



FUNDERS FOR
**BIRTH
JUSTICE**
& EQUITY

Birth Equity Funders Landscape

2023



Funders for Birth Justice & Equity

Funders for Birth Justice & Equity's mission is to end inequities in birth outcomes and improve experiences and outcomes for all birthing people by advancing respectful, physiologic care and equitable access to birth workers. We do this by serving as an organizing, learning, collaborating, and collective action group of funders working together and with the field to transform the system.

The authors of this landscape wish to thank the Funders for Birth Justice & Equity Steering Committee for their deep engagement and input in this process.

fundersforbirthjusticeandequity.org



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Executive summary



Summary of findings: Context

- The US is experiencing a **crisis in its pregnancy-related outcomes** unlike any other high-income country. Black birthing people are three times as likely and Indigenous birthing people more than twice as likely as white women to die from a pregnancy-related cause, even when holding economic and education levels constant. Most deaths occur postpartum rather than during the birth itself.
- Beyond **mortality rates, severe morbidity** and **poor birth experiences** need equal attention.
- **Systemic challenges** include inequitable funding flows that direct public and private dollars to health systems and large institutions; overmedicalization of birth and under-investment in community birthing systems; a limited perinatal workforce; under-resourcing of community-based perinatal supports; and insufficient systems infrastructure and coordination.
- A growing number of funders are entering the birth equity space; however **overall philanthropic funding for birth equity is still small** relative to the size of the problem and insufficient to meet the needs.
- Philanthropic capital has **traditionally supported hospitals and clinical interventions, yet community-based supports and interventions targeting** the pre-natal and post-partum periods **are historically underfunded.**
- There is a need to mobilize more funders and increase funding for birth equity; however, it is also equally as important that **funders shift their practices and build in more equitable approaches to giving** that are grounded in trust and transparency.



Summary of findings: The landscape

WHO IS FUNDING?

- **Few funders have a dedicated birth equity portfolio** – most enter through their work in reproductive justice, early childhood, or health equity. Birth equity funding is embedded within these strategies.
- **Total funding** remains difficult to quantify but **is small relative to other areas of philanthropy**. Average grant sizes are also small.
- **Current funding commitments are short-term in nature**, leading to some uncertainty and instability.
- There are **only a couple of large national funders** in the space, and **many small- and mid-sized funders are driving outsized impact** relative to their dollars and geographic scope.
- Interest from **corporate philanthropy** is growing.

WHAT ARE THEY FUNDING?

- Most funders have a **population focus** and are **funding along the perinatal journey**.
- At the **state level**, funders are collaborating to support **programs, systems, and policies**.
- Funders **broadly support six core strategies through their work**:
 1. **Resourcing community-based organizations and services**
 2. **Improving quality and innovation in models of care**
 3. **Expanding and supporting the perinatal workforce**
 4. **Influencing policy and funding flows**
 5. **Building movements and supportive narratives**
 6. **Strengthening systems and infrastructure**

HOW ARE THEY FUNDING?

- **Intermediaries play a critical and field-leading role** in setting examples of how to fund.
- The **field is calling for funders to use practices such as participatory grantmaking, flexible funding, and intersectional strategies** to better align with the needs.
- Funders **are beginning to shift the way funding flows and the power they hold**, but more change is needed.



Introduction



Birth Equity Funders Landscape

The purpose of this landscape is to provide an overview of the state of philanthropic funding for birth equity including who is funding birth equity, what they are funding, and how they are integrating an equity lens into their practices and funding approaches.

Objectives

- Identify key gaps and opportunities for greater funder engagement and alignment
- Provide guidance for new funders entering the field on what to fund
- Serve as a reference to catalyze more resources toward birth equity

This landscape lays out opportunities for philanthropy as seen by leading funder experts. As a next step, it will ideally be paired with a comprehensive needs assessment informed by field leaders to validate, shift, or expand upon the findings.



Approach to the landscape

This landscape builds upon insights gleaned from discussions with field leaders and funders at the inaugural Birth Equity Funders' Summit in October 2022 as well as the previous funder landscapes including [Silos to Synergy](#).

Inputs that informed the landscape:

- **13 funder interviews** to inform thinking on key issues and questions for the survey
- **A 32-question survey** disseminated widely across the field and funder networks with 57 complete responses
- **A desk review of key documents** sourced online and shared by interview and survey participants
- **Existing data and knowledge** held by the FBJE and Afton Bloom teams from ongoing work with philanthropic actors funding birth equity

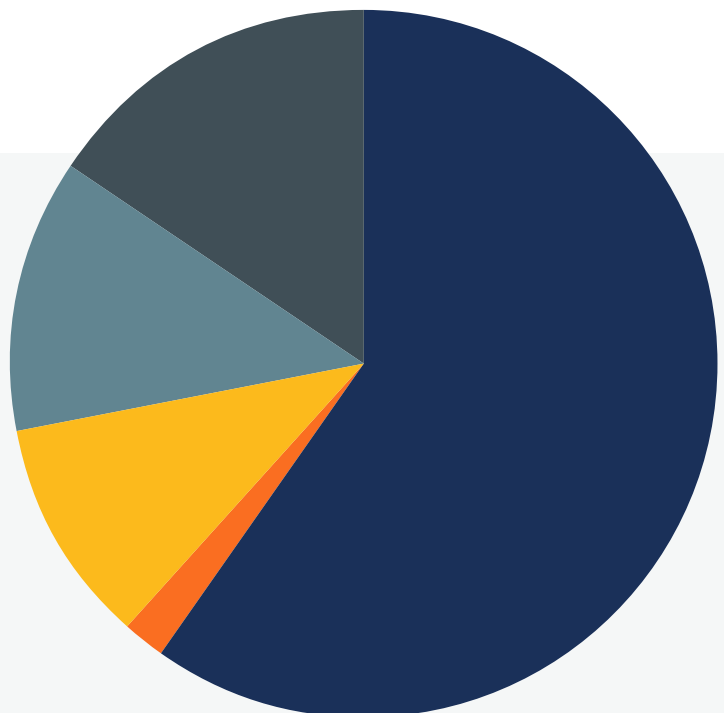
FBJE intends to administer a follow up funder survey periodically to capture the funder landscape evolution.

SURVEY SNAPSHOT

57 Funders self-identified as birth equity funders and participated in the survey.

Distribution of funders by type

Private foundation, 34
Intermediary or nonprofit, 9
Individual donor, 7
Corporate foundation, 6
Impact investment fund, 1



What this landscape covers

WHO

Key funders in the field

- Trends over time
- Grant sizes and funding levels
- Birth equity entry points
- Diversity of funder types

WHAT

Strategic priorities and geographic focus

- Outcomes funders seek
- Giving across focus populations
- Giving across the perinatal journey
- Funding at the state and local level
- Major strategic approaches and areas of funding

HOW

Grantmaking practices

- Previous funder recommendations
- Shifting philanthropic practices



Note on terminology

Across the landscape, we use these commonly referenced definitions for the following terms:

Maternal Health

“Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their babies reach their full potential for health and well-being.”

– World Health Organization

Birth Equity

“Birth equity is the assurance of the conditions of optimal births for all people with a willingness to address racial and social inequities in a sustained effort.”

– National Birth Equity Collaborative

Birth Justice

“Birth Justice includes access to health care during the childbearing year that is holistic, humanistic, and culturally centered. This health care is across the pregnancy spectrum including: abortion, miscarriage, prenatal, birth, and postpartum care. Birth Justice includes the right to choose whether or not to carry a pregnancy, to choose when, where, how, and with whom to birth, including access to traditional and indigenous healers, such as midwives and other birth workers, and the right to breastfeeding support”

– Southern Birth Justice Network

Reproductive Justice

“The human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”

– Sistersong

Throughout the landscape, we use the term maternal health, maternal mortality, and maternal morbidity when reporting on funder portfolios and studies that cite findings using this term. We also use ‘birthing people’ because we recognize that not all birthing people identify as mothers.



Context



Disparities in pregnancy-related deaths persist across the US

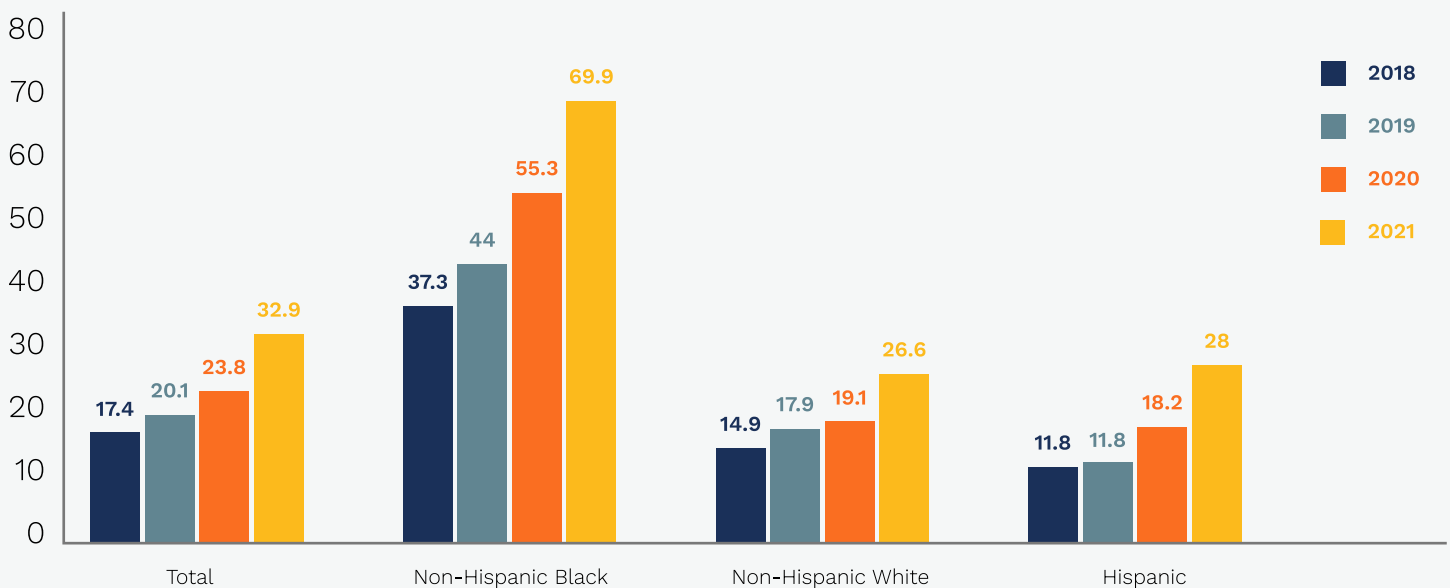
The United States has the worst rates of maternal mortality in high-income countries, and the gap in rates between the U.S. and its peer countries is widening.

- **The U.S. maternal mortality rate is nearly 3 times higher** than France and Canada, and almost 8 times higher than Germany and the Netherlands.
- **Racial disparities are especially evident for Black and Indigenous mothers** who are 2-3 times more likely to die in childbirth than white mothers,

even when holding economic and education levels constant.

- **Maternal mortality rates for Hispanic and Latina mothers** were previously on par with rates for white mothers – however this has dramatically worsened since the COVID-19 pandemic.
- Despite these trends, **nearly 84% of pregnancy-related deaths in the US were deemed preventable** – defined by having at least some chance of the death being averted by one or more reasonable changes to patient, community, provider, facility, and/or systems factors.

The maternal mortality rate increased from 23.8 maternal deaths per 100,000 live births¹ in 2020 to 32.9 in 2021



Source: [Maternal mortality rates in the United States, 2021](#). NCHS Health E-Stats. 2023.

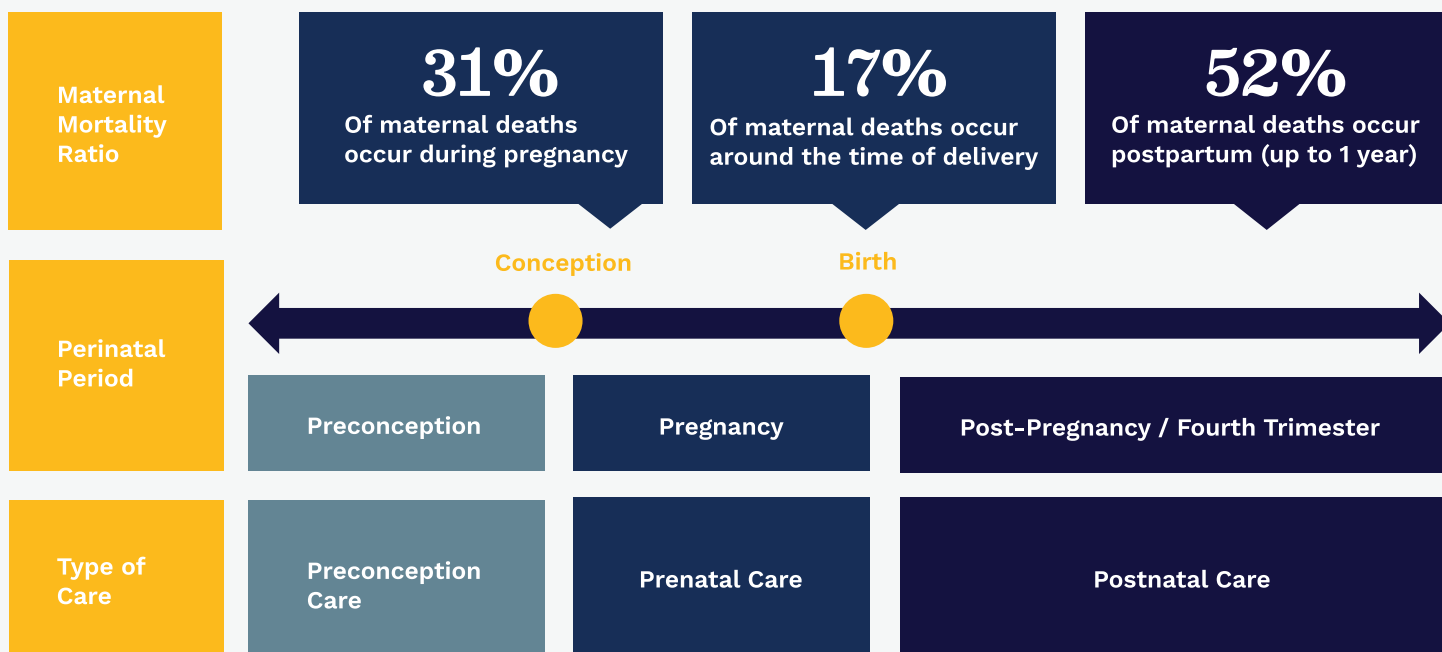


Most pregnancy-related deaths in the United States occur postpartum

Although funding and solutions tend to focus on the birth itself, the majority of maternal deaths occur during pregnancy or in the 12 months postpartum.

“There is a bias toward technological interventions and over-medicalization of birth, where most funding goes to research, policy change, and program implementation at the expense of normal physiological birth options led by communities most affected by birth disparities”

– Amanda Cosler, “Funding Equity: Birth Justice and Human Rights in Maternal and Infant Health”



Source: CDC Maternal Mortality Report 2022



While awareness of the maternal mortality crisis is growing, maternal morbidity also needs urgent attention

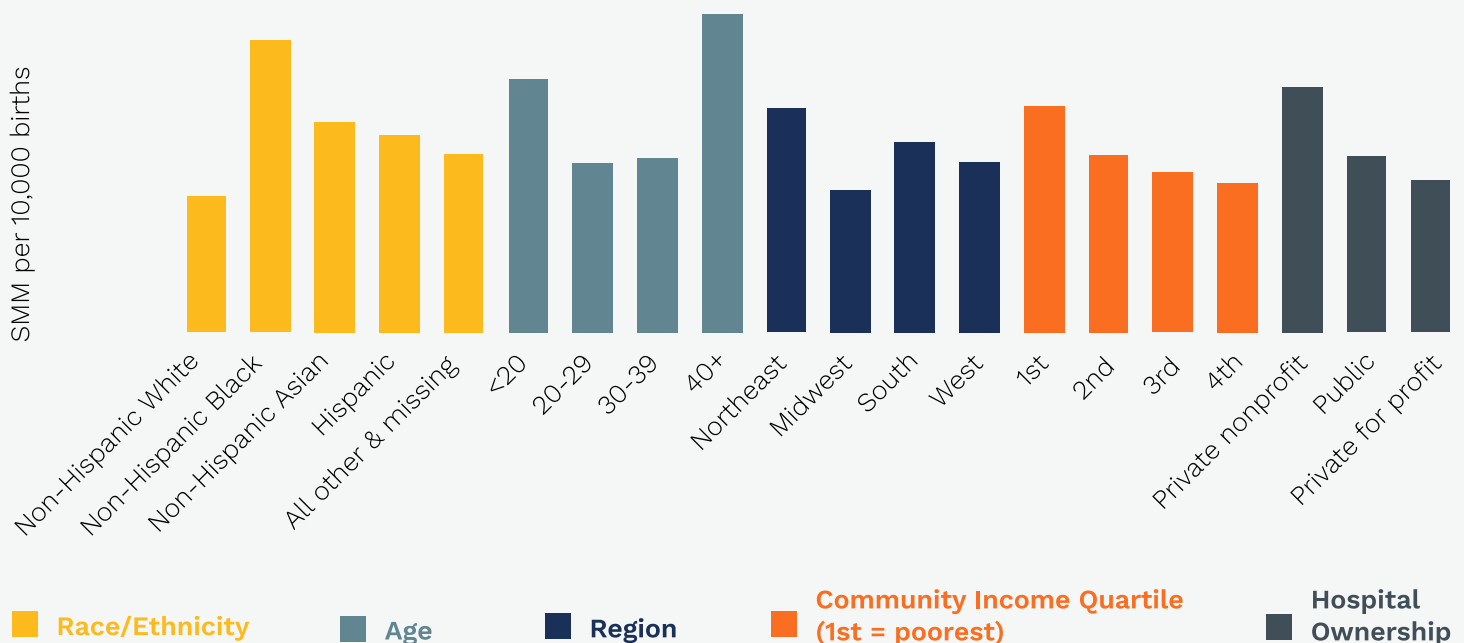
Maternal morbidity encompasses the physical and psychological conditions resulting from pregnancy that can last months or even years beyond birth.

- **Severe maternal morbidity*** (SMM) affects approximately 50-60K women each year, and the numbers are increasing.
- **About 1.4% of people giving birth** from 2016-2017

had at least one of the conditions or procedures that indicate severe maternal morbidity such as acute renal failure, eclampsia, cardiac arrest, and amniotic fluid embolism.

- **75% of women affected by mental health** conditions one year postpartum do not receive treatment.
- **The consequences of the increasing prevalence of SMM** are wide-ranging and include increased medical costs and longer hospital stays.

There are strong relationships between severe maternal morbidity and socio-economic factors such as race, age, geography, income, and hospital type.



*Defined by the [CDC](#) as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman's health.
Source: [Severe Maternal Morbidity in the United States: A Primer](#). Commonwealth Fund. 2021.



Beyond the statistics, the birthing *experience* is often dismal, particularly for birthing people of color

Poor treatment is not only unjust; it also directly affects medical outcomes when patients do not raise concerns due to fear of mistreatment.

- A [2023 CDC study](#) found that one in five women – and **one in three Black, Hispanic, and multiracial women – reported mistreatment** (e.g., violations of physical privacy or verbal abuse) while receiving maternity care. **Almost half (45%) of respondents held back from asking questions or sharing concerns** during care for fear of mistreatment. Respondents felt discrimination based on race and ethnicity, income, type of insurance, or differences of opinion.
- A [2019 Birth Place Lab study](#) surveyed 2,700 women across the US and found that among mothers with low socioeconomic status, 18.7% of white women and **27.2% of women of color reported mistreatment** in maternity care. Mistreatment included verbal abuse, stigma and discrimination, failure to meet professional standards of care, delays and refusals of care, and poor rapport between women and healthcare

providers.

- A [2016 population-based survey](#) of mothers in California found that while the vast majority used obstetricians and gynecologists (OB/GYNs) for their first delivery, **over half would consider a midwife for a future pregnancy**. In addition, four in 10 said a health professional tried to induce labor, and **three-quarters of women who felt pressured by a**

The history of racial inequities and trauma in reproductive healthcare goes back centuries. A few of the many examples include:

- [Early experiments in gynecology](#) were done on enslaved Black women without anesthesia in the mid-19th century.
- [Forced sterilization of indigenous women](#) in the 1970s was prevalent, with a study finding that four out of the 12 Indian Health Service regions sterilized 3,406 Indigenous women without adequate consent in that period.
- For decades, medical trainees [conducted pelvic exams on unconscious women](#) without their clear and explicit consent during gynecological surgeries; this disproportionately affected BIPOC women.



There are several systemic challenges that reinforce the poor outcomes we see today

Challenge	Description
Inequitable funding flows	<ul style="list-style-type: none"> The majority of state and federal dollars are directed towards hospital systems and larger NGOs that are not embedded in communities. For example, HRSA grants like Healthy Start have historically gone to county administrations, state health departments, universities, and health networks and rarely trickle down to communities most in need. In addition, nonprofit hospital systems receive significant private philanthropic funding to offset costs not covered by Medicaid and other payors. Community-based organizations struggle to service Medicaid patients at these reimbursement rates without the same level of philanthropic support.
Over-medicalization of birth and under-investment in community birthing systems	<ul style="list-style-type: none"> The US healthcare system prioritizes a highly medicalized approach to giving birth (for example, 43 midwife-assisted births per 1,000 in the UK vs. 4 per 1,000 in the US). Despite data showing that midwife-assisted births lead to positive outcomes, restrictive laws prevent, and/or minimal resources go towards, supporting midwife-assisted births and other traditional birthing practices and community-based approaches, even though most births do not require medical intervention.
Under-resourcing of community-based supports during pre-natal and post-partum periods	<ul style="list-style-type: none"> Community-based organizations (both formal and informal) play a critical role in helping birthing people and their families meet their physical, mental, and broader socioeconomic needs – and often provide culturally and linguistically tailored and highly effective models of care. However, these organizations and services are under-resourced, and limited navigation tools exist to make families aware of them.
Limited support for the perinatal workforce	<ul style="list-style-type: none"> Limited established payment models, training, and administrative support exist for the broader workforce who support birthing people throughout the perinatal journey – including community health workers, doulas, counselors, and lactation specialists. There are also shortages of midwives and OBs.
Insufficient infrastructure and system coordination	<ul style="list-style-type: none"> There is limited research and timely data tracking maternal mortality, morbidity, and the birthing experience/respectful care, as well as disparate systems and limited ways to align efforts.



Who is funding birth equity?



What this section covers

WHO

Key funders in the field

- Trends over time
- Grant sizes and funding levels
- Birth equity entry points
- Diversity of funder types

Key points to know:

- The number of birth equity funders has **grown significantly** in recent years.
- Few funders have a **portfolio dedicated** to maternal health and/or birth equity in the U.S., making it **difficult to delineate and quantify** their portfolios. However, we know that **total giving and annual grant sizes remain small** relative to other fields.
- There are only **a small number of large national funders** in the space.
- Many **small and mid-sized funders drive outsized impact** relative to their dollars and geographic scope.
- Intermediaries play a **critical and field-leading role** in setting examples of how to fund.



A growing number of funders are focusing on birth equity

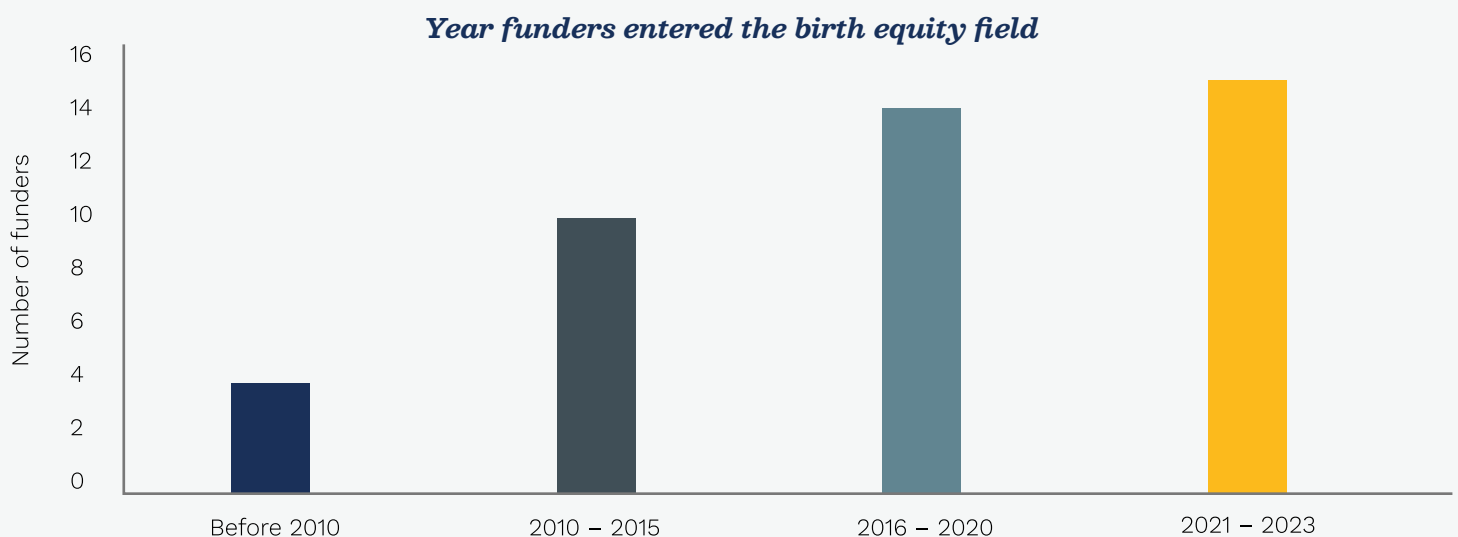
The number of birth equity funders has grown significantly in recent years, with the majority entering in 2016 and beyond.

The funders who were active in earlier years helped build and accelerate momentum in the field, working in close partnership with field leaders. These include:

- Foundations: W.K. Kellogg Foundation, Irving Harris Foundation, Skyline Foundation, and California Health Care Foundation
- A corporate donor: Merck for Mothers
- An intermediary: Groundswell
- Prominent individual donors: Amanda Coslor and the donor funding the Transforming Birth Fund

An additional five funders are planning to newly begin funding birth equity efforts, based on survey results.

- A large national funder, The David and Lucile Packard Foundation, recently approved a strategy that includes birth equity and will have investments in state-based advocacy in 10 states along with other place-based and systems investments.



Source: FBJE survey results (N = 57), with 42 responses to this question



Birth equity funding is embedded within other portfolios

Few funders have a portfolio dedicated to maternal health and/or birth equity in the U.S. Instead, birth equity is typically an expansion of work in adjacent areas – most commonly across three main issues.

Reproductive justice funders

Reproductive justice funders see the importance of positive birth experiences, healthy births, and the right to parent in safe and sustainable communities.



Early childhood funders

Early childhood funders increasingly recognize the importance of prenatal health, healthy birth outcomes, and the physical and mental health of both the caregiver and child as instrumental to early childhood outcomes.



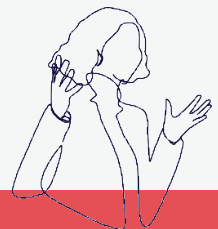
Health equity funders

Health equity funders focused on reducing racial disparities in health outcomes, expanding community-based care, and improving care access see the birth equity crisis as an urgent priority.



Other fields

Adjacent funders working in economic security (e.g., paid leave, access to public benefits, guaranteed income, food security and nutrition, and transportation) are focusing on the pregnant and birthing populations for select projects.

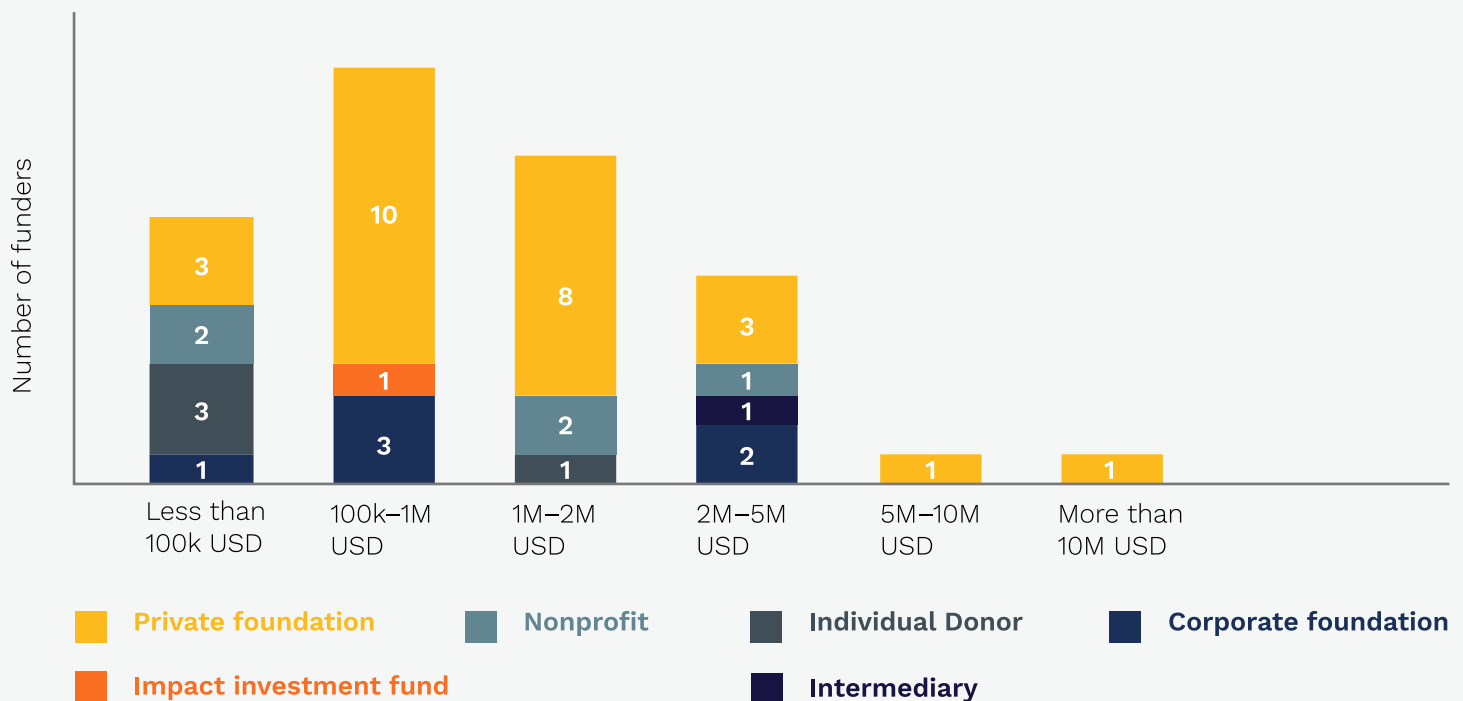


Total funding for birth equity remains difficult to quantify, but we know it is small relative to other giving

- Because birth equity sits within larger portfolios and cuts across strategies, **it is difficult for many funders to delineate and quantify their portfolios.**
- Of the 43 funders who gave a range for their total birth equity portfolios in FY22:
 - **Only 5% gave over \$5M** (5%; 2 total)
 - **More than half gave \$1M or less** (53%; 23 total).
- Notably, 14 funders, or **one-quarter of the sample, did not know or preferred not to answer.**
- The 26 respondents who provided more concrete grantmaking amounts for their portfolios reported giving a total of **~\$54M** in FY22.

By contrast, **total giving reached \$63.3B in human services and \$40.6B in the health sector** in 2021.

Annual Birth Equity Portfolio Amounts (FY22)



Source: FBJE survey results (N = 57), with 43 responses to this question

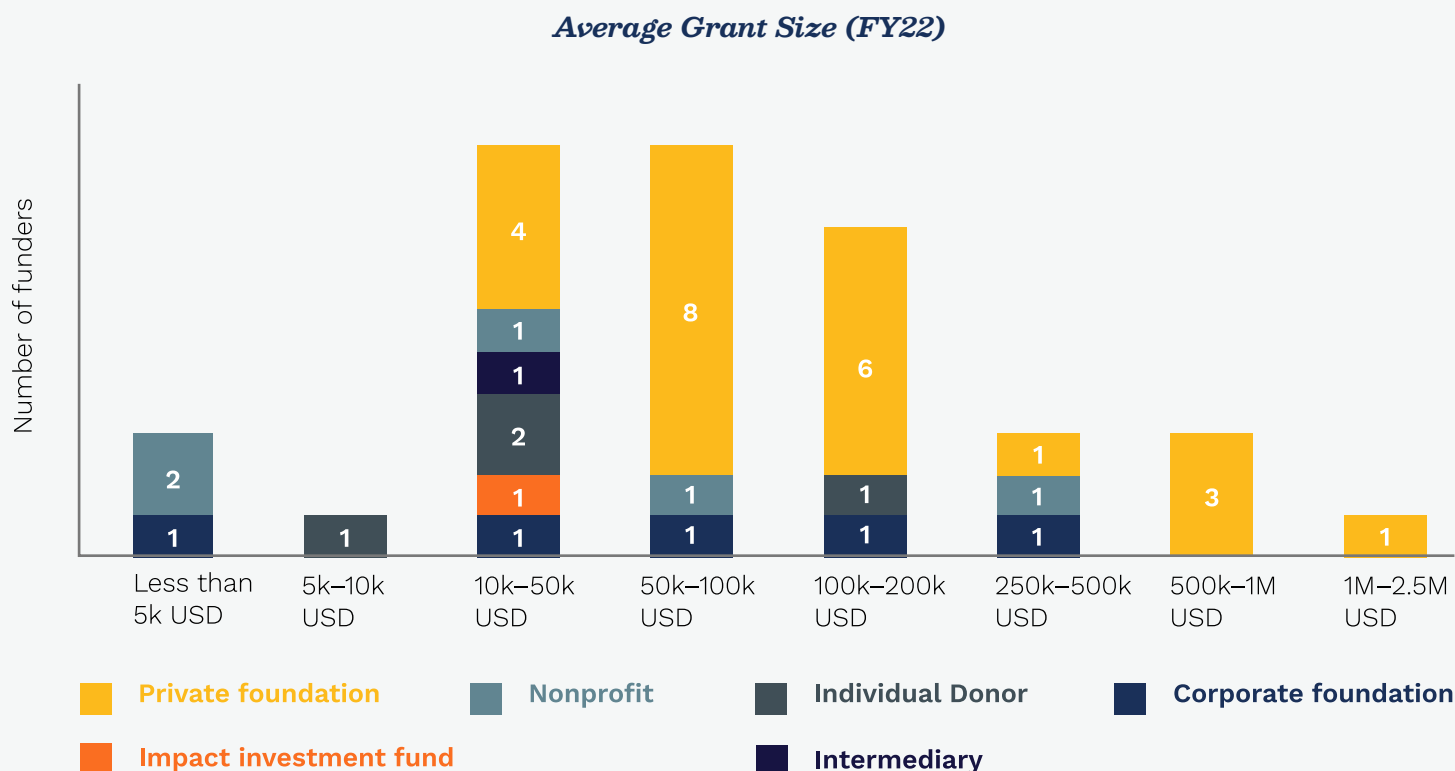


Average grant sizes are still small

Of the 39 funders in the survey who reported on their average grant sizes:

- A **handful** gave less than \$10K on average (10%; 4 total).
- **The majority** are evenly split across relatively small grant amounts (\$10K-\$50K; \$50K-100K; or \$100K-250K) (72%; 28 total).
- Just **18%** give more than \$250K (7 total).

According to [a 2020 study by the Ms. Foundation](#), most organizations led by women and girls of color (regardless of focus) have **revenue below \$250K annually**, and organizations that **serve a specific sub-population, like Black women or girls, were more likely to have budgets under \$50K**. Giving to these organizations makes up between one-half and one percent of total charitable giving annually.



Source: FBJE survey results (N = 57), with 39 responses to this question



There are many types of philanthropic funders, and foundations are the most prominent

Foundation	<p>A private foundation is an independent legal entity set up solely for charitable purposes. The funding for a private foundation typically comes from a single individual, a family, or a corporation which receives a tax deduction for donations.</p> <p>A public foundation or charity uses publicly collected funds to support its mission. It must continually solicit funds to support its operations and at least one-third of its funds must be public donations.</p>
Intermediary	Intermediaries are mission-driven organizations that aim to more effectively link donors with organizations and individuals delivering charitable services. They support regranting of funds and come in many forms: donor-advised funds, giving circles, community foundations, fiscally sponsored pooled funds, fund aggregators, and social ventures.
Corporate Philanthropy/CSR	A corporate foundation is created and financially supported by a corporation either through a private or public foundation mechanism. A corporate giving program is when a company makes donations and grants directly to a charitable organization through a program within the company, rather than establishing a separate foundation. Corporate social responsibility (CSR) programs are part of a company's regular course of business and refer to ways of operating that enhance society.
Individual Donor	An individual donor is an individual without an established entity who allocates a portion of their wealth to charitable endeavors to effect positive societal change. Some individuals may also be referred to as high-net-worth individuals.
Funder Alliance	A funder alliance is a group of funders focused on a common issue that comes together to share information, coordinate efforts, or co-fund. Funder alliances can be a powerful tool for field alignment.

Note: While this landscape focuses on private philanthropy, it is important to note that public funding – federal, state, or local government dollars – is the largest and most sustainable source of funding for maternal health and birth equity. Private philanthropic funding can influence larger public funding flows through partnerships and advocacy.

Sources: Foundation Source; Council on Foundations; Swiss Philanthropy Foundation; Global Impact Investing Network



FOUNDATION

There are only a small number of large national funders in the space

National funders can play an important role in providing stable, long-term capital to the field. However, the fact that there are only a few large national funders in the space creates a degree of uncertainty and potential instability in the field.

EXAMPLE NATIONAL FUNDERS



Robert Wood Johnson Foundation (RWJF) is the largest funder by annual contribution. Their three-year, \$20M commitment to birth justice, launched in 2021, was a significant new infusion of capital into the field.*

- \$17M of the \$20M was distributed through three birth justice intermediaries: [Groundswell Fund](#), [SisterSong](#), and [Ms. Foundation for Women](#).
- They also set aside \$1.5M for a [Birth Justice Rapid Response Fund](#), an accessible, flexible fund for CBOs which was led and managed by RH Impact (formerly National Birth Equity Collaborative) with support from Praxis Project, Inc.
- The remaining funds were used to complement other programmatic activities.
- RWJF intends to continue funding birth and reproductive justice and is currently developing a reproductive justice strategic priority integral to their work to advance equitable and accountable healthcare and public health systems specifically.



W.K. Kellogg Foundation was an early supporter of birth equity, beginning in 2010 from the lens of children's health and nutrition. They fund primarily national organizations along with select place-based work in New Mexico, Mississippi, Michigan, and New Orleans.

- The funding for birth equity sits within their [Thriving Children](#) portfolio and is connected to a focus on increased breastfeeding rates, especially in communities of color.
- W.K. Kellogg Foundation's leadership and longstanding role across the field is evident from the significant number of funders who listed them in the survey as a funder whose work they admired.

*Disclaimer: The information captured in this report is a snapshot of RWJF's largest investment in Birth Justice to-date. This information does not include a comprehensive analysis of Foundation wide investments and programs related to birth and reproductive justice.



FOUNDATION

Many small and mid-sized funders drive outsized impact relative to their dollars and geographic scope

These funders find creative ways to influence the field beyond their grant dollars.

Some focus on deep work in one state or region but participate actively in the national dialogue

- The **California Health Care Foundation's** comprehensive, intersectional birth equity portfolio serves as a model for funders across the country who want to take a holistic approach.
- **The Burke Foundation's** leadership funding and scaling evidence-based programs in New Jersey has helped build a model for other states to adopt and has unlocked public funding for the programs.
- **Cambia Health Foundation** takes a regional approach in the Pacific Northwest and has invested time and used their reputation to encourage other Washington- and Oregon-based funders to put resources towards birth equity.



Many wield influence through adept collaboration and breaking down silos

- **Irving Harris Foundation** is looking to bridge funding opportunities across early childhood and reproductive health both within their organization and across the state of Illinois.
- **Community Health Acceleration Partnership** has galvanized other funders to enter the space through open collaboration, building connections across the field, and sharing deep issue expertise.



Some elevate key, less understood issues or focused on issues nationally

- The **Perigee Fund's** early portfolio made investments in Washington but they have moved into systems-level work nationally to integrate maternal, infant, and early childhood mental health and dyadic care into systems and funding streams.
- **Skyline Foundation** (formerly Yellow Chair) is focused on expanding understanding of and access to the midwifery model of care.



Some provide catalytic field infrastructure support that is used by actors across states and nationally

- **Pritzker Children's Initiative** focuses on building the evidence base, funding collaborative infrastructure, and investing in equity centered frameworks in partnership with other funders.
- The **Commonwealth Fund** has supported critical research on the state of the problem and supports efforts to align on a shared policy agenda for birth equity and maternal health.
- **Every Mother Counts** supports education, awareness, and storytelling that feeds into legislative and advocacy efforts.



INTERMEDIARY

Intermediaries play a critical and field-leading role in setting examples of how to fund

Intermediaries have set an example for other funders by implementing trust-based approaches, elevating community-based solutions and leaders, and implementing a comprehensive reproductive justice lens. They raise funds from foundations and individual donors and regrant to smaller, often place-based actors that large foundations may not have capacity to fund directly.



Groundswell Fund is a leading funder in reproductive justice since 2011 through their Birth Justice Fund as well as capacity-building programs. This fund contributed over \$2.6M to 33 organizations in 2022 and aims to increase its giving in the next five years.



Ms. Foundation for Women launched their Birth Justice Fund in 2022, investing over \$1M in birth justice organizations across the spectrum of movement building and organizing.

“In the birth equity ecosystem, intermediaries are a powerful conduit between private philanthropy and community organizations, helping the dollars trickle down and supporting CBOs with technical assistance and other wraparound supports.”

– National donor



CORPORATE PHILANTHROPY AND CSR

Interest from corporate philanthropy is growing

Corporate philanthropy for birth equity primarily comes from pharmaceutical companies and insurance providers, although consumer products and services companies are increasingly committing funds in line with their core business.

Pharmaceutical companies – invest through CSR or corporate foundation; typically aligned to their business and/or the needs of communities where they are headquartered

- **Merck for Mothers** made a \$500M global commitment for maternal health in 2011 and is contributing \$3M annually towards birth equity. They recently announced an additional \$150M commitment, with at least \$15M for work in the U.S.
- **Organon**, a global women's health company spun off from Merck, is engaging with the New Jersey Birth Equity Funders' Alliance committed to reducing birth disparities and supporting CBOs in the state.



Insurance providers – invest through internal foundations; often state-based and related to the health needs of their members. In some states, payers have a community reinvestment requirement for those that hold Medicaid contracts

- **Blue Cross Blue Shield Association**, through its national and state companies, is implementing a 2021 National Health Equity Strategy to reduce racial disparities in maternal health by 50% in five years.
- **Humana's** Medicaid team has been making philanthropic investments in the birthing workforce (doulas).
- **Kaiser Permanente** is funding the infrastructure for the UniteUs coordinated care network in Oregon for CBOs. They also introduced a remote monitoring program for patients with transportation or financial constraints.



Other industries – consumer products and services companies are making public commitments and launching initiatives

- Several corporate foundations responded to VP Harris' [Maternal Health Day Call for Action](#) such as **CVS Foundation**, **Dove**, **DoorDash**, **Lyft**, **Uber**, **Pampers**, and **Phillips** approaching birth equity aligned to their business competencies.
- **Vitamix Foundation** is focusing on nutrition for mothers during pre-conception, pregnancy, and lactation.
- **Walmart** (with Johnson & Johnson) is working to support Black mothers and pregnant women through a pilot program in Georgia.
- **CVS Health Foundation**, in partnership with Every Mother Counts, produced the Choices in Childbirth educational resource for expecting parents.



INDIVIDUAL DONORS

Individual donors provide flexible funding that supports field innovation

Individual donor activity varies depending on the donor's giving capacity and interests. Some roles they have played include providing early seed funding for the field, being a 'first believer' in small or unproven projects, or funding outside of 501c3 structures.

- The handful of individual donors who self-identified in the survey reported giving **less than \$100K annually** each, with the exception of one individual who gives \$1-\$2M. Not all individual donors provided their giving amounts.
- Among those who reported, **average grant sizes are small**, with one donor giving between \$5K-\$10K, two between \$10K-\$50K, and one between \$100K and \$250K.
- Individual donors **are often affiliated with clubs or networks** such as The Battery, Women Moving Millions, Women's Funder Network, Solidaire Network, and Women Donors Network. Moderators of these networks have reported an **increased interest in birth equity as a topic area** for their communities, leading to learning series and pooled funding opportunities.
- There is interest among individual donors to **create spaces that foster learning, sharing, and co-funding opportunities**, as many of them are new grantmakers, often with lived experiences that bring them to the work.

Spotlight on Individual Donors

Amanda Cosler

A former midwife, Cosler has been a long-standing birth equity donor and organizer and has supported critical evolutions in the field, such as the founding of Groundswell's Birth Justice Fund and early support for Funders for Birth Justice and Equity.

Holly Fogle

Fogle privately funded and founded the Bridge Project to support mothers and babies living in poverty in New York. A matching grant from Women Moving Millions enabled her to channel additional funds to the project, facilitating its extension to Rochester, NY.



FUNDER ALLIANCES

Funder alliances at the intersection of relevant issues are supporting field coordination

National-level alliances have a range of models, spanning loose affiliation and peer learning groups to formal initiatives with pooled funds. While FBJE is focused explicitly on birth equity, other alliances in adjacent spaces cover related issues and have overlapping membership. These alliances communicate and collaborate.

Alliance	Description
<u>Funders for Birth Justice and Equity (FBJE)</u>	Previously known as the Midwifery Funders Group, FBJE serves as an organizing, learning, collaborating, and collective action group of funders working together and with a field advisory committee to transform respectful care and equitable access to birth workers for all birthing people.
<u>Funders for Maternal Mental Health (FMMH)</u>	FMMH is an action-focused network of philanthropic organizations aiming to connect and build knowledge and drive funding towards maternal mental health. Their latest strategy focuses on systems change, innovation, national advocacy, research, measurement, and narrative change.
<u>Funders for Reproductive Equity (FRE)</u>	For more than twenty years, FRE, formerly Funders Network on Population, Reproductive Health, and Rights, has played a central role in fostering collaboration and connections among funders in reproductive equity.
<u>Early Childhood Funders Collaborative (ECFC)</u>	Founded over 30 years ago, ECFC provides a venue for funders to connect and advocate for policy and systems change for children and families. Funders in the collaborative work on intersectional issues including health, economic justice, and K-12 education.



What are funders funding?



What this section covers

WHAT

Strategic priorities and geographic focus

- Outcomes funders seeks
- Giving across focus populations
- Giving across the perinatal journey
- Funding at the state and local level
- Major strategic approaches and areas of funding

Key points to know:

- More than half of funders focus on all BIPOC birthing people with an **explicit goal of reducing disparities** between groups.
- Funders support **different stages of the perinatal journey**, beyond birth alone.
- Both **state and local funders can play a unique role building catalytic partnerships** across programs, systems, and policy.
- Philanthropic actors support **six core strategies** including funding community services, spurring innovations in care, expanding the workforce, influencing policy, and supporting movements, narratives, and infrastructure.

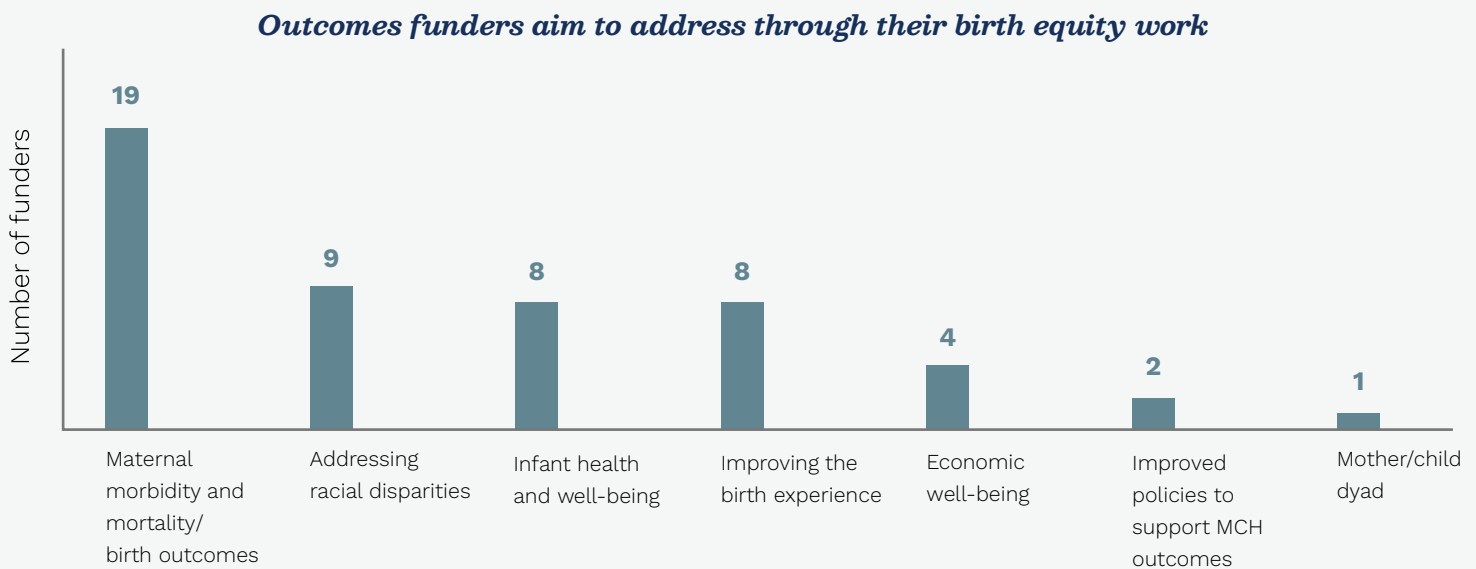


Funders seek a range of outcomes

While most outcomes are oriented around addressing maternal morbidity and mortality, funders named many other types of outcomes. This speaks to the range of work happening across the field, but also the challenges in field alignment.

Based on results from the FBJE survey:

- **More than a third of funders** aim to reduce maternal morbidity and mortality as a core outcome of their work.
- **Nearly 15% of funders** are also focused on addressing racial disparities, improving infant wellbeing, and improving the birth experience.
- Notably, **5 funders did not name any defined outcomes** for their work.



Source: FBJE survey results (N = 57), with 51 responses to this question. Note: Many funders listed more than one outcome and are represented across categories.



Most funders have defined a population of focus

- More than half of funders reported having a focus on all BIPOC birthing people with an explicit focus on reducing disparities between groups.
- A notable number of funders have explicitly focused on one or more target populations of birthing people (see figure below)
- Only four funders reported focusing on **all birthing people without a specific population focus.**

Funder Case Studies

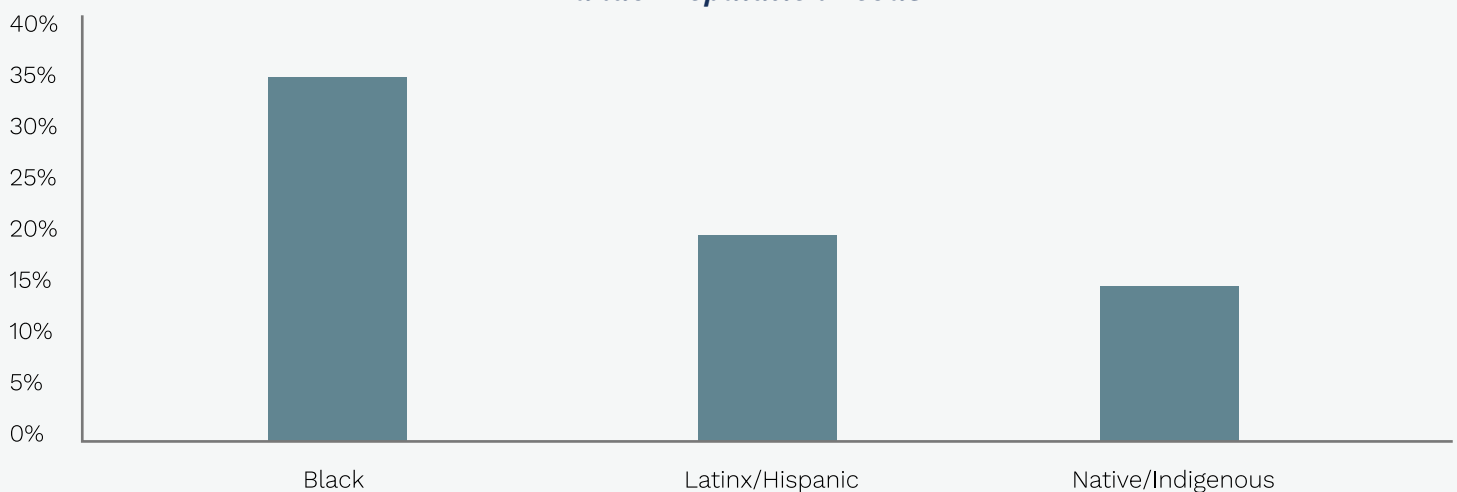
The Ms. Foundation's Building the Fire Fund

upholds and uplifts the leadership of Indigenous women within the larger Reproductive Justice movement and includes birth equity work for indigenous women. The Fund's Advisory Council puts power in the hands of Indigenous women to define what Reproductive Justice means to them.

California HealthCare Foundation's birth equity work

is explicitly focused on improving maternity care and maternal outcomes by, with, and for Black mothers / birthing people in California, citing the statistic that in California, Black mothers / birthing people are four to six times as likely to die from pregnancy/birth-related causes and twice as likely to suffer a maternal morbidity than those in all other racial/ethnic groups. This work falls under its Advancing Black Health Equity portfolio under the larger Health Equity priority area.

Funder Population Focus

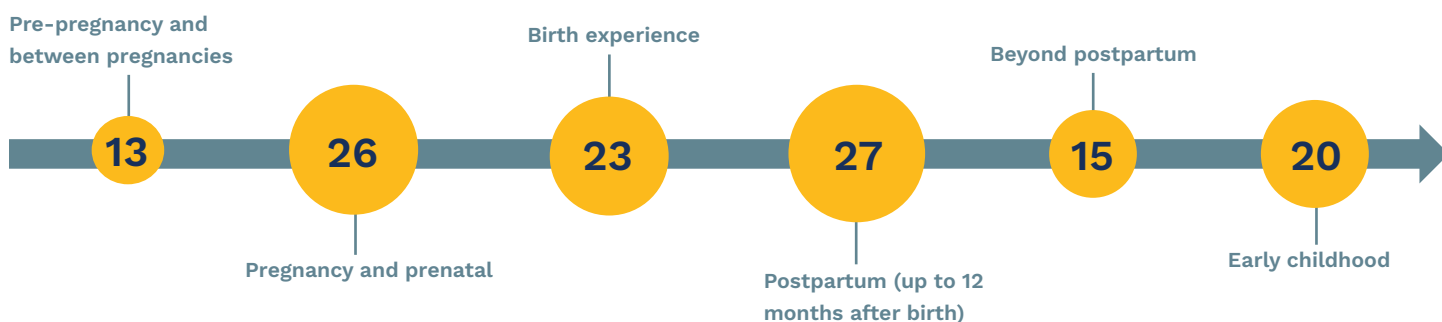


Source: FBJE survey results (N = 57)



Funding is spread throughout the perinatal journey

Funders reported supporting different stages of the perinatal journey, with nearly all focusing on pregnancy and postpartum and a third focused across all stages.



Funders are increasingly focused on the post-partum period .	<ul style="list-style-type: none"> • Perigee Fund addresses maternal (as well as infant and early childhood) mental health, including perinatal mood disorders that arise during the postpartum period. • Monarch Foundation has funded universal income programs for pregnant people by providing cash payments through the postpartum period (and sometimes beyond).
Many funders working in early childhood are beginning to draw the link with maternal health and birth outcomes.	<ul style="list-style-type: none"> • Pritzker Children's Initiative aims to ensure every child will reach the age of 3 thriving and flourishing and has recognized that in order to accomplish this, babies have to be born healthy. • W.K. Kellogg Foundation began with a focus on child wellness and through that, realized its links with maternal and child health beginning at birth.
A select set of funders are focused on the full reproductive lifecycle .*	<ul style="list-style-type: none"> • Groundswell and the Ms. Foundation take a comprehensive reproductive justice lens. • Irving Harris Foundation is exploring opportunities to bridge silos internally between their early childhood and reproductive justice portfolios.

Source: FBJE survey (N = 57)

* The full reproductive lifecycle includes menstruation, comprehensive sexuality education, contraception, in/fertility, family building (including adoption and LGBTQ families), pregnancy loss and miscarriage, menopause, and the ability to parent in safe and sustainable communities.



Funders working at the state level are focused on supporting birth equity-related programs, systems, and policy

Philanthropy can play a unique and catalytic role in the following ways:

- Supporting states in creating a community-informed **maternal health roadmap** or action plans.
- Providing **general operating support and technical assistance** to less established, state-based, BIPOC-led CBOs with limited access to public dollars.
- Raising awareness for **federal grant matching programs** such as MIECHV.
- Bringing **community leaders into policy tables** and funding facilitators to build mutual understanding and collaboration between communities and state government actors.
- Building **forums and tools** for states to share best practices with each other.

Spotlight on state-based funder collaboratives

New Jersey Birth Equity Funders Alliance

The NJBEFA is a state-based funder collaborative consisting of six foundations and a community advisory committee staffed by a local birth equity experts and champions. Funders include the Robert Wood Johnson Foundation, Community Health Acceleration Partnership, the Burke Foundation, the Taub Foundation, Organon, and the Bristol-Myers Squibb Foundation.

- **Annual giving:** \$500K fund of which \$200K is disbursed through grants (95% being first-time grantees in 2022).
- **Focus of grantmaking:** Advancing community-based solutions focused on improving outcomes for BIPOC birthing people.
- **Sample grants and partners:** The Balanced Diet, Beautiful W.O.M.B., Doulas for the People, and Empower Mamasita Services.



County- and city-focused funders are driving meaningful change in partnership with locally-based organizations

Public-private partnerships at the city and county level provide opportunities for philanthropy to support community-level efforts and build infrastructure that strengthens collaboration between public and private entities, health providers, and communities.

SPOTLIGHT ON COUNTY- FOCUSED FUNDER COLLABORATION

The Village Fund (\$1.4M) is administered by the LA Partnership for Early Childhood Investment and capitalized by a combination of public and private philanthropic dollars. The LA Partnership for Early Childhood Investment is a project of the California Community Foundation Community Initiatives Fund. The public private partnership provides respite care before, during, or after birth.

SPOTLIGHT ON CITY-FOCUSED FUNDER COLLABORATION

Merck Safer Childbirth Cities takes a holistic approach to maternal health and strives to leverage the private sector for public good. Merck for Mothers works in coalition with community-based organizations across 20 cities that provide social safety nets for pregnant women and families, connection to quality services (i.e., including culturally-, racially-, and ethnically-aligned doula care), enhancements to the state's Maternal Mortality Review process with Severe Maternal Morbidity reviews, and much more.



Philanthropic funders support six core strategies

1

Resourcing community-based organizations and services

Flexible funds, programmatic support, and capacity building to community-based organizations that provide direct care and other supports (e.g., food, transportation, and childcare)

2

Improving quality and innovation in models of care

Systems-level investments to improve access to culturally responsive care along the perinatal journey, including reducing bias among providers and expanding access to services via telemedicine and home visiting.

3

Expanding and supporting the perinatal workforce

Awareness building, training, administration, and innovative payment models for an expanded workforce that reflects the birthing population and meets the patient and family needs along the perinatal journey, as well as seed support for birthing centers and community midwifery practices.

4

Influencing policy and funding flows

4a. Public: Partnerships with federal and state actors to redirect funding streams, support grantees applying for grants, and increase inclusivity in policy design and implementation

4b. Private: Working with blended finance models to catalyze increased funding from venture capitalists and impact investors

5

Building movements and supportive narratives

Movement building at the local, state, and national levels to lift-up community voices and advocate for policy change

6

Strengthening systems and infrastructure

Research and convening to mobilize action across funders, policy-makers, and other relevant actors to improve outcomes at the national and local levels

While the categories here represent the major funding strategies we identified through this landscape process, they should not be considered exhaustive. There are always more and different ways to fund in partnership with community leaders and organizations who are closest to the work.



1 Resourcing community-based organizations and services

Trends in funder activity

- 63% of all funders reported supporting direct services and programming; of these, 70% provide **general operating grants and flexible funding** to support operations.
- 58% of funders provide funds to **cover a range of capacity needs** and actively provide access to networks including policymakers and other funders; over 20% of funders provide support for legal and administrative capacity.
- Nearly 15% of funders are providing grants focused on supporting the rest, restoration, and **wellbeing of staff members**.

High-impact grants elevated by funders

- Ohio-based funder **bi3** funds **Queens Village**, a Cincinnati nonprofit that works to shift racial disparities in birth outcomes and the underlying conditions that drive inequity in maternal and infant health.
- **Cambia Health Foundation** funded **Childhaven**, an initiative that integrates systems of care, working with parents and healthcare providers, through CenteringParenting.
- **Philadelphia Health Partnership** supports the **Oshun Family Center** in support of racially concordant care for Black birthing families including trauma-informed therapy and support services for every stage of the birthing journey.
- An **anonymous individual donor** reported providing direct support as an advisor on organizational strategy, culture, management, and hiring/recruiting to a direct service provider.

Source: FBJE survey results (N = 57)



2 Improving quality and innovation in models of care

Trends in funder activity

- 51% of funders fund **clinical care improvements** including addressing provider bias, implementing quality improvement measures, providing training in the midwifery model of care, and creating increased provider accountability.
- A growing number of venture capital firms – such as Ulu Ventures, Steel Sky Ventures, Rhia Ventures, Seae Ventures, and Kapor Capital – are investing in **early-stage maternal health tech innovations** to address issues of care and access including digital supports.

High-impact grants elevated by funders

- The **BlueCross BlueShield Association** partnered with [March of Dimes](#) to expand its awareness building and implicit bias training across the Blue Cross and Blue Shield system.
- The **Henry and Marilyn Taub Foundation** partnered with the [St. Joseph's Medical Center Innovation Lab](#) to support care centered on patient voices through processes and tools for medical care developed by moms.
- **Tara Health, California HealthCare Foundation, and Grove Foundation** funded the development of the [Irtb App](#), which provides prenatal, birthing, postpartum, and pediatric reviews to provide insight into how other people of color experienced care at a doctor or hospital.
- **Birth Center Equity Foundation** is working in partnership with **Orchid Capital** to increase grant making to [sustainable BIPOC birth center leaders and models](#).
- **Every Mother Counts**, and more recently **RWJF**, support [JustBirthSpace](#), a virtual perinatal platform and free community resource in NJ and NY – developed by EMC in collaboration with Ancient Song Doula Services, Village Birth International, and Jacaranda Health.



3 Expanding and supporting the perinatal workforce

Trends in funder activity

- 54% of funders are supporting the **integration of midwifery** (including community-based and nurse midwives) into community care models and/or healthcare systems. These funders work to expand understanding of the midwifery model of care, promote the scale, spread, and sustainability of birth centers and private birth worker practices, and increase the size and diversity of the midwifery workforce.
- There is a growing focus on funding **doula-related work** including direct care, training and certification, coalition building and collaboration, and innovation in payment models.
- Funders are also focused on supporting the expansion of a **broader perinatal workforce** that includes community health workers, counselors, lactation consultants, and mental health providers specializing in postpartum depression and trauma-informed care.

High-impact grants elevated by funders

- **Groundswell Fund** has been funding organizations (such as [Commonsense Childbirth](#)) led by midwives, doulas, and birth workers of color since 2011 to scale and grow their work and transform outcomes and experiences for communities by providing general support and capacity building resources.
- **Perigee Fund, Irving Harris Foundation, and W.K. Kellogg Foundation**, as well as **Pivotal Ventures**, support [HealthConnect One](#) to provide training, advocacy, and mobilizing work for doulas and other community-based birth workers across the country.
- **Community Health Acceleration Partnership** and **Every Mother Counts** supported the [Institute for Medicaid Innovation](#) to hold a learning series focused on leveraging community-based support services in Medicaid with a focus on doulas and perinatal community health workers (EMC was also an implementing partner).
- **Mary Black Foundation** funds [BirthMatters](#), which provides free doula-based community services in Spartanburg County, SC.



4_A Influencing policy and funding flows (public)

Trends in funder activity

- 60% of funders are active in supporting **advocacy efforts** at both the federal and state level – with an increasing focus on shifting state-level policy.
- Funders are supporting **collaboratives and cross-sector initiatives** that aim to support leaders with lived experience at the center of policy discussions related to improving maternal and infant health outcomes and reducing disparities.
- Philanthropy has been critical in seeding independent advocacy organizations positioned to hold the policy agenda and supporting smaller organizations working across the spectrum of relevant issues.

“We think about ‘tipping points.’ We want to see a few states build multistakeholder collaboratives focusing on policy agendas to create a movement.”

– Program officer at a national foundation

High-impact grants elevated by funders

- **The Century Foundation** launched the [**Black Maternal Health Federal Policy Collective**](#) which brings together Black women leaders from across the policy sector to develop strategies and solutions.
- In 2022, **Merck for Mothers and W. K. Kellogg Foundation**, among others, funded the National Governors’ Association to produce a [**Governors’ Playbook**](#) outlining 32 policy recommendations for Governors to improve maternal and infant health outcomes in their respective states.
- [**The African American Infant and Maternal Mortality Initiative**](#), supported by funders including **Conrad N. Hilton Foundation**, is a LA countywide coalition (public and private) in support of the LA Dept of Health’s five-year plan to address the Black-white infant mortality gap in LA County.
- **Irving Harris Foundation** was an early seed funder of the [**Black Mamas Matter Alliance**](#), an alliance of perinatal, maternal, and reproductive health Black and women-led organizations and professionals, which holds a central [**policy agenda**](#) on maternal health.



4_B Influencing policy and funding flows (private)

Trends in funder activity

- A small but growing number of funders have begun working in partnership with venture capital and impact investors to catalyze increased funding and investments in line with field needs.
- Common roles for philanthropy include de-risking investments in early-stage innovations and providing funding to demonstrate viability of community-led solutions prior to private investment.
- Venture capital has also influenced funders to understand the value of blended finance instruments like social impact or development impact bonds.

“The ideal role for VC is pushing innovation around digital and telehealth services and new models of care. But it’s important to remember that the VC path will not save all of us. We need to be honest about the reality of these solutions. Many do not reach the people who need them the most.”

– Founder of blended capital fund

High-impact grants elevated by funders

- **Tara Health Foundation** seeded funding for **RH Capital**, an impact-first venture capital fund that invests in early-stage start-ups revolutionizing women’s health and improving health equity in the US. Their funding covered operating costs.
- **Tara Health Foundation** also provided early seed support for **Orchid Capital Collective**, which is funding the shift toward community-owned and driven comprehensive birth and reproductive care.
- **Commonwealth Fund** is utilizing philanthropic funding to host multi-stakeholder roundtables in support of community-led solutions for birth equity
- **Robert Wood Johnson Foundation** recently created a \$200M **impact investment** pool to attract more capital for health and racial equity from co-investment partners such as banks and insurance companies to deepen the impact of its grantmaking and policy change efforts.



5 Building movements and supportive narratives

Trends in funder activity

- 46% of funders are working towards **community organizing and movement building** to support local, regional, and national advocacy efforts and narrative change – which includes funding for organizations as well as providing stipends for participation in public and private convening spaces.
- **Narrative work** supported by funders includes documentary storytelling, media coverage, and uplifting lived experiences and community voices.

“We offer support to help build internal capacity for grassroots organizing and nonpartisan voter engagement work. This support includes trainings, convenings, and coaching to enable policy and systems change, as well as sustain organizations and the people on the ground for the long haul.”

– Intermediary

High-impact grants elevated by funders

- **Tara Health Foundation** supports the [Perinatal Task Force](#) to create perinatal safe spots through grassroots movement building.
- **Irving Harris Foundation** provided seed funding to [Holistic Birth Collective](#) supporting their advocacy that led to licensure for CPMs in Illinois, among other policy wins, and raised the visibility of local Black midwives.
- **HopeStar Foundation** supported the [Foundation for Health Leadership & Innovation](#) to produce a report that led to the launch of their Maternal Health Equity Action Network, which will engage key partners, communities, and stakeholders to develop a sustainable, community-driven network dedicated to strengthening maternal and child health equity.
- **Every Mother Counts’ Giving Birth in America** film series features documentary stories from seven states and is paired with screening and advocacy guides.



6 Strengthening systems and infrastructure

Trends in funder activity

- 63% of funders are working on systems and infrastructure at the federal or state level.
- There is **limited alignment on common metrics** for tracking progress against outcomes in maternal health and birth equity though funders are supporting research institutes and think tanks to expand the set of metrics and create more accountability in the healthcare system and beyond.
- Funders are increasingly looking to fund more **community-centered processes for data collection and evaluation.**
- Over the last three years, there is increased effort among funders to **align on funding priorities and galvanize systems change** through state-level alliances and Funders for Birth Justice and Equity.

High-impact grants elevated by funders

- **CHAP** is funding [Brazelton Touchpoints Center](#) at Boston Children's Hospital/Harvard Medical School to design and implement a community-driven process for evaluation that centers on reducing racial disparities in maternal and infant health outcomes.
- **Pritzker Children's Initiative (PCI)** supported [National Committee for Quality Assurance](#) (NCQA) to create a Birth Equity Accountability Measure to create accountability and equitable outcomes within healthcare.
- **PCI**, alongside **Robert Wood Johnson Foundation**, **the California HealthCare Foundation**, and **W.K. Kellogg Foundation**, fund a partnership between [The Collaborative](#) and NCQA to develop a national birth equity quality framework and strategy for measuring birth equity and facilitating aligned actions across the health care system.
- **The Commonwealth Fund** has supported critical research briefs including a [primer](#) on maternal mortality in the United States to provide grounding and aligned information on the state of the problem.



How are funders funding?



What this section covers

HOW

Grantmaking practices

- Previous funder recommendations
- Shifting philanthropic practices

Key points to know:

- There are several sets of existing recommendations for funders pointing to the need to **shift funder practices and where / how funding is flowing**.
- Funders are actively working to center the voices of community members, support BIPOC leaders, and create more equitable ways to access funding and listen to grantees – but **more needs to be done**.



Several existing sets of recommendations lay out how funders can evolve to meet field needs

In 2019, [Funding Equity: Birth Justice and Human Rights in Maternal and Infant Health](#) put forward a series of position papers authored by key experts and field leaders on the critical role of funders in promoting birth justice in the U.S. and worldwide.



Opening quote:

“To achieve transformative solutions, we have to change not only what we fund but how we fund. If not, our funding can unintentionally perpetuate the same injustices we want to remedy.

Transformation becomes possible when we as funders not just humbly learn from

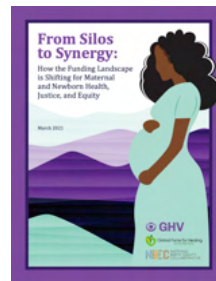
and listen to – but actually sit around the table together and share decision-making power with – those whose daily lives and work are at the heart of the change we all care about.”

Joanna Cea, Founding Director of Buen Vivir Fund

In 2021, [From Silos to Synergy](#) called out the importance of shifting funder practices to help redirect funding flows and remove structural barriers that erode trust between funders and grantees and impede the work of leaders in the field.

Recommended approaches (US and global):

- Decolonize philanthropy and international development*
- Shift significantly more funding to locally led, grassroots, and BIPOC-led organizations
- Establish close relationships to engender trust
- Invest in community power building for maternal and newborn health/rights' advocates/ leaders



- Diversify foundation boards, leadership structures, and decision-making processes
- Facilitate a more engaged, informed, and coordinated donor base
- Dismantle silos around intersecting health issues and artificial geographic boundaries
- Explore and support innovative funding models and approaches

In 2022, funders came together in the first ever [Birth Equity Funders' Summit](#). Speakers encouraged participants to shift practices that serve as barriers to funding flows and reinforce structural inequities. The summit landed on a set of practical action recommendations as detailed in its [summary report](#).



Practical action recommendations:

- Build toward more equitable funder grantee relationships
- Enact internal organizational shifts that support equitable outcomes
- Improve the connections between money and solutions
- Align the funder ecosystem to foster peer learning, build greater transparency, and remove redundancies
- Center the intangibles that build trust and connection

*The term decolonizing philanthropy comes out the work of Edgar Villanueva, author of *Decolonizing Wealth: Indigenous Wisdom to Heal Divides and Restore Balance*, calling out the need to disrupt systems of controlling and moving capital.



Funders are starting to shift funding flows and power

Though operational change is slow, funders are actively shifting practices to center the voices of community members, support BIPOC leaders, and create more equitable practices for accessing philanthropic funding.

FBJE survey highlights

- **2/3rds** of funders support BIPOC leaders and/or BIPOC-led organizations.
- **Over 50%** have created more equitable application processes.
- **43%** are using participatory approaches to strategy and decision-making and implementing community-centered approaches to data collection and evaluation.

“Philanthropy should seek to move resources into expert hands in service to opportunity for all. We (funders) are temporary stewards – and there is no time to waste.”

– Program Officer at a national foundation



Funder practices highlighted in the survey

Set guiding principles: Multiple funders noted setting organizational or program-wide guiding principles such as maintaining a holistic view of the issue, equity-focused giving that shifts power to community leaders and those with lived experiences, and moving toward justice, human dignity, and anti-racism.

Design equity frameworks: One foundation recently launched an internal equity framework comprising of 16 questions that grantmakers must use at the onset of ideation through the approval and launch of a project. The framework focuses on four domains: 1) organizational culture; 2) health equity; 3) racial justice; and 4) racial equity.

Co-design practices: Funders are working in partnership with grant recipients to co-design more equitable practices for distributing funds, providing networks, and reporting on progress and impact.

“Guiding values for my giving is based on listening to the community for their solutions and finding creative ways to fund for the long term.”

– Individual Donor

“Equity is in the DNA of what we are funding, but we also pay attention to the makeup of organizations, their boards, and how grantee organizations are centering equity in their internal operations.”

– Program Officer at a national foundation

Key takeaways and recommendations for funders



Landscape key takeaways

- While philanthropic funders are increasingly entering this space, **total funding amounts and average grant amounts are still relatively small**. More funding designed to reach those closest to the problems and solutions is needed.
- **Understanding the needs of the field is necessary** to fully understand the gaps and ways current funding commitments and approaches are meeting or falling short of needs.
- Funding commitments and priorities related to birth equity are often embedded in other portfolios which makes it more **challenging to identify who is funding birth equity and creates a level of opacity** for potential grantees.
- The field of funders is still siloed across reproductive justice, early childhood, and health equity, yet the issues clearly connect and **collaboration across funder types is needed**.
- With **few large funders at the national level and limited long-term commitments**, the entrance or exit of these players can have a big impact on the stability of the field.
- **Even smaller funders or those working in adjacent areas are driving significant impact** by joining forces with other funders (e.g., through FBJE), joining collaboratives at the local level, giving to intermediaries, and giving to smaller, community-embedded CBOs.
- A **lack of common definitions and consistent metrics makes it difficult for funders to align** and work collectively toward a common goal.
- Funders are **gradually evolving their practices to center community members, support BIPOC leaders, and create more equitable approaches**, but much more change is needed.



Recommendations for funders (1/2)

Trust and communication

- Funders should consider providing **general operating / trust-based support** (see www.trustbasedphilanthropy.org) to ensure grantees are able to use funds flexibly and where they are needed most.
- Funders can use **participatory approaches** (see participatorygrantmaking.org) that include community-based leaders and those closest to the work in both strategy development and/or grant decision-making.
- Funders should commit to **open communication, responsiveness, and building feedback loops** for grantee input.

Operational approaches

- There is a need for funders to **make longer-term commitments to birth equity and commit to longer grant timelines** for individual grantees (e.g., 5 + years). This is true for all funders, and especially larger ones whose entrance or exit can have ripple effects across the field.
- Funders can do more to call out and **make existing strategies and funding commitments more transparent** so it's easier for grantees to find opportunities to apply for funding or identify which funders to connect with.
- Funders can **simplify grant application processes and find ways to align with peer funders** whenever possible to reduce administrative burdens for grantees. More equitable processes include awareness-raising about opportunities, application information sessions, capacity support, diversified format responses, and a common application with other funders.
- Funders can **reduce reporting burdens** by allowing grantees to submit reports written for other funders, and/or using phone calls to share successes and challenges in lieu of reports.
- The field of funders needs to do more to **balance the tensions between having clear metrics to demonstrate progress without being overly prescriptive** for grantees. Funders must consider measurement that accounts for community-informed metrics, both quantitative and qualitative.



Recommendations for funders (2/2)

Beyond project support

- Funders can free up grantees to focus on their core work by providing **capacity-building support** (e.g., administrative / technical assistance, shared services, business model development, and M&E / research).
- Funders can support **organizational and staff sustainability** (e.g., administrative support or grants focused on rest, restoration, or improved benefits for staff).
- Funders can **proactively facilitate network-building and introductions for grantees** to other funders, influential policy tables, communications outlets, other grantees, etc.

Collaboration and learning

- Given the significant overlap across sectors, **funder alliances working on adjacent issues can continue to share information** and more closely coordinate to ensure field coverage.
- Funders must do the work to **educate themselves on not just the current context, but the historical practices and structural inequities going back centuries** that brought us to the birth outcomes and experiences we see today.
- An **assessment of needs from leaders across non-profits, CBOs, and others** working to shift outcomes could help illuminate the match and/or gaps between current philanthropic funding flow and field needs.
- Funders should commit to **constantly examining their own practices**, internally and through communication with grantees, to ensure they are learning and evolving over time.



Coming together to fund a just and transformed birthing care system

Funders for Birth Justice and Equity is the go-to place for funders and donors seeking to understand and facilitate effective funding of the birth equity and birth justice movement. As a hub, Funders for Birth Justice and Equity provides:

- Education
- Peer support and connection
- Change-oriented framework

Connect with our community of funders, donors, and leaders within the field and access our Monthly Learning Series, webinars, 2024 Birth Equity Funders Summit, deep-dive training into the root causes of reproductive health inequities, and action groups.

To learn more, go to

www.fundersforbirthjusticeandequity.org.



Authors: Afton Bloom

Afton Bloom partners with purpose-driven organizations to go beyond good intentions to create real, equitable change. Afton Bloom helps clients discover, craft, implement, and learn from effective social change strategies by blending targeted research and analysis with facilitation and coaching.



A large, stylized line art illustration of a pregnant woman in a blue color, set against a dark blue background. The woman is shown from the waist up, with her arms crossed over her belly. The lines are thick and fluid, creating a sense of movement and grace. The woman's head is tilted slightly to the right, and her hands are resting on her hips. The overall composition is simple yet powerful, emphasizing the theme of birth and equity.

Want to learn more?

fundersforbirthjusticeandequity.org



Appendix: Survey respondents

1	bi3	20	HopeStar Foundation	39	Pritzker Children's Initiative
2	Blue Cross Blue Shield of Michigan Foundation	21	Imaginable Futures	40	Private Foundation – Anonymous
3	Blue Cross Blue Shield of Minnesota Foundation	22	Individual Donor – Anonymous	41	R. Howard Dobbs, Jr. Foundation
4	California HealthCare Foundation	23	Individual Donor – Awara Mendy Adeagbo	42	Robert Wood Johnson Foundation
5	Cambia Health Foundation	24	Individual Donor – Amanda Coslor	43	Schusterman Family Philanthropies
5	Caring for Colorado Foundation	25	Individual Donor – Ben Kahrl	44	Sebastián's Smile Foundation, Incorporated
7	Cedars-Sinai	26	Ingeborg Initiatives	45	Skyline Foundation (formerly Yellow Chair)
8	Community Health Acceleration Partnership	27	Irving Harris Foundation	46	St. David's Foundation
9	Connecticut Health Foundation	28	Jesse Parker Williams Foundation	47	Summer Oaks Fund
10	Conrad N. Hilton Foundation	29	Mary Black Foundation	48	The Burke Foundation
11	Corporate Donor – Anonymous	30	Merck Family Fund	49	The California Wellness Foundation
12	David and Lucile Packard Foundation	31	Merck for Mothers	50	The Commonwealth Fund
13	David Rockefeller Fund	32	Missouri Foundation for Health	51	The Foundation for Delaware County
14	Einhorn Collaborative	33	Ms. Foundation for Women	52	The Funders Network
15	Episcopal Health Foundation	34	New Hampshire Charitable Foundation	53	The Henry and Marilyn Taub Foundation
16	Every Mother Counts	35	Orchid Capital Collective	54	The Kresge Foundation
17	Groundswell Fund	36	Overdeck Family Foundation	55	The Monarch Foundation
18	HealthCare Foundation of NJ	37	Perigee Fund	56	The Zeist Foundation
19	Healthcare Georgia Foundation	38	Philadelphia Health Partnership	57	W.K. Kellogg Foundation

