

Philanthropy Can Make a Difference in Helping Black and Brown Mothers Survive Childbirth

By Toni Hill and Tikvah Wadley
NE Mississippi Birthing Project and HealthConnect One

When we started our work supporting mothers to assure they had healthy births, we were often asked, What's a doula? Now most people know a doula is a trained professional who provides extended, intensive peer-to-peer support to mothers and families throughout pregnancy, during labor and birth, and into the early postpartum period.

Even with this greater understanding, we are still a long way from achieving equity in making sure all women have access to care. It is shameful that the United States has the [highest rates](#) of infant and maternal mortality of any developed country. These [appalling statistics](#) are due in part to the disproportionate number of women of color, particularly black women, who experience poor maternal health outcomes.

To improve these outcomes, we need greater investments in maternal and child health from philanthropy and the government. Policy makers, public-health officials, and philanthropists need to understand that for our nation as a whole to be healthy and to thrive, we need to ensure that every baby, mother, and family has access to support for healthy pregnancies, births, and childhood development.

Every day, we hear stories of black and Latina mothers and babies who die or experience near-fatal complications during childbirth. More often than not, these mothers tell us they experience blatant disrespect and disregard from medical staff. To add to the health detriments, they are typically discouraged from breastfeeding their children, even though breastfeeding has been shown to boost infants' immune systems, protect them against allergies, and provide critical skin-to-skin contact.

Increasingly, as public figures like [Serena Williams](#) and [Beyoncé](#) have spoken out about their own harrowing experiences with pregnancy and childbirth, more people have become aware of the diminished maternal-health outcomes mothers of color are more likely to experience.

Black mothers are three to four times more likely to die from pregnancy-related causes than white women. And black babies are more than twice as likely to die during their first year of life than white babies.

Rural Areas Need Attention

At Northeast Mississippi Birthing Project, in Tupelo, volunteer community health workers provide pregnancy and post-childbirth services to reverse these trends. Making these services widely available to the women who need them most would go a long way to achieving birth equity.

The project supports new mothers by providing personalized childbirth preparation, breastfeeding support, and infant-care coaching. We educate and support mothers so they can become more empowered and make the best decisions for their families. Given the grim maternal and infant mortality rates in this country, this work is critical and potentially lifesaving.

Unfortunately, greater public awareness of birth-related inequities has not translated into more investment in organizations tackling the challenges of cities and towns with limited resources — one mother, one baby, and one family at a time.

New mothers, especially in rural communities like Tupelo, desperately need the support that more investment could bring because the reality is that maternal services are few and far between. And our organization in Mississippi is not the only one facing fundraising challenges: Our partners from New Mexico to Kansas tell a similar story: little to no funding but awareness of critical needs and the knowledge to address them.

The need for more investment in the health of mothers of color and their children is perhaps greatest in the southern United States. The Centers for Disease Control and Prevention does not track maternal mortality by geography. But according to [County Health Rankings](#), measured annually in a joint project by Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, premature deaths, childhood poverty, and adult obesity are worse in the South. Since these outcomes are correlated with maternal and child health, these troubling findings suggest that maternal and infant health outcomes are worse in the South as well.

Why Community Health Workers Matter

When we speak to mothers, they tell us they are more comfortable seeing community health workers than their ob-gyns. The reason is simple: community health workers are more accessible because they belong to the community in which they work; their experience mirrors that of the mothers they are supporting.

Yet many community health workers around the country work with little or no funding. Last year, the budget at NEMS was exactly zero. Yet somehow, we managed to see upwards of 30 mothers a month. We are all volunteers who do the work because of our passion and commitment. We know the difference maternal support and knowledge can make so that mothers feel capable and powerful in their new roles while babies have what they need to thrive. Our work is a labor of love that we squeeze in between paying jobs. Still, we need to feed our families.

NEMS was fully funded from 2013 to 2016 through HealthConnect One, supported by the W.K. Kellogg Foundation. A national organization, HealthConnect One supports community health workers — primarily doulas and breastfeeding peer counselors — by maximizing their efforts through training, peer-to-peer learning, program development, resource sharing, and advocacy.

Investing in community health workers gets results.

Before losing funding, NEMS had the capacity to employ seven community health workers to do the work they loved while feeding their families. Over the course of three years, when NEMS was fully funded, we saw a 99 percent breastfeeding rate in the mothers we supported. We also saw the number of C-sections and inductions drop, and only two of 500 babies were born preterm.

According to the state health department, Mississippi's general preterm birthrate is 17 percent, but the preterm birthrate was less than 0.5 percent for the families we served. What would happen if NEMS — and programs like ours — were fully funded all over the country?

Health equity cannot be achieved without equity in funding. Increased investment in community health workers to achieve equitable birth outcomes would offer a watershed moment in solving the maternal and infant-mortality crisis in our country, particularly among black and brown mothers.

At present, the majority of maternal and child-health funding dollars go to developing countries. That's important, but needs in the United States should not go unserved.

When all mothers and children stay healthy during the childbirth process, we move our nation concretely toward our highest ideals of fairness, dignity, and opportunity for all. We also ensure a better future for our communities.

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