

BLACK

In Our Hands



Photo of Alabama midwife's hands by Sharon D. Blackmon, c1981. Courtesy of Sharon D. Blackmon.

PULPIT TOOLKIT
2023

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BLACK IN OUR HANDS

INTRO

"I'm worth millions of dollars for what I've done. I thought I was doing a big thing. I was proud of it. The lives I've saved going to deliver all these babies...but they're losing a whole lot of babies now."

Margaret Charles Smith, 1996





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Salvation and Social Justice

Liberating Public Policy Theologically

Equity and Transformation

Rooted in Black Faith and Liberation Theology, voice is given as testimony to the impact of systemic racism by those most impacted. This witness is not performative pain, but a truth-telling moving toward liberation.

Equity and Transformation

As organizing gathers force and the community begins to see evil structures crumble and changes begin to advance, we also bear witness to Black joy, discipleship, and calling. In this context, individuals are healed (saved) by the power of community, by evolved community.

Community As Wellness

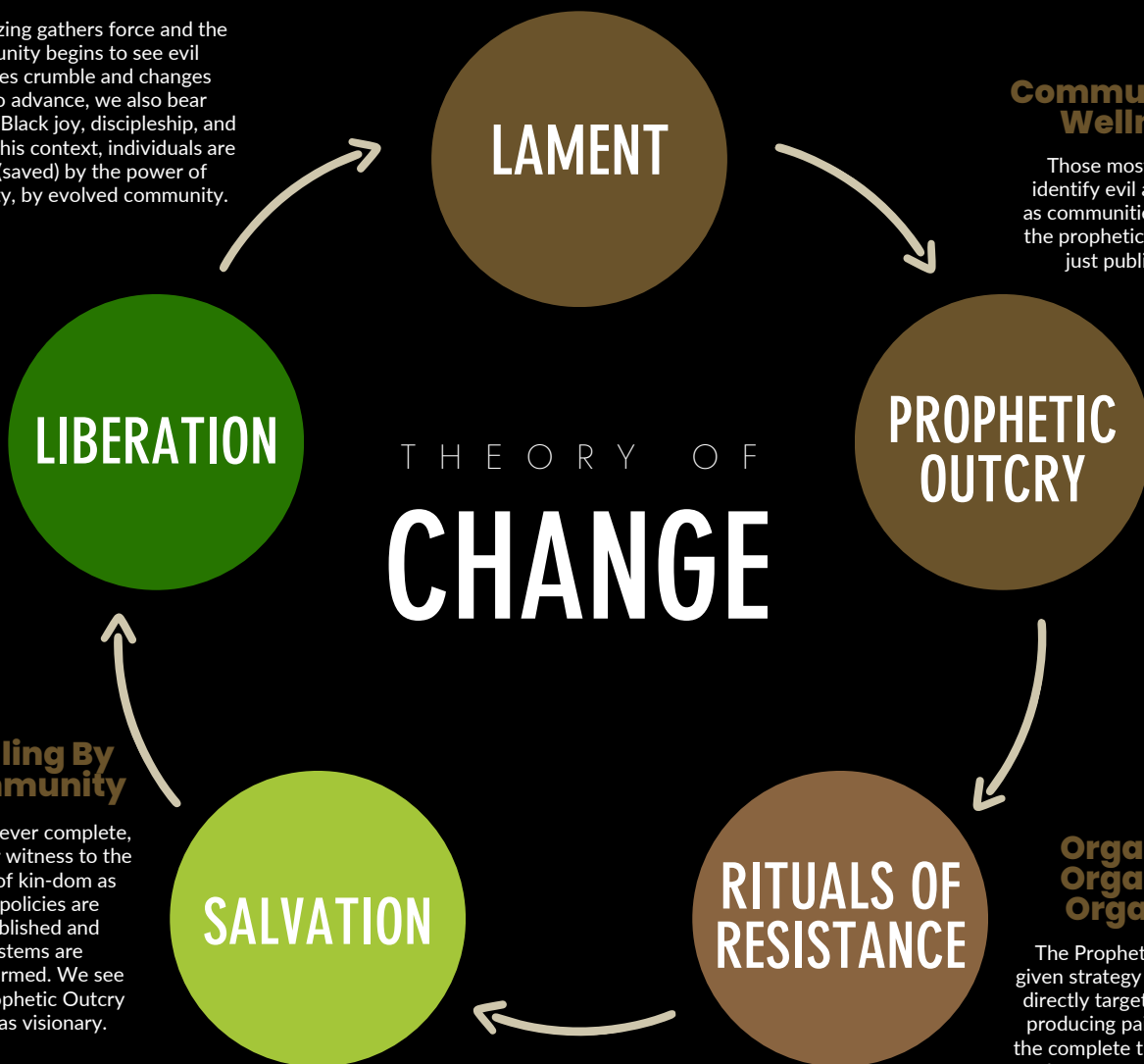
Those most impacted identify evil and injustice as communities help shape the prophetic demands for just public policy.

Healing By Community

While never complete, we bear witness to the signs of kin-dom as just policies are established and systems are transformed. We see the Prophetic Outcry now as visionary.

Organize, Organize, Organize

The Prophetic Outcry is given strategy and tactics to directly target the systems producing pain. Healing is the complete transformation of the system, as well as the realization of the prophethood or power of the people.



Sisters and Brothers,

The United States leads with one of the highest maternal death rates in the world. New Jersey currently ranks 47th in maternal deaths and currently sees an average of 37 deaths per 100,000 live births. Due to the existing racial disparities that permeate throughout every institution which includes income, education, and public health infrastructures, Black mothers in New Jersey are seven times more likely to die from pregnancy-related complications than white mothers. New Jersey's Black babies are three times more likely than white babies to die before their first birthday.

Despite being home to the widest racial disparities in the nation, Black women in New Jersey have and continue to lead the conversations around Black maternal health and have an active role in offering direct care, services, and support. Black women have been the credible messengers, educators, and advocates effectuating change on the ground in our communities all the way to the halls of the state house.

Black women have not only birthed this nation, but we have also quite literally nursed it from our bosom. Not only were Black midwives critical to improving care and health outcomes for Black communities for centuries, but that expert care was also sought for the wives of white slave owners who would birth the children that would go on to perpetuate the wicked and inhumane systems that we are currently experiencing. Much like the Black church, Black midwives have been the cornerstone to sustaining and nurturing our communities. It is for this reason, we turn to you, the Black church, Black women clergy, First Ladies, and church mothers to lift the voices and the work of Black women that for too long have been relegated to the margins of society and have not appeared in this nation's history books.

Salvation and Social Justice seeks to liberate public policy theologically by modeling the hope and resiliency of Black faith; where historically marginalized people move from lament to liberation by envisioning and creating their own community led solutions to a structurally racist society. Those solutions are steeped in safety, equity, and accountability. Those solutions include but are not limited to establishing Black maternal health centers run by Black women for Black women throughout the state, adopting policy that would provide general income support for Black mothers, as well as significant investments in targeted workforce development and support of Black women in midwifery programs as a response to the maternal health disparities that exist in the state.

We can and we will eradicate the very systems that endanger the lives of Black people, and just as it has been for centuries, the Black church will serve as the pillar in our communities educating and empowering our community. Liberating its people and returning our communities **Black in our hands**.

With gratitude and appreciation,



Rosalee Boyer, MHS

Greater Mt. Zion AME Church, First Lady
Salvation and Social Justice, Co-Founder





Africa to America

Somewhere in the African past, before the guns, before the shackles, before the kidnappings of story-tellers and sky-readers, musicians, dancers, doctors, sculptors, teachers, planters, hunters, historians, mothers, fathers and children, before all that, there were women who caught the babies and guided them into the world, with gentle, loving hands.

The Women Who Caught the Babies
By: Eloise Greenfield



04

HISTORY

BLACK IN OUR HANDS

Untitled (Next Day Continuing Care), 1952



Collection of the Smithsonian National Museum of African American History and Culture, Gift of Robert Galbraith © 1987 Robert Galbraith

"I HAD [THE] EXPERIENCE OF DELIVERING ONE SET OF TWINS AND APPROXIMATELY 500 BABIES, IN FACT MY LICENSE WILL NOT EXPIRE UNTIL JUNE 1985."

MIDWIFE, AMANDA CAREY CARTER

As we endeavor to liberate Black birthing in New Jersey, we must first abolish the racism experienced in maternal health and birth spaces. During a woman's pregnancy, labor, and delivery, she wants, and she should expect, to feel safe regardless of race. Yet, race alone has been the catalyst for the mistreatment and undertreatment of Black women and birthing professionals. Sadly, this mistreatment has often resulted in death. In fact, 60% of maternal mortality deaths are preventable and one of the primary reasons Black people continue to die in the hospital is that their voices are largely ignored by medical providers.

How did we get here? To put things in historical context, many of our grandparents and great-grandparents were birthed by Black midwives or affectionately revered "grand midwives." Black women throughout America were not allowed to birth in hospitals until the 1950's. Midwifery was the first profession for many women in America, and this field consisted of predominately Black women.



*They caught the babies,
and catch them still,
welcome them into the world,
for loving.*

The Women

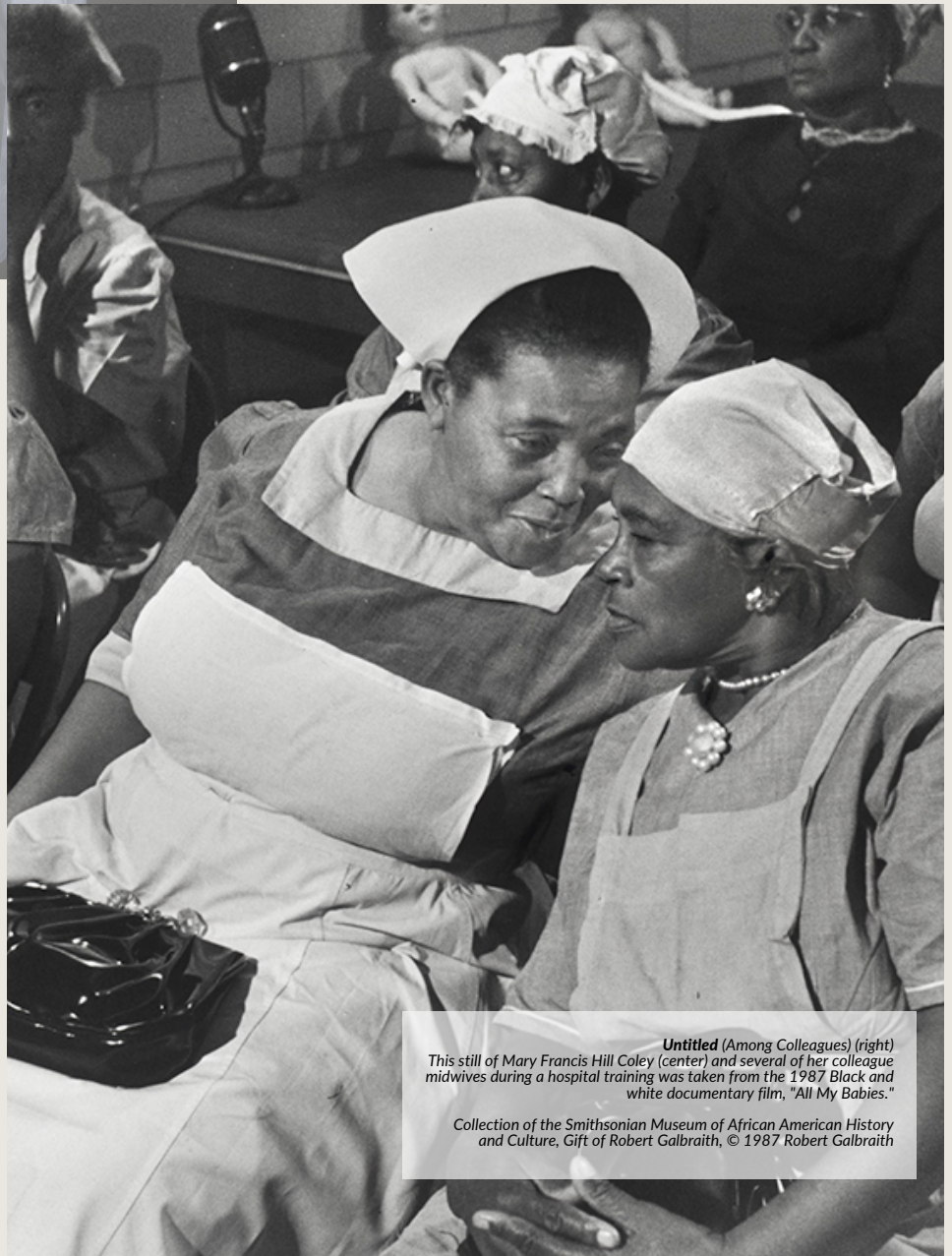
The Women Who Caught the Babies

By: Eloise Greenfield

Midwife overdress (left)

The uniform dress worn by midwife Amanda Carey Carter.
Collection of the Smithsonian National Museum of African American History and Culture, Gift of Fannie Mae Carter Silver

The history of Black midwifery dates back 403 years to when enslaved Africans were brought to America. African midwives were a subset of this population who brought their knowledge of women's and reproductive health. Enslaved midwives were birthing everyone – both enslaved and white babies. As a result, many people proclaim that Black midwives “birthed and nursed America.”



Untitled (Among Colleagues) (right)
This still of Mary Francis Hill Coley (center) and several of her colleague midwives during a hospital training was taken from the 1987 Black and white documentary film, "All My Babies."

Collection of the Smithsonian Museum of African American History and Culture, Gift of Robert Galbraith, © 1987 Robert Galbraith

Black women dominated midwifery until approximately 1900 when anesthesia was introduced which led to an increase in hospital births rather than in-home births. It became more profitable for America to birth its babies in hospitals. This was the first step away from midwifery. As medical practices transitioned, the requirements for Black midwives unfairly changed and they were systemically “forced” out of midwifery. To increase hospital profits and increase control, many white male physicians began discrediting Black midwives. They promoted a narrative that these midwives were unsafe, unsanitary, and lacked training. These physicians stripped power from the same women who helped birth this nation. They undermined Black midwives’ credibility and brought white public health nurses into the south to supervise them. As a result of these inequitable practices, Black midwives, to this day, are extremely underrepresented in the birthing space.

Black midwives were pushed even further to the margins in the 1930s when there was a rise of white midwives training in England and bringing a nurse midwifery model back to America. Many Black women were excluded from participating in this new model. For example, in 1932, the Lobenstein Clinic and Maternity Center Association (MCA) launched the first US nurse-midwifery education program, and during MCA’s first twenty years only eight Black nurses received midwifery training. The issue of discrimination and mischaracterization continued. This was evident amongst Black midwives in the south who were publicly depicted as ‘unsanitary and superstitious,’ in contrast to the ‘well-trained’ midwives who were of European descent.

The evolution of racial segregation and injustice in maternal health through the 20th century reflected the same injustices running rampant throughout all of American society. By the 1960s and 1970s, the effects of the Civil Rights movement promoted a stronger impetus to get Black midwives into these training programs. This was, of course, ironic given Black women are pioneers in this space.

As we honor our ancestors who were trailblazers in midwifery, it is also critical to uplift today’s Black women who are fighting to reclaim birthing spaces. There is a dire need to reclaim our traditions, our legacy, and caring for our own people. The hallmark of midwifery is its acute attention and care when listening to people. When it comes to Black patients, who can listen to these sisters better than providers from our own communities? Midwives play a critical role because they respect mothers’ desires for their care by centering their voices.

Black people must know our history in order to make a change across these medical practices. For example, many people being trained as midwives in the 1970s were not told stories of Black midwives. Instead, much of their learned history started with the story of white midwives returning from England and inserting these practices into the United States. Today, we reclaim our legacy. Now is the time for us to reclaim our history and healing for our people.



MIDDOWIVES



BRIDGET BIDDY MASON
1818-1891



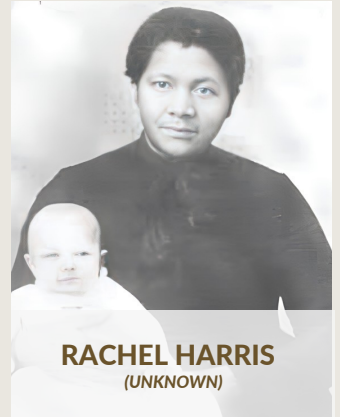
BENNIE "MAMA" MCGUIRE
1885-1985



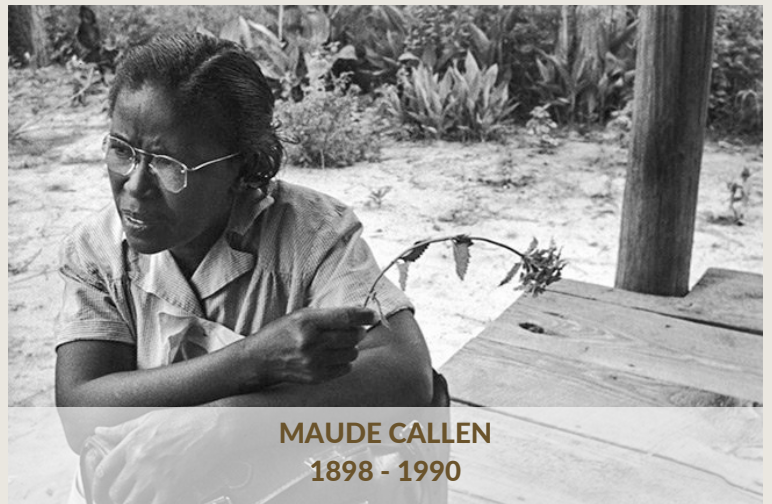
ONNIE LEE LOGAN
1910-1995



MARY FRANCIS HILL COLEY
1900-1966



RACHEL HARRIS
(UNKNOWN)



MAUDE CALLEN
1898 - 1990



MAMIE ODESSA HALE
1910 - 1979



MARGARET CHARLES SMITH
1906 - 2004

The grandmother called the men and children into the room. The father spoke, "Our first child born into freedom," he said. He knelt and prayed, the others repeating after him. "Thank you, Lord Jesus. Thank you for this new day, so long in coming, this freedom for all of us, and especially for our children. Amen. Amen.

After Emancipation 1863
The Women Who Caught the Babies
By: Eloise Greenfield





Eliza Farish Pillars, RN, the first public health nurse in Mississippi, instructs a group of lay midwives in 1929



The Early 1900s

She waited, not allowing herself to sleep too deeply. She knew it was almost time, that someone would come for her, if not tonight, then one day, or one night very soon. She would have to leave quickly. The baby would not wait. She had already packed her things, her stethoscope, her scales for weighing the baby, and everything she would need.

The Women Who Caught the Babies
By: Eloise Greenfield



I2

MEDIA KIT
MESSAGING THAT MOVES

PULPIT TOOLKIT

BLACK IN OUR HANDS



*** Churches can utilize these fonts, images and colors for branding and messaging. ***

Typography

Poppins

Aa Hairline

Aa Regular

Aa Italic

Aa Bold

Aa Extra Bold

The Color

Primary



#FFFFFF



#ABABAB



#000000

Secondary



#6A532B



#C69866

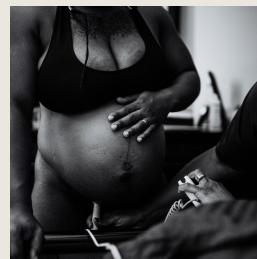


#FFF7F0



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Photos



SOCIAL MEDIA POST

TWITTER



HASHTAGS:

#BLACKMATERNALHEALTH

#BLACKMOTHERSMATTER

#MATERNALHEALTH

#BIRTHINGDESERT

Black mothers matter. Black babies matter. Period. #Hashtag

Black mothers and babies are direct victims of systemic racism. Equitable healthcare means that we can protect them. #Hashtag

Trenton is a maternal health care desert. We need to bring quality health care to the Capital city. #Hashtag

Black mothers should not have to be worried about making it home from the hospital. We need equitable maternal health care now! #Hashtag

It takes a village to raise a child. We need community-led solutions to help restore quality Black maternal health in New Jersey. #Hashtag

Black babies are our most vulnerable population, especially when they're first born. Let's make sure there is a safe environment for them to join the world. #Hashtag

Black women are claiming their right to bodily autonomy and the right to have it respected. Join us in our fight to improve Black maternal health in New Jersey. #Hashtag

Ensuring quality maternal health care for expecting mothers improves health care for everyone else. #Hashtag

Black mothers and babies deserve quality health care. #Hashtag

Trenton is a birthing desert, leaving many Black women without quality prenatal and postpartum care. #Hashtag

We need community-led restoration of Black maternal health in New Jersey. #Hashtag

Listen to Black mothers and advocate for their safety. #Hashtag

FACEBOOK



For Black women, giving birth should not be a matter of life and death. No matter their zipcode or income level. #Hashtag

The birth of a child should be a time of joy and celebration, but racial inequities have created a Black maternal health crisis that brings fear and anxiety for new moms. #Hashtag

In New Jersey, Black women are 7x more likely to die in childbirth than white women. We need to protect our Black mothers and their babies. #Hashtag

According to a Princeton University study, the U.S. has an infant mortality rate of 5.4 per 1,000 live births. New Jersey has an infant mortality rate of 8.9 deaths per 1,000 live births. We have to do better by our babies. #Hashtag

Addressing the maternal health disparities that Black women face requires expanding access to quality prenatal and postpartum care, increasing education both for healthcare providers and parents, and addressing the systemic racism in the medical space. #Hashtag

Black women disproportionately lack necessary reproductive health care—including contraception access and counseling, STI screenings, and reproductive screenings. Having access to quality reproductive care means healthier moms and babies. #Hashtag

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. #Hashtag

Black mothers are at the highest risk for mood and anxiety disorders during and after pregnancy. We need to make sure that our Black mothers have access to mental health care. #Hashtag



The Early 2000s

The woman declines an offer of food. She has forgotten her hunger. The wait. One hour. Two. Then, the woman catches the baby girl, guides her into the world with gentle hands and love. At home, too tired to eat, the woman showers and goes to bed. She laughs softly, thinking about the baby's first cry, a squall, letting the world know that she is here.

The Women Who Caught the Babies
By: Eloise Greenfield



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PREACHERS & THE PEWS

LITURGICAL SUPPORT

Maude Callen is perhaps the most well-known of 20th-century Black midwives due to the article published on her work and story by Life magazine in 1951. “For the thousands of Black citizens of Berkeley County, Maude Callen was the only accessible Black health professional. Not only did she attend them in their homes, but she and her husband constructed a two-room addition to their own dwelling to serve as a community clinic”

THEOLOGICAL GROUNDING

EXODUS 1:15-21

Black women have historically birthed, nursed, and protected babies since the inception of America. This history traces back to Africa and back to the Israelites in Egypt. Because of African midwives, Israel could seek liberation through the prophet Moses. African midwives birthed, nursed, and protected exiled babies, which would eventually help liberate a nation. To some, this seems like a bold and sweeping statement, but as we look to the biblical story of Shiphrah and Puah in Exodus 1, we cannot deny this conclusion. Black midwives birthed America as African midwives birthed the liberation of Israel – that liberation was delivered through Moses.

What happens when you give life to a nation that turns its back on you and no longer wants you to pour into your livelihood? This is a question that may be in the hearts of many Black midwives. It can be defeating to shepherd midwifery practices to a new people, help give those people life, and then, in turn they attempt to strip these practices away. Despite the injustices around midwifery, God anointed our people, our ancestors, our mommas, aunts, sisters, and all midwives throughout the African diaspora to see this sacred duty through.

As we reflect on Black maternal health in the context of the Black Church, let us reflect on Exodus 1:15-21. In this text we witness a courageous act by the midwives, Shiphrah and Puah. In fact, their God-anointed midwifery leads to the keeping of Moses and then the liberation of an entire nation!

Shiphrah and Puah disobey Pharaoh's orders to kill all male babies. The enslaved Israelites were slated to be mistreated, but instead the midwives chose to be equitable in managing the childbirths. Not only are they equitable, but they use their vocation as midwives to be *advocates*. These African women display a powerful act of civil disobedience. By disobeying Pharaoh, and instead obeying God, their decision eventually leads to the birth and keeping of Moses.



The midwives do not fear Pharaoh, instead these are God-fearing women. This act of civil disobedience goes against the policies of the state. Much like these midwives who fought to preserve life, today we have the same obligation to love our fellow neighbors and love our communities unto life. Let us live into this vision so all Black women, Black children, and all people can be loved unto life!

What acts of civil disobedience must we lean into today to save our mothers and children? Today is the day to commit to changing the narrative around maternal health. There is a need for our health systems to be transformed and eliminate unjust barriers to entry for Black midwives. This is a critical starting point to ensure that Black women no longer suffer from unnecessary maternal health complications. Maternal health statistics repeatedly show that Black women are dying because of racial injustice throughout the health system. As mentioned earlier in this reflection, 60% of maternal mortality deaths are preventable and one of the primary reasons Black people continue to die in the hospital is from a lack of listening to Black patients. Today we declare that our communities will no longer tolerate these inequities.

This is an outcry to end this treatment now. As we reflect on the future of Black maternal health, there are three things our community needs: safety, equity, and accountability. All three of these attributes must be present in our health systems, and the absence of them endangers the lives of Black people.

Together, let us liberate these spaces! As we endeavor to liberate Black birthing in New Jersey, we are reminded that this topic crosses all forms of healthcare, not just maternal. Today, and every day, we commit to liberating Black birth and protecting the sacredness of Black maternity. We commit to ensuring that our healthcare system is one where the doors are opened to invite more Black midwives and doulas into this space!

This biblical story of Shiphrah and Puah clearly represent the power of African descended midwifery – who better to ensure the protection of Black women and babies than the practitioners and advocates from our communities? As the Black Church, we have a duty to help foster a community rooted in agape love. The Black Church must also demand that our society is equipped with healthcare systems that promote a safe, equitable, and accountable experience for all people. Join us in this journey!



Mrs. Coretta Scott King holding her newborn son and second child, born at the St. Jude Catholic Hospital in Montgomery.

LIVED EXPERIENCE AND THE POWER OF BLACK WOMEN OF FAITH

According to pew research 75% of African Americans identify as Christian and report going to church at least 2-4 times per month. Among African American women, 62% are members of historically Black Protestant churches. African American women also stand out for their high level of religious commitment. More than eight-in-ten Black women (84%) say religion is very important to them, and roughly six-in-ten (59%) say they attend religious services at least once a week. No group of men or women from any other racial or ethnic background exhibits comparably high levels of religious observance. Therefore, the Black Church is an indispensable resource and infrastructure within Black Communities to reach people.

Women clergy, church mothers and first ladies in Black churches are extremely

influential and powerful as role models and teachers for young women.

What first ladies were in the room?

The first lady of the Black church is very influential and respected by other women, young and old, in the church. Deborah Jones, first lady at Tabernacle Baptist Church in Burlington County; Patricia Norris, first lady at Bethel Hosanna African Methodist Episcopal (AME) church in Camden County; and Rosalee Boyer, first lady formerly at Bethel African Methodist Episcopal (AME) church in Gloucester County and now at Greater Mt.

Zion AME Church in Mercer County were influential and instrumental with getting women between ages 18-46 from their congregations to participate in visioning sessions on Black maternal health.

Salvation and Social Justice held visioning sessions, comprised of fifteen self-identified Black women from Mercer, Burlington, Camden, and Gloucester counties between ages 18 and 46, most of whom have been pregnant and/or given birth to at least one child. All were brought to the sessions by the First Ladies of their respective churches. Three were considering childbirth in the future, one woman was currently trying to conceive via invitro, and three shared of their struggles with conception as a result of having been diagnosed with polycystic ovary syndrome.

“Polycystic ovary syndrome (PCOS) is a condition in which the ovaries produce an abnormal amount of androgens, male sex hormones that are usually present in women in small amounts. The name polycystic ovary syndrome describes the numerous small cysts (fluid-filled sacs) that form in the ovaries.”

“Having PCOS does not mean you can't get pregnant. PCOS is one of the most common, but treatable, causes of infertility in women. In women with PCOS, the hormonal imbalance interferes with the growth and release of eggs from the ovaries (ovulation). If you don't ovulate, you can't get pregnant.”

The participants were of varied educational backgrounds some high school graduates and some college graduates, as well as varied socioeconomic statuses. It should be noted that the Mercer County participants were primarily from Trenton where there is nowhere for a Black woman to give birth in the city.

When asked about the differences in healthcare for Black patients, three of the participants felt like there is a lack of representation in the healthcare spaces for Black people. They expressed feeling white patients are listened to more than Black patients. Participants also shared a feeling that Black patients were not provided with the same in-depth explanations when it comes to a medical diagnosis or concerns as afforded to white patients. One participant felt that her treatment was large in part based on the type of medical insurance she had. In fact, she expressed her coverage may have been more of a factor than her race. She believed quality of care is dictated by medical reimbursement amounts. Other participants disagreed that insurance superseded race, one stating, “They have more doctors that look like them and can represent

them better.” Another stating she feels like there are “preconceived notions,” when it comes to Black people and those preconceived notions get in the way of them “explaining what is happening or paying attention to what their issue is.”

The session provided these women with the opportunity to share a great deal about their varied experiences with reproductive health, with many having expressed experiencing race-based discrimination or mediocre care based on being treated at a health care clinic versus a private practitioner's office. The lack of access to private practices, and insurance were barriers frequently mentioned in the visioning session as well. In addition to the lack of resources, the distrust in medical practitioners was also frequently discussed, which often correlated with the feelings of mistreatment and lack of bedside manner by the medical practitioner.

Despite the lack of resources, the group of young mothers from Trenton showed a great deal of resilience and perseverance. Without the resources of a lactation specialist, they supported each other tremendously during their breastfeeding journey by creating their own breastmilk “bank.” They also support one another through postpartum depression.

None of the participants who identified as mothers had taken a formal childbirth education course. During our visioning session we discussed the benefits of childbirth education as a resource not just from an educational viewpoint, but also from an advocacy viewpoint. We discussed ways all participants, in the future can, in fact, empower themselves through childbirth education.





PRAYER

FOR OUR COMMUNITY

Gracious God, we thank you for the gift of life. We thank you for the creation of all your children and ask that you equip our communities to protect the preservation of all people. God, we also ask that you cover the practitioners and activists fighting to transform our health systems to be safe and equitable spaces. Continue covering us, God. Continue being with those who may have been harmed, hurt, or experienced any loss due to health inequities - please heal them, Lord. We give thanks for all that you've done, all that you're doing, and all that you will do. Equip us to liberate Black birthing, and to liberate our communities from the powers and principalities associated with our health systems. We pray all these things in Jesus' name. Amen.



SCRIPTURES & SERMONS

Exodus 1:15-21

15 Then the king of Egypt said to the Hebrew midwives, one of whom was named Shiphrah and the other Puah, 16 "When you serve as midwife to the Hebrew women and see them on the birthstool, if it is a son, you shall kill him, but if it is a daughter, she shall live." 17 But the midwives feared God and did not do as the king of Egypt commanded them, but let the male children live. 18 So the king of Egypt called the midwives and said to them, "Why have you done this, and let the male children live?" 19 The midwives said to Pharaoh, "Because the Hebrew women are not like the Egyptian women, for they are vigorous and give birth before the midwife comes to them." 20 So God dealt well with the midwives. And the people multiplied and grew very strong. 21 And because the midwives feared God, he gave them families.

Genesis 35:16-21

16 Then they journeyed from Bethel. When they were still some distance[a] from Ephrath, Rachel went into labor, and she had hard labor. 17 And when her labor was at its hardest, the midwife said to her, "Do not fear, for you have another son." 18 And as her soul was departing (for she was dying), she called his name Ben-oni;[b] but his father called him Benjamin.[c] 19 So Rachel died, and she was buried on the way to Ephrath (that is, Bethlehem), 20 and Jacob set up a pillar over her tomb. It is the pillar of Rachel's tomb, which is there to this day. 21 Israel journeyed on and pitched his tent beyond the tower of Eder.

Sermon Notes

- Lift up the courage and civil disobedience that Shiphrah and Puah exhibited as midwives.
- Draw parallels between the Black American midwife experience and the biblical midwife experience of Shiphrah and Puah in Egypt.
- Discuss the Black woman experience as matriarch and caregiver to many people, even those children who are not biologically their own. Emphasize the power of Black women preserving life and advocating for the protection of life.
- Highlight the civil disobedience/radical acts of courage that Jesus displayed and draw parallels to Shiphrah and Puah's story.
- Underscore Shiphrah and Puah's courage as inspiration for congregants to display similar acts of courage in their own context.
- Integrate any local history and policies related to maternal health (local to the congregation, the city, or state).



Courtesy [Columbia Midwifery](#).

SES
YS



Motherwit

The sun wasn't shinin' everytime and the moon wasn't either...lateness of the hour or the earlies of the mornin' didn't bother me. I just went when I was called. There has been a many dreary nights but I didn't look at them as dreary nights. I had my mind on where I was goin' and what I was goin' for.

Onnie Lee Logan, 1989
Delivered by Midwives
By: Jenny M. Luke



24

**POLICY
AGENDA**

2023



We call for policy that funds, preserves and protects authentic culturally competent doula care by centering Black women in policy discussion and implementation. Currently there is nowhere a Black woman can give birth in the city of Trenton, therefore we advocate for a Trenton based Black Maternal Health Center that includes pre and postnatal services as well as a birthing center.

BLACK MATERNAL HEALTH

ESTABLISHMENT OF BLACK WOMEN LED BIRTHING CENTERS IN “BIRTHING DESERT” CITIES



We seek to address the erosion to access of maternity care by funding neighborhood Maternal health centers in Black communities. For instance, the widespread closures of maternity care units in Trenton have only worked to amplify existing disparities in maternal health. The first step to addressing those disparities involves allocating dollars towards the rebuilding of these critical sources to health care.

TARGETED WORKFORCE DEVELOPMENT PROGRAMS



Historically, Black midwives have played a central role in the birthing of this nation. Specifically, within the Black community Black midwives have been critical players to ensuring quality care and outcomes within Black families throughout this nation. We begin to see Black women pushed out of the midwifery profession with the emergence of more maternity institutions and private obstetrics practices, with deeply rooted racist traditions embedded in the DNA of these institutions. We are encouraging legislators to adopt policy that establishes a pilot program that would commit to the recruitment and support of Black women in midwifery programs as a response to the maternal health disparities that exist in this state. This program should be intentional in its outreach to target communities, offer financial support to participants as they pursue their certification, and should provide small business training that would equip participants with the “know how” to return to their communities and establish the facilities and care that is required.

UNIVERSAL HEALTH COVERAGE



Last year we, alongside several of our partners, were successful in getting the “Cover All Kids” legislation passed, which provided universal health care coverage to all children in New Jersey. Moving forward we seek to ensure the successful implementation of this policy through adequate community education and outreach efforts. Additionally, we seek to expand coverage for adults who are now ineligible or unable to afford existing health care coverage options for a myriad of reasons.

GENERAL INCOME FOR PREGNANT BLACK MOTHERS



While we understand economic security does not guarantee favorable maternal health outcomes, we know that Black women continue to be excluded from many of the resources needed to have safe and healthy pregnancies. We encourage legislators to adopt a statewide guaranteed income pilot program that would provide pregnant, Black women with unconditional monthly stipends for a length of time intended to provide economic stability during this vulnerable and most critical time in their lives.

QUALIFYING RACISM AS A HEALTH CRISIS



We encourage legislators to adopt policy that qualifies racism as a health crisis as well as supporting policy that: requires implicit bias training for doctors; establishes adequate and accessible preventative care in Black communities; and mandates racial impact statements for all health care policy.



🔍 www.sandsj.threadless.com ✕

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RESOURCES

IT TAKES A VILLAGE

Midwives gather on the steps of the Canton, Miss., courthouse in the 1920s. From the Bjoring History Center's Caroline H. Benoist Collection.

HOW BLACK CHURCHES CAN GET INVOLVED

COMMIT YOUR CHURCH TO BECOMING AN ALLY IN THE STRUGGLE FOR BIRTH JUSTICE:



#01

Educate staff and members regarding the crisis in maternal health for Black women and commit to concrete action steps.



#02

Encourage your members to read the 2018 Black Women Birthing Justice publication: *Battling Over Birth; Black Women and the Maternal Health Crisis*. Invite local birth workers of color to present information about birth options to your members.



#03

Raise awareness about the data on cesareans, VBACs and episiotomies provided by www.calquality.org. Encourage members to be actively involved in demanding best practices and reducing unnecessary cesareans and other interventions.

BECOME A SOURCE OF INFORMATION AND SUPPORT FOR
PREGNANT INDIVIDUALS AND NEW PARENTS IN YOUR
COMMUNITY AND CONGREGATION.



#01

Encourage members to set up Circles of Support around every Black pregnant person, new parent, and newborn.



#02

Provide information on the benefits of midwifery and doula care, as well as local organizations that can provide access to midwives and doulas of color.



#03

Provide balanced information on home, birth center, and hospital birth, and referrals for each option.



#04

Offer nonjudgmental listening and encouragement.



#05

Challenge the Strong Black Woman myth: spread the word that vulnerability and reaching out for help is **not** a sign of weakness.



#06

Educate your members about the benefits of and myths about breastfeeding.



FIRST LADIES AND WOMEN CLERGY CAN...

- Facilitate discussions

- Hold info sessions

- Support Ministries

- Advocate

- Partner with Doula Agency to provide services

- Provide Childbirth Education classes at the church



3 Pillars of DOULA SUPPORT



Informational Support

Avoid Google - Ask your Doula

I can help keep you and your partner informed through each milestone of your pregnancy and postpartum journey. I can also help you find evidence based information about different options in pregnancy, childbirth and postpartum. A Doula is an unbiased resource. NEVER a source.

Emotional Support

Your Emotions and Fears Deserve Attention

A Doula is a continuous comforting presence offering reassurance and encouragement, showing a caring and empathetic attitude and helping you and your partner work through fears and self doubt about pregnancy and birth. Debriefing after birth is another way a Doula can support you emotionally.

Physical Support

Facilitating The Birth of Your Dreams!

- Massage/counter pressure
- Position changes and suggestions for optimal labor progression
- Create a calming environment
- Water therapy (bath, shower)
- Hydrating and feeding birther
- Hands on infant feeding support

Anything you need to feel physically comfortable during your birth, a Doula can assist you with.

MELANIN

Maternal Wellness

*"Doulas change the world,
one birth at a time."*



W: melaninandmaternalwellness.org
P: (609) 232-2347
E: info@melaninmaternal.org

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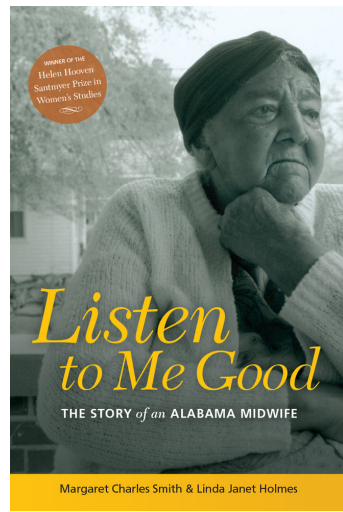
Crystal D. Charley, MBA, CD
Founding Executive Director



THE WOMEN WHO CAUGHT THE BABIES

A Story of African American Midwives

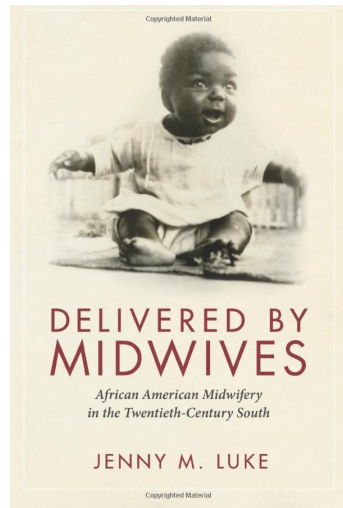
written by
ELOISE GREENFIELD
artwork by
DANIEL MINTER



Listen to Me Good

THE STORY of an ALABAMA MIDWIFE

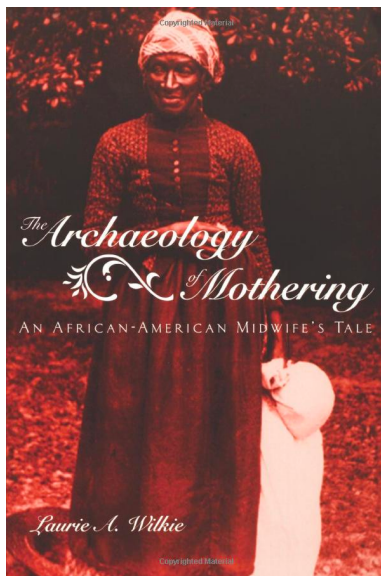
Margaret Charles Smith & Linda Janet Holmes



DELIVERED BY MIDWIVES

African American Midwifery in the Twentieth-Century South

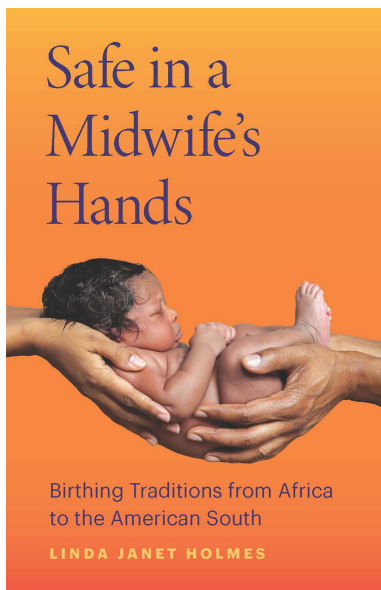
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The Archaeology of Mothering

AN AFRICAN-AMERICAN MIDWIFE'S TALE

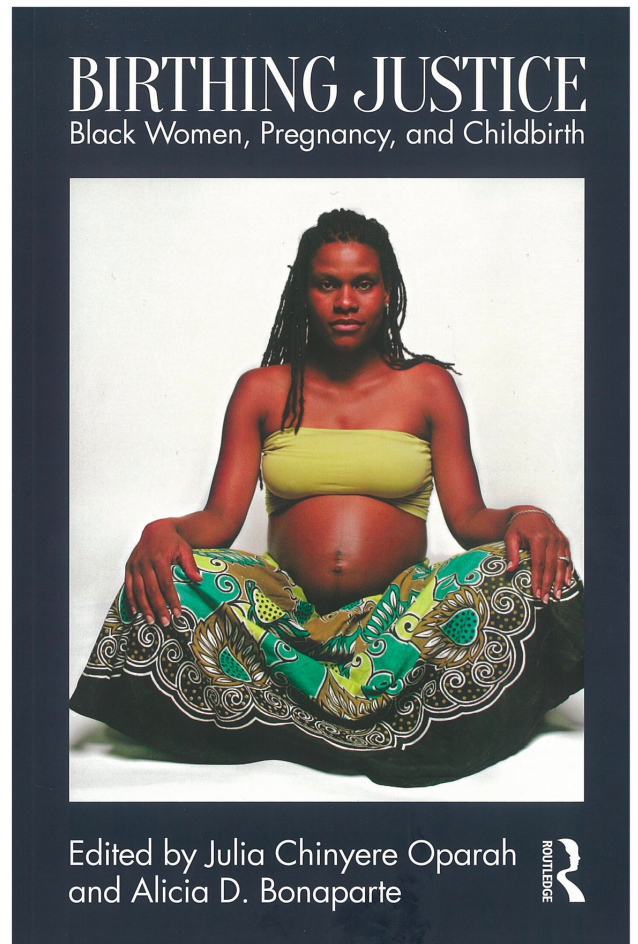
Laurie A. Wilkie



Safe in a Midwife's Hands

Birth Traditions from Africa to the American South

LINDA JANET HOLMES



BIRTHING JUSTICE

Black Women, Pregnancy, and Childbirth

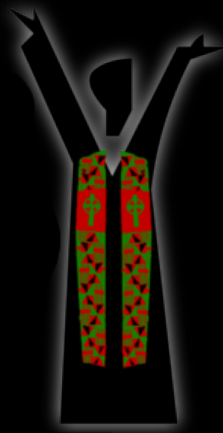
Edited by Julia Chinyere Oparah and Alicia D. Bonaparte



BOOKS

MERCH FOR THE CHURCH

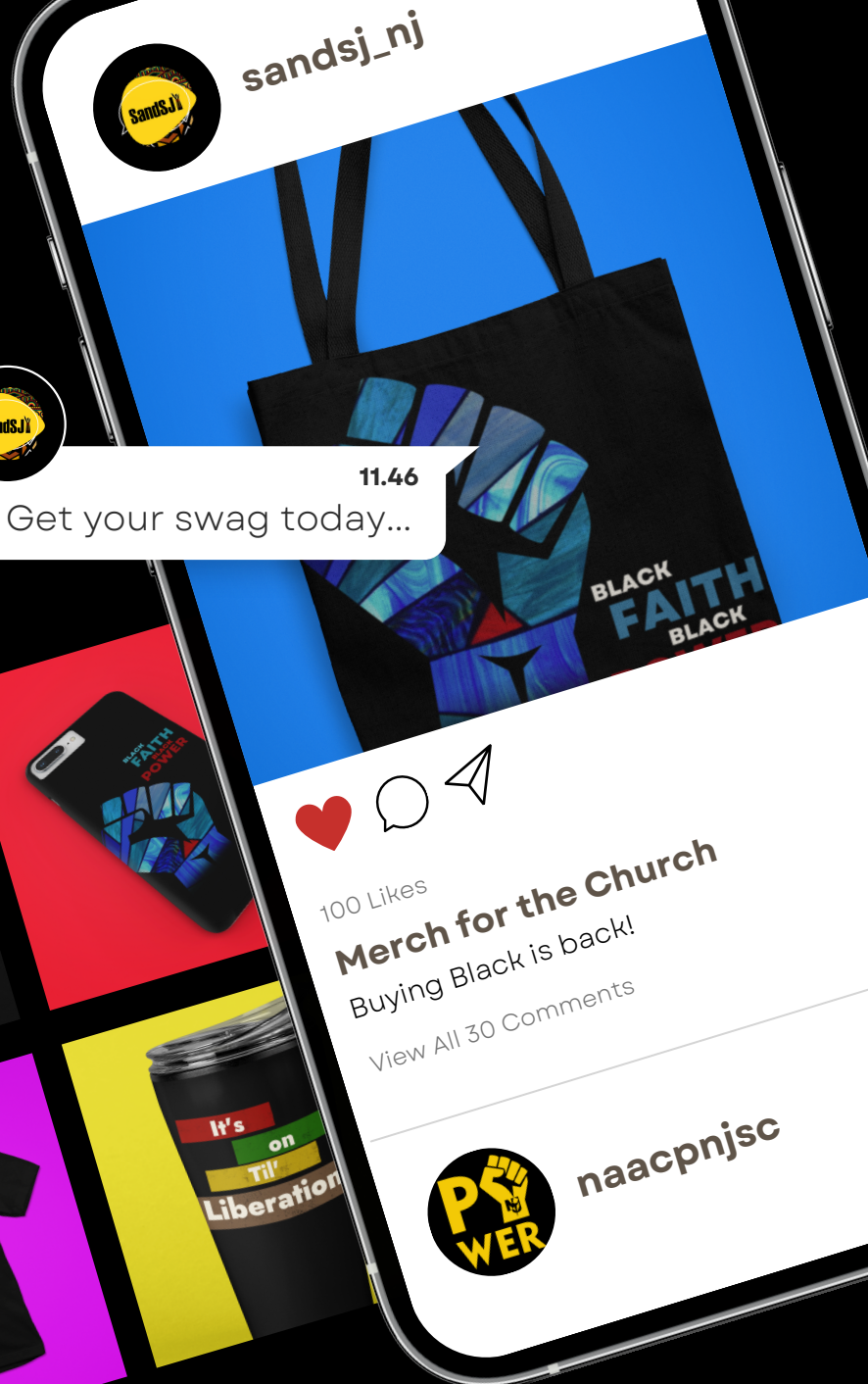
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Salvation and Social Justice
Libertarian Public Policy Theologically

www.sandsj.org/shop

NEW DESIGNS



100 Likes

Merch for the Church
Buying Black is back!

View All 30 Comments



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