

Congregational Toolkit for PUSH Maternal Health Campaign

JANUARY 2025 GOALS

- UPLIFTING OPTIMAL MATERNAL HEALTH OUTCOMES
- REMEMBERING PREGNANCY & INFANT LOSS
- ADVOCATING UNCONSCIOUS BIAS TRAINING MANDATE



Toolkit Components

- 1 INTRODUCTION
- 2 10 WAYS TO HELP
- 3 POLICY (fact sheet & brief)
- 4 FILM DISCUSSION SUGGESTIONS
- 5 MATERNAL RESPONSIVE READING LITANY & SCRIPTURE REFLECTIONS
- 6 ACTION GUIDES FOR WAVE OF LIGHT REMEMBRANCE AND PRAYER VIGIL
- 7 SOCIAL MEDIA AND DIGITAL ACTION



INTRODUCTION

The U.S. pregnancy associated death rate is the highest out of all high-income countries at around seven hundred deaths per year. Black pregnant individuals are three to four times more likely to die from pregnancy related deaths than white pregnant individuals.¹ **In VA, the pregnancy-associated death rate for Black individuals were more than two times the rate for white people at 113.8 vs. 54.8 respectively** (per 100,000 live births, 2021).¹²

Higher income and education are not protective factors for Black mothers with Black individuals with college degrees dying at a higher rate than white women without a high school degree. Increasing evidence indicates that racism across multiple levels of the U.S. health system is a key cause of these disparities in maternal mortality.³ **Virginia's rural maternity care deserts compound the problem.**⁴

In 2019, the Virginia Interfaith Center for Public Policy (VICPP) Health Equity Manager Dora Muhammad, launched the PUSH maternal health campaign to help achieve the goal of eliminating racial disparities in maternal mortality. Over the past **five** years, the campaign has grown into a coalition of more than **43** organizations committed to advocating equity in maternal health.

Despite our best intentions, we all have biases that affect our thoughts and actions when interacting with others. Unconscious/implicit bias is a bias that is present but not consciously held or recognized. When racial unconscious biases manifest in health care settings, they set in motion a series of life-or-death consequences that do not exist in other sectors of society. We cannot eliminate unconscious biases, but we can bring an awareness of bias with the goal of improving the decision-making process in health care settings.

In 2016, facing the opioid crisis, the General Assembly passed a mandate for continuing education on controlled substances. Virginia's maternal mortality crisis requires a similar mandate. **VICPP calls for a continuing education mandate of unconscious bias and cultural competency training for all professionals licensed by the Virginia Board of**

Nursing and the Virginia Board of Medicine. This toolkit will help you get involved in the PUSH campaign effort as an individual, an organization, a congregation, or social action

¹ March of Dimes. (2024, April). Maternal death and pregnancy related-deaths. (<https://www.marchofdimes.org/find-support/topics/miscarriage-loss-grief/maternal-death-and-pregnancy-related-death#:~:text=About%20700%20moms%20die%20each,complications%20during%20or%20after%20pregnancy>).

² Virginia Department of Health. (2023). *Virginia maternal mortality review team annual report: Report to the governor and the general assembly*. <https://www.vdh.virginia.gov/content/uploads/sites/18/2024/03/Virginia-Maternal-Mortality-Review-Team-Annual-Report-%E2%80%93-2023.pdf>

³ National Heart, Lung, and Blood Institute. (2021). Systemic racism, a key risk factor for maternal death and illness. <https://www.nhlbi.nih.gov/news/2021/systemic-racism-key-risk-factor-maternal-death-and-illness>
<https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Virginia.pdf>

⁴ Fontenot, J., et al. (2023). March of Dimes (2023) Where you live matters: Maternity care deserts and the crisis of access and equity in Virginia. <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Virginia.pdf>

group. If you are interested in your organization or group joining the PUSH Coalition, email VICPP Health Equity Program Manager Kathryn Haines at Kathryn@virginiainterfaithcenter.org.

10 WAYS TO HELP

1. Share resources to educate others about the issue. Print copies of VICPP's fact sheet at the end of this kit, bulletin insert, or this handout, and leave in a high visibility location (library, a place of business, house of worship, bulletin board). Like and share graphics on VICPP's social media platforms: @vainterfaith on Facebook, Twitter/X, and Instagram.

2. Read the maternal health responsive reading litany during a meeting or gathering. Provide the litany to the event host and ask them to add to the agenda or program to help raise awareness.

3. Host a film discussion on the U.S. maternal mortality crisis. Films are a creative way to help people understand and discuss issues in a comfortable environment. Talking among peers about the issue is a first step to becoming comfortable talking with stakeholders and policymakers about the issue. Film suggestions are available in the campaign toolkit.

4. Light a candle and reflect with song, scripture readings, or silence in your home in remembrance of pregnancy or infant loss as part of the International Wave of Light on **October 15th** at 7pm and on the recently designated Maternal Health Awareness Day, **January 23rd**. Refer to this toolkit (Action Guides) for details.

5. Perform an act of kindness in memory of a baby gone too soon. Volunteer at a family shelter. Donate to a children's ward. Plant a fall garden with blooms for the spring.

6. Organize a small prayer vigil. Gather with five to 10 people outside the entrance of a health care entity (local hospital, clinic, health center). Invite people who may know someone who has died in a pregnancy-related cause or who has lost a pregnancy or infant; as well as advocates, health care professionals, or others who care about the birth outcomes of Black women and their babies. Use VICPP action guide to design your program.

7. Get 10 friends to call their legislature in support of a mandate of bias reduction and cultural competency training for all professionals licensed by the Virginia Board of Nursing and Virginia Board of Medicine. Find the legislator here: <https://whosmy.virginiageneralassembly.gov/>

8. Write a letter to the editor of your local newspaper. You can share your personal experience with maternal or infant mortality and loss or other personal reasons why you support the campaign.

9. Join the VICPP advocacy email list. Stay up to date with the campaign. Sign up here: <https://virginiainterfaithcenter.org/health-equity/>

10. Volunteer with VICPP. Sign up to volunteer here: <https://virginiainterfaithcenter.org/get-involved/volunteer/>

POLICY

The Problem: Racism embedded in U.S. culture and medical systems is widely understood to account for disparities in maternal morbidity and mortality, drawing particular public attention to implicit/unconscious bias among healthcare providers. Implicit bias, including unconscious stereotypes and attitudes, may influence healthcare providers' communication, perception of symptom complaints, and selection of treatment options for Black patients. The weathering hypothesis suggests that differences in maternal death rates may arise from the negative health impact of Black individuals' chronic exposure to racial bias and social and political disadvantage. The pregnancy associated death rate for Black women in Virginia is almost 2.5 more times than White women. In Virginia, Black infants are dying before their first birthday at a rate almost two times more than other babies.⁶

The Solution: Virginia must require evidence-based bias reduction training for all health care professionals licensed by the Virginia Board of Nursing and the Virginia Board of Medicine. In 2003, The Institute of Medicine Report acknowledged the existence of unconscious bias and urged research on the impact of unconscious bias on racial disparities in healthcare.⁷ Since the 2003 report, numerous studies have documented the impacts of unconscious bias.

The Cost: Bills like this have been passed with no stated fiscal impact. In the spirit of avoiding unfunded mandates, VICPP recommends one part-time consultant to work with the Board of Medicine and the Board of Nursing for 6-9 months (\$20-\$25,000) to facilitate the process to comply with this legislation. The consultant will schedule and convene the meetings, take minutes, and produce a report to document the process.

The Benefits: This Virginia Board of Medicine and Virginia Board of Nursing collaboration to affirm the dignity of care for all patients sends the message that Virginia is ALL in for ALL birthing families.

Digging Deeper, Understanding Bias:

According to the Centers for Disease Control, more than 80 percent of pregnancy related deaths are preventable. There is wide-spread recognition that systemic racism and unconscious bias are preventable.⁸

There is wide-spread recognition that systemic racism and unconscious bias impacts Black maternal health outcomes.⁹

Recent research has highlighted the importance of restoring trust among historically underrepresented communities and the importance of cultural humility. “Cultural humility occurs with intentional self-reflection to **examine the origins of bias, developing a plan to mitigate the harmful effects of said bias, and a genuine curiosity to learn more about those who are not like us**” (emphasis added).¹⁰

⁶ March of Dimes (2024). Infant mortality rates by race/ethnicity: Virginia, 2020-2022 average.

<https://www.marchofdimes.org/peristats/data?reg=99&top=6&stop=92&lev=1&slev=4&obj=1&sreg=51>

⁷ Smedley, B., et al. (2003). Read “Unequal treatment: Confronting racial and ethnic disparities in health care. In nap.nationalacademies.org. National Academies Press. <https://nap.nationalacademies.org/read/12875/chapter/1>

⁸ Trost, S., et al. (2022, September 26). Pregnancy-Related death: Data from maternal mortality review committees in 36 US states, 2017-2019 CDC. <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html>

Disability advocates understand that you cannot change a system that often renders people with disabilities invisible without first acknowledging the blinders (unconscious bias) that prevent you from fully seeing how the system benefits those without disabilities. The same is true when it comes to dismantling systems that drive racial disparities in maternal mortality, disparities that disproportionately affect Black birthing families. The following are several biases that research has linked to health care disparities for Black patients and that cultural competency and bias reduction training for health care providers will work to end.

Racially biased science and medical education: Many biases stem from the history of misusing science to justify slavery and later racial discrimination. One wide-spread false claim perpetuated by physicians in the 1800s was that Black people are less sensitive to pain. In 2016, UVA Professor Sophie Trawalter, Ph.D. documented this false belief in medical students.¹¹

Harm: Black patients are less likely to receive adequate pain treatment. Inadequate pain treatment when warranted could affect maternal morbidity; the use of epidurals in childbirth has been shown to reduce severe maternal morbidity. Racial bias in pain perception has also been found to lead to underdiagnosis of endometriosis in Black women.¹² Late diagnosis of endometriosis affects fertility which can necessitate assisted reproductive technology (ART) to conceive. ART increases the risk of severe maternal morbidity and mortality.

Adultification: Pervasive stereotypes of Black women that originated in the south during slavery impact how they are treated today. Implicit bias is evident starting at age five. When compared to White girls, starting at age five, Black girls are seen to need less protection, nurturing, support, and comfort. One of three common stereotypes that dates to the time of slavery portrays Black women as loud and aggressive.¹³

9 Tobbell, D., & D'Antonio, P. (2022). The history of racism in nursing: A review of existing scholarship. National Commission to End Racism in Nursing. <https://chietaphi.org/wp-content/uploads/2022/08/racism-in-nursingreport-series.pdf> 9 Minnesota Dignity in Pregnancy and Childbirth Course, <https://www.diversityscience.org/proven-elearning2/minnesota-perinatal-care/> 10 American Hospital Association. (2020, December 2). March of Dimes implicit bias training: Awareness to action: Dismantling bias in maternal and infant healthcare TM. Aha.org. <https://www.aha.org/march-dimes-implicit-bias-training>

10 Saluja B, Bryant Z. How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States. *Journal of Women's Health*. 2021;30(2). Doi:<https://doi.org/10.1089/jwh.2020.8874>

11 Hoffman, K.M., et al. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, 113(16):4296-4301. <https://www.pnas.org/doi/10.1073/pnas.1516047113>

15 Chen, S. (2022, November 1). Anesthesia use disparities could negatively affect Black maternal health, experts say. *Axios*. <https://www.axios.com/2022/11/01/maternal-mortality-rate-black-women>

16 Hawkins, S. (2023, May 18). Racial disparities associated with endometriosis diagnosis. *Ajmc.com*. <https://www.ajmc.com/view/racial-disparities-associated-with-endometriosis-diagnosis>

13 Epstein, R., Blake, J., & Gonzales, T. (2017). Girlhood interrupted: The erasure of Black girls' childhood. SSRN August 2019. <https://doi.org/10.2139/ssrn.3000695>

Harm: These negative perceptions contribute to stereotyping and dismissal of Black adult patients experiencing pain and symptoms in a clinical setting. An assertive Black patient who speaks up for their needs may be seen as aggressive or angry instead of an informed patient. The Georgetown Law Center on Poverty and Inequality is a great resource to learn more about Adultification Bias, <https://www.endadultificationbias.org/>.

Racial Bias and Drug Use: Black people are believed to have higher rates of drug use/misuse even though the evidence does not support this belief.¹⁴

Harm: Numerous studies have identified racial bias in prenatal drug testing. Black women (not White women) are more likely to be drug tested even though Black patients have been found to have lower rates of positive tests.¹⁵ Racial bias that results in testing Black women more frequently harms white women.

In Virginia, White women are more likely to have an accidental drug overdose.¹⁶ Removing bias from the decision-making process to assess and support pregnant individuals for drug use will help ALL birthing individuals.

FILM DISCUSSION SUGGESTIONS

Aftershock (<https://www.aftershockdocumentary.com/>)

Birthing Justice (<https://www.pbs.org/show/birthing-justice/>)

Giving Birth in America Film Series (<https://everymothercounts.org/giving-birth-in-america/>)

No Woman, No Cry (<https://www.cargofilm-releasing.com/films/no-woman-no-cry>)

When The Bough Breaks (https://www.pbs.org/unnaturalcauses/hour_02.htm)

Sister (<http://www.sisterdocumentary.com/>)

Toxic A Black Woman's Story (<https://toxicshortfilm.com/>)

MATERNAL HEALTH RESPONSIVE READING LITANY

Leader: We are gathered to celebrate the lives of women and infants that passed away in a pregnancy associated death. We celebrate the expectation of the mothers for the new life that they nurtured. Though not seen by us, all life is seen and known by the Divine. We celebrate the courage of the women and birthing persons who began a journey of pregnancy but are not here today to enjoy motherhood.

All: We are called to honor the grief of the loved ones who now carry their memory.

Leader: We stand together in front of this building established to care for the health of those who enter it, to publicly advocate that pregnant Black women in Virginia face life-or-death consequences when they seek care. Black women die at a rate almost 2.5 times greater than

14 Burston, B.W., Jones, D., Roberson-Saunders, P. (1995). Drug Use and African Americans: Myth Versus Reality. *Journal of Alcohol and Drug Education*. 1995;40(2):19-39. <https://www.jstor.org/stable/45092058>

15 Jarlenski, M. et al., (2023). Association of Race with Urine Toxicology Testing Among Pregnant Patients During Labor and Delivery. *JAMA Health Forum* 4(4), e230441. <https://jamanetwork.com/journals/jama-health-forum/fullarticle/2803729>

16 Shelton, K., (2023). Virginia Maternal Mortality Review Team Triennial Report:2018-2020. Virginia Department of Health. <https://www.vdh.virginia.gov/content/uploads/sites/18/2023/07/VDH-32.1-283.8G-Maternal-Mortality-Team-FINAL.pdf>

White women in Virginia. Black infants die before their first birthday two times more than other babies.

All: We seek to raise awareness of the crisis of preventable pregnancy associated deaths.

Leader: We recognize that systemic racism lies at the root of the disparities in maternal and infant mortality. Black mothers are dying at higher rates regardless of age, income, education, and insurance coverage. When we make false assumptions about race, medical decision making can be compromised.

All: We know that the level of unconscious bias held by a clinician can impact the quality of care that clinician provides and call for a growing awareness of how racially biased science affects care.

Leader: We commit our hands and hearts to push for an unconscious bias and cultural competency training requirement for all professionals licensed by the Virginia Board of Medicine and the Board of Nursing. Strong evidence indicates that these trainings are effective in improving the knowledge, understanding, and skills for treating patients from culturally diverse backgrounds.

All: We join the many voices that acknowledge that unconscious bias training can improve patient care.

Leader: We ask a blessing of healing for bereaved families and a blessing of united purpose for all those who care to achieve healthy pregnancies, safe deliveries, and supportive postpartum for Black mothers. As people of faith, we know that when we improve the outcomes of the most vulnerable, we improve the outcomes for all.

All: Let us go forth encouraged to amplify equity in all health care settings in our community. Amen.

SCRIPTURES FOR READING AND REFLECTION

Buddhist: “Just as with her own life, a mother shields from hurt her own son, her only child, let all embracing thoughts for all beings be yours.” - Karaniya Metta Sutta, verse 7

Christian: “A woman, when she is in labor, has pain because her hour has come; but as soon as she has given birth to the child, she no longer remembers the anguish, for joy that a human being has been born into the world.” - John 16:21

Hindu: “We are born in the world of nature; our second birth is into the world of spirit.” - Bhagavad Gita Jewish “Rachel began to give birth and had great difficulty. And as she was having great difficulty in childbirth, the midwife said to her, ‘Don’t despair..’” - Genesis 35:16-17

Muslim: “Heaven lies under the feet of your mother.” – Prophet Muhammad Sikh “In the mother’s womb, life was enshrined and cherished. You were blessed with body and soul.” - Guru Granth Sahib, p. 1004

SOUND & SILENCE

“Precious Lord, Take My Hand” was written by Thomas Dorsey, known as the father of Black Gospel, after his wife and infant son died of childbirth complications. You can play this during your moments of reflection as a group or individual, or find other songs that speak to healing, inner strength, and the courage to move forward. It is also appropriate to pause in silence.

ACTION GUIDES JOIN THE INTERNATIONAL WAVE OF LIGHT

Since 1988, October 15th has been observed as Pregnancy & Infant Loss Remembrance Day. The International Wave of Light is a global observance of this remembrance. To join the observance, you simply light a candle at 7 p.m. your local time and leave it burning for at least one hour, creating a continuous “wave of light” across all time zones covering the entire globe. This can be done individually or in a group, at home or in a communal space, to remember all the babies lost during pregnancy and infancy.

While demonstrating support to families who have suffered this tragic loss, VICPP also aims to promote awareness of the public health crisis of Black maternal mortality in Virginia. According to the CDC, maternal pregnancy complications are a top five cause of infant mortality. Quality care is key to improving infant and maternal mortality. Unconscious bias is directly correlated with lower quality of care for patients.

To be part of the Digital Wave of Light:

1. Take a photo of your candle and post it to Facebook or Twitter/X at 7 p.m. local time.
2. Name a loved one(s) you are remembering. You may include dates of deaths, if you like.
3. Use the following hashtags: #waveoflight2025 #waveoflightUSA #VICPP #PUSHbiasout #maternalhealth

PLAN A MATERNAL HEALTH PRAYER VIGIL

Plan a Prayer Vigil to raise public awareness that maternal care is a life-or-death public health crisis that disproportionately affects Black women and infants, foster a space and experience that inspires people to advocate beyond the event and generate media coverage about the need to mandate unconscious bias/cultural competency training for all licensed health care professionals.

What happens? Invite five to 10 people to join you for a prayer vigil outside the entrance of a health care setting (hospital, clinic, health center). The gathering should honor the grief of loss while focusing on the hope for better futures. Invite men and women who may know someone who has died in a pregnancy-related cause or who has lost a pregnancy or infant. Also invite advocates, health care professionals, and others who care about the birth outcomes of Black women and their babies.

When: Virginia Interfaith Center for Public Policy (VICPP) is asking groups to plan a prayer vigil in October, which is observed as National Pregnancy and Infant Loss Remembrance Month or on January 23rd, Maternal Health Awareness Day.

Duration: The vigil can be 30 minutes or less. Plan it after a worship service, campus meeting, organizational gathering, or invite people to gather specifically for this action.

Visuals: You can create placards displaying a fact contained in this toolkit. Additionally, holding infant toys are a useful visual element to amplify the message and visibility of the vigil.

Program Elements:

- The vigil should begin with an opening litany (responsive reading). You can use the one developed by VICPP or create your own.
- VICPP also offers interfaith scriptures that you can read and then pause for reflection. Consider playing a song during this time to foster a collective sense and focus on healing, resilience, and community.

- Individuals should say the name of women, pregnant persons, or infants who have died in a pregnancy related cause to honor and support the bereaved relatives who remember them.
- Invite someone to lead a prayer.
- Take a group picture to post to social media. Be clear that the particular health facility is not a target, the focus is on Statewide policy. Do not block the entryway or obstruct passage of emergency vehicles if you are gathered outside an emergency annex to a hospital.

Advocacy Action: Ask prayer vigil attendees to call their legislature to support the mandate. Find the legislator here: <https://whosmy.virginiageneralassembly.gov/>

Press:

Media helps the message reach more people. As you plan your action, plan how you can generate media coverage. Refer to sample media advisory at the end of this toolkit. You can:

- Email, mail or deliver a media advisory to local press outlets a few days before the event.
- Take photos of your event and send a press release to the media after the event if the media doesn't come.
- Ask each person who participates to post about the event on social media and include a link to the campaign petition.
- Ask the editorial writers of your local papers to write about the issue.
- Let Roberta Oster at VICPP know about your planned event, so VICPP can help promote it. Send her photos of your event too at roberta@virginiainterfaithcenter.org.

SOCIAL MEDIA & DIGITAL ACTIONS

The social media component of the campaign is primarily aimed to encourage people to contact their legislatures about this important issue. The link for people to find their legislature is here: <https://whosmy.virginiageneralassembly.gov/>

Let your legislator know why it is important to pass a bill to require unconscious bias and cultural competency training.

You can also provide the URL to sign up for updates and alerts: <https://virginiainterfaithcenter.org/health-equity/> **In the 2025 Session, look out for Action Alerts pertaining to HB1649, HB1675 and SB740, which are the bill numbers for three different bills that would require bias reduction training.**

The campaign will be augmented @vainterfaith on Facebook, Twitter/X, and Instagram. Follow VICPP on these three platforms to share, like, and comment on campaign posts. Use the campaign slogan: “Every woman deserves to give birth and live to tell it with a healthy baby in her arms.”

Campaign hashtags to use in social media posts: #VICPP #PUSHcoalition #PUSHbiasout #maternalhealth #maternalmortality #infantmortality #birthjustice #birthequity #healthequity #HealthCareHope. Share the reasons why eliminating racial disparities in maternal mortality is an important issue to you personally. Send submissions of 500 words or less for consideration to kathryn@virginiainterfaithcenter.org.

SAMPLE MEDIA ADVISORY

Prayer Vigil/Rally to #PUSHbiasout at Location?

Tomorrow: Advocates and Supporters Amplify Their Call to Legislators to Help End Virginia's Maternal Mortality Crisis

YOUR LOCATION, Virginia

WHAT: A prayer vigil to raise awareness that maternal care is a life-or-death public health crisis for Black women and infants.

WHY: The U.S. pregnancy associated death rate is the highest out of all high-income countries at around seven hundred deaths per year. Black pregnant individuals are three to four times more likely to die from pregnancy related deaths than white pregnant individuals.¹ **In VA, the pregnancy-associated death rate for Black individuals were more than two times the rate for white people at 113.8 vs. 54.8 respectively** (per 100,000 live births, 2021).² Increasing evidence indicates that racism across multiple levels of the U.S. health system is a key cause of these disparities in maternal mortality.³ **Virginia's rural maternity care deserts compound the problem.**⁴

The purposes of the Prayer Vigil/Rally to #PUSHbiasout are to:

1. Elevate the voices and faces behind the alarming statistics of Virginia's maternal health crisis.
2. Raise awareness of legislators of their vital role and authority.
3. Demonstrate support for action to require unconscious bias training for health professionals.

WHEN:

WHERE:

¹ March of Dimes. (2024, April). Maternal death and pregnancy related-deaths. (<https://www.marchofdimes.org/find-support/topics/miscarriage-loss-grief/maternal-death-and-pregnancy-related-death#:~:text=About%20700%20moms%20die%20each,complications%20during%20or%20after%20pregnancy>).

² Virginia Department of Health. (2023). *Virginia maternal mortality review team annual report: Report to the governor and the general assembly*. <https://www.vdh.virginia.gov/content/uploads/sites/18/2024/03/Virginia-Maternal-Mortality-Review-Team-Annual-Report-%E2%80%93-2023.pdf>

³ National Heart, Lung, and Blood Institute. (2021). Systemic racism, a key risk factor for maternal death and illness. <https://www.nhlbi.nih.gov/news/2021/systemic-racism-key-risk-factor-maternal-death-and-illness>
<https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Virginia.pdf>

⁴ Fontenot, J., et al. (2023). March of Dimes (2023) Where you live matters: Maternity care deserts and the crisis of access and equity in Virginia. <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Virginia.pdf>

PUSH COALITION MEMBERS



ACCOTINK UNITARIAN UNIVERSALIST CHURCH

Care in community. Grow in spirit. Act for justice.



RVA



CARRIED TO FULL TERM



THE DAN RIVER REGION MATERNAL HEALTH TASK FORCE

The Diverse DOULA
Whole Body Wellness

EARLYIMPACT
— VIRGINIA —

God is still speaking.



Eastern Virginia Association
SOUTHERN CONFERENCE - UNITED CHURCH OF CHRIST

PO Box 62805 • Virginia Beach, VA 23484
Telephone: 757-694-2008

FIRSTSHIFT
JUSTICE PROJECT

Freedom
Virginia



STORIES | RELATIONSHIPS | FAITH

the **HEALTH**
collaborative



**MATERNAL HEALTH
TASK FORCE of
MARTINSVILLE/HENRY
COUNTY**





NEW VIRGINIA MAJORITY
Democracy, Justice, Progress



**National Women's
Political Caucus
VIRGINIA**

**Postpartum
Support Virginia** 

All of who you are is sacred. All of who you are is welcome.



Unitarian Universalism



Urban Baby Beginnings
PREGNANCY, BIRTH AND BEYOND



Temple Rodef Shalom



Transformative Changes



TRI-COUNTY
COMMUNITY ACTION AGENCY
Empowered People Strengthen Communities



VACHWA

BECAUSE WE MATTER



