



**Advancing Black Community Level
Leadership for Birth & Breastfeeding**
White Paper

Black Mothers' Breastfeeding Association

Kiddada Green, MAT
Victoria Reese, MPA, CPC

Email: info@BMBFA.org
Phone: 800.313.6141

December 30, 2021

Executive Summary

The Birth & Breastfeeding Leadership Institute is a pioneering model that builds community leadership at the intersection of racial equity and maternal-child-health with a special interest in birth and breastfeeding outcomes.

The Birth & Breastfeeding Leadership Institute is led by a multidisciplinary national group of healthcare, public, community-based and private sector professionals, focused on improving the health and mortality of African American mothers and babies in the United States.

In 2019, Black Mothers' Breastfeeding Association (BMBFA) received a three-year grant from the W.K. Kellogg Foundation to bring forth the vision of its Founding Executive Director, Kiddada Green, in providing support for emerging, evolving, and established leaders in maternal and child health.

Under the leadership of BMBFA and the Birth & Breastfeeding Leadership Institute Advisory Committee, the virtual leadership institute will use a racial equity and systems change approach with a focus on the social ecological factors that influence birth and breastfeeding outcomes for Black families namely: individual, interpersonal, community/organizational, policy/macro-system, and socio-historical/socio-cultural context.¹ The Birth & Breastfeeding Leadership Advisory Committee will maximize the potential of individuals, communities, and public and private organizations. Leaders will effectively influence and activate change leading to more favorable birth outcomes.

This white paper describes the significant importance of a virtual leadership institute designed and influenced by a cross-sectional team of Black leaders to activate community-level leadership to influence positive Black birth outcomes.

Motives for advancing leadership include eradicating the mortality of African American mothers and their babies, developing change agents within one's own community, increasing access to high-quality healthcare services, strengthening the medical research agenda, influencing public and private policies and practices, leveraging social capital existent in all Black communities, and building the skills and competence of existing leaders.

About BMBFA

Black Mothers' Breastfeeding Association (BMBFA) is a 501(c)3 non-profit with a mission to reduce racial inequities in breastfeeding support. The mission is carried out by way of direct service, training, and advocacy.

BMBFA, a community-based organization in Detroit, MI, is known for amplifying community voices and integrating the lived experiences of Black birthing persons into its program design and execution. BMBFA is highly regarded as a field builder locally, statewide, and nationwide. BMBFA's signature work, the Black Mothers' Breastfeeding Club, has run without interruption for over 13 years in Detroit and is replicated throughout the nation.

BMBFA is an innovator and field leader, mastermind of the Birth & Breastfeeding Leadership Institute, creator of a Community-based Doula School, nationally accredited by HealthConnect One and licensed by the Michigan Department of Licensing and Regulatory Affairs, and a high-tech innovator of the BMBFA B'Right Hub: the virtual community for parent clubs.

Among other distinguished work and awards, BMBFA served as a contributing expert for the Center for Disease Control and Prevention by providing recommendations for the U.S. Surgeon General's Call to Action to Support Breastfeeding; awardee of two Spirit of Detroit awards by the mayor and city council; and recipient of a Special Tribute from the State of Michigan for health equity leadership.

BMBFA is also the anchor organization for the Black Breastfeeding Caucus and co-creator of Black Breastfeeding Week and the Black Infant Remembrance Memorial.

Background

Alarming and often preventable conditions of infant mortality, preterm birth, and maternal mortality disproportionately plague Black communities.

U.S. infant mortality data by race shows that Black infants die at higher rates than other races. In 2018, there were 10.8 Black infant deaths per 1000 live births compared to 4.6 for white infants and for Asian infants.²

Preterm birth is a leading cause of infant death. In 2020, the U.S. preterm birth rate was 10.2%. However, this is not the case for African American persons who have a preterm birth rate of 14.4%, 50 percent higher than the rate of preterm birth among white or Hispanic women (9.1% and 9.8% respectively).³

Maternal mortality rates also show significant disparities by race. Data from 2007 to 2016 shows year-to-year racial disparities in pregnancy-related mortality rates. Furthermore, Black women are 2 to 3 times as likely to die during pregnancy, at delivery, or within a year after pregnancy than white women.⁴

Breastfeeding has been shown to provide health benefits to the infant and the mother. This includes nutrients the infant needs for healthy growth and development as well as antibodies to protect them from many illnesses. Therefore, breastfeeding is critically important for preterm babies. Studies also show that breastfeeding helps to prevent premature maternal deaths. The benefits of breastfeeding in maternal health also cannot be understated, affecting maternal risks of hypertension, heart disease, obesity and more.⁵

Still, with facts in hand, racial disparities continue to exist in breastfeeding rates. For infants born in 2018, breastfeeding initiation rates for Black infants (75.5%) were lower than that of Asian infants (92.4%), white infants (85.3%) and Hispanic infants (85.0%). Also concerning are exclusive breastfeeding rates through 3 months for Black infants (39.3%) compared with Asian infants (50.6%), white infants (50.0%) and Hispanic infants (42.6%).⁶ Black families face nuanced cultural barriers for breastfeeding success including misinformation, gaps in support, lack of diversity in the lactation field, lack of access to doulas and midwives in their likeness, insufficient culturally appropriate promotional effort about said benefits, targeted mass marketing from infant formula companies, and concerns about returning to work or school while breastfeeding due to lack of paid leave and workplace accommodations.

Roadmap

The 5 Phase Roadmap or "North Star," guides the work of the Birth & Breastfeeding Leadership Institute:

Design

- Identify Advisory Committee
- Host Regional Community Conversations
- Identify Content Presenters
- Develop Phase I & II of Curriculum
Develop an Evaluation Tool

Discovery

- Research and gain insights
- Resource Identification
- Contingency Planning
- Digital Marketing Platform Identification
- Investigate CEC's

Promotion

- Develop Marketing Content

Execution

- Implement Virtual Leadership Institute

Evaluation

- Analyze Results
- Summarize Key Findings
- Plan Next Steps

Leadership Advisory Committee

Selection of the Advisory Committee was critical to the success of the Leadership Institute. Advisory Committee members were selected based on place, leadership, and expertise in one or more of the following areas: racial justice, non-profit administration, program development, high tech innovation, communications, policy, community organizing and lived experience. The all-star group of leaders is listed below:

Cicely Allen, Black Mothers' Breastfeeding Association
Dr. Gail Christopher, National Collaborative of Health Equity
Jaye Clement, Henry Ford Health System
Lakisha Cohill, The Cohill Foundation
Ciara Coleman, W.K. Kellogg Foundation
Dr. Nastassia Davis, Perinatal Health Equity Initiative
Kiddada Green, Black Mothers' Breastfeeding Association
Shelby Irvin, The Soulful Mama, LLC
Dr. Arthur James, Retired, Ohio State University
Jessica Lee, Center for WorkLife Law
Monifa Lindo, Black Mothers' Breastfeeding Association
Taylor Mobley, Black Mothers' Breastfeeding Association
Aza Nedhari, Mamatoto Village
Victoria Reese, ChangeWorks, LLC
Jennifer Riley-Collins, J Riley Collins Consulting, LLC
Whitney Robinson, The Renée

Program Goals

The goal of the Birth & Breastfeeding Leadership Institute is to improve Black birth and breastfeeding outcomes by activating, strengthening, and advancing the power of leadership inherent in Black communities.

Program Activities

The activities of the Birth & Breastfeeding Leadership Institute are diverse including: leadership assessment, mentorship, panel discussions, assigned readings, podcasts, webinars, digital portfolio creation, and participant engagement discussions.

Program Outcomes

Listed below are the desired outcomes of the Birth & Breastfeeding Leadership Institute:

- Leadership Development
- Maternal-Child-Health Field Enhancement
- Racially Equitable Practices and Policies
- Improved Birth Outcomes

Regional Community Conversations

One of the highlights of this journey has been designing a product intentionally informed by centering community voice. Five regional community conversations took place in late 2020 through early 2021 via Zoom and included the Southeast, Midwest, Southwest, West, and Northeast regions of the United States.

African American women working in a variety of industries with personal, practical, or experiences in both maternal and child health participated in these conversations. Each regional group was asked the same questions, allowing for a snapshot of their current circumstance, situations and dynamics. The conversations centered on technology use, partnerships, policies, support throughout the pandemic, leadership skills needed, most significant stressors, honoring and embracing Black babies, and motherhood.

While there were some commonalities, their experiences also differed from region to region based on policies, collaboration, leadership challenges, support or lack thereof, barriers that people of color face, and available financial resources. These conversations informed the themes for the Birth & Breastfeeding Leadership Institute's curriculum.

Conversation Highlights: Regional Trends

There were an overwhelming number of mentions about how critically important partnerships are to advancing the work and accessing resources. There is an overarching theme that Black women working in this field are on an island all alone, burdened by the need to sustain this work for future generations.

Across the regions, participants applauded policies that create a supportive environment for breastfeeding such as, public breastfeeding laws, baby-friendly hospitals, nursing-friendly business practices, and “ban the bags” in non baby-friendly hospitals. However, the indication is that there is still much work to be done on local, state, and national levels to support all persons' efforts to return to work and continue breastfeeding, design environments friendly to breastfeeding, and paid family/maternal leave despite the length of one's work history.

Programs everywhere were using technological innovations to address client needs throughout the pandemic. This included telehealth tools and other tech tools such as podcasts, Irth App, Asana, webinars, app developments, Zoom, Vsee, and WhatsApp, just to name a few.

The pandemic was a double-edged sword in regards to partnering. Participants saw non-traditional partners and unexpected allies support their ability to do the work while traditional long-standing partners developed policies that hindered their work. Policies were designed that confused Black mothers-to-be. Black birth workers were not allowed in some hospitals unless they had specific credentials and others labored with moms in parking lots of hospitals while babies' heads crowned. In some instances, Black mothers were forced to give birth alone and unassisted.

The women indicated that plenty of organizations are doing the work without coordination, continuity of service, or warm-handoffs. Lots of struggle and competition for the same resources exists, gaps have not been identified, and local agencies hinder the work by working in silos.

Conversation Highlights: Regional Nuances

Southeast Region

In the Southeast, participants proclaimed, “We don’t apologize for Black motherhood! There is an excitement about carrying life as it is an extension of our ancestors.” Concerns become evident after the baby is born when reproductive health isn’t addressed. Voices have been limited in this region because unions are not strong, and protective laws for moms are few. As a result, they indicated a mom could be fired for taking pumping breaks.

There is a regional belief that the COVID-19 pandemic has normalized motherhood and taking care of your children because many families are working from home and homeschooling. Participants shared that prior to the pandemic, they were supposed to act as if the child was nonexistent upon giving birth.

One of the mainstays for families in the Southeast region is the Black church. They stepped up in a major way to support Black families along with large companies and public officials. Among other things, churches served as COVID-19 testing sites and provided meals to the community.

Leadership challenges shared by many of the women included gatekeeping in certain organizations, not having the time or grant writing experience, the ratio of Black families needing services versus the number of Black service providers, ensuring that funding is not rooted in systemic oppression, becoming change agents, volunteering their time to ensure the work gets done, presenting or using data to make things move at all levels, training, telling the stories of Black women in the right places/spaces and using the right platforms, and having mentors/coaches pouring into them.

When asked what keeps them up at night, participants shared, “Black women being afraid to give birth. Black women only on the frontlines of this fight.”

Midwest

"The community does not honor [or] embrace Black babies. They think they do. Feels like they're just checking off the boxes without passion or thought. Programs and services exist, but honoring does not."

Agencies found themselves pivoting during the pandemic to now helping middle class families access their services.

Doulas were constantly battling between advocating for their patients and staying in their own lane so they could support their clients during birth.

In response to the question, "What keeps you up at night?" participants stated, "preparing patients to fight for their rights with their providers; being a bystander to abuse, trauma, and obstetric violence; compassion-fatigue from knowing things are wrong but it's not your role to speak up; wondering why we're still having the same conversations; trying to figure out what hat I need to wear at the moment to get what I need; continuous request to do research when the data doesn't lie; people questioning the lived experiences of Black women, so they ask for graphs and data; no training available to stop implicit biases [and/or] racism from medical professionals."

Southwest

There were stories of atrocities. During the height of the COVID-19 pandemic, a specific business purchased all of the diapers, wipes, and infant formula in marginalized communities, only to resell it to the people within those same communities at a much higher rate. Most heartbreaking was to learn of a Black baby being cremated with a group of others because of a lack of communication with the grieving mother about the timeline.

We learned of White-centered organizations using Black imagery and Black social media hashtags to attract Black consumers and clients. Participants indicated that in some cases, Black women were utilizing White doulas and leaving the services fractured, seeking Black doulas to fix what had been broken.

The term “disparity pimping” was used to describe organizations receiving grant funds to support marginalized populations, only to later withdraw and take all of the purchased resources to White communities to replicate the services.

Participants in the Southwest indicated that hospital politics during COVID-19 made it worse for Black breastfeeding and delivery. It was shared that during COVID-19, every Black woman was sent to a high-risk doctor and waited for hours like “rape cattle” to be seen. They shared that Black moms are being left alone to give birth because certain hospitals will only accept specific doula certifications, leaving Black doulas who chose other pathways to not be of service to their clients. Some hospitals were even charging Black doulas exorbitant fees to become hospital contractors in order to assist mothers-to-be. It was alleged that doulas were treated as an accessory as a large influx of unassisted births occurred.

Of particular concern to the group was the impact of not having Medicaid expansion. This results in new moms having postpartum medical procedures sooner than expected to ensure those needed services can be covered within the Medicaid timeline.

West

During the pandemic, Black leaders put their creative heads together and sought financial support to sustain Black frontline birth workers, create a hotline to ensure access to Black doulas, and provided small grants for broadband connection so marginalized populations could access telehealth.

Stories were shared of women being denied breast pumps because hospital personnel were intentionally using the wrong codes to deter breastfeeding.

A commonality across the west was fighting against a hierarchy diminishing the skillsets of women based on credentials and disrespect toward doulas and breastfeeding peer counselors as a profession. Traditional entities such as hospitals, WIC clinics, and doctors created barriers that hindered the work of doulas through policy implementation during COVID-19.

Northeast

“Black leadership is the majority in the Northeast, so it isn't politically correct to talk specifically about Black babies. A lot is being done in the name of diversity (pamphlets, billboards with Black babies), but nothing in the interest of standard care.”

The Northeast saw mass scale support for groceries, formula, pumps, diapers, wipes, and baby clothes in spite of furloughs although some areas experienced gaps and inconsistencies due to staffing changes.

Gratitude

As tough as it was to hear some of these stories, it was even tougher for the women to share them. The leadership team of the Birth & Breastfeeding Leadership Institute extends a grateful heart to these warriors for trusting the team enough to be vulnerable and stand in their truth for the sake of collectively addressing systems and barriers impeding Black leadership in maternal and child health.

Curriculum Themes

Curriculum themes were derived from the regional conversations. Each theme listed below has associated competencies and topics:

- Leadership Development
- Communications
- Organizational Leadership
- Program Development
- Content Development
- Advocacy & Public Policy
- Communications/Messaging
- Cross-functional Team Building
- Fund Development

Next Steps

As of November 2021, 27 content creators have been engaged to bring the curriculum to life. The leadership team is in the promotion phase of the roadmap which includes the development of a robust marketing plan aimed at sponsorship and participant recruitment. The Birth & Breastfeeding Leadership is scheduled to launch in Spring 2022.

Sources

¹ Johnson A., Muzik M., Rosalind, K., Rosenblun K. Enhancing Breastfeeding Rates Among African American Women: A Systematic Review of Current Psychosocial Interventions. *Breastfeeding Medicine*. 2015 Feb 1; 10(1): 45-62.

² Ely DM, Driscoll AK. Infant mortality in the United States, 2018: Data from the period linked birth/infant death file. *National Vital Statistics Reports*, vol 69 no 7. Hyattsville, MD: National Center for Health Statistics. 2020.

³ Centers for Disease Control and Prevention. Retrieved November 18, 2021, from <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm>

⁴ Centers for Disease Control and Prevention. Retrieved November 18, 2020, from <https://www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html>

⁵ N. Nothnagle, S. Eleanor Johnson A. Maternal Health Benefits of Breastfeeding. *American Family Physician*. 2015 May; Volume 91, Number 9.

⁶ Centers for Disease Control and Prevention. Retrieved November 18, 2021, from https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-socio-dem-2018.html



Email: info@BMBFA.org
Phone: 800.313.6141