

Every Mother Counts: listening to mothers to transform maternity care



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More than a decade ago, the United Nations Human Rights Council passed a resolution recognizing maternal health as a human right. Subsequently, global advocates mobilized to establish the right to respectful maternity care, which has since been formally recognized by the World Health Organization and endorsed by more than 90 international, civil society, and health professional organizations. Despite widespread acknowledgment of this right, traditional approaches to maternity care do not adequately address aspects of quality care that are highly valued by mothers and birthing people, such as respect, dignity, and shared decision-making, and high numbers of women and birthing people worldwide continue to experience disrespect and mistreatment during childbirth. Efforts to reduce maternal mortality have historically overemphasized clinical approaches while failing to listen to mothers and pregnant people, threatening patient autonomy, and contributing to persistent racial disparities and high levels of preventable maternal mortality. This article shares the birth story and evolution of Every Mother Counts, an organization dedicated to making pregnancy and childbirth safe, respectful, and equitable for every mother, everywhere, and provides tangible examples of how storytelling and listening to women—in film, media, research, advocacy, education, and patient care—can serve as powerful vehicles to create awareness of maternal health issues and transform our maternity care system into one that centers mothers in labor and childbirth and elevates equity and birth justice. There are concrete steps that every participant in the maternity care system can take to help make respectful, equitable care a reality, including implementing patient-reported experience measures as part of standard clinical practice, using individualized care plans and shared decision-making tools in patient care, and developing a grievance process to address instances of disrespectful care and mistreatment. Most importantly, we can listen to mothers, women, and birthing people, hear their concerns, and act promptly to provide the care and support that they deserve.

Key words: abuse, birth justice, childbirth, disrespect, health equity, human rights, maternal morbidity, maternal mortality, mistreatment, pregnancy, respectful maternity care

Introduction

On October 23, 2003, Christy Turlington Burns gave birth to her first child in a hospital birth center a few miles from her home in New York City. Approximately 1

hour after delivering a healthy baby girl, Christy experienced an unexpected and potentially life-threatening postpartum complication. Her placenta was retained, and she began hemorrhaging after active

management to extract it, experiencing excruciating pain and losing several liters of blood. Thanks to the support and expertise of her care team, Christy survived and was able to safely return home the next day with her daughter.

For Christy, this experience opened her eyes to the deeply concerning state of maternal health in the United States and worldwide. At the time she gave birth, close to half a million women and girls worldwide were dying from pregnancy and childbirth each year.¹ After researching her complication, Christy learned that hemorrhage is the leading cause of maternal mortality globally, accounting for more than one-quarter (27%) of all maternal deaths.² Had Christy not had access to birth options, resources, and quality and respectful maternity care, she may not have survived. Christy was unwilling to accept the dire state of maternal health as the status quo and felt compelled to take action. In 2010, she launched the documentary film *No Woman, No Cry*, which she directed and produced to share her birth story, uplift the stories of other mothers, and advocate for maternal health worldwide (Figure 1).

Although Christy's birth story ultimately had a happy ending, many of the stories of pregnancy, childbirth, and postpartum complications end in tragedy. Despite more than 2 decades of global efforts to address maternal mortality through the Millennium Development Goals and Sustainable Development Goals, approximately 295,000 women die each year from complications of pregnancy and childbirth, and an estimated 27 million pregnant and birthing people experience severe maternal morbidity.^{1,3} The maternal mortality ratio (MMR) in the United States is the highest of any high-resource country, even though we spend far more on maternity care than anywhere else in the world.^{1,4} Data from 2020 show

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that the MMR is continuing to rise in the United States and that racial disparities in maternal deaths are widening.⁵ Black, indigenous, and other women of color face a consistently higher risk of dying from pregnancy and childbirth than White women, a fundamental injustice deeply rooted in structural and interpersonal racism.^{6–8}

These sobering statistics underscore the need to reimagine current approaches to reduce maternal mortality and improve maternal health and well-being, and these efforts must start with women, mothers, and birthing people.

A note on language

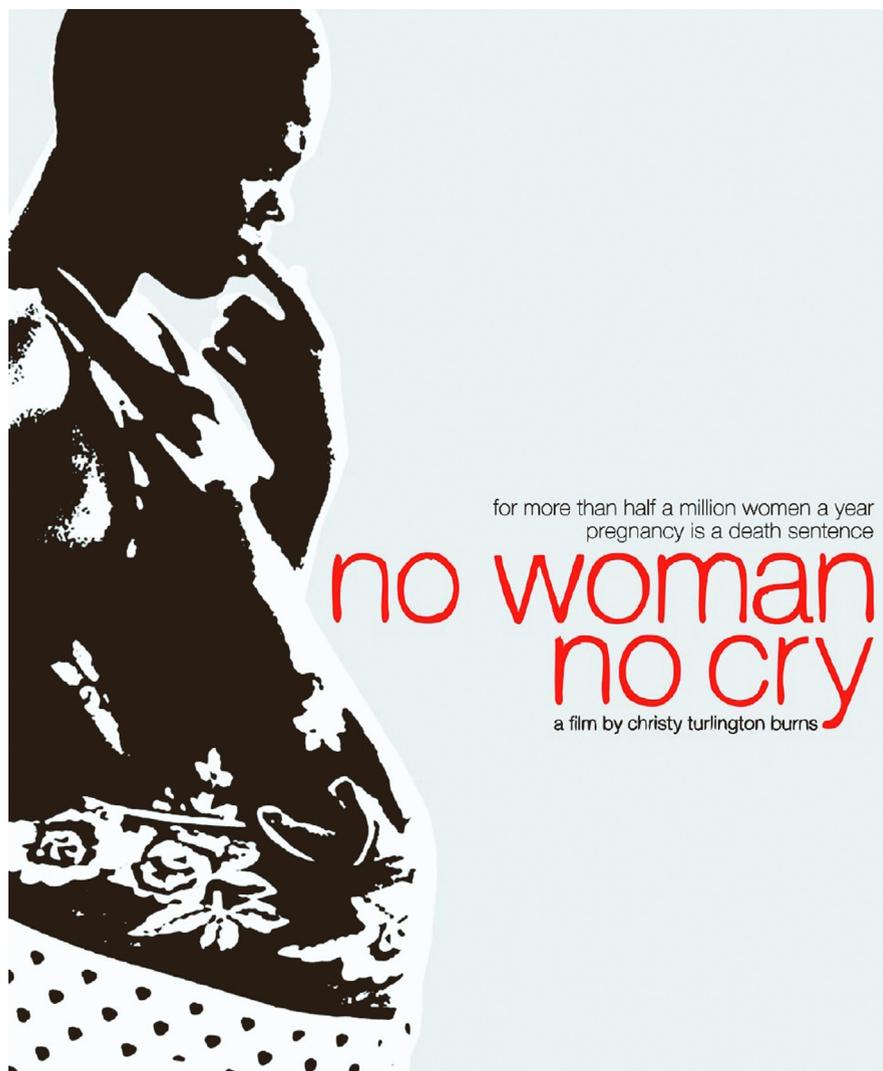
In recognition of the fact that there is no universal experience of pregnancy and birth and to affirm the diverse range of identities of people who experience pregnancy, we aimed to be inclusive with the language we use throughout this article by intentionally using a combination of gender-neutral terms, such as “birthing people,” and gendered terms, such as “mothers” and “women.” When citing research studies, we used the term that most accurately reflects the study population.

Centering mothers

Every Mother Counts, a nonprofit organization dedicated to making pregnancy and childbirth safe, respectful, and equitable for every mother, everywhere, emerged from the storytelling of *No Woman, No Cry*, and listening to the voices of mothers and birthing people continues to be a signature element of the organization’s work. Given these roots, we seek to elevate the voices of those who are best positioned to identify and develop effective, appropriate solutions to maternal health issues in their communities, namely, mothers, birthing people, and care providers.

Birth justice, part of the broader reproductive justice framework created by Black women in 1994, seeks to ensure all women and birthing people have the power to decide whether, when, where, and how to give birth and have access to the resources, information, and full range of culturally appropriate, person-

FIGURE 1
No Woman, No Cry



The image shows the movie poster for *No Woman, No Cry*, a film directed and produced by Christy Turlington Burns and released in 2010 to highlight stories of pregnancy and childbirth worldwide.

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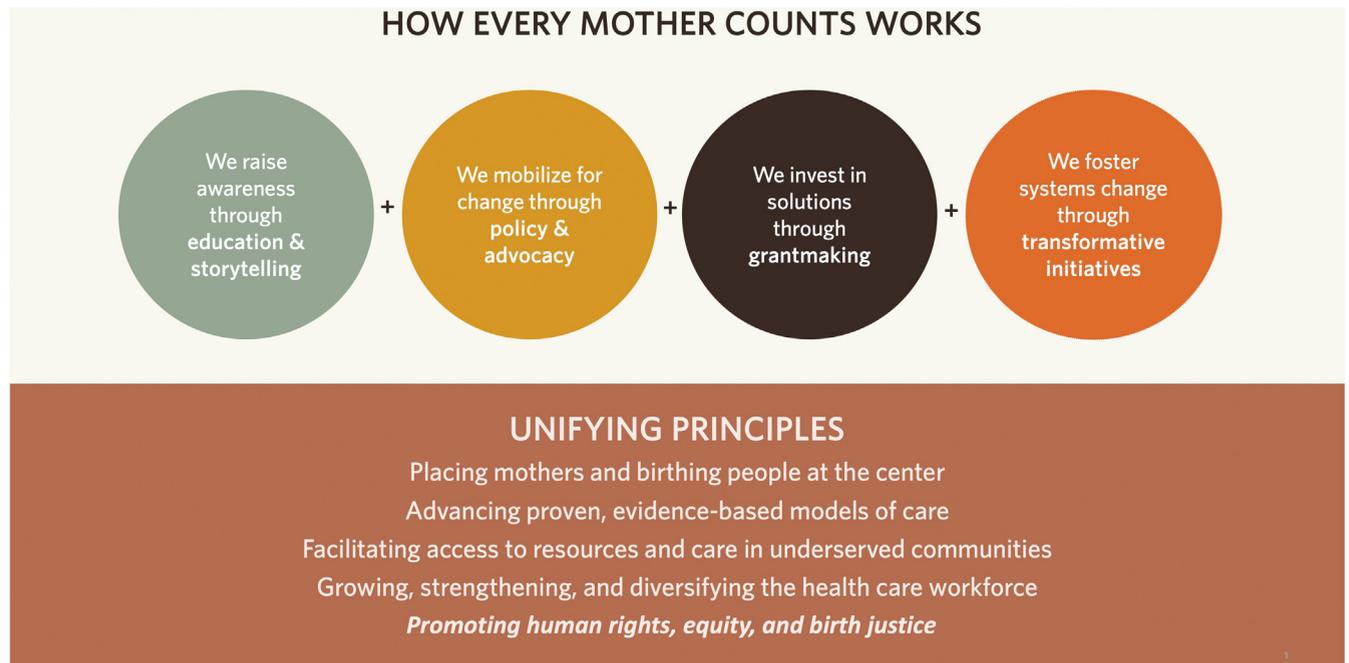
centered care options that they need to exercise those choices.^{9,10} Every Mother Counts has leveraged 4 distinct strategies to address the maternal health crisis and promote human rights, equity, and birth justice, each of which centers mothers’ and birthing peoples’ voices: storytelling, policy and advocacy, grantmaking, and transformative initiatives (Figure 2).

First and foremost, through storytelling, documentary filmmaking, data, and research, Every Mother Counts highlights the voices of underrepresented

mothers, birthing people, and care providers to raise awareness of maternal health issues and opportunities for action.^{11–14} Since 2010, we have produced more than 40 educational films spotlighting the experiences of birthing people and maternity care providers in the United States and worldwide, garnering millions of views.

Second, by amplifying mothers’ and birthing people’s experiences, we mobilize and engage communities to raise their voices and take action for change. We

FIGURE 2
Every Mother Counts' approach



The Every Mother Counts approach uses 4 strategies to achieve safe, equitable, and respectful maternity care for all.

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collaborate closely with and develop accessible tools and resources for policymakers, practitioners, thought leaders, and community members to identify priority maternal health issues and advocate for federal and state legislation. We have worked to shape, introduce, or advance dozens of federal and state bills and policies, including those focused on promoting accountability for person-centered and respectful care, expanding the availability of high-value models of care, and increasing access to care, such as by extending postpartum Medicaid coverage.

Third, Every Mother Counts invests in proven, community-led solutions through grantmaking. We invest in and partner with programs that provide quality, culturally concordant, and respectful care, support, and training to improve and eliminate disparities in both maternal health outcomes and experiences of care (Figures 3 and 4). Since 2012, our grantmaking has supported more than 40 community-driven programs in 16 countries and reached more than 1 million women, birthing people,

babies, families, and healthcare workers with high-quality maternity care and support, professional training, and humanitarian aid (Figure 5).

In 2021, Every Mother Counts launched the fourth and newest pillar of our work, transformative initiatives, to advance innovative approaches that can lead to systems change, elevating person-centered solutions and tools, supporting the integration of best practices in maternal health systems, and establishing equitable and respectful maternity care practices in alignment with principles of human rights and birth justice.

Respectful maternity care: a global human rights movement

“There was mutual respect between my providers and myself. It made things flow more gracefully. I felt I had the best care I could ever ask for.”¹⁵

Since its founding, Every Mother Counts has advocated alongside global

leaders and community members to ensure mothers and birthing people realize their right to high-quality, respectful maternity care, free from discrimination and mistreatment, as an essential component of maternal health. Maternal health was first recognized as a human right in 2009 by the United Nations Human Rights Council, after which the White Ribbon Alliance led and convened a global movement to establish respectful maternity care as an essential component of that right in the *Respectful Maternity Care Charter: The Universal Rights of Childbearing Women* (Table).^{16,17} Respectful maternity care was formally solidified as a human right in 2014, when the World Health Organization (WHO) recognized, with the endorsement of >90 international, civil society, and health professional organizations, that “every woman has the right to the highest attainable standard of health, including the right to dignified, respectful care during pregnancy and childbirth.”¹⁸

What does it mean to put this right into practice? Listen to women. Listen to mothers. Listen to birthing people. If there

is one constant throughline that captures the essence of Every Mother Counts' work, it would be this. Evidence shows us that being heard and treated with respect and dignity is the top priority for women and birthing people in their maternity and reproductive care. In 2018, Every Mother Counts joined the Steering Committee of the What Women Want Campaign, a global initiative led by the White Ribbon Alliance that invited women and girls from all over the world to respond to a single question: What is the 1 thing they want for their maternal and reproductive health-care? Of 1.2 million women from 114 countries, the top response was to be treated with respect and dignity.¹⁹ Qualitative studies of Black mothers and other mothers of color in the United States have similarly found that birthing people want to feel seen, heard, and respected during maternity care.^{20,21} Although these requests seem simple, actualizing the right to respectful maternity care remains a challenge.

Mothers' voices highlight the need for change

“Once I walked into the hospital, I felt like I didn't have any rights anymore. Too many things happened to me that were beyond my control. When I look back, I'm appalled. I felt powerless and like my opinions didn't matter.”¹²

Despite formal recognition of the right to respectful maternity care, the reality for mothers and birthing people is often very different; globally, disrespect and mistreatment in maternity care remain far too common.^{22–24} Bohren et al²² conducted a systematic review of studies on mistreatment (often referred to globally as “disrespect and abuse”) during childbirth across 34 countries and created a typology to categorize mistreatment that includes verbal, physical, and sexual abuse; stigma and discrimination; failure to meet professional standards of care (neglect, lack of informed consent, etc.); poor rapport between patients and providers; lack of facility policies; abusive facility culture; and lack of

FIGURE 3

Christy Turlington Burns with Maria Azucena Fuentes Diaz, 2022



At the ACAM birth center, Maria Azucena Fuentes Díaz shows Christy Turlington Burns the medicinal plants used by midwives. Fuentes is board president and one of the original founding midwives of ACAM, an organization supported by Every Mother Counts. The ACAM birth center is located in Concepción Chiquirichapa, a municipality in the Guatemalan department of Quetzaltenango in the country's Western Highlands (photo by Janet Jarman for Every Mother Counts).

ACAM, Association of Midwives of the Mam Speaking Area.

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facility resources. A cross-sectional study of mistreatment during childbirth in health facilities in Ghana, Nigeria, Myanmar, and Guinea found that 42% of observed women and 35% of surveyed women experienced instances of physical or verbal abuse or stigma and discrimination, including receiving procedures without consent and being detained in a facility, among others.²³

Quantitative studies on disrespect and mistreatment in maternity care have primarily been conducted in low-resource countries despite reports of negative experiences in high-resource countries.^{22,25,26} To address these gaps in quantitative data and further examine the influence of race, ethnicity, and place of birth on experiences of care in the United States, as a member of the Birth Place Lab's Steering Council, Every Mother Counts partnered in the design, fielding, and analysis of the national “Giving Voice to Mothers” survey. More than 2700

childbearing people from across the United States completed the survey, which included validated items addressing all domains of the Bohren et al²² typology of mistreatment. The results revealed striking patterns of mistreatment and marked racial disparities. Among people giving birth in a US hospital, 1 in 4 White women and 1 in 3 women of color reported experiencing mistreatment by a care provider during childbirth.¹¹ Across the full sample, the most common forms of mistreatment included being shouted at or scolded, being refused help or ignored, violations of physical privacy, withholding treatment, or forcing unwanted treatment.¹¹ Among all racial and ethnic groups, Black women were the most likely to report wanting to lead decisions around their pregnancy and birth but had the lowest reported scores for autonomy in decision-making.¹¹ Furthermore, Black respondents had significantly higher odds of experiencing pressure to consent to (aOR 1.55, 95% CI

FIGURE 4
Christy Turlington Burns with Angela Delgado, 2022



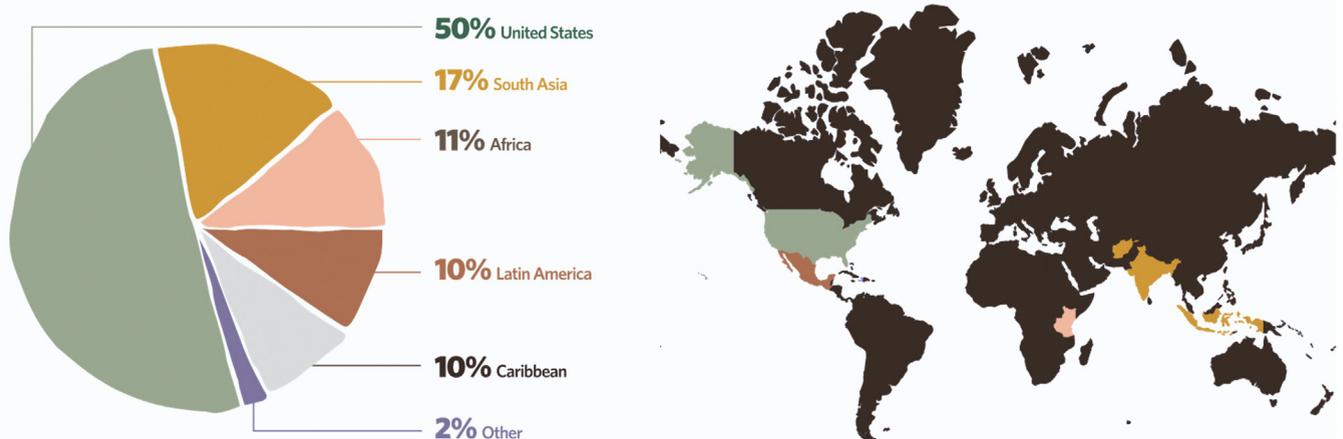
Christy Turlington Burns greets traditional midwife Angela Delgado during her 2022 visit to ACAM, one of the organizations supported by Every Mother Counts. In addition to their birth center, ACAM provides training to community midwives, such as Angela Delgado, and offers maternal health services through mobile clinics in 4 communities in the Guatemalan department of Quetzaltenango in the country's Western Highlands (photo by Janet Jarman for Every Mother Counts).

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The findings from “Giving Voice to Mothers” were consistent with those of the national “Listening to Mothers III” survey, which similarly found that 40% of women reported communication problems during prenatal care and 24% perceived discrimination in the hospital during childbirth.²⁸ “Listening to Mothers in California,” which asked more specifically about disrespect and mistreatment among women who gave birth in California hospitals in 2016, found that 8% of women reported that a maternity care provider used harsh, rude, or threatening language during their hospital stay for childbirth, 8% of women reported experiencing rough handling, and 14% of women experienced pressure to have their labor induced.²⁹ These studies suggested that coercion, disrespect, and belittling in maternity care settings occur with shocking frequency in the United States, particularly among Black mothers and other people of color. Feedback from mothers and birthing people about their care experiences makes clear that we need to reimagine our maternity care system to better protect the rights to bodily autonomy and informed consent for medical procedures, particularly among those with minoritized racial and ethnic identities.

1.08-2.20) or forced perinatal procedures (aOR 1.89, 95% CI 1.35-2.64) than their White counterparts, even after controlling for contextual factors, such as birthplace, practitioner type, and prenatal care setting.²⁷

FIGURE 5
Every Mother Counts' grantmaking portfolio, 2021



In 2021, Every Mother Counts issued \$2.5 million in grants to 35 programs across 11 countries.

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TABLE

International human rights instruments supporting the right to respectful maternity care¹⁷

Rights of pregnant people and newborns to respectful maternity care	International legal authority
Right to freedom from harm and ill treatment	International Covenant on Civil and Political Rights, Article 7 Convention on the Rights of the Child, Articles 19 and 27 Convention on the Rights of Persons with Disabilities, Articles 15 and 16
Right to information, informed consent, and respect for one's choices and preferences	International Covenant on Civil and Political Rights, Articles 7 and 19 Convention on the Rights of the Child, Articles 5 and 13
Right to privacy and confidentiality	International Covenant on Civil and Political Rights, Article 17 Convention on the Rights of the Child, Article 16 Convention on the Rights of Persons with Disabilities, Article 22
Right to be treated with dignity and respect	International Covenant on Civil and Political Rights, Article 17 Convention on the Rights of the Child, Article 23 Convention on the Rights of Persons with Disabilities, Article 17
Right to equality, freedom from discrimination, and equitable care	International Covenant on Civil and Political Rights, Articles 24 and 26 Convention on the Elimination of All Forms of Discrimination Against Women, Articles 1, 12, and 14 International Covenant on Economic Social and Cultural Rights, Articles 2 and 10 International Convention on the Elimination of All Forms of Racial Discrimination, Articles 2 and 5 Convention on the Rights of Persons with Disabilities, Articles 5, 6, and 7
Right to healthcare and to the highest attainable level of health	International Covenant on Economic Social and Cultural Rights, Article 12 Convention on the Elimination of All Forms of Discrimination Against Women, Articles 5 and 12 Convention on the Rights of the Child, Articles 23 and 24 Convention on the Rights of Persons with Disabilities, Article 25
Right to liberty, autonomy, self-determination, and freedom from arbitrary detention	International Covenant on Economic Social and Cultural Rights, Article 1 International Covenant on Civil and Political Rights, Articles 1, 9, and 18 Convention on the Rights of the Child, Article 37
Right to identity and nationality from birth	International Covenant on Civil and Political Rights, Article 24 Convention on the Rights of the Child, Article 7
Right to adequate nutrition and clean water	Convention on the Elimination of All Forms of Discrimination Against Women, Articles 12 and 14 Convention on the Rights of the Child, Article 24 International Covenant on Economic Social and Cultural Rights, Article 11 Convention on the Rights of Persons with Disabilities, Article 25

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Health consequences of disrespectful maternity care

Too many people giving birth, especially Black and Native American women, experience a maternity care system where they are not listened to by their providers, which not only results in negative birth experiences but also puts their health and lives at risk. As maternal mortality review committees have found, mistreatment and disrespectful care in maternity settings too often make the difference between life and death. The 2018 New York state report on pregnancy-associated deaths found that discrimination (ie, dismissal of patient

concerns because of race, gender, or weight or delayed diagnostic procedures because a patient was pregnant) was a probable or definite circumstance underlying nearly half (46%) of pregnancy-related deaths.³⁰ Similarly, California's Pregnancy-Associated Mortality Review from 2002 to 2007 found that healthcare provider factors, such as delayed responses to clinical warning signs, ignoring or misinterpreting patient complaints, and ineffective care, were the highest contributor to maternal deaths.³¹

Behind each statistic is a story. High-profile stories, such as those of Dr Shalon

Irving, Kira Johnson, and Serena Williams, have underscored the consequences of childbearing people's concerns being ignored and their care delayed:

- Dr Shalon Irving was a Centers for Disease Control (CDC) epidemiologist who researched health disparities. Nonetheless, Dr Irving's postpartum complications and warning signs were overlooked by her providers and the concerns and questions from her and her family were pushed aside, leading to her death from complications of high blood pressure in 2017.³²

- After what was expected to be a routine cesarean delivery, concerns about the health of Kira Johnson, a successful entrepreneur, were ignored, and medical providers delayed treatment for hours. By the time Kira's internal bleeding was treated, it was too late to save her life even though death from obstetrical hemorrhage is considered to be among the most preventable causes of maternal death.³³
- It was only after repeatedly demanding the exact care she needed from her providers that Serena Williams, a US tennis champion, received the medical attention and treatment she needed after a postpartum pulmonary embolism.³⁴

Stories of preventable maternal deaths and near misses continue to proliferate—if birthing people's voices were heard and concerns acted upon, how many of these women would still be here today? The effect of failing to listen and act, breakdowns in communication, and lack of trust on effective, life-saving care cannot be overstated.

These devastating events are fueling efforts to change and improve the health care system to be more responsive to mothers and birthing people. Following a series of deaths of Black mothers in the summer of 2020 and growing support for the Black Lives Matter movement in the United States, Every Mother Counts convened a coalition of 26 partners and reproductive and birth justice leaders to pen a joint statement on the need for birth justice, accountability, and legal guarantees for safe, respectful, and anti-racist maternity care. The open letter ran as a full-page spread in the *New York Times* on July 25, 2020, and served as a rallying cry for the more than 13,000 birth justice advocates who signed on in support of the statement (Figure 6).

Strengthening our maternity care system to center mothers and birthing people requires directional shifts at every level: from a focus on emergency response toward a greater emphasis on prevention, from a clinical perspective toward a more comprehensive approach that addresses people's needs holistically, and from a focus on deficits toward

scaling and integrating equitable models of care that work.

Attainable solutions

Research points to attainable and scalable solutions to reimagine maternity care and address the maternal health crisis. These include investing in models of care that prioritize listening to mothers; centering their rights to dignity, autonomy, and self-determination; and ensuring that people feel seen, heard, and respected in their maternity care.

Integrating high-value, person-centered models of care

“You're treated differently in midwifery care. I was a pregnant woman being cared for and informed about decisions. Before I switched to a midwife, I was a patient with a condition that needed to be taken care of.”¹²

Every Mother Counts advocates for every woman and birthing person to have access to care that aligns with their needs and preferences. Of note, one way we do this is by investing in existing high-value, evidence-based solutions, such as the midwifery model of care and nonclinical doula support, that have demonstrated track records of contributing to excellent maternal health outcomes and positive care experiences and addressing inequities.

The midwifery model, for instance, emphasizes relationship-based care grounded in autonomy, respect, and informed decision-making, an approach that can be especially beneficial for women and birthing people of color.³⁵ These core principles of the midwifery model illustrate positive practices that not only midwives but also all types of care providers and clinicians can adopt to practice in a way that aligns with the WHO standards for respectful maternity care.

Studies have shown that the midwifery model reduces avoidable complications stemming from the overmedicalization of childbirth by using medical interventions only when the benefits outweigh their risks.³⁶ Considerable evidence demonstrates that midwifery care results in fewer

medical interventions, such as episiotomies and epidurals, fewer serious lacerations, and a higher likelihood of breastfeeding.^{37–39} Furthermore, mothers and birthing people who receive midwifery care are more likely to report a greater sense of satisfaction, control, and confidence in their childbirth experience than those who received physician-led care.³⁸ A cross-sectional study also provided preliminary evidence that high levels of midwifery integration at the state level are associated with significantly higher rates of physiological birth ($r=0.402$, $P<.01$), fewer obstetrical interventions (cesarean section: $r=-0.278$, $P<.05$), and fewer adverse neonatal outcomes (neonatal mortality: $r=-0.545$, $P<.01$, preterm birth: $r=-0.480$, $P<.01$, low birth weight: $r=-0.353$, $P<.05$), although additional studies are needed to better understand the relationship.⁴⁰

Despite extensive evidence on the benefits of midwifery care, this model has yet to be well integrated into the US healthcare system. Only 12% of births in the United States are attended by midwives and less than 2% of births occur in community settings, and midwives who practice in hospitals often find themselves constrained by environments that are not conducive to operationalizing the core values and beneficial practices of midwifery.^{35,41,42} Laws and policies at the state, local, and institutional levels may also limit the ability of midwives to actualize their full scope of practice. At the state level, only Certified Nurse-Midwives (CNMs) are legally recognized medical providers in all 50 states, whereas Certified Midwives (CMs) and Certified Professional Midwives face barriers to licensure and are currently only recognized in 9 and 34 states, respectively.⁴³ Even when recognized at the state level, midwives may face institutional barriers in the contexts in which they practice, such as policies that require physician collaboration or supervision or hospital bylaws that deny or restrict their admitting privileges, sometimes despite state laws.^{12,43} To address some of these challenges and ensure patients in a range of birth settings can benefit from the midwifery model of care, Every Mother Counts

recommends that hospitals and health systems fully integrate midwives and provide an enabling practice environment that prioritizes team-based care and allows midwives to work at the top of their licensure and exercise their full scope of practice. Creating an enabling and well-integrated practice environment for midwifery while ensuring the availability and appropriate use of needed physician services is essential to achieving a high-value maternity care system that meets the varied needs of mothers and birthing people.

Transforming maternity care

“My doctor was supportive of natural birth, but he had no control over hospital policy. As much as he wanted to support me in what I wanted, he would throw up his hands and say, ‘That’s the hospital.’”¹²

Although the US maternity care system, from payment structures to institutional policies, can constrain providers’ efforts to meet the needs of women and families, it does not have to be this way. Together, physicians, health systems administrators, policymakers, and other healthcare providers can be powerful advocates to transform our maternal healthcare system at all levels into one that sees, hears, and is accountable to the people and communities seeking care.

The theme of listening to mothers and birthing people is already becoming more prominent in the context of obstetrical care. The American College of Obstetricians and Gynecologists created a pin with the motto: “I’m listening. Every mom. Every Time.” The CDC’s key public-facing maternal health campaign is called “Hear Her,” in recognition of the fact that “Women know their bodies and can often tell when something is not right” and that it can make the difference between life and death when healthcare providers listen and respond to patient concerns.⁴⁴ In June 2022, the Biden Administration released the White House Blueprint for Addressing the Maternal Health Crisis, which outlined 5 priorities to improve maternal health outcomes, including “to ensure those

FIGURE 6

“Birth justice now” statement

A NATIONAL CALL FOR BIRTH JUSTICE AND ACCOUNTABILITY

HOW MANY BLACK, BROWN, AND INDIGENOUS PEOPLE HAVE TO DIE GIVING BIRTH?



EVERY MOTHER COUNTS

Racism, not race, is killing Black, Brown, and Indigenous people in our maternity care system.

IN THE UNITED STATES, women are more likely to die from complications of pregnancy and birth than in 54 other high-resource countries, and most of these deaths are preventable. For the first time, a woman is twice as likely to die from pregnancy-related complications as her mother was a generation ago. This burden is not equally shared.

For Black, Brown, and Indigenous people, childbirth in the U.S. is often not the joyous experience that we all deserve. Black and Indigenous women are two to three times more likely than white women to die from complications of pregnancy and birth. Black and Indigenous women are also more likely to experience severe complications or “near misses” than white women. One in three people of color giving birth in a hospital reported that they experienced disrespectful care or mistreatment.

Too often, Black, Brown, and Indigenous people are denied equal access to respectful, high-quality maternity care that is free from bias and discrimination. In maternity care units across the country, they are treated with condescension, disregard, neglect, and fear-based coercion. When asserting their rights to informed consent, bodily autonomy, and self-determination, they are subject to surveillance and policing under the same systems of structural racism that discriminate, control, and criminalize.

For Black, Brown, and Indigenous communities, we can’t talk about birth equity without also talking about state-sanctioned violence and police brutality. These injustices that start at birth took the lives of Tamir Rice, Trayvon Martin, Michael Brown, Sandra Bland, George Floyd, Breonna Taylor, as well as Sharon Irving, Kira Johnson, Amber Rose Isaac, Sha-Asia Washington, and too many other Black people who were victims of medical racism in the maternal health care system. **That’s why birth justice matters.**

We need action rooted in reproductive justice. Founded by 12 women of color in 1994, Reproductive Justice is a movement-building and organizing framework that identifies how reproductive oppression is a result of the intersection of multiple oppressions and is inherently connected to the struggle for social justice and human rights. The movement addresses the intersectional needs of Black, Brown, and Indigenous communities, as birth injustice is never just

about access to equitable healthcare but the intersecting systems of inequities, such as housing, incarceration, food apartheid, child protective services, unprovoked violence, environmental injustices, and more.

Quality, equitable, and respectful care in childbirth is an essential human right. It’s not enough to just talk about health equity. We need a complete systematic overhaul of the full spectrum of reproductive health care and maternity care within the U.S. This is not just about implicit bias or the racism of individual providers. **Our hospitals, health care systems, and health insurance companies must be accountable to the people and communities they serve, center patients as experts in their care, and honor patients’ rights to make decisions about their own bodies.**

We envision a reality where

- The human rights of all people to decide whether to have or not have children and to parent children in safe and sustainable communities are protected, respected, and fulfilled.
- All people have meaningful options regarding where, how, and with whom they will give birth and can expect respectful, person-centered, anti-racist models of care.
- An individual’s access to quality care does not depend on health insurance coverage or where they live.
- Midwifery care, doulas, and perinatal support services are fully integrated into maternity care, and all health care professions reflect the diversity of the patients they serve.
- Transformative justice remedies, like community tribunals, are available to individuals, families, and communities when incidents of human rights violations, obstetric violence, and mistreatment occur in health care settings.

We demand systemic change that is grounded in reproductive justice and promotes an anti-racist model of health care. This begins with:

- Passing the **Black Maternal Health Momnibus Act (H.R. 6142/S.3424) in Congress which includes:**

1. **Investing in the social determinants of health** that influence maternal health outcomes (like housing, transportation, child care, and nutrition).

2. **Funding community-based and improving birth organizations** working to improve maternal health outcomes for Black and Indigenous women.

3. **Growing, diversifying, and strengthening the perinatal workforce** to ensure that all people can receive maternity care and support from people they trust.

4. **Implementing education on bias, racism, and discrimination** in maternity care settings and promoting instructional training for maternity care providers in underserved communities.

5. **Promoting innovative payment models** to incentivize high-quality maternity care and supporting continuous insurance coverage for pregnant and postpartum people.

• **Legislative proposals, like the BREATHE Act**, recently unveiled by Congresswoman Pressley, Congresswoman Tlaib, and the Movement for Black Lives. We need such proposals that aim to divest from the system of over-policing Black, Brown, and Indigenous people and instead invest in new approaches to maintain safe and sustainable communities for all people.

• **Making policy changes that provide legal guarantees to respectful, non-discriminatory maternity care and transparent mechanisms that hold health systems and government accountable for incidents of obstetric violence, mistreatment, and human rights violations in childbirth.**

• **Redirecting resources to amplify, promote, and implement solutions developed by Black, Brown, and Indigenous leaders** addressing maternal health disparities, including protecting and supporting Black and Indigenous birth workers who are effectively serving their communities including midwives and doulas.

• **Transforming training requirements for all health professionals to deliver anti-racist, culturally humble care** rooted in human rights.

As leaders, organizations, and allies in the birth and reproductive justice movements, we call for institutional and governmental accountability for birth justice and legal guarantees for safe, respectful, anti-racist care, starting today. Now is the time to show to the world that birth justice matters.

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Commonsense Childbirth
National Black Midwives Association
National Association to Advance Black Birth
Foundation for the Advancement of Midwifery
Movement for Family Power
SisterSong
Changing Woman Initiative
Black Women’s Health Initiative
In Our Own Voice

WHAT CAN YOU DO?

Visit [<landing page link>](#) for comprehensive actions, including:

Call on your elected officials to pass the Black Maternal Health Momnibus Act and introduce the BREATHE Act.

Share your experience giving birth and reporting all incidents of obstetric violence, mistreatment, and human rights violations in childbirth.

Sign-on and add your voice to these calls to action from organizations/leaders.

Published as an ad in the New York Times in 2020, the “Birth justice now” statement highlighted the need for birth justice, accountability, and legal guarantees for safe, respectful, and antiracist maternity care.

Baumont. *Every Mother Counts: listening to mothers.* *Am J Obstet Gynecol* 2023.

giving birth are heard and are decision-makers in accountable systems of care.” The Blueprint highlighted several commitments to ensuring all women are listened to and respected, including increasing community participation in Maternal Mortality Review Committees and supporting care coordination through a team-based approach.⁴⁵ These efforts represent a promising first step toward transformation by increasing awareness of the importance of listening to mothers and offering concrete solutions to improve experiences of care.

Every Mother Counts contributes to this work by uplifting the voices of mothers and birthing people to reimagine what a respectful, responsive maternity care system could look like. Through our transformative initiatives work, we are identifying and scaling solutions that are person centered and contribute to long-term systems change. For example, in partnership with the University of Miami’s Miller School of Medicine, we codesigned and piloted a workshop curriculum titled “Introduction to Addressing Racial Disparities in Maternal Health,” which used our *Giving Birth in America* film series to illustrate the lived experiences of families across the country and deepen medical students’ understanding of the maternal health landscape, drivers of racial disparities, and strategies to combat racism in healthcare.⁴⁶ Since the initial 4-session pilot workshop in 2021, the series has become a permanent component of the clinical curriculum for all medical students at the Miller School of Medicine. The curriculum was designed to be easily adaptable and replicable by other institutions to strengthen the maternity care workforce and better equip future healthcare providers to tackle disparities in maternal health outcomes.

A second example of centering mothers’ voices to transform maternity care is JustBirth Space, a free virtual support platform grounded in a birth justice framework. Created by Every Mother Counts in partnership with Ancient Song Doula Services, Village Birth International, and Jacaranda Health, JustBirth Space offers responsive, person-centered, and compassionate

perinatal support and resources in English and Spanish through text and video chat and virtual support groups and classes for mothers, pregnant people, and families. The platform emerged from a recognition of the many barriers pregnant women and birthing people face when seeking support; it strives to create an inclusive community that supports everyone throughout their reproductive journeys, regardless of identity, ability, or income. In the 2 years since its founding, JustBirth Space has connected with more than 4000 mothers, birthing people, and families across the United States, filling crucial gaps in access to perinatal support, particularly for those from communities most affected by the maternal health crisis.

These transformative initiatives demonstrate what is possible in a reimagined health system that thinks big and embraces policies and practices that are comprehensive, compassionate, anti-racist, and responsive to communities’ needs and preferences.

The road to birth justice: listen to women

“I can’t begin to explain how beautiful the whole experience was.... [I felt like] I was at the center of my own experience and decision-making process. I never felt fear-based pressure to make any particular decision. I was really given the choices, and I wasn’t coerced or forced into making decisions. I truly had the support that I needed...[and] a care provider who actually trusted me.”¹²

The COVID-19 pandemic has underscored the urgency to rethink our maternal health systems and work together to ensure that everyone seeking maternity care not only survives childbirth but also thrives as a new parent. Now is the time to transform our actions, care practices, healthcare systems, and policies into ones rooted in reproductive justice and human rights, until all mothers and birthing people experience safe, respectful, and equitable care.

As healthcare providers, health systems leaders, advocates, and policymakers, we each have the opportunity to help make respectful, equitable care a reality—and it all starts with listening to women, mothers, and birthing people.

The following are some of the concrete steps we can take to move toward a world of compassionate, respectful maternity care, where women know that when they seek care, they will be listened to and valued—a world where truly Every Mother Counts—and every participant in the maternity care system, from clinicians, hospital administrators, to the administrative and support staff and others, works as a team to ensure continuity of care and center mothers and birthing people every step of the way:

1. Listen to mothers, women, and birthing people and act promptly in response to their expressed concerns.
2. Implement individualized care plans (ie, birth plans) and shared decision-making tools in patient care and ensure patient plans and preferences are communicated to all members of the care team.⁴⁷
3. Ensure that all health professional training curricula, including continuing education, incorporate human rights frameworks, anti-racism, and respectful care practices.
4. Review and amend hospital policies to align with human rights principles, as outlined in the *Respectful Maternity Care Charter*.¹⁷
5. Adapt and implement patient-reported experience measures, including experiences of racism, as part of standard clinical practice. Use feedback to make changes to institutional-level policies and care practices to improve the quality and experience of care.^{47,48}
6. Improve accountability by creating a grievance process for disrespectful care, discrimination, and mistreatment during pregnancy and birth and publicly reporting key indicators for birth outcomes and interventions, such as cesarean surgery rates, stratified by race and ethnicity.⁴⁸
7. Develop interdisciplinary and clinical training opportunities for both

midwives and physicians in medical and midwifery education programs, to support collaborative care that will foster respect for the value of each discipline's contributions toward excellent maternal health outcomes.

8. Strengthen the integration of midwives into hospital maternity units by ensuring that midwives can work at the top of their licensure without being limited or subject to physician supervision, including midwives on medical advisory boards, affording CNMs and CMs admitting privileges, and implementing hospital policies that facilitate practicing in a manner consistent with the midwifery model of care. ■

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