



Reproductive Justice-Centered Approaches to Birth Equity at the State Level

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November 10, 2021

Agenda

Discuss the historical context for current reproductive health outcomes and the contributing role of power, privilege, and structures

Highlight Structural Determinants of Health and how they impact Maternal Health in the United States

Identify Reproductive Justice as a useful framework for understanding and correcting current maternal health inequities

Discuss utilizing the Birth Equity Agenda to promote birth equity at the state level

Mission

NBEC creates transnational solutions that optimize Black maternal, infant, sexual, and reproductive wellbeing.

Values

We stand on our values of Radical Joy, reproductive and sexual freedom, Black Lives, sisterhood, anti-racism, power, and Black Feminism/Womanism

Vision

Our vision is that all Black Mamas, babies and their villages thrive.

Everything is a *thing* with a history & set of *relations*

“...understanding anything in our everyday requires that we know something about HOW it arose & developed & how it fits into the larger context or system of which it is a part.”

– Bertell Ollman in *Dialectical Investigations* (1993:11)

It is important to note that when we speak of SYSTEMS & INSTITUTIONS **we are still talking about people, collectively organized in a way that is based on a particular set of rules & relations.**





Historical Context

Reproductive Oppression Timeline



- **1619-1719:** The condition of the mother, bodily autonomy
- **1720-1820:** Reproducing Oppression; Ban of Trans-Atlantic Slave Trade
- **1821- 1921:** Enhanced focus on reproductive capacity
- **1922- 2021:** Birth Control, Blame-Eugenics & Sterilization

Black women have always fought for self-determination over their bodies



Root Causes and Social Determinants of Health



Finding the Roots of Inequities

Black mothers who are college-educated fare worse than women of all other races who never finished high school.

Obese women of all races have better birth outcomes than black women who are of normal weight.

Black women in the wealthiest neighborhoods do worse than white, Hispanic and Asian mothers in the poorest ones.

Black women who initiated prenatal care in the first trimester still had higher rates of infant mortality than non-Hispanic white women with late or no prenatal care.

Frameworks and Indicators

Since white supremacy is the current framework, indicators will be perceived through the lens of white supremacy

Indicator

Indicator is a datapoint

- Measurement limited by current reality
- A product of our past understanding of public health and science
- Systems are more apt to adhere to specific prescribed indicators than to determine alternatives

Framework

A framework is a vision

- Expands understanding of current reality
- Allows freedom to explore language of indicators
- Exploration of alternatives to traditional data collection & application
- Questions historical construction health systems

Power and the Social Determinants of Health

“The social determinants of health are the conditions in which people are born, grow, live, work, and age.

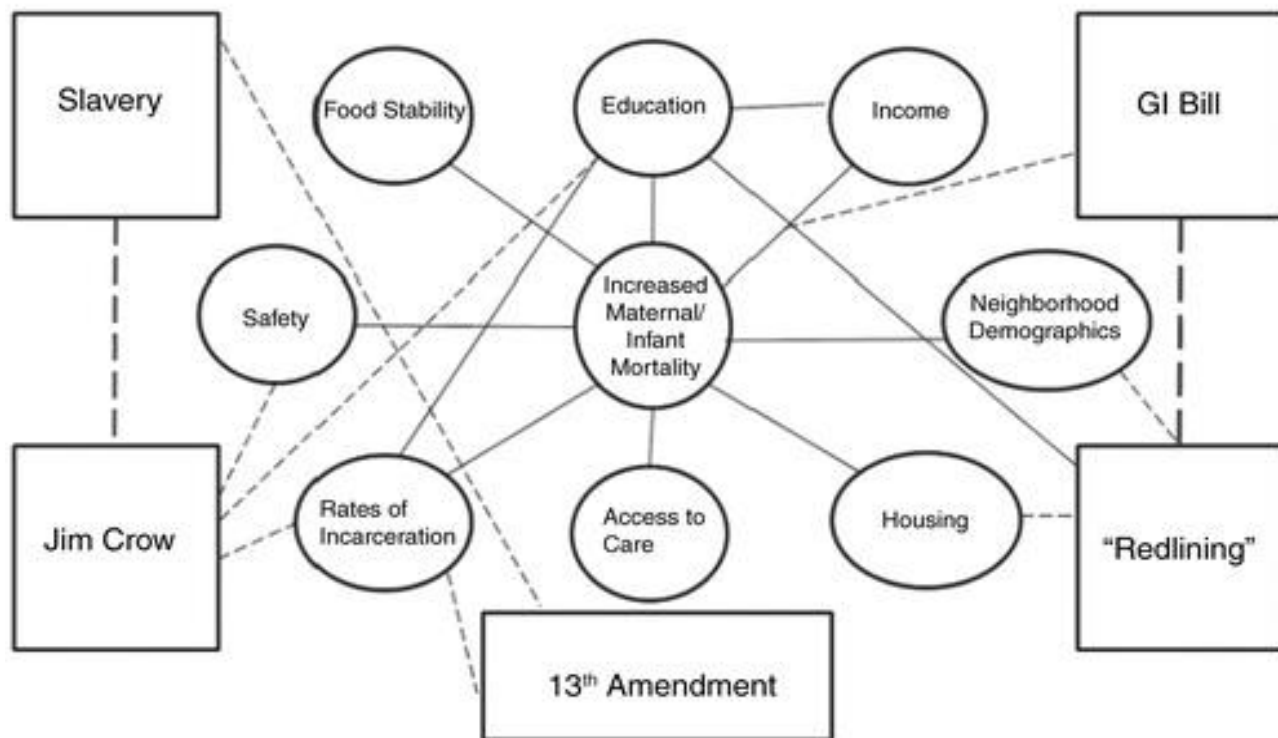
These circumstances are shaped by the distribution of money, power, and resources at the global, national, and local levels.

Examples of resources include employment, housing, education, health care, public safety, and food access.”

(World Health Organization, n.d.)

WEB OF CAUSATION

STRUCTURAL and SOCIAL DETERMINANTS: IMPACT ON HEALTH



A photograph of four women sitting around a conference table in a meeting room. They are looking at laptops and talking. The image is overlaid with a semi-transparent purple filter. The text 'Reproductive Justice as a Framework' is centered over the image in white. In the bottom right corner, there is a small number '12'.

Reproductive Justice as a Framework

Human Rights

The Global Standard

Article 2.

Everyone is entitled to all the rights and freedoms set forth in this Declaration, **without distinction of any kind**, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 3.

Everyone has the right to life, liberty and security of person

Article 25.

(1) Everyone has the right to **a standard of living adequate for the health and well-being of himself and of his family**, including food, clothing, housing and medical care and necessary social services

(2) Motherhood and childhood are **entitled** to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same protection.

What is Reproductive Justice?

- Developed in 1994 by the Women of African Descent for Reproductive Justice, the concept acknowledges the conditions that dictate women's reproductive outcomes.

Reproductive Justice affirms that;

- Individual has the human right to:
- Decide if/when they will have a child and the conditions under which they will give birth.
- **Parent the children they already have with the necessary social supports in safe environments and healthy communities, and without fear of violence from individuals or the government.**
- The right to bodily autonomy

-- Feminist Women's Health Center



Peyton Fulford for The New York Times

A photograph of four women sitting around a conference table in a meeting room. They are all looking at their laptops. The woman on the far left is wearing a white t-shirt with 'POCIT' on it. The woman next to her is smiling. The woman in the middle is wearing a blue patterned blazer. The woman on the far right is wearing a dark blazer and is laughing. The image has a purple overlay.

Approaches for State Legislators



birth equity (noun):

the assurance of the condition of optimal birth for all people with a willingness to address racial and social inequities in a sustained effort

Dr. Joia Crear-Perry
Founder & President
National Birth Equity Collaborative



Birth Equity Agenda

Five critical measures for ensuring that the United States has the proper infrastructure and resources in place to achieve equitable maternal health outcomes.

1. Reproductive health and autonomy are promoted and protected at the highest levels of government.
2. Health is a government priority and a recognized right.
3. Individual and institutions are held accountable for discrimination that leads to disparate health impacts.
4. No maternal death goes unnoticed or uncounted.
5. Government involvement in reproductive health may not intrude on reproductive freedom, agency, and autonomy.

Translating the Agenda for State Action

Policy

- Utilize the birth equity agenda to advance birth equity at the state level including:
 - Creating an office that focuses on advancing reproductive health and justice
 - Expand access to healthcare
 - Ensure MMRCs are interdisciplinary and include the voices of those most impacted by maternal mortality

Culture

- Advance health equity by addressing racism within and beyond the health care system
- Language shift to “structural determinants”
- Connect all policy initiatives to lived experience
- Meaningfully engage community in policy and practice changes

Thank you!



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