

North Star

Zero racial disparities in infant mortality by 2033.

High Infant Mortality Zip Codes



This project served participants in the following FLOURISH priority zip codes:

**63106, 63111, 63113.
63115 63118. 63135,
63136, 63147**

How much did we do?



12

Childbirth education workshops facilitated



12

Birthing individuals participated



12


Baby supply pack distributed

Program Description

This FLOURISH grant funded the Free Virtual Childbirth Education program at St. Louis Doula Project. This project is designed to decrease racial disparities in infant mortality by providing free, virtual childbirth education and supplies to expectant Black and Brown families in the St. Louis region with a focus on concrete strategies for advocacy and interrupting or supporting families through potentially harmful situations. Additionally, the project developed a peer support group for Black and Brown pregnant parents facilitated by trauma-informed doulas aimed at supporting and empowering families throughout their pregnancy journey. This project took place from April 2021 to September 2022.

Priority Areas

FLOURISH Community Leaders Cabinet identified priority areas they believe will have the most significant impact on improving conditions for Black families. Infant mortality is a complex issue that can't be solved by one organization alone. Below, you will find population level data where FLOURISH is contributing to changes for Black families alongside other organizations. St. Louis Doula Project is working to move the needle for the individuals they serve in the areas listed below.

FLOURISH Priority Area	Category of Work	Population Level Data
 Coordinated Quality Care	Doula	<ul style="list-style-type: none"> Breastfeeding initiation Emotional support through all stages of birth Advocacy for patient through all stages of birth

FLOURISH uses a **results-based accountability** model of evaluation, because it helps show how collaborative efforts can make an impact on reducing disparities in infant mortality. We focus on how well programs address root causes of the issue and whether Black pregnant and parenting families are better off.

How well did we do it?

Percent of...

Individuals who **feel prepared for labor** with new skills in breathing, mindfulness and self-advocacy **91%**

Individuals with **new knowledge** from workshops **100%**

Is anyone better off?

3 Participants reported positive birth experiences

4 Participated in shared decision-making with their providers during labor

6 Participants initiated breastfeeding

Project Impact

Our project provided community based and community focused childbirth education that was interactive and non-judgmental as well as delivered by BIPOC birth workers. We provided our participants with self-advocacy information to empower them to feel confident going into their birth setting as well as know what to expect from the labor process. We also provided starter baby items including diapers and wipes as well as information on safe sleep, postpartum physical and mental health warning signs, and practical hands-on skills for newborn care.

Of the participants surveyed after their birth, they felt more able to advocate for themselves at the hospital or asking their partner to help with advocating for what they wanted.

What We Learned

Many of the participants were still dealing with the traumas of their first births. Some of our participants reported that they learned so much more even when it was their 3rd or 4th pregnancy.

We also learned firsthand how many Black pregnant people are impacted by negative health outcomes. Several participants that signed up for the class had to miss because of pregnancy complications, like pre-eclampsia, or early labor. Of the participants we have been able to reach after their birth, a few reported still needing c-sections because of pre-eclampsia or other complications but felt like they were able to exhaust all their options before they had to have the c-section.

Project Highlights

All the participants emphasized how much they learned about pregnancy and birthing options that they may not have learned otherwise. Being able to get know the participants and their goals for birth was one of the biggest rewards. One participant appreciated the knowledge and the end of class gift so much she cried because of how grateful she was. It was so rewarding to be able to empower families with knowledge on birth and especially how to advocate for themselves



Challenges

Implementing a program during the Covid-19 pandemic came with its own set of challenges. Initially we wanted to do a weekly virtual class with an in-person class at the end of the 5 weeks. We found that even with the class being virtual and short, we were unable to get participants to stay on past the first week. It surprised us, but more people were able to attend an 8-hour Saturday class than a virtual class.

Recruitment was also a challenge for us because there were not as many opportunities for networking or community fairs where you can help people get signed up on the spot. We had to rely on social media and flyers in the community to recruit. Capacity for the administration behind the project was also a challenge. Thankfully, we were able to move funds around to allow us to hire additional Birth Education Advocates (BEA's) which allowed us to rotate between class teachers as well as begin adding more board members.



FLOURISH St. Louis, an infant mortality reduction initiative powered by Generate Health, is bringing together people and organizations across the region to fix the systems that impact the health of Black families. St. Louis Doula Project received a FLOURISH grant which was funded by Missouri Foundation for Health.