

Understanding Maternal Health, Birth Equity *and Perinatal Services in New Mexico:*



NEW MEXICO BIRTH EQUITY COLLABORATIVE 2022 POLICY BRIEF

A Guide to Terms, Solutions, and Problems



STATE OF NEW MEXICO EXECUTIVE OFFICE SANTA FE, NEW MEXICO

Proclamation

WHEREAS, Black Maternal Health Week was founded and led by Black Mamas Matter Alliance as an intentional week of awareness, activism, and community building that amplifies the voices of local and national Black mamas, families, and stakeholders on this important issue and it serves as a national platform for local Black women-led entities and efforts on maternal health, birth justice, and reproductive justice; and enhances community organizing by Black Mama led entities and thought leaders via community conversations, events, and outreach; and

WHEREAS, several communities throughout the United States recognize Black Maternal Health Week to amplify the voices of Black mamas and center the values and traditions of the re-productive and birth justice movements and acknowledge the health inequities we face as a country; and

WHEREAS, according to the Centers for Disease Control and Prevention, Black women in the United States are 3 to 4 times more likely than white women to die from pregnancy-related causes, Black women in the United States suffer from life-threatening pregnancy complications, known as "maternal morbidities", twice as often as white women and maternal mortality rates in the United States are among the highest in the developed world and increasing rapidly; and

WHEREAS, COVID-19 disproportionately harmed Black communities, and is associated with an increased risk for adverse pregnancy outcomes and maternal and neonatal complications; new data from the Centers for Disease Control and Prevention indicates that since the COVID-19 pandemic the maternal mortality rate for Black women has increased by 26%; and

WHEREAS, research indicates that structural racism, gender oppression, and the social determinants of health inequities experienced by Black women in the United States significantly contribute to the disproportionately high rates of maternal mortality and morbidity among Black women and do not decrease with improved access across income levels, education levels, and socioeconomic status; and

WHEREAS, Black women are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy; and

WHEREAS, in the state of New Mexico the number of observed deaths in Black/African American women is 4.12 times higher than the expected, based on the MMR in New Mexico; and

WHEREAS, Black Maternal Health Week brings local and national attention to the importance of birth equity and maternal health outcomes; acknowledges the maternal health crisis in the U.S. and the importance of reducing maternal mortality and morbidity among Black women and birthing people; highlights the state of Black maternal health in the U.S. and community-driven policy, program, and care solutions that exist locally and throughout our nation; declares that no one is ever statistically insignificant, and that every life counts; supports Black women and birthing people to be active participants in the policy decisions that impact their lives; encourages all women, families, birthing people, and supporters to promote health and justice in their families and communities, and to learn more about the inequities in birth outcomes and maternal health for Black women and birthing people as we collectively work to achieve health equity in our state and country.

NOW THEREFORE, I, Michelle Lujan Grisham, Governor of the State of New Mexico, do hereby proclaim April 11, 2022 through April 17, 2022 as:

"Black Maternal Health Week"

throughout the state of New Mexico.


Attest:


Maggie Toulouse Oliver
Secretary of State

Done at the Executive Office this
29th day of March 2022.

Witness my hand and the Great Seal
of the State of New Mexico.




Michelle Lujan Grisham
Governor



ACKNOWLEDGMENTS: this work is inclusive of the perspectives of numerous organizations that came together over the last 2 years to ensure that New Mexico's communities were cared for in culturally thoughtful and congruent ways throughout the COVID-19 pandemic. The problems and solutions herein, represent decades of work in the making. Our sincere gratitude and appreciation to the following community-based organizations and initiatives, whose good works and evolving collaboration are building a legacy in New Mexico for what is possible when we center our communities in solution finding and implementation.

Black Health New Mexico
Tewa Women United
Wadada Midwifery Cares
Indigenous Women Rising
The Navajo Nation Breastfeeding Coalition
The New Mexico Breastfeeding Task Force
Ember Birth Services
Bold Futures
The New Mexico Doula Association

BIRTH EQUITY GLOSSARY

BIPOC: stands for Black, Indigenous, and people of color. Pronounced “bye-poc,” this is a term specific to the United States, intended to center the experiences of Black and Indigenous groups and demonstrate solidarity between communities of color. In NM we prioritize the Indigenous experience and use IB-POC with the same meaning.

Birth Equity: The assurance of conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.

Birth Justice: [Black Women Birthing Justice] believes that Birth Justice exists when women and transfolks are empowered during pregnancy, labor, childbirth and postpartum to make healthy decisions for themselves and their babies.

Birthing Person: Someone who gives birth, regardless of their gender identity.

Doula: A trained professional who provides continuous physical, emotional and informational support to a birthing person before, during and after childbirth to help them achieve the healthiest most satisfying experience possible. Many doula’s tend to pregnant and birthing people regardless of pregnancy outcome. Doulas offer professional birth services and are not a birthing person’s visitor or non-professional support person. A doula may also be known as a birth worker or birth assistant. There are cultural names for doulas, that are oftentimes more appropriate than the term doula, and vary from community to community.

Health Equity: Health equity is achieved when every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other social circumstances.

Historical Trauma: Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group.

Holistic Care: Holistic care treats the whole person: mind, body, and spirit.

Midwife: Clinical providers trained to offer intentionally compassionate and holistic prenatal, postpartum, and reproductive health care to women in and out of hospital settings. There are several different licenses afforded to midwives and many midwives offer well woman care throughout a woman’s life course, not just during or after pregnancy.

Obstetric Violence: The law defines obstetric violence as the appropriation of a woman’s body and reproductive processes by health personnel, in the form of dehumanizing treatment, abusive medicalization and pathologization of natural processes, involving a woman’s loss of autonomy and of the capacity to freely make her own decisions about her body and her sexuality, which has negative consequences for a woman’s quality of life.

Perinatal Health: The health of birthing people and babies before, during, and after birth.

Reproductive Justice: The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable environments.



KEY TAKE AWAYS

- To achieve health equity, New Mexico must center the expertise and voices of the communities most impacted by maternal mortality, morbidity, and preterm birth.
- Some of the most innovative policy and client support programs are being designed and implemented by Indigenous, Black and people of color-led community-based organizations and coalitions in New Mexico.
- BIPOC health care practitioners, service providers, and advocates offer community-based solutions that are patient-centered, trauma-informed, and holistic.
- According to the US Department of Health and Human Service's New Mexico Maternal and Child Health State Action Plan, strategies to improve patient-centered care include partnering with the New Mexico Birth Equity Collaborative and following the lead of community-based organizations and women with lived experience to define and support respectful maternity care in New Mexico.
- BIPOC-led organizations, birth workers, and advocates meet the needs of community and can drive New Mexico closer to maternal and birth equity.
- There is an immediate opportunity to correct the funding misalignment in New Mexico by centering community-based organizations and initiatives.



FUNDING

During the COVID-19 pandemic, and certainly before, Black and Indigenous care providers and experts have utilized their intimate knowledge of their communities' health concerns, culture, and experiences to meet their unique needs. With its numerous challenges, the pandemic has brought opportunities for innovation in maternal health care delivery to achieve health equity.

BIPOC health care providers and advocates have been leading innovation across the nation and in New Mexico where maternal mortality overall is higher than the national average and where Black and Indigenous communities face unique health care access challenges.

Black and Indigenous care providers and community-based organizations could better achieve their missions with adequate state funding and policies that center their thought leadership.

PROBLEM

Black, Indigenous, and people of color (BIPOC) in New Mexico experience limited access to culturally congruent health care and poorer maternal health outcomes. Evidence indicates that BIPOC communities are more adversely affected by the global pandemic in a variety of ways, including higher rates of COVID-19 exposure and deaths. COVID-19 infection may also increase the likelihood of maternal death, stillbirth, preterm birth, and the need for intensive care. New data from the Centers for Disease Control and Prevention has indicated that since the COVID-19 pandemic, the maternal mortality rate for Black women has increased by 26 percent.

The COVID-19 pandemic and the government-led response to this public health crisis has further exposed racial inequities in access to holistic, high-quality care. Equitable funding and legislative priorities, that center the thought leadership and self-defined needs of the communities most impacted, are needed to achieve health equity.

**DISCRIMINATION IS COMMON WHEN
COMMUNITY BASED ORGANIZATIONS ARE
NOT FUNDED TO LEAD:**



In April 2020, perinatal care recommendations crafted by the New Mexico Perinatal Collaborative's COVID-19 response advisory group recommended the separation of newborns from COVID-positive mothers or mothers suspected of having COVID even without a positive test result, known as a person under investigation (PUI).

In June 2020, ProPublica published an article exposing a secret policy at Lovelace Women's Hospital in Albuquerque where Indigenous women were automatically designated as PUI based on their assumed race/ethnicity and zipcodes. Indigenous women living in these zip codes and women who looked Native American were designated as PUIs, and subject to the recommended and non-consensual separation from their newborns upon delivery, regardless of whether they tested positive or exhibited any symptoms. This practice of blanket designation of PUI was counter to CDC guidelines at the time. It is reported that some mothers were not provided informed consent and involuntarily separated from their children. The separation might have lasted three days or more while awaiting results from a PCR test, as the hospital did not use rapid antigen tests.



Decades of research have shown that separating mothers and newborns causes more long-term harm than any short-term good that would warrant intervention. As the pandemic has worn on, experts like the American Academy of Pediatrics no longer recommend immediate separation of newborns from COVID positive or suspected mothers. What transpired at Lovelace Women's Hospital is just one example of how differential treatment based on race contributes to health inequities and harms BIPOC families and communities.

The New Mexico Perinatal Collaborative's recommendations also called for patients to only have one visitor at a time during prenatal care visits, labor, delivery, and postpartum care in the hospital. In practice, this means that many birthing parents went without a doula or labor support person in order to have an immediate family member present. This continues to be a widespread practice and ongoing issue. Birth workers are stretched to navigate these hospital restrictions and data gathered from across the country show that BIPOC birth workers have worked longer hours and taken on new tasks to serve their clients, without additional resources to help them do so.



To date, there is no publicly available systematic data on how COVID-19 restrictions have affected New Mexicans' maternity care experiences and outcomes. Emerging data from other parts of the country show that the pandemic has negatively impacted BIPOC birthing experiences. Elephant Circle, a Southwest based birth justice advocacy organization, reports that forced separation, coercion, lack of informed consent, discrimination, and other clinical staff interactions were widespread during the pandemic. Disrespect, mistreatment, and physical and verbal abuse has historically been and still is an ongoing problem for Indigenous, Black and People of color, and it seems the COVID-19 pandemic exacerbated it.

New Mexico's funding for perinatal and maternal health falls short of meeting the state's need, and specifically the needs of BIPOC communities. Senate Bill 69, introduced in 2014, was the first piece of legislation in New Mexico to address Black maternal and infant health outcomes, though it passed unanimously on the House and Senate floors, it was stripped of funding. Senate Bill 277, introduced in 2020, would have provided \$100,000 for training of health care professionals on how to support Black mothers and infants in communities most impacted by birth equity disparities, but it died in session. Senate Bill 108, introduced in 2021, appropriated \$300,000 for a statewide perinatal service program in 2022. This bill also died in committee but funding in the amount of \$200,000 allocated to the New Mexico Department of Health (DOH) went solely to one contractor, the aforementioned Perinatal Collaborative, which does not represent the communities most impacted by perinatal inequities in our state. This kind of misalignment in funding and policy is causing harm to Indigenous, Black and people of color communities.

It is time for New Mexico to invest in community-led solutions and grassroots organizations that help BIPOC birthing parents, and to actively divest from policies, programs, and practices that cause harm.

Some of the most innovative policy and client support programs are being designed and implemented by BIPOC-led community-based organizations and coalitions in New Mexico. New Mexico is poised to address and invest in BIPOC-led work to eliminate maternal health and birth inequities. These programs are filling the gaps and implementing the work of increasing equity in public health, with little financial support from the state and legislature.

BIPOC-LED COMMUNITY-BASED ORGANIZATIONS ARE FILLING THE GAPS AND IMPLEMENTING THE WORK OF INCREASING EQUITY IN PUBLIC HEALTH.



The New Mexico Maternal Health Plan for FY21 under HRSA seeks to “promote high-quality maternal care with a focus on patient-centered and trauma-informed models.” This will be achieved by increasing access to perinatal care for those with the greatest socioeconomic and medical need, increasing perinatal maternal mental health screenings, and improving patient-centered care knowledge and practice. Strategies to improve patient-centered care include partnering with the New Mexico Birth Equity Collaborative and following “the lead of community-based organizations and women with lived experience to define and support respectful maternity care in New Mexico.”

In addition to prioritizing ample funding opportunities for perinatal service grants and contracts for community-based organizations, the state and its policy and public health leaders must prioritize the leadership of BIPOC-led organizations and entities to better support Black and Indigenous women, birthing people, and newborns in New Mexico. Continuing to fund large bureaucratic entities, that lack the expertise of the communities most impacted has not resulted in health equity.

It is time for New Mexico to center the expertise and voices of those most impacted, as well as the birth workers and organizations that work with and for them.

“BIPOC birth workers belong at the tables of power, in numbers, to change the narrative and enact policy that supports birth sovereignty.”

—Loudly Allow Love Meeting Report

BIPOC health care practitioners, service providers, and advocates offer community-based solutions that are patient-centered, trauma-informed, and holistic.



In October 2021, a group of BIPOC birth workers and advocates published a report outlining recommendations on perinatal care during the COVID-19 pandemic.

The report, “Perinatal Emergency Recommendations, Considering Disparities and Outcomes: COVID-19 and Beyond,” offers comprehensive guidance on policy and program changes designed to support better reproductive, maternal, and infant health outcomes. The recommendations, crafted by organizations and their leaders who are living and working directly in Black, Indigenous and Latinx communities and implementing programs and interventions, prioritize the midwifery model of care, doula support, and infant feeding as key in promoting positive patient experiences, outcomes, and health equity. These recommendations align with best practices from reproductive and birth justice experts, including the Black Mamas Matter Alliance.

In 2021, the W. K. Kellogg Foundation conducted a deep dive with their New Mexico grantees to learn how they are working to improve maternal and birth equity. Grantees report they are doing their best to meet the needs of BIPOC communities, often at the expense of their own wages and fair pay because of low or no reimbursement for their services. To truly achieve maternal and birth equity, grantees who provide holistic, traditional, and non-Western care need greater acknowledgement and funding for their offerings as appropriate for birthing people and full integration into the health care system.



“In order to deliver quality care to birthing families, federal and state funders and/or home visiting entities have to adjust and be flexible to meet the diverse needs of New Mexican families. This means advocating, supporting, and validating home births; supporting birthing parents to practice their birthing traditions or customs; supporting doulas and midwives to provide birthing support; supporting immigrant/undocumented birthing parents to have full medical birthing coverage despite their immigration status and creating a hospital/clinic protocol or practice that establishes a system of care where hospital/clinic staff work alongside doulas/midwives and allow the birthing parent to guide the birth practices.”

—Advancing Racial Equity in Maternal Child Health and Addressing Disparities through a Reproductive and Birth Justice Lens

Examples of BIPOC-led Support for Expecting Parents

TEWA WOMEN UNITED

Embodying courageous spaces that center Indigenous women and girls to connect with ancestral knowingness, healing strengths, and lifeways for the wellbeing of ALL, TWU is directly involved in addressing the challenges of reproductive health and justice for Indigenous women. Asserting that every woman has the right to a birthing experience that promotes autonomy, dignity, respect, and empowerment for mother, child, and family.

INDIGENOUS WOMEN RISING

The Indigenous Women Rising Midwifery Fund helps pregnant Indigenous people in New Mexico financially access adequate, quality, and culturally specific care.

WADADA MIDWIFERY CARE

Wadada Midwifery Care offers perinatal health care and services to all who need them, including well woman visits and postpartum care regardless of ability to pay or insurance status. Wadada accepts Medicaid which covers home birth in the state of New Mexico.

THE NEW MEXICO BREASTFEEDING TASK FORCE

Promotes lactation and supports mothers, families, and communities to create environments in which lactation is the norm and human milk is available to all infants and children, in a world without barriers to lactation.

THE NAVAJO NATION BREASTFEEDING COALITION

Works to improve the nutritional status and overall health of families on the Navajo Nation through lactation support, doula services and health equity advocacy by and for Navajo people.

BLACK HEALTH NEW MEXICO

Black Health New Mexico co-leads the New Mexico Birth Equity Collaborative, a think tank that generates policy, program, and care solutions to birth inequities. The Collaborative also serves as an interdisciplinary interagency convener on maternal health policy.

Each of these interventions and programs is characterized by a commitment to:

- Centering the most impacted communities
- Providing dignified, accessible, and culturally competent care
- Helping BIPOC people overcome and navigate barriers to care
- Generating and implementing culturally specific and holistic solutions

“We are committed to advancing long-term solutions that get people closer to coverage they can afford, with a healthcare infrastructure ready to meet their needs.”

— Perinatal Emergency Recommendations,
Considering Disparities and Outcomes: COVID-19 and Beyond



WHAT FUNDERS AND POLICY MAKERS NEED TO KNOW:

- BIPOC-led organizations, birth workers, and advocates meet the needs of community and can drive New Mexico closer to maternal and birth equity. They have a deeper understanding of community experiences and barriers to health and safety.
 - There is an existing cadre of BIPOC-led community-based organizations and maternity care providers already serving their communities, who can drive the state towards equity and better outcomes if provided intentional funding and leadership opportunities by policy makers and funders.
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- Implementing the comprehensive recommendations drafted by BIPOC stakeholders would promote access to higher-quality care for BIPOC communities during and after the COVID-19 public health crisis.
 - There is an immediate opportunity for New Mexico funders and policy makers to correct decades of funding and outcome misalignment by prioritizing community-based organizations and initiatives.



Black Health New Mexico and the New Mexico Birth Equity Collaborative are proud to be leaders in the Black Maternal Health movement.

April 11-17, 2022 marked this country's fifth annual Black Maternal Health Week. It also marked the 2nd year that our state and federal government publicly acknowledged **this week as a time designed to honor and uplift the work and thought leadership of Black mothers and Black women-led organizations working to advance birth justice and birth equity locally and nationally.**

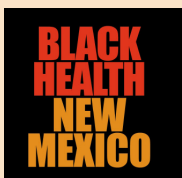
The lives of Black women (regardless of language, education, and culture) have always been perilous in the context of a country with a historical legacy of forced breeding, family separation, forced relocation, enslavement--and an economic system that consistently and currently keeps us underpaid and underprivileged. These conditions are the context in which Black women live, love, work, and care for ourselves, our families, and our communities. They are dire conditions rooted in slavery, racism, misogynoir, and systematic inequity.

As we enter 2023, New Mexico's urgent opportunity is to align community-driven solutions with policy, funding, and leadership opportunities for BIPOC-led community-based organizations in our state. On October 25, 2022, Vice President Kamala Harris visited New Mexico to address a range of reproductive rights and justice issues, including those disproportionately impacting Black and Indigenous birthing people. Now more than ever, we need policymakers and funders to uphold the truth that communities have the solutions to the problems they face, but rarely have the funding and autonomy to implement them. The question has never been can we fix things, but rather are we are willing to. Appropriate funding at the state level is an essential way for New Mexico to say, "yes, we are willing."

To learn more about our work visit us here:
<https://www.blackhealthnewmexico.com>

In solidarity with all BIPOC led organizations in
New Mexico that center community voice and expertise,

*Sunshine Muse, Executive Director
Black Health New Mexico*



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