

2017 BIRTHING JUSTICE FORUM & Maternal Child Health Champion Awards Ceremony

Wednesday, September 27, 2017, California Endowment Center
8:30 am to 6:00 pm

2017 Birthing Justice Forum

WELCOME AND INTRODUCTION

Cordelia Hanna-Cheruiyot, MPH, CHES, ICCE, CLE, CBA

Founder & Executive Director, The Association for Wholistic Maternal and
Newborn Health

WHO WE ARE

- We are public health professionals, nurses, doulas, health educators, psychologists, midwives, business professionals
- 501 c 3 non-profit public charity Founded 1993
- Located in Highland Park, Los Angeles

Our Mission

- To increase access, awareness and availability of MotherBaby-Friendly Maternity Care. We are also committed to social justice in birth.

Our Work

- The Association of Wholistic Maternal and Newborn Health focuses on the intersection of public health and midwifery to address healthcare disparities and to engender a more equitable maternity care system for all women and infants. Our focus areas are:
 - Education for Birth Preparation and Cultural Change.
 - Advocacy for Maternal-Infant Health Care Policy Reform.
 - Expanding Access to MotherBaby-Friendly Maternity Care.
 - Working for Social Justice in Maternal and Infant Health Care.



<http://motherbabysupport.net>

WHAT WE DO

- Support and Education for Pregnancy & Early Parenthood.
- Services for Pregnant Women & New Mothers Include:
 - Childbirth Preparation Classes
 - Doula Labor Support
 - Postpartum Doula Support
 - Breastfeeding Education and Support
- Networking, Training for Maternity Care Professionals
 - Trainings, Conferences, Networking Meetings, Advocacy & Policy



THANK YOU TO OUR SPONSORS!

- **Dr. Emiliano Chavira, MD, FACOG, MFMS**
 - **Chemin Perez, LM, CPM**
 - **Ana Paula Markel, ICCE, CD**
-



Forms of Obstetrical Violence

- Coercion
- Force
- Neglect
- Disrespect
- Lack of Informed Consent and Refusal
- Abuse of medicalization and pathologizing natural processes of birth
- Denial of pain and care
- Undignified and disrespectful care (Cohen, 2016).

Respectful maternity care protects women's fundamental rights to dignity, autonomy, privacy and equality (Birthrights, 2017).

THANK YOU TO OUR VOLUNTEERS!

- **Ndinda Ngewa** – CEU Coordinator
 - **Debi Paeff Benton** – Registration Coordinator
 - **Sayida Peprah** – Panel Discussion Coordinator
 - **Marcela Rodriguez** - Awards Ceremony Coordinator
 - **Cordelia Hanna-Cheruiyot** – Event Coordinator
 - **Brittany Hines**
 - **Destinee Dewalt-Chase**
 - **Sydney Reyes**
 - **Susan Lowe**
 - **Geraldine Perry-Williams**
-

Photography Provided by
Ani Tsatourian

WE WILL ASK THE FOLLOWING QUESTIONS AT THIS EVENT:

- What injustices in maternity care do we know are going on today?
- What can we do about it?

Learner Objectives

Discuss	Discuss how historical injustices occurring among women of color in the U.S. impact physical and mental health of mothers and children.
Describe	Describe four human rights of childbearing persons.
Apply	Apply the socio-ecological framework to address domains of influence on perinatal health inequities and disparities.
Develop	Develop an action plan/community intervention to create positive social change to transform social/individual determinants of perinatal health

2017 Birthing Justice Forum

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*VIRGINIA ESPINO, PH.D.,
FILM MAKER*



They came to have their babies.

They went home sterilized.

no más bebés

no more babies

"NO MAS BEBES" DIRECTED BY RENEE TAJIMA-PEÑA PRODUCED BY VIRGINIA ESPINO AND RENEE TAJIMA-PEÑA
EXECUTIVE PRODUCERS SALLY JO FIFER SANDRA PEDLOW JULIE BENELLO PARKER WENDY ETTINGER JUDITH HELFAND
EDITED BY JOHANNA DEMETRAKAS DIRECTOR OF PHOTOGRAPHY CLAUDIO ROCHA MUSIC BY BRONWEN JONES WITH QUETZAL WILLIE A. GARCIA AND JIMMY LAVALLIE

WITH SUPPORT FROM CALHUMANITIES, PARE LORENTZ DOCUMENTARY FUND, GUGGENHEIM FOUNDATION, USA BROAD FELLOWSHIP
UC SANTA CRUZ COR, UC CENTER FOR NEW RACIAL STUDIES, UC MEXUS, UCLA INSTITUTE OF AMERICAN CULTURES

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“NO MAS BEBES”

*DIRECTED BY
VIRGINIA ESPINO &
RENEE TAJIMA-PENA*

FILM PRESENTATION

2017 Birthing Justice Forum

2017 Birthing Justice Forum

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MORNING BREAK

2017 Birthing Justice Forum

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PANEL DISCUSSION

PANELISTS

- **Virginia Espino, Ph.D.,** *Filmmaker*
 - **Ena Valladares, MPH,** *California Latinas for Reproductive Justice*
 - **Sayida Peprah, Psy.D., CD,** *Black Women Birthing Justice*
 - **Chemin Perez, LM, CPM,** *Licensed Midwife, Founder, Nueva Vida Parteria/Arcadia Birth Center*
 - **Cordelia Hanna-Cheruiyot, MPH, CHES, ICCE, CLE, CBA,** *Founder & Executive Director, The Association for Wholistic Maternal and Newborn Health*
-

2017 Birthing Justice Forum

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LUNCH BREAK





Human Rights
in
Childbirth

Black Women Birthing Justice
Human Rights in Childbirth
The Association for Wholistic
Maternal and Newborn Health



— Presents —

**HUMAN RIGHTS IN CHILDBIRTH US SUMMIT
THE BIRTHING JUSTICE FORUM &
Maternal-Child Health Champion
Awards Ceremony**



Claudia Booker



Jennie Joseph



May 26, 2016
Los Angeles, CA 90012



Shafia Monroe



Paula Rojas



Marinah Farrell



Nicole Gonzales



Indra Lusero



Julia Chinyere
Oparah



Racha Tahani
Lawler



RaShaunda
Lugrand

READ MORE & REGISTER AT: www.google.com/events/ETZgMA

RECAP OF 2016 BIRTHING JUSTICE FORUM AND HUMAN RIGHTS IN CHILDBIRTH U.S. SUMMIT

SAYIDA PEPAH, PSY.D., BLACK WOMEN BIRTHING JUSTICE & THE ASSOCIATION FOR WHOLISTIC MATERNAL AND NEWBORN HEALTH

PUBLIC HEALTH & LAW: UNIVERSAL RIGHTS IN CHILDBIRTH

Informed Consent

Right to make **informed choices**, autonomy

Refusal of Medical Treatment

You “own” your body; have the power to make all of the decisions about what will be done to it; The **decision-maker in childbirth is the birthing woman**.

Right to Privacy (from Gov’t)

Protects personal decisions about sexuality, reproduction, and the family without government interference.
Decision-making around childbirth is a reproductive justice issue.

Right to Life

99% of **maternal deaths** happen in developing countries, where **poverty and lack of infrastructure can threaten survival**. In many of the places where women and their babies die around childbirth, **women’s health and life is considered to be literally worth less than men’s**. The **promotion of women’s right to life in the context of maternity care requires consideration of the full range of women’s social, economic, and political circumstances**.

Right to Equal Treatment

Inequalities in maternity care occur at systemic and societal level, around problems including **poverty, nutrition, and access to healthcare**. **Inequality and discrimination**- U.S. & Europe (AA & Foreign Born in Europe)



Hermine Hayes-Klein, JD

|



Calls to *Action*

Accountability:

- Creation of accountability mechanisms in hospitals
 - Creation of accountability mechanisms for all providers, including midwives and other people providing out of hospital care
 - Community accountability boards including physicians/medical personnel
 - Development of consent forms written by consumers
 - Using birth plans as contracts
 - Birth Plan Legislation similar to Advanced Directives
 - Extend HIPPA to home birth care
 - Immediate advocate available – community level or national level advocacy for pregnant people
-

Calls to *Action*

Access to care:

- Increase access to culturally competent/appropriate care for all pregnant people.
 - Black women who had midwife assisted births reported higher levels of empowerment and feeling in control. None of these women reported feeling disempowered.
- Volunteer Doulas; Policy changes that allow or advocate for doulas or pay for doulas; system allows and sets up for support people to be involved in care;
- Remove financial incentives for types of care
- Increase access to Medicaid
- Provide free interim care and referrals on how to access health insurance/ MediCal for women who are uninsured or underinsured. Ensure that no pregnant individual is denied prenatal care due to inability to pay.
- Reverse VBAC bans
- Decriminalize midwifery; birth; Creating legal safeties for parents/babies not allowing threatening/coercive procedures “taking the baby” via DCFS if such procedure is not performed;
- Provide health care insurance coverage and Medicare coverage for midwife-assisted birth and perinatal care

Calls to Action

Experiences of care:

- To end shackling and dangerous conditions for imprisoned pregnant women, and to advocate for the release of pregnant and parenting women from prisons, jails and detention centers.
- Advocating for the implementation of programs that help transfer power from the practitioners to the families: like changing the ways in which care givers are paid; making it clear that they are servants of the families and setting up incentives if the moms speak positively about their experience
- Eliminate short examination room prenatal visits as standard care for individuals with healthy pregnancies.
 - Replace these with group-based midwifery care that is holistic, reduces hierarchy, empowers pregnant individuals to take control of their healthcare, emphasizes relationship building, encourages horizontal support between pregnant women, and provides more in-depth care
- Offer prenatal groups specifically for black women/women of color, led by at least one black woman staff person.
- Address mental and emotional wellness and stress-reduction needs. Provide referrals to services addressing racial discrimination, employment and legal concerns, housing, intimate partner violence, and childhood trauma as part of a holistic approach to prenatal care.
- Utilize a wellness and strength-based model of pregnancy and childbirth that builds on the pregnant individual's health and self-care knowledge and strategies.
- Hire, train and promote visibility of doulas, midwives and lactation consultants of color.

Calls to *Action*

Support for pregnant people:

- Partnerships: foraging unconventional and new partnerships...Build partnerships between the nurses and the doulas (doulas need to really advocate for their patients without also feeling that if they do, they could be banned from the facilities and can't provide care for others in the future).
- Community organizing: go to where the people are.
- Ensure that all progressive movements, including the feminist, reproductive rights, natural birth, civil rights, environmental justice, prison abolition, LGBTQ and immigrant rights movements understand and support birth justice, and include the concerns, experiences and leadership of black women, women of color, indigenous women and transfolks.
- Advocating for the implementation of programs that help transfer power from the practitioners to the families: like changing the ways in which caregivers are paid; making it clear that they are servants of the families and setting up incentives if the moms speak positively about their experience

HISTORICAL TIMELINE OF REPRODUCTIVE & BIRTHING RIGHTS & NATURAL CHILDBIRTH MOVEMENT IN THE UNITED STATES

R. Ndinda Ngewa, Dr. PH and Cordelia Hanna-Cheruiyot, MPH, CHES, ICCE, CLE, CBA
The Association for Wholistic Maternal and Newborn Health

From 1654 onward

Enslaved African women
experience incalculable and
innumerable offences and
abuses on their reproductive
rights, bodies and families.



1789

United States Constitution ratified. The terms “persons,” “people” and “electors” are used, allowing the interpretation of those beings to include men and women but these rights were not extended to African slaves and Indians.



18th and 19th Century: Midwives immigrate to U.S. from Europe, Enslaved African Midwives Survive the Middle Passage.



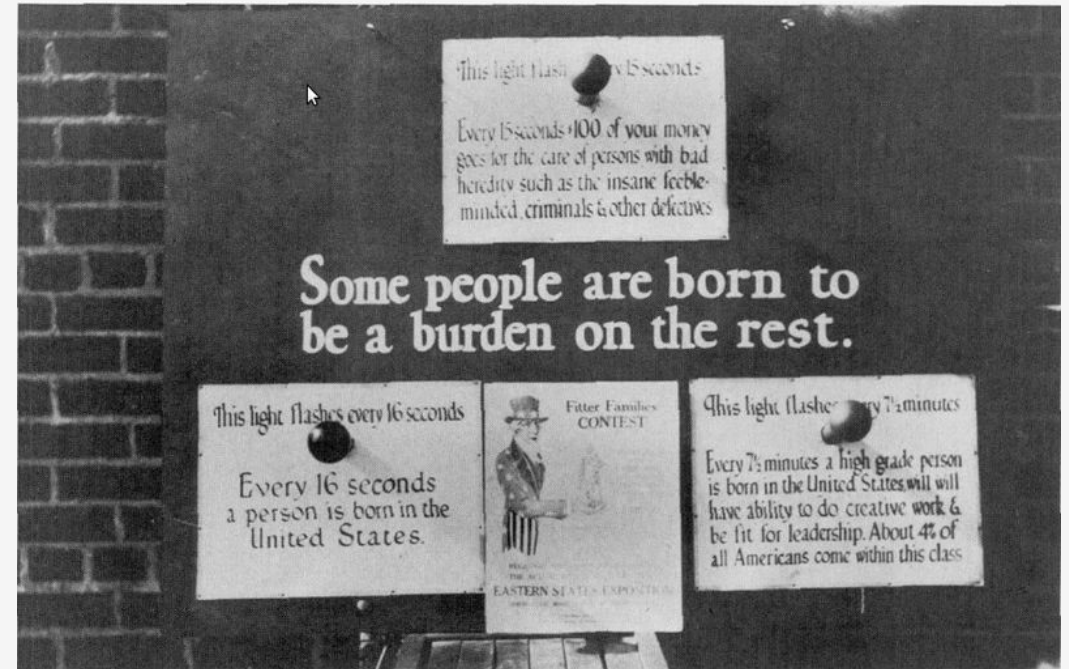
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European midwives immigrate to America and serve women in their cultural communities. 50% of births are at home. Enslaved African midwives are “called by dreams and visions” to attend women in childbirth (Judith Rooks, *Midwifery and Childbirth in America*). Indigenous and Hispanic midwives serve their communities, helping women deliver in their own homes. Lying-in hospitals are established for the poor. Childbearing women die in droves from puerperal fever, because of physicians examining one woman after another and cadavers, without washing their hands. Wealthy women prefer to be delivered at home by doctors or midwives.

- During the Progressive Era of the late 19th and early 20th century, **eugenics** was considered a method of preserving and improving the dominant groups in the population; through **"betterment of the human race"** through **selective breeding**. It was believed **some people should not have children (Blacks, Hispanics, mentally ill, mentally retarded, disabled, etc.)** White women were encouraged to have a lot of children. It is now generally associated with racist and nativist elements as the movement was to some extent a reaction to a change in emigration from Europe rather than scientific genetics. Eugenics was practiced in the United States many years before eugenics programs in Nazi Germany, which were largely inspired by the previous American work, including "The Final Solution" which referred to the extermination of Jews, Gypsies, The disabled, homosexuals. The Nazi's took their "inspiration" from America.



Eugenics

19TH and 20TH Century

Starting in 1845, he started to conduct experiments on enslaved women. And why we talk about Sims today and why that statue is there is that he perfected a technique to repair a condition called vesicovaginal/rectovaginal fistula, an opening between the vagina and also the bladder or the vagina and the rectum, which usually comes after traumatic childbirth such as tearing which is unrepaired, or female genital cutting. And Sims started in 1845 - 1846 according to some sources - a series of experiments to repair these fistulas. These experiments were done on White women in the beginning, but they could not endure the pain, so they were performed on enslaved Black women instead. These women were property. These women could not consent. These women also had value to the slaveholders for production and reproduction - how much work they could do in the field, how many enslaved children they could produce. And by having these fistulas, they could not continue with childbirth and also have difficulty working. They were performed without anesthesia. There was a belief at the time that black people did not feel pain in the same way that White women did. They were not vulnerable to pain, especially black women. So that they had suffered pain in other parts of their lives and their pain was ignored.



1845: J. Marion Sims: Father of Modern Gynecology or Monster?

1848-1919



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The **Women's Suffrage Movement**. However, the right to vote was not extended to indigenous native women, Hispanic women or enslaved African women.



1855: Missouri v. Celia

- A Slave, a Black woman is declared to be property without a right to defend herself against a master's act of rape.



1870's

- Comstock laws passed making contraception illegal and anything to do with family planning or contraception was deemed "obscene".

1873 Comstock Laws

- As enacted, March 2, 1873, the Comstock law forbade the sending through the mail of any drug or medicine or any article whatever for the prevention of conception." **The 1873 act did not focus on fertility control, but was a statute that included birth control and abortion among a long list of commercial obscenities.** Comstock rallied against contraceptive devices bought and sold in commercial spaces, not against natural forms of birth control such as abstinence and the rhythm.

1900's to 1940's

The process of giving birth becomes increasingly medical, and traditional birthing practices decrease under pressure from doctors and medical establishment. In 1915, 40% of all births were attended by midwives. By 1935, that number had decreased to 10.7%. It was lowered further post WWII to less than 5%.

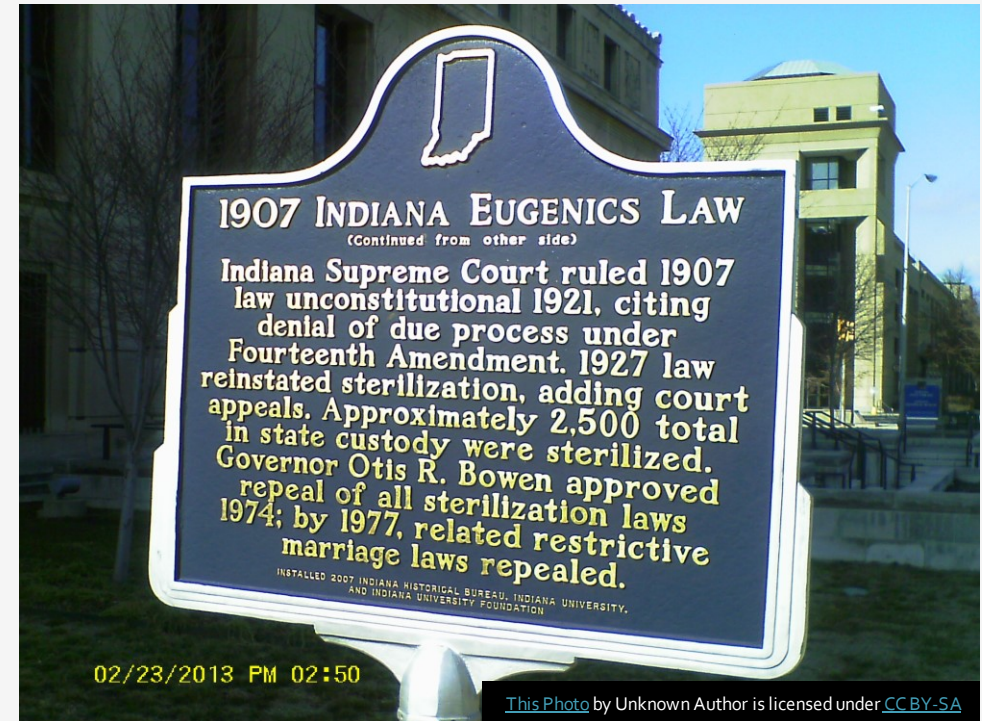


States begin to pass laws mandating the sterilization of people deemed inferior and unfit.



1907

- Indiana became the first state **mandating the sterilization of those seen as “unfit for reproduction”** based off the 1849 bill by Gordon Lincecum. The Indiana Eugenics law states that those with believed heredity problems such as criminality, mental illness, and pauperism (or being poor) were to be forcibly sterilized in order to preserve the rights of birth to those who would reproduce “good” genes. The laws were then passed in Michigan, Pennsylvania, Washington and California.



1907: Compulsory Sterilization



1914: THE BIRTH CONTROL MOVEMENT

Founder of Planned Parenthood, an Irish immigrant woman from upstate New York, who worked as a nurse throughout her early life. Her mother died of a combination of child birthing and tuberculosis. Motivated by the loss of her mother, Sanger would later become an advocate for the birth rights of women. **Margaret Sanger tests the validity of New York's anti-contraception law by establishing a clinic in Brooklyn.** The most well-known of birth control advocates, she is one of hundreds arrested over a 40-year period for working to establish women's right to control their own bodies.



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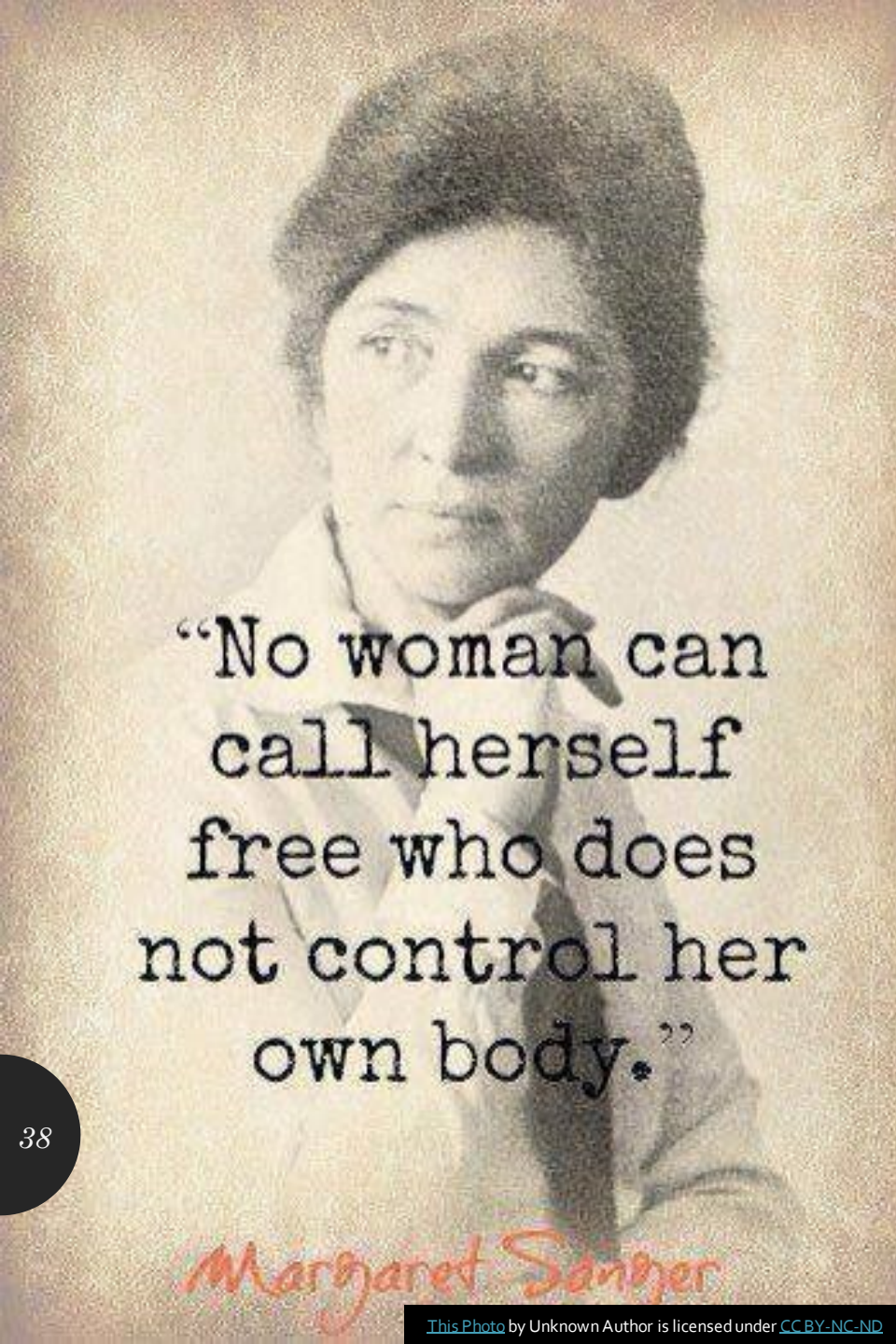
*1916:
Margaret Sanger*



- **Margaret Sanger** opened the first birth-control clinic in the United States. An advocate for women's reproductive rights who Margaret Sanger leaves a complicated legacy — and one that conservatives have periodically leveraged into sweeping attacks on the organization she helped found: Planned Parenthood. She gained support from Eugenacists for her cause. Whether she believed in Eugenics herself is a question up for debate.

1918: New York v. Sanger

Margaret Sanger wins her suit in New York to allow doctors to advise their married patients about birth control for health purposes.

A sepia-toned portrait of Margaret Sanger, a woman with dark, wavy hair, wearing a light-colored blouse with a dark tie. She is looking slightly to the left with a serious expression.

“No woman can
call herself
free who does
not control her
own body.”

Margaret Sanger

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1916: Margaret Sanger

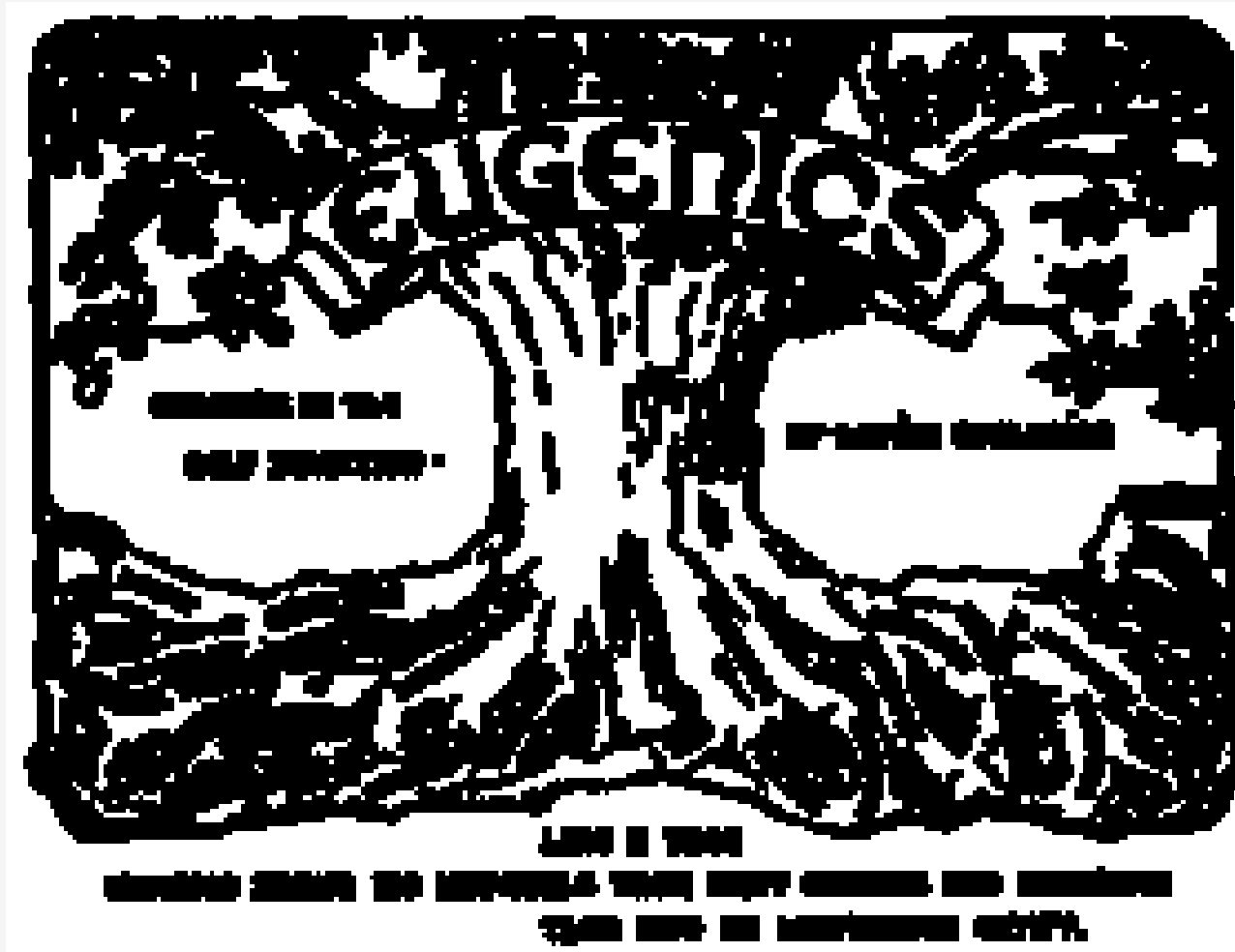
Margaret Sanger, her sister, and a friend open America's first birth control clinic in Brooklyn, New York. Women did not yet have the right to vote, could not divorce abusive husbands, sign contracts, or have bank accounts. The clinic she opens provides contraceptive advice to poor, immigrant women. Police raid the clinic and Sanger and the women are arrested for disseminating birth control. Margaret Sanger went to jail numerous times for giving information on birth control.

1936-1937



Margaret Sanger is arrested for disseminating birth control information over the mail. Her case is reviewed by Judge Augustus Hand, writing for the U.S. Circuit Court of Appeals, who orders a sweeping liberalization of federal Comstock laws, ruling that new research on the damages of unplanned pregnancy and the benefits of contraception has resulted in contraceptive devices and birth control no longer being classified as obscene.

1920-1930: *THE EUGENICS MOVEMENT*





THE WHITE HORSE SHOWN ON OPPOSITE PAGE HERE WAITS FOR ITS MISTRESS AS SHE PERFORMS HER DUTIES IN THIS BACKWOODS KENTUCKY C

THE FRONTIER NURSING SERVICE BRINGS HEALTH TO KENTUCKY MOUNTAINEERS

In the Backwoods it Delivers Babies, Chlorinates Wells, Gives Vaccines, Saves Lives



Because no other U. S. area suffers from greater obstacles to rural health administration and because its population is of good old American stock handicapped only by geographical conditions, Mary Breckinridge of Kentucky chose in 1925 the mountains of eastern Kentucky as the region in which to establish a nursing service in memory of her two children. Staffed by several dozen competent nurses, the Frontier Nursing Service, Inc. delivers an average of around five babies a week. It has administered some 90,000 inoculations and vaccines against deadly diseases, chlorinated wells over an area of 700 square miles. Its nurses are assisted by young couriers (see left) recruited chiefly from socialite U. S. families. These volunteers often accompany nurses on night calls, help care for mountaineer children, take charge of the horses. Clear proof of the Service's high place in the community is the fact that mountaineer parents now tell their children that their smaller brothers and sisters are brought by Frontier Nurses in their saddlebags (see right).



TWO SOCIALITE COURIERS FROM THE CITY

1920s: *The Nurse-Midwifery profession is born*

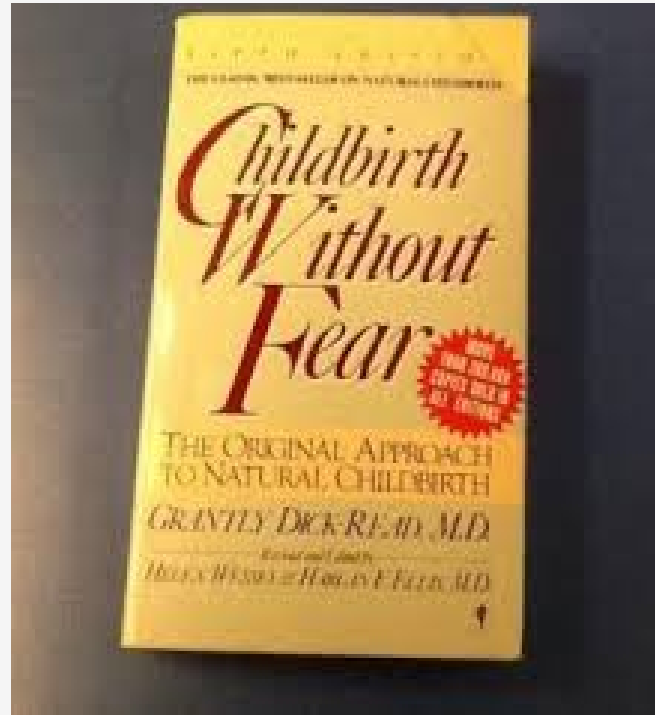
Mary Breckinridge, a nurse and midwife from England establishes **Frontier School of Nursing** in Wendover, KY. Nurses with midwifery training from Europe ride horseback into the mountains of Appalachia to provide primary care, prenatal care and birth and postpartum care to poor coal miners families. Public Health Nursing and Nurse-Midwifery Professions are born.

A black and white photograph showing a woman in a white apron over a dark dress, holding a baby. Another woman is standing next to her, looking down at the baby. The scene appears to be indoors, possibly a home or a clinic.

The Sheppard Towner Act

- Sheppard Towner Act (1921) - **Julia Lathrop of Children's Bureau**
 - Register births/Vital statistics; connect mothers to infant welfare nurses
 - Statistics they gathered showed lack of financial resources of family effected mortality of children and mothers;
 - Connected child welfare nurses & improved maternal and child mortality & morbidity
 - Cleaned up meat & milk, improved sewage systems.
 - PHNs gave hygienic advice, encouraged breastfeeding as means to for infant survival; gave routine care to expectant mothers, "instructed" the midwives.
-

1935:
Grantly Dick-Read (26 January 1890 – 11 June 1959) publishes first book on Natural Childbirth, then in 1942, publishes ***Childbirth Without Fear***. He is ridiculed by his colleagues.



We must understand that childbirth is fundamentally a spiritual, as well as a physical, achievement. The birth of a child is the ultimate perfection of human love.

(Grantly Dick-Read)

izquotes.com

1936: *United States v. One Package of Japanese Pessaries*

"Tracing *One Package* -- The Case that Legalized Birth Control"

Seventy-five years ago a plain-wrapped package sent from Japan and seized by U. S. Customs delivered a fatal blow to one of the most restrictive and inhibiting federal laws in American history. On December 7, 1936, the U.S. Court of Appeals for the Second Circuit issued a ruling that released "One Package, containing 120, more or less, Rubber Pessaries to Prevent Conception" from confiscation. **It was a historic decision that effectively disabled the Comstock laws and legalized doctor-prescribed contraception.** The unusual, cone-shaped Japanese diaphragm was quickly forgotten, but the *One Package* case still reverberates today through its influence on subsequent court decisions. Orchestrated by Margaret Sanger and her celebrated attorney, Morris Ernst, *One Package* secured the legal foundation for groundbreaking rulings on reproductive and privacy rights.



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1937

The American Medical Association (AMA)
recognizes birth control as a
new sector of medical
practice and education.

1940's



U.S. Public Health Service
recommends the teaching of
sexuality education in public
schools.

1940's: The “Guatemala Experiment”

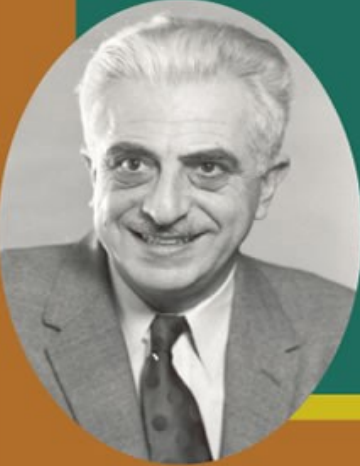
U.S government
deliberately infected
experiment subjects with
syphilis, gonorrhea and
chancroid to study ways to
treat sexually transmitted
diseases and prevent them
from spreading in the 1940s.



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1948

Gregory Pincus helped invent the first birth-control pill



Born in Woodbine in 1903, Gregory Pincus was just 24 when he earned a Harvard Ph.D. He got his big break in 1953 when birth control champion Margaret Sanger asked him to develop a pill women could take to prevent pregnancy. Pincus and associate Min Chueh Chang discovered that a hormone called progesterone stopped female animals from making eggs. Then, in clinical trials conducted with Dr. John Rock, Pincus showed *synthetic* progesterone did the same thing in human females. Pincus won international acclaim and changed the lives of millions of women and men.

1903–1967 Gregory Pincus

Photo: Oak University Archives

Planned Parenthood helps fund the development and testing of "the pill" by research biologist, Gregory Pincus.

1950: Improvements to Birth Control

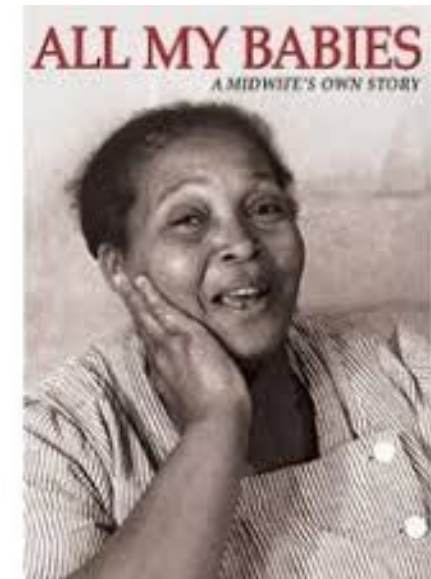
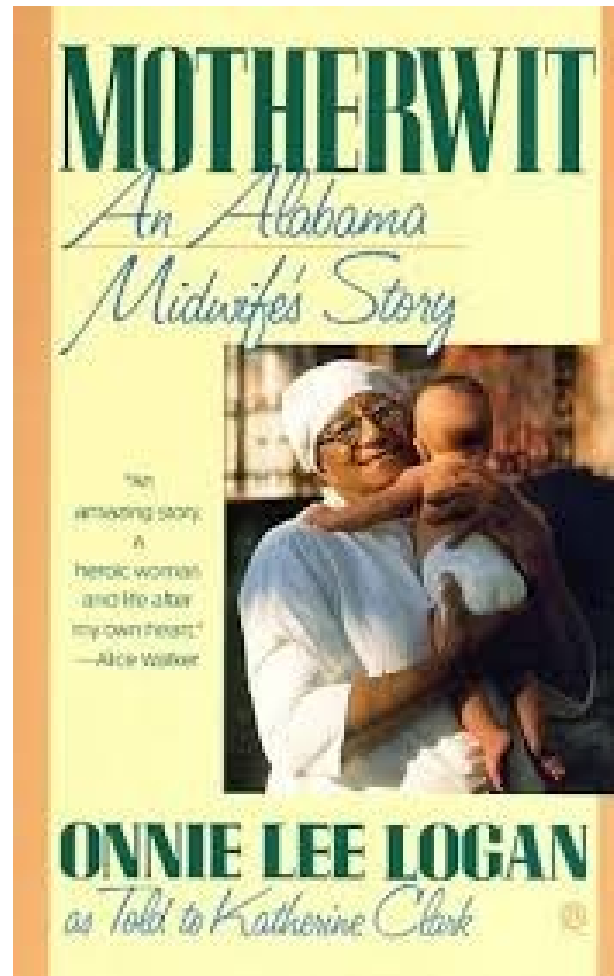
In the mid-1950s, men by the names of John Rock and Gregory Pincus had created what they believed to be an effective means of oral contraception and were looking for a population to test it on. The men decided that Puerto Rico would be an ideal location due to the fact that the country supported birth control methods to prevent population growth (PBS.) **The women the pill was tested on were mostly poor women who had very limited economic and educational opportunities.**



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1920s-1950s

Granny midwives, both Black and White, work throughout the South, providing much simpler care, yet with good outcomes. They are “trained” by health departments in the 1940s and 1950s.





1920-1951: Henrietta Lacks

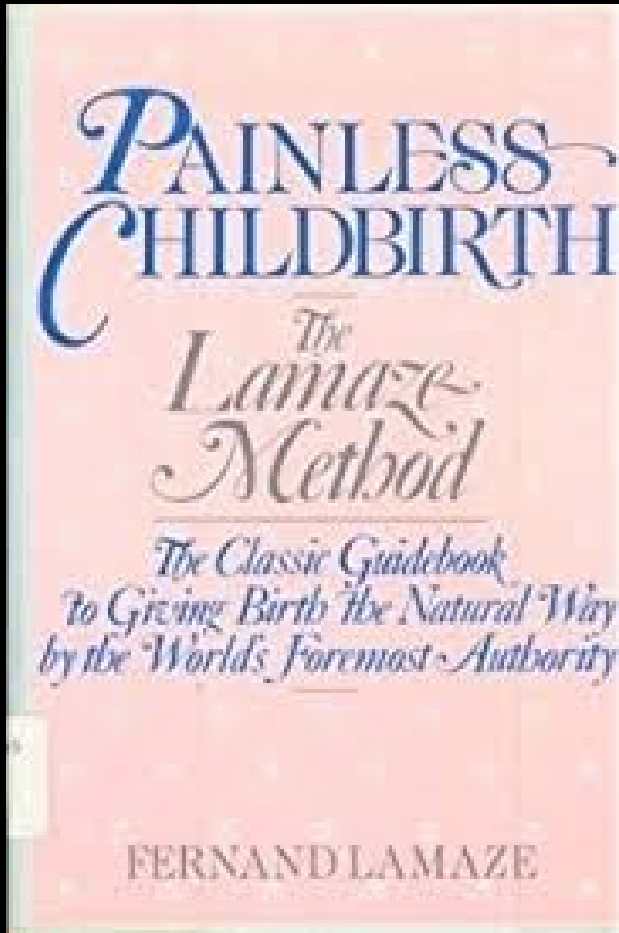
HeLa cells were the first human cells successfully cloned in 1955 from a Black woman names Henrietta Lacks . She was an illiterate tobacco farmer in Virginia. Who was infected with syphilis by her husband (who was also her cousin) and developed a very deleterious strain of cervical cancer. Johns Hopkins took the cells from her, and Dr. George Gey, was the first to **replicate the cellular strain in mass production, giving away the cell line which was used in numerous trials**. Many scientists and companies benefitted from the use of HeLa cells, though the Lacks family could not afford health insurance and did not receive monetary compensation.

1956



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Clinical trials begin on early forms of the birth control pill on women living in housing projects in Puerto Rico. Levels of estrogen and progesterone are **20 times the eventually acceptable levels**, creating harmful side effects for women.



1956:
**Painless
Childbirth** is
Published by
obstetrician
Fernand Lamaze,
promotes natural
birth and painless
childbirth.

The U.S. Food and Drug Administration approves the sale of oral pills for contraception.



1960



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1965: Griswold v. Connecticut

The Supreme Court **nullified a Connecticut statute prohibiting the use of birth control by married persons.** Supreme decision establishing a married couples right to access contraception. The new law argued that married individuals have privacy rights that protect their access to contraceptives.

1965

One in every five married women in the U.S. has used the pill. The pill spawns a new “sexual revolution” as people can have sex without fear of unwanted pregnancy. Sex outside of marriage becomes acceptable.



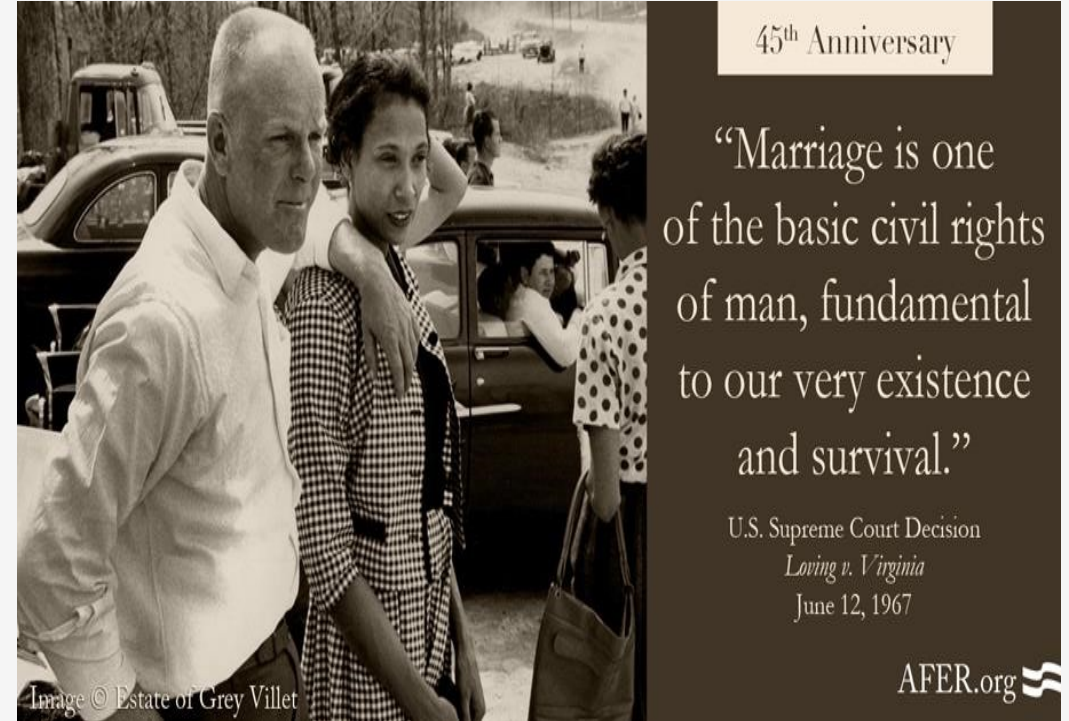
1965: Sterilization of Puerto Rican Women



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Between 1950 and roughly 1970, working class Puerto Rican women were being **sterilized as a form of population control and social class control**. This practice began as early as the 1930s, and was the “policy” in Puerto Rican hospitals and family planning clinics. Many women were forced to have their tubes tied upon giving birth to their second child, but many women also experienced sterilization independently from giving birth.

The United States Supreme Court unanimously ruled in **Loving v. Virginia** that anti-miscegenation laws (marriage between Blacks and Whites) are unconstitutional. With this ruling, these laws were no longer in effect in the remaining 17 states that at the time still enforced.



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1967: Loving v. Virginia

There were laws between 1840-1967 made in 49 states that refused the legality of abortions. Until 1973, pre-born babies were protected under American law. Now, while this may not have been in writing, the founding fathers of the United States referred to this as common law, where before the fourth month of pregnancy. It was seen as a 'very heinous misdemeanor' calling for swift repercussions such as the 'loss of a limb, confiscation of property or life in prison' in this timeframe.



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1967: Abortion Illegal in 49 States

- Date by which a campaign by private agencies and the Puerto Rican government resulted in the sterilization of 1/3 of Puerto Rican women of child rearing age.



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BY

1968





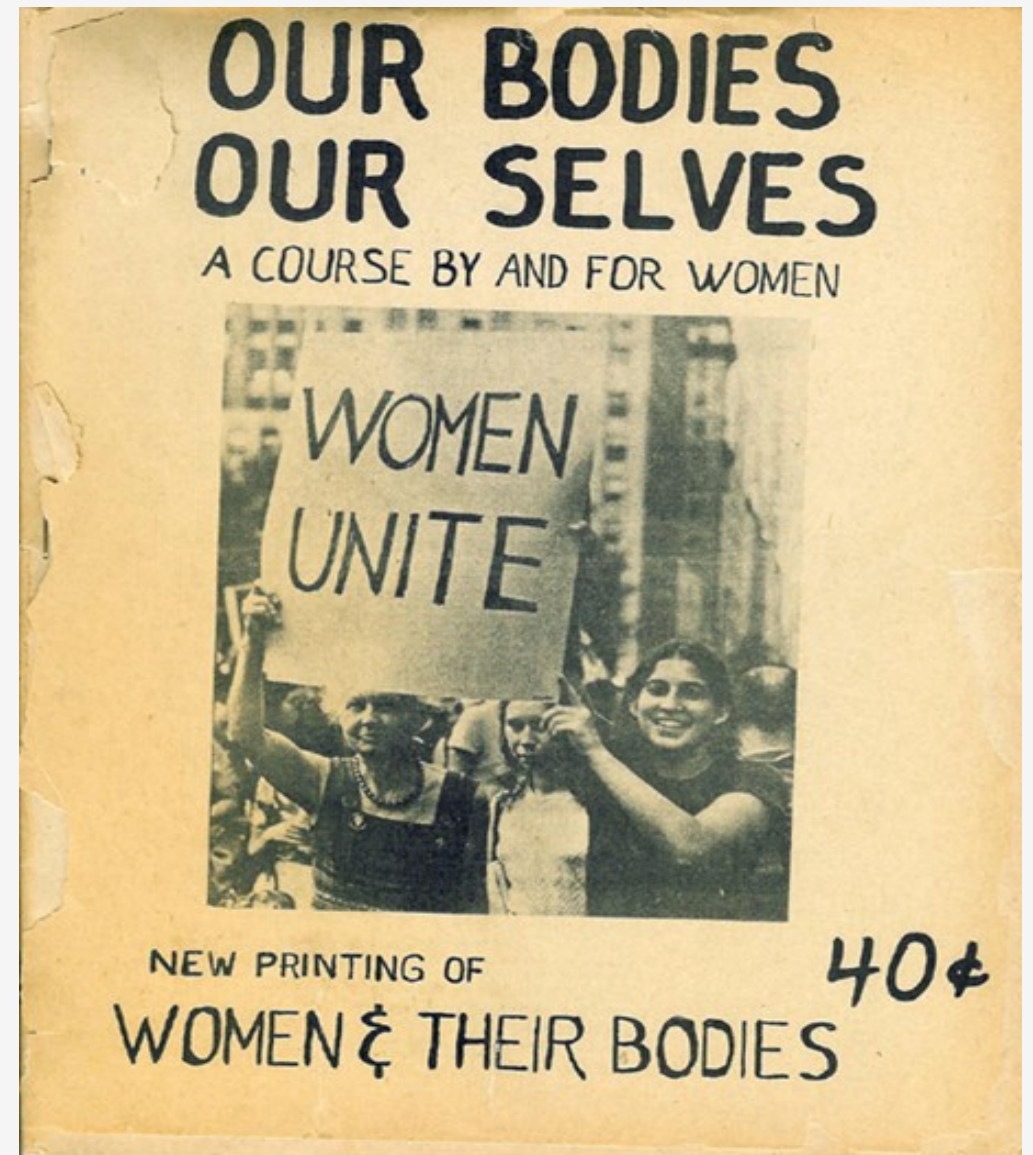
1970S-PRESENT: THE REPRODUCTIVE JUSTICE MOVEMENT

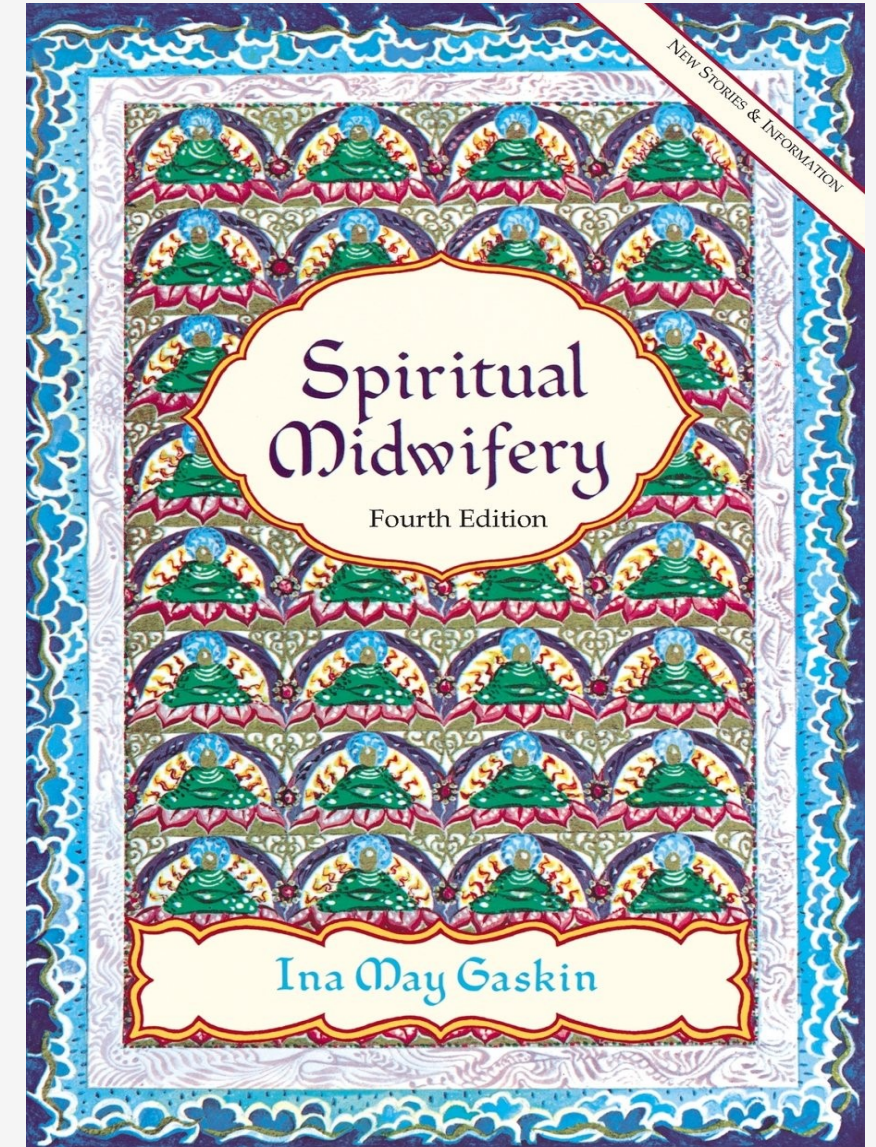
Sterilization of 25% of Indian women living on reservations. In 1975 alone, **25,000 women are sterilized by the Indian Health Services.**



1970s

1971: “Our Bodies,
Ourselves”
Published by **Boston
Women’s Health
Collective**. The
Women’s Self-Help
Health Movement is
Launched.





**1975:
THE FARM MIDWIFERY CENTER &
INA MAY GASKIN PUBLISHES
“SPIRITUAL MIDWIFERY” – LAY
MIDWIFERY MOVEMENT IN AMERICA IS
OCCURRING ALL OVER THE COUNTRY.**

1960s -1970s:

Resurgence of Homebirth in America, and start of the direct-entry midwifery movement. Mostly White, middle-class women are working on establishing the first associations for homebirth information and promoting natural childbirth. As a result, hospitals change to become more family-centered.



Photo by Laura Scheerer Whitney



- *1960S AND 1970S-*

Childbirth Education Associations are Launched, including :

International Childbirth Education Association (ICEA)

ASPO-Lamaze

Association for Childbirth at Home International (ACHI)

American Academy of Husband-Coached Childbirth, (AAHCC)

Informed Homebirth/Informed Birth and Parenting (IH/IBP)

Association of Labor Assistants and Childbirth Educators (ALACE),

and others.

Chinyere Oparah States in her essay in *Birthing Justice: Black Women, Pregnancy and Childbirth* (Routledge, 2015), “the struggle for birthing alternatives is inseparable from struggles for racial, economic and social justice and the fundamental transformation of global maternal-care systems” (Page 13). As White women from the counter-culture in the 1960s and 70s were building the “Alternative Natural Childbirth Movement,” Black activists were involved in the Black Power and civil rights movements which worked to address social conditions and institutionalized racism which contributed to “Black women’s vulnerability to pregnancy complications” and infant mortality. “In particular, civil rights activists focused on **desegregating hospitals** and fighting for their inclusion under the Civil Rights Act of 1964”, which prohibited funding to any institution which denied Black people access to treatment. Also, according to Oparah, “**Black nationalists established autonomous health clinics and challenged racism in the medical profession, as well as exploitative research**” (such as The Tuskegee Study and the Hela cell research). “While working on access to quality healthcare services for [poor women of color], many Southern and immigrant Black women continued to birth against the grain drawing upon ‘motherwit’— intergenerational mothers’ wisdom— to guide their birthing decisions.” (Oparah, page 13).



1960s & 1970s: Black power activists fight for access to healthcare services for African-Americans

1970: Title X

Congress passes and President Nixon signs into law Title X of the Public Health Service Act. **Title X makes contraceptives available to everyone regardless of income** and provides funding for educational programs and research in contraceptive development. Congress broadens Title X's mandate to provide community-based sex education programs and preventive services to teenagers at risk of becoming pregnant.



The Supreme Court rules that the right to privacy encompasses an unmarried person's right to use contraceptives.



*1972:
In Eisenstadt v. Baird*

1973: *Roe v. Wade*



The U.S. Supreme Court ruled against a Texas law prohibiting abortions not necessary to save the woman's life. **For the first time women are given a fundamental right to choose.** The U.S. Supreme Court decision establishing a women's right to abortion; declares that the Constitution protects women's right to terminate an early pregnancy, thus making abortion legal in the U.S.

This has been true since the Supreme Court declared that autonomous abortion rights are built into the Constitution, and that legal barriers to abortion are unconstitutional. This ruling was arrived at on the premise that the 9th and 14th Amendments, according to legal precedent established during the 1960's, guarantees a woman's "right to privacy"—a right that extends even to abortion.

1974: Cleveland Board of Education v. LaFleur

Determines it is illegal to force pregnant women to take maternity leave on the assumption they are incapable of working in their physical condition.



Mary Alice Relf (age 14) and her sister Minnie Relf (age 12) become victims of the abusive practice of sterilizing poor, black women and girls in the South. Their mother, who had very little education and was illiterate, signed an "X" on a piece of paper, expecting her daughters, who were both mentally disabled, would be given birth control shots. Instead, the young women were surgically sterilized. During the course of *Relf vs. Weinberger*, the court found an estimated 100,000 to 150,000 poor people were sterilized annually under federally-funded programs. The case led to changes in medical practices, including the requirement that doctors obtain "informed consent" before performing sterilization procedures.



NCAC Clinic, 1973

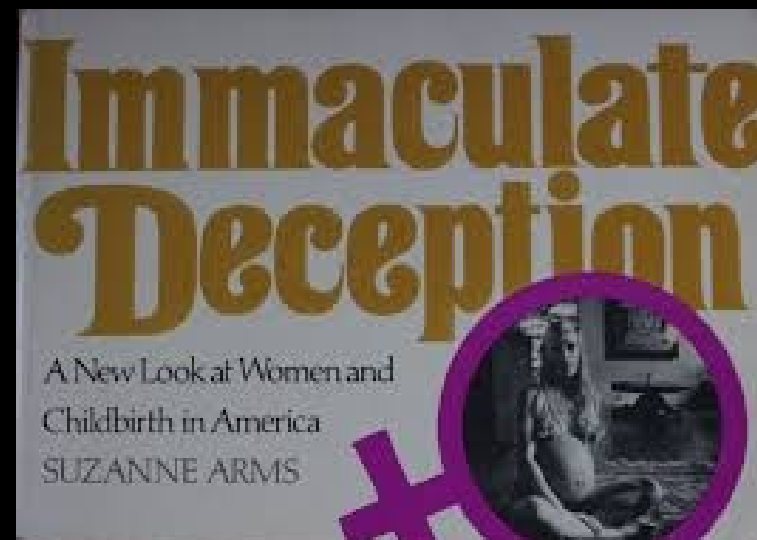
Mary Alice Relf, 12

Minnie Lee Relf, 14

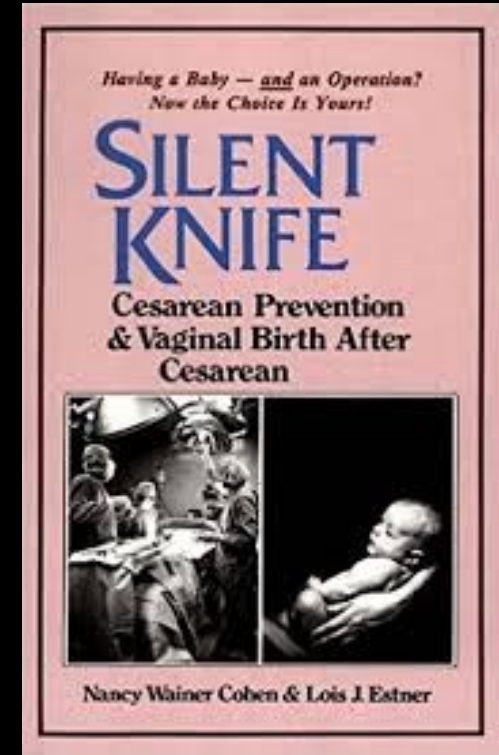
1974: Relf vs. Weinberger

***1976:
General Elec.
Co v. Gilbert***

The Supreme Court upholds women's right to unemployment benefits during the last three months of pregnancy.



1975: SUZANNE ARMS PUBLISHES IMMACULATE DECEPTION, WAS A NEW YORK TIMES BEST BOOK OF THE YEAR; MORE THAN 250,000 COPIES WERE SOLD.



1975:
*SILENT KNIFE, ON CESEAREAN PREVENTION & VBAC PUBLISHED BY
NANCY WAINER COHEN AND LOIS ESTNER*

1976: Planned Parenthood of Central Missouri v. Danforth

The Supreme Court ruled against a Missouri statute that would force a married woman to obtain her husband's approval before getting an abortion and ruled against a written parental consent requirement for minors.

Congress enacted the first Hyde Amendment and thereby limited federal funding for abortions through Medicaid and all other HHS programs.



*1976:
Hyde Amendment*

1976: ***marital*** ***rape***

The first marital rape law is enacted in Nebraska, making it illegal for a husband to rape his wife.



1977: Maher v. Roe

The Supreme Court upheld a Connecticut ban on public funding for abortions, with the exception of abortions that were "medically necessary."

1977: Hyde Amendment (revised)

The Hyde Amendment is revised to allow states to deny Medicaid funding except in cases of rape, incest, or "severe and long-lasting" damage to the woman's physical health.



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1978: The Pregnancy Discrimination Act

Bans employment
discrimination
against pregnant
women.



1978: title x (amended)

Congress amended Title X, legislation that provides funding for family planning and health screening services. The amendment placed "a special emphasis on preventing unwanted pregnancies among sexually active adolescents," adding services specifically for teenagers.



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1979: *Fetus Viability*

Physician John Franklin succeeds in challenging a vague Pennsylvania state law that places unnecessary restrictions on doctors performing abortions when a fetus is or "may be" viable.

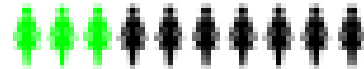
HYDE HURTS WOMEN

The Hyde Amendment denies federal insurance coverage of abortion, making abortion unaffordable for women enrolled in Medicaid and other public healthcare. Without the ability to afford it, the right to abortion is meaningless.

Here's how this hurts low-income women of color and young women



3 in 10 African American Women



3 in 10 Latinas



3 in 10 young people (18-24)



1 in 7 Native Hawaiians and Pacific Islanders

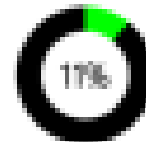


1 in 5 Southeast Asians

Enrolled in Medicaid*



27%
of African American women



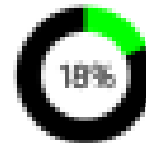
17%
of Asian women



24%
of Latinas



22%
of young women
(census bureau 2012 data)



18%
of Native Hawaiians &
Pacific Islanders

Live at or below the poverty line

Hyde keeps women enrolled in Medicaid from being able to afford abortion care.

#CoverAbortion

Allabewell.org

*Data is age-adjusted when not shown.



1979: Hyde Amendment

Made it illegal for federal Medicaid to pay for abortions except in the case of life endangerment for the pregnant woman.

Creation of the Convention on the
Elimination of all forms of
Discrimination Against Women –
not ratified by United States



1979

1980: Harris v. McRae

The Supreme Court upheld the Hyde Amendment in *Harris v. McRae*, ruling that "a woman's freedom of choice (does not carry) with it a constitutional entitlement to the financial resources to avail herself of the full range of protected choices."

First studies on doulas conducted by Kennel and Klaus in Guatemala. Shows that the continuous presence of woman with laboring mother reduced labor length, reduced pain medication, rates of cesarean section, increased bonding and breastfeeding and maternal satisfaction



1980s: Doula Profession is Born

- **CESAREAN
PREVENTION
MOVEMENT
LAUNCHED**



1982 Esther Zorn founds the Cesarean Prevention Movement (now ICAN) in Syracuse, NY, successfully challenging the long-held "once a cesarean, always a cesarean" dictum. Susan was an active officer of the Westchester-Putnam chapter of CPM.

1982: Esther Zorn Founds International Cesarean Awareness Network (ICAN)

1980's: *Depo-Provera*

- Phoenix and Oklahoma City Indian Health Services use Depo-Provera on Native women with disabilities, despite the fact that it wasn't approved by the FDA. Reason given was for "hygienic purposes" – or to stop the periods of patients with developmental disabilities.



1990s: Labor Companion Associations



First professional labor companion associations are established for new profession of childbirth companions, **Doulas of North America** established in Seattle by Penny Simkin. The **Association of Labor Assistants and Childbirth Educators** established by Rahima Baldwin in Ann Arbor, MI.

1983

A Missouri requirement that abortions after the first trimester must be performed in hospitals is found unconstitutional. Another anti-abortion law, mandating parental consent or court authorization for an abortion, is upheld.



1980s: Michel Odent, A French Obstetrician Publishes *Birth Reborn* (1984) & *Primal Health* (1986)

In charge of the surgical and maternity units of the Pithiviers hospital (France) from 1962 to 1985, Odent developed a special interest in environmental factors influencing the birth process. He introduced the concepts home like birthing rooms, birthing pools and singing sessions for pregnant women. After his hospital career he was involved in home birth, founded in London the Primal Health Research Centre, and designed a database (primalhealthresearch.org) in order to compile epidemiological studies exploring correlations between what happens during the “Primal period” and health later on. Michel Odent is Visiting Professor at Odessa National Medical University and Doctor Honoris Causa of Brasilia University. Odent is the author of the first articles about the initiation of breastfeeding during the hour following birth, the first article about the use of birthing pools during labour, and the first article applying the “Gate Control Theory of Pain” to obstetrics.

1986: state abortion restrictions

Pennsylvania health care providers join in a challenge to several state abortion restrictions, which leads to a resounding affirmation of a woman's constitutional right to choose abortion. State-scripted lectures biased against abortion and extreme, health-threatening limits on post-viability abortions are struck down.

*1989:
Webster vs.
Reproductive
Health Services*

The Supreme Court broadened the restrictions that could be put on the use of tax money to pay for abortions. It also approved a requirement in the State of Missouri that after 20 weeks the physician must do viability testing on her pre-born baby.

1990's



Depo Provera is given to women of color in public health clinics, often without adequate medical information or consent

Early 1990s: MEAC & NARM



Establishment of **Midwifery Education and Accreditation Council (MEAC)** as an accrediting body for direct-entry midwifery schools; and the **North America Registry of Midwives (NARM)** establishes the **Certified Professional Midwife (CPM) credential**, allowing for multiple pathways into midwifery profession, other than university-based nursing.

1991: Rust v. Sullivan



The Supreme Court rules that family planning clinics that receive Title X funding can be forbidden to answer clients' questions about abortion.

1991

Planned Parenthood of Southeastern Pennsylvania reaffirms the "core" holdings of *Roe v. Wade* that women have a right to abortion before fetal viability, but allows states to restrict abortion access so long as these restrictions do not impose an "undue burden" on women seeking abortions.



*1992 – Planned
Parenthood of
Southeastern
Pennsylvania v. Casey*

The Supreme Court does not overturn Roe v Wade, however they **add strict restrictions for obtaining abortions** including parental consent, pre-abortion counseling, and a waiting period only invalidating spousal notification.



1993: California Licensed Midwifery Practice Act

Legalization of
Licensed Midwifery in
CA with passage of
Licensed Midwifery
Practice Act of 1993.

1993



President Clinton lifts the “gag rule” that forbade doctors in federally funded clinics from mentioning the option of abortion. He also lifted the ban on the use of fetal tissue in research.

1993 : Title X gag rule repealed

President Bill Clinton, the first pro-choice president in 12 years, is voted into office. In one of his first acts, he repeals the Title X gag rule, which prohibited low-income patients from receiving medical information, counseling, or referrals for abortion services. Clinton also overturns the global gag rule that denied funding to international family planning organizations. President Clinton vetoes two federal abortion bans, one of which stated under federal legislation that physicians could have been jailed, fined, and/or sued for performing safe abortion procedures.

1994: Gender Equity in Education Act

Congress adopts the Gender Equity in Education Act to **train teachers in gender equity**, promote math and science learning by girls, counsel pregnant teens, and prevent sexual harassment.

1994: Violence Against Women Act

The Violence Against Women Act funds services for victims of rape and domestic violence, allows women to seek civil rights remedies for gender-related crimes, provides training to increase police and court officials' sensitivity and a national 24-hour hotline for battered women.

1994: Framework of Reproductive Justice



1994: FACE



Congress passes the Freedom of Access to Clinics Act (FACE), making it a federal crime to use force of threats to interfere with a woman's right to seek an abortion.

1996



President Bill Clinton signing welfare reform legislation; Personal Responsibility and Work Opportunity Reconciliation Act, punished low-income women on welfare for bearing children and coercing low income women to marry.

1996: *”late-term procedure”*

President Clinton vetoes legislation that would have banned a” late-term procedure” because it lacked an exception for the women’s health as well as her life.



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1997: Sister Song Collective



Sister Song Collective formed to educate women of color and policy makers on reproductive and sexual health and rights, and to increase access of health services, information and resources that are culturally and linguistically appropriate.

1999: National Organization for Women (NOW)



Expansion of Reproductive Freedom to Include Midwives Model of Care; the National Organization for Women (NOW) **expanded the definition of reproductive freedom to include choices in childbirth, including place of birth (hospital, birth center, or home) and access to midwifery care.**

REMEMBER THE MOTHERS



1999:

Ina May Gaskin,
inspired by The
AIDS quilt,
launches the **Safe
Motherhood Quilt**
to bring attention to
Maternal Death in
America.

United Nations produces Protocol To Prevent, Suppress And Punish Trafficking In Persons, Especially Women And Children, supplementing the United Nations Convention Against Transnational Organized Crime.



2000

2000: United States v. Morrison

The U.S. Supreme Court invalidates those portions of the Violence Against Women Act permitting victims of rape, domestic violence, etc. to sue their attackers in federal court.



2000's



The New York Times reports that Alabama has adopted a new law to prevent children from being exposed to drugs--in and out of the womb. States begin passing laws criminalizing women who use drugs while pregnant.

*2000:
RU-486
“abortion
pill”*

The FDA approves RU-486 “abortion pill”, a safe, effective, and private alternative to surgical abortion.

2001: global gag rule



The Bush administration reinstates the global gag rule. 80,000 women die each year from unsafe and illegal abortion across the globe. Bars U.S aid to international groups that use their own money to support abortion, which includes not having funds to pay midwives to provide prenatal care.

2001



President Bush closes the White House Office for Women's Initiatives and Outreach, which served as a liaison between the White House and women's organizations. President Bush removes contraceptive coverage from the Federal Employees Health Benefit Plan (FEHBP), even though the Office of Personnel Management found that the coverage did not add any additional cost to the FEHBP premiums.



2001: “Unborn Victims of Violence Act.”

The House passes the “Unborn Victims of Violence Act.” The bill **elevates the legal status of a fetus to that of an adult human being.**

A pregnant woman with dark hair tied back, wearing a blue patterned dress, stands against a blue background. She is looking slightly to the side with a gentle expression, and her hands are resting on her belly.

2002

Bush administration announces new rules covering fetuses but not pregnant women in the Children's Health Insurance Program (CHIP), reducing women to "host" status.

2002:
“Child
Custody
Protection
Act”

The House passes the “Child Custody Protection Act” which would make it a federal crime to transport a minor across state lines for an abortion unless the parental involvement requirements of her home state had been met.

2002

President Bush withholds \$34 million in funding for birth control, maternal and child health care, and HIV/AIDS prevention from the United Nations Population Fund (UNFPA).

2002:
“Abortion Non-Discrimination Act” (ANDA)

U.S. House of Representatives passes “Abortion Non-Discrimination Act” (ANDA), which allows a broad range of health care entities to refuse to comply with existing federal, state, and local laws and regulations pertaining to abortion services.

A vertical photograph on the left side of the slide shows the silhouettes of a family of four against a bright, orange sunset sky. The family consists of a man, a woman, and two children. They are all holding hands, and their hands in the center form a heart shape. The man is on the right, holding a child on his shoulders. The woman is on the left, holding a child. The sky is filled with soft, glowing clouds.

2002

Bush administration reverses U.S. position in support of 1994 global agreement that affirms the right of all couples and individuals to determine freely and responsibly the number and spacing of their children and to have the information and means to do so.

2003

President Bush's proposed budget for fiscal year 2004 denies women access to abortion services and provides no increase for the Title X family planning program.

2003

Senate and House defeat Department of Defense (DOD) Amendments that allow women in the military stationed overseas to obtain an abortion at military facilities if they pay for it with their own funds.

Currently, military women must either search for abortion services elsewhere in the country in which they are currently serving or ask their supervisors for permission and time to travel to another country where abortion is legal.

2003: “Partial Birth Abortion Ban”

The U.S. Senate and U.S. House of Representatives pass the “Partial Birth Abortion Ban” with no exception for women’s health, which President Bush then signs into law. This ban threatens to overturn *Roe v. Wade* and criminalizes the most common abortion procedure used after the first trimester. Immediately upon the bill's signing, major reproductive rights organizations filed three separate lawsuits. In each case, the courts have issued temporary restraining orders preventing the law from being implemented.



2003

Parental notification or consent laws pass around the country, restricting abortion access for minors under the age of 18.

Tanya Smith, an incarcerated transwoman experienced sexual harassment and medical neglect while in California prisons; Transgender and gender-variant people, as a population, are incarcerated at even higher rates than the general population of African American men, although the majority of those incarcerated are also people of color. Despite demands to place them in facilities based on their gender identity, they've been systematically put in prisons based on their genitalia.



2005: Transgender and gender-variant

2006

Three states defeat
attempts to restrict
or ban abortion –
SD, CA, OR

2006:
Ban on the
“partial-
birth”
abortion

The Supreme Court upholds a ban on the “partial-birth” abortion procedure. The Partial-Birth Abortion Ban Act, a federal law passed in 2003, was the first to ban a specific abortion procedure.

2007: Gonzales v. Carhart

Before the 2007 trial of *Gonzalez v. Carhart*, the law of 2003 known as the Partial-Birth Abortion Ban Act was in practice. This meant that doctors were legally unable to perform an abortion within the second trimester of pregnancy. At the time, 85 to 90% of the annual 1.3 million abortions performed were within the first trimester, or the first three months, and were not covered under the Partial-Birth Abortion Ban Act.

***2007:
Gonzales
vs.
Carhart***

Supreme Court upholds bans
on third-trimester abortions
regardless of the health of a
pregnant woman

2007

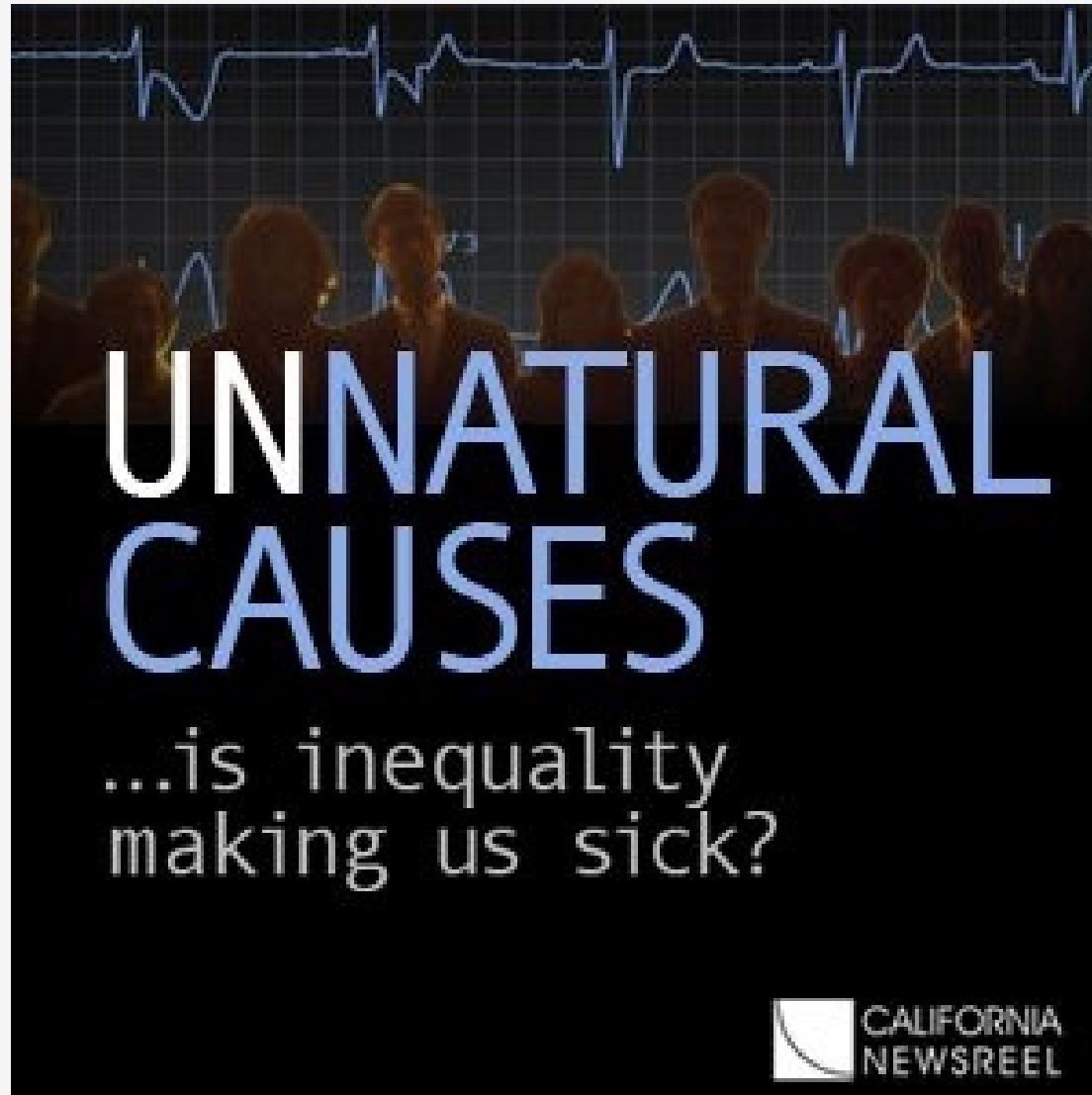


The newly ultraconservative Supreme Court overturns the lower court rulings and upholds the abortion ban that President Bush signed into law in 2003.



2007

Nancy Pelosi
becomes the first
female speaker of
the House. She is
pro-choice.



2008: Unnatural Causes Documentary

Groundbreaking documentary explores the social determinants of health and makes the argument that inequalities in society are to blame for differences in health status between people in America.

2009: global gag rule overturned

President Obama overturns the global gag rule, ending eight years of policies that have blocked access to basic health care for women worldwide. Federal court rulings state that the FDA must make Plan B emergency contraception available over the counter to all women 17 and older.

2009: Women's health and reproductive rights

The fight for women's health and reproductive rights has been a long and arduous one. If it were not for women (and men) who have advocated before us, it is quite possible that the current state of women's health and reproductive rights could have been a bleak and discouraging one.

Under this law, private health insurance companies must provide birth control without co-pays or deductibles. The law requires private insurance companies to cover preventive services.



2010: Affordable Health Care Act

Calling Attention to Maternal Mortality in the US



Amnesty International Report, 2010:

- Maternal Mortality Ratio in 2005
 - 38.7 per 100,000 for non-Hispanic, African-American women
 - vs.
 - 10.7 per 100,000 for white women

2010:

Amnesty International Publishes **Deadly Delivery: Maternal Mortality and The Healthcare Crisis in the USA** to bring awareness to the problem of disparities in maternal deaths in America.

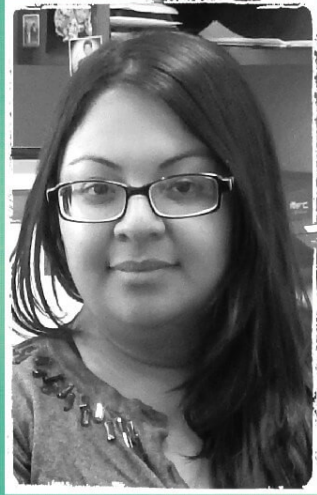
2013: Birth Control in Health Care Benefits

The U.S. Department of Justice has petitioned the Supreme Court to review the craft-supply chain Hobby Lobby's case against the rule requiring employers to cover contraception in their health plans. The 10th Circuit Court of Appeals ruled in June that the Christian-owned Hobby Lobby should not be subject to fines for not complying with the requirement while it argues the birth-control rule in court.

***2013:
Reauthorization
of the Violence
Against
Women Act***

Reauthorization of the ***Violence Against Women Act***. The new bill extends coverage to women of Native American tribal lands who are attacked by non-tribal residents, as well as lesbians and immigrants.

A 29-year-old dental assistant who lives in Stockton, Calif., sued her former obstetrician for assault and battery after he performed an episiotomy on her in 2013 at a hospital in Los Angeles County. The obstetrician not only refused to listen when she repeatedly yelled out, "No, don't cut!" during the delivery; **but he also proceeded to make 12 painful cuts in a row when carrying out the episiotomy**, a surgical procedure used to widen the vagina.



"I keep going to press charges against Obstetric Violence because, come on, has anyone yet so far - even the nastiest comments - has anyone said, 'I want this Dr. to be my provider, I want to be treated exactly like this patient in this video??' NO. And why is that? Because it's violence."

Kimberly Turbin, obstetric violence survivor and birthing justice trailblazer, speaks to Birth Anarchy

birthanarchy.com

2013: Kimberly Turbin

*2016:
Turbin
V.
Abassi*

An unprecedented case of national interest about the legal rights of childbearing persons.

In April of 2015 Tennessee Gov. Bill Haslam acted against the recommendations of doctors, addiction experts, reproductive health organizations and nearly every national medical association and signed a measure that allows prosecutors to charge a woman with criminal assault if she uses narcotics during her pregnancy.



2015

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Moving Towards Solutions

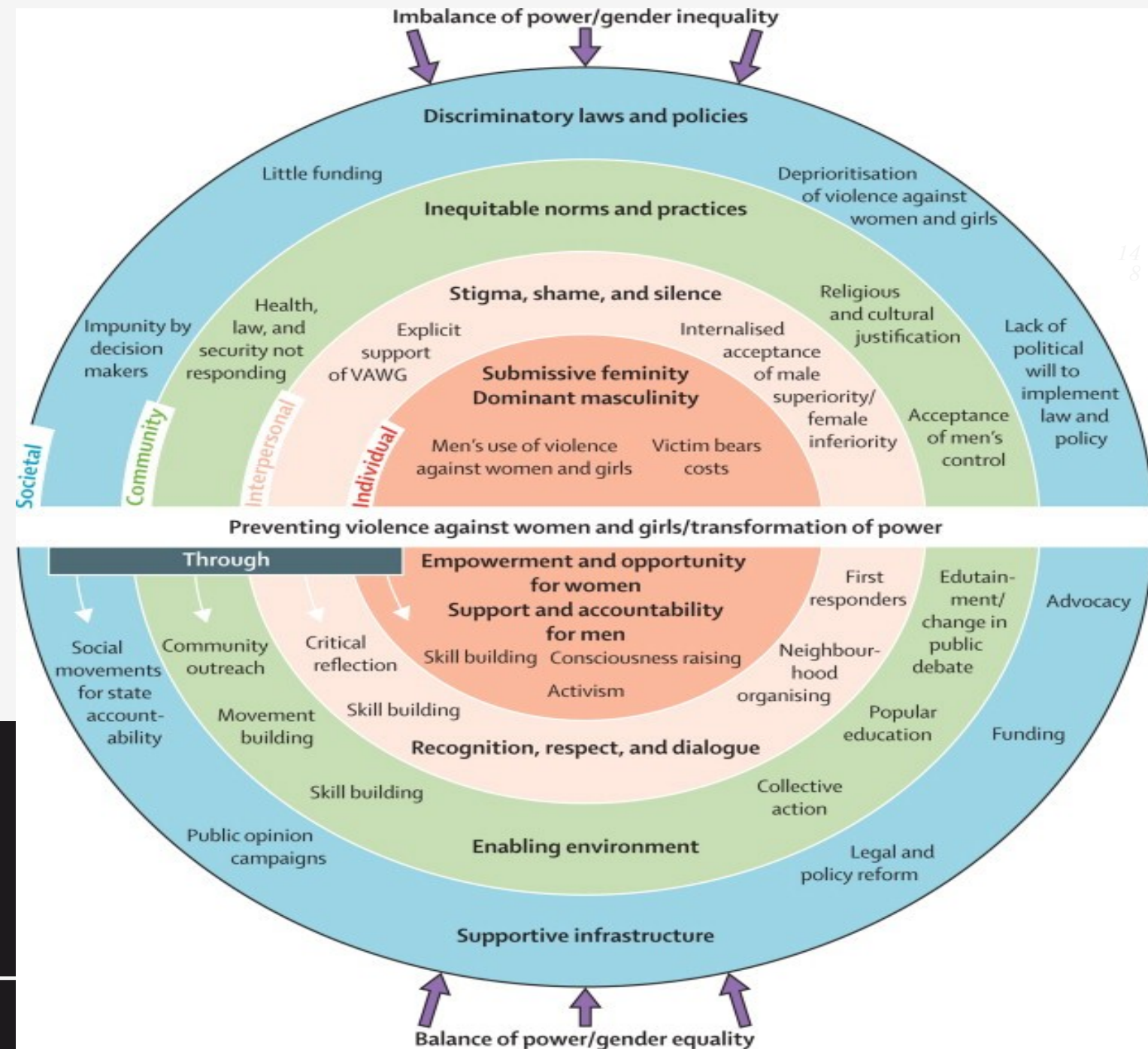
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7

GROUP EXERCISE

The Socioecological Model as applied to violence against women and girls, **however it applies to Obstetrical Violence as well.**

(Source: The Lancet, retrieved from: <http://www.thelancet.com/cms/attachment/2020894921/2041097832/gr2.jpg>)

SOCIOECOLOGICAL MODEL



- **Intrapersonal/individual factors:** influence behavior in predisposing ways such as knowledge, attitudes, beliefs of the individual childbearing person..

Interpersonal factors: these are family members, peers, health professionals, teachers, counselors, etc. that either foster or hinder interpersonal growth or healthy behavior.

Institutional and organizational factors: these are hospitals, schools, churches, workplaces, etc. that create rules, regulations, policies, and informal structures that constrain or promote healthy behaviors or foster diseases or health disparities.

Community factors: these are formal or informal social norms and customs or cultural practices that exist among groups, families or organizations such as workplaces, schools, religious institutions, that can hinder or Â help individuals perform healthy behaviors or perpetuate a disease or health problem.

Society Factors: These are public policies, laws, political climate or political ethos, that regulate or support health actions and practices for fostering or inhibiting changes in health behavior, health problem or disease.

2017 Birthing Justice Forum

*MATERNAL-CHILD
HEALTH CHAMPION
AWARDS CEREMONY*
