Birthing Justice:
Black Women, Pregnancy, and Childbirth
A Discussion Guide

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Birthing Justice Discussion Guide

We hope that these questions will help to spark a deeper engagement with our labor of love, Birthing Justice. The questions were designed to encourage you to dig deeper and to engage critically with the ideas and information in the book. We hope that they help you to identify and process the feelings that may come up while reading the book, to make connections between the stories in the book and your personal journey, and to grapple with the political struggle for birth justice.

Whether you talk about Birthing Justice in a reading group, classroom, with fellow activists, or around your kitchen table, feel free to make use of this resource to activate reflection and discussion. Go straight to the questions for your favorite chapter, discuss in order, or start wherever you feel moved. Enjoy!

In solidarity,

Black Women Birthing Justice
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Introduction

Co-creating Birthing Justice has been a way for me to speak back against the experience of being disempowered by a medical industry that viewed me as an at-risk pregnancy statistic rather than a human being. The book was inspired by my journey to taking back my power, and the realization that it was possible to have a transformative and sacred birth experience against the odds. I am so grateful to my co-editor and all of the BWBJ sisters for their incredible love and support and to you, the reader, for your willingness to go deeper and truly engage with the material gathered here. - Julia Chinyere Oparah

1. When Chinyere is experiencing difficult memories about her own birth, her midwife tells her: “This is your new birth story. This time you get to make it turn out differently” (3). What is a story of breaking family patterns or bringing new birth experiences to your family or community?

2. “We turned the hospital room into a sanctuary” (3). What experiences of hospital birth have you or your family experienced? Should we focus our energies on making hospitals more mama-friendly, or on promoting home births outside of the medical industrial complex?

3. The introduction asserts that negative pregnancy and childbirth experiences are not only the result of patriarchy, but happen as a result of multiple systems of oppression that affect black women’s lives. Can you think of ways that your reproductive freedom has been impacted by racism, sexism, class oppression, sexuality, or combinations of these?

4. This chapter explored the histories of black women’s relationships to obstetrics, midwifery and alternative birth movements. Which of these histories resonated with you, and why?

5. Define “medical apartheid” and “obstetrical apartheid” in your own words (10). Have you or family members experienced this? Using the information shared in the introduction to guide you, discuss how white women have benefited from these systems.

6. Prior to 1964, most Southern hospitals were segregated. What are your family stories of segregation and segregated hospitals? If you have older family members from the South, ask them to share their experiences of segregated health care, and of giving birth in black hospitals, hospital wards, or at home. Consider recording their story and sharing it with BWBJ.
Chapter 1: Queen Elizabeth Perry Turner

The “unskilled” Granny Midwife had an extremely low rate of complications and fetal or maternal deaths—far less than what we are seeing in maternity care today, especially for women of color. As you read about her midwifery practice, meditate on her God given skill, compassion and the attentive care she gave to ALL of her clients (not just those who could pay her!). While we can’t and don’t necessarily want to go back in time, there is much we could learn from these wise and gifted women “called to birth”. –Darline Turner

1. “Grandma Elizabeth rejected the label “Aunt Elizabeth” because it “upheld a system of segregation and black inferiority” (21). At births for black and white women she was called “Miss Turner” to be clear that she was a knowledgeable, skilled black woman care provider. Do you feel that the controlling image of “aunty,” or mammy continues to determine how black women caregivers, midwives, doulas, or social workers are perceived by society? How do midwives or other black women healers in your community resist those images?

2. Grandma Elizabeth gave midwifery services for free, or in exchange for goods and services that a mother and her family could afford. Have you seen financial barriers to black women getting access to a midwife or doula in your community? How could midwifery become more accessible to black women, and how might this be a form of economic justice?

3. Do you think that making midwifery accessible to poor black women affects the perception that women who opt for alternate birth experiences are class-privileged, spoiled, and implicitly white?

4. Darline tells this story as a great-granddaughter who learned about her ancestors through black women storytelling, specifically Darline’s Great Aunt Arleemah. Are there stories of granny midwives that have been passed down in your families or communities? Brainstorm ways to remember the histories of birthing justice unfolding now for future generations of birthing justice. Contact BWBJ if you would like to share a piece for our blog.
Chapter 2: Regulating Childbirth

With this chapter, I wanted to honor the integral roles that grandmother midwives played in the southern U.S. I also wanted to highlight how and why physicians in the early twentieth century used prejudicial arguments against black midwives to demonstrate how current anti-midwifery sentiment has historical precedent.

When thinking of birthing justice, I found it important for future readers to understand this vital history of social and professional persecution. And, I wanted to remind readers that this fight continues when thinking about the present day experiences of midwives of color. I sincerely hope that reading this history will encourage women of color to ask about the presence of midwives in their families and to learn if their struggles aligned with those of South Carolina grandmother midwives. - Alicia D. Bonaparte

1. Alicia shows us how white physicians in the American South sought to control and eradicate granny midwifery. How were controlling images related to race, gender, class and education used to denigrate, control, or limit the work of the granny midwives?

2. You can learn about the struggles of midwives working right now in Chapters 19 and 20 and at both mana.org and itctmidwives.org. How does the history documented in this chapter shape access to and treatment of contemporary midwives of color?

3. The campaign to reduce and erase midwives' authority in birthing worked by creating a hierarchy between white male doctors and black women midwives. How is this hierarchy connected to other racial, gender and class dynamics within the medical system? What are some moments when you have experienced these dynamics?

4. In what ways does the eradication of granny midwives in the 20th century mirror anti-black racism in the U.S. today?
Chapter 3: Between Traditional Knowledge & Western Medicine

Every woman deserves high-quality maternity care at a time of need, and no woman should die giving birth. In order to achieve a significant reduction in maternal and child morbidity and mortality, every woman must have access to skilled attendance at birth... As Zimbabwe shifts from traditional to Western birthing practices, we must create collaborative partnerships that learn from both traditional and Western birthing practices for all women to realize their right to a safe pregnancy and childbirth. – C. Mudokwenyu

1. What similarities do you see between traditional childbearing practices in Zimbabwe and those practiced by granny midwives in the U.S.?

2. What aspects of Zimbabwean traditional childbearing do you think should be embraced in the U.S.? Which aspects of these traditions could be harmful to some birthing women?

3. How does the resistance to Western maternity services by many Zimbabwean women mirror women’s resistance to the medical industrial complex in the U.S.? How does it mirror or differ from midwifery and doula practices in your community?

4. Natural birth advocates often idealize childbirth in Africa, depicting women pushing out babies in the bush, safe from medical control and interventions. In contrast, the authors out that lack of access to biomedical care for birthing women who need it is contributing to a maternal mortality rate that is nearly 20 times higher that the U.S. How does this chapter challenge stereotypes of the continent as primitive and natural?
Chapter 4: An Abolitionist Mama Speaks

My experiences of birthing my child and surviving a miscarriage have been among the most significant in my life. I have witnessed firsthand the power and potential of our minds and bodies and have acquired a better understanding of how white supremacy is inseparable from patriarchy and why these systems of oppression encourage women to stay removed from experiences that would allow us to encounter our true strength and resiliency. My understandings of this world have strengthened me, allowed me to consider anticolonial options for birthing and miscarriage, enabled me to build stronger sisterhoods along the way. -Viviane Saleh-Hanna

Pictured: Viviane's two children

1. Viviane finds that when she spoke about her miscarriage with beloved women in her life, she was able to move through the grief and become empowered. How might you create supportive spaces where black women can share and heal from difficult experiences in their reproductive lives?

2. Viviane advocates for herself and achieves natural birth despite adversarial doctor-patient relationships in hospital settings. She attributes her empowerment in part to what she learned about her body during her first natural birth. Do you feel able to advocate for yourself in a medical setting with confidence? What kinds of resources or support do you think would help you to do this?

3. Viviane connects her personal reproductive journey to events affecting black women across the diaspora (48-51). How can you draw connections between birth justice work in your community to the struggles and triumphs of black women and women of color in other locations?

4. Viviane is an "abolitionist mama" who is very involved in the fight to dismantle the prison-industrial complex (46). What does it mean to think of natural birth, and motherhood in general, as an action and an identity that sets people free?
Chapter 5: Mothering: A Post C-Section Journey

The c-section deliveries of both my children were traumatic for me, and left me feeling like less of a mother. As much as I support the natural birth movement, I feel that much of its rhetoric leaves mothers who were not able to deliver naturally out in the cold. I want women who have delivered via c-section to know that they are not failures. Mothering is what happens after the moment of birth. Having a smooth and easy biological connection is just gravy. –Jacinda Townsend

1. Even though Jacinda describes two disempowering C-section birth experiences, her writing returns to moments where she was able to reclaim an identity as “mama bear” (61). If you are a mother, how did the circumstances surrounding the birth of your children affect your identity as a mother?

2. Jacinda's second birth story included two difference kinds of abuse: medical abuse through coercion into having a C-section, and intimate partner abuse (60-61). How can birth justice advocates support pregnant and birthing individuals in dealing with trauma and keeping themselves safe?

3. This narrative explores circumstances under which black women are pushed into receiving unwanted and unnecessary C-sections. What role can birth justice play in this form of medical abuse?

Chapter 6: Confessions of a Black Pregnant Dad

We are a growing network of trans parents, many of whom are from racialized communities, and among this group we are seeking solace. Within our trans and LGBTTI2QQ parenting community, we have had a chance to celebrate our new family, our differences, and our identities.
-Syrus Marcus Ware

1. “The idea that pregnancy is an experience exclusive to women is reinforced over and over… In fact, not all people who identify as women can get pregnant, and many people who do not identify as women can.” Syrus invites us to question our
assumptions about gender, pregnancy and parenting. Did this article challenge any of your ideas about gender and pregnancy? How? What did you learn about trans pregnancy and parenting?

2. How can birth workers, health care professionals and community members create a more affirming environment for pregnant people and families who do not fit neatly into two gender boxes?

3. Syrus was interrogated because he does not look like his daughter. What does this tell us about the role of racism in policing our reproductive lives, as well as our parenting experiences? How do divisions or unequal treatment based on race and/or skin color impact your family?

4. Syrus imagines “a different world” where people “did not impose the notion of two genders and two sexes on our children, and one where race-based thinking and racialization was not a principal organizing factor.” How have these ideas been imposed on your children or yourself? What can you do to open up a space for more possibilities and freedom in relation to gender and race?

Chapter 7: Birth Justice and Population Control

Birth Justice is an expansion of the Reproductive Justice framework conceptualized by Black feminists in 1994 that includes the human right to have children, to not have children, and to parent children in safe and healthy environments. My contribution focuses on situating gentrification as a dimension of population control. Moving beyond a focus only on sterilization abuse or dangerous contraceptives, birth justice also demands the right to parent our children in the face of race- and class-based public policies designed to deny vulnerable people the right to live in the cities of their choosing in order to raise their families. -Loretta Ross

1. What is the “myth of overpopulation,” and how would you challenge this myth (73)?

2. “Rather than simply focusing on birth control, abortion and sterilization… we expand the meaning of population control to recognize and include practices that, regardless of intent, limit reproduction for women or color and Indigenous women” (76). What are some of these practices, according to Loretta? How have these policies and institutions impacted you or your parents’ ability to bear children or raise a family with dignity and adequate?
3. Loretta argues that conservative politicians’ double standards with regard to birth control demonstrate that “some babies are more valuable than others” (78). How does the devaluing of babies of color in comparison to white babies show up in the media, or in your daily life?

4. Loretta shared three sets of rights that make up reproductive justice (79). How have these rights been supported or undermined in your life? Have you experienced judgment or pressure from loved ones, family members or society in relation to your reproductive and parenting choices?

Chapter 8: Beyond Silence and Stigma

No-one should have fear of getting HIV tested and no-one should be stopped from having the right information to help them to make an informed choice. HIV is not just for researchers, HIV is not only for risky categories, its an issue that we as a community have to come together and fight! -Marvelous Muchenje

1. Immigrant and refugee status plays a significant role in determining access and quality of care for black Canadian women with HIV/AIDS. How can birth justice advocates simultaneously support efforts to make black women immigrants visible and develop care that responds to their experiences?

2. Marvelous and Victoria describe the ways in which stigmatized illnesses like HIV/AIDS lead to unequal health care. Have you observed black women in your community struggle to access healthcare?

3. How were you affected by Marvelous' story of resiliency and action as a woman of color living with HIV?

4. The public face of HIV and AIDS is often a white gay man, leaving black women in the margins. What could you do to help end the invisibility and stigma facing black women living with HIV, and to create greater access to health care and alternative birth support during pregnancy and childbirth?
Chapter 9: What I Carry

I want people to read this book and feel a sense of home. I hope women are able to relate to the stories, the essays, and the insight and see their own reflection in the pages. When women read my piece in particular I hope they are able to feel the various parts of my story and find points of connection, whether they lost a child or not. My piece is just as much about my son dying as it is about my right to choose. No matter what people believe about abortion, my story speaks to the complexities of decisions, families and love. -Iris Jacobs

1. Iris says, “I always thought I had entered a secret club when I became a mother… This was a different club—one that was really top secret, yet had more members than I could have imagined” (94). Why do you think that pregnancy and infant loss lead to silence or stigma? What can we do to change this?

2. Iris names the process of Kamau's death both as a "birth" and an instance where she could "choose the kind of death" she wanted for her son that took place in the womb rather during her abortion (93-94). Iris is able to hold the apparent contradiction of birth and death together as she experienced and describes her pregnancy. What does Iris's story do to expand the meaning of "natural childbirth," and what does natural childbirth mean to you?

3. Mike performs loving labor for Iris after Kamau's death by creating an altar for their son and providing emotional support and validation for Iris. So far this book has mostly looked at the role of black women and black transgender people as parents and birth partners. What does it mean for (cisgender) black men partners, family members and community members to support black women in their birth journeys and reproductive lives?

Chapter 10: Images from the Safe Motherhood Quilt

1. Before reading this book, were you aware of the disproportionate deaths of African American women due to pregnancy-related causes? How do you feel about this disparity?

2. What can you do to raise awareness and honor the lives of women who have died in your own community?
3. The maternal mortality ratio (MMR) describes how many women die in every 100,000 pregnancies. The 2013 MMR is as follows for the following countries: Sierra Leone 1,100, Somalia 850, Liberia 640, Niger 630, Nigeria 560, Mali 550, US 28, Canada 11. How can we work in solidarity with African women who are fighting to challenge enormously high rates of avoidable maternal death?

Chapter 11: Birthing Sexual Freedom and Healing

We live in a world that continues to treat pregnancy and birthing as a medical condition that requires some women to forfeit their rights to deciding the type of birth they want. It is time that we put an end to the ways that the medical establishment continues to disempower women and expectant persons of color. As survivors, we can reclaim our bodies and heal from past traumas through a mindfulness practice, recognizing emotional triggers, relying on our village for support, and tapping into what Audre Lorde calls the dark and powerful force that lies within all women known as the ‘erotic.’ The erotic is that the divine powerful feminine energy that allows us to be present in our bodies, to reclaim our ‘selves,’ and help us return to our feminine center. I hope that my story inspires survivors and all other mamas to invoke the power of the erotic. -Biany Pérez

1. Biany learns that, “growing inside me were two ‘children’: (1) my baby, and (2) the inner child I had kept tucked under the pain of my trauma” (109). What are some of the multiple ways that childhood trauma may impact pregnancy and childbirth? If you feel comfortable, share how you relate to this experience.

2. Biany finds that her trauma impacted her relationship with her changing body during pregnancy. If you have been pregnant, how did you feel about your body and the changes it went through? What people, media images or beliefs have helped you or would help you to maintain self-love and appreciation of your body during and after pregnancy?

3. “I gained a sense of freedom with my body, sexuality, and self that I could never imagine before giving birth to Zen” (110). What possibilities exist for survivors to reclaim power and heal the relationship with their bodies during an empowering birth experience?
Chapter 12: Birth as Battle Cry

1. Have you ever held space for a person whose labor has taken an unexpected or unplanned for direction? If so, how did you support the laboring person and their family? How did providers, medical staff, and others influence the birthing environment? In what ways did the laboring person cope with the change of events?

2. Is home birth a viable, affordable option where you live? If so, what population most often utilizes these services, and why? If not, what are the barriers in place, politically, financially and socially, that prevent home birth midwives from practicing and/or pregnant families seeking their services?

3. What do families need to create sacred space at birth? What can providers, doulas, and others do to maintain sacred space for laboring families, even when spiritual traditions are unfamiliar?

4. Fear is real, and can has physiological effects on a person's labor. How might providers, doulas, and partners/family members support laboring people to name and healthily cope with fears before and during labor and birth? What are some ways to help new parents process these emotions in the post-partum period?

Pictured: Gina Rodreguez and her two children.
Chapter 13: Sister Midwife

I wrote this essay to honor the women who have allowed me to accompany them on their birth journeys. Their knowledge, strength and determination in the face of overwhelming socioeconomic stressors are rarely appreciated. I hope this essay will shed more light on the struggles that people of color face in pregnancy and birth. This project is of vital importance to our communities because the way we are born has a direct impact on how we live. Reproductive justice is social justice. -Stephanie Etienne

1. Stephanie views her role as a midwife in a hospital setting as someone who works to "subvert the 'us versus them' dynamic" that persists in hospital (120). Do you see alternative birth workers, such as midwives and doulas, as disruptive, or "subversive"? How might this approach impact pregnant and birthing individuals who chose to give birth in a hospital with a doula or midwife?

2. Is it possible for a relationship of trust between a poor or working class black woman and her healthcare provider (like a hospital midwife) to transform her experience of an untrustworthy healthcare system?

3. Stephanie says that trying to maintain her vision for midwifery as a practice to empower under-served black women in her large urban hospital has left her “perpetually on guard for signs that [she] is becoming disillusioned or jaded” (125). What are ways that birth workers and advocates can combat “burn-out” and feelings of disillusionment?

4. Stephanie recognizes that in her hospital in the South Bronx "black woman" is understood as a code that means many negative things that do not reflect the fullness of black women's humanity (123). How can we transform the meanings attached to "black woman" in the hospital setting and beyond?
Chapter 14: A Love Letter to My Daughter

While writing this piece I found that my process of politicization was inextricably linked to my reproductive experience. When I think about the historical (and present) ways in which violence is inflicted on the Black reproductive body I feel called to share my experiences with others. I tried to imagine how I would share this information with my daughter while also teaching her the revolutionary power of self-love and care. It is my hope that others can identify with something written in my piece as well as the anthology as a whole and I hope that is serves as a reminder that we are not alone in our struggles. – Haile Eshe Cole

1. Haile’s letter to her daughter names her pregnancy and birth experiences as “powerful sites of self-realization and politicization” (129). Have you had moments in your reproductive life that felt distinctly political, as well as personal, in nature? In those moments, what forces, or systems of oppression did you feel your womb and yourself were at odds with?

2. How have you practiced radical self-love and self-care during your reproductive journey?

3. What spaces could you create where you can share and grow from your experiences of self-realization, love and reproductive freedom? How do you imagine your community might change as a result creating of such spaces?

4. Define the “politics of love” (130). How do you practice the politics of love in your daily life?
Chapter 15: New Visions in Birth

I hope that my contribution will help folks see that there are viable alternatives to the dominant heteronormative, intimate partner birthing teams that are just about the only thing we see in the mainstream. I also hope it will show women within our communities the power of natural birth. –Shannon Gibney

I hope my contribution will help build bonds between all kinds women by showing the importance of supporting and advocating for each other. There are choices out there and as a community, we need to support each other’s decisions and not be afraid to ask “the village” for help. Birthing Justice feels like a "village" where choices are offered and supported and that is so important in our current world. Aunties are an important part too! –Valerie Deus

1. Describe the “traditional Western model of ‘partner’” that Shannon references (133). Do you have intimate relationships in your life that break the traditional model of partnership, like Shannon’s relationship with Val as her birth partner?

2. Val says that the part of supporting Shannon that was most difficult was advocating on her behalf throughout pregnancy, specifically during the high-energy period of birth. Could you identify with the fear Val felt at the thought of failing to advocate for Shannon adequately? How can black women and women of color empower ourselves to be confident and effective advocates for one another?

3. Val’s Haitian community in Brooklyn had a network of Tatis and Tontons who participated in her childhood growth. This network benefitted her parents and transformed her childhood and adulthood life. What kinship structures, beyond the biological family, exist in your community and in your own childhood? Are you participating in community parenting? If not, how can you bring that into your life?

4. How would you step into the role of “birth partner” for a treasured pregnant black woman or woman of color in your life?
Chapter 16: I Am My Hermana’s Keeper

My contribution is a collective reclamation of women’s power during pregnancy and birth. As a doula, I’ve witnessed how the medicalization of birth can be scarring. The self-reflective piece is thus a way of providing tools that can perhaps eliminate the potential for these scars. My hope is that those in the Birthing Justice movement find solace in knowing there are birth workers of color dedicating energy to a cause that can feel isolating and dis-heartening. Ancestral wisdom anchors the chapter; it’s this same wisdom that allowed me to birth a beautiful sun, at home, with the help of a village of birth workers. This wisdom is systemically denied to us via intersectional forms of oppression. It is a power that, once tapped into, can create the types of birthing experiences that empower our children 7 generations forwards and heal our lineage 7 generations back. – Griselda Rodriguez

1. Griselda says that her role as a doula is to create and maintain lines of communication between mothers, doctors, nurses, and family about what is taking place during pregnancy and labor. What do the lines of communication look like between midwives, doulas, and mothers in your community? How can communication be improved to offer all women in your community adequate information about reproductive health and birth alternatives?

2. Griselda understands doulaship as an ancient wisdom that reconnects her to information about cultural practices that have been lost in the process of white supremacy and colonization, like the 40-day postpartum repose her grandmother and other ancestors practices in the Dominican Republic (140). How can cultural connections—to people of color in the past or the present—strengthen your birth justice work?

3. For Griselda, being a doula is a political identity and spiritual calling. What called you to become involved in birth justice? How, if at all, does spirituality influence your birth justice commitments or work? How might you explore this further?
Chapter 17: The First Cut is the Deepest

We wrote this piece to spark intergenerational healing in our lives, in the lives of our ancestors, future relatives, and in your life!!! We hope that by sharing our story of violence, healing, helping and heart-work we can regather a legacy of powerful births. We also hope our honesty and vulnerability can transform repeated experiences of medical violence into urgent information for a better future.

This mother/daughter interview is another (more portable) way to do the work that we do with people giving birth and in mother/daughter workshops and in our individual lives as healers. The whole point is love. The victory is that we are here and the way we got here is called birth. And we always have the opportunity to be reborn together in our intergenerational conversations! We hope that our conversation will send you to your mothers, aunties, grandmothers, granddaughters, daughters, nieces and all your folks with questions and stories to share. – Alexis Pauline Gumbs and Pauline McKenzie Day

1. Pauline and Alexis’s conversation reveal the intricate layers of mother-daughter relationships. How does their conversation relate to your own experiences of being a mother, daughter or birth support partner?

2. Birth trauma is most often discussed from the perspective of the mother but not of the child. What are your thoughts about Alexis’s belief that being born via C-section was traumatic?

3. Empowering mothers is the core of Alexis and Pauline’s work. What does their partnership teach you about what doulas bring to birthing parents?

4. What conversations, if any, have you had with your mother or elder female relative about your birth and how did that conversation influence your own birthing experience(s)? If you have not had this conversation, consider having it with a parent or elder in your family or community. What do you wish you could impart to a child about your birth experience?
Chapter 18: Unexpected Allies

1. Christ-Ann and Chinyere's essay calls for the birth movement to find unlikely allies, including those who operate within the medical system. Have you come into contact with “dissident physicians” or nurses who challenge the system while working within it? How desireable or effective do you think such alliances would be, and how might you initiate such an alliance?

2. Chinyere’s experiences made her wary of the alternative birth movement’s tendency to create a “dualistic world of male medicine versus female bodies… oppressive hospital births versus liberating home births” (157-8). How does she complicate this binary? What is your reaction to argument that birth for black women is far more messy and complex?

3. VBAC activists have mobilized social and digital media (blogs, twitter, websites etc) to challenge “VBAC bans” and demand an end to the policing of pregnant individuals who chose to deliver vaginally after a C-section (160-1). How might you use social and digital media more effectively in your birth justice work?

4. Christ-Ann and Chinyere’s chapter ends with a set of suggestions that will make VBACs accessible to the black pregnant individuals. We are not all interested or able to participate in legislative politics, but we can all affect change. What are some ways that your birth justice work can engage with the specific recommendations developed in this essay?
1. Ruth states that granny midwives created a “counterhegemonic system of wellness” and were “models of strength, wisdom and power” (168). How can knowledge of the history of black granny midwives benefit pregnant people of color today?

2. What birthing rituals like “fussing” are or have been common in your community and what is their significance? If necessary ask an elder about rituals that were practiced in the past. How might we revitalize some of these practices?

3. Ruth reports that some African Americans view midwifery and homebirth as a throw-back to a past when segregation and a lack of regard for black life kept black women out of white hospitals, even in emergencies (175). Have you come across this perspective? How can the birth justice movement respond to the belief that access to obstetrics and hospital birth represents positive progress for black people?

4. Ruth demonstrates that childbirth is an important site of black liberation struggle. How can we ensure that our racial justice movements incorporate birth justice as central to our liberation struggles?
Chapter 20: Becoming an Outsider-Within

With this chapter, we strove to honor traditional childbearing knowledge, oral traditions, and birth justice pioneers who strove to address black women’s maternal health outcomes. We aimed to address a gap in maternal health literature by using Jennie's deeply personal, moving story as a midwife-activist to discuss why black women persistently experience disparate maternal care and how midwives of color have to fight for birth justice. This chapter isn’t just about birth injustices but is also a call to action for more parties to become allies in the fight against black women’s maternal health disparities. Moreover, we want black women to learn about how self-agency can be reaffirmed in the oppressive U.S. medical industrial complex. -Alicia D. Bonaparte and Jennie Joseph

1. What do Jennie’s experiences in Florida show us about the treatment of black women’s and trans bodies by the U.S. medical industry?

2. How can midwifery counteract the inadequate reproductive healthcare that black women receive in the U.S., Canada and/or globally?

3. What are the tenets of the “JJ Way,” and how could an expansion of this approach into the mainstream transform maternal healthcare?

4. How does discrimination against multiple forms of “difference” impact black women’s reproductive healthcare?

Chapter 21: Beyond Shackling

BWBJ is committed to building a world in which people give birth free from coercion and violence, and that means that we join the PIC abolitionist movement in demanding an end to the criminalization and imprisonment of women and transfolks. From the outset, we were committed to including the experiences of women who are pregnant and give birth while incarcerated in the book. While we initially planned to include a personal story, that didn’t work out, so leading feminist legal scholar Priscilla Ocen tried to include the voices of incarcerated and formerly incarcerated women in our piece. Our essay is dedicated to everyone who shared their stories as part of Women on the Rise Telling Herstory's Birthing Behind Bars project. - Julia Chinyere Oparah

1. Priscilla and Chinyere note that both the alternative birth movement and reproductive justice movements have failed to take up the concerns and priorities
of incarcerated pregnant individuals. How would these movements need to shift their analysis and action in order to address these concerns?

2. Throughout this chapter, we read devastating first hand accounts of violence and inhumanity toward incarcerated pregnant women. What is your reaction to these stories, and what actions could you take to become an ally in support of these women and other incarcerated individuals? If you feel comfortable, share any family stories about pregnancy and incarceration with the group.

3. One of the most heart-breaking aspects of giving birth while incarcerated is the separation of birthing parent and child that usually occurs shortly after birth. One woman in this situation refused to eat in order to win a few extra hours with her child (193). How does this dynamic evoke the metaphor of the prison as slave plantation? How do prison doulas mirror the role of the granny midwife during slavery that you read about in Ruth’s chapter?

4. Priscilla and Chinyere argue that it is necessary to include formerly incarcerated people and people of color as doulas in prison doula programs in order to break the cycle of “race and class hierarchies” that support the violence of incarceration (197). What are some ways that we can make doula training and doula work accessible for black women and other women of color?

5. Coalitions between members of the prison abolition, human rights, reproductive justice, and birth justice movements were responsible for the gains that were made in the effort to stop shackling prisoners during pregnancy (196). Have you practiced coalition-building as a member of the birth justice movement, and if so how has working with other organizers helped you achieve your own goals? What coalitions could you consider building today around an issue that your care about?
You made it! Thank you for your deep engagement with the ideas, stories and suggestions shared in Birthing Justice. Please share what you have learned with others and encourage them to set up a kitchen table reading circle or to share the book in a classroom or doula training. We welcome your comments and stories. Please visit www.bwbj.org or email bwbj.info@gmail.com.

Cover (left to right): Olivia Polk, Jamilah Bradshaw, Chinyere Oparah, Linda Jones, Lia Barrow, Talita Well Osegura, Helen Arega, members of the Black Women Birthing Justice collective. Photo by Carly Ritter. BWBJ logo courtesy of Nancy Cato.