# REPRODUCTIVE JUSTICE INFLUENCE IN COMMUNITY HEALTH: MIDWIFERY MODEL IN A FQHC BIRTH CENTER

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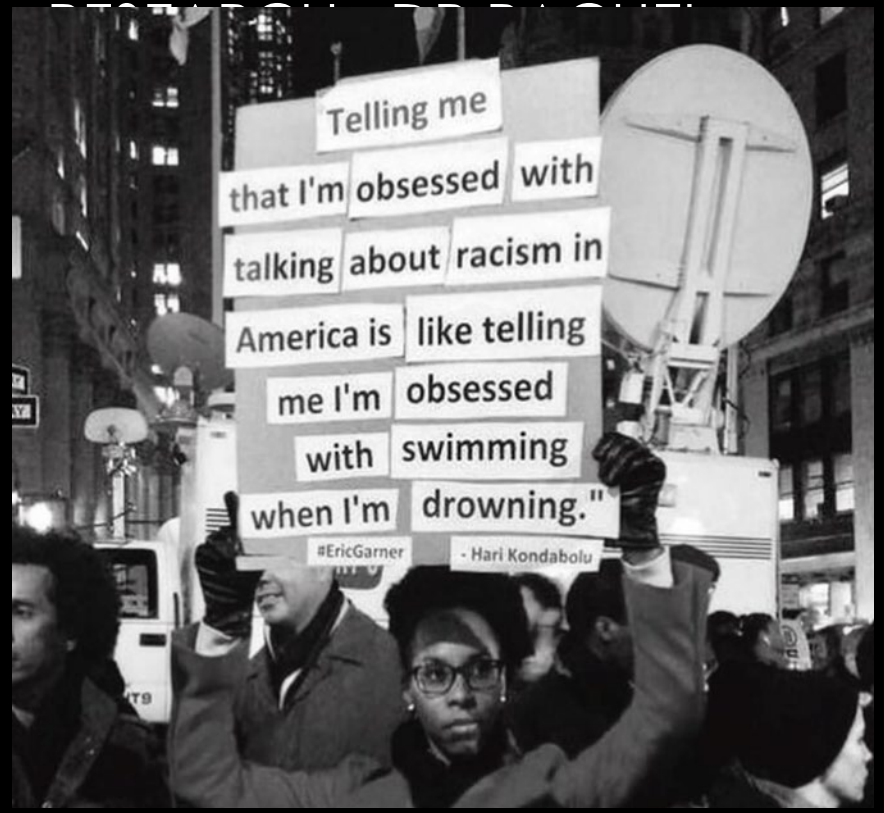
# EXAMINING RACISM IN HEALTH SERVICES




"By separating health disparities from racism, we fail to recognize disparities as inequities- that is avoidable injustices. Instead, we focus on individual differences rather than the systems and structures that uphold and replicate them"

# EXAMPLES OF RACISM PATIENTS VS PROVIDERS

- Avoidance of medical systems/distrust
- Poor experiences/Microaggressions/harm
- Care options more likely Under-resourced
- Care options limited and or more restrictive

- Believing myths about biological differences
- Unchecked bias/Stereotyping
- Lack of cultural awareness
- Minimal opportunity for cultural congruency
- Perpetuation of white supremacy systems
- Blame narrative

# WOMEN MAKE CARE SEEKING DECISIONS BASED ON REPUTATIONS AND PERCEIVED QUALITY OF COMMUNITY HEALTH CENTERS AND HOSPITALS.

"I felt like she was trying to treat me like a business…At [hospital] they are kind of pushy … they don't let you control your health.

We're supposed to work together. Not just you tell me what to do. They don't expect the mothers to care."

- -First time mom from Ward 7 switched providers at 33 weeks

"You don't want to go to the doctor for a 15-minute meeting where they push you through and don't even talk to you or listen to you"

- – Mother of four, Ward 4

"We as black women, we need other women like us…we've been through a lot." Of the providers: "where's the passion? Where is the love?' "

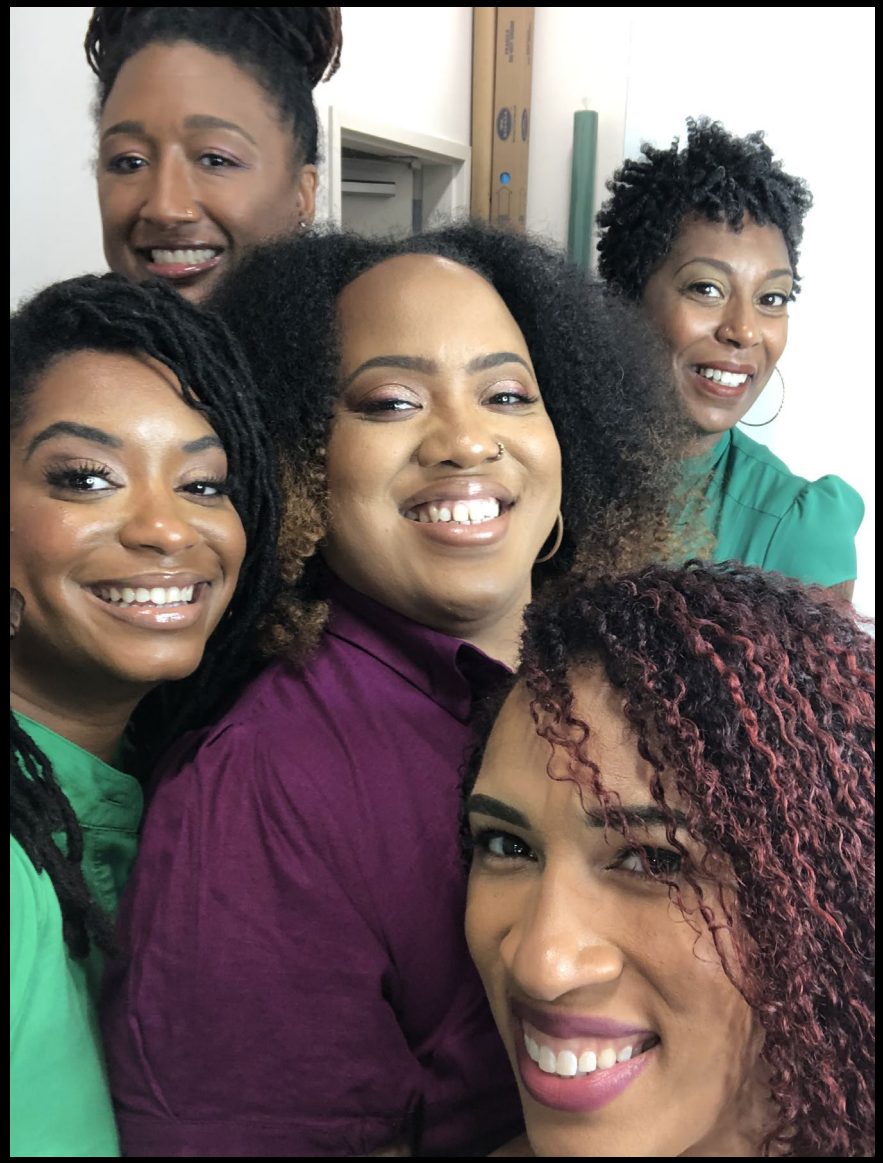
– Mother of three, Ward 8

# STILL HAVE A LONG, A LONG, A LONG WAY TO GO

- No hospital east of river
- No high risk ob services east of river
- Women reporting poor experiences at all hosptials
- Food deserts
- High rates of homelessness
- Police brutality concerns
- Unresolved and unaddressed trauma
- COVID……

# COMMUNITY OF HOPE

- 87% Black, closer to 95% between Conway and FHBC
- 90% of patients live at or are below 200% federal poverty level.
- Predominately serving wards 5,7, and 8. All with worst birth disparities in DC



# PRENATAL CARE AT COH

- Only freestanding Birth Center in DC and one of five FQHCs with birthing centers nationwide.
- Ten Midwives, four Family Practice Doctors and one Family Nurse Practitioners provide prenatal care. All catches by midwives
- Majority of Prenatal Patients from wards 5,7 & 8 with the worst infant and maternal outcomes in the district.
- Unique prenatal program that includes: Centering Pregnancy, individualized and direct patient support and midwifery model of care with hospital and birth center birth options. Early postpartum groups for families 2-4 weeks after delivery.
- Care coordination includes: perinatal care coordinator, group care coordinator, and reproductive health coordinator. There is also home visitation, lactation support, parenting groups, doulas and **integrated behavioral health care**.
- Midwives do prenatal, postpartum, family planning, gyn, and newborn care. Strong continuity!

# WHAT RJ FRAMEWORK LOOKS LIKE IN MATERNITY CARE?

- Acknowledgment/Awareness
- Removing punitive and judgmental systems
- Patient and family centered, harm reduction
- Normalize Shared decision making
- Grow and support cultural congruency with providers
- Removing policies that are punitive and cause barriers

# MORE RJ…

Patient Centered care coordination

Innovative programming that is centered around families

Strong collaboration, internally and externally. WITH the community you caring for!

Prioritize continuity as much as possible.

Constantly addressing ways to address bias, constantly working on systems to reduce barriers

No disparities! (Go big or go home)

Access and quality would not be a question

Options for OOH birth

Midwifery mainstreamed in all settings and all pathways

Midwifery aligned with physician colleagues for collaboration, co-management, or transfer

Cultural congruency is prioritized, more Black providers in all specialties

Doulas, lactation, care coordination are standards part of care

# DREAMS

# MORE DREAMS

Infertility assistance for low-income families

Ongoing bias training built into clinical education

Black birthing families having beautiful transformative births feeling seen, heard and loved.