

LISTENING TO AND JUSTLY PARTNERING WITH COMMUNITY-LED PERINATAL HEALTH SOLUTIONS

*Wisdom and a Way Forward for Maternal and Child Health
Professionals and Institutions*





State Title V/Maternal and Child Health (MCH) programs across the United States are eager to implement solutions created with communities to urgently close racial disparities in maternal health outcomes. There are countless programs across the nation, some just forming and others around for decades or more, designed and implemented by Black, Indigenous, Latinx, and other thought leaders of color that are community-led and rooted, actively counteract toxic stress and structural violence that produce inequitable outcomes, and have been deemed effective by the communities who use these services. However, only a small proportion of these efforts have been equitably recognized and resourced by public health and health care practitioners and institutions.

[The JJ Way®](#) and the Perinatal Safe Spot program is an evidence-based [Promising Practice](#) in the Association of Maternal & Child Health Programs (AMCHP)'s [MCH Innovations Database](#), a searchable repository of “what’s working” in the field of MCH. The [National Perinatal Task Force](#) describes a Perinatal Safe Spot as a physical or virtual space, or both, where women and families can safely find access, connections, knowledge, and empowerment in order to increase the opportunities for a positive birth outcome. The Task Force further explains that Perinatal Safe Spots exist in [“materno-toxic” areas](#), which are often in disenfranchised urban neighborhoods or low-resource rural areas where women and babies are particularly at risk of a poor birth outcome because it is not safe to be pregnant, breastfeeding, or parenting in those areas, including due to implicit and explicit biases, racism, classism, and sexism wherever a pregnant woman of color may be. Community-rooted collectives are an evidence-based and effective practice to protect people who birth from negative birth outcomes created by toxic stress and structural violence, and therefore should be a priority in any maternal health agenda. So what is in the way of their spread across the country?

AMCHP, in partnership with the [Maternal Health Learning & Innovation Center](#) and [Commonsense Childbirth](#), collaborated with a newly established Perinatal Safe Spot in Kansas, [Quindaro Health Corps](#), to learn more about these barriers and strategies to uplift their work and efforts like it. The following is a written interview in the voice of their leader, to illuminate the path ahead.

Let's start with your story.

How did you come to do the work that you do?

As a mother of 4, I have had a variety of experiences with maternity care. From the most fulfilling and empowering births with midwives, to the worst, most isolated, undersupported birth I could imagine where I almost died due to medical negligence.

With time, maturity, and experience, I began seeking alternative sources of support and education and happened upon the world of birth work. After being a doula client through one pregnancy, I knew I wanted to provide doula support to others. I was actually in law school at the time, and I knew I would switch career fields as soon as I graduated. And I did. Within 4 years of graduating from law school I became a doula and then a Certified Professional Midwife. Along the way, I studied my community, learning what holes existed, learning what desires we had, and planning on how I would meet those needs and desires through my work.

How has your story guided the work you do, and its values?

Accessibility, affordability, compassion, understanding, belonging. These are the core values that I operate with as a midwife. As a team, we all seek to be the support we needed for ourselves, or the support we had but others can't access.

Tell us about the community you serve. What beautiful things do you want to uplift?

Quindaro has a long history of resistance and self-sufficiency. It was an abolitionist stronghold during the border wars before the Civil War. The Black community that developed in the area became an educational and musical mecca. Quindaro continues to be a predominantly Black community. Wyandotte County as a whole is a wildly diverse county. People from all over the world live here and I enjoy being able to serve such a broad range of families.



Why do they choose you? Why are you best to serve this community and do this work?

They come for the accessibility. They call us when others can't or won't see them. A common intake answer is, "I called ____ and they can't see me for 3-4 weeks." I've even heard, "They told me not to make an appointment until I know I won't miscarry." Our goal is to establish care in the first trimester, so we schedule initial prenatal appointments within two weeks of their first call.



I serve my community. I am connected on the ground level to the patients receiving care. I am them and they are me. Being able to intimately relate to the experience of the patient is the whole goal. Our team is comprised of birth workers, perinatal advocates, and maternity care professionals who match the demographics of the community we serve.

We operate parallel to the traditional medical systems rather than within it. This allows us to innovate and stay in direct connection to the community we serve at all times. We can adapt our course of action quickly to meet changing demands.

Let's turn now to talk about the work today.

Tell us about Quindaro Health Corps. What have been some of your proudest moments?

Quindaro Health Corps started as conversations had between us during long car rides, over brunch, and during midnight text threads. We knew that we wanted to bring midwifery care to those of us who had been systematically excluded from it. Over the course of a year, those ideas became reality, first with the formation of our nonprofit, then with the establishment of our Easy Access Prenatal Clinic. Our team members have been community advocates, organizers, for a long time, so our individual accomplishments and standing in the community preceded our work with the clinic. When we launched, the outpouring of support was incredible. We developed a core team of birth workers of color pretty quickly who are all on board to help as our patient load increases.



How does your work challenge our current system of providing care and support to birthing people and their families?

The JJ Way® says say yes when others say no. We invite support/family to appointments, we provide a comfortable environment. We realign power dynamics and feel that empowerment, cultural safety (not on edge, not an antagonistic situation) is key.

Your work is essential. Barriers shouldn't be stopping or slowing you down. But they are. Can you tell us what is in the way?

The biggest challenge is support from the medical community. The scope of practice for Certified Professional Midwives is limited to low-risk pregnancies. In order to be able to abide by our JJ Way® Model, and say yes to every mother who calls, we need to have immediate referral options on hand.

Occasionally, patients will walk in with risk factors that put them outside our scope of practice, and we need to have physicians who will accept these patients and treat them well. Most of the physicians and nurse midwives we asked for support were unwilling to support a project this new. They named concerns about jeopardizing their professional licensing, burnout from suffering from racism in the medical field, and just general unwillingness to help.

Despite hearing 'No' many times, we have continued to make connections and have had some recent success. We now have one group of physicians willing to provide the support we need for our patients.

What have been bright spots on your path?

Hearing patients say how much more comfortable they feel receiving care. They feel like the office is an extension of their home. They love that their family is welcome to come to appointments and share the pregnancy journey together. Receiving prenatal care with our team balances the stress of birthing in the hospital and overall the patients have a much better feeling about their pregnancy care and birth experience. Our entire team is able to fill some of the emotional and social gaps in care that OBs admittedly do not have time for.

What about the dark spots?

Trying to convince established systems that alternative methods are legitimate.

We are not asking traditional medical care to change. We are asking that they respect an alternative midwifery-based model enough to provide care to pregnant women as needed.



Treatment for infections, consultations as indicated by assessments with our midwives. Our patients will be delivering at their hospitals, and having the opportunity to know the patient before they walk in on the big day can go a long way to calm the tension in the room.

I was speaking to a physician over coffee about birth trauma. She acknowledged that the OBs on call are scared when strangers walk in in labor. They have nothing to go on, so they are on high alert for every possible complication. I responded empathetically, acknowledging that the patient feels the same fear, having no idea how the people in the room will respond to her, no concept of their approach to care or people. This is a recipe for disaster on both ends.

The solution is to bridge the knowledge gap on both ends. Our plan is to provide safe maternity care based on a midwifery model of care in our clinic, and touch base with the physician group at the delivering hospital 3-5 times during the course of the pregnancy. Records from our clinic are to be sent to the physicians each time, updating them on the patient's status along the way. These select appointments allow for the patient and physicians to build rapport and connection before birth. This is a win-win for everyone. The patient receives care that meets their needs, socially, emotionally, and medically, and the physicians know the patient before labor. Anxiety and fear reduced, trust established, the birth room should be less traumatic for everyone.

Where do you see exclusion - of your work and the birthing people you serve - in public health and health care systems?

Certified Professional Midwives are unregulated in Kansas. Some medical professionals do not respect the work we do and would rather we did not practice at all. The patient suffers because of this. As it stands, patients who seek midwifery care for their pregnancy with a CPM are excluded from care by physicians. They do not want to provide care to patients being seen by a midwife. Additionally, other community-rooted perinatal health workers such as doulas, childbirth educators, lactation educators, and community health workers are oftentimes also excluded from being an integral part of the interdisciplinary care team.

Where do you see exclusion in policies and regulations impacting your work?

Certified Professional Midwives and perinatal health workers are not able to bill Medicaid. We accept patients whether they are able to pay for their care or not, but being able to bill Medicaid would make our work more sustainable.

Much of the care and support that community-rooted organizations provide is uncompensated. Why don't our systems compensate for this care?

Many community-rooted organizations are run by people knee deep in the work. Many of us have full time jobs on top of our community work. We don't have time to find the sources of money, let alone meet the requirements to apply for it. Also, money equals power. If the medical community wants to maintain a culture of care that drives patients and their dollars to their facility, they will use their financial resources to accomplish that.



What does uncompensated care mean for organizational sustainability?

Simple, it's not sustainable. Many community advocates burnout because the demands of their full-time job and family take all their energy. If the community work were compensated, the energy spent making a living would be used for the community work. This is ideal. Hard to achieve but ideal.

What does uncompensated care tell you about how our public health and health care systems value the health of the people you serve?

THEY DON'T VALUE IT.

What changes could best assure that you can care for families in the essential way that you do?

Recognition of CPMs and perinatal health workers in a way that will allow us to bill Medicaid and other insurance providers.

What has your experience been so far in establishing influential relationships to support your work? E.g., with other community providers, with local or state agencies, with health care or hospital systems?

First, we approached Black physicians because 90% of our patients are Black, and cultural congruence is an important component of the JJ Way®. I was surprised to hear that they weren't willing to support our work publicly. One physician was concerned with their licensing body punishing them for supporting CPMs. Another physician explained that they were not able to continue practicing as an OB because of a traumatic situation related to being Black and an OB.

I was really disheartened to hear that fear was keeping Black professionals from supporting the Black community. But I was not shocked. I feel that fear, too. As the only Black CPM in this area, I feel a very heavy responsibility. Black people carry the awareness that if we make a mistake the consequences are more severe for us. It's scary trying something new, where you know there will be mistakes, that's the building process.

We have since gained the support of a physician group at a well-respected hospital a little farther away. We are in the planning stages now.

How do you plan on building those relationships?

We continue to reach out and meet physicians, introducing our approach to care, the JJ Way.

How ready do you feel other organizations, including those with power to influence the public health and health care systems in your state, are in receiving your message?

Not ready to value alternatives to their systems, they're not ready to value the community's wishes.

What do you feel are just or equitable approaches to partnerships between governmental public health, health care, or payer organizations and community-rooted organizations or efforts? What would a just partnership look and feel like? Is it possible?

Recognition of CPMs as legitimate providers of prenatal and postpartum care. Respect the space we already hold in caring for low-risk pregnant women in the outpatient space. Physicians willing to consult and provide short-term primary care to our patients. Provide financial support for our clinics and the perinatal workforce that provides community-rooted services in them.

What are the benefits and barriers to creating these partnerships?

The benefits? Trust. The trust built between the patient and the physician, the trust built between the physician and the midwife, the trust built between the community and the health care options available to them.

Trust is also the biggest barrier. With continued communication, and demonstration of our commitment to safety, trust will be built with potential community partners.



What groundwork would public health or policy decision-makers need to do to support that?

Respect the community's voice. Parts of the community have rejected the options currently available. That rejection is a demand for something different.

Recognize that there are legitimate and actionable alternatives including midwifery and community-rooted care which have been proven to reduce perinatal disparities and improve outcomes. We are at the table with the community. Come sit down with us and let's plan a better way together.

Respect CPMs as legitimate pregnancy care providers. Recognize CPMs in a way that will allow us to bill Medicaid and insurance providers so that we can have a more sustainable foundation for our work.

About Commonsense Childbirth

[Commonsense Childbirth](#) is a non-profit organization founded in 1998 by Jennie Joseph. The organization seeks to: inspire change in maternal child health care systems; to re-empower the birthing mother, father, family, and community by supporting the providers, practitioners, and agencies that are charged with their care; and to improve birth outcomes and save lives by offering training and certification programs for healthcare professionals, para-professionals, maternity care systems and medical institutions interested in creating perinatal safety for at-risk populations. Its areas of focus include community-based maternity centers, the National Perinatal Task Force, the Commonsense Childbirth Institute, and the Commonsense Childbirth School of Midwifery.

About the Association of Maternal & Child Health Programs

The [Association of Maternal & Child Health Programs](#) (AMCHP) is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. AMCHP's members include directors of maternal and child health programs, directors of programs for children with special health care needs, and other public health leaders who work with and support state maternal and child health programs. AMCHP's membership also includes academic, advocacy, and community-based family health professionals, as well as families themselves.

AMCHP builds successful programs by disseminating best practices; advocating on its members' behalf in Washington, D.C.; providing technical assistance; convening leaders to share experiences and ideas; and advising states about involving partners to reach our common goal of healthy children, healthy families, and healthy communities.

About the Maternal Health Learning & Innovation Center

The mission of the [Maternal Health Learning & Innovation Center](#) (MHLIC) is to foster collaboration and learning among diverse stakeholders to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy.

The Center's central goal is to provide a continuum of learning opportunities that enhance the capacity of all maternal health practitioners across the country. Established in November 2019, MHLIC aims to advance federal and state-level efforts to eliminate preventable maternal deaths and reduce severe maternal morbidity, using equity as the cornerstone of all services, and actively working to center antiracist principles and continuous intercultural development.

As a continuous learning organization, MHLIC believes in co-creation of impactful content with a goal to uplift and link to the existing and emerging resources available from partners across the country. MHLIC directly supports 12 HRSA-funded collaborating partners in nine states and three rural regions with information and capacity-building resources. In addition, MHLIC serves as a national hub to connect maternal health learners with maternal health "doers" across the country, cataloging and disseminating best practices related to maternal health improvement in the Resource Center, an online repository of maternal health information and educational materials.

To learn more about MHLIC and visit the Resource Center, visit maternalhealthlearning.org.

