

# **21-POINT BLACK MIDWIVES CARE© MODEL**

Developed by  
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A Project of the Southern Birth Justice Network



The Black Midwives Care© model (BMC) is designed to meet the needs of pregnant, birthing, and postpartum Black mothers/parents. Black Midwives Care is composed of the essential elements that Black midwives have provided to their communities for many generations. It includes respecting racial identity, incorporating cultural elements, connecting with holistic practitioners, and being an advocate, among other strategies. Links are included for reference and further research. BMC is a dynamic work in progress, with ongoing input from consumers, community leaders, and providers.

Research shows the benefits of early and consistent prenatal care on outcomes, but that requires trust and access<sup>1</sup>. BMC helps to unpack some of the barriers and identify solutions. One Black midwife, who anonymously shared her data of zero low birth weight babies or maternal loss during a one year period, stated, “It has to do with trust. The word on the street is, they can come in here, get a hug and a smile and receive quality care. That really matters for outcomes.”

The BMC model is centered on Black mamas, on the realities of our lives. For example, the model acknowledges that it is essential that health care providers give special attention to building trust. The historical exploitation and abuse of Black folks in the medical industrial complex has implications for health outcomes. As you read each point, reflect deeply on how it has shown up in your community or your practice. There are links to research articles and community-based organizations (CBO) with resources. In the interest of respect and sustainability, please make a donation as you visit the pages of these CBOs, learn from them, and use their knowledge.

This tool can be used by midwives, doulas, nurses, OB providers, policymakers, community health workers, and advocates to improve the conditions of health care for Black mamas and parents.

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<https://www.kff.org/wp-content/uploads/2003/05/3332-promoting-access-to-prenatal-care-report.pdf>

1. **CULTURALLY SENSITIVE AND AWARE:**

- Care should focus on cultural values of Black folks, for example, the concept of “it takes a village,” encouraging involvement of extended family. According to the American Journal of Public Health, “factors such as belief systems, religious and cultural values, life experiences, and group identity act as powerful filters through which information is received.”

**Resource:** “Health Disparities: The Importance of Culture and Health Communication”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1448585/>

2. **TRUST:**

- Special attention to building trust with an understanding of the implications of historical exploitation and abuse of Black folks in the medical industrial complex. Also consider the role of criminalization and how it can increase stress in pregnancy. Avoid ordering any tests such as drug screens without the express consent of your client. Also, stay up to date with current research on diseases specific to people of African ancestry, as well as changing guidelines within the field. For example, research on the paradox of low vitamin D levels on African-Americans.

**Resource:** “The vitamin D paradox in Black Americans”

<https://blogs.biomedcentral.com/bmcseriesblog/2018/05/15/vitamin-d-paradox-black-americans/>

3. **HOLISTIC:**

- Black women/folk are more likely to rely on trusted holistic practitioners from their community or referred by someone they know. Being knowledgeable (not dismissive) about common herbs and alternative practices is important.

**Resource:** “Cultural Competence and the African American Experience with Health Care: The Case for Specific Content in Cross- Cultural Education”

[http://www.mopaonline.org/uploads/9/4/5/9/9459095/cultural\\_competence\\_and\\_the\\_african\\_american\\_experience\\_with\\_health\\_care\\_-\\_the\\_c](http://www.mopaonline.org/uploads/9/4/5/9/9459095/cultural_competence_and_the_african_american_experience_with_health_care_-_the_c)

[ase\\_for\\_specific\\_content\\_in\\_cross-cultural\\_education.pdf](#) (p.178)

**4. RESPECT TRADITIONS:**

- Understanding the importance of naming ceremonies, old (mid)wives tales, prayer/church ceremonies, etc. These cultural and spiritual rituals can provide a balm to traumas faced by Black women, regardless of social or economic status, and are often a source of strength and joy. Attend a cultural competency course that is developed by the same community you serve. “To become culturally competent, one must challenge their comfort level by thinking critically about issues of power and oppression and advocating for systemic change for inclusion of all.”  
-Shafia Monroe

**Resource:**

<https://shafiamonroe.com/cultural-competency/cultural-competency-training/>

**5. SUPPORT SYSTEM:**

- The importance of wraparound care. Some Black women/folk can be isolated due to various reasons including generational trauma, respectability politics, poverty, immigration and assimilation. Building a support system improves outcomes. The Sisterhood Support and Empowerment program for pregnant Black women in California is a model program for impacting disparate perinatal outcomes.

**Resource:** "Final Report: Black Infant Health Evaluation"

[https://www.first5la.org/files/BIH\\_FinalReport\\_11112011\\_Combined.pdf](https://www.first5la.org/files/BIH_FinalReport_11112011_Combined.pdf)

**6. RACIAL IDENTITY:**

- Most Black people think about race daily. It is both a source of pride and identity, as well as a source of oppression in a racialized, white supremacist society. Post traumatic slave syndrome: Know what it is and understand that your client may be dealing with generational trauma, which is exacerbated by preparing to birth the next generation.

**Resources:** “African American Multi-Generational Trauma & Implementing Models of Change”

<https://joy-degruy-publications.thinkific.com/courses/post-traumatic-slav>

## [e-syndrome](#)

“A Life Course Perspective on How Racism May Be Related to Health Inequities” <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3483932/>

### 7. **RESPECT INTERSECTING IDENTITIES:**

- This is an additional layer to race, disability and socioeconomic status that can cause stress or even physical danger. Other layers may include geography (rural communities), immigration status, and age. Intersectionality is an integral part of this approach to care because we reach people where they are in life and society.

**Resources:** “Kimberlé Crenshaw Explains The Power Of Intersectional Feminism In 1 Minute”

[https://www.huffingtonpost.com/entry/kimberle-crenshaw-intersectional-feminism\\_us\\_598de38de4b090964296a34d](https://www.huffingtonpost.com/entry/kimberle-crenshaw-intersectional-feminism_us_598de38de4b090964296a34d)

*“The way we imagine discrimination or disempowerment often is more complicated for people who are subjected to multiple forms of exclusion.” -Kimberlé Crenshaw*

National Academy of Medicine: “Perspectives on Health Equity and Social Determinants of Health”

[https://www.columbiaglobemed.com/uploads/1/2/8/7/128772656/health\\_inequities\\_social\\_determinants\\_and\\_intersectionality.pdf#page=27](https://www.columbiaglobemed.com/uploads/1/2/8/7/128772656/health_inequities_social_determinants_and_intersectionality.pdf#page=27)

### 8. **INCLUSIVITY:**

- Black people tend to be more targeted/discriminated for queer, non-binary, or transgender identities. Because of multiple identities and respectability politics, Black folk may be particularly fearful of discrimination over gender and sexuality. Ask pronouns and include bio and non-bio partners/parents regardless of gender or relationship structure.

**Resource:** “New Report Details the Experiences of Being Black and Transgender in the U.S.”

<https://www.hrc.org/blog/new-report-details-the-experiences-of-being-black-and-transgender-in-the-u>

**9. PRE-EXISTING HEALTH CONDITIONS:**

- Providers must be educated on their client's overall health and pay special attention to the risk factors associated with pre-existing conditions such as mental health disorders, hypertension, diabetes, and blood clotting disorders. This is a major cause of poor outcomes. Offer pre-conception counseling. Be mindful of generational trauma when taking a detailed family history.

**Resource:** "Disparities in Chronic Conditions Among Women Hospitalized for Delivery in the United States, 2005–2014"

[https://journals.lww.com/greenjournal/Fulltext/2017/12000/Disparities\\_in\\_Chronic\\_Conditions\\_Among\\_Women.19.aspx](https://journals.lww.com/greenjournal/Fulltext/2017/12000/Disparities_in_Chronic_Conditions_Among_Women.19.aspx)

**10. FAMILIAL AND INTIMATE RELATIONSHIPS:**

- Encourage healthy relationships with the FOB or partner and others involved in the pregnancy. Involve everyone in prenatal care with the consent of the pregnant client. Four in ten Black women experience intimate partner violence in their lifetimes. Watch out for abuse. Consider utilizing the principles of restorative justice when addressing family dynamics.

**Resources:** "How can restorative justice be used in cases involving sexual harm?"

<https://impactjustice.org/resources/how-can-restorative-justice-be-used-in-cases-involving-sexual-harm/>

"A different path for confronting sexual assault"

<https://impactjustice.org/a-different-path-for-confronting-sexual-assault/>

"Abuser and Survivor, Face to Face"

<https://www.theatlantic.com/health/archive/2015/10/domestic-violence-restorative-justice/408820/>

**11. POSTPARTUM MENTAL HEALTH:**

- It is important to perform an emotional/mental health check in and PPD screen at every postpartum visit. Inquire about family and community support to identify isolation and overwhelm. Refer out for therapy and follow up consistently.

**Resource:** “Optimizing Postpartum Care”

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>

**12. DOULA/BIRTH COMPANION SUPPORT:**

- Essential for prenatal, birth and postpartum care. Knowing what questions to ask, when to hold a hand, and how to advocate. Having someone to check up, check in, hold accountability and support is invaluable. Integrating doulas as a valuable part of respectful maternity care is an important next step in improving maternal/infant outcomes.

**Resources:** “Black Infant Mortality and the Role of the Childbirth Educator and Doula”

<https://www.lamaze.org/Connecting-the-Dots/black-infant-mortality-and-the-role-of-the-childbirth-educator-and-doula>

“Advancing Birth Justice: Community-Based Doula Models as a Standard of Care for Ending Racial Disparities”

<https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

“Community-Based Doulas and Midwives: Key to Addressing the U.S. Maternal Health Crisis”

<https://www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doulas-midwives/>

**13. BLACK LIVES MATTER:**

- Pay attention to the role of community and state violence in your client's life. Be an advocate for shifting the social determinants of health, attend neighborhood events, host a community baby shower. Contact legislators to address the gaps in the healthcare system.

**Resource:** <https://blackmamasmatter.org/resources/toolkits/>

*“The Black Mamas Matter toolkit is a resource for advocates who are concerned about the health and well-being of black women and girls. It takes a human rights based approach to maternal health, identifying the rights of pregnant and birthing parents and the corresponding role of government to ensure safe and respectful maternal health care for all.”*



**14. ACCESS TO HEALTHY FOOD:**

- Black residential communities are disproportionately food deserts. Access to transportation and other support services matters deeply here. Much research has been done on the impact of food justice issues on Black folks. In addition to a food pyramid, post a food map or local food guide with accessibility recommendations. (SNAP? Hours? Location? Is it accessible by public transit?)

**Resource:** “941: Association between food deserts and gestational diabetes mellitus”

[https://www.ajog.org/article/S0002-9378\(17\)32192-0/fulltext](https://www.ajog.org/article/S0002-9378(17)32192-0/fulltext)

**15. STRESS REDUCTION:**

- Many Black women/folks carry the weight of the world on our shoulders. Be a place to "lean-in" even just to allow your client to vent. Encourage radical self-care.

**Resources:** <https://thebodyisnotanapology.com>

*“We believe in the possibility of sustainable social change, community, and personal health and wellness. We know such change must be built on a foundation of deep radical self-love.”*

<http://www.apa.org/topics/health-disparities/fact-sheet-stress.aspx>

*“The Sojourner syndrome and the Superwoman Schema (SWS) concepts are used to explain the phenomenon of early onset of morbidity among African American women in response to persistent chronic stress and active coping associated with meeting day-to-day demands and having multiple caregiver roles.”*

**16. SHARED DECISION MAKING:**

- Access to quality care options that include midwives, labor and breastfeeding support, home birth, birth center and hospital - the right to change one's mind. Informed consent and the right to say no to interventions, such as episiotomies and cesareans, which increase the likelihood of complications. Having comprehensive information about various holistic care options is important. Support legislation and initiatives to make midwifery care more accessible. Black women have higher primary c-section rates and higher complication rates, leading to



higher mortality rates. Out-of-hospital midwives have the highest vaginal delivery rates in the U.S.

**Resources:** “Outcomes of Care for 16,924 Planned Home Births in the United States: The Midwives Alliance of North America Statistics Project, 2004 to 2009”

<https://onlinelibrary.wiley.com/doi/full/10.1111/jmwh.12172>

“Racial and ethnic disparities in the trends in primary cesarean delivery based on indications”

[https://www.ajog.org/article/S0002-9378\(09\)00856-4/fulltext](https://www.ajog.org/article/S0002-9378(09)00856-4/fulltext)

## 17. **POSTPARTUM FOLLOW UP:**

- Midwifery care typically includes 4-5 postpartum visits because it is a time when complications can be overlooked, with a focus being on the newborn. The importance of follow up cannot be overstated. Check up on your clients or make sure they have someone supporting them, especially in the first two weeks following delivery with specific attention to bleeding, pain, digestive concerns and screening for postpartum depression at 2 weeks post delivery.

**Resource:** “Postpartum Maternal Health Care in the United States: A Critical Review”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1595301/>

## 18. **ACCESS TO LACTATION SUPPORT:**

- Especially important due to the history of Black women being denied the right to breastfeed our own and forced to nurse white babies. Black mothers/parents are also more likely to face workplace challenges to breastfeeding, as well as a lack of resources in their communities.

**Resources:** “National Institute on Minority Health and Health Disparities: Breastfeeding Disparities in African American Women”

<https://nimhd.blogs.govdelivery.com/2017/08/08/breastfeeding-disparities-in-african-american-women/>

“Logic Model for the Call to Action to Support Breastfeeding for Black Families” <http://blackmothersbreastfeeding.org/call-to-action/>

**19. LISTEN:**

- If your client tells you something is wrong, believe them. She may have been told her whole life that her voice doesn't matter but in your care, it should be the one thing that does. Examine your implicit bias before you open your mouth to the person speaking.

**Resources:** “Serena Williams: 'Doctors Aren't Listening' So Black Women Are Dying”

[https://www.huffingtonpost.com/entry/serena-williams-black-women-health-care\\_us\\_5aa156fce4b002df2c61c6aa](https://www.huffingtonpost.com/entry/serena-williams-black-women-health-care_us_5aa156fce4b002df2c61c6aa)

“Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites”

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

**20. KNOW YOUR RIGHTS:**

- Social justice, housing justice, economic justice, employment. Creating a space where Black women/folks feel to express their rights, which are often denied in the larger society. The importance of the birth justice framework in perinatal care.

**Resources:** “The Birth Justice Framework”

<https://southernbirthjustice.org/birth-justice>

*“Birth Justice includes access to health care during the childbearing year that is holistic, humanistic, and culturally centered. This health care is across the pregnancy spectrum including: abortion, miscarriage, prenatal, birth, and postpartum care.”*

“The Rights of childbearing women”

<http://www.nationalpartnership.org/our-work/resources/health-care/maternity/the-rights-of-childbearing-women.pdf>

“Birth Rights: A Resource for Everyday People to Defend Human Rights During Labor and Birth”

<https://birthrightsbar.org/resources/Documents/BIRTH%20RIGHTS-%20A%20resource%20for%20everyday%20people%20to%20defend%20human%20rights%20during%20labor%20and%20birth.pdf>

**21. BODILY AUTONOMY:**

- Black women/folks have been historically denied access to our bodies. Her body is hers. Their body is theirs. Unconditionally. Period. The right to deny, request and access what is needed to be and feel healthy.

**Resources:** “Bodily Autonomy Framework”

<https://www.pwn-usa.org/bodily-autonomy-framework/>

“Reproductive Justice Framework”

<https://www.sistersong.net/reproductive-justice>

United Nations Population Fund’s global report on bodily autonomy: “My Body is My Own: Claiming the Right to Autonomy and Self-Determination”

[https://test-global-unfpa.pantheonsite.io/sites/default/files/pub-pdf/SoWP2021\\_Report\\_-\\_EN\\_web.3.21\\_0.pdf](https://test-global-unfpa.pantheonsite.io/sites/default/files/pub-pdf/SoWP2021_Report_-_EN_web.3.21_0.pdf)

**RECOMMENDATIONS FOR PROVIDERS, POLICYMAKERS, AND ADVOCATES**

<b>Recommendations</b>			
Providers	Focus on the cultural values of families.  Build trust by listening to Black women.  Approach cultural healing practices with respect.  Do research about culture, written from the perspective of the people who are living it.  Ask about existing support systems.  Take anti-bias training and actively pursue how to be anti-racist.	Engage with the cultural workers of the community.  Ask open-ended non-judgemental questions about client’s life, home remedies, cultural beliefs, values, and traditions. Be comfortable in silence as you wait for answers.  Educate clients and families on the value and importance of developing a network of support.	Support and actively acknowledge the contributions of different cultures in your practice.  Be open and honest about any diagnostics, treatment, or decisions related to a person’s care.  Consult with and refer to holistic practitioners.  Allow space for ritual during client encounters.  Establish a wraparound care program.

	<p>Reject collusion with policies that enable state violence, such as wrongfully, illegally, or harmfully separating families or using police force and aggression to address basic issues of health and welfare.</p>		
<p>Policymakers</p>	<p>Support legislation that makes culturally congruent care from Black midwives, doulas, and other perinatal health workers more accessible.</p> <p>Require that decision-making bodies in communities impacted by health disparities reflect the local ethnic and demographic makeup.</p> <p>Support access to holistic care.</p> <p>Mandate study of and respect for BIPOC cultural traditions, history, perspectives, and experiences in public education.</p> <p>Make resources for support and empowerment programs readily available to health and community workers.</p> <p>Address access gaps in the healthcare system.</p> <p>Create legislation that eliminates food deserts and makes the conditions that create food deserts unlawful.</p>	<p>Demand funding of community-based cultural heritage programs that can provide connection and address cultural loss that occurred through historical traumas.</p> <p>Fund research led by and for Black people.</p> <p>Mandate insurance coverage of alternative medicine such as herbalists, chiropractors, and acupuncturists that provide deep value, healing, care, and support to communities.</p> <p>Require community-based cultural awareness and proficiency programs in all medical fields.</p> <p>End poverty through economically and socially progressive measures.</p> <p>Fund community gardens to address access to nutritious food.</p>	<p>Uphold the value of culture and group identity in all policies.</p> <p>Support legislation that enforces strong consequences for obstetric violence.</p> <p>Require adequate representation of BIPOC people in professional alliances that stand for holistic care providers.</p> <p>Require that health agencies establish community-based, non-punitive and confidential home visitation.</p> <p>Create criminal justice policies that create humane and supportive alternatives and healthcare for pregnant people.</p>

<p>Advocates</p>	<p>Center the life experiences of people deeply impacted by health disparities.</p> <p>Amplify the voices of those who have been harmed by medical providers.</p> <p>Uplift the need for increasing BIPOC holistic practitioners.</p> <p>Incorporate ceremonies and traditions led by the cultural workers of the community.</p> <p>Amplify community calls for reparations.</p>	<p>Make space for people to tell their stories.</p> <p>Build coalitions and partnerships that bring BIPOC health care providers into BIPOC communities.</p> <p>Incorporate healing modalities into community programs.</p> <p>Fight against cultural appropriation and exploitation.</p> <p>Demand collecting and reporting of health outcomes and initiatives by race.</p>	<p>Amplify the cultural legacies connected to political strategies.</p> <p>Agitate for criminal justice policies that create humane and supportive alternatives and healthcare for pregnant people.</p> <p>Fight for BIPOC people in professional alliances that represent holistic care providers.</p> <p>Uplift economic justice and equity for cultural work.</p> <p>Be a family-centered space. Provide childcare, transportation and food for your programs.</p>
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As Black midwives, it is time to reclaim our power and our legacy. Health disparities do not exist in a vacuum, but are a reflection of the power disparities in our society that must shift in order for us to be healthy. The focus on holistic care, which involves caring for the whole person, family and community, is what makes a difference in midwifery care. Black Midwives Matter and Black Midwives Care©!

To find a Black midwife, visit [www.sistahmidwife.com](http://www.sistahmidwife.com).

To support the education and access of Black midwives, visit [www.blackmidwivesalliance.org](http://www.blackmidwivesalliance.org).