REPORT SUMMARY

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

Overview:
This report expands upon earlier healthy birth and early development work by critically examining how local community-based organizations are addressing maternal-child health-racial inequities and disparities. While home visiting, breastfeeding, doulas and baby-friendly hospitals are essential strategies for improving maternal-child health, a health gap still exists for women and families of color, as evidenced by high infant and maternal mortality rates and low infant birth weight rates in New Mexico, particularly for women of color. While the maternal-child health strategies may improve access to care for women and families of color, they do not necessarily translate to quality of care. “Evidence-based” practices will not lead to changed outcomes for W.K. Kellogg Foundation (WKKF) target populations if racial equity is not addressed and foundational in the work. The report explored how WKKF grantees are addressing, advocating for, and implementing actions to advance equity to improve maternal-child health outcomes.
Laying the Foundation for Reproductive Justice and Birth Justice

There was agreement among the grantees that reproductive justice centers on individuals and families having the autonomy to make decisions about their own bodies and what's best for them. This includes individuals' rights to prevent pregnancies, end pregnancies, and pursue gender nonbinary conceptions and “nontraditional” forms of pregnancies without judgment and limitations to healthcare services. Birth justice ensures that individuals and families have access to quality and non-biased care regardless of their social, economic, cultural and environmental background. Several grantees also expressed that reproductive justice is about healing and acknowledging the historical trauma of individuals and communities and its impact on their birthing experience. It is also about (re)connecting to the land and connecting people's history to the land and environment.

Key Findings: Pathway Toward Equity in Maternal-Child Health

As a result of conducting grantee interviews, four main findings were uncovered and serve as recommendations to improve equity in the maternal-child health field. The findings reflect the dedication and committed work that the grantees have undertaken to impact services, systems and policies that would improve the health and wellness of birthing families and babies in New Mexico.
**FINDING 1:**

**Equity Practices Improve Maternal-Child Health Access and Care**

This finding provides an analysis of practice areas that could improve access and quality of equitable care for birthing families in New Mexico. The six practice areas to improve racial equity include:

1. **Truth Telling: Historical Context of Birthing for Communities of Color.** Grantees expressed that one of the first steps to addressing equity in the maternal-child health field is to have critical conversations on the history of colonization and its impact on communities of color.

2. **Reclaiming Traditional Birthing Practices.** Grantees expressed that the medical model of care does not align with an ideal inclusive system of care for birthing services. A system of care means that midwives, doulas, home visitors, lactation consultants and other birth workers are included in the healthcare system and not seen as separate.

3. **Culturally and Linguistically Appropriate Practices.** Grantees emphasized the importance of tailoring their services to culturally diverse families, using culturally appropriate content and approaching families and community partners in a way that focuses on their beliefs, family and community teachings, and cultural, social and environmental norms.

4. **Gender Equity.** Due to discrimination and heteronormativity, often LGBTQ+ families are unacknowledged in the maternal and child healthcare systems, which already impose structural racism, furthering early childhood disparities.

5. **Payer Systems.** Grantees discussed the challenges of Medicaid reimbursement for lactation consultants, doulas and other birth work services, in addition to challenges that families experience with hospital billing, being overcharged and navigating what their insurance will cover.

6. **Meaningful Data Representation.** The need for more consistent and inclusive maternal-child health data and concerns about “standardized assessments” that were not sensitive to cultural, family or community norms.

**FINDING 2:**

**Ensuring Diverse and Inclusive Birth Workers, Home Visitors and Healthcare Providers Have Equitable Pay**

This finding discusses the importance of having a diverse and inclusive maternal-child health workforce within hospitals and community-driven organizations. It also highlights the need for equitable pay for doulas, midwives, home visitors and other birth workers of color. This finding is outlined by:

1. **Representation Matters.** To help advance equitable services, healthcare systems need to recruit and retain a healthcare workforce that represents the linguistic and cultural aspects of each unique community.

2. **Pay Equity.** Grantees talked about structural racism and barriers to providing equitable pay for birth workers, as well as getting more people of color trained to become a doula, midwife or lactation consultant.
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FINDING 3: Collective Actions Drive Racially Equitable Change

This finding provides context for how the grantees are creating policy and systems change through their individual and collective efforts. This finding includes:

1. **Navigating Institutional Systems Change.** Grantees’ collective efforts are contributing to policy, system and environmental changes within the maternal-child health field. Grantees have organized to successfully inform policy changes and have made environmental programmatic changes to amplify people of color voices in the maternal-child health field.

2. **Collaborative Grantees Efforts.** Grantees have organized and come together to address different institutional barriers, push policy changes and provide consistent education to advance equitable opportunities for birthing families in New Mexico.

3. **Policy.** Grantees provided data, research and testimony during the 2021 Legislative Session that resulted in positive policy outcomes addressing issues of racial and gender equity and reproductive and birth justice. These outcomes empower and place trust back into the hands of women to make their own reproductive healthcare decisions.

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**FINDING 4:**

**Essential Reproductive, Birth, Family and Infant Systems of Care Model Improves Spectrum of Care**

The reproductive, birth, family and infant systems of care model was developed to conceptualize the various findings that emerged from the study. The holistic model is comprehensive of the racial equity work that the grantees expressed were essential to improving the spectrum of care (from preconception to infant/family services) for birthing families and infants in New Mexico.
An analysis of data collected from various New Mexico state databases includes preconception, prenatal, perinatal and breastfeeding maternal and child indicators. The analysis is primarily descriptive and aims to tell the story of maternal and child health in New Mexico through data.

The need for accessible and high-quality data across the spectrum of maternal and child health outcomes continues to be a concerted struggle for state agencies, Tribal communities and WKKF-funded initiatives. Comprehensive and reliable data is essential for leveraging funds or informing policy and systems change efforts to improve accessible and equitable prenatal, postpartum, breastfeeding and early childhood family social support systems.

The Data Story of Maternal-Child Health Equity in New Mexico
The historical data and content in this report reflect the grantees’ comprehensive work supported by multiple partners and funders including the W.K. Kellogg Foundation.

The W.K. Kellogg Foundation acknowledges Indigenous, Native American, American Indian and Alaska Native (AI/AN), Black and African American, Asian and Asian American, Latino/a/x and Hispanic and People of Color people and communities have different preferences regarding terminology. Those preferences are honored, whenever possible, including acknowledgment of specific tribal affiliation(s) where appropriate.

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