

Anti-Racism & Anti-Oppression in Midwifery

Study Group Module

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Anti-Racism & Anti-Oppression in Midwifery

National Midwifery Institute, Inc.

Study Group Coursework

Syllabus

NOTE TO BIPOC STUDENTS: The full version of this module is optional for Black, Indigenous, and Students of Color (BIPOC). Please contact the Coursework Instructor if you will not be completing the entire module, as there is a modified version for BIPOC students. BIPOC students are required to complete the yellow highlighted questions in this module.

Description:

This module explores the concepts of diversity, equity, racism, and anti-racism in the midwifery-specific context including the resulting health disparities. While focused on a North American experience, it can be completed by NMI students across the globe. It explores these social, structural, and institutional experiences and how they may affect our clients, our community, our colleagues, and ourselves. It includes recommended reading materials in print and online, and asks students to complete short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects to deepen your hands-on direct application of key concepts.

Learning Objectives:

- Introduce concepts central to anti-racism
- Introduce health disparities in the US
- Understand perinatal or “maternal mortality” rates for different population in the US
- Identify models that successfully address the health disparities and specifically address maternal & infant mortality.
- Understand allostatic stress and allostatic load
- Introduce Indigenous midwifery and current issues
- Understand principles of epidemiology, community diagnosis, and how to use these in care provision
- Take a leadership role in the practice arena based on professional beliefs and values

- Encourage students of color to build wellness networks of mentors, colleagues, peers, and others to sustain them in navigating challenging and distressing experiences of racism within the midwifery community
- Explore issues with idea of “midwifery revival” of 1970s
- Support students in developing tools to see, name, and understand common reactions that white and white-passing people have to discussions about race
- Develop a basic understanding of the history of the Black American midwifery community in the United States
- Develop an understanding of the contemporary crisis in Black American maternal and infant wellness
- Introduce white and white-passing midwives to critical personal inquiry around racism
- Support the development of healthier midwifery communities, midwifery organizations, and perinatal health organizations
- Contribute to the transformation of the culture of midwifery and maternal healthcare in the United States
- Understand how the Midwifery Model of Care™ addresses the community and social determinants of health for better health, functioning, and outcomes.
- Understand cultural appropriation
- Understand Reproductive Justice
- Understand the community and social determinants of health (e.g., income, race, literacy and education, water supply and sanitation, housing, environmental hazards, food security, disease patterns, common threats to health, etc.)
- Discuss social determinants of health and health equity and their impact on access to health services in the area of practice.

Learning Activities:

- Research and read appropriate study sources, seeking out additional study sources where needed
- Complete short answer questions in attached module document for assessment
- Complete long answer questions for deeper reflection in attached module document for assessment
- Complete learning activities listed in attached module document for assessment
 - Review local and national midwifery websites with an anti-racist lens
 - Research anti-racism resources and education
 - Research anti-racism organizations and trainings local to you
- Submit work to Study Group Course Coordinator
- Reflect on feedback from Study Group Course Coordinator and re-submit work as needed

Study Sources:

Use keywords from the Learning Objectives to search the table of contents and index of the required reading listed below. Read those pages listed, and read the chapter in which they are found. Establish a context for the information so that you understand how other topics are

related. In addition, flip through each text to familiarize yourself with the content of chapters. As you work through Study Group modules, you will eventually read each text in its entirety.

Required Reading (print/online):

- Birthing Liberation: How Reproductive Justice Can Set Us Free, Sabia Wade (entire book)
- Myles Midwifery, Chapter 1
- Varney's Midwifery, Chapter 3
- [The JJ Way® Community-based Maternity Center Evaluation Report](#)
- [WHO - Social Determinants of Health](#)
- [WHO 22 January 2021 Social determinants of health](#)
- [Implicit bias in healthcare: clinical practice, research and decision making](#), Gopal DP, et al.

Recommended Reading:

The following texts are recommended for completion of this module. Use them to cross reference and build a more comprehensive understanding.

- This Bridge Called My Back, Moraga & Anzaldua
- Killing the Black Body, Roberts

Optional Reading:

WHO 22 January 2021 Social determinants of health

https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_R2-en.pdf

Study Sources (online):

See NMI website Anti-Racism and Diversity in Midwifery module web resources section for current online study sources for this module.

Related Modules:

All modules

Submitting Module for Assessment:

Study Group modules are accepted electronically in PDF format *only*. We encourage you to submit modules as you complete them throughout each quarter of enrollment.

Please e-mail your completed Study Group module to:

Erin Ryan, Study Group Course Work Instructor
nmistudygroup@nationalmidwiferyinstitute.com

Once your module has been emailed to us, you will receive an email confirmation that we have received it. Study Group modules are reviewed and returned in digital format as PDF documents. Modules can take up to 1 month from submission to be reviewed and returned

to you. We will return your module as an e-mail attachment. Each module includes an Evaluation Sheet at the end of the pdf. The module’s page on the student portal also includes a link to a fillable online module evaluation sheet. Please take the time to fill out the module evaluation sheet and return it to us for each module, it helps us to improve our course work.

Please follow these formatting guidelines when submitting modules:

- Your first initial and last name in title of PDF, along with name of module. Example: “ERyanFirstStage.pdf”
- Title of module on the document’s front page
- Your name on the document’s front page
- Provide the text of each question, followed by a blank line and then your thoughtful answer (without the question, you have commentary without context)
- Blank line between the answer for a question and the next question: question, blank line, answer, blank line, question, blank line, answer...
- Please leave margin space for our comments!
- Don’t use script or cursive writing style text
- Font size not smaller than 12
- Credit sources of direct quotes

Completion Requirements and Feedback:

In order to complete this module for graduation purposes from National Midwifery Institute you must review all resources, complete the attached short answer questions for assessment, long answer questions for deeper reflection, and learning activities/projects, and submit them as detailed above. Upon return to you, your coursework may have feedback or ask for additional information or exploration on certain topics. Your work will be evaluated in the following Rubric (pasted below). You must achieve a minimum score of **7.5** in order to move on to your next module, though we encourage all students to strive for a **10**.

	Level 1 (0 Points) Not Adequate	Level 2 (1 Point) Developing Adequacy	Level 3 (1.5 points) Meets Basic Expectations	Level 3 (2 points) Exceeds Expectations	Student Score
Completion of module prompts and elements	-Module not completed	-Major Elements of module are missing	-All aspects of module elements present, with some minor questions unanswered or missing	-All aspects of module elements present and answered completely	

Demonstrates Comprehension of module content and concepts	- Lack of comprehension	- Responses are unclear and do not reflect basic comprehension of module concepts	- Responses are clear and reflect basic comprehension of module content and concepts	- Responses are clear, well written, and reflect in-depth comprehension of module content and concepts. Added subpoints and additional reflections demonstrate a deeper knowledge and curiosity.	
Analysis	- Key terms not defined	-Inaccurate definitions of key items -Limited connections made between evidence, subtopics and clinical experience	-Accurate definitions of key items -Connections made between evidence, subtopics and clinical experience -Incorporation of original ideas and incorporates some clinical experience in responses where possible	- Accurate definitions of key items -Strong connections made between evidence, subtopics and clinical experience	
Evidence	- No research evidence used	-Research not used -Research not clearly connected to questions asked in module	-Research is present but limited -Research presented is weak or not relevant to communities served by midwives	-Research is abundant -Research is compelling and relevant to communities served by midwives	
Engagement with Learning Resources	-Evident study sources were not utilized	-Evident study sources were partially utilized	-Evident that study sources were fully utilized	-Evident that study sources were fully utilized and independent research was undertaken -Full incorporation of original ideas, personal analysis and incorporates relevant clinical experience in all areas possible	

Skills

Following are Skills Logs which meet MEAC and NARM requirements for assessment of clinical readiness for entry-level practice upon graduation. Review the skills in each of the

skills logs and consider how they each relate to the content of this module. If you are currently working with a preceptor, take this opportunity to focus on these areas. During Supervised Primary Care you will formally evaluate these skills together using the NMI Complete Skills Logs: Prenatal Skills Log, Labor & Birth Skills Log, Newborn Exam Skills Log, Postpartum Skills Log, and the Additional Skills Log. To Download the Complete Skills Logs go to the [Apprenticeship Page](#) on the Student Portal.

Introductory and Further Thoughts:

The skills required to be a midwife in the United States today are broad, including clinical and practical skills, emotional skills related to working with clients in difficult situations, as well as awareness of contemporary social justice challenges around race, sexuality, and other aspects of identity and diversity. In particular, no issue is more important today in the realm of perinatal health than the disparities in perinatal and infant mortality and morbidity between birthing people of color—especially Black Americans—and white birthing people. At the root of these disparities is racism.

In order to understand the context of the current crisis, this module explores racism and bias (here through the lens of reproductive justice, though there are many other entry points).

It is incumbent upon all white and white-passing student midwives to understand how white people benefit from white privilege, and racism. This requires not only education and information, but personal inquiry. Personal inquiry includes cultivating an awareness of individual multidimensional privilege—and white privilege specifically—as well as ways in which birth workers with white privilege unconsciously cause harm to Black, Indigenous and other people of color (BIPOC) in their professional and personal communities.

People with white privilege often believe that they're "not racist," or that they "see all people equally". Learning about white privilege and racism challenges assumptions of white exceptionalism. If this applies to you, then reading about common responses that white people have to conversations about race, may help you better understand why you're having them.

Students of color may find this module useful in learning more about the specific terminology used to describe ways in which white people—in our case, white midwives—minimize problems of racism and avoid conversations about racism. Some students of color may already be deeply engaged in cultivating solutions to the challenges of racism to BIPOC wellness in communities of color. For your work now and to come: we thank you.

Students of color typically experience extraordinary barriers to starting, staying with, and completing a midwifery education, often greater barriers than their white counterparts. This trickles into a disparity not only in health outcomes in communities of color, but in who these

communities can seek for healthcare, and whether or not those people look like them. It is critical that all people are able to access a midwife who shares a similar background, languages, culture, or understanding of the world, and this is strikingly lacking in communities of color when so few midwives of color are able to start and complete a midwifery education. We'll say it bluntly: even the systems of organized midwifery are functioning under oppression and racism.

This is not a comprehensive course in anti-racism, but we intend for it to equip students with a greater awareness of how racism plays into their professional and personal communities. Ideally, students will opt to engage in anti-racism training. Anti-racism for those with white privilege is a daily practice, and this module and accompanying resources provide students with opportunities for further inquiry and training.

There are many topics that could be included in any discussion of diversity, discrimination, privilege, and the professional midwifery community as well as the communities that midwives serve. This includes the erasure of Indigenous midwifery and midwifery in immigrant communities of color; racism and healthcare in BIPOC communities more broadly; LGBTQ+ and transphobia/transmisia; issues around poverty; refugees and migrant populations; discrimination against people of size; discrimination against people with disabilities, and others. We strongly encourage students to explore all other aspects of midwifery and social justice, and particularly those that are prominent in the communities that they serve.

Anti-Racism in Midwifery

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Module Submission Attestation

All students must complete **one attestation form along with each module submission**. This reminds students of submission guidelines and expectations. It is also an NMI graduation and MEAC requirement. Please put your name, read the fine print, and check each box as indicated. Thank you!

First and Last Name:

Email:

I have submitted my module by email (required)

I have emailed my module to nmistudygroup@nationalmidwiferyinstitute.com. I have made sure I followed submission and formatting instructions carefully, as outlined in the module syllabus. I have submitted a .pdf document, and all project attachments as requested.

I have read the fine print. I have emailed my module.

The work I have submitted is my original work (required)

I have not plagiarized my work, rather, my work is in my own words and reflects my own unique ideas. When sourcing ideas from others, I have quoted, cited, and/or attributed their ideas properly. If there is any question about the originality of my work, a Study Group Coursework Coordinator will contact me.

I have read the fine print. I certify that I have submitted original work.

I have submitted a module feedback form (required)

I understand I must submit at least ten module feedback forms throughout my time completing Study Group Coursework. These module feedback forms solicit student feedback in order to improve modules and keep them relevant and up-to-date for optimum student education.

Yes, I submitted a module feedback form for this module

No, I have not chosen to submit a module feedback form for this module.

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Study Group Coursework

Short Answer Questions

Short Answer Questions:

1. Define the following terms and give an example. Please give an example as relates to race & racism:

- a. Racism
- b. White supremacy
- c. Prejudice
- d. Bias
- e. Implicit bias
- f. Microaggression
- g. White privilege
- h. White fragility
- i. Tone-policing
- j. White saviourship
- k. White exceptionalism

- l. Midwifery (medical) tourism
- m. Colorism
- n. Horizontal/lateral aggression
- o. Anti-Blackness
- p. Intersectionality
- q. Power & privilege
- r. Oppression & marginalization
- s. Positionality
- t. Decolonization

2. What is the overall “maternal mortality” (perinatal mortality) rate in the United States?

Note: “maternal mortality” is still the term used in global and public health research. We use this term here to reflect what terms you need to use to access the information in current evidence.

Use CDC google “CDC maternal mortality rates race”

- a. What is the “maternal mortality” rate among Black Americans?
- b. What is the “maternal mortality” rate among Asian Americans?
- c. What is the “maternal mortality” rate among Latin Americans?
- d. What is the “maternal mortality” rate among White Americans?
- e. What is the “maternal mortality” rate among Native Americans?
- f. Why do you think the rates vary between races?

3. What is the preterm birth rate among Black American infants? Why are Black American infants more likely to be born preterm than other races? (use March of Dimes or CDC websites. Google key words “March of Dimes preterm birth rate black”)

4. Define the Social Determinants of Health.

5. Discuss the social determinants of health and health equity and their impact on access to health services in your area of practice.

6. What are health disparities? (Google “health disparities definition cdc”)

- a. What does research show to be the underlying cause of disparities in “maternal” (perinatal) and infant mortality?

7. The following list from the World Health Organization (WHO) provides examples of the social determinants of health that can influence health equity. Give examples of how each of the following (a-j) can influence health in positive and/or negative ways:

- a. Income and social protection
- b. Education
- c. Unemployment and job insecurity
- d. Working life conditions
- e. Food insecurity
- f. Housing, basic amenities, and the environment
- g. Early childhood development

- h. Social inclusion and non-discrimination
- i. Structural conflict
- j. Access to affordable health services of decent quality

8. List and define the principles of Epidemiology.

9. Define Community Diagnosis. Give one example.

10. How can midwives integrate community diagnosis into the care they provide?

11. Define allostatic stress and allostatic load in the context of racism. How does allostatic stress relate to perinatal and infant mortality and morbidity?

12. In the United States, what social/cultural/societal groups of pregnant people are most likely to experience health inequities or disadvantages?

13. Research the history of Indigenous midwifery on the land you currently occupy. Who were that land's First People? What was their midwifery tradition? What are current day issues? (Optional for Indigenous students)

14. What is a "Grand Midwife"? Why were their services critical to the well being of Black Americans and what roles did they serve in their communities? (Consider the difference in terms between "Granny Midwife" and "Grand Midwife". Which is the respectful term, and why?)

15. What forces served to marginalize Midwives of Color and Immigrant midwives in the 20th century?

16. Many people credit midwives such as Ina May Gaskin in the 1970s with a revival of homebirth midwifery. Consider the diversity of midwifery history, and the concerted efforts to discredit and criminalize midwives of color in various communities throughout the US. Why might it be considered problematic to say that there has been a "midwifery revival" since the 1970s?

17. What percentage of birthing people having planned out-of-hospital births are people of color? Consider breaking this down further into Black Americans planning OOH birth, Asian Americans planning OOH birth, Indigenous and Native Americans planning OOH births, Latinx planning OOH births, etc. (Google CDC)

18. Why is it important that people of color are able to hire Black, Indigenous and other midwives of color?

19. What barriers exist that make it especially challenging for people of color to become midwives? What is being done to address these barriers?

20. Research models of care that have been shown to lead to better outcomes for birthing people of color and their babies (Some Examples: the JJ Way, Changing Woman Initiative, Centre for Indigenous Midwifery, Reproductive Justice, SisterSong, Jamaa Birth Village, open access clinics, mobile midwifery buses, Equal Access Midwifery Clinic). What models exist? What can be said about their outcomes, and to what are these outcomes attributed?

21. What is “cultural appropriation”? Give an example of cultural appropriation from your own practice or that you see in your professional community. If you cannot readily see examples, consider:

- a. belly dancing for birth
- b. rebozo use for pregnancy and birth
- c. blessingway ceremonies

22. What is “tokenism” in the context of race? How has this impacted membership, participation, and leadership in professional midwifery organizations?

23. Read one of the online resources on how to issue an apology. Why is impact more important than intent? What are the most important features of a sincere apology, and what next steps should the person making the offensive comment take?

24. What would it mean for a midwifery organization to “center” people of color? What does centering mean in this context?

25. What is the difference between an “ally” and an “accomplice”? What would it mean to be an “accomplice” in the professional midwifery community to communities other than your own?

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Long Answer Questions for Deeper Reflection

Questions Requiring Longer, More Thoughtful Answers:

26. Describe the concept of *reproductive justice*. Who was it created by and for? Why? Be sure to also discuss how *intersectionality* plays into reproductive justice as a concept and as a framework.

(Reference SisterSong website. <https://www.sistersong.net/reproductive-justice>)

27. Describe how racism, homophobia, the gender binary, and other forms of discrimination can be social determinants of health inequities. Consider how the intersections of identity can influence the social determinants of health.

28. Describe your local midwifery community as you experience it. In what ways are diverse perspectives (not solely limited to race) represented? Are there midwives or other birth professionals who are not represented in your local professional organizations? Why or why not?

29. What subject area and/or midwifery organization have you taken or might you see yourself take a leadership role based on your personal beliefs and values? Please give examples.

30. How does the Midwifery Model of Care™ address the community and social determinants of health for better health, functioning, and outcomes? Consider the community and social determinants of health inequities in the area in which you apprentice, or where you will practice midwifery.

31. What efforts have your local perinatal health or professional midwifery organizations made to “include” or “center” people from historically marginalized communities (as board members, speakers, members, etc), and have they been successful? In your opinion, why or why not?

32. If you are a White or White-passing student, how has White privilege been a factor in the following (answer all that apply to you):

- a. introduction to midwifery
- b. midwifery education
- c. apprenticeship
- d. membership in professional organizations
- e. client base
- f. hospital transfers
- g. doula work
- h. personal experiences of your own medical care
- i. personal experiences of childbirth education
- j. personal experiences of your own birth(s)
- k. personal experiences of breast/chestfeeding your child/ren

33. If you are a White or White-passing student, how has this module challenged you to think and feel differently about your own experiences, investments/complicity in, and personal responsibilities around racism and white privilege?

34. “If you’ve come here to help me, you’re wasting your time. But if you’ve come because your liberation is bound up with mine, then let us work together”. - Australian Aboriginal Elder Lilla Watson. Consider this quote and answer the following question.

If you are a White or White-passing student, what are three practical, actionable steps you can take towards moving from being an ally, to accomplice, to becoming a co-conspirator in dismantling racism and white supremacy in midwifery? These can include personal actions, such as anti-racism training, somatic abolition work, etc.

35. Some students at NMI have noted that they experience racism from their fellow students. Consider student-to-student interactions at NMI, including in-person and online study group, online forums, sharing apprenticeships, etc. What have been your experiences interacting with students from different cultures and races from your own? (BIPOC students, please consider colorism.)

36. (Optional) If you are a midwifery student of color, what would you like your white peers to know about your work and your communities? What steps would you like to see them take personally and professionally? What changes would you like to see in midwifery institutions—including schools and especially this school—to address anti-racism and support midwives of color? Would you grant permission for us to anonymously share your feedback with white students?

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Projects/Learning Activities

Projects(send completed projects with the rest of your course work for this module)

37. Find your state midwifery organization website, view local midwives’ websites, or local birth professionals’ websites. What communities, interests, and experiences are centered in the images and language used?

38. Research: What anti-racism education, resources, and activism currently exists in the midwifery community, either online or in-person? Where could you learn more about the problem of racism as it specifically pertains to midwifery?

39. Research: What anti-racism organizations are active in your area? What kinds of resources and training do they offer?

40. Optional: Consider writing an Anti-Racism and Anti-Oppression statement for your midwifery practice. What would it say? (See the Artful Anti-Oppression toolkit in the web resources for ideas and guidance.)

REMEMBER!

Take **Post-Test 2** when you have completed all the modules in this set.