

# A CALL FOR BIRTH JUSTICE IN MIAMI



A report by:  
**Power U Center for Social Change**  
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# A CALL FOR BIRTH JUSTICE IN MIAMI

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Powerful Women and Families

Power U Center for Social Change

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Writing, Research, Design: Yeshimabeit Milner



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## About Us

**Power U Center for Social Change** was founded in the Historic Overtown community of Miami in 2001. Our mission is to organize low-income communities directly impacted by economic, social, and environmental racism and other forms of institutional oppression. Through grassroots organizing and leadership development we build community power to promote self-determination and achieve an equal and just society.

**Powerful Women and Families** began with the mission to expand our collective knowledge of our bodies and empower ourselves and our community to make our own decisions about our care and childbirth experience. We launched in 2010 with childbirth classes tailored to meet the needs of participants and to build a shared definition and vision of reproductive justice. In addition to this work, we first fought to restore birth justice by demanding the protection and expansion of access to the midwifery model of care. We were successful in reintroducing midwifery to hundreds of women in Overtown through our classes and Baby Fairs. Today we work to promote breastfeeding as a means of reducing infant mortality and infant illnesses including diabetes and childhood obesity.

See [www.poweru.org](http://www.poweru.org) for more information or contact us at [info@poweru.org](mailto:info@poweru.org)

*The decision to breastfeed is not a “real choice” for women if not supported by policies and programs that provide all women, regardless of their social position, with education, opportunity, and control over their bodies.*

– Miriam Labbok MD, MPH

## **Introduction**

On August 28, 1963, two hundred thousand gathered at The March on Washington for Jobs and Freedom to rally against economic injustice and for the equal civil and economic rights of Black Americans. From the steps of the Lincoln Memorial, Whitney Young pleaded to the marchers though they were participating in the greatest demonstration of people power in their time; their march was not over. He called on them to continue to march; for jobs, for schools and unlike the other speakers, he called on them to march for the survival of Black newborns:

*[Negro Americans] must march from the cemeteries where our young and our newborns die three times sooner and our parents die seven years earlier. They must march from there to established health and welfare centers. They must march...*

Young’s speech touched on a little known crisis, one that would persist for the next 50 years.

In 1963, Black infants were almost three times as likely as their white counterparts to die before their first birthday. Today, fifty years after incredible improvements in reducing infant mortality nationwide, the gap between Black and White infant deaths remains unchanged. Nationally, Black babies

are still almost three times likely than White babies to die before their first birthday. This is reflected here in Miami-Dade where the death rate for Black infants is 9.3 per 1000 compared to 3.1 for White infants <sup>1</sup>. Nationwide, when compared to non-Hispanic White infants, Black babies are nearly four times as likely to die from complications related to low birth weight as white babies. These disparities persist even when controlling for education; Black mothers with over 13 years of education have three times the infant mortality rates as their White counterparts.

Fifty years later, Whitney Young’s plea for Black Americans to march from the graves of our children resounds with the same power and urgency today as it did when it was first spoken.

While the problem may be complex, one piece of the solution is incredibly simple. However, while the problem may be complex, one piece of the solution is incredibly simple. The promotion and protection of Black mothers’ right to breastfeed, along with ending the aggressive imposition of breast milk substitutes is a critical intervention. At Powerful Women and Families we recognize the right to breastfeed as a critical demand against corporate influence and food apartheid and for the health of individuals, families, and whole communities.

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<sup>1</sup> 2007-2011 Community Report. Fetal and Infant Mortality Review (FIMR) Project of Miami-Dade County.

## **Purpose**

The purpose of this report is two-fold. First, we seek to raise public consciousness around the conditions into which Black babies in Miami are born. Based on these conditions we submit that, for Black families, breastfeeding is not just a lifestyle choice but a public health, reproductive justice, and racial justice issue.

Second and most importantly, we outline a vision and next steps for ensuring birth justice for Black families in Miami. As we

detail below, the solution begins with the accreditation of all hospitals in Miami-Dade County to the Baby-Friendly USA standards and continues with the creation of an oversight committee to ensure equitable hospital policies. Because policy change must be grounded in grassroots action, we also recommend the establishment of community led breastfeeding support groups. Ultimately, our goal is to contribute to a growing vision of birth justice that is in the spirit of Whitney Young's call to action from a half century ago.

## Breastfeeding: A Racial Justice Issue

Infant mortality, the death of a child less than one year of age, is considered one of the prime indicators of the political state, economic vitality, and social health of a nation. Infant mortality is also an indicator of state failure, defined by The Global Policy Forum as the “[inability to] perform basic functions such as education, security, or governance usually due to factitious violence or extreme poverty.”<sup>2</sup>

The unchanged gap in the survival of Black babies as compared to White babies over the past 50 years reflects a lack of systemic change and the decline of political and social progress for Blacks in America. While White Americans have progressed across the board, structural oppression continues to tear the social fabric of Black lives and small advances in socio-economic and political rights have not eradicated the unjust

disparities into which Black babies are born (Table 1).

Assumptions rather than evidence have been utilized to make sense of the Black-White gap in infant mortality. Racially biased coverage of the “crack baby” crisis in the 1980’s legitimized stereotypes that Black women are inherently irresponsible and likelier to engage in risk taking health behaviors while pregnant. Health professionals and researchers devoted precious time and resources to address what was perceived to be an epidemic of deformed Black children born addicted to crack. In the end, these presumably well intentioned “experts” helped perpetuate negative images of Black women that were popular in media and driven by social stigma rather than facts. Today we know that the effects of crack on a fetus are similar to that of tobacco and much less damaging than that of alcohol. More importantly, according to Dr. Hallam Hunt, lead author of the

**Table 1**  
**Infant Mortality Racial Disparities in America**

Infant mortality rate per 1,000 live births		Cause of death in each group per 1,000 live births				Characteristic of mother		
		Low weight birth	Congenital malformations	Sudden infant death syndrome	Maternal complications	Prenatal Care in first trimester	No or minimal prenatal care	Smoked during pregnancy
<b>Black</b>	<b>13.3</b>	<b>297.2</b>	<b>165.3</b>	<b>107.9</b>	<b>95.5</b>	<b>57.0%</b>	<b>12.6%</b>	<b>10.4%</b>
White	5.6	76.5	124.1	58.0	32.5	69.5	7.6	13.8
Hispanic	5.5	84.7	141.6	29.2	26.9	56.1	12.6	2.7
Asian	4.8	83.3	111.6	21.6	30.6	69.8	7.7	2.3

More African-American and Black babies die before the age of 1 than any other race or ethnicity in America.  
Source: U.S. Department of Health and Human Services

<sup>2</sup> Global Policy Forum, 2012

original “crack baby” study, poverty has a much higher negative impact on the overall outcomes of inner city children.

Though zeroing in on poverty is critical, economic status alone does not account for vastly disproportionate Black infant mortality rates. Hispanic infant mortality rates are evidence of this. Though Black women tend to earn more than Hispanic women, Hispanic babies are still more likely than Black babies to reach their first birthday. Thus, to address the gap in infant mortality we must take into account the historic social, political and economic oppression of Black communities. True change cannot and will not be possible until we define solutions from a framework of racial justice and enact policies and practices that generate equal treatment and outcomes for all people<sup>3</sup>.

Breastfeeding is a critical public health intervention in the fight against infant mortality. For babies, the benefits of breastfeeding versus formula feeding are enormous, from lower chances of developing common infections and SIDs to being more likely to maintain a healthy weight later in life. Ultimately, babies who are breastfed have a 38% percent lower risk of death in their first year compared to babies who have never been breastfed<sup>4</sup>. Breastfeeding also greatly benefits mothers. Not only do women and their families gain access to empowering health knowledge, mothers who breastfeed lower their chances of developing breast cancer, experience decreased risks of ovarian, uterine, and endometrial cancers, and have lower occurrences of rheumatoid arthritis and

osteoporosis. Furthermore, the combined positive health impacts for both mothers and infants results in significant family healthcare savings. Yet, despite the holistic benefits of sustained exclusive breastfeeding, only 54% of black mothers initiate breastfeeding compared to 74% of White mothers and 79% of Latina mothers. After 6 months, only 27% of Black mothers continue to breastfed.<sup>5</sup>

## **Methodology**

While there is a wealth of research dedicated to understanding why Black mothers don’t breastfeed, many of the findings are inconsistent with the day-to-day experiences of Black families. In 2010, the Powerful Women and Families program of Power U Center for Social Change began a research initiative in collaboration with Communities Creating Healthy Environments and Loyola Marymount University to enhance the body of knowledge on breastfeeding in Miami’s Black communities.

Through mixed methods research performed under the leadership and oversight of Black mothers we conducted our own breastfeeding survey. We surveyed and interviewed over 300 women who had given birth in the previous 5 years at a Miami-Dade County hospital. For the purposes of this report, we performed a preliminary analysis of several survey items that pertain to the roles and expectations of hospitals. Our findings are compared to the findings from the CDC mPINC survey, a national hospital assessment administered by the Center for Disease Control in order to

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<sup>3</sup> Applied Research Center, 2013

<sup>4</sup> Chen A & Rogan WJ (2004)

<sup>5</sup> Center for Disease Control, 2011

understand and improve hospital breastfeeding policies and practices.

### **Key Findings from the PWF Breastfeeding Survey**

- **89.1% of mothers were given free formula gift bags before they left the hospital.**

This is compared to the findings from the CDC mPINC<sup>6</sup> survey where 57% of Florida hospitals give free formula gift bags and materials.

- **Only 61% of mothers were taught breastfeeding techniques by their hospital.**

However, according to the mPINC survey, 83% of hospitals/birthing centers in Florida report that they provide breastfeeding instruction to their patients.

- **Only 59% of mothers reported that their doctor, nurse, or other staff members asked if they had a feeding plan.**

This is in stark contrast to the CDC averages for the state of Florida. In the mPINC survey, all 133 hospitals reported that they ask about and document the mother's feeding plan in her medical chart "most of the time (90%+ frequency)."

- **93% of mothers reported that hospital staff supported their feeding plan.**

There was no significant difference based on feeding plan, meaning that participants who reported their feeding plan as breastfeeding felt their decision was equally supported compared to those who reported formula as their plan.

### **Hospital Policies and Practices**

Twenty years of data demonstrate that traditional hospital policies and practices interfere with breastfeeding success.<sup>7</sup> Figures from one Canadian study suggest, "Hospital practices (and therefore training of health care workers) contribute more to breastfeeding failure than social determinants of health (race, income-level, etc)."<sup>8</sup> Beverley Chalmers, Co-Chair of the Maternity Experiences Survey for the Canadian Perinatal Surveillance System at the Public Health Agency of Canada, has identified six major institutional failures when it comes to supporting and promoting breastfeeding in urban communities like Miami-Dade. First, there is a lack of appropriate instruction for health care workers. Second, monitoring of breastfeeding in hospitals is weak. Third, information given to mothers in hospitals promotes formula use. Fourth, inadequate support is given to mothers who have cesarean deliveries. Fifth, governmental support for breastfeeding is poor. And

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<sup>6</sup> The mPINC survey measures breastfeeding related policies and practices, showing facilities their strengths as well as areas that need improvement. All US hospitals and centers that provide maternity services identify "the person most knowledgeable about the facility's maternity care practices." These survey results are then published in reports.

<sup>7</sup> Philipp, Barbara L., MD, IBCLC, Anne Merewood, MA, IBCLC, Lisa W. Miller, BA, Neetu Chawla, BA, Melissa M.

Murphy-Smith, BS, Jenifer S. Gomes, BA, Sabrina Cimo, BA, and John T. Cook, PhD. "Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting." *Pediatrics* 108.3 (2001): 677-81. *Academic Search Premier*. Web. 29 July 2013.

<sup>8</sup> Chalmers, Beverley, DSc, PhD. "Breastfeeding Unfriendly in Canada?" *Canadian Medical Association Journal* 185.5 (2013): 375-76. *Academic Search Premier*. Web.

finally, few comprehensive studies about breastfeeding have been conducted.<sup>9</sup>

More than 79% of women in Miami-Dade County initiate breast-feeding, but less than 15% leave Miami-Dade County hospitals exclusively breastfeeding their baby.<sup>10</sup> Currently, according to a report by Women's E-News, 83% of Baby-Friendly Hospitals exist outside of predominantly Black communities. Rita Jensen-Henley, Editor-In-Chief of Women's E-News writes, "...the number of Baby-Friendly hospitals certified by Baby-Friendly USA has increased by 12 this year, for a total of 166. Of the 12, however, only two are located in a community with a large African American population: St. Mary's Hospital in Decatur, Ill., where the African American population is 23%, and Georgetown, S.C., with a 57% African American population."<sup>11</sup>

### ***Infant Formula Marketing***

The aggressive formula marketing tactics of corporations targeting mothers of color in the United States and mothers in developing countries have long been noted. A 1974 report published by the Baby Milk Action Group and entitled *The Baby Killer* described formula company employees dressed in nurse's uniforms soliciting formula to mothers in developing countries. Though no longer as blatant, formula companies have now secured a booming market for their products by establishing profitable relationships with hospitals.

According to the nationwide Ban the Bags campaign, 77% of all hospitals in the United States continue to distribute free formula

gifts bags which include cans of formula as well as coupons and other promotional materials. Hospital practices in Miami reflect this trend. 89% of mothers who responded to the Powerful Women and Families survey reported receiving free formula bags from the hospital upon discharge.

### ***Lack of Institutional Support for Low-Income mothers***

In Miami, initiating breastfeeding has been made a main concern of the Women, Infants, and Children (WIC) nutritional program. While admirable, the work of individual WIC employees to ensure the success of breastfeeding programs is undermined by the fact that WIC continues to be the primary purchaser of infant formula in the country. So while breastfeeding may officially be stated as the national priority, WIC practices contradict the goal of exclusive breastfeeding. In 2004, only 64% of WIC infants had ever breastfed, compared to 78% of non-WIC infants.<sup>12</sup>

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<sup>9</sup> Ball TM, Wright AL. Health care costs of formula-feeding in the first year of life. *Pediatrics*. 1999;103:870-876

<sup>10</sup> Jackson Health Systems, 2011.

<sup>11</sup> Women's E-News, 2013

<sup>12</sup> Arias, Donya C. "Infant Formula Marketing Can Discourage U.S. Breastfeeding." *The Nation's Health* 36.3 (2006): 7. Print.



Being a mother is a very exciting experience for many. Unfortunately mine was overpowered by the many struggles I endured. The lack of support and resources in my community is a shame. When I gave birth to my first son I was so excited about breastfeeding him. But with the way the lactation consultant at Jackson made me feel, I gave up before I even started. She had no compassion. I felt rushed, my son was crying and I soon followed. I felt like a complete failure. When leaving the hospital I didn't have the knowledge I wanted but I did have tons and tons of formula.

When I became pregnant with my daughter I never once thought about breastfeeding. I didn't want to go through that traumatizing experience again. With WIC throwing formula at me left and right I just went for what I knew best. With no type of support or knowledge I fell right into the trap and hopped on the formula bandwagon.

Now, armed with the information I learned at Power U, my unborn child that's growing inside of me will be breastfed. The only challenge I'm facing now is getting a breast pump. I have to have proof that I'm going back to work or school in order to get an electronic one. If I could afford one on my own I would not be so stressed, but this is the challenge that I face. I really hope that a change is made because we need more baby friendly hospitals, more breastfeeding support and more community involvement!

*Nicole R.  
Powerful Women and Families Leader*

## **Steps taken to address Black infant mortality in Miami**

In July 2007 the Florida legislature passed the Black Infant Health Practice Initiative (BIHPI).<sup>13</sup> The stated goal of the BIHPI was to utilize community coalitions consisting of individuals, organizations, Healthy Start centers, and research universities to conduct research and develop plans for addressing Black infant mortality. Beginning in 2008, voluntarily formed coalitions were to report annually their findings on what is causing the disparity in infant mortality and suggest ways to lower those rates. For a period, the Healthy Start Coalition in Miami-Dade and a host of concerned individuals successfully used the BIHPI to investigate the problem of Black infant mortality by creating a Fetal Infant Mortality Review (FIMR), putting together a Community Action Group (CAG), and publishing a Strategic Plan<sup>14</sup> for Miami-Dade County. Unfortunately, either due to lack of support or loss of interest, not much has been done since 2009.

<sup>13</sup> Fla. Stat. § 383.2162 (2008).

<sup>14</sup> *Strategic Action Plan for Miami-Dade County. Black Infant Health Practice Initiative (BIHPI)*. Community Action Team. Web.

## **Birth Justice: Our Vision and Next Steps**

Time affords us the opportunity to confront injustice face-on, to plan and build a vision for the future out of the ruins of the past. We hold a vision of Birth Justice for all Miami families. Birth Justice is realized when women, their partners, and the entire family are empowered during pregnancy and as they choose to parent. Birth Justice represents full and equitable access to universal woman-centered health care, full knowledge of birth options, and the eradication of negative birth experiences resulting from inequalities of race, class ethnicity, and sexuality.<sup>15</sup>

### ***Moving towards Birth Justice in policy and practice***

Real change can only occur through a collective and concerted effort on all levels and in all sectors to ensure that Black newborns have the same chance at survival as other babies. We can put Miami on the path to Birth Justice by promoting breastfeeding and phasing out formula in hospitals, birth centers, and our homes. With this goal in mind, we recommend the following action steps:

- 1. Make all hospitals in Miami-Dade Baby-Friendly**
- 2. Make Service Institutions Transparent and Accountable to All Families**
- 3. Prioritize Community Led Education and Support**

<sup>15</sup> *What is Birth Justice?* Black Women Birthing Justice. <http://blackwomenbirthingjustice.org>

<sup>16</sup> Philipp, Barbara L., MD, IBCLC, Anne Merewood, MA, IBCLC, Lisa W. Miller, BA, Neetu Chawla, BA, Melissa M. Murphy-Smith, BS, Jenifer S. Gomes, BA, Sabrina Cimo, BA,

## **Action Step 1: Make Baby-Friendly Happen in Miami-Dade**

First and foremost, hospitals must fulfill the commitment they made to residents of Miami years ago and finish the work of becoming Baby-Friendly. We as a community, especially women's health organizations, must join forces to provide support and oversight to hospitals so they can follow through with the Baby-Friendly accreditation process.

In *Call to Action to Support Breastfeeding*, former Surgeon General Dr. Regina Benjamin introduces the Baby-Friendly Hospital Initiative as "a set of maternity care practices...that, when implemented together, result in better breastfeeding outcomes." Surgeon General Benjamin, an African-American woman, notes the particular success that the Baby-Friendly Hospital Initiative has had in eliminating disparities and closing racial gaps. The report also identifies another emergent finding that speaks to the necessity of Baby-Friendly. Researchers in California have shown that Baby-Friendly hospitals do not present the same in-hospital breastfeeding disparities found in other hospitals located in the same region. Furthermore, in a study of breastfeeding rates among African Americans, it was found that significantly more mothers initiated breastfeeding once the Baby-Friendly Hospital Initiative's Ten Steps to Successful Breastfeeding were in place.<sup>16</sup>

and John T. Cook, PhD. "Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital Setting." *Pediatrics* 108.3 (2001): 677-81. *Academic Search Premier*. Web. 29 July 2013.

Under Baby-Friendly, even mothers with Medicaid health insurance or no health insurance had healthier babies.<sup>17</sup> The evidence is clear. Baby-Friendly is proven to be effective at eliminating racial disparities in breastfeeding initiation and long-term nursing. And perhaps the most groundbreaking aspect of Baby-Friendly is that it ends hospital supported formula promotion by banning the giveaway of free formula bags.

On October 9, 2013, Governor Jerry Brown of California signed SB-402 into law, requiring all perinatal hospitals to become Baby-Friendly by January 2025. This is representative of policy trends that are shifting towards breastfeeding support and promotion. Currently there are 163 Baby-Friendly hospitals across the country and only three in the state of Florida, which has the 8<sup>th</sup> worst fetal mortality ranking in the nation.

By becoming Baby-Friendly, local hospitals will take steps to comply with the International Code of Ethics for the Marketing of Breast-Milk Substitutes and show they are serious about the health of Miami babies. Our hospitals have the opportunity to be leaders in maternal and child healthcare. Dr. Beverley Chalmers contends that “A few hours of appropriate education of health care workers, and just 3 hours of hands-on clinical instruction, as required by the Baby-Friendly Hospital Initiative...could help as many as tens of thousands more women who currently stop exclusive breastfeeding within 1-2 weeks of

giving birth to achieve their goal of breastfeeding.”<sup>18</sup>

## Action Step 2: Make Service Institutions Transparent and Accountable to All Families

Achieving Birth Justice requires the leadership and oversight of the community on all levels and especially within health institutions. Change cannot happen unless all families, especially Black families, are given the opportunity to work with institutions to improve practices. For many people in Miami, navigating health care institutions can be alienating and disempowering. We can begin changing this and improving health outcomes for our communities by implementing the following:

**a. *Ensure WIC policies and practices are accountable to families at the state, local, and neighborhood level***

In California, WIC led the fight to win the Baby-Friendly law. By contrast, here in Miami it takes almost two months to get off of a waitlist to receive a used manual breast pump. Many mothers have waited more than six months for electric pumps while others have been turned away altogether. In neighborhoods like Liberty City, PWF members have reported that WIC employees have even discouraged them from breastfeeding. At the state level, WIC has made breastfeeding an official priority. Now we must make sure best practices are upheld locally.

<sup>17</sup> Philipp, Barbara L., MD, IBCLC, Anne Merewood, MA, IBCLC, Lisa W. Miller, BA, Neetu Chawla, BA, Melissa M. Murphy-Smith, BS, Jenifer S. Gomes, BA, Sabrina Cimo, BA, and John T. Cook, PhD. "Baby-Friendly Hospital Initiative Improves Breastfeeding Initiation Rates in a US Hospital

Setting." *Pediatrics* 108.3 (2001): 677-81. *Academic Search Premier*. Web. 29 July 2013.

<sup>18</sup> Chalmers, Beverley, DSc, PhD. "Breastfeeding Unfriendly in Canada?" *Canadian Medical Association Journal* 185.5 (2013): 375-76. *Academic Search Premier*. Web.

**b. *Healthy Start Coalition of Miami-Dade must become more engaged with local community by partnering with grassroots and community-based organizations***

With an annual budget of \$17 million and care over more than 20 thousand of the 37 thousand pregnant women in Miami every year, Healthy Start is in a position to be a leading local voice for Birth Justice. In order to ensure that it remains connected and accountable to the experiences of its constituency, we recommend that Healthy Start improve its relationship with community-based organizations. Without strong community relationships, Healthy Start will be unable to achieve its mission to reduce infant mortality.

**c. *Make it easier for mothers to access alternative childbirth options.***

We must ensure that women have full access to all available knowledge and resources so they can make the best birthing decisions for themselves and their families. To this end, it is incumbent on all hospitals, community clinics, and other health service providers to provide mothers with clear information on how and where to receive prenatal care, alternative childbirth options, and support through the midwifery model of care.

**Action Step 3: Make Community Led Education a Priority 1**

Black mothers and fathers act as active agents for their health, the health of their families and their whole community. Contrary to popular misperceptions, Black families are not passive health consumers. Rather, they are constantly negotiating for

health resources in the midst of urban health deserts.

Rates of sustained exclusive breastfeeding in Miami will not improve without supporting the existing leadership of Black mothers who, though not necessarily working for health institutions, act as champions for breastfeeding in their own neighborhoods. Changing the conditions that cause Black infant mortality is work that also requires the engagement of grandparents and young people - especially young parents. In addition to the work of Powerful Women and Families, there are numerous examples of effective community led initiatives nationwide. The following next steps will build community buy-in and facilitate the existing leadership of community members for the promotion of breastfeeding.

**a. *Establish community led breastfeeding support groups***

Groups like Black Mother's Breastfeeding Association in Detroit provide excellent models for establishing breastfeeding support programs that are community led and successful at providing the support families need.

**b. *Use social media to reach out to mothers and build community buy-in***

August 25<sup>th</sup>-31<sup>st</sup>, 2013 was the inaugural Black Breastfeeding Week. Comprising of events nationwide, Black Breastfeeding Week had a vast social media presence engaging Black families and young people of all racial groups.

c. ***Build relationships with women’s ministries at local churches.***

Solomon Temple Missionary Baptist Church in California and the Allen Temple AME Church in Georgia, among others, have added lactation rooms for members who are nursing. Having our churches on board will go a long way in the effort to improve breastfeeding rates in Miami.

d. ***Develop spaces and structures for peer programs***

Peer education programs work when they utilize existing social networks within the target community. The Birthing Project USA’s sister-friendly model has been incredibly successful at improving birth outcomes for Black babies. Initiating a Birthing Project or similar program in Miami will lead to a sustained grassroots network of community members educating and supporting each other as they uplift a vision of Birth Justice.

## **Conclusion**

**The time for a transformative approach to Black infant mortality is now. Changing the culture of hospitals, challenging racial stigma, ending institutionally supported corporate marketing, and ultimately saving the lives of Black newborns requires that we couch our efforts within a broader framework of social justice. We do not need to reinvent the wheel, but must recognize and utilize relationships and traditions that already exist in our communities. We must also organize across sectors and communities to advocate for the policy changes that are sorely needed in Miami. Above all, we must come together to build a collective vision of Birth Justice that honors the life and value of every child and family in our community.**

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