2023. "Social Determinants of Health." Accessed October 27, 2023. <https://www.who.int/health-topics/social-determinants-of-health>
- 44 Joia Crear-Perry, Rosaly Correa-de-Araujo, Tamara Lewis Johnson, Monica R. McLemore, Elizabeth Neilson, and Maeve Wallace. 2021. Social and Structural Determinants of Health Inequities in Maternal Health. *Journal of Women's Health* 2021 30:2, 230-235

- 45 Leah T. Stiemsma and Karin B. Michels. 2018. "The Role of the Microbiome in the Developmental Origins of Health and Disease," *Pediatrics*, April 2018, <https://doi.org/10.1542/peds.2017-2437>
- 46 Dierdre McPhillips. 2023. 4 out of 5 Pregnancy-Related Deaths in the US Are Preventable, CDC Finds | CNN." <https://www.cnn.com/2022/09/19/health/maternal-mortality-preventable-cdc/index.html>.
- 47 Susanna Trost, Jennifer Beauregard, Gyan Chandra, Fanny Njie, et al. 2022. "Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 U.S. States, 2017–2019," U.S. Centers for Disease Control and Prevention, 2022, <https://www.cdc.gov/reproductivehealth/maternal-mortality/docs/pdf/Pregnancy-Related-Deaths-Data-MMRCs-2017-2019-H.pdf>
- 48 Lewis P. Rubin. "Maternal and Pediatric Health and Disease: Integrating Biopsychosocial Models and Epigenetics," *Pediatric Research*, January 2016, <https://doi.org/10.1038/pr.2015.203>
- Tom P. Fleming, Adam J. Watkins, Miguel A. Velazquez, John C. Mathers, et al. "Origins of Lifetime Health Around the Time of Conception: Causes and Consequences," *The Lancet*, May 5, 2018, [https://doi.org/10.1016/s0140-6736\(18\)30312-x](https://doi.org/10.1016/s0140-6736(18)30312-x)
- Neal Halfon, Kandyce Larson, Michael Lu, Ericka Tullis, et al. "Lifecourse Health Development: Past, Present, and Future," *Maternal and Child Health Journal*, <https://doi.org/10.1007/s10995-013-1346-2>

This page is intentionally kept blank.

BIRTHING JUSTICE



Support provided by



www.birthingjustice.com