

Addressing Racial Disparities in Perinatal Healthcare



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African-American Family Preservation Act



The Problem

Black families experience systemic inequities during pregnancy, birth, and postpartum care, including higher rates of maternal and infant mortality.



The Solution

The AAFPA addresses these disparities by promoting culturally relevant care, reducing bias in the healthcare system, and supporting family-centered approaches to perinatal health.



The African-American Family Preservation Act (AAFPA)

[Click here](#)

African American Family Preservation Act

Reduce

Safely reduce the disproportionate number of African American children removed from home or re-entering foster care

Increase

Increase frequency and timelines of reunification for African-American children

Increase

Increase the number of African-American children placed with non-custodial parents or relatives when out of home placement is the only viable safety option

Reduce

Reduce the number of repeat maltreatment determinations for African-American children and the number of African-American cases opened for child protection



Birthing While Black



Thomas' Birthing Story:

In 1998, when Thomas's wife was giving birth to their oldest child at Abbott, healthcare providers wrongly assumed they were using drugs. Systemic biases lead to false accusations and turmoil.



Story as a Provider:

In 2021, as a Village Arms liaison, Thomas witnessed a county and hospital social worker accuse a man of being a pimp, simply because he was accompanying his cousin to a hospital for the birth of her child.



Story as a Provider:

In 2023, a social worker threatened a father, prohibiting him from attending his own son's funeral. This type of behavior creates unnecessary stress and trauma for grieving families.

Birthing While Brown

○ Katy's Birthing Story

In 2013, at the South Minneapolis Mother Baby Center, I was not allowed to hold my baby until they drug tested us both. I was then shamed for being on Zoloft.

○ RWC Client's Story:

A treatment participant brought his baby to the hospital because he would not eat, they were accused of intentionally neglecting their child and the child was removed.

○ RWC Client's Story

Our holistic parenting program with no-cost Black & Brown doulas and lactation consultants found they spent time advocating for equal treatment vs providing emotional support



What the Data Says



Implicit Bias

African American men are often wrongly accused of being absent fathers, a misconception that can lead to unnecessary interventions.



Fathers Excluded

This often leads to fathers being excluded from their children's lives, which is harmful and unjustified.



Trauma

Black birthing people have experienced historical and ongoing trauma. The healthcare system must recognize and address these experiences to provide culturally competent care.

Hospital Bias and Child Protection



Disproportionate Reporting

Black families are more likely to be reported to child protection services, often due to biased perceptions of their parenting practices.



Unnecessary Interventions

Black mothers are more likely to face unnecessary interventions during labor and delivery, such as cesarean sections. These interventions can lead to complications for both mother and child.



Family Separation

Statistics show that Black families are less likely to receive in-home services that prevent removal. The state is more likely to permit white children to remain with their families.

Trauma of Removal



Separation Anxiety

Infants and toddlers experience profound emotional distress when separated from their caregivers.



Loss of Trust

Children may lose trust in their caregivers and the world around them.



Long-Term Consequences

Increase in teen pregnancy, homelessness, criminal justice system involvement, unemployment, alcohol and drug addiction, more severe mental health conditions, and risky behaviors that perpetuate intergenerational trauma.

Epigenetics



Separation Anxiety



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Village Arms Pilot



Target Population

Black families facing risk of child maltreatment findings, foster care, CHIPS Court involvement, or parental rights termination.



Active & Culturally Focused Efforts

Prioritizing family-centered, culturally responsive services, active efforts, and keeping babies with their families.

Village Arms Pilot Outcomes

3

Years

The pilot program ran for three years in Hennepin County.

200+

Families Served

The program successfully supported over 200 families.

90%

Success Rate

An impressive 90% of families were able to successfully complete the program without experiencing a child removal.



Roots Wellness Center's Pilot



Family-Based Recovery (FBR)

FBR combines a variety of therapeutic approaches, including attachment-based therapy, substance use treatment, and trauma-informed care.



In-Home Recovery Pilot

The pilot program offers in-home treatment, providing critical support to families in Hennepin County at Roots Wellness Center.



In-Home Services

Sessions are conducted in-home to address barriers to treatment, ensuring accessibility and comfort.



Clinical Team

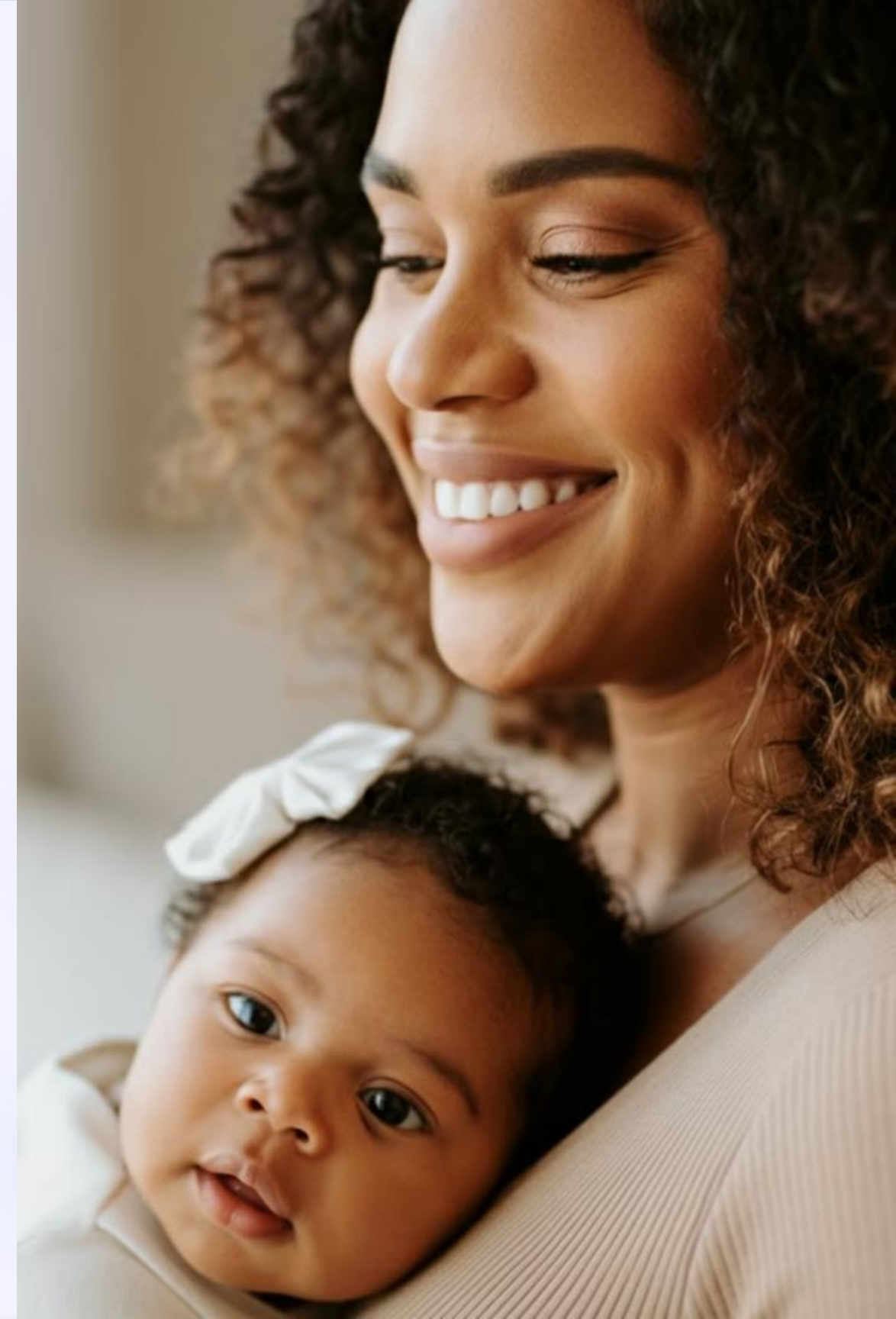
The clinical team provides ongoing support to families, meeting three times per week for up to one year.

In-Home Recovery Pilot

The people we serve are 26.1% Black, 54.3% Native, 2.2% Asian, and 17% White, with the majority struggling with PTSD and Opioid Use Conditions.

The in-home service model proved effective in maintaining high attendance rates. Having two culturally responsive, trauma-informed therapists in the home, along with advocacy within the child welfare system, made a huge difference.

High attendance directly contributed to positive outcomes. Families who consistently participated in culturally responsive services saw a reduction in depression, trauma, and parental stress indicators. Prevention of out of home placement at 80%.



Accountability NOW!



Track hospital CPS reports by race and income.

Hold hospitals accountable with legislation and reporting analyses. This data can help identify patterns of disproportionate reporting and lead to better policies and practices to protect families.



Go beyond "bias training" and hold hospital staff accountable.

Hospitals need certified peer recovery specialists and advocates. This will create a more supportive environment for families and ensure that their needs are being met.



Invest in culturally responsive perinatal support services.

Fund the African-American Family Preservation Act. This Act will provide funding for culturally specific programs and services that can address the unique needs of Black families.



Fund Black and Brown medical providers.

We need increased funding and support to train and hire more diverse medical professionals to serve our communities.

Thank You!

Any questions?

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