Racism, as well as social and economic stressors, play a major role in poor birth outcomes—babies born too early and too small—for Black women. Within a culturally supportive environment, and honoring the unique history of Black women, California Black Infant Health (BIH) aims to help women have healthy babies. BIH implements an evidence-informed intervention that uses a group-based approach, where participants get to meet, interact and build a sisterhood with other Black women. Group sessions are complemented with client-centered life planning, goal setting and referrals to services for participants and their families. This powerful combination serves to help women enhance life skills, learn proven strategies to reduce stress and build social support. Ultimately, this two-pronged approach impacts not only participants themselves, but future generations of Black women, infants and families.

**Our Goal:** To improve Black infant and maternal health as well as decrease health inequities in infant and maternal mortality rates.

**We Serve:** Black women who are 16 years or older, pregnant or up to six months postpartum at the time of enrollment regardless of income.

**Service Delivery:** Services are free and provided by Family Health Advocates, Group Facilitators, Public Health Nurses and Social Workers.

**Outcomes:** Current science supports an empowerment-focused, group-based intervention as a promising strategy for improving Black women’s birth outcomes. BIH participants report:

- Better understanding of effective strategies to manage and reduce stress
- Stronger positive connections to their heritage and the Black women in their community
- Increased empowerment to make behavior changes that lead to living a healthier life

**Funding:** Federal Title V MCH Block Grant Funds, Federal Title XIX (Medicaid) Funds and State General Funds.
Program Services

**Culturally Appropriate Services that Respect the Participant’s Values and Beliefs.** The program includes empowerment-focused group support services and client-centered life planning to improve the health and social conditions for Black women and their families. Activities draw from promising practices and are based on the findings of a 2010 comprehensive assessment of the BIH model.

**Group Sessions:** BIH provides 10 prenatal and 10 postpartum sessions designed to empower and support participants. Group sessions are led by culturally supportive staff who reflect the target population served, and provide attendees with the opportunity to bond and support other pregnant women. Sessions cover a number of varying topics, including:

- Cultural heritage as a source of pride
- Healthy pregnancy, labor & delivery
- Nurturing ourselves & our babies
- Prenatal, postnatal & newborn care
- Stress management
- Healthy relationships

**Client-centered Life Planning:** These individual sessions are intended to further empower participants to make even healthier choices in their lives. Topics covered include:

- Referrals for identified services (e.g., medical, dental, social)
- Guidance on family planning
- Identification of strengths and problem-solving skills
- Assistance with setting short and long-term goals

**Case Management:** The program also provides a parallel case management track for women who are unable to attend the traditional group model.

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**Black Maternal Health & Birth Statistics**

- Health disparities affecting Black women and babies appear to be less dependent on age, economic status or education.
- Poor birth outcomes persist even when Black women have a pregnancy at an optimal age, have high income or are well educated.
- Black women are four to six times more likely to die from pregnancy-related causes than Asian/Pacific Islander, Hispanic/Latina and White women.¹
- Black babies are twice as likely to be born with a low birth weight (less than 5 lbs., 8 oz.) than infants of other racial or ethnic groups.²

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**Infant Mortality by Race/Ethnicity³**

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths per 1,000 Live Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
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</tr>
<tr>
<td>2016</td>
<td>3.5</td>
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</tbody>
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3. California Birth Cohort Files, 2000-2016; Prepared by the Epidemiology, Surveillance and Federal Reporting Branch, Maternal Child and Adolescent Health Division, Center for Family Health

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**Contact in your area:**