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Does it Take a Village? : Exploring the impact of community-based organizations on black
maternal health outcomes

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Abstract

Does it Take a Village?: Exploring the impact of community-based organizations on black maternal health outcomes

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The United States has grappled with a notable black maternal health crisis, particularly gaining attention in the last decade, especially after the 2020 Black Lives Matter movement. This movement shed light on systemic racism within the United States (U.S.), spotlighting the intersection of black health and lives with oppressive systems. While the significance of community has long been ingrained in black populations, society is now recognizing the vital role of community-based organizations in addressing challenges such as black maternal health disparities. This paper will aim to explore how community-based organizations impact black maternal health outcomes.

The study consists of quantitative and qualitative methods to investigate the impact of community-based organizations. Interviews were conducted with members of community-based organizations that focus on black maternal health, where there were conversations about the work that CBOs do for black mothers, along with some of the experiences and challenges they have faced within the black maternal health field. In addition to the interviews, a website content analysis was conducted on black maternal health organizations' websites to understand their available resources and their accessibility to their populations. These two methods revealed how community-based organizations contribute to the black maternal health field and the challenges they face. It also highlighted areas for potential improvement and ways to create better support for CBOs and black mothers.

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Introduction

U.S. racist history and systematic forms of discrimination, especially toward black people within the country, have caused a drastic impact on the health of the population on various levels. Specifically, when looking at its effect on black women and black mothers, the racism that is embedded in multiple aspects of the country, including the medical sector, housing, employment, and other essential areas of life, has caused the maternal health of black mothers to suffer. Black mothers are 2.6 times more likely to die from pregnancy-related issues than their white counterparts, according to a study conducted by the CDC in 2021 (Hoyert, 2023). The influence of America's history of racism on black mothers is evident not only in statistical data but also across all phases of pregnancy. This encompasses inadequate educational resources, insufficient mental and social support, and instances of medical racism and the infringement upon the bodily autonomy of black mothers within healthcare settings. This paper aims to address the critical issue of black maternal morbidity and mortality by concentrating on the impact of community-based organizations and interventions on black maternal health outcomes.

Systemic oppression and racism are issues that are spoken about quite frequently when having discussions around the U.S. due to its history of slavery, segregation, and overall discrimination against the black population. It is easy when speaking about historical racism to only talk about the most broadcasted events of racism and their impacts. Still, it is the hidden stories of racism that are found embedded within modern systems. Specifically, when talking about maternal health, the "father of modern gynecology," James Marion Sims, performed procedures and invasive experiments on Lucy, Anarcha, and Betsey, three women who were enslaved by the Sim's family without their consent or any form of anesthetist to advance modern-day gynecological science. These experiments and procedures began to push the narrative that black women feel less pain than white women and that their bodies were a mechanism for

experimentation. This is shown in today's society with the dismissal of black women's pain, the removal of bodily autonomy, and the presumption that they are unaware of their own physical needs. Instances such as these, alongside historical events like the Tuskegee Syphilis Experiments, contribute to the deep-rooted distrust that the black population has toward current healthcare systems and practitioners. This distrust adds another layer of complexity to the challenges faced by black women in accessing proper care.

Another key part of black maternal health that needs to be highlighted is reproductive health and justice—understanding it as more than the right to bodily autonomy but the right to have safe pregnancies and accessible health care throughout motherhood, along with the resources to properly take care of themselves and their families even after pregnancy. We see much racism within the reproductive health and justice space. Specifically, there is a lack of access to proper maternal health care for black women, a history of exploiting and controlling the bodies and reproductive rights of black women and placing black women on the back burner in the conversation surrounding reproductive justice and rights. The lack of access to health care, social and life resources, and overall support within the healthcare systems and other systems that are directly aligned with it has placed the reproductive health and rights of black women at a consistent risk and has caused them to be a population with high mortality and morbidity rates. It is key to reevaluate how the conversation around reproductive rights occurs and begin to include black women and their needs within it.

Community-based organizations are “most often nonprofit organizations—particularly service organizations—that work locally to provide services to communities and specific target audiences which improve a community’s health and well-being” (“Community Based Organization,” 2022). They are important for providing social support, resources, interventions,

and a safe space for individuals within a given community or population to acquire the help or guidance they may need. Community-based interventions, as defined by the Oregon State University (OSU) Health Center, “refer to programs and initiatives that aim to improve the health and well-being of specific population groups within a defined local community.” (OSU). They can be done as an isolated form of programming or resource. However, they are also the essential pillars of CBOs and are primarily the mechanisms that CBOs use to offer support through providing care and resources to the affected community or population. Providing two distinct definitions of CBOs and CBIs is essential to provide context around the analysis of the various black maternal health organizations (BMHO) within the paper and the literature that will be reviewed. This paper will focus on a specific type of community-based organization and interventions; it will be organizations and interventions primarily focused on black maternal health or organizations that work with BIPOC women throughout their maternal health journey.

The focus on community-based intervention and organizations comes from the importance of community within the black population. Black communities have come together for years to create solutions against systemic forms of oppression, from the Black Panther Party creating a free breakfast program to feed black children to the use of community gatherings in many black neighborhoods, such as block parties to hand out resources such as food and school supplies to families. The study seeks to explore the effectiveness of community-based interventions and organizations in improving black maternal health outcomes. Through an examination of current black maternal health organization and black maternal health interventions through the method of interviews, a website content analysis, and literature review, will speak to the impact of CBOs and CBIs on black maternal health outcomes.

The research will draw attention to the specific impact that CBOs have had on the black maternal health field, how they properly support black mothers and their respective communities, where CBOs have had significant successes and systems that work, and where there may be failures. Through the mechanisms of the study, the interviews will lend to getting a unique perspective from organizations and their members about their experiences with black maternal health, larger healthcare systems, and governmental structures, as well as experiences within black maternal health organizations. This unique perspective, along with the evaluation of various websites, will help speak to the effectiveness, or lack thereof, of how CBOs are working to address the black maternal health crisis, where they could use support, and how to spearhead the work that they do more efficiently. Overall, this study aims to forefront the work of black maternal health organizations and examine solutions to help adequately address the growing black maternal health disparities.

Background Literature

Black Maternal Mortality and Morbidity

Research and statistics have been collected surrounding the issue of black maternal health, specifically looking at the black maternal mortality rates (MMR) and morbidity rates and how it not only compares to the white maternal health statistics within the country but also the underlying reasons for the high rates. In 2023, the United Nations Population Fund Association (UNPFA) released a document titled "Maternal health analysis of women and girls of Afro-descent in the Americas." this analysis was created in collaboration with other major organizations such as United Nations -Women (UN-Women), Pan American Health Organization (PAHO), United Nations International Children's Emergency Fund (UNICEF), and

National Birth Equity Collaborative (NBEC). This analysis focused on the maternal health outcomes of black women and girls and worked to provide recommendations for addressing the issue. It examined metrics like maternal mortality rates and the diverse engagements with various maternal health sectors, including interactions with family planning institutions and rates of adolescent childbirth. The report delves extensively into the subject, revealing significant findings that Afro-descendant women and girls face disadvantages throughout all stages of pregnancy. It highlights that their mortality rates surpass those of both non-Afro and non-indigenous counterparts. The document asserts, "Structural racism and sexism are apparent in the maternal health disparities observed across income levels and national and regional boundaries" (UNPFA, 2023). Though the document focuses on the Americas at large, when we focus on the U.S., the maternal mortality ratio within the country in 2020 was 55.3 deaths per 100,000 live births for Afro-descendant women compared to 18.3 deaths per 100,000 live births for non-Afro-descendants. This is affirmed by research done and collected by the CDC in 2021 that states that black women are 2.6 times more likely to die from maternal-related issues compared to their white counterparts within the U.S. These large pieces of research show the significant problems of black maternal mortality issues in various parts of the world, but specifically when looking at the U.S.

The next question to be answered is why there is this significant disparity for black women. The UNPFA (2023) document speaks to the structural racism and sexism that exist within the systems and sectors of various countries. However, further analysis of the causes and aspects seen within the U.S. needs further analysis. The paper "Listen to the whispers before they become screams: Addressing black maternal morbidity and mortality in the United States" (Njoku et al., 2023) and the issue brief written by National Partnership for Women and Families

titled "Black women's maternal health: A multifaceted approach to addressing persistent and dire health disparities" are documents that go into detail about the aspects that lead to the high rates of maternal mortality amongst black women. The paper (Njoku et al., 2023) focuses on a framework called the weathering framework, which speaks to the impacts of forms of structural and systemic racism on black women and how that inevitably leads to "general health vulnerability" (Njoku et al., 2023). The paper goes further into social determinants of health, such as housing, education, and income levels, and how they affect maternal health and care. As well as how social determinants of health can change the resources available and the forms of treatment, care, and environments you can access; both documents speak to slavery and systemic racism within the U.S. and the impact that discrimination has on the care of black mothers.

The Patterson et al. (2022) article "Gendered racism on the body: An intersectional approach to maternal mortality in the United States." also works to highlight the disparities within the maternal health sector with a specific focus on intersectionality and weathering. The study examined the maternal mortality rates within the U.S. between 2015 and 2019 and found that even when "Controlling for age and women's reproductive rights' support, Black women's maternal mortality rates were typically double that of white women." (Patterson et al., 2022). Through these results and others similar to it, they begin to investigate the aspects of gendered racism. The study delves into various aspects and contributing factors to gendered racism, but similar to the Njoku et al. (2023) article, we see an emphasis on the concept of weathering, how systemic disadvantages, exposure to consistent racism, and the stressors that are exacerbated by racism can inevitably cause a weathering effect on black women, causing them to have poorer health outcomes. The various forms of racism have not only caused black mothers to not have access to unbiased, efficient, and quality care but have also caused black mothers to distrust the

healthcare systems. This strained relationship has been fueled by the U.S.'s terrible history of racism and the racism that is sprinkled in every aspect of the lives of black people. Causing the inevitable weathering of black mothers.

Community-Based Research in the U.S.

"A community collaborative for the exploration of local factors affecting black mothers' experiences with perinatal care." (Alio et al., 2022), a study focused on highlighting the disparities that black women face when it comes to maternal health through examining their perspectives and experiences to get a better understanding of the factors contributing to the disparities. The study uses community-based participatory research, a qualitative research method based on the centralization and inclusion of community members throughout the entire research process (Breland-Noble et al., 2024). The study recruited black mothers who facilitated listening sessions with other black mothers who had given birth in the last 5 years. Through these listening sessions, they found that black women had poor experiences with getting perinatal care; their experiences of communication with providers were more positive when speaking with doulas, midwives, and lactation consultants and more negative when interacting with healthcare providers in medical settings. The last two factors mentioned positive experiences with social support from their community and families and the various negative systemic barriers that exacerbate the disparities faced by black women.

Another paper exploring aspects of black maternal health is "Black women's maternal health: Insights from community-based participatory research in Newark, New Jersey." (Kantor et al., 2023) This paper focuses on the experience of black mothers through their lens and narratives; also using the method of community-based participatory research, they conducted interviews with 31 black mothers in Newark; the research was conducted by black mothers in the

community who were trained to be community researchers. Through these interviews, they found repeated patterns of black mothers experiencing racism within healthcare settings, a lack of mental and social support, negative experiences with healthcare providers, and dealing with the structural issues of the healthcare system, such as expensive healthcare, long wait times, etc. The stories told by these women show that there is a significant problem within how black mothers receive and access care, making the experience of pregnancy and overall maternal health very challenging for them.

When exploring solutions to this significant issue of black maternal mortality and morbidity, there is a multi-step solution that is needed in order to reduce the rates and create a safer healthcare system for black mothers to exist within. In the article "Reclaiming narratives of empowerment around black maternal health: A strength-based, community-informed focus group study." (Mollard et al., 2024), the authors wanted to focus on the strengths of black women and black motherhood, placing an emphasis on their capacity to care for themselves and helping to inform new methods and strategies for addressing the black maternal health disparities. They conducted three focus groups with black women from the community. The focus groups were set up to concentrate on the strengths of the communities and black motherhood. They found four major themes. The empowerment found through pregnancy and motherhood, the need to challenge the negative perception in the media, recognizing history and reclaiming cultural traditions around birth, and lastly, recognizing community as the foundation of black motherhood. The last theme is particularly important to this paper, emphasizing the necessity for community support, collective advocacy, responsibility, and accountability. "Community support and 'the village' concept emerged as an important and empowering central theme to the Black maternal health experience." (Mollard et al., 2024). This article speaks to the importance of

community for black maternal health. It emphasizes not only viewing it as a strength of the black community but also paying attention to it when working to address black maternal morbidity and mortality.

An important facet to consider is the role of community-based organizations and interventions, given the pivotal significance of community within Black populations. By studying how these organizations and interventions affect the health of Black mothers, we can improve our current approaches to tackling the issue. First, we will examine the need and impact of community-based interventions within the U.S. The paper “Systematic Review of the Effect of Community-Level Interventions to Reduce Maternal Mortality” (Kidney et al., 2009) through an evaluation of 13 studies that met their study criteria, which were studies that focused on women of childbearing age or that were mothers and that had the goal of figuring out the outcomes of maternal death in relation to community level interventions. They concluded that community-level interventions, specifically those focusing on improving perinatal practices, decreased maternal mortality rates. This study does not explicitly work with black mothers and is more general, but it is necessary to create a connection between maternal health outcomes and community-based interventions.

While doing research, the majority of community interventions that have been researched or conducted based on black mothers are interventions focused on using community-based participation in order to collect data, such as Kantor et al. 2023 and the paper “Ignored and Invisible: Perspectives from black women, clinicians, and community-based organizations for reducing pre-term birth” (Smith K.L. et al., 2022). This paper focuses on garnering the insights of various stakeholders in the care of black mothers and the experiences of black women when it comes to pre-term births. The research uses interviews and focus groups to gather this

information. Briefings such as “Evidence-Informed and Community-Based Recommendations for Improving Black Maternal Health” (Megibow et al., 2021) and “Utilizing Community-Centered Approaches to Address Black Maternal Mortality” (Falako et al., 2023) both of these papers focus on providing recommendations for how to incorporate community-based interventions and recommendation within the solution to improve black maternal health, such as community-centered data collection and increasing access to black-led community-based providers. These recommendations are crucial, but there seems to be a lack of evaluation of how current community-based organizations and interventions have impacted maternal health outcomes.

Research on CBOs/CBIs in Sub-Saharan Africa

This is where looking to other countries, specifically countries in Sub-Saharan Africa, due to their majority black population but also their reliance on community comes into play. Research from Sub-Saharan Africa has discussed the impacts of CBOs/CBIs on maternal health outcomes, which can lend many examples and insights to the paper. There are four studies chosen that focus on community-based organizations and interventions within African countries. The first is “Community-based maternal and newborn interventions in Africa: Systematic review.” (Nishimwe et al., 2021). This review focuses on community-based interventions in 12 different African countries; they used 17 various papers in order to conduct their analysis, and they were able to conclude that through all stages of pregnancy, the use of community-based interventions can help with the reduction of maternal and infant mortality, specifically when looking at the use of community health workers. The main issues with interventions were a lack of support, adequate planning before implementation, and collaboration from all sectors. So, there is less of a problem with the community interventions themselves but more with the ability for them to be

appropriately implemented and collaborated on. The following article, “Effectiveness of Community-Based Interventions in Reducing Maternal Mortality in Sub-Saharan Africa: A Systematic Review” (Orjine et al., 2020), focuses on five countries where they were able to find community-based interventions that had a direct impact on the reduction of maternal mortality rates or were effective in addressing social determinants such as having home and unskilled birth attendance, or post-natal care such as eclampsia. These various forms of intervention directly impacted black maternal health outcomes.

The following article is based on specific community-based interventions that were implemented within different African countries: “Community-based health insurance and access to maternal health services: Evidence from three West African countries” (Smith K. V. et al. 2008) focus on Ghana, Senegal, and Mali; using household surveys, they searched for an association between having community-based health insurance and access to maternal health resources. The results vary depending on the country, but overall, community-based health insurance positively impacted access and reduced costs in Ghana and Mali. However, there was no impact in Senegal due to the pre-existing culture of seeking care.

“Evaluation of a community-based intervention to improve maternal and neonatal health service coverage in the most rural and remote districts of Zambia” (Jacobs et al., 2018), also lends us insight into community-based interventions within various African countries. Jacobs et al. 2018, focus on an intervention called “Safe Motherhood Action Groups (SMAGs)” implemented within Zambia, explicitly working within remote and poor areas within the country. SMAGs successfully increased the coverage of maternal and neonatal health intervention within poor and remote districts by being advocates and utilizing community health volunteers leading to an improvement in health outcomes.

The studies above were used to highlight the significance that CBOs/CBIs can have on black maternal health outcomes and the importance of researching and understanding their direct impact on black maternal health within any given country. Through doing the effective research

and evaluation of various programs and organizations, they were able to get a better understanding of what may be succeeding, what may be failing, and even where larger entities such as their governments can do better at supporting community-based organizations and programs to have a more effective impact on the targeted populations. The research done within these studies is what is lacking in the research done within the U.S. There is a gap in literature that surrounds CBOs and CBIs and that evaluates the impact that they have on an issue such as black maternal health. This study aims to close that gap and create the next step in prioritizing the work done within communities in the U.S., through investigating community-based organizations and interventions impact on black maternal health outcomes in the United States.

Methods

The data collected for this thesis was collected through primary and secondary methods.

Content Analysis

The secondary data collection method was website content analysis, which reviewed the information and design of websites to determine their efficiency at performing the task, spreading the information, and distributing the resources they claim to.

A website content analysis was conducted on various black maternal health organizations to understand the forms of resources, social supports, and interventions offered across organizations. It was essential to understand the primary roles that BMHOs play in addressing the black maternal health crisis and where they may be falling short.

To establish the process used to conduct the analysis, various sources were used. Specifically, Kim and Kujis (2010) and Venkatasubramanian (2021), were two articles that

focused on the structure of a website-based content analysis, both offered a step-by-step process on how to properly perform one. I used the information and steps in order to guide aspects of my study such as sampling websites, how to identify variables and themes across websites, and the best way to code and analyze the efficiency of the websites. For specifics on coding the information found on the websites, establishing a codebook, and how to categorize and analyze the data correctly, the articles Wright-Berryman 2023 and Hayes-Smith, R. and Hayes-Smith, J. (2009) were used. Both articles are examples of studies that used website based content analysis as their primary method of study, I used these elements of their studies in order to inform how to properly code websites, the specific things to look out for such as visibility and accessibility of information, along with how to properly categorize and code the information found.

There were 30 organization websites included in the analysis; the websites were identified through searches on Google using the search terms “black maternal health organizations,” “black maternal health,” and “community-based organizations + black maternal health.” The organizations selected were based on the results of the search terms and a quick overview of the organizations websites to confirm their work within black maternal health. All organizations were de-identified. The data is placed within a table to explain the findings of the analysis. The analysis of the data will be based on the grounded theory approach, where the codebook is created based on information found on the websites and the conclusions of the study will be drawn from the data gathered from the coding of the website.

In-depth Interviews

Primary data was gathered through interviews with individuals who work within BMHOs and CBOs who work with mothers of color. Specifically, the organizations were found through research and recommendations. A comprehensive Google search identified 35 organizations.

Through an approved IRB process, the organizations were recruited through emails, with an explanation of the basis of the study and the request for an interview. Once a member of the organization agrees to do an interview, they will receive a scheduling link and the verbal consent form for review before the interviews. The interviews were conducted through Emory Zoom using secure Emory networks. Each interview was recorded and transcribed, and all the information gathered about the study was secured in a password-protected Emory OneDrive. Individuals participating in the study, along with the organizations they represent, were given the option to stay anonymous during the review of the verbal consent form at the beginning of each interview. However, throughout the research process, the research team came to the decision to keep all organizations anonymous, so all organizations will be de-identified and be labeled with numbers that were assigned to them by researchers. This decision was made to protect organizations and to allow for unbiased representation of data and proper analysis.

Despite reaching out to over 35 of organizations, only 10 agreed and completed the interview, with 1 of the interviews being conducted via email. The interviews ranged between 30 minutes to an hour long, speaking to a member of an organization about their role in the organization, their perspectives on black maternal health, and learning about the resources and functions of the organizations and their impact on black maternal health outcomes. The questions also included the specific goals, mission, and services organization offered, some of the struggles that they face when it comes to dealing with other organizations and entities, and overall understanding of the role of the individual being interviewed and the current state of the black maternal health field -- see Appendix A. In conjunction with secondary data, the interviews will paint a picture of the connection between community-based organizations and black maternal

health outcomes. The interviews will help fill research gaps and give more insight into aspects of CBOs/CBIs and black maternal health that may be understudied.

Data Analysis

In order to analyze the data for the paper, the overall approach that will be used is the grounded theory approach. The grounded theory approach is a theoretical framework created and coined by Barney Glaser and Anselm Strauss in 1967. The theory is now commonly used in various qualitative research articles and studies, emphasizing an inductive style of research. Corbin & Strauss (1990) give a more updated explanation of how the grounded theory approach should be used within research and I specifically looked to Rafizadeh et al. (2023), who used the grounded theory approach in their study on community health workers and building trust with low-income women of color. The use of both of these articles helped ground my understanding of the grounded theory approach and offered insights into how to use the approach to analyze my data. Specifically, when analyzing the data from the interviews, a codebook was created using the grounded theory approach. This means codes were identified based on looking through all of the interview transcripts and looking for common themes mentioned across interviews, and that information informed the parent codes and children codes created.

The grounded theory approach requires researchers to enter the process without a predetermined theory or hypothesis but instead use the information gathered from the study to set up a theoretical framework and conclusion about the issues at hand. I will use the grounded theory approach when analyzing and gathering the data from the interviews and website content to avoid biases and allow the data to tell the story surrounding the relationship between black maternal health outcomes and BMHOs/CBOs. The approach is particularly helpful when dealing with an under-researched topic, such as black maternal health, so as not to make assumptions and

create room to shape future understandings and ideas to base further research or solutions. The data gathered from the interviews and website content analysis will be coded for information and reviewed for common themes and categories to place the data gathered to create a conclusion around the research question and examine the exact impact of BMHOs/CBOs on black maternal health outcomes.

Results

Website Content Analysis

The website-based content analysis will help establish the structure of various BMHOs along with the functions, supports, services, and resources they offer to their respective populations. There were 30 organizational websites studied, and for anonymity, they have all been de-identified. The 30 organizations are classified as BMHOs or CBOs that work within the black maternal health sector. Each organization's website was searched for information about the structure of their organization, such as staff size, mission statements, how long they have been around, contact visibility, and accessibility of information about the organization. On the ladder end, coding was done based on programming and services provided by organizations using a codebook created by the primary researcher, and the themes for the codebook (Table 1) were selected through inductive observations of the websites and previous research found within the literature review around the needs of black mothers.

Codebook (Table 1):

Type of Programming	Definition
Education	Has programming or material that is focused on educating and spreading awareness about black maternal health

Advocacy	Working with legislation, grassroots, and other forms of activism to push solutions for black maternal health
Mental Health Resources	Programming or resources that help address mental health concerns of black mothers at any point in perinatal period and throughout motherhood
Prenatal Support	Programming or resources that aid in providing forms of prenatal care to black mothers
Postpartum Support	Programming or resources that aid in provided forms of postpartum care to black mothers (this includes aspects such as breastfeeding)
Social Support	Programming or resources that promote social interactions and support systems such as (support groups, community circles, activities that black moms do as a unit)
Doula/Midwifery	Offers doula or midwife training, works on connecting doulas or midwives to patients, or promotes the work and community of doulas and midwifery
Life Resources	Resources that are not directly tied to the health of the mother or child but instead focuses on some of social determinants of health and access such as childcare, transportation, job or career development, help with housing...etc.
Health Resources	Other health support (resources or education) that is not always directly tied to the pregnancy but may be affecting the mother such as diabetes, HIV, cancer, or other health issues
Other	Mentions of Fatherhood Grief Childcare

Programming Data (Table 2):

Results	Total	Percentages
Education	25	83.33%
Advocacy	25	83.33%
Mental Health Resources	8	26.67%

Prenatal Support	9	30%
Postpartum Support	13	43.33%
Social Support	13	43.33%
Doula/Midwifery	13	43.33%
Health Resources	4	13.33%
Life Resources	8	26.67%
Other	7	23.33%

Throughout the evaluation of the various organization websites, two common themes were found, with 83% of organizations focusing on education and advocacy. These were the two forms of programming and resources that organizations focused on: providing education surrounding black maternal health and advocating through legislation and other formats to provide more resources and funding while bringing attention to the black maternal health crisis. Specifically, the organizations focused on providing training, courses, webinars, and educational programming that focused on educating communities, service providers, and mothers about various aspects of black maternal health, such as lactation, labor and delivery, and the community, health, and social supports that black mothers need throughout their experience. When it comes to advocacy, organizations work on spreading awareness about black maternal mortality and morbidity and working with government and larger organizations to enact legislation and programming that can help address the disparities or increase funding and resources to organizations that would be able to do so. Lastly, they worked to center the voices of black mothers in conversations around their experiences and needs.

Black maternal health organizations work to tackle many things, all in their own way, but the overwhelming focus on advocacy and education comes from the lack of research, support, and awareness within society around black maternal health. Due to the lack of understanding of

disparities and the significant impacts it has had on black women, their reproductive rights, and their maternal health experience, it seems that these organizations are at the forefront of those conversations to draw attention and resources to the field. Before problems can be solved, you sometimes must prove that there is a problem in the first place and get people to listen, and that requires the education and advocacy that many of these organizations are focusing on. Their education and advocacy are also used for the communities, service providers, and black women who are directly impacted by black maternal health and already understand the disparities but need the advocacy to help get more resources and awareness, but also need the education to help currently give black mothers the safest and healthiest experiences when it comes to their journey of motherhood. Another theory around why there is a focus on education and advocacy among community-based organizations is the accessibility and ease of providing those as a resource; this is not to say that it does not require a lot of work, research, and energy, but can sometimes be less costly than handing out specific services and resources and allows them to impact the most amount of people given certain limitations that CBOs face such as funding, resources, and staffing.

The following themes were found within 43% of organizations websites:

1. Postpartum support
2. Social support
3. Doula, and Midwifery

These websites promoted initiatives, programming, and educational tools that provided black mothers with access to postpartum support, like breastfeeding courses or lactation consultation, connecting and hosting events for postpartum mothers, and establishing community resources to

help with the healing process after birth. There are a few organizational websites that also offered grief and trauma counseling for mothers who may have lost their child during childbirth or closely after. Organizational websites that offered social support focused on providing mothers with communities, networks, and events where they could connect, share resources, and lean on one another throughout their pregnancy. Lastly, organizations offered training for doulas and midwives, created a system of connecting black mothers with affordable doulas and midwives in their communities, and worked to advocate and promote the work of doulas and midwives to their participants.

The last set of themes was only found in 30% or less of the organization's websites; these were health resources, life resources, mental health resources, and prenatal support. The few organizations focused on providing these varying supports and resources, including aspects such as education and resources around physical health needs, creating access to information, and helping with managing health conditions like diabetes and HIV. For life resources, these looked like helping with bills, providing transportation, and even childcare. Mental health resources provided included access to therapy, focus on education around the mental well-being of black mothers, and activities that promote mental health. Lastly, in prenatal support, some websites promoted resources and programming that looked different depending on which site you focused on; some offered access to doulas and midwives earlier, others focused on tracking and aiding in prenatal symptoms and overall progress of the pregnancy, and some worked with mother to make sure they get the essential vitamins and prenatal care.

These seven minors are important in tackling and addressing black maternal health disparities, aiding black mothers in having safe and healthy pregnancies, and supporting them

throughout motherhood. However, it was interesting to see that less than half of the organization's websites looked at offered support within those areas. The reasons behind this may vary for each organization; it can be a lack of funding, resources, staffing, or even overall differences in the goals and missions of the different organizations. Though offering these various forms of programming and support would be highly beneficial, it is important to allow grace for some of the limitations that the organizations may face to offer those programs to more individuals or even at all.

Accessibility of Information (Table 3):

Accessibility to Information / Visibility	Numbers	Percentages
Clear	20	67%
Partially Clear	9	30%
Unclear	1	3%

Another key aspect of the analyzed websites was the accessibility and clarity of information and the ability for an individual to contact the organizations. This is extremely important given that these organizations are working with vulnerable populations such as black mothers, who, when searching for resources and aid, need to have information that is accessible and, when in need of clarification or contact with the organizations, have avenues in which that can occur. Most of the time, a website in this modern day and age is the first place that people look to when wanting to get information, get in contact, or understand what they need to do to access resources. For accessibility and clarity, this metric is slightly biased but was determined primarily by the primary researcher and their ability to navigate the website, find access to the resources that were offered, and understand the information presented. The primary researcher is

an undergraduate senior in university, so their ability to understand and find the information or resources cannot be directly attributed to their average recipients' ability to access the info.

As viewed in Table 3, three categories were used to determine the accessibility and visibility of the website's information and resources to minimize bias and my position as the researcher. The three categories defined under a mini codebook are clear, partially clear, and unclear. For a website to be deemed "clear," it had to be well organized, have easily accessible information and resources, and have distinct missions and goals that are easily found. To be deemed "unclear," it is the exact opposite, where resources, the information provided by the organizations, and the organization's goals are nowhere to be found. Last, for an organization's website to be deemed "partially unclear," it had to be missing one or more of the aspects of a "clear" website, i.e., inaccessible resources and information, incoherent goals and mission, and no structure. Refer to Table 3 for respective numbers, but most organizations had "clear" websites.

The reason for varying clarity among organizations can be attributed to many different aspects of the organizations. First, there is a need to prioritize a website or online presence; for some organizations, this may be necessary for their programming to function and to spread appropriate information. However, other organizations may have recipients who receive information or care in person or via word of mouth, making an efficient website less necessary for them. Another key aspect is resources; some organizations may not have the staffing or money to build and maintain a website efficiently, while others do. Overall, it's clear that the needs and capacities of organizations are different and can be tied to the "clearness" of their websites.

Contact Information of Organizations (Table 4):

Contact Type	Numbers	Percentages
Email	24	80%
Social Media	12	40%
Contact Page	5	16.67%
Phone Number	7	23.30%
Address	15	50%

Regarding the availability of contact information, this is pretty straightforward. What ways of contacting the organization are available to an individual if they were to look on the website? We looked at five primary forms of contact: email, social media, contact page, phone number, and address. The most common form of communication available was an organization email, with 80% of organizations providing a direct email for participants to contact them with. 50% of organizations provided addresses to a headquarters or office, 40% provided social media websites that individuals could visit to get more information, and for those with specific locations could get resources and in-person support. Lastly, 23.33% of organizations provided phone numbers, and 16.67% had contact pages, where you can place your email, name, and message directly on the website page, and it will send it to the organization automatically.

Contacting the organizations is extremely important for black mothers to get access to information and resources and be aware that they can rely on and work with the organizations to get the care and support they may need. In most organizations, having an email is extremely helpful and allows individuals to contact the organizations directly. However, emails can sometimes be a hassle; people may struggle to communicate their needs through email properly. Email can be a barrier to access if they need a resource due to the volume of emails that

organizations may receive from various stakeholders. The best thing for addressing something like this would be to have a phone number that clients can access. However, less than a quarter of organizations offer a phone number for individuals to use to get in contact with them; though receiving calls can be complex and burdensome on organizations, especially if they do not have the staff, it does place clients or participants within their programming at a disadvantage. Around half of the organizations provide social media websites or addresses; having a location is very helpful having a place to get questions answered and get one-on-one time with participants, gives individuals the ability to adequately communicate and access health and life resources. Social media websites can be potentially inaccessible due to large volumes of communications, removal of direct messages, or because they are primarily used to spread awareness of info; getting direct contact with individuals at the organizations may prove to be complicated. Lastly, a small percentage of organizations had contact pages, which are very similar to emails but can be a bit distancing for clients since they sometimes do not get receipts of the conversation or are unaware of the amount of time that it will take to receive a response, and due to the various individuals that may be placing information or request into the webpage, can cause lots of responses and inquiries to be buried and never addressed. Overall, organizations heavily rely on emails as their primary form of contact. This is a straightforward means of communication. However, due to its limitations, organizations should try to find ways to incorporate phone numbers and addresses (if applicable) as means of contact to be more successful with communication and providing programming.

Interviews

Throughout the research process, 35 community-based black maternal health organizations were contacted via email; of the 35, 10 were interviewed. The interviews were conducted with individuals from the organizations that held various positions, and they offered information on their specific roles and perspectives of their organizations and the black maternal health field. They also provided information about how their organizations operate, how they provide care to their respective populations, specifics around their strengths, and issues they have faced as an organization working within the field. The table below represents the role that the individual interviewed within each organization held.

Roles of Organization Members Interviewed (Table 5):

Organization #	Role of Individual Interviewed
Organization 1	Executive Director
Organization 2	Co-Founder & Chief Technical Officer
Organization 3	Executive Director
Organization 4	Chief Executive Officer
Organization 5	Founder & Full Spectrum Doula
Organization 6	Programs and Partnership Coordinator
Organization 7	Administrator
Organization 8	VP of Equity Centered Capacity Building
Organization 9	Founder & Chief Executive Officer
Organization 10	Birth Justice Trainer & Curriculum Coordinator

As demonstrated within Table 5, most of the individuals interviewed held high positions within their organizations and played a hand in their founding or establishment from the early

stages. One of the organizations within the study shut down recently due to funding struggles and the inability to properly maintain its staff and programming. However, all the information gathered from that interview was still extremely valuable. It helped provide much context regarding the difficulties of running an organization within the black maternal health field.

After reading and coding all the interview transcripts across the organizations, five common themes functioned as the recurring parent codes:

1. Education
2. Advocacy
3. Resource distribution & access
4. Community creation & nourishment
5. Funding & support

The first four themes were mainly focused on the work the community-based organizations did to help support and address the disparities surrounding black maternal health found within their communities. The last theme not only focused on what the organizations did but also on the negative and positive experiences that organizations have experienced when it comes to interaction with funding and support from outside sources.

Education

Many organizations promoted education as a strong aspect of their mission and the resources they offered. They promoted education as a key part of the organization's work and the black maternal health field as a whole. This consisted of education specific to the health of black

mothers and families, training and education of doulas and midwives, creation and distribution of educational materials and resources, and, lastly, community education.

The educational programming and resources offered by these organizations focused on spreading awareness, battling misconceptions, providing exposure to resources, and working to educate all stakeholders within the black maternal health fields. The programming was diverse across the board, with some focusing on providing resource lists and hubs for people to gather information, specifically the creation of lists that not only covered healthcare needs but places to get access to food, aid with bills, and even resources for those facing domestic violence. Creating a comprehensive list made care and support throughout their pregnancy and motherhood more accessible to black mothers.

Other organizations took a more hands-on approach to education by offering courses and training to black mothers and their support communities, as well as larger organizations and entities. Specifically working on training doulas and midwives, who are significant to the positive health outcomes of black mothers, there is even one organization that provides a labor support training, "which was created specifically for those families who either did not have access to doula care or, you know, could not afford it, for whatever reason...it teaches their support person, whomever that person is, how to step into the role of becoming a doula if they do not have one" (Organization 10) which creates more accessibility for lower-income families. Through the creation of courses focused on aspects of maternal health such as breastfeeding, mental health, nutrition, blood pressure, and general health education, they reached many black mothers and their communities, making them better equipped to handle challenges and work to maintain a healthy standing. Three organizations explicitly worked on providing implicit bias

training to hospitals, medical schools, and other large organizations to encourage health equity within those spaces and entities.

Lastly, organizations focused on educating the community, specifically, the individuals within the communities who are meant to support black mothers throughout their pregnancy and provide support to them. As mentioned earlier, there are organizations that focus on training community members as doulas to help provide health, emotional, and physical support to moms. To further fulfill that goal, organizations also provide community education centered on general understandings of reproductive justice, conversations around different health conditions, and overall black maternal health resources and support.

Education is an essential tool for black maternal health organizations to support their recipients; through the interviews, the importance of education was stressed, and the need to expand and continue to educate black mothers, their communities, larger entities, and even governmental agencies was made clear. The unique and accessible forms of education these organizations provide allow more black mothers to receive the information and, in turn, make informed decisions. One participant stated, "... there is this notion that more informed patients are safer patients." (Organization 2) Overall the focus on education across organizations has been a key element for how they address the maternal health crisis and has been significant in targeting the various needs of the community.

Advocacy

Advocacy is important to any significant movement or area with historical disadvantages and structural and even legal barriers to care and accessibility. Advocacy was another topic that

often arose in conversations with black maternal health organizations and the work they prioritized and participated in. Specifically, they worked on general black maternal health advocacy, political or legal advocacy, and community-based advocacy. They used all these different forms of advocacy to lend a voice to all the issues occurring within the black maternal health field and to create a space and avenue for black mothers' voices to be heard and incite change.

Black maternal health advocacy amongst the organizations focused on spreading awareness about the different aspects of black maternal health, speaking to the disparities within care, pushing forth ideas and proposals dedicated to safer birthing practices and equity, and opening up doors for conversations around where there has been a failure within black maternal health. Specifically, we had organizations that focused on, “expanding maternal health advocacy to include fathers and non-birthing parents.” (Organization 1) along with their other advocacy of unifying the maternal health field and pushing for relationships with larger corporations and organizations to support black maternal health better. Specifically, the work of including non-birthing parents and fathers in the conversation of black maternal health is quite important. It helps address a unique problem found within the support and care for black mothers. Other organizations focus their maternal health advocacy on the promotion of doulas not only to encourage more people to become doulas but also to encourage black mothers to use doulas, along with promoting self-care, joy, and collaboration around black maternal health.

Next, many organizations focused on the legal and political advocacy surrounding black maternal health. The primary focus was on the creation and promotion of bills and acts that would help better black maternal health outcomes and bring the stories and voices of black

mothers to the forefront. Many organizations have made strides within legislation, for example one organization, “have helped draft legislation, and we were able to get Medicaid extended for one year postpartum. So that was a victory in our advocacy efforts.” (Organization 7), while another created, “the Dads Matter Act, another piece of legislation that was introduced this year by senator Marco Rubio and senator Raphael Warnock. It's bipartisan, and it really is about bringing fathers, bringing them education about maternal health.” (Organization 1)

Many of these organizations have worked to create policies, support bills, and continuously advocate within the legal framework to ensure that black mothers can access equitable care and get proper support and care for themselves, their babies, their families, and their communities. One participant says “We were able to advocate for policy changes. Not just in hospital and health system practice, but also at the federal level, our support for the omnibus, support for local omnibus and other bills that can help improve maternal health outcomes” (Organization 8). The emphasis placed on applying pressure and working with legislation showcases the dedication of the organization and its importance to black maternal health outcomes. Through all of them attacking these political and legal issues from different perspectives and areas, they have been able to address disparities found within black maternal health across the board. However, they still face issues when it comes to doing advocacy, especially within the legal framework, from dealing with being pushed out of important conversations, meetings, and even review committees to having to work twice as hard to be heard within a political conversation, and now dealing with the new political climate surrounding issues such as abortion the burden of political and legal advocacy has begun to run high.

When working with communities, these organizations have also made it their goal to make sure that they are advocating for the communities around black maternal health in a multitude of ways. They work to inform communities about the importance of black maternal health, how to look out for black mothers, and offer them resources on how to do that best while also working to give them safeguards when they are trying to support their loved ones. One of the organizations spoke specifically about advocating against the review committee of the maternal morbidity and mortality report due to the recent removal of the community voice and involvement within those conversations.

The advocacy of these organizations has made a significant difference. It has allowed room for harder conversations to be had and pushed forth accountability on organizations and individuals who may be running from them, working to center the voices of the community and black mothers within their work.

Resource Distribution & Access

A key proponent of organizations' work is to provide direct resources for their communities and black mothers. Throughout the interviews, there were three recurring themes surrounding resources: providing and creating life and health-specific resources and creating access and exposure to existing resources. Organizations focused on distributing and providing access to tangible resources to black mothers to support them throughout their pregnancy and motherhood. Specifically, these resources worked to address a holistic and diverse set of needs that black mothers have that went beyond the traditional maternal health resources. Their ability to address the specific needs of black mothers came from the organization's unique relationship with their recipients and their emphasis on community.

First, the focus on health resources, organizations specifically worked to address the major maternal health issues that black mothers face; this looked like addressing breastfeeding concerns, gestational diabetes, preeclampsia, mental health, and providing general health screenings and access to doulas. Organizations worked to, “fill in the gaps, for people again who might not have the access, the resources to obtain doula support services, but not just doula support, but also like lactation support services, maternal mental health services” (Organization 10). The health resources available varied across organizations, but they all had the same goal of addressing black maternal health disparities, especially those that are often ignored by the larger healthcare structures and industries.

Next, the organizations focused on providing life resources; these are resources that we usually do not consider when it comes to maternal health and can be quite a burden if they do not receive extra support. These resources include help with bills, food access, transportation, housing, and even baby supplies and items needed for postpartum. Some organizations offer access to childcare and legal services targeting issues of medical malpractice, aiding mothers in attending appointments, and even avoiding run-ins with Child Protective Services. "We provide wraparound support. We help with bills. We help with food access. We might help connect people to resources that other organizations in the community or if they are experiencing, you know, intimate partner violence." (Organization 3), these life resources address the social determinants of health, focusing on the aspects of the mother's lives that are not directly tied to their health but indirectly impact their health.

Lastly, the creation of access and exposure to resources that may already exist. Due to the lack of resources and funding available to community-based organizations, especially those with

a focus on black maternal health, working with other organizations or connecting individuals with resources that the organizations may not be able to provide has been a key way to provide support to the black mothers and communities they serve. Specifically, this looks like the creation of various resource lists and hubs where people can find specific health and life resources, having referral programs where they work directly with individuals to get them the care or resources, they may need access to, as well as creating exposure to things like the roles of doulas. Through providing access and exposure to resources, black mothers can tap into a network of care and help they may be struggling to access.

Community Creation & Nourishment

These interviews were done with community-based organizations that focused on black maternal health, so it came as no surprise when the topic of community creation and nourishment came up as something they prioritized. These organizations focused on creating a community for black mothers. They promoted community involvement in research or within the work of the organizations, as well as overall community empowerment of both black mothers and the communities surrounding them. The focus on building, maintaining, and empowering communities helped give black mothers support systems and create space for them and their voices.

Specifically, organizations would foster community creation by hosting events such as community baby showers or black mother brunches. Others created platforms for black mothers to connect with one another, specifically through online channels and social media, where individuals share their stories and updates about their pregnancy and give each other tips and advice. They also create community by ensuring black mothers have support systems around them, which is what one organization called a “care village” (Organization 6), a network of

people that all work together to support their loved ones and their maternal health needs properly. They worked “to create a community to let them know they were not alone” (Organization 9).

Promoting community engagement within research and organizations was also mentioned and heavily encouraged. This engagement looked like the creation of community advisory boards by specific organizations, where they would receive feedback on the community's opinion of the programming and aspects of the organization. Community members are included in research and focus groups where they can speak to their experiences, give input on black maternal health-related projects, and help inform policy and practices within the field. Lastly, they employ and work with community members, ensuring they are compensated for the work and research they partake in.

Lastly, community empowerment was immense among the organizations; they focused on centering the voices of the communities they worked with and providing them with the resources, knowledge, and skills to do the work and support themselves. There was a specific emphasis placed on, “providing care from a space of solidarity and, like, providing people with what we would want for ourselves.” (Organization 7), where organizations pride themselves in treating community members with respect and courtesy and from a space of collaboration and not extraction. Organizations make it clear to emphasize the expertise, skills, and knowledge that already exist within the community, viewing them as entities that can take care of themselves, and outside factors are there to provide resources and extra support.

“But the value, I think, is in having someone who is birthing, having a community around them that supports them through the entire time.” (Organization 3); the focus on community creation and nourishment has allowed organizations to build unique relationships and trust with

black mothers and their communities and has strengthened the support and awareness around black maternal health.

Funding & Support

Funding and support were among the most prominent themes in the interviews. This was a topic that all organizations mentioned and specifically spoke about having both good and bad experiences with. They spoke directly to their interactions with larger entities, healthcare systems, funding structures, and government. They also gave suggestions about how current systems and structures can better collaborate, fund, and support smaller, community-based, black maternal health organizations. There was a specific focus on the sources and impact of funding and support from both a positive and negative perspective, along with suggestions for improvement across the board.

Sources of funding support varied across organizations and heavily depended on their location, how big the organization was, and even what type of universities and hospitals were nearby. When it comes to more negative experiences, many organizations struggle to access proper funding and support; specifically, when it comes to funding, organizations struggle to get access to larger governmental grants. Instead, those funds went towards larger centers and universities that have people dedicated to grant writing. This places many organizations at a high disadvantage, given that the amount of funding out there for black maternal health is already scarce. Some organizations found problems getting access to state grants, even if they were able to access federal grants, due to the state laws and resistance against research and work with black maternal health. There is one of the organizations as mentioned previously that has closed specifically, “due to insufficient unrestricted funding to support general operations—including staff salaries.” (Organization 8 website), this shows that it's clear that not only does lack of

funding stop organizations from being able to help their communities, but it can lead to closing of organizations. “I think in community-based spaces, we tend to be funded less. We tend to be expected to pay our staff less. We tend to be expected not to be able to innovate, and part of innovation is having failures and learning from those. And we tend to be expected to have life-changing outcomes with slim resources.” (Organization 4) This is a quote by one of the organizations that summarizes many of the frustrations and difficulties that almost all organizations express in one way or another. This reliance on community-based organizations to address the black maternal health crisis and have the answers without receiving the proper funding or even support to be able to do it is harmful.

This leads to the issue of support; many of them struggled to receive support from larger organizations and were often given the cold shoulder or left out of many significant decisions; one of the organizations spoke explicitly about the extractive nature of larger entities: “Sometimes hospital systems or larger organizations are extractive. They extract information from us without really doing anything to improve our organizations, like sustainability...” (Organization 3) this is where information and skill are taken from community-based organizations and used to better the programming and work, while leaving many of them with nothing or no form of compensation for their help, almost assuming they have a moral obligation to help due to the topic of the problem. Other organizations spoke to the lack of care coordination and collaboration across sectors within the black maternal health field, not only amongst organizations but from the healthcare system and other large organizations. Expressly, organizations point to the accessibility of health information and the distancing of care, making it harder for black mothers to navigate and be able to communicate their specific needs to everyone who may need to know. Lastly, the lack of representation of community members, specifically

black women, within the spaces of these larger organizations and healthcare systems, makes their community engagement lackluster and unable to build trust with organizations or with communities.

On a more positive note, we have support and funding from CBOs to CBOs, but some have also received help and funding from corporations and certain governmental and larger entities. For funding and support seen amongst organizations, we have some organizations that may have a bigger budget for allocating grants. Specifically, one organization offers a grant to other CBOs, "And it comprises about, I would say, a 12th of our agency budget. So, it's significant from a programming and mission-based standpoint that grants are an important part of our organization, but it's not a huge part of our organizational budget as we've grown as it used to be. But there are 101, I think, at this time, entities across the country that have or communities that have a ... grant." (Organization 4). Other organizations speak to the aid they receive by collaborating with other organizations; this looks like hosting events together, creating collaboratives using all their various resources to help from different angles, and leaning on each other for expertise and strengths that their organizations may be lacking. There are also larger entities that step in, such as one organization that spoke about big-name corporations that work to help give them supplies and funding, such as diapers, formula, and actual grant money. Along with others who talk to specific hospitals and larger centers, they give out grant money on occasion to help out or reach out to collaborate on specific projects they may be doing.

The impacts of funding and support have also shown up differently for all these organizations, with some having better experiences than others. Some have spoken about the positive effects of proper funding and support on their organization; this has looked like getting tips, training, and help from networks and organizations on how to write grants and information

on where funding is located. There are also a lot of positive impacts from support from the governmental level, specifically within the state of Pennsylvania; there are policies that make it, “a requirement to contract with community-based organizations for maternal and child home visiting.” (Organization 4) along with “policy efforts around reimbursement of community-based organizations...” (Organization 4), this speaks explicitly to the positive experience that organizations can have when they have state legislation and structure working to support and aid community-based organizations. Through funding support from the government, corporations, and large organizations, organizations have been able to do better research, aid other organizations, and create access to more resources for black mothers in their communities.

There is also a more negative impact for organizations that lack that funding and support; organizations have had to deal with the foundational issues of not having the money or resources to support their populations adequately and, in turn, are overworked and underpaid for trying to address the challenges under the black maternal health crisis. More specifically, organizations spoke about some of the issues they faced, such as not having access to data and research needed to properly inform their work due to committees and boards lacking transparency with the information they collect, or even fully holding back that information from organizations. Another thing mentioned was co-option, where larger organizations would take the intellectual property of smaller organizations or even attempt to swallow up smaller organizations under specific programming that would remove the autonomy of community-based organizations and could even lead to one of them being closed.

Lastly, the organizations offered many suggestions and solutions during the interviews. It was clear that many of them had these ideas but did not have platforms to voice them, especially to the organizations and individuals who needed to hear them. The leading solution surrounding

funding was giving more money to community-based organizations and allowing them to do what they do best with the help of resources and funding from larger organizations and the government. Many of the organizations spoke to their capabilities, their knowledge, the trust they have built within their communities, and the strain that a lack of funding and support has had on their inability to work to their full capacity. The funding solutions suggested were governments and larger organizations investing money, resources, and even things like grant-writing training into community-based organizations and working to give them more unrestricted funding, where they can innovate and support their communities as they see fit. "Like, we don't need credentialing. We don't need institutionalization. We need money and resources to do what we're already doing because these organizations are vital and are already doing the work, and they exist in people's communities." (Organization 6) Another aspect of funding was making sure that no more funding is available, so organizations are not fighting over a small pool of money but being more equitable about how money is distributed across stakeholders. "Black maternal health is big money these days, especially for white-centered organizations looking to fund their budgets. I believe we have to continue to center and focus on black women's lead organizations who are championing this work." (Organization 9)

Another key suggestion was better collaboration between community-based organizations and government, healthcare systems, and larger organizations. They spoke about collaborations between organizations, which have allowed them to address problems within their communities holistically, encourage more collaboration, and play to the strengths of different organizations and their expertise. Regarding collaboration with outside entities, they speak to creating systems and programming that will allow for better distribution of data and research and include community-based organizations, along with community members, in the discussions and

decision-making process. This will allow individuals who are impacted by the black maternal health crisis directly, community-based organizations who are doing the work, and community members to be a part of the solution and process from the beginning instead of being told about it after the fact of having solutions and changes pushed on to them. The push for collaboration is significant, and the hope that many of them voiced is that through better collaboration across stakeholders on all levels, we can better address the black maternal health crisis.

These organizations have placed a lot of effort, energy, resources, and time into addressing the black maternal health crisis within their respective communities. The focus placed on educating the community and black mothers, advocating and pushing forth political changes to aid in addressing black maternal health challenges, providing access to resources, creating safe spaces and opportunities for communities to flourish, and dealing with the complexities of the funding and support system surrounding black maternal health is genuinely astonishing. The interviews with these organization's members spoke a lot about the conditions that community-based organizations work under and the relationship that many of them have with these larger structures. They also gave much insight into how they can impact their communities, mainly when working with black mothers, due to the trust that they have built and the positioning of their work as community-based and community-led. Finding these common themes among these organizations highlights some of the aspects that may need to be scaled up to address the black maternal health crisis, and taking some time to listen to the suggestions and solutions offered can hopefully lead to better outcomes.

Discussion

The present study

The severity of the black maternal health crisis has continued to persist within the world, with black women facing various barriers to proper healthcare, being impacted by multiple social determinants of health out of their control, and having to deal with the racist structures that have caused the experience of motherhood to be 3 times more deadly for black women than their white counterparts. Community-based organizations have been an essential aspect of addressing the black maternal health crisis within their respective community. Their knowledge and trust within their communities and the degree of labor they are willing to attribute to the work have allowed them to address the disparities from a holistic standpoint grounded in community, care, and love.

Looking into the work that CBOs do for black maternal health, the challenges they face, and their perspective on how to address the crisis will help inform how to move forward with the work within the field and how to do better by community-based organizations who "...have been doing this work on shoestring budgets for a long time, who have the answers." (Organization 9). Throughout the interviews, the main themes and conversations spoke to the unique ways that CBOs interact with black mothers and their communities, the specific and tailored ways to address a problem that many larger entities don't consider or have no consideration of due to their distance from the people that they claim to want to help.

When it comes to the aspect of education and advocacy within these CBOs, there was such a big emphasis and push on prioritizing educating and making the community more knowledgeable about the issues and needs at hand within black maternal health while focusing

on using the voices and passion of the community to fuel their advocacy for better policy, programming, and support. The work within these two sectors is awe-inspiring, with organizations with bills that make it into the courts that focus on passing black maternal health policy to bring attention and legible change. An aspect of education and advocacy often brought up across organizations was educating and including fathers or non-birthing partners in the conversations. This focus is frequently overlooked, and the lack of consideration that the person closest to the birthing person may not be aware or educated on the needs and dangers is concerning. A few organizations focus on creating curricula that target teaching fathers and non-birthing partners about black maternal health information, along with programs focused on training them as doulas. This is a significant conversation and shift often ignored in the larger field of maternal health. The primary focus is on the mothers, requiring them to juggle staying healthy, delivering a healthy baby, and providing for themselves and their families while also advocating for themselves within racist structures. This is very unrealistic and can lead to more stress and complications for the mother. Overall, education and advocacy across the community are very significant, and the ability to know the specific needs is a skill and advantage that communities will always have over larger research, policy, and hospital structures.

A focus on community creation and nourishment among the organizations is key to their work; the work being done requires connecting and working with black mothers to ensure they have the care and support needed to experience their journey of motherhood. Specifically, organizations emphasized curating safe spaces and hubs where black mothers can connect, share resources, share stories, and feel less alone throughout their process. Even the support and room given to the communities of black mothers, feeding into them so that those communities can then feed into the mothers that need support, is a means of addressing black maternal health that is

often overlooked and deemed less important within the larger scheme of things. Those communities are so important because, when no structures, organizations, or resources are available, those communities will be there to support and ensure that those mothers have what they need. Overall, community creation and nourishment done by these organizations set a precedent for how larger organizations and entities should interact with communities when addressing the black maternal health crisis. Meeting people where they are and valuing the expertise and lived experiences, they bring to the table is just as valuable as research and other experts. As well as working in community and collaboration to fully create sustainable solutions.

Another focal point for the organizations is resource distribution and access; this, for them, looks like the stereotypical concept of handing out resources such as baby supplies and perinatal resources and providing access to doulas. The specific aspects of the resources and distribution that I wanted to draw attention to are the resources that address the needs of the mothers that are not directly tied to their pregnancies and the social determinants of health that we speak to consistently within the field of sociology and public health. They work to provide resources such as assistance with bills, transportation, mental health support, legal support, resources for people who may be facing intimate partner violence, and even childcare. By providing this care that is holistic, and addresses needs that are not right at the forefront, they make the perinatal experience for black mothers more manageable. This is very key to supporting low-income black mothers who do not have access to unlimited resources and providing them with a sense of relief and peace of mind. Specifically on the topic of childcare, this is also something that is often overlooked when considering the needs of mothers, if they already have children, managing the children while trying to make it to prenatal appointments, or even during labor and delivery and postpartum recovery is challenging. One of the organizations

spoke directly to the creation of a collaborative, with one of the primary focuses being child care due to them witnessing an uptake of Child Protective Services being called on mothers while in the hospital by medical personnel, once again issues that are not seen or even addressed within these larger maternal health conversations. Their approach to providing holistic resources should be acknowledged, further encouraged, and funded.

The most heavily discussed topic within the interview was funding and support. The concept of CBOs being heavily underfunded is not a concept that is new to anyone, but I do think the degree to which there is a lack of support and funding is something that should be acknowledged and addressed. Some of the interesting points brought up were the extractive nature of large organizations when working or “collaborating” with CBOs, specifically the lack of compensation for the work and expertise that organizations bring to the table and the co-option of the intellectual property that members of these organizations bring forth within these conversations or projects. The lack of respect and legitimacy given to the work and knowledge of CBOs is very harmful and consistently leaves them severely underfunded, overworked, and left out. This practice, along with the lack of consistent, accessible, and unrestricted governmental funding on all levels, I would argue, is the most significant barrier and has left progression within black maternal health stagnant.

Though many organizations have dealt with these frustrations with funding and support, they have made it work even amongst other community-based organizations. Many of them spoke of relying on one another and having organizations collaborate and tap into their unique expertise and strengths to get advocacy work done or tackle larger projects within their communities. This collaboration and normalization of care coordination across organizations are

significant and should be adopted at all levels. There are a few larger organizations and corporations that offer support. However, it is not enough and often is given to larger community-based organizations, leaving behind many.

Lastly, listen to black maternal health organizations. They have offered suggestions and solutions that they know would properly help them get the support and funding that they need. A focus on collaboration, respect, and honesty, placing CBOs at the helm of the research, projects, and conversation around black maternal health, will help create better solutions and adequately address the black maternal health crisis.

The website content analysis of 30 black maternal health CBOs mirrored many of the same themes found in the interviews. However, the number of organizations that presented some of the specific and holistic resources mentioned within some of the interviews, such as more life-related resources and even health resources, was significantly low, both being less than 30% of organizations that had them directly advertised on their websites. This, I believe, speaks directly to the lack of funding and support provided to organizations that require them to focus on solutions that are both cost-effective and have the most scope to support their communities, which is advocacy and education; this is also where the most significant overlap was found among the within the interviews and the websites. Among the websites and the interviews, there was a focus on advocacy and education at the epicenter of many of the organizations looked at. A focus on educating and advocating for black mothers and their communities on various levels was a key factor given that all 10 organizations interviewed spoke directly to their work within that area, and over 80% of organizational websites had areas of their websites or mentioned their work dedicated to providing education and prioritizing advocacy.

The website-based content analysis was key for giving context to the outward perceptions of black maternal health organizations, specifically looking at the accessibility of the information, resources, and organization to black mothers. Given the importance of websites as some of the primary sources of information, especially when it comes to organizations, the structures of those websites, the ability to understand, find contact information, and know how to access the resources offered is key to speaking to the efficiency of organizations. Overall, some things needed to be edited to help make the websites more accessible. These were things like better organization of the information on the website, so it's clear where to look when you need things and offering better options for contacting the organizations directly with questions. However, the interviews were a great way to provide context as to why there may be issues with websites, organizations being understaffed, not having the funds, or even a person dedicated to operating, updating, and organizing the websites, which places a strain and speaks to the numbers found within the website content analysis.

The current state of CBOs and Black maternal care

In July 2023, the UNFPA and other significant organizations examined maternal health among Afro-descendant women in the Americas. The study identified three primary factors that contributed to their poor maternal health outcomes. These factors included insufficient research on the topic, resulting in the issue remaining "invisible" (UNFPA et al., 2023), political policies and structures that fail to prioritize the health needs of vulnerable populations, and the pervasive intersection of racism and sexism, commonly referred to as misogynoir, which is deeply entrenched within healthcare systems and influences the delivery of care. There is a lack of prioritization of black mothers when it comes to creating solutions, and even within the creation of solutions, they are usually uninformed. They are not inclusive of the community that they

happen to serve. The forms of discrimination, lack of social and legal support, and lack of prioritization have caused the black maternal health crisis in places like the U.S. to be quite severe.

There has been a significant lack of research on the specific impacts that CBOs have had on addressing black maternal health, especially within the context of the U.S. A lot of the literature recommends working with community organizations or even speaks to the need or importance of community approaches but does not get into how the ones we currently have in place are working and how they may be helping or even harming black maternal health outcomes. This is very important to look at in the context of the U.S. due to the racist structures in place. However, most of the information found on specific evaluations of community interventions or organizations was found outside of the United States and specifically within countries in Sub-Saharan Africa. Many of my findings aligned with what was found within those research studies; the importance of community-based interventions and organizations was key to addressing many maternal health issues found within their communities, and the largest barriers have been a lack of support, collaboration, and funding (Nishimwe et al., 2021). All studies found a decrease in mortality and morbidity rates among mothers and better health outcomes across the entire perinatal stages when interventions or organizations that are doing the work are community-based. Though I have no direct numbers to connect an intervention or an organization to a specific decrease, I think assumptions can be made using the information provided by countries within Sub-Saharan Africa.

The organizations within this study provide solutions, resources, and care through a reproductive justice lens and, in turn, help to provide black mothers with a form of care that is unique and comprehensive. One of our organizations goes into the specifics of reproductive

justice, "Reproductive justice has four elements." (Organization 3), they went into the specifics around all elements of reproductive justice, but for this research, I would like to highlight two of the main elements that were mentioned. "the second aspect of that is, you know, the human right to have children. Moreover, that is, you know, that is not just to have children, but to have children with dignity and feel safe and to be able to survive having children." (Organization3), along with "the fourth element is to, you know, to raise those children in safe and sustainable communities. So that goes down to ensuring that people have, you know, addressing poverty, addressing the social determinants of health, addressing safety, addressing state-sanctioned violence, addressing many things." (Organization 3) These two elements, I believe, summarize the focus that many of these organizations have when it comes to how they approach addressing black maternal health, a focus on a dignifying birthing and the motherhood experience, along with having the safety measure and comfortability once we get beyond the perinatal stage. The contributions that community-based organizations have had on the black maternal health field are substantial; there needs to be a better job done by all stakeholders to listen more, collaborate more, and create space for the expertise and work of community-based organizations in the larger scheme of things.

Conclusion

Black maternal mortality and morbidity are significant issues both within the U.S. and across the diaspora due to centuries of racism, discrimination, colonialism, and the dismissal of black women's pain, suffering, and voices; black mothers have died or dealt with severe health issues from conditions that are not only treatable but entirely preventable. Community-based organizations are crucial to addressing these health disparities and outcomes for black mothers; community-based organizations are initiatives built on support, trust, understanding,

collaboration, and an overall sense of autonomy. Having people who are a part of your community, who look like you, and can empathize with your worldview and positionality allows for connections and care that cannot be found in many other places.

The reason for this study was to hone in on the impacts that CBOs that focus on black maternal health have on black maternal health outcomes, specifically understanding the work that is being done to address a lot of the disparities that black mothers face, the hope is that throughout this study, we can begin to look at black maternal health research, interventions, and policy through a different lens—starting from a place of community, learning from them, and working with them to address the solutions that are being implemented. Due to the overall lack of research on black maternal health-specific organizations and interventions within the U.S., this will function as a means to spearhead that form of study and conversation on where CBOs may be helping and where they may even be falling short and how to properly provide them with the support, grace, and resources they need. The paper also functions to give a voice to these organizations and have a challenging conversation about the labor that is put in and the challenges that are faced within the field.

While doing this research, I learned a lot about the intricacies of the black maternal health field, the aspects that are not seen, and the day-to-day interactions and experiences that are occurring not only for the organizations but for black mothers. It gave me a look into the world of black maternal health a lot deeper and placed grounding on my perceptions of how maternal health should be done and how reproductive justice should be applied. A new appreciation for community-based organizations was discovered, as the work they do and the results they produce, even with some of them facing issues with funding, low staff numbers, and an ever-changing political system, is very impactful. Furthermore, an understanding of the specific

challenges and dynamics between different entities was made clear, and there needs to be a shift in how things are done within the larger field of black maternal health.

Limitations

One of the limitations faced throughout the study was the number of interviews. Even though I reached out to over 35 organizations, some at least three separate times, many did not reply, and 4 organizations rejected the interview. No reply from about 20 organizations made it hard to get sufficient data and stratification among organizations. Some of these challenges occurred because some organizations were understaffed and did not have someone who could sufficiently comb through emails that may be coming in at significant rates, along with struggling to find someone available to spend time on the interview. Though I could only get 10 interviews, they were highly efficient at providing lots of information about their experiences, and due to the similarities across many organizations, it was clear that these experiences can be generally applied.

Another limitation was the lack of research on community-based organizations that focused their work on black maternal health organizations, specifically within the U.S., which caused me to start with very little research. On the other hand, this allowed my paper to help begin the conversation and create space for the interviews and my perception of the results to be as unbiased as possible due to a lack of preconceived results from other studies. It required me to make connections and conclusions based on the interview information and website content analysis and how it related to the current societal context of the black maternal health field.

One of the final limitations was that a lot of my research was based on black women explicitly due to the current study and context around black maternal health. It was harder to find research and have conversations surrounding black birthing people on a more general level. So,

there are individuals who have experiences with the black maternal health field that are not included or appropriately addressed within the study.

Future Directions

Future directions for research should focus on a few things: first, gathering data on the experiences of black mothers within these communities and their perceptions of the community-based organizations. This can give a lot more insight into the capabilities of the CBOs and some of their weaknesses. This research can also be tied directly to figuring out the numerical impacts that CBOs have had on black maternal mortality and morbidity rates. Next would be understanding the impacts of the abortion bans and changing policies of reproductive health on black maternal health outcomes. Two black women from Georgia, Amber Nicole Thurman and Candi Miller have passed from restrictions and complications related to receiving care that is categorized under abortion care. The new abortion laws and reproductive health restrictions have placed black mothers at even higher risk and can lead to worsening health outcomes and higher mortality rates. Research into how CBOs may be working to address and manage the changes, and where extra support or collaboration may be needed to address it. Lastly, working to expand research and initiatives to include black birthing people who may not identify with being a woman and getting their unique experiences and interactions with CBOs.

So, the question that this paper aimed to answer was whether it takes a village. I will let one of the organizations answer that “We all play a part. We always say it takes a village to raise a child; it takes a village to get the child here.” (Organization 1)

Poem: A Love Letter to Black Mothers

By: Doussou Toure

This is what I would like to call a love letter to black mothers

A poem sprouted out of research, experience, and love

A culmination of information that exist within the lens of community

An understanding of community, of collective change, of their resistance, and their sacrifices

An acknowledgement of community and its essence in the survival for black mothers

A creation of safe spaces for community voices and research grounded in their perspectives

This is a project that will contribute to the health of black mothers and the empowerment of

black motherhood and experiences

This is an acknowledgment of the love, care, and safety that black mothers are entitled to.

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Appendix

Appendix A: Interview Questions

1. How long have you worked for your current organization, and what is your role?
2. What are the goals and key components of *insert organization*?
3. Reflecting on your past experiences, could you share your insights on working with the population of black mothers and engaging in community-based interventions?
4. How has the organization impacted black maternal health outcomes within the *population they work with*?
5. How would you define community-based interventions? Examples?
6. Which elements of community-based interventions do you consider most effective in bringing about changes? (for maternal health)
7. How important do you think community-based organizations are for Black maternal health, and why are they necessary?
8. Considering your expertise, how do you envision the integration of community-based approaches into the legal and broader medical systems in the United States?
 - a. Prompt: What policies, procedures, and strategies do you think could be effective?
9. How do you feel your organization has received support or guidance from larger entities (governments, hospitals...etc.)? In what ways do you think they have fallen short in supporting your organization?
10. Are you familiar with the challenges surrounding black maternal health in global contexts? How does the situation in the United States compared to other nations, especially those with substantial Black populations?
11. Is there anything else you would like to add about Black maternal health?

Abbreviation List

BMHO – Black Maternal Health Organizations

CBOs – Community – Based Organizations

MMR- maternal mortality rates

NBEC- National Birth Equity Collaborative

PAHO -Pan American Health Organization

SMAGs- Safe Motherhood Action Groups

UNICEF - United Nations International Children's Emergency Fund

UNPFA -United Nations Population Fund Association

U.S. - United States