

BE*loved*BIRTH Black Centering

Group perinatal care by, for, and with Black people



Supporting Black Birthing People to Live & Thrive

A bit about me

Jyesha Wren, CNM, is a co-founder and the program coordinator of BE*loved*BIRTH Black Centering. She practices as a full scope midwife at Highland Hospital, Alameda Health System, Oakland California. In addition to being one of the midwives co-facilitating BE*loved*BIRTH Black Centering groups, she will coordinate program development, implementation logistics and evaluation, and serve as the main point of contact.

Some of Jyesha's background & experience:

- BA in Sociology from the University of California, Santa Cruz & Master's in Midwifery from the University of California, San Francisco.
- Has provided workshops to clinicians on the use of Structural Competency to address racism.
- Co-authored a research paper and textbook chapters on racism in relation to midwifery & gyn care and outcomes in the *The Journal of Midwifery & Women's Health*, Varney's *Midwifery 6th Edition*, and *Gynecologic health Care 4th Edition* (formerly *Women's Gynecologic Health*).
- Serves as "Volunteer Clinical Faculty" in UCSF's Midwifery program, focusing on increasing the number of BIPOC midwives through supporting aspiring and current midwives of color and contributing a racially diverse lens to the admissions process.
- Chair of the California Nurse-Midwives Association's Anti-Racism and Reproductive Justice Committee.
- Jyesha identifies as Black & mixed race, she/her/hers



Jyesha Wren, CNM, MS

Guiding principles

Reproductive Justice

“The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”

~ SisterSong Women of Color Reproductive Justice Collective

“Everyone in Alameda County, no matter who you are are, where you live, how much money you make, or the color of your skin, should be able to lead a healthy, fulfilling and productive life.”

~ Alameda County Public Health Department

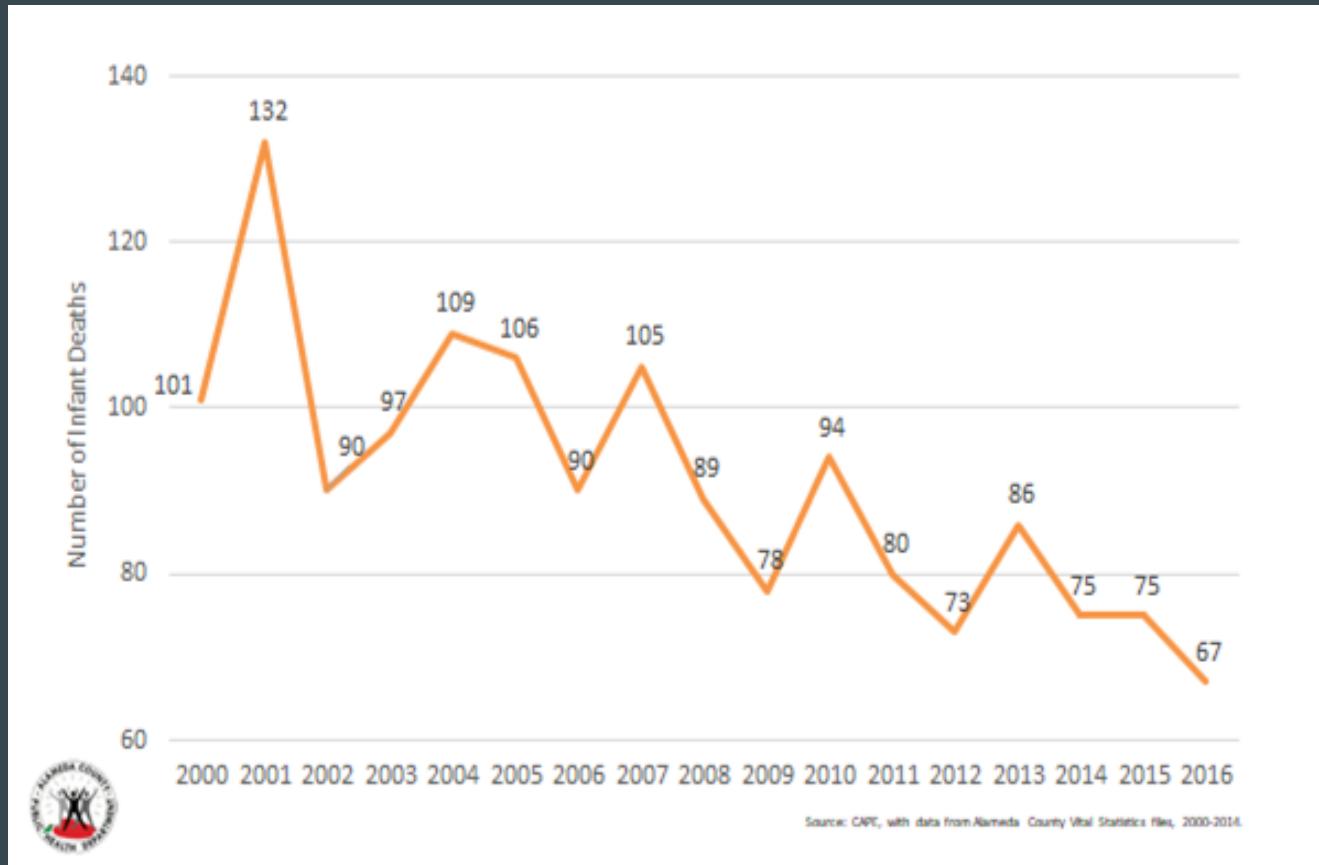
Health Equity

We are in a crisis

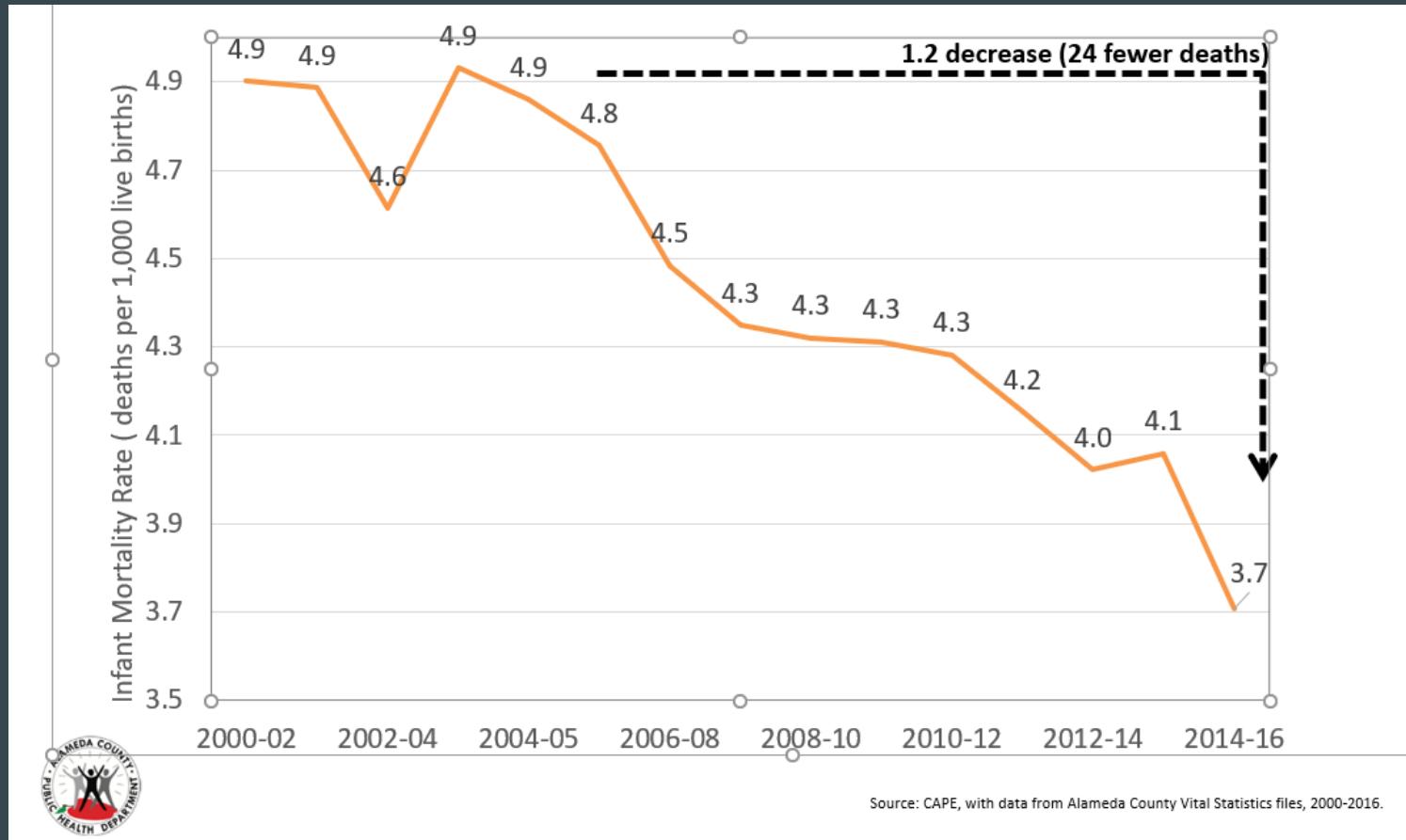
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Every day Black mothers and babies are experiencing preventable morbidity and mortality as a result of racism-based health disparities

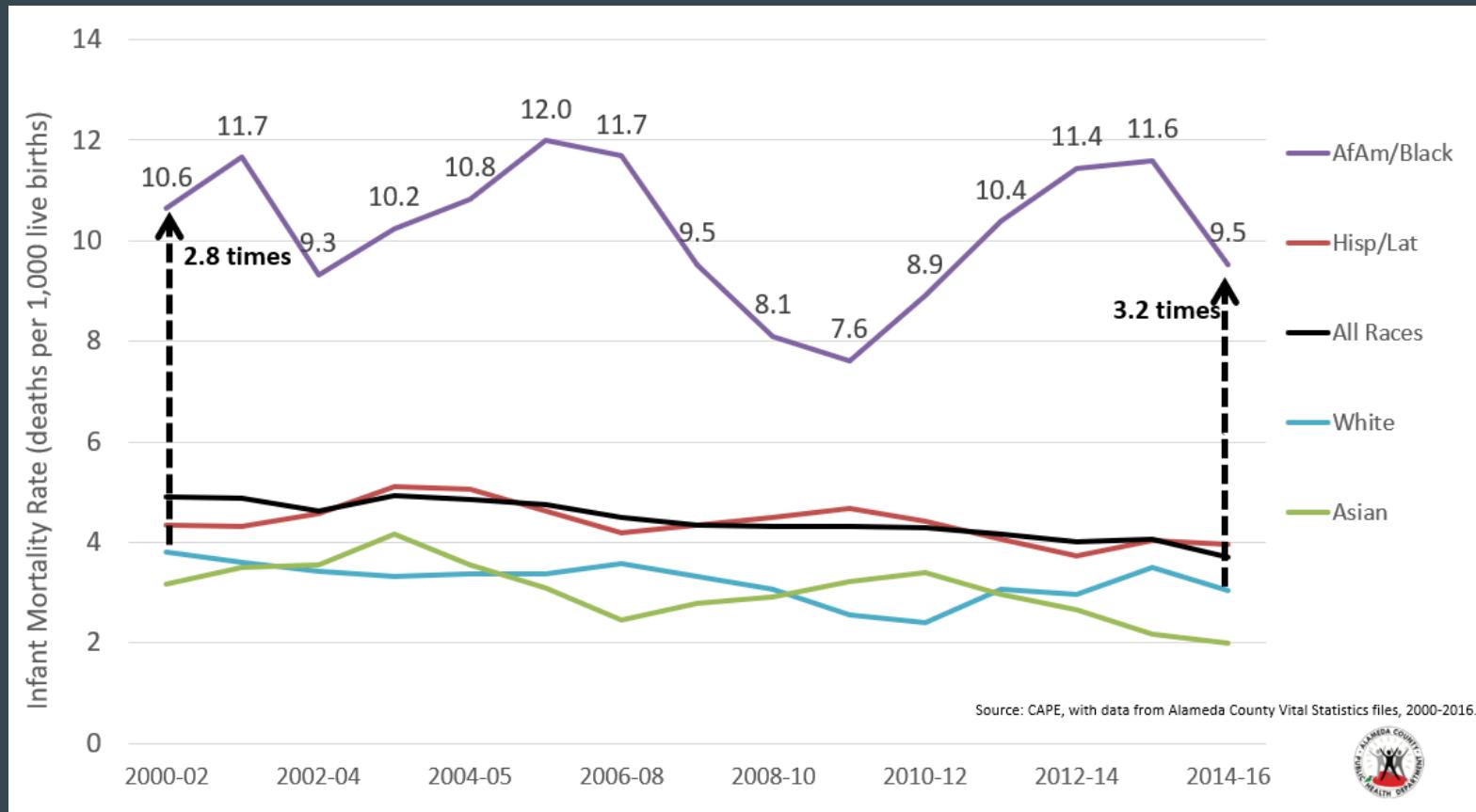
Number of Infant Deaths in Alameda County, 2000-2016



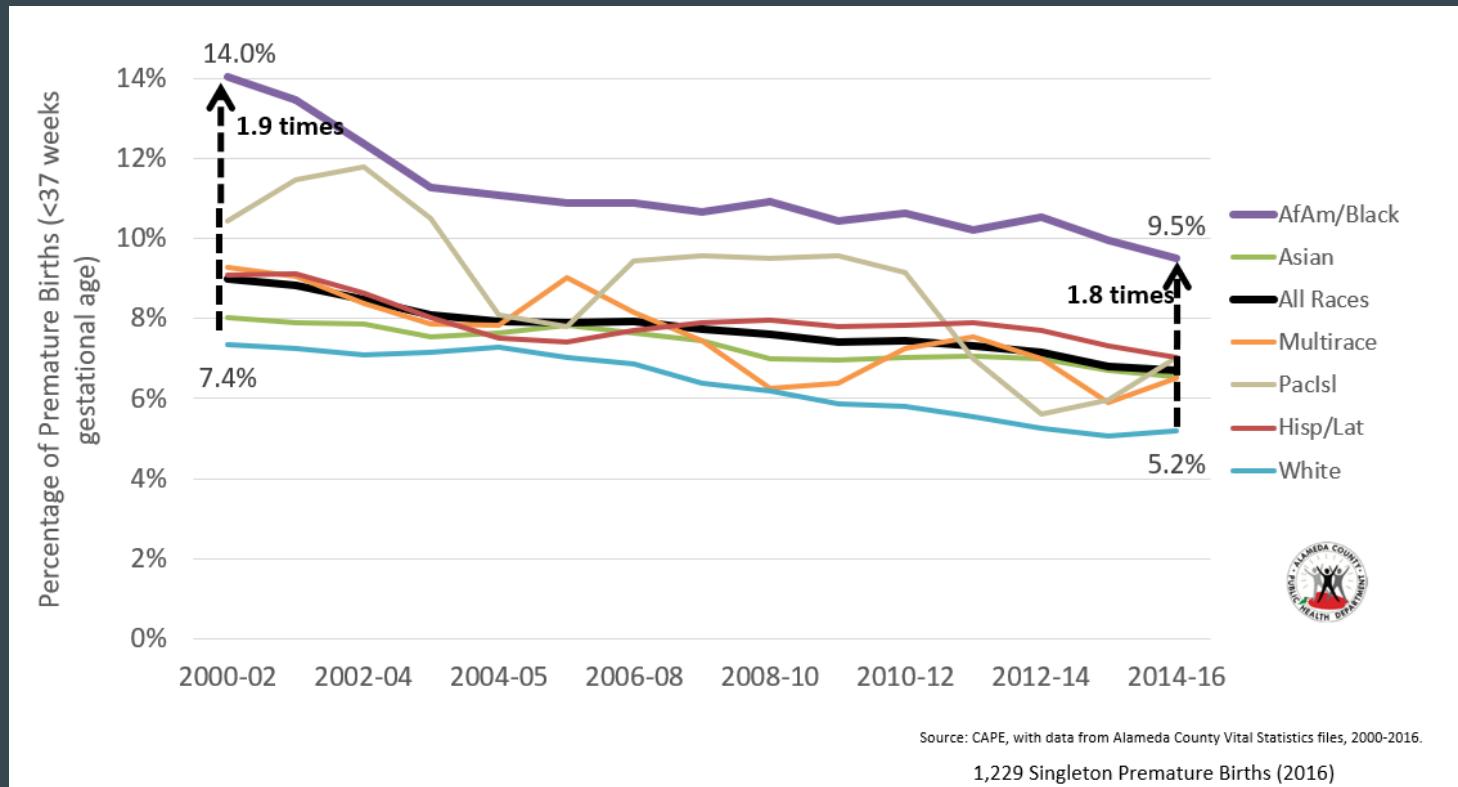
Infant Mortality Rate Trend in Alameda County, 2000-2016



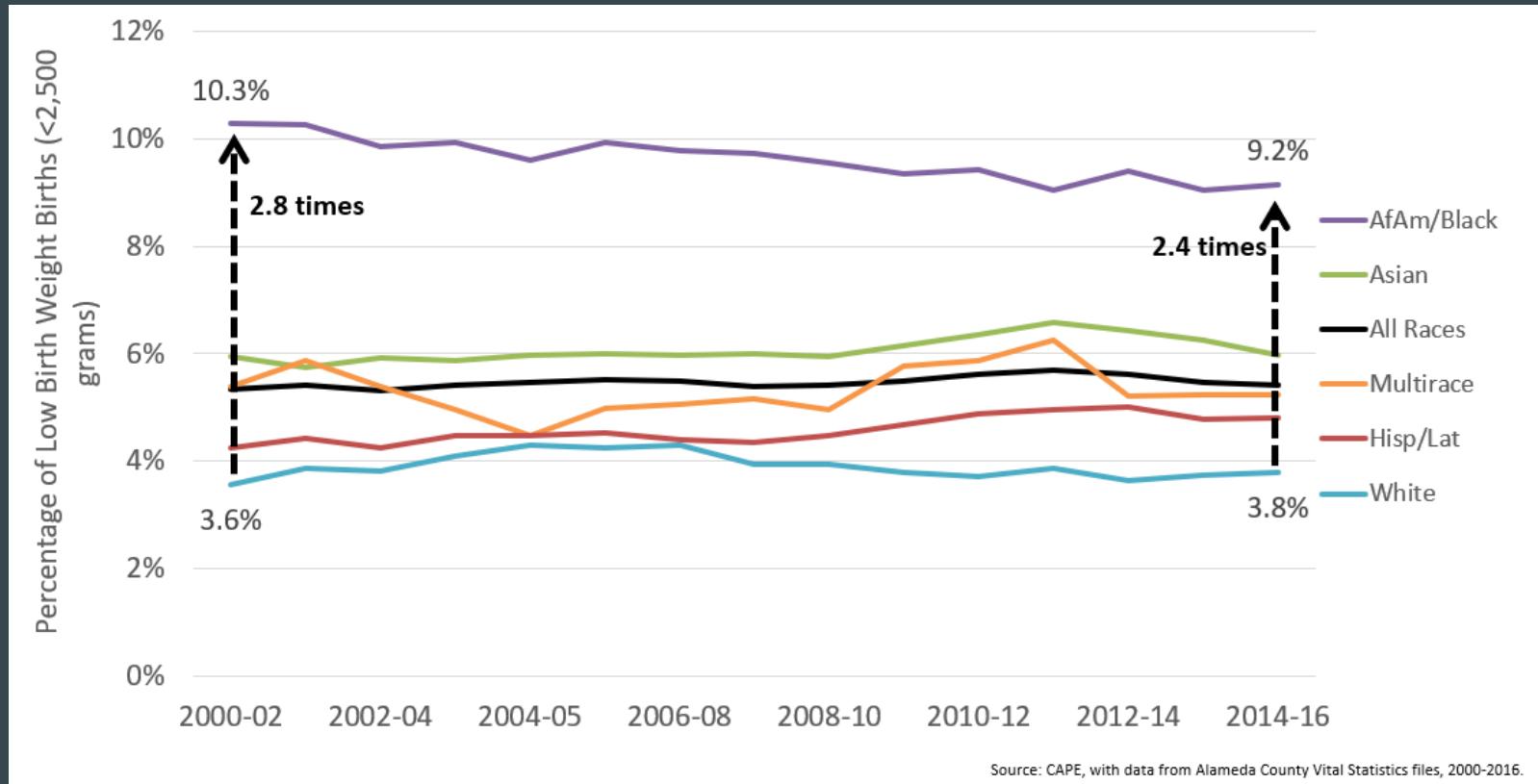
Infant Mortality Rate Trend by Race/Ethnicity, 2000-2016



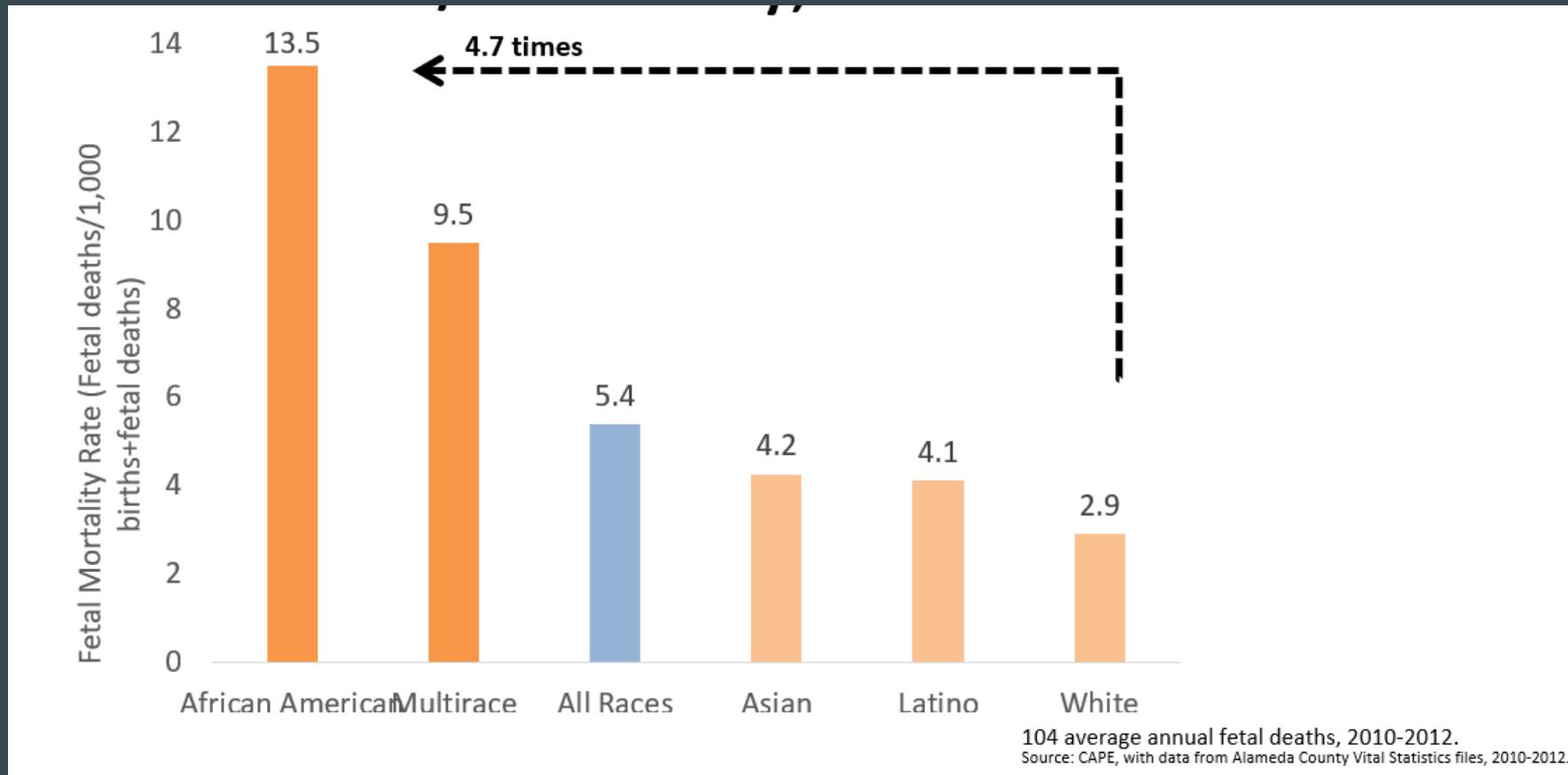
Percentage of Singleton Premature Births Trend by Race/Ethnicity, 2000-2016



Percentage of Singleton, Low Birth Weight Births Trend by Race/Ethnicity, 2000-2016



Fetal Mortality Rate by Race/Ethnicity, 2010-2012

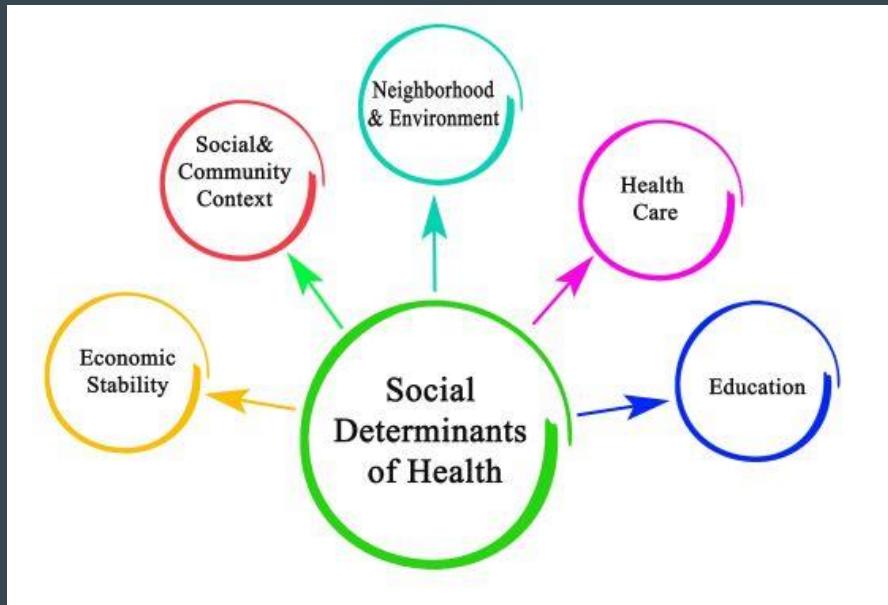


Comparisons: Infant Health Indicators

Indicator	HP2020	California	Alameda County	AC Ranking	High risk R/E Group
Premature Births	11.4% or less	8.8%	8.2%	—	African Americans 11.9%
Low Birth Weight	7.8% or less	6.7%	6.9%	50/58	African Americans 11.6%
Very Low Birth Weight	1.4% or less	1.2%	1.2%	—	African Americans 2.1%
Infant Mortality Rate	6.0/1000 or fewer	4.7/1000	4.0/1000	18/58	African Americans 11.4/1000
Fetal Mortality Rate	5.6/1000 or fewer	4.8/1000	5.4/1000	—	African Americans 13.5/1000

Sources: CAPE, with data from Alameda County Vital Statistics files, July 2014. Health

Materno-toxic Zones, SDH & Structural Racism



The social determinants of health (SDH) are the factors related to the environment in which we live, work, play, etc that impact our health. And in fact, the SDH have a greater impact than healthcare on people's health status and outcomes.

Due to anti-Black racism and White privilege, Black people face discrimination in all of these areas of social life. This results in a disproportionate number of us living in materno-toxic zones.

Addressing SDH in Black communities is addressing the impacts of structural RACISM on maternal & infant health & survival.

Materno-Toxic Zones

As described by midwife Jennie Joseph of Commonsense Childbirth's National Perinatal Taskforce, "Materno-toxic zone" is a term for an area where socio-environmental factors make it "literally unsafe to be pregnant or parenting". These areas have significantly higher rates of maternal & infant morbidity and mortality, and are often identifiable by zip code (see upcoming maps of Alameda County).

Examples of factors that contribute to "materno-toxic" zones:

- Food deserts
- Violence
- Poverty
- Racial segregation
- Lack of affordable housing
- Lack of good employment opportunities
- Lack of investment in community resources & infrastructure

Due to **structural racism**, a disproportionate number of Black birthing people in Alameda County are living in Materno-toxic zones

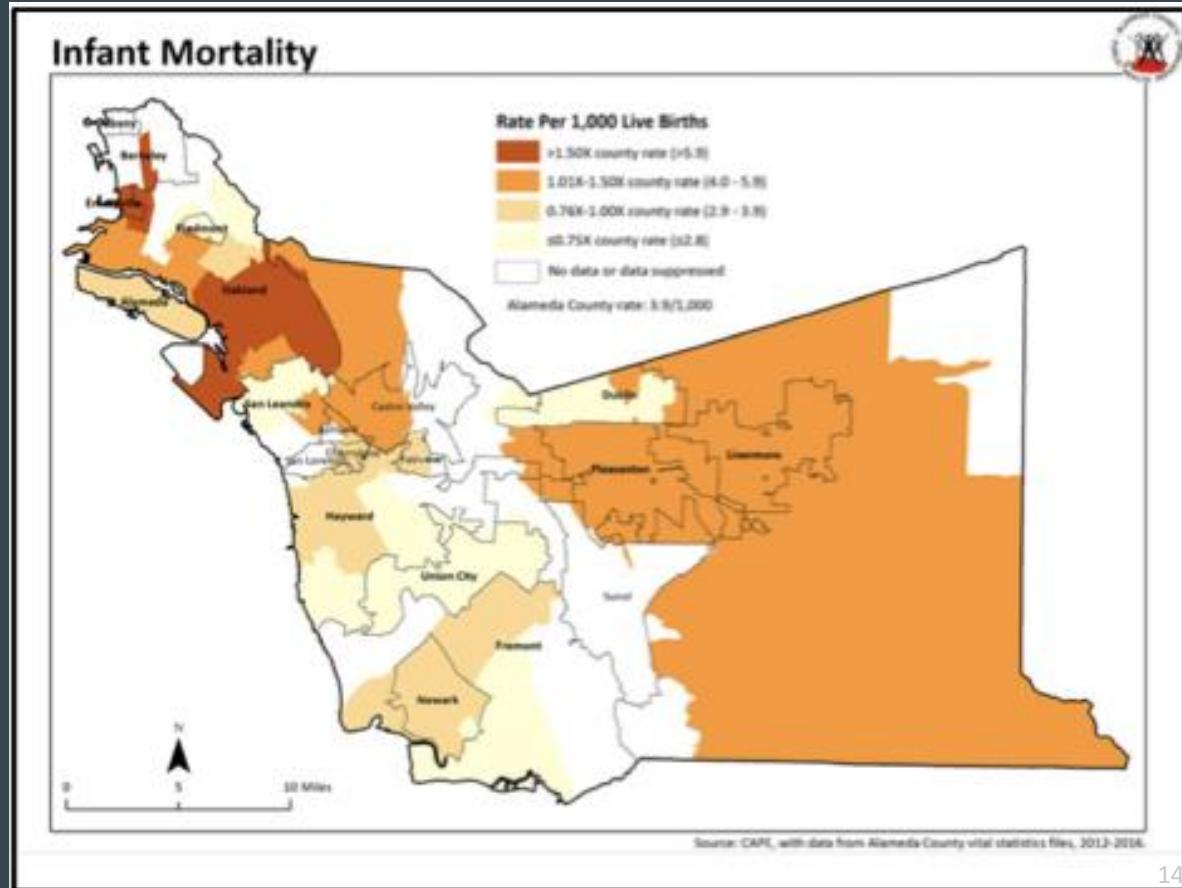
Infant Mortality by Zip Code

In Alameda County,
infant mortality rates
are the highest in:

- East Oakland
- Emeryville
- and a portion of Berkeley

Concentrated in
impoverished communities

**Orange= Evidence of
Materno-toxic zone!**

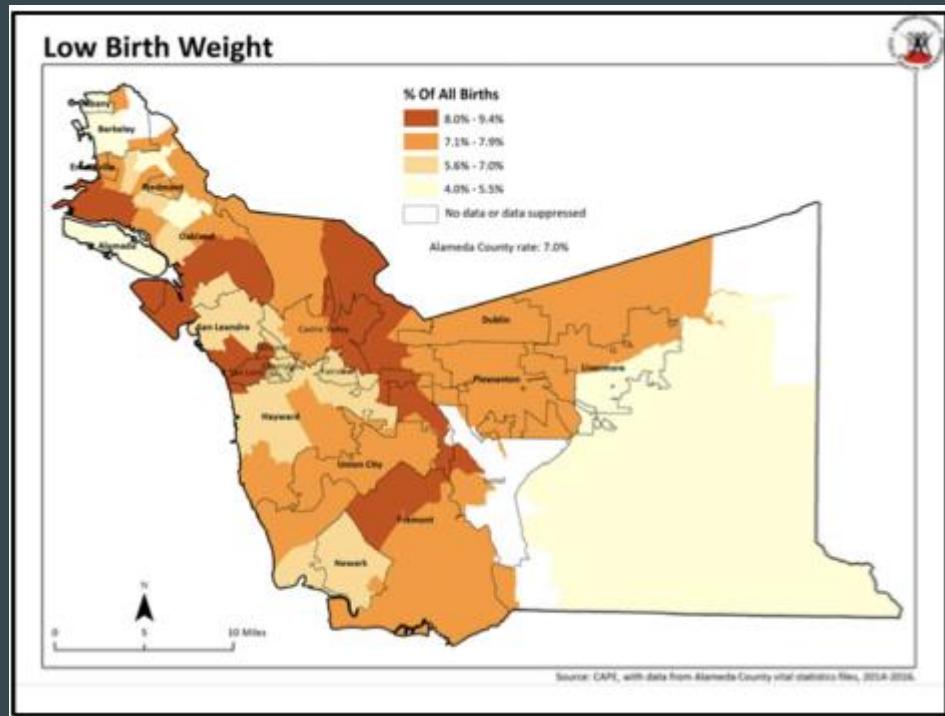


Low Birth Weight by Zip Code

Rates of babies born at low birth weight (< 5.5lbs) is:

- Highest in East & West Oakland, Bay Farms, San Leandro, Ashland, Cherryland, and San Lorenzo
- more prevalent than PTB throughout Alameda County

Orange= Evidence of Materno-toxic zone!



But, for Black people
disparities in birth outcomes are
independent of socioeconomic status!!!

Root Cause & Materno-toxicity of Racism

- Racism is the root cause of racial disparities in birth outcomes.
- Racism is so materno-toxic itself that disparities in Black birth outcomes persist no matter our SES & resources.
- Toxic stress of racism “weathers” our bodies, increasing risk for illness
- Living in materno-toxic zones & having low SES are additional layers of oppression, creating greater stress & burden that need to be addressed.

“Enough is enough. Race is a social construct and the overwhelming statistics we present are attributable to a broken racist system, not a broken group of women.”

Kacey Y. Eichelberger, Kemi Doll, Geraldine E. Ekpo, and Matthew L. Zerden. **Black Lives Matter: Claiming a Space for Evidence-Based Outrage in Obstetrics and Gynecology**. *American Journal of Public Health* 2016 Oct;106(10):1771-2.

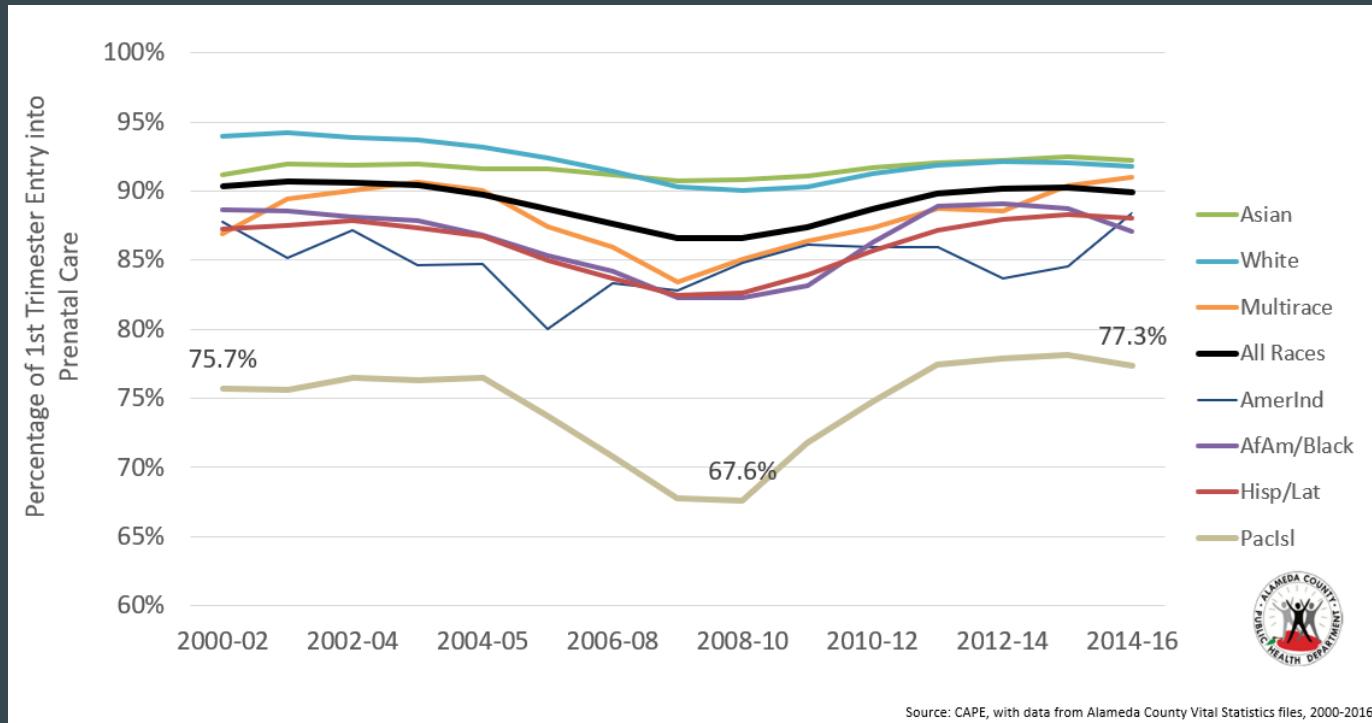
Black Resilience

We recognize racism, not race, as the root cause of these disparities in birth outcomes.

As Black birthing people we know that:

- Race is a social construct, and not real biologically or genetically.
- There is **nothing wrong with Black birthing people**. We are not inherently predisposed to ill health or birth complications.
- We are strong & powerful. The survival of African American people in the face of slavery, Jim Crow, and contemporary structural racism is a testament to our **strength & resilience**.
- The answers to this problem are in the Black community. We are the experts in our needs, and interventions to address this crisis must be **led by us**.

Percentage of First Trimester Prenatal Care Trend by Race/Ethnicity, 2000-2016



Black people are accessing prenatal care, but current models of care are not working for

BE*loved*BIRTH Black Centering

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An answer to this crisis

Program Goals

Guided by fierce love for our Black families and communities, we aim to:

- Lift up the community wisdom, voices, experiences, and expertise of Black birthing people
- Acknowledge and activate the power and potential of Black birthing people
- Reduce the impact of racism on maternal and infant health care experiences and outcomes
- Improve access, utilization, and quality of perinatal care by, for, and with Black patients in Alameda County
- Improve systems responsiveness to addressing the social determinants of health among our Black families

Program Design

- BE*loved*BIRTH Black Centering: Group perinatal care by, for, and with Black people is an innovative new program designed to provide culturally attuned and racially concordant care for Black birthing people.
- We are a collaboration between Alameda Health System-Highland Hospital (AHS) and Alameda County Public Health Department (ACPHD), in Oakland California. AHS is the county's public safety-net healthcare provider
- Our program integrates AHS clinicians and health services provision within group health education and the family support services of ACPHD.

Program Design: Basic Logistics

BE*loved*BIRTH Black Centering

- Location: Groups will be held at AHS's Eastmont Wellness clinic in East Oakland, the heart of one of our materno-toxic zones.
- Schedule of Sessions:
 - Groups start at 16-20wks, meet every 2 weeks throughout pregnancy and into the early postpartum period (ending at 6-8 weeks postpartum)
 - Group sessions last 2 hours; total of 12 antenatal sessions, and 3 postpartum sessions
- Each group will be co-facilitated by at least one AHS CNM & and one ACPHD family support advocate (case manager), with some sessions also including a lactation consultant, OB-GYN, doula etc
- All groups provide childcare, nutritious meals, and give-away/raffle items to participants

Background

- AHS has been implementing CenteringPregnancy at its Highland Wellness clinic for several years, and recently expanded to include the Hayward Wellness clinic.
- AHS Executive Leadership has committed to sustaining CenteringPregnancy at Highland and desires Centering at all outlying AHS clinic sites. AHS plans to move toward an “opt-out” model, in which the vast majority of pregnant patients do group care.
- Spanish Centering Pregnancy groups: precedent for success
 - AHS already successfully offers Spanish groups
 - They provide linguistically & often culturally concordant group care for latinx people
 - Higher retention, fewer no-shows

Centering Pregnancy at AHS

In line with CenteringPregnancy literature, AHS's program has resulted in:

- strong patient satisfaction
- significantly decreased rates of preterm birth (PTB) and low-birth weight (LBW) babies
- increased rates of breastfeeding
- high levels of provider engagement and satisfaction
- reduction of racial disparities in preterm birth

However AHS's existing Centering program is:

- Not specialized to meet the unique needs of Black birthing people
- Not facilitated by Black midwives
- Not designed through the lens of health equity & reproductive justice
- Not inclusive of a built-in social service component for addressing social determinants of health
- Not able to offer childcare, nutritious meals, or guest facilitators to enhance content

Given the crisis in racism-based disparities for Black birthing people, and the power of the Centering Pregnancy model to improve these outcomes, Black Centering is a critical intervention

What makes Black Centering different?

BE*loved*BIRTH Black Centering is developed by, for and with Black people to provide holistic, culturally attuned and racially concordant prenatal and postpartum care rooted in the frameworks of health equity, black feminism, reproductive justice, and research justice. Racial and cultural concordance between patients and providers:

- Improves access to care, quality of care, and communication during visits
- is critical to addressing racism-based disparities

BE*loved*BIRTH Black Centering Groups will cover all of the established CenteringPregnancy topics, but will be expanded to also include discussions & activities on topics like:

- Black identity & experiences
- health impacts of racism
- strength , resilience, and power among Black people

Meet The Team

At BE*loved*BIRTH Black Centering, it's 'all black everything'
All group facilitators and health care providers are Black



The BE*loved*BIRTH Black Centering working group consists of a large, dynamic interdisciplinary team of people from AHS and ACPHD; including midwives, lactation consultants, health educators & family support advocates, OB-GYNs, and service directors.

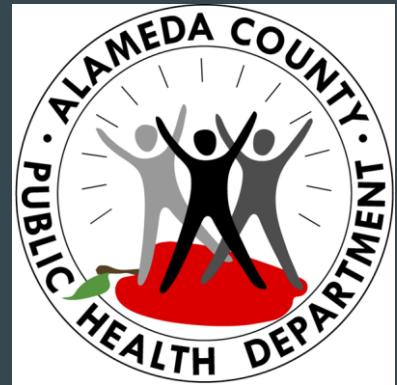
Addressing the social determinants of health

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Partnership with Alameda County Public Health Department
(ACPHD)

Co-facilitation with ACPHD Family Support Care Team

In addition to AHS clinicians, all BE*loved*BIRTH Black Centering groups will be co-facilitated by a Black ACPHD family support advocate (case manager) with a wealth of experience supporting Black pregnant women and families with infants and toddlers in Alameda County.



This partnership with ACPHD directly connects all BE*loved*BIRTH Black Centering participants with ACPHD's Starting Out Strong Family Support System of Care. These programs provide holistic, trauma-informed, services addressing the social determinants of health.

EmBrace Her Services and Supports

ACPHD's Unit of Maternal, Paternal, Child & Adolescent Health offers a Starting Out Strong Family Support System of Care. Their *EmBrace Her* program is a four group series offered to pregnant and parenting African American women. The program involves group health education & psychoeducation services facilitated by trained Family Support Case Managers. Group participants can receive individual case management as well. Mental health consultant provides ongoing clinical consultation to the team.

Two prenatal groups:

- **BElovedBIRTH Black Centering**
 - Group prenatal & postpartum care by, for and with Black people
 - 15 biweekly sessions (12 prenatal & 3 postpartum)
- **Childbirth education for African American families**
 - 8 weekly sessions

Two inter-conceptual groups:

- **Attachment Vitamins**
 - Interactive course on early childhood attachment, stress, and trauma
 - 10 weekly sessions
- **SELF—Safety, Emotions, Loss & Future**
 - Trauma recovery model
 - 20 stand alone sessions

Additional ACPHD Services and Supports

Through our ACPHD co-facilitators, BE*loved*BIRTH Black Centering participants will have the opportunity to utilize a variety of other invaluable supports. Patients and their partners can use as much or as little of these services as they wish, giving them the ability to **customize their care to meet their needs.**

Starting Out Strong Family Support System of Care

- Doula services
- Individual Mental Health Interventions and Services
- Community Baby Showers & Black Motherhood Celebration
- Boot Camp for New Dads, Fatherhood Initiative Case Management, and Cafe Dad
- Financial security programs (Financial Tools and \$olutions: asset building grants and financial coaching)
- Black Infant Health Program
- Regional IM public awareness campaign that addresses racism as a root cause

Guest Facilitators

BE*loved*BIRTH Black Centering groups will feature Black guest facilitators from the community to share their knowledge and expertise on a wide range of topics.

Examples include:

- Nutritionists to teach healthy eating through interactive meal prep activities
- Counselors to facilitate discussions & activities on mental wellness, depression, stress reduction, etc
- Herbalists & integrative medicine practitioners to support natural wellness
- Doulas & massage therapists to teach labor support and coping through hands-on interactive exercises
- Pediatricians to facilitate discussions & activities on newborn care
- Lactation consultants to facilitate discussions & activities on infant feeding

And more!

Grounding in Community

BE*loved*BIRTH Black Centering will partner with the Black community through a variety of mechanisms in order to enable our community to inform program design, implementation, and quality improvement.

Community engagement events that we aim to host at Highland Hospital:

- “Annual Birthing While Black Community Forum: Connecting Our Community, Amplifying Our Voices, Honoring Black Birth”
- Quarterly “Dinner with your Black birth workers” night

BE*loved*BIRTH Black Centering team members will also:

- Hold focus groups & listening sessions
- Maintain relationships with Black-led community orgs & participate in their community events
- Interact with our community on social media (Facebook, Twitter, IG (Our handle is @BEBlkCentering)
- And more...

Multi-level Impacts

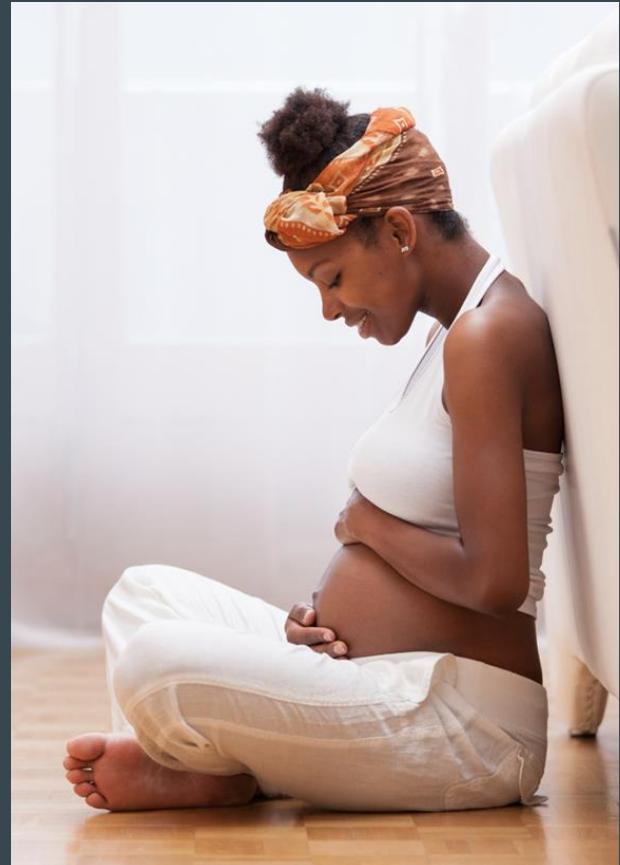
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BE*loved*BIRTH Black Centering will impact Black birthing people,
Black infants, Black fathers and families, Black communities,
healthcare providers, and the healthcare workforce and system

BE*loved*BIRTH Black Centering: Impacts for Black birthing people

In 5 years we envision:

- Lower rates of maternal mortality & morbidity
- Black birthing people:
 - feeling loved, well cared for, safe & respected in their healthcare environments and communities
 - feeling in control of their bodies and birth choices
 - having info needed to make informed decisions
 - feeling prepared & having the needed resources to support their growing family
 - feeling strengthened, empowered, and positively transformed by birth
 - becoming perinatal health & equity leaders in their community





BElovedBIRTH Black Centering: Impacts for Black infants

In 5 years we envision:

- Lower rates of infant mortality
- Fewer babies born too soon or too small
- Fewer NICU admissions
- Black babies thriving in families and communities that are well supported to care for them

BE*loved*BIRTH Black Centering: Impacts for Black fathers & families

In 5 years we envision:

- Black fathers and families:
 - feeling valued, loved, safe and welcomed in the healthcare environment
 - feeling connected to their pregnant loved ones and bonded with their babies
 - Feeling prepared & having the needed resources to support their growing family
 - having info needed to make informed decisions



BE*loved*BIRTH Black Centering: Impacts for providers

In 5 years we envision:



- Lower burnout & turnover
- Improved clinical skill
- Greater connection with and accountability to the people we serve
- Greater understanding of and ability to address racism and the SDHs
- Increased interdisciplinary collaboration
- Increased ability to practice team-based care
- Increased clinical innovation & creativity
- Increased work satisfaction & joy

Patient Enrollment into Black Centering

This project involves a robust and well funded plan to reach our patient volume goal of 8-10 people per group. A variety of methods will be used to enroll patients from inside and outside of AHS.

Volume of Black Pregnant Patients & Black Births

AHS has more than enough Black patients to support Black Centering

of Black pregnant patients (11/15/19- 1/14/2020):

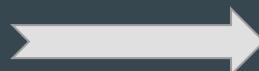
- 80 at Eastmont Wellness
- 232 at Highland Wellness
- 34 at Hayward Wellness
- 19 at Newark Wellness



365 Black pregnant patients!

of Black births at Highland (10/1/2019-1/1/2020):

- 84



336 Black births/year!

Patient Enrollment- Inside AHS

Currently, AHS Centering:

- Enrolls 16 patients/group
- Over a 1 month EDD range

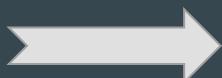


7.53 patients enrolled
6.5 patients attended

Higher volume than AHS's current attendance rate for individual visits (5-6 patients in 4 hrs)

Black Centering will:

- Enroll 20 patients/group
- Over a 2 month EDD range



8-10 patients attended per group

(If all patients attend, they can be split into 2 groups by 1 month due date range)

We will use the following strategies for enrolling AHS patients:

- Training clinic staff and clinicians, and providing them with promotional materials to recommend Black Centering at OB intake and new OB visits.
- Running monthly reports in EPIC identifying Black pregnant patients, and personally inviting them to enroll in Black Centering by phone.
- Promotional materials in all clinics (informational packets, flyers, posters)

Patient Enrollment- Outside AHS

In 2014 there were 1,700 Black births in our county. So by implementing BE*loved*BIRTH Black Centering, AHS can grow it's patient volume by attracting many more Black pregnant people.

Additionally, BE*loved*BIRTH Black Centering team will actively recruit new patients through the following strategies:

- ACPHD will refer patients from EmBrace Her and other Starting Out Strong services
 - Case load of 200-300 pregnant Black people
- The Black Centering coordinator will work with ACPHD on a public outreach campaign involving:
 - Tabling at community events
 - Radio
 - Social media
 - In person outreach with First 5 and other ACPHD outreach staff

Funding

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California's Perinatal Equity Initiative

- June 2018, CA Governor signed legislation establishing the California Perinatal Equity Initiative (PEI) within the California Department of Public Health.
- Response to continued statewide gap in Black infant mortality
- Aims to address the causes of persistent inequality and identify best practices to deal with disparities in infant mortality.
- Promotes the use of specific interventions designed to fill gaps
- Provides funding to county health departments to promote leadership and coordination for widespread and lasting change in public awareness and in public health and clinical practice.

PEI Interventions

As outlined in the Legislation, counties participating in the Perinatal Equity Initiative shall create a local community grant program and use funding for the following purposes:

- Evidence-based or evidence-informed group prenatal care
- Pregnancy intentionality, preconception and interconception care
- Fatherhood or partnership initiatives
- Evidence-based or evidence-informed home visitation programs (inclusive of case management)
- Other (a strategy not identified above, but based on local needs and resources such as the inclusion of mental health and/or other wrap around services including but not limited to assessment, personalized case management, doulas, patient navigator, access to evidence-based interventions that reduce preterm birth and infant mortality, etc.)

Funding Breakdown

ACPHD PEI grant funding:

- Co-facilitation by public health family support case managers who are also certified CenteringPregnancy group facilitators
- \$100K to fund AHS CNMs & IBCLC for program development and group facilitation
- Funding 0.2 FTE of admin time for Black Centering Coordinator
- Public outreach/promotional materials
- Mental health services for all group participants
- Nutritious meals for all group sessions
- Centering notebooks for patients
- Gifts/Incentive items for patients
- Childcare, toys and child care supplies
- Medical supplies as needed
- Speaker/guest facilitator stipends

Totaling >\$200,000 in year one with commitment to multi-year funding!

AHS commitment:

- Space to hold Black Centering Groups
- CNM clinician time after initial pilot (year two onward)

No added cost to AHS

Program Evaluation

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Rooted in Participatory Health Services & Research Justice, BE*loved*BIRTH Black Centering will utilize a wide range of strategies and instruments to assess community needs and evaluate the program

Program Evaluation

Our program design, evaluation, and community responsiveness will be informed by our relationships with Black birthing people, Black birth workers, and Black-led community organizations. These relationships will be established and maintained through regular community events (forums, listening sessions, Black birthing & motherhood celebrations, etc).

Additionally, we plan to use evaluation tools such as:

- Centering Counts, the Centering Healthcare Institute data collection tool
- Detailed pregnancy and birth outcome data
- Healthy Start Screening Tools
- Measures of Adverse Childhood Experiences (ACES) & Resilience
- Mothers Autonomy in Decision Making (MADM) score
- Mothers on Respect Index (MORI)

Our research and evaluation activities will also be supported by clinician scientist Dr Karen A. Scott, and by AHS's Women's Reproductive Health Equity Fellowship.

Karen A. Scott, MD, MPH, FACOG (she/her/hers)

- Reproductive Justice and Black Feminist informed Clinician Scientist:
 - Sexual, Reproductive, and Perinatal Epidemiologist
 - “Disruptive, Dissident, & Recovering” Board Certified OBGYN
 - OB Hospitalist
 - Public Health Scholar
 - Lifelong Learner and Educator
- Areas of expertise/Scope of work with
Black Centering
 - Co-Facilitation
 - Program Development, Implementation, and Evaluation
 - Participatory Health Services and QI Research
 - Interprofessional Education & Training
 - Community-Led QI Science, Ethics, and Accountability Board
 - Grant writing
 - Fundraising



Women's Reproductive Health Equity Fellowship



Dr Jordan Hastie, OB-GYN

Established at Alameda Health System (AHS) in 2019, fellows receive advanced training in clinical research and quality improvement under the tutelage of fellowship faculty.

Primary fellowship aims:

1. Study how and why racism-based disparities are created and maintained
2. Identify evidence-based strategies to eliminate them
3. Support the efforts of Black Centering to assess and address the needs of AHS's Black birthing people

Dr Jordan Hastie is AHS's first Equity Fellow. She has been an active member of our Black Centering working group, and helped conduct a focus group of 8 Black women aimed to assess community needs, and inform program development for BE*loved*BIRTH Black Centering.

“Sister-site” Partnership with ZSFG in San Francisco

Led by CNM Asmara Gebre, Zuckerberg San Francisco General Hospital (ZSFG), SF's largest safety-net healthcare provider, is preparing to launch Black Centering as well, and is collaborating with BE*loved*BIRTH Black Centering on program development, implementation, and evaluation. Our partnership as sister-sites across the bay will strengthen both Black Centering programs and create access to this model of care to Black birthing people in San Francisco as well as Oakland/East Bay.



Some of Asmara’s background & experience:

- Full scope midwife at ZSFG & Assistant Clinical Professor in Obstetrics, Gynecology & Reproductive Sciences School of Medicine, University of California, San Francisco
- BA in Nursing from University of San Francisco & Master’s in Midwifery from the University of California, San Francisco
- Experience providing culturally attuned and linguistically concordant Spanish Centering groups at ZSFG
- Founder of the BIPOC Aspiring Midwives Program, providing shadowing, mentorship, and community building support to BIPOC aspiring midwives
- Founding member of Sankofa Working Group, promoting efforts to improve services, experiences, & outcomes for Black, African American or African-identifying patients seeking care at ZSFG
- Doula mentor, SisterWeb San Francisco Community Doula Network
- Working group member, California Nurse-Midwives Association’s Anti-Racism and Reproductive Justice Committee.
- Asmara identifies as Black & Latinx, she/her/hers.

Asmara Gebre, CNM, MS

Why is Black Centering an important initiative for healthcare organizations to support?

1. Moral imperative to align our actions with the data to support the health of those most impacted by racism-based disparities in birth outcomes
 - a. Racism-based disparities are resulting in the suffering & death of Black mothers and babies
 - b. Unethical to continue individual care for Black people when it is proven to fail us
2. In a time of national focus on Black maternal and infant morbidity and mortality – Black Centering provides an active and clear approach to address the crisis
3. Black Centering supports the JCAHO benchmark on cultural competency and equity
4. Supports PRIME goals (Public Hospital Redesign and Incentives in Medi-Cal)
 - a. Aiming to provide patient-centered, data-driven, and team-based care
5. Best from a financial perspective
 - a. Higher standard of care will attract new patients, driving up volume and reducing no-show rates
 - b. Reduce costs associated with pregnancy complications; lower numbers of urgent triage visits and hospital admissions for pregnant people, and lower rates of NICU admissions for infants

Q: What if we don't have Black midwives? Can we still do Black Centering?

Racial concordance is a core component of this model of care, so not having Black midwives would mean that a practice doesn't have the internal capacity to implement Black Centering. But there are many other actions any practice can take today to support birth equity, grow their capacity to serve Black birthing people now, and build the capacity to be able to do Black Centering in the future.

- Listen to Black people! - patients, other providers, staff, community leaders & orgs
- Do anti-racism work within your practice (Me and White Supremacy by Layla Saad book clubs, bias training, etc)
- Actively recruit Black midwives, multiple, not just one
- Breakdown your practices birth outcome statistics by race, identify the disparities, and use that data to guide quality improvement initiatives
- Support the pipeline for Black people on the path to midwifery
- And more...

Contact information

Please reach out to us with any feedback, questions, or concerns.
We look forward to your support!

AHS Team Leaders

- Jyesha Wren, CNM, Black Centering coordinator: jywren@alamedahealthsystem.org; Cell (831) 713-6602
- Jennifer Braddock, CNM, Midwifery Chief: jbraddock@alamedahealthsystem.org
- Kevin Smith, OB/GYN, Maternal Child Health Department Chair: kssmith@alamedahealthsystem.org

ACPHD Team Leaders

- Anna Gruver, Maternal, Paternal, Child and Adolescent Health Unit Coordinator: Anna.Gruver@acgov.org
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A few Resources

Organizations:

- Black Mamas Matter Alliance
- Commonsense Childbirth, National Perinatal Taskforce
- Birth Rights Bar Association & The Elephant Circle
- Black Woman Birthing Justice

Books:

- Dismantling Racism: A Workbook for Social Change Groups, by Kenneth Jones and Tema Okun, ChangeWork, 2001
- Me and White Supremacy by Layla Saad
- Birthing Justice: Black Women, Pregnancy, and Childbirth. Chinyere Oparah and Alicia D. Bonaparte