



KEYNOTE SPEAKER
**ROSE L. HORTON, MSM, RNC-OB,
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Specialty Director Women & Infant Services
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PANELIST
DR. JOY BAKER
Obstetrician/Gynecologist



PANELIST
TOMEKA ISAAC
Executive Director, Jace's Journey
HELLP Survivor



MODERATED BY
JODI LONG
Health Equity Director
Healthy Birth Day, Inc.



PANELIST
JASMINE HAMMONDS
Perinatal Education & Care
Alabama Count the Kicks Ambassador

HEALTHY
birthDAY
IMPROVING BIRTH OUTCOMES

Count
the KICKS

LET'S GET LOUD:

Pursuing Black Maternal Health Solutions

THURSDAY, APRIL 13 | 11 AM CST

FREE WEBINAR-
bit.ly/BMHWLetsGetLoud

Count
the KICKS

Today's moderator

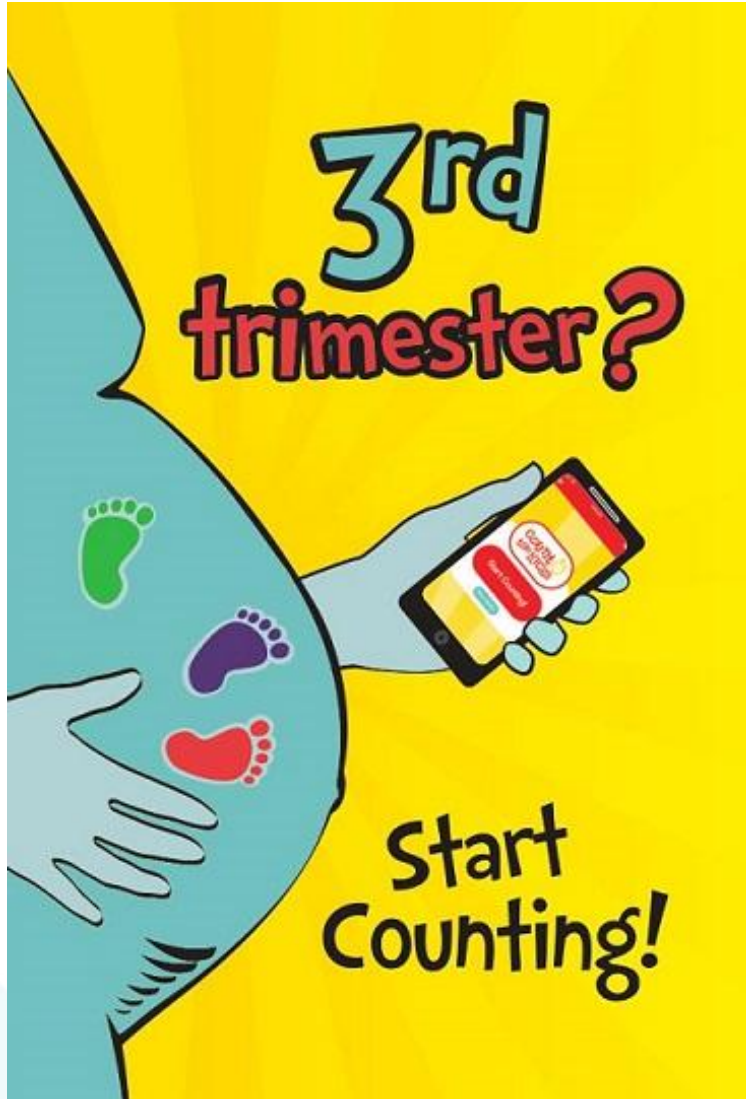
Jodi Long

Health Equity Director

Healthy Birth Day, Inc./Count the Kicks

Long.Jodi@healthybirthday.org



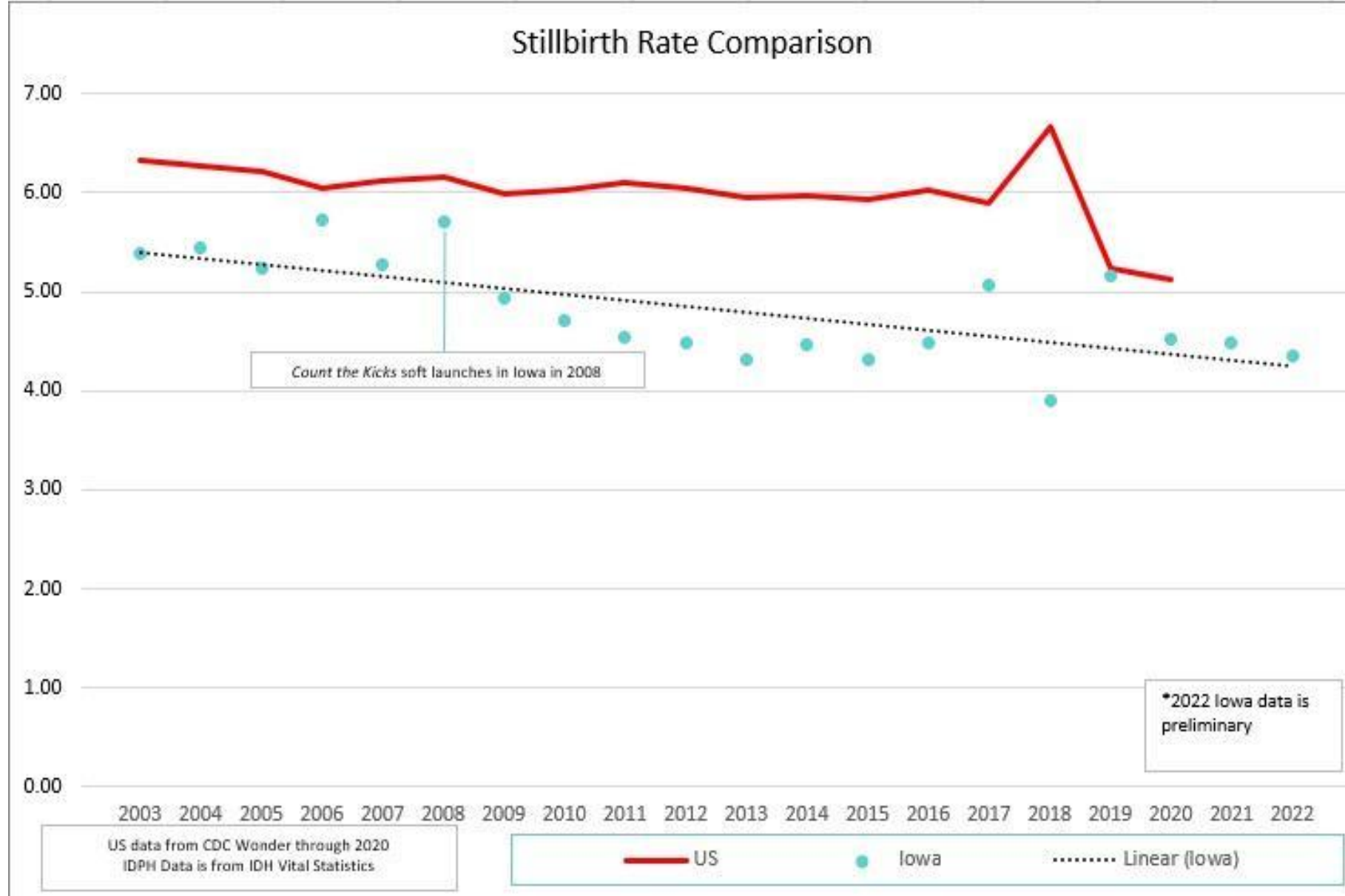


What is *Count the Kicks*?

- ▶ **Evidence-based** stillbirth prevention program
- ▶ **Educates** expectant parents on the importance of tracking fetal movement
- ▶ **Empowers** expectant parents to speak up to providers if there is a concern

Research shows Iowa's stillbirth rate declined one percent every three months for a decade while the U.S. remained relatively stagnant.

Iowa's African American stillbirth rate decreased by 39% in the first five years of our program.



Source: Iowa Department of Health + Human Services vital statistics 2003-2022



The New York Times

'I Don't Want to Die': Fighting Maternal Mortality Among Black Women



TheUpshot

Childbirth Is Deadlier for Black Families Even When They're Rich, Expansive Study Finds

By Claire Cain Miller, Sarah Kliff and Larry Buchanan
Produced by Larry Buchanan and Shannon Lin
Feb. 12, 2023



She Says Doctors Ignored Her Concerns About Her Pregnancy. For Many Black Women, It's a Familiar Story.

by Duaa Eldeib
Dec. 27, 2022, 6 a.m. EST

PROPUBLICA

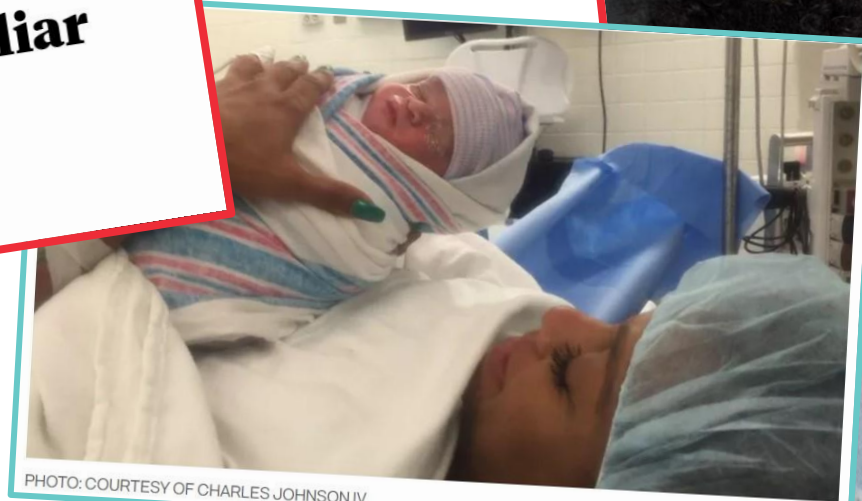


PHOTO: COURTESY OF CHARLES JOHNSON IV



Rose L. Horton

MSM, RNC – OB,
NEA – BC, FAAN

Executive Director at Emory
Decatur Hospital



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BLACK MATERNAL HEALTH WEEK

APRIL 11 - 17, 2023

#BMHW23



Our Bodies Belong to Us: Restoring Black Autonomy & Joy

Rose L. Horton, MSM, RNC-OB, NEA-BC

Founder & CEO #NotOnMyWatch Consulting Partners

Executive Director Emory Decatur Hospital

#notonmywatch

About **BMMA** & **BMHW23**

The Black Mamas Matter Alliance, Inc. (BMMA) is a national network of Black women-led organizations and multi-disciplinary professionals who work to ensure that all Black Mamas have the rights, respect, and resources to thrive before, during, and after pregnancy. BMMA honors the work and historical contributions of Black women's leadership within their communities, and values the need to amplify this work on a national scale. For this reason, BMMA does not have chapters. The alliance is composed of existing organizations and individuals whose work is deeply rooted in reproductive justice, birth justice, and human rights frameworks.

Thank you for joining us in observing the **6th annual Black Maternal Health Week 2022 (#BMHW23)**. Founded by BMMA, Black Maternal Health Week is a week of awareness, activism, and community-building aimed at amplifying the voices of Black Mamas, bringing visibility to Black-led maternal health initiatives, and centering the values and traditions of the reproductive and birth justice movements.



#notonmywatch
+

MATERNAL MORTALITY

- According to the Centers for Disease Control and Prevention, approximately 700 women die each year in the United States as a result of pregnancy or delivery complications. Almost two-thirds of pregnancy-related deaths are preventable (Source: [CDC](#)).
- In 2020, Black women were most disproportionately affected with a mortality rate of 55.3 deaths per 100,000 live births, compared to 19.1 deaths per 100,000 live births, and 18.2 deaths per 100,000 live births for White and Hispanic women, respectively (Source: [CDC](#)).
- In 2020, the maternal mortality rate for Black women was 3 times the rate for White women in the United States. Multiple factors contribute to these disparities, such as lower quality healthcare, structural racism, and implicit bias from healthcare providers, and underlying chronic conditions. (Source: [CDC](#))
- The U.S. has an infant mortality rate of 5.4 per 1000 live births in 2020, with a health disparity among Black babies at a rate of 10.6 deaths per 1,000 live births in 2019. (Source: [CDC](#))

Nothing Protects Black Women From Dying in Pregnancy and Childbirth

Not education. Not income. Not even being an expert on racial disparities in health

a black woman is 22 percent more likely to die from heart disease than a white woman, 71 percent more likely to perish from cervical cancer, but 243 percent more likely to die from pregnancy- or childbirth-related causes.

In a national study of five medical complications that are common causes of maternal death and injury, black women were two to three times more likely to die than white women who had the same condition.

A 2016 analysis of five years of data found that black college-educated mothers (in New York City) who gave birth in local hospitals were more likely to suffer severe complications of pregnancy or childbirth than white women who never graduated from high school.

In New York City, black mothers are 12 times likely to die than white mothers

Kira Dixon-Johnson



Marlene Dominguez-Hicks



Shalon MauRene Irving



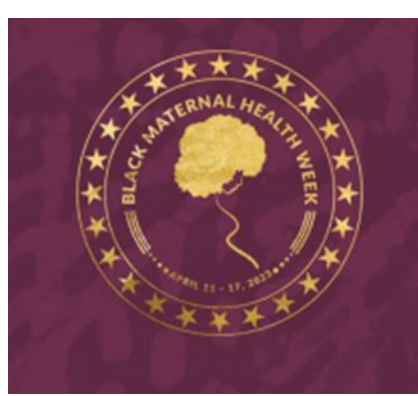
Nicole Thea



BREASTFEEDING

- About 74% of Black infants are ever breastfed compared to more than 85% of White and 83% Latinx moms. (Source: [CDC](#))
- Among all infants, in 2019, Black infants had a significantly lower rate of exclusive breastfeeding at age 3 months (36.3%) than did White infants (49%); at age 6 months, the rates of any breastfeeding were 44% among Black infants and 59.9% among White infants. (Source: [CDC](#))
- Unsupportive work policies (including lack of parental leave), unsupportive hospital policies and practices, lack of lactation support (including apathy from providers), issues with latching, lack of family support, and cultural norms are factors that contribute to breastfeeding disparities. (Source: [CDC](#))
- Hospitals in areas with higher percentages of Black residents were less likely to provide recommended maternity care practices supportive of breastfeeding. (Source: [CDC](#))

BMMA Partners Making a Difference: [Black Mother's Breastfeeding Association](#), [Black Girls Breastfeeding Club](#), [Chocolate Milk Cafe](#), [Perinatal Equity Foundation](#), [Mamatoto Village](#)



The Impact of Slavery



46. Type de Nègresse d'ADANA



#notonmywatch

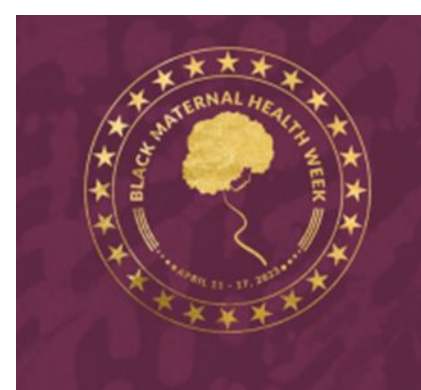
Black newborns more likely to die when looked after by White doctors



Rob Picheta, CNN, Updated 4:40 AM ET, Thu August 20, 2020

QUALITY OF CARE/ BIRTH JUSTICE

- People from some racial and ethnic minority groups (e.g. Hispanic and non-Hispanic Black) are more likely to be uninsured than non-Hispanic whites. (Source: [CDC](#))
- From 2015 - 2017, nearly 50% of Black women and birthing people were uninsured at some point during preconception, at delivery, or postpartum (i.e., experienced discontinuity of insurance coverage) (Source: [Obstetrics & Gynecology](#))
- Research suggests that Black women receive lower quality of care than white women, which increases risk of severe maternal morbidity, especially when receiving obstetric care at predominantly Black serving hospitals. (Source: [AJOG](#))
- From 2014 through 2018, 53 counties in the U.S. (2.7%) lost hospital-based obstetric services, leaving about 56 percent of rural counties with no obstetric services in 2018 (Source: [JAMA](#))
- Perinatal community-based models of care offer enhanced care and support throughout the pre-pregnancy to postpartum spectrum, including doula and midwifery childbirth services to pregnant women who face barriers to care. (Source: [CAP](#))





CDC Newsroom

[CDC Newsroom Home](#)

Four in 5 pregnancy-related deaths in the U.S. are preventable

Data highlight opportunities to better protect moms

Press Release

For Immediate Release: Monday, September 19, 2022

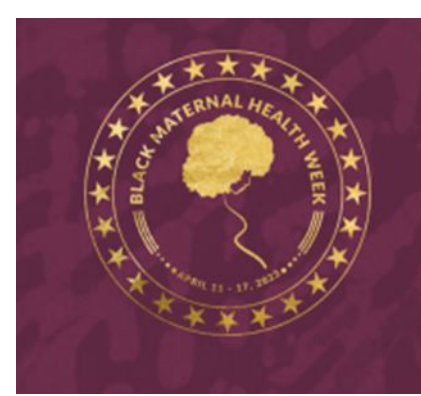
Contact: Media Relations
(404) 639-3286

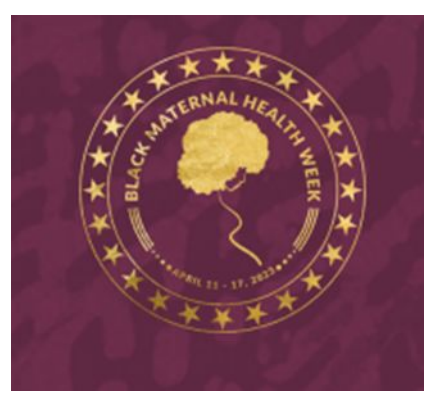
More than 80% of pregnancy-related deaths were preventable, according to 2017-2019 data from Maternal Mortality Review Committees (MMRCs), which are representatives of diverse clinical and non-clinical backgrounds who review the circumstances around pregnancy-related deaths to identify recommendations to prevent future deaths. Information from MMRCs in 36 U.S. states on leading causes of death by race and ethnicity can be used to prioritize interventions that can save lives and reduce health disparities.



BLACK MATERNAL HEALTH POLICY

- **Momnibus:** The Black Maternal Health Momnibus Act includes historic policies and investments in Black Mamas, families, and systems of care. Written by and for Black Mamas, the Momnibus invests in community-based organizations and the perinatal workforce, addresses social determinants of health and the effects of climate change, promotes representative Maternal Mortality Review Committees and maternal mental health equity, and more. The Momnibus exemplifies centering and investing in Black-led, community-based organizations whose work is deeply rooted in the reproductive justice, birth justice, and human rights frameworks.
- **Postpartum Medicaid Coverage:** Mandatory and permanent postpartum Medicaid coverage for one year fills a major coverage gap in Black maternal health. One third of pregnancy-related deaths occur between one week and one year postpartum, with 12 percent of pregnancy-related deaths occurring after six weeks postpartum.^{1,2} Despite this reality, Medicaid currently provides coverage for only 60 days postpartum, with the option for states to extend coverage to a year granted in the American Rescue Plan of 2021 and made permanent in the FY23 omnibus package. This coverage gap is particularly dire for Black communities, especially given that nearly half of births in the United States and approximately two-thirds of Black births are covered by Medicaid.³ While BMMA is glad that the option is no longer temporary, access to postpartum Medicaid for a full year should be mandatory and should not depend on where you live. Currently, only 28 states and the District of Columbia provide a full year of postpartum Medicaid coverage.⁴
- **Pregnancy Accommodations:** Congress passed the Pregnant Workers Fairness Act (PWFA) and the Providing Urgent Maternal Protections (PUMP) for Nursing Mothers Act as amendments to the FY23 omnibus package. The PWFA provides employees the right to reasonable accommodations for limitations related to pregnancy, childbirth, or related medical conditions, including lactation. The PUMP Act extends coverage to previously excluded workers under the Break Time for Nursing Mothers law, including teachers, transportation workers, and agricultural workers. These policies, now signed into law, are critically important for Black women and birthing people in the workplace. In 2022, BMMA and A Better Balance published a joint report on the importance of the PWFA and the PUMP Act, as well as paid family leave and paid sick leave policies.⁵





BLACK MATERNAL HEALTH POLICY

- **Abortion and Bodily Autonomy:** In 2022, the Supreme Court of the United States overturned *Roe v. Wade*, ending the constitutional right to an abortion and a nearly 50-year legal precedent. In response, a slew of legislative activity and policy change, particularly on the state and local levels, has been used to both restrict and expand access to abortion. Despite the stated desire of anti-abortion forces to protect life, many of the states with the most restrictive abortion bans have the worst maternal and child health outcomes⁶ and the least supportive social welfare and family support programs,⁷ particularly for Black women and birthing people. Abortion care is an integral part of holistic maternity care - it empowers pregnant people to end unsafe and/or unwanted pregnancies and experience motherhood and parenthood in a way that is autonomous and affirming. Challenging abortion bans and advancing abortion access are critically important aspects of restoring Black women and birthing people's autonomy and joy.



Christine Tucker

Health Equity Coordinator

Healthy Birth Day, Inc./Count the Kicks

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Stillbirth in the U.S. Report

The Link Between Stillbirth and Maternal Mortality and Morbidity: [Firsthand Accounts from American Women](#)

- ▶ According to one study, more than 15% of maternal deaths within days of delivery occur in women who experienced a stillbirth.
- ▶ Research shows that the risk of severe maternal morbidity is more than four times higher among stillbirth deliveries compared with live births.
- ▶ Women most at risk for severe maternal outcomes may also be at higher risk for stillbirth based on pre-existing or demographic characteristics and conditions related to their stillbirth.

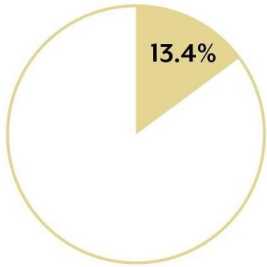


[Read the Report](#)

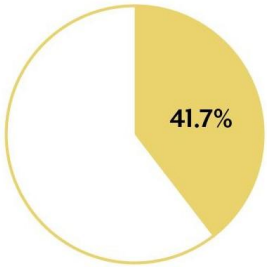
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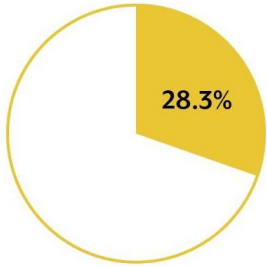
PREGNANCY-RELATED MORTALITY RATIO
BY RACE/ETHNICITY
2014 - 2017



White women



African American women



American Indian &
Alaska Native women

- ▶ African American women are 2X more likely to die during or after pregnancy than their White counterparts.
- ▶ Implicit bias is an immediate and large part of this systemic issue - and we must take immediate action to counteract it.



Read the Report



Stillbirth in the U.S. Report The Link Between Stillbirth and Maternal Mortality and Morbidity: **Firsthand Accounts from American Women**



- ▶ The report includes firsthand accounts from 8 women who shared how speaking up about a change in their baby's movement not only helped their baby to have a safe arrival, but also identified and addressed pregnancy complications that put their own life at risk.
- ▶ It is imperative that providers are proactively discussing stillbirth prevention (or risk factors) with their patients and providing evidence-based solutions like Count the Kicks to every patient they work with.



Read the Report

Stillbirth in the U.S. Report

The Link Between Stillbirth and Maternal Mortality and Morbidity: Firsthand Accounts from American Women



I remembered the Count the Kicks advice I was told about exactly a week before. I called my doctor and was told to come in. There was no fetal movement on the ultrasound, and a very, very faint heartbeat. Within minutes, doctors literally ran me in for an emergency C-section. I can't thank you enough for this program. **The doctors told us if I had waited another few hours, both my son and I would not be here to share our story. We found out that I had Factor V Leiden after my son was born.** My son is also a carrier. A blood clot in my placenta caused my son to be born prematurely. This unknown clot condition put the both of us at risk for severe complications during pregnancy, including death. My son also had a blood clot at birth, and I ended up with a Deep vein thrombosis (DVT) 4 weeks after he was born.



Read the Report



Tomeka Isaac

Executive Director, Jace's
Journey
HELLP syndrome survivor




[Jace's Journey](#)



[JacesJourney](#)



[jacesjourneyinc](#)



"The death of a baby is like a stone cast into the stillness of a quiet pool; the concentric ripples of despair sweep out in all directions, affecting many, many people."

- John De Frain



October 2017

40 years old

No Pre-existing
conditions

High Risk for preeclampsia



May 4, 2018

34 weeks

IUGR - Intrauterine Growth Restriction

May 10, 2018

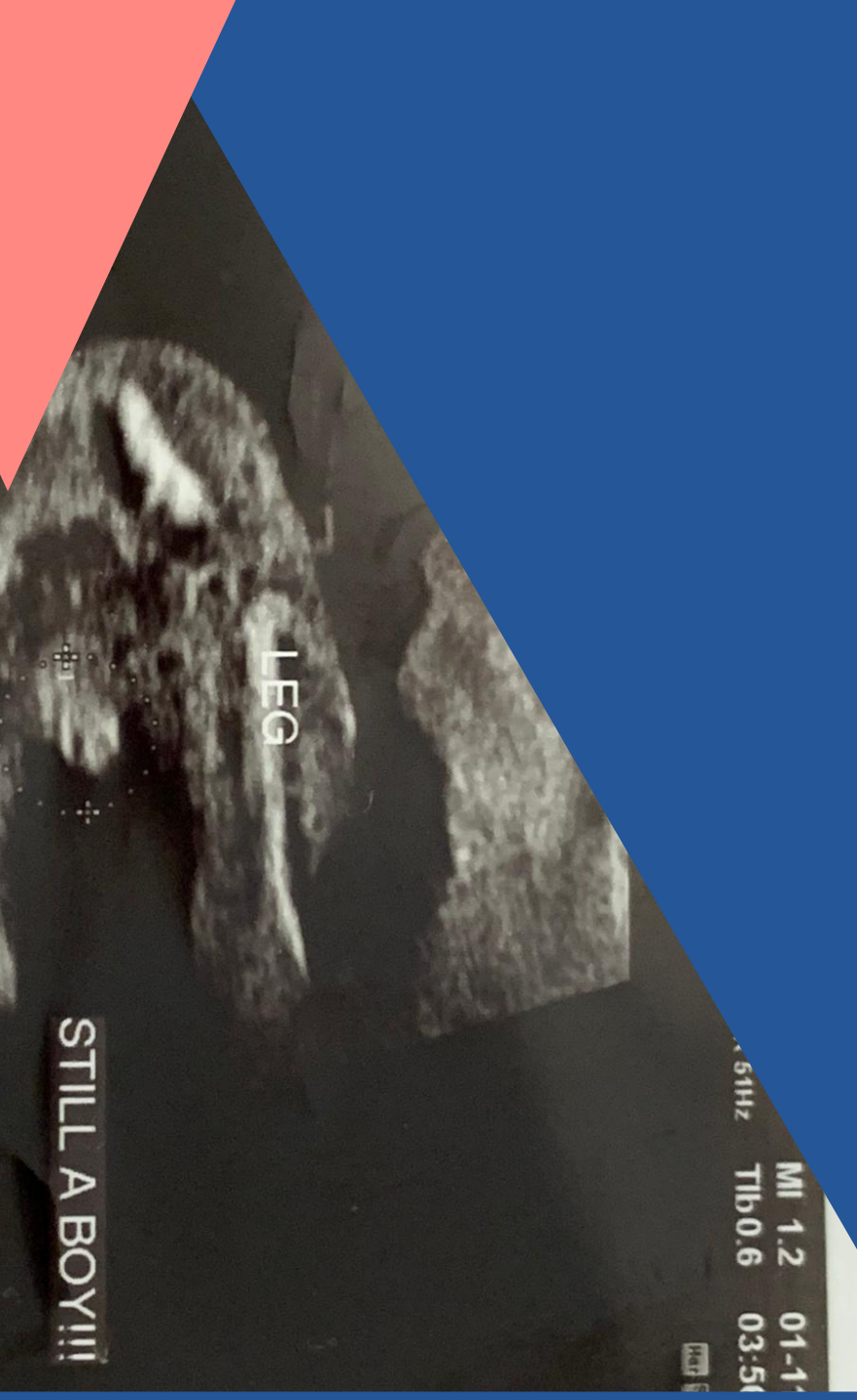
35 weeks

NST-Non-Stress Test

May 14, 2018

35 weeks 4 days

- vomiting
- abdominal pain
- lightheaded





H.E.L.L.P Syndrome

Hemolysis - Breakdown of red blood cells

Elevated Liver Enzymes

Low Platelet count

Jace Alexander Isaac

5/15/2018 12:20 AM

4lbs 8oz





We are passionately working towards eliminating the disparities in maternal and infant health through education, advocacy and community engagement!



Let's Get Loud

- Increased access to patient centered , respectful care inclusive of birth workers (doulas, midwives)
- Address systemic racism
- Improve maternal mental health services
- Increase access to family planning
- Education, Self Advocacy and Community Engagement





Jasmine Hammonds

Perinatal & Education
Care, Alabama *Count
the Kicks* Ambassador



[Jasmine Hammonds Perinatal Education & Care](#)



[perinataledu](#)



BLACK MATERNAL MENTAL HEALTH:

THE POWER

Jasmine Hammond, Doula, Midwife & Care
OF A DOULA

JASMINE HAMMONDS (SHE/HER/HERS)

CFD, CBE, CNE, CBW,CLC, CPES, MA, LD



DOULA

WHO WE ARE ?

A Doula is a trained professional who provides service to, birthing bodies through their journey of conception, fertility, birth, postpartum, loss, and end of life.

HOW WE WORK ?

Doulas can work independently, alongside other Doulas within an organization or business, and/or a combination of the two.

WHERE WE WORK ?

Doulas are available in a variety of settings depending on the type of Doula. Birth or Labor Doulas are known for supporting families in Hospitals, Birth Centers, or a Home Birth.



01

**LACK OF ACCESS TO
QUALITY CARE**

02

**LACK OF INSURANCE OR
FINANCIAL ISSUES**

03

LESS SCREENING FOR PMAD

04

MENTAL STIGMA

05

**DISTRUST & LACK OF DIVERSITY
IN THE HEALTH CARE SYSTEM**



BLACK MATERNAL MENTAL HEALTH

BLACK PEOPLE
experience postpartum depression at
rates 25 to 52% higher than the general
population.

THE POWER OF A DOULA

PRENATAL SUPPORT:

A LABOR ALSO KNOWN AS A BIRTH DOULA REFERS TO A PROFESSIONAL WHO HAS BEEN TRAINED TO PROVIDE EMOTIONAL, PHYSICAL AND INFORMATIONAL SUPPORT TO WOMEN THROUGHOUT THEIR PREGNANCY, BIRTH AND THE EARLY POSTPARTUM PERIOD.



THE POWER OF A DOULA

POSTPARTUM SUPPORT:

**A POSTPARTUM DOULA OFFERS
PHYSICAL, EMOTIONAL,
INFORMATIONAL, AND HANDS-ON
SUPPORT TO NEW PARENTS AND THEIR
FAMILIES DURING THE POSTPARTUM
PERIOD.**



THE POWER OF A DOULA

THERE IS A GROWING BODY OF EVIDENCE SUPPORTS THAT DOULA CARE IS LINKED TO REDUCED RATES OF POSTPARTUM DEPRESSION AND ANXIETY.



GETTING DOULA SUPPORT



1

LOCAL BIRTH CENTER/ OB OFFICE/HOSPITAL

2

DEPARTMENT OF PUBLIC HEALTH

3

LOCAL NON-PROFIT ORGANIZATIONS

4

SOCIAL MEDIA

5

WORD OF MOUTH

SELF ADVOCACY



B

BENEFITS

R

RISK

A

ALTERNATIVES

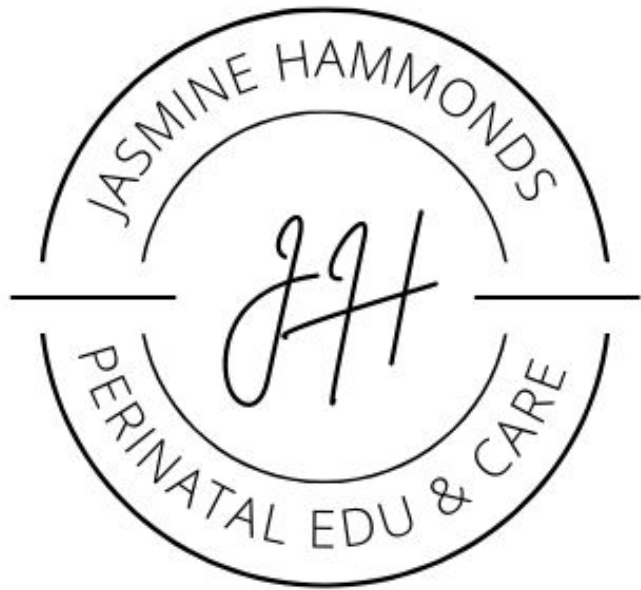
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INTUITION

N

NOTHING

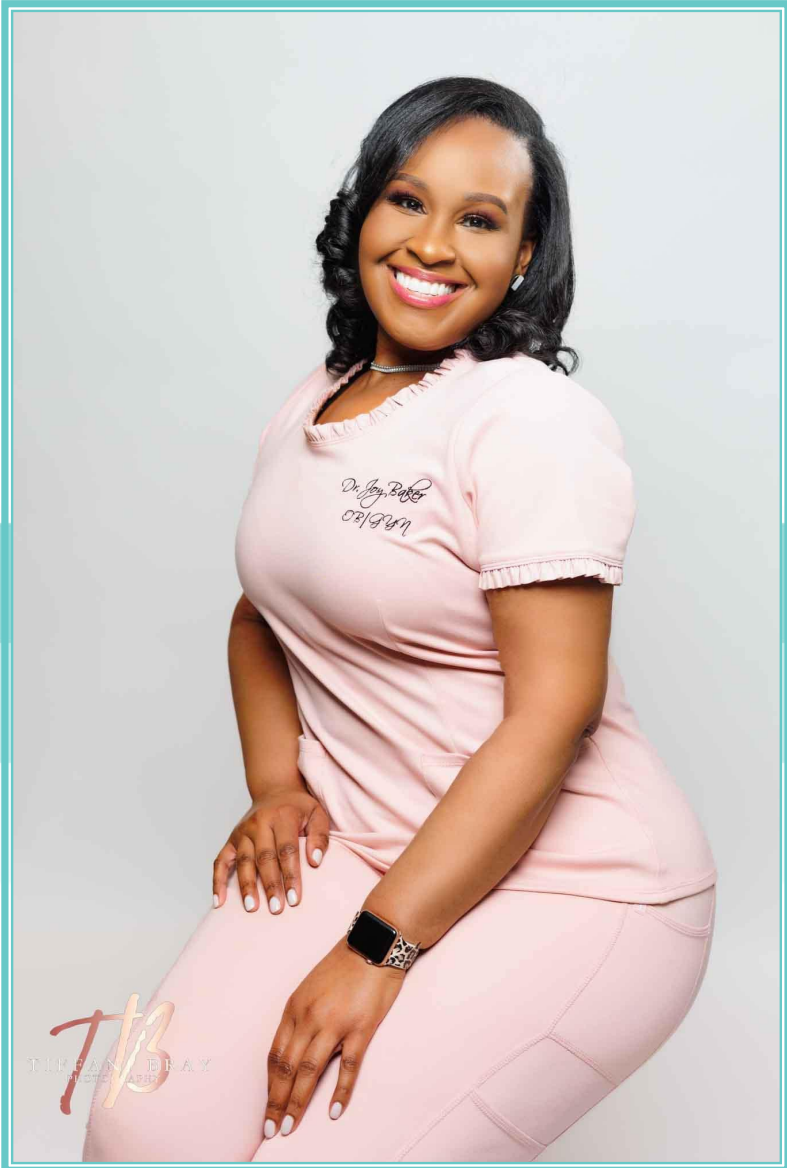
BRAIN TOOL



THANK YOU!

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Dr. Joy Baker

Obstetrician / Gynecologist



[deliveringjoymd](#)



[Delivering Joy MD](#)



[deliveringjoymd](#)

*Delivering
Joy M.D.*
Dr. Joy Baker, OB/GYN

Prepare for Success!

L. Joy Baker, MD, FACOG, PMH-C, C-EFM, MT(ASCP)
@DeliveringJoyMD



Planning for Pregnancy

- Lois' Reproductive Life Plan
- Nearly 50% of pregnancies in US are UNINTENDED
- Setting our Intentions can help improve outcomes

Preconception Health

- Pregnancy, Birth & Parenting are a MARATHON!
- Pause to consider your wholistic wellness:
 - Physical
 - Mental
 - Emotional
 - Spiritual
 - Financial
 - Relational
 - Social

Physical Health

- Physical health:
 - Pre-conception health check
 - Lab studies
 - Specialist consultations
 - Diet/exercise no matter your size
 - Optimize chronic health conditions
 - Discontinue harmful substances
 - Start prenatal vitamins + Folic Acid + Probiotics
 - Sleep 6-8 hours per day

Mental & Emotional Health

- Mental/Emotional:
 - Pursue treatment for mental health conditions
 - Counseling/Therapy
 - Medication if needed
 - Explore & Deal with past traumas
 - Trauma lives in our tissues—Epigenetics
 - Intentionally begin developing your mindset and philosophies for parenting

Spiritual & Financial Health

- Spiritual Health:
 - What are my guiding principles?
 - What beliefs ground me?
 - Prayer/Meditation practice
- Financial Health
 - What financial changes may need to be made?
 - What financial stressors currently exist?
 - Am I financially prepared for a higher risk pregnancy?

Relational & Social Health

- Relational:
 - Is my relationship a safe space for me and baby?
 - Is my partner someone I wish to parent with?
 - Do my partner and I share some common values with regard to parenting and family?
- Social
 - What is my support network like?
 - Do I have a village where I am that can support me during pregnancy birth and postpartum?
 - Do I have someone(s) I trust to be my advocate?
 - Do I know an OB care provider/office I can trust with my care?

When we fail
to plan, we
often plan to
fail!

- Many birthing folks are at risk for PMADs simply due to:
 - Lack of partner support
 - Lack of family/tribe support
 - Uncontrolled medical problems → high risk pregnancy & traumatic birth experiences
 - Financial stressors/instability
 - Pre-existing, untreated mental health issues
 - Stressors contributing to emotional instability

warm,
healthy,
welcoming
space for you
and your
baby!





Rose L. Horton

**MSM, RNC – OB,
NEA – BC, FAAN**

Specialty Director Women &
Infant Services at Emory
Decatur Hospital



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[HapiOBRN](#)

Our Preferred Future... Sacred & Joyful Births



“

Joy is a form of resistance.
There is no greater act of defiance
than to thrive in life and be happy
anyway, despite every reason not
to be.

ACAMEA DEADWILER
@ACAMEALD (TWITTER)

#notonmywatch
+

Thank you for joining us!



LET'S GET LOUD:
**Pursuing Black
Maternal Health
Solutions**

THURSDAY, APRIL 13 | 11 AM CST



Questions for our Panelists?



Rose L. Horton



Tomeka Isaac



Jasmine Hammonds



Dr. Joy Baker














Follow Us on Social Media!

Follow *Count the Kicks* and *Healthy Birth Day, Inc.* to learn more about our work to improve birth outcomes and make kick counting a common practice for all expectant parents.

HEALTHY
birthDAY
IMPROVING BIRTH OUTCOMES

-  @healthybirthday
-  @healthybirthdayinc
-  @Healthy_Birth
-  Healthy Birth Day Inc.

Count
the KICKS

-    @countthekicks
-  @countthekicksus
-  @countthekicksUS



Count
the KICKS