

The
**BLACK
BIRTHING
BILL OF
RIGHTS**



NATIONAL ASSOCIATION TO
ADVANCE BLACK BIRTH

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NAABB **Board Members:**

- Tracie Brown, CNM
- Teneele Bruce, MBS, CBS
- Stephanie Etienne, MPH, CNM
- Nandi Hill, LM, CPM, NARM
- Noelene K. Jeffers, PhD, IBCLC, MSN, CNM
- Shantrice King, CNM
- Ebony Marcelle, FACNM
- Faith Peterson, MD
- Ravae Sinclair, JD, PBD(IPP), CLC, AdvCD(DONA)

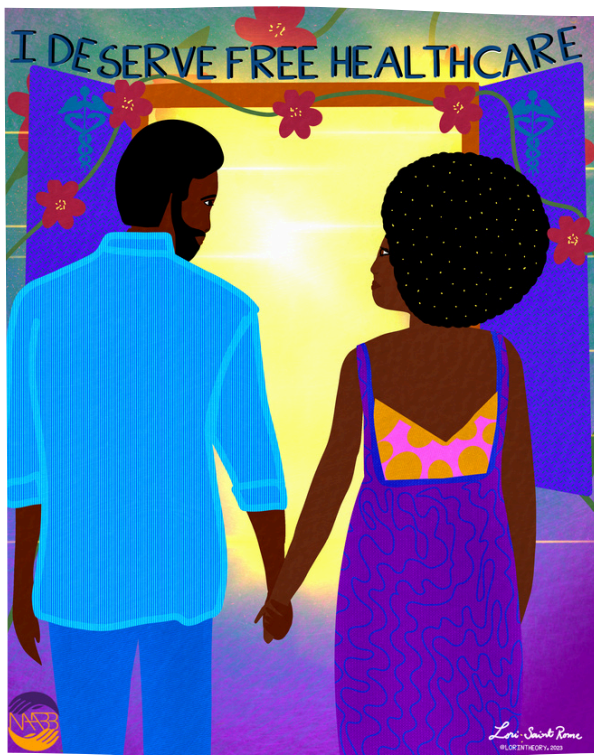
NAABB **Staff Members:**

- Payshia Edwards-Smith, MPH, Doula, CLES
- Symone Williams, MPH(c), LEC

Thank You!



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO RECEIVE FREE HEALTH CARE.

Health care is a human right and it should be free for everyone. Unfortunately, capitalism is a cornerstone of our current healthcare system. As a result, access to care is inequitable - not everyone has the same access to care because of differences in income, wealth, and health insurance status. People may be unable to afford their desired care or have limited options.

All Black birthing people deserve access to free and quality healthcare. Join us in advocating by sharing the Black Birthing Bill of Rights.



I HAVE THE RIGHT TO RECEIVE CARE FROM PROVIDERS THAT SHARE MY CULTURAL OR RACIAL BACKGROUND.

Culturally congruent care matters for Black people. Black providers who have similar cultural experiences may be better able to understand the impacts of racism. This shared lived experience can also serve to build trust between a person and their provider, ultimately improving care.

Currently, there is a shortage of Black health care professionals. For example, despite a long history of midwifery in the Black community, less than 2% of the nation's reported 15,000 midwives are Black.

We need more midwives, physicians, and health care providers who understand our experiences as Black people.

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**I HAVE THE RIGHT TO RECEIVE SUPPORT FROM
A DOULA, BIRTH COMPANION, OR OTHER
PROFESSIONAL.**

A doula or birth companion is a person trained to provide advice, information, emotional support, and physical comfort to a birthing person during the perinatal period. Doula support has been shown to improve the health outcomes of birthing people by decreasing C-sections and obstetric complications. Doula support also includes ensuring the birthing person has access to resources applicable to their abilities and disabilities.

Doulas are an essential part of the perinatal health team and should not be excluded from the birthing room. Doulas should receive equitable and fair compensation for their work.



**I HAVE THE RIGHT TO CHOOSE THE FAMILY, FRIENDS, AND
SUPPORT TEAM THAT ARE PRESENT DURING MY
PREGNANCY, BIRTH, AND POSTPARTUM CARE.**

When Black birthing people have the support team of our choice, we experience improved pregnancy and birth outcomes. Support looks different for each person and it is crucial that hospitals and providers respect and validate your support network of choice.

This includes not arbitrarily limiting the number of people who can accompany you for your birth. Any restrictions that do exist should be for the safety of everyone. Restrictions that separate birthing people from their support personnel, advocates, and loved ones are harmful.

Often, hospital policies do not reflect the vital need for doulas within perinatal care settings. As a direct result, doulas are typically defined as “visitors” within hospitals which puts them at risk of being easily dismissed by hospital staff. Hospital policies should reflect that doulas are not “visitors” in the traditional sense and therefore should not be bound by time visitor policies and limitations that would restrict their ability to remain with the birthing person and/or family.



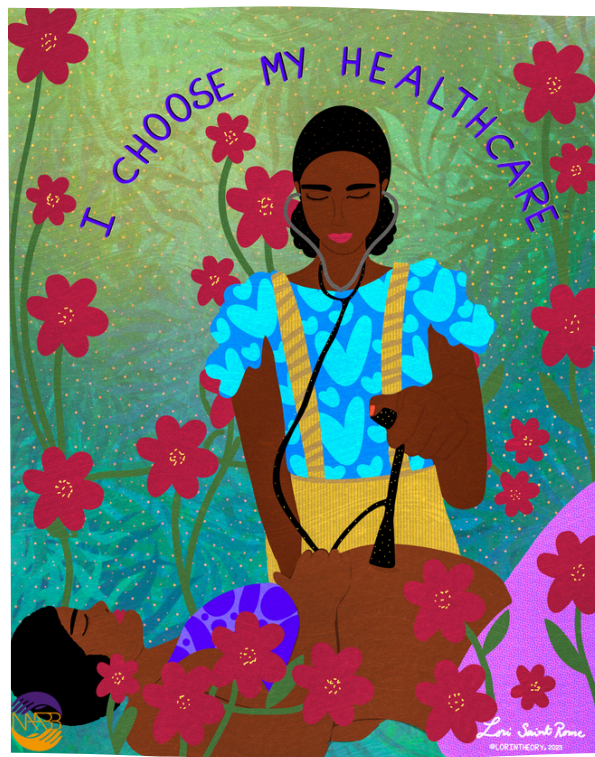
BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO ACCESS AN INDEPENDENT PERINATAL ADVOCATE TO ADDRESS ANY CONCERNS.

Perinatal advocates are imperative to helping Black birthing people access the resources and support that they need as they journey through pregnancy, birth, postpartum, and parenting. Perinatal advocates are specially trained to help a birthing person implement their birth plan or achieve their desired health care experiences and outcomes. This may also include doulas, social workers, community health workers, or patient advocates.

Most hospitals have patient advocates who can help people navigate the healthcare system, communicate with healthcare providers, set up appointments, and get financial, legal, or social support. We propose that health care systems specifically offer independent perinatal advocates to support birthing people with health system navigation.



I HAVE THE RIGHT TO CHOOSE MY CARE PROVIDERS AND CHANGE MY PROVIDER OR BIRTH SETTING AT ANY POINT.

Black birthing people have the right to choose healthcare providers who will provide us with respectful and high quality care. You can change health care providers at any time, for any reason. That includes the right to choose where you give birth - whether in a hospital, in a birth center, or at home - regardless of your insurance status.

Racial discrimination, financial barriers, as well as regional systemic inequities might limit care options. Maternity and perinatal care deserts (areas where there is no or low access to perinatal health care) affect approximately 7 million birthing people in the United States. People should be able to choose their birthing location and change providers if necessary or desired without barriers of any kind.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO RECEIVE CARE THAT ACKNOWLEDGES AND AFFIRMS MY STRENGTHS.

Some narratives might frame Black maternal health as only a negative issue, but Black people overall and Black birthing people deserve to be acknowledged as more than statistics. We are full people with a rich culture and heritage, with networks of friends and family who support us, and we're part of communities that celebrate us. Furthermore, each individual has strengths that they bring to the world.

We deserve care that sees beyond any negative narrative and that acknowledges our individual and collective strengths. Excellent health care works with our inherent strengths - such as resilience, resourcefulness, deep community ties, and close family relationships - to promote health and help us thrive. These strengths serve us in life and in birth.



I HAVE THE RIGHT TO INCORPORATE MY FAITH, TRADITIONS, AND CULTURAL PRACTICES INTO MY CARE AND BIRTHING EXPERIENCE.

Pregnancy and birth customs vary across the world and across cultures and families. Birthing people have the right to integrate their customs and traditions into the labor and birth experience. This includes cultural, ethnic, religious, or spiritual practices. Squatting for birth position, burying the placenta and cord, saying a prayer at the time of birth, a special ceremony honoring a Seahorse parent (a non-binary or Trans birthing parent), the cuarentena (a 40 day postpartum recovery process) and postpartum belly binding are just some of the cultural and religious practices that Black birthing people often incorporate into their birth and postpartum experiences.

Black birthing people who are part of the Lesbian, Gay, Bisexual, Trans, Queer, Intersex, and Asexual (LGBTQIA+) communities may have traditions such as the use of gender neutral pronouns, gender neutral parental names, or family constellations that involve more than 2 caregivers for the baby.

Maternal and perinatal care providers must create and protect the space for Black birthing people to express their culture, religion, and traditions. This is a normal part of family and birthing. Requests to exercise these practices must be taken seriously and accommodated wherever possible, not wrapped up in red tape or made difficult.

BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO RECEIVE CARE THAT IS FREE FROM RACISM, DISCRIMINATION, AND OBSTETRIC VIOLENCE.

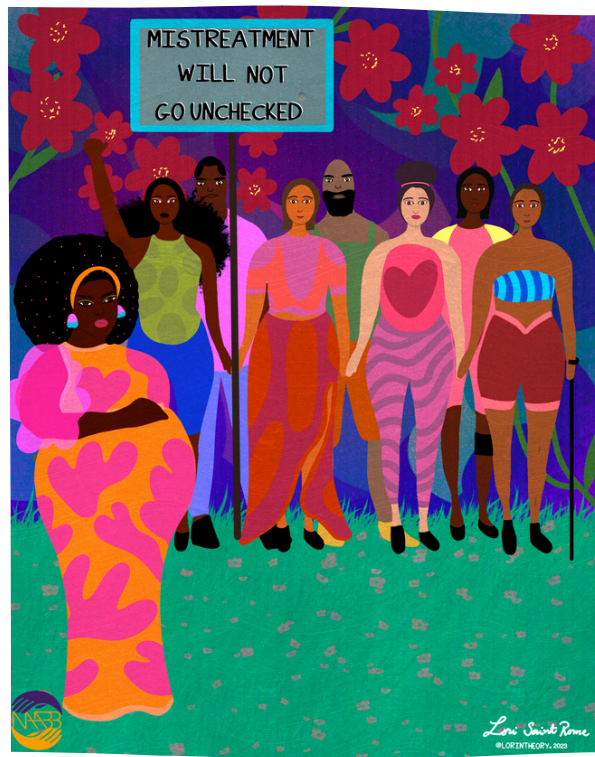
You have the right to high-quality care, regardless of your race, ethnicity, or country of origin. Racism may show up in maternity care in a variety of ways, from differential treatment to what we know as obstetric violence. Obstetric violence may include disrespectful attitudes from providers and staff, discrimination, physical and/or sexual abuse, and lack of consent for treatment, among other things.

Racism, discrimination, and obstetric violence adversely affect the care of Black birthing people and thus our outcomes. Unfortunately, it has been a cornerstone of the healthcare system and the specialty of obstetrics.

From J. Marion Sims experimenting on enslaved Black women to Black midwives being denigrated and nearly eradicated in the early to mid 1900s, anti-Black racism has been and continues to be a key factor in perinatal health care and adverse health outcomes.

We demand that:

- 1) Racism, and NOT race, is acknowledged as a risk factor in adverse maternal-infant outcomes for Black birthing people.
- 2) The needs and desires of Black birthing people are listened to, acknowledged, and prioritized by medical staff.
- 3) Resources such as the Black Birthing Bill of Rights are implemented in medical spaces to provide guidance and training on respectful and culturally relevant maternity care.
- 4) Maternity policy changes recognize and address intersectional violence in Black maternity care.



I HAVE THE RIGHT TO ACCESS REMEDIES IF I AM MISTREATED, NEGLECTED, DISCRIMINATED AGAINST, OR VIOLATED IN ANY WAY.

Mistreatment, abuse, and neglect should never happen, especially not from someone who is supposed to be a trusted health care provider. Mistreatment during pregnancy, labor, and birth may also be referred to as obstetric violence and should never go unchecked.

Unfortunately, Black birthing people are at a higher risk of experiencing obstetric violence due to interpersonal, institutional, and systemic anti-Black racism. Black LGBTQIA+ birthing people, due to their race, gender, and sexuality identities, are also more likely to be mistreated, further marginalized, and often in greater need of advocacy and systems of restorative justice to uproot obstetric violence. There must be a system of accountability where people can report mistreatment and feel confident that the person who harmed them will be held accountable. We propose that Black birthing people have access to a variety of tools to remedy obstetric violence.

Restorative justice is a mechanism by which the person who has caused harm (in this case a health care provider) meets with the person that was harmed, they cooperatively discuss how to remedy the harm, and practices and policies are instituted to transform care and prevent future harm. The process is facilitated by a trained mediator. This model has been utilized successfully in health care to address poor outcomes and medical mistakes. It does not replace or diminish the ability to utilize other routes to demand justice (including litigation as deemed necessary by the harmed person). Though a useful tool, restorative justice is often underutilized in instances of obstetric violence against Black bodies. However, it can be healing, and it can lead to improved care by changing harmful policies and practices.

Other tools like the Irth app provide a place to leave ratings and reviews and can help people select their desired provider.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO MAKE MEDICAL DECISIONS FOR MY BABY.

Decision-making in the newborn period is a great privilege and responsibility for parents and caregivers. Decisions around care for the newborn such as Vitamin K injections, erythromycin gel, circumcision and formula supplementation are often straightforward but they can sometimes be contentious as well. Birthing people may encounter tension if their decisions don't fall in line with the expectations of the medical providers.

We know that rejecting or declining care is associated with higher rates of mistreatment in the childbearing process. During the newborn period, there are even reports of medical providers calling child protective services when parents have declined specific aspects of care.

We affirm that Black birthing people have the right to make medical decisions for their infants. They have the right to decline interventions without CPS getting involved. CPS involvement can initiate a cycle of policing and family separation, and causes more harm than good.

Ultimately, decision making power lies in the parents'/family's hands and it is the responsibility of health care providers to ensure all necessary information is provided to the parent/family to make decisions that feel best for them and their infant.

Furthermore, we hold that while providers participate by providing medical information and suggestions, ultimately the decision is not "shared" because the health care provider does not have the right to make decisions for the birthing person, their family and/or infant.

Shared decision making implies/centers the health care provider as an equal party in the decision making process, which is rooted in a paternalistic model of healthcare/obstetrics. Instead, providers should redefine their role as counselors, facilitators, and/or supporters. We demand health care providers prioritize a process of informed consent or informed declination in all interactions with the parent/caregiver, including those decisions made on behalf of the infant.



I HAVE THE RIGHT TO HAVE UNINTERRUPTED TIME WITH MY BABY.

Birthing parents, caregivers, and babies have a physiological need to be together during the moments, hours, and days following birth. This time together promotes bonding and significantly improves outcomes for the birthing person and newborn. Although birth centers and home birth attendants tend to respect the parent-baby dyad by keeping them together after birth, separating the birthing parent and their child is a common practice in hospitals.

Uninterrupted skin-to-skin contact in the first hour after birth, known as the golden hour, is associated with many benefits for the birthing person and the baby, including higher rates of parental satisfaction and confidence, exclusive breastfeeding and chestfeeding, a longer duration of breastfeeding, and higher levels of blood sugar for the newborn. It is also associated with lower rates of parental anxiety after birth.

Instituting quiet hours where a birthing parent and caregiver(s) is undisturbed, given time to rest and be with family can support this special bonding process. We demand delaying unnecessary and routine non-emergent tasks (such as paperwork and labs) by hospital staff to protect this sacred time. Offering uninterrupted time with the baby is a key component of respectful and compassionate perinatal care for Black birthing people.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO HEALTHCARE PROVIDERS WHO LISTEN TO ME.

We have heard too many stories of Black birthing people who suffered negative outcomes and harm because their provider did not listen to them. Their requests for help were ignored and their pain was not taken seriously. Decades of evidence show that Black people are often undertreated for pain and other conditions because of racism ingrained into the healthcare system.

Black birthing people need and deserve to have their complaints, concerns, and desires listened to and accommodated. Health care providers must act on, investigate, and rule out any complications.



I HAVE THE RIGHT TO RECEIVE CARE FROM PROVIDERS WHO BELIEVE ME AND ACKNOWLEDGE THAT MY EXPERIENCES ARE VALID.

Black birthing people have the right to be believed. Too often, health care providers dismiss our concerns, our knowledge of our bodies, and our expertise in our own lives.

Our lived experience is valid. Community wisdom is valid. If you think something is wrong, your provider should partner with you to get to a place where the issue is resolved or managed.

You're the authority of your experience and your body. Your provider is there to assist you in your understanding of what's going on and any treatments that should be available to you.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO HAVE MY HUMANITY RECOGNIZED AND ACKNOWLEDGED.

For too long, white supremacist capitalist culture has denied and disregarded the humanity of people of African descent. Black people are whole human beings with whole lives. We are worthy of respect, dignity, and good treatment.

The needs of Black birthing people must never be assumed. Providers should be quick to ask questions to further inquire about needs and ready to actively listen to the responses of their patients. In practice, this method helps to center whole person care, incorporate other aspects of people's lives in their care (i.e. disabilities, family responsibilities, other identities, etc.) and Black birthing people's right to autonomy over their individual care.

Acknowledging the humanity and the intersecting identities of Black birthing people is a critical step in dismantling a maternity system that was never designed to help us thrive. We seek to create a responsive perinatal care system that meets our needs and recognizes Black perinatal health as a human rights and reproductive justice issue.



I HAVE THE RIGHT TO BE TREATED WITH DIGNITY AND RESPECT.

Disrespect, abuse, and discrimination within the health care system all play a significant role in contributing to adverse maternal, perinatal, and infant health outcomes and in influencing how Black birthing people experience care.

Providing respectful maternity care demands that the health care provider acknowledge the power dynamics inherent in the provider-patient relationship, relinquish power, and affirm the rights and autonomy of the birthing person. Furthermore, we maintain that respectful care is the minimum requirement, and to this end, providers should also strive to incorporate compassion and kindness in all treatment and interactions.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO MAKE AN INFORMED DECISION ABOUT HOW TO NOURISH MY CHILD AND TO HAVE MY CHOICE SUPPORTED.

As a parent responsible for the care of your child, you have the right to decide how to nourish them. In our current system, people are often coerced into an infant feeding decision. Or they may not receive support to sustain their preferred method of nourishing their infant.

Perinatal care providers must provide comprehensive information on infant feeding so that parents can make an informed decision, as well as the resources and support necessary to put that decision into action. Pediatric care providers can also support breastfeeding/chestfeeding, provide information on infant feeding, and make referrals based on a parent's needs and choices.

Health care systems can help Black birthing people make an informed decision on infant feeding by ensuring that nurses are trained on infant feeding options, providing access to lactation professionals, and making referrals outside of the hospital or care system as needed



I HAVE THE RIGHT TO RECEIVE ACCURATE INFORMATION THAT WILL ALLOW ME TO GIVE INFORMED CONSENT OR REFUSAL.

Autonomy in health care decision-making is a crucial hallmark of person-centered care. Maternity care is no exception. Receiving adequate information on the benefits, risks, and alternatives of an intervention is a critical prerequisite for informed decision-making in maternal health care. Informed decision-making includes the right to consent as well as the right to refuse without being penalized for your refusal.

At NAABB, we want Black birthing people to be empowered to make decisions regarding interventions and treatment options that honor their preferences and values in light of the risks, benefits, and expected outcomes. Medical treatment should empower individuals to feel that they are able to make decisions about what happens to their body. To make empowered medical decisions, information in a format understood clearly by the birthing person must be made readily accessible. Information should be available in different formats including plain language, with visual or audio aids.

Accessible and clear information is the foundation of informed consent. You have the right to ask for additional information in a format that you understand and to question your provider!

Black birthing people have reported feeling like they cannot ask questions or speak up about their care. When they do, some find their questions or concerns ignored. We affirm that everyone is an expert in their own experience and on their own body. Everyone has the right to advocate for themselves, to speak up, to ask questions, and to have those questions answered



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO BE INFORMED OF ALL AVAILABLE OPTIONS FOR PAIN RELIEF PRIOR TO LABOR AND BIRTH, AND TO ACCESS THE PAIN RELIEF METHOD I CHOOSE.

You have the right to have your pain treated. Even recent studies have shown that medical students and doctors believe that Black people feel less pain than white people do. This belief is entirely inaccurate and derives from racist tropes, stereotypes, myths, and biases. Your pain matters and should be appropriately treated. Ideally, you should be informed of all your pain relief options before labor, craft a pain management plan with your support team, and have unfettered access to the pain relief method of your choice.



I HAVE THE RIGHT TO RECEIVE INDIVIDUALIZED POSTPARTUM CARE THAT SUPPORTS AND NURTURES MY PHYSICAL, EMOTIONAL, AND MENTAL WELL-BEING.

Once you've given birth, early and individualized postpartum care is critical. Over two-thirds of maternal deaths occur in the postpartum period, up to a year after giving birth. Early postpartum care is critical to quickly addressing any clinical complications that may arise. The American College of Obstetricians and Gynecologists (ACOG) recommends that all birthing people have their first postpartum follow-up within three weeks of giving birth. The timeline might be sooner depending on your unique needs.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO RECEIVE HOLISTIC MENTAL HEALTH CARE INCLUDING SCREENINGS, REFERRALS, AND TREATMENTS.

Your mental health matters. Evidence shows that Black birthing people experience mental health conditions at higher rates than their white counterparts. This is especially true for postpartum depression and anxiety. The intersecting experiences of racism, classism, sexism, and widespread health inequities likely exacerbate mental health conditions and contribute to lack of access. People might not seek mental health care because of mistrust in the mental health system, which is also rooted in white supremacy.

Black people have tended to rely on faith, spirituality, self-care, exercise, and family and friends for mental health support – all positive ways of addressing mental health challenges. Many are now adding therapy to the list of ways they achieve and maintain their ideal mental and emotional wellbeing.

At the systems level, there is greater attention to Black maternal mental health and advocates are calling for holistic, culturally responsive mental health care for Black birthing people. It is imperative that perinatal care includes mental health screenings, provides space for traditional mental health practices, and offers additional resources and referrals when necessary.



I HAVE THE RIGHT TO DECLINE OR SAY NO TO MEDICAL INTERVENTIONS

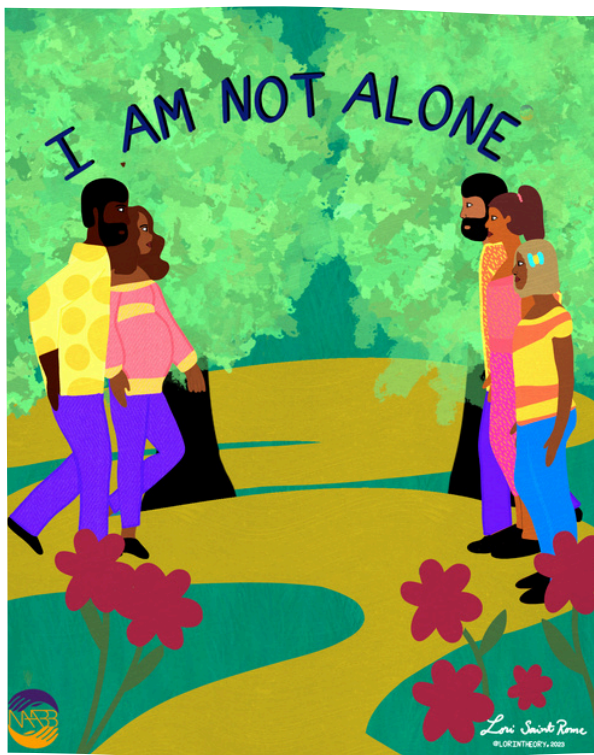
People seeking care have the right to have their personal health and medical decisions respected. This includes the right to opt-out of or decline medical interventions without fear of retaliation or mistreatment.

Advocating for yourself in a clinical care setting may not be easy, but it is possible. It might require asking questions, being direct about saying no, and engaging a trusted person to advocate on your behalf.

People who decline care might be seen as someone who is difficult, or “non-compliant,” in the healthcare system. Health care providers must take the time to listen to their client’s concerns, be open to a dialogue, and work with the person to find the best solution. Providers must respect when someone’s decision is no.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO RECEIVE SUPPORT IN ACCESSING CARE

Black birthing people can face financial and physical challenges to accessing perinatal health care. While health insurance reform has expanded health care coverage for most Americans, care remains costly for some. Co-pays, deductibles, and out-of-pocket expenses might make regular and timely health care inaccessible for those with the most need. Furthermore, services like doulas and home birth may not be covered by health care insurance, limiting options in care.

Beyond financial access to preferred care, some people live in maternity care deserts - areas where there are not enough perinatal providers to meet the demand. They may have to travel hours to see a care provider, which requires access to transportation and may include time off of work or away from familial responsibilities.

Black people are more likely to experience systemic barriers to accessing care due to racial inequity. NAABB calls for an end to inequitable access to care. Fortunately, there are a number of interventions that can help.

For example, some providers take a holistic approach to care to help their clients address the social, environmental, and economic barriers to complete wellness. Providers and health care systems may not be able to solve all social justice problems, but they can provide connections to helpful resources.



I HAVE THE RIGHT TO HAVE MY PARTNER(S) INCLUDED IN MY CARE

Partners, spouses, and co-parents are an important part of the pregnancy and birthing experience and have the right to be included throughout. Too often, partners are forgotten or marginalized while the focus is on the birthing person or newborn, but they have a critical role to play. Partners and co-parents can be an amazing source of support throughout the perinatal period. Supportive partners may help the birthing person achieve their ideal birthing outcomes - for example, through financial and emotional support, advocating with them in the clinical setting, and identifying warning signs and symptoms that need attention postpartum.

We demand that care providers challenge the trope of disengaged fathers, in particular, and the bias that results from this harmful stereotype. We demand that same-sex, queer, and trans partners be honored, respected and included in maternal and perinatal care. Partners and co-parents, regardless of their identities, must be included in perinatal care wherever possible.



BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO CARE THAT ACKNOWLEDGES, RESPECTS, AND HONORS MY QUEER OR TRANS IDENTITY

Every person has the right to health care that acknowledges and respects their full identity, including gender and sexuality. Black people across the gender and sexuality spectrums become pregnant and give birth. They deserve perinatal care that affirms their identities while meeting their needs.

Generally, health care providers are trained to engage with clients from a cisgendered, heteronormative approach - tailoring maternal and perinatal care to cisgender women (people assigned female at birth) in heterosexual relationships.

We challenge providers to reject assumptions about gender and sexuality and instead engage in an open dialogue with their clients about care that honors their identity.



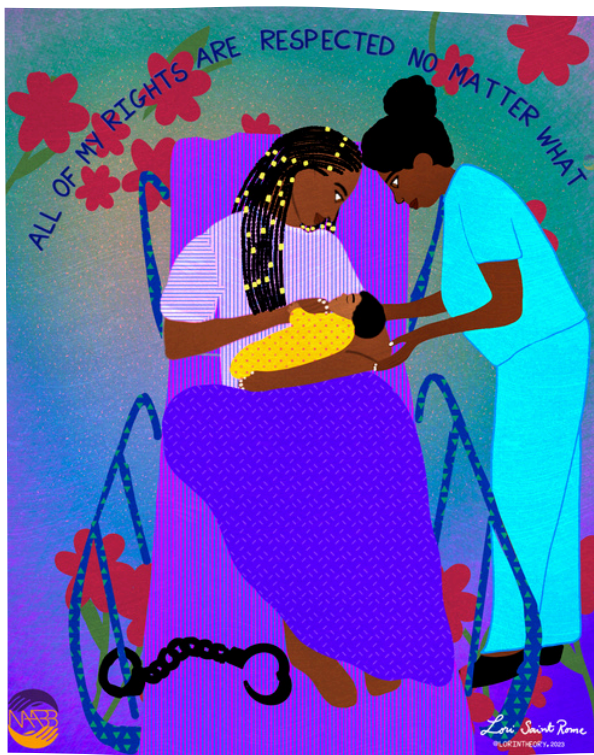
I HAVE THE RIGHT TO CARE THAT MEETS MY NEEDS, REGARDLESS OF MY BODY SIZE, PRESENTATION, EXPRESSION, AND ABILITY

You have the right to care that meets your needs, regardless of your body size, presentation, expression, and ability. For example, disabled, fat, intersex, and neurodivergent folks should be respected and honored.

Health care educational institutions should prioritize teaching learners about the intersections between and how to challenge and reject fatphobia, ableism, cissexism, heterosexism and white supremacy in their work. The onus is on health care institutions to provide universally accessible spaces and on health care providers to advocate for and provide accommodations as needed so that all individuals are honored throughout their care.

Every body, every size, every person, and every individual intersectionality deserves compassionate care free from racism, judgment, and disrespect. We reject ableist norms, cisnet norms, fatphobia, and "snap-back culture"!

BLACK BIRTHING BILL OF RIGHTS



I HAVE THE RIGHT TO HAVE ALL MY RIGHTS RESPECTED, EVEN WITHIN THE CARCERAL SYSTEM

Individuals within the carceral system have the right to have all of their birthing rights respected. Birthing people who are in prison or jail must be afforded all of their rights, including the right to prenatal care, childbirth education, a birthing plan, and early and individualized postpartum care.

Shackling during labor and birth is dehumanizing, demeaning, and unnecessary. Medical experts oppose restraints during childbirth, citing potential dangers and interference with the birthing process, but it continues to be widely practiced across the country. Fortunately, states and the federal government are slowly moving towards ending shackling and the restraining of birthing people, but more advocacy is needed to ensure the humane treatment of incarcerated pregnant and birthing people.

At NAABB, we hold mass incarceration as a reproductive justice issue. The over-policing and excessive punishment of Black people by the carceral system is driven by racism. We want to move towards a world where incarceration is not an approach to justice.



I HAVE THE RIGHT TO CHOOSE HOW I BECOME A PREGNANT OR BECOME A PARENT, INCLUDING BUT NOT LIMITED TO ASSISTED REPRODUCTIVE TECHNOLOGY, SURROGACY, AND ADOPTION

Reproductive justice is a framework invented by Black women that asserts everyone's rights to have a child, to not have a child, parent children in safe and healthy environments, and maintain bodily autonomy. While much attention is given to contraception, abortion, and maternal health, less attention has been given to the right to have a child. People have the right to choose how they become pregnant and the right to access the resources they need to exercise their choice.

Some studies have found that Black people are more likely to experience infertility than white people, experience more delays in accessing fertility treatment, and have lower success rates after undergoing treatment. Health care practitioners could help by raising the topic of fertility with their clients as part of general care and referring them to appropriate resources in a timely manner.

Assisted reproductive technologies such as in vitro fertilization, intrauterine insemination, and surrogacy are costly and may not be covered by health insurance. We call for affordable and accessible reproductive technologies for Black people who desire to become pregnant, give birth, or form their family. This includes adoption as a means of family building.



RESOURCES

I DESERVE FREE HEALTHCARE

Learn more about health plans and Medicaid during pregnancy: <https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant/>

Learn more about health plans in your state: <https://www.healthcare.gov/marketplace-in-your-state/>

Free, virtual, pregnancy and postpartum support: <https://www.justbirthspace.org/>

I SEE ME IN MY PROVIDER

Learn more about how NAABB is building the Black health care provider pipeline, by visiting our [Black Midwifery Scholarship](#) and [Birth Justice Incubator & Fellowship](#) webpages.

What does good maternity care mean to you? <https://www.youtube.com/watch?v=2IRZkxY9jn0&t=1s>

Locate a Black Women Physician by visiting the Association of Black Women Physicians: <https://www.blackwomenphysicians.org/>

Find a birthworker that acknowledges and affirms your strengths: <https://www.sistamidwifedirectory.com/>

I AM SUPPORTED

Find a doula:

National Black Doulas Association Directory <https://www.blackdoulas.org/national-directory-search/?category-filter=eb5ba02b-a7cd-43ec-8f07-87f453a5e62e=Doula>

Find a doula by visiting Doula Match <https://doulamatch.net/>

Black Women Birthing Justice Doula Locator: <https://www.blackwomenbirthingjustice.com/black-doula-locator>

I CHOOSE MY VILLAGE

Choosing your birth team: <https://everymothercounts.org/choicesinchildbirth/resources/how-to-choose-your-provider-and-get-the-care-and-support-you-need/>

<https://everymothercounts.org/choicesinchildbirth/topics/choosing-your-team/>

Registry for funding your support village and system: <https://behervillage.com/>

I HAVE AN ADVOCATE

What are healthcare navigators: <https://patientengagementhit.com/news/what-are-healthcare-navigators-patient-centered-care-benefits>

Free doula support from Just Birth Space: <https://www.justbirthspace.org/>

I CHOOSE MY HEALTHCARE

Read the latest maternity care desert report from March of Dimes: <https://www.marchofdimes.org/maternity-care-deserts-report>

Visit the Association of Black Women Physicians: <https://www.blackwomenphysicians.org/>

Find a birthworker that acknowledges and affirms your strengths: <https://www.sistamidwifedirectory.com/>

Find a provider: <https://healthinherhue.com/directory/providers>

Download the Irth App: <https://irthapp.com/>

MY CARE AFFIRMS MY STRENGTHS

Journey into pregnancy with this guide, *Nurture: A Modern Guide to Pregnancy, Birth, Early Motherhood--And Trusting Yourself and Your Body* by Erica Chidi Cohen <https://www.amazon.com/Nurture-Pregnancy-Motherhood-Trusting-Yourself/dp/1452152632>

MY PROVIDERS RESPECT MY CULTURE AND TRADITIONS

Learn more about perinatal traditions here *Pregnancy and Birth Traditions Around the World*: <https://www.thebump.com/a/birth-traditions-around-the-world>

Dive into different postpartum rituals by visiting *What Other Cultures Can Teach the US About Postpartum Rituals*: <https://www.parents.com/pregnancy/giving-birth/what-the-u-s-can-learn-about-the-time-after-birth-from-cultures-around-the-world/>

Expand your understanding of postpartum care by reading *The Fourth Trimester* book: https://www.thriftbooks.com/w/the-fourth-trimester-a-postpartum-guide-to-healing-your-body-balancing-your-emotions-and-restoring-your-vitality_kimberly-ann-johnson/14474628/item/25616701/?utm_source=google&utm_medium=cpc&utm_campaign=pmax_high_vol_scarce_under_%2410&utm_adgroup=&utm_term=&utm_content=&gad_source=1&gclid=Cj0KCQjwztOwBhD7ARIsAPDKnkAlnPL5Bc66XY_rrUbhiXfpDhHYHnhVIDJypGA84xvVvWWXp47ZlUflaAgpoEALw_wcB#idiq=25616701&edition=15323319



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MY CARE IS FREE OF RACISM

Learn more about obstetric violence here:
<https://www.lamaze.org/Giving-Birth-with-Confidence/GBWC-Post/what-is-obstetric-violence-and-what-if-it-happens-to-you>

Learn more about obstetric racism here:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7710503/>

MISTREATMENT WILL NOT GO UNCHECKED

Pregnancy Justice
<https://www.pregnancyjusticeus.org/>

Download the Irth app here: <https://irthapp.com/>

I DETERMINE WHAT IS RIGHT FOR MY BABY

Learn more about evidence based pregnancy and birth decisions:
<https://evidencebasedbirth.com/category/signature-articles/>

Learn more about interventions during childbirth:
<https://mybirthplan.com/interventions/>

A Framework for Intersex Justice
<https://www.intersexjusticeproject.org/intersex-justice-framework.html>

MY BABY, MY TIME

Learn more about immediate, uninterrupted skin-to-skin contact with your baby:
<https://lila.org/breastfeeding-info/skin-skin-care/>

More on the Golden Hour:
<https://www.medela.us/breastfeeding/articles/tips-from-an-ic-what-to-expect-after-birth-in-the-first-few-hours>

LISTEN TO ME

Learn more about community models of perinatal care:
https://www.sciencedirect.com/science/article/pii/S014600520300483?ref=pdf_download&fr=RR-2&rr=86e2cea0afba53f0

For providers:
<https://www.scientificamerican.com/article/to-prevent-women-from-dying-in-childbirth-first-stop-blaming-them/>

BELIEVE ME

For providers:
http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf

How to Choose Your Provider & Get the Care and Support You Need:
<https://everymothercounts.org/choicesinchildbirth/resources/how-to-choose-your-provider-and-get-the-care-and-support-you-need/>

RECOGNIZE MY HUMANITY

Learn more about advancing the human right to safe and respectful maternal health care:
<https://reproductiverights.org/black-mamas-matter-a-toolkit-for-advancing-the-human-right-to-safe-and-respectful-maternal-health-care/>

Reimagining Policy: In Pursuit of Black Reproductive Justice:
<https://blackrj.org/wp-content/uploads/2023/06/PolicyAgenda2023-ES.pdf>

RESPECT ME

Anti-Racist Postnatal & Prenatal Care Preferences:
https://starlegacyfoundation.org/wp-content/uploads/LOOM_Antiracist_Birth_Preferences_Neutral_01.pdf

I CHOOSE HOW TO NOURISH MY CHILD

To learn more about infant feeding options, visit:
<https://www.cdc.gov/nutrition/infantandtoddlernutrition/index.html>

Learn more about Black Breastfeeding Week:
<https://blackbreastfeedingweek.org/>

Human Milk Bank FAQs:
https://www.hmbana.org/about-us/frequent-questions.html#content_24680f57a7b0da6964dbff70f18de50d_item_9862281

Find a Human Milk Bank Near You:
<https://www.hmbana.org/find-a-milk-bank/>



RESOURCES

I AM INFORMED

Learn more about informed consent here:
<https://www.ncbi.nlm.nih.gov/books/NBK430827/>

Often people think that people with developmental disabilities cannot make informed decisions about their care, learn more from an organization fighting to shift this false narrative
<https://sdmny.org/about-supported-decision-making/what-is-supported-decision-making/>

National Partnership for Women & Families
<https://nationalpartnership.org/childbirthconnection/maternity-care/making-informed-decisions/>

MY PAIN MATTERS

For providers:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843483/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9148644/>

Pain management during labor:
<https://evidencebasedbirth.com/overview-pain-management-during-labor-birth/>

I AM HELD

Read ACOG's postpartum care recommendations:
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>

Learn more about postpartum support options by visiting Postpartum Support International:
<https://www.postpartum.net/>

MY MENTAL HEALTH MATTERS

Learn more about Black maternal mental health:
<https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00808>

Find a therapist who looks like you:
https://providers.therapyforblackgirls.com/?_ga=2.159639293.1963322689.1673212794-1636271446.1673212794

Visit the Shades of Blue Project to learn more about Black centered maternal mental health options and resources:
<https://www.shadesofblueproject.org/>

Read this mental health support guide, The Black Woman's Guide to Getting Help:
<https://www.seleni.org/advice-support/the-black-womans-guide-to-getting-help-for-postpartum-depression>

Visit this therapy fund, The Loveland Foundation
<https://thelovelandfoundation.org/therapy-fund/>

Find more resources at Safe Black Space:
<https://www.safeblackspace.org/resources>

I HAVE THE RIGHT TO SAY NO

For providers:
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2016/06/refusal-of-medically-recommended-treatment-during-pregnancy>

I AM NOT ALONE

Learn more about structural and systemic factors impacting health care access and outcomes:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020519/>

Find virtual or physical pregnancy and postpartum support: Perinatal Safe Spots:
<https://perinataltaskforce.com/safe-spots/>

MY PARTNER IS INCLUDED

For providers, on partner inclusion:
<https://www.ncbi.nlm.nih.gov/books/NBK573783/>

For partners who identify as fathers:
[Fatherhood/Health & Well-Being - National Healthy Start Association](https://www.fatherhood.org/health-well-being-national-healthy-start-association)

On co-parenting during pregnancy:
<https://talkingparents.com/parenting-resources/coparenting-before->

[birth#:~:text=Co%2Dparenting%20during%20pregnancy&text=C%2Dparenting%20before%20birth%20is,raising%20an%20infant%20sets%20in.](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020519/)

Tips for finding a healthcare provider who is an LGBTQIA+ ally:
<https://www.healthline.com/health/mental-health/find-lgbtq-ally-health-provider>

Perinatal Safe Spots:
<https://perinataltaskforce.com/safe-spots/>

MY QUEER AND TRANS IDENTITIES ARE ACKNOWLEDGED AND RESPECTED

Learn more about queer family building by reading Queerception Liberation Strategy:
https://www.etsy.com/listing/1603014480/queerception-liberation-strategy-digital?dd_referrer=https%3A%2F%2Fwww.canva.com%2F

Kayden X Coleman: [@kaydenxofficial](https://www.instagram.com/_kaydenxofficial)

Visit this queer conception and parenting guide: Queer Conception: The Complete Fertility Guide for Queer & Trans Parents To Be: <https://maiamidwifery.com/book/>



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MY BODY IS HONORED

Read about the origins of fat phobia:

<https://www.amazon.com/Fearing-Black-Body-Racial-Origins/dp/1479886750>

Read this article "Unvictimized Toward a Fat Black Disability Studies" by Anna Mollow:

<https://www.jstor.org/stable/26444063>

Resource for those who are plus size and trying to conceive, pregnant, or birthing: <https://plussizebirth.com/>

Read 'I Am Not The Doctor For You': Physicians' Attitudes About Caring For People With Disabilities:

<https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00475>

Visit Parenting with a Disability: Know Your rights Toolkit, page 11 "Reproductive Health Care":

https://www.ncd.gov/assets/uploads/reports/2012/disabled-parents-toolkit/ncd_parenting-toolkit-pl-2012.pdf

Learn with Sins Invalid Black Disability Justice Syllabus:

<https://www.sinsinvalid.org/news-1/blackfuturesmonthsyllabus>

ALL OF MY RIGHTS ARE RESPECTED, NO MATTER WHAT

Learn more about the carceral system and birthing people:

<https://www.prisonpolicy.org/blog/2019/12/05/pregnancy/>

<https://jaapl.org/content/early/2020/05/13/JAAPL.003924-20>

Movement for Family Power:

Movement for Family Power works to end the policing and punishment of families and to create a world where dignity and integrity of all families is valued and supported.

<https://www.movementforfamilypower.org/ground-zero>

I CHOOSE HOW TO BECOME A PARENT

Learn more about Black people and fertility:

<https://www.apa.org/pi/women/committee/infertility-bipoc>

Family Inceptions Surrogacy & Egg Donation Black owned, LGBTQ+ friendly surrogacy & egg donation agency in the U.S.:

<https://familyinceptions.com/>

Fertility IQ: <https://www.fertilityiq.com/>

Guide to Transfeminine Fertility:

<https://www.fertilityiq.com/fertilityiq/trans-feminine-fertility>

Connecting Rainbows Financial Resources:

List of grants and loans for family building services such as IUI, IVF, egg & sperm freezing, surrogacy, and adoption

<https://bit.ly/3jHVaay>

Sisters in Loss:

Community of Black women replacing silence with storytelling around pregnancy and infant loss and infertility

<https://sistersinloss.com/>