A Matter of Birth and Death: Racial Inequities in Maternal Mortality

Amelia Hammer

Have you ever heard a loved one announce that they're expecting a baby? How did you feel? Were you excited about the new addition, or were you terrified for their survival? Did you have to pray that you were only going to have to plan a baby shower and not a funeral? In my personal experience, pregnancy has always been filled with joy, excitement, maybe a little bit of uncertainty, but never fear. This likely is primarily because I'm white. When I first read that statistically, Black women are three to four times more likely to die during, or as a complication of pregnancy and childbirth than white women, I was astounded and horrified. As someone studying to be a labor and delivery nurse, I immediately set my sights toward finding solutions. I quickly realized that this is an extremely multifaceted issue, and the roots of the problem have to be understood before remedies can be discussed. This ultimately led me to ask myself: "how has America's history of institutional racism influenced the increased maternal mortality (death) rates for Black women?"

Since the murder of George Floyd, support and awareness has increased for movements like Black Lives Matter, which has, in turn, brought tough conversations about racial inequities in the United States to the forefront. While all progress is great, unfortunately, one conversation that still seems to get vastly swept under the rug is that of Black maternal mortality and morbidity. If every American took just a moment to think about the pain they would experience if they lost a wife, mother, sister, or friend to a generally preventable death during a time that should be filled only with new life, it would be glaringly apparent how vital this problem is to understand and discuss.

As with many of the harmful inequities facing the Black community, this issue took root during slavery, gradually evolving into what it is today. In their article "Black Maternal and Infant Health: Historical Legacies of Slavery," historians Deidre Cooper Owens, Ph.D., and Sharla M. Fett, Ph.D. begin to explain the links between modern medicine and slavery, asserting, "An honest examination of racism as a widespread affliction of American medical practice must acknowledge that the medical profession was entangled in the institution of slavery from its beginnings" (Owens and Fett). White physicians worked exclusively for slave owners and were only interested in the health of enslaved people when it was affecting their ability to work. Black women were considered an especially valuable commodity because, beginning in 1662, any children of enslaved women were born into slavery, thus creating more free labor.

This practice became infinitely

more important to slaveholders when slave import was banned in 1808 because no new slaves were being shipped into America. Black women were treated like livestock to be bred; and with this, came a deepened fascination around Black women's fertility. This led to surgeons like François Marie Prevost conducting reproductive experiments on non-consenting enslaved women. Prevost's experiments eventually led to the creation and refinement of the modern-day Caesarian section; a surgery that benefits many women of all races today, but to the detriment of many Black women in the past. Like the C-section, numerous modern obstetric procedures and practices were developed through the torture of enslaved women, leading to the well-founded discomfort and mistrust that Black women often still hold toward the field of obstetrics.

Many people believe there is no medical discrimination or bias currently affecting Black women because those practices occurred in the past. This assumption is simply not true. Unfortunately, the experiments performed on enslaved women have led to various medical fallacies still believed by a significant number of medical professionals. For example, a 2016 study conducted by the Institute of Medicine found that out of 210 white medical residents, 25% believed that Black people have thicker skin than white people and, 4% still believed that Black people had faster blood coagulation rates and felt less pain (Worcester). These fallacies all sprang from American slavery, and yet are believed by some over 150 years after its abolition. Furthermore, even if physicians do not believe these fallacies, many still hold an implicit bias toward Black women, yielding a far lower standard of care. Black mothers are frequently dismissed or under-treated when advocating for their pregnancy-related ailments or even blamed for them outright, often leading to preventable deaths or severe complications.

It is a common misconception by both the public and the medical community that the causes for the increased rates of maternal mortality and morbidity can be explained by socioeconomic differences or differences in education level. However, this has been found time and time again to be untrue. In fact, Jamila K. Taylor, Ph.D., director of health care reform at Century Foundation, in her article, "Structural Racism and Maternal Health Among Black Women," remarks "Black women, regardless of social or economic status, are more likely to die of pregnancy-related causes. This is even true when compared with white women who never finish high school" (Taylor).

Kira Johnson is a name that comes up frequently in this discussion. She was a 39-year-old highly educated Black woman, wife, and mother of one (soon to be two) sons. Everyone who knew Kira personally described her as "invincible", and understandably so. Kira spoke five different languages, enjoyed sky diving and flying planes, and was a successful entrepreneur. On April 12, 2016, Kira and her husband were elated to welcome their new son into the world via C-section, completing their family. However, shortly after the procedure, Kira's husband noticed blood in her catheter line. When he alerted the nurses and other medical personnel of their concerns, they were ignored and forced to wait an entire seven hours for any help, despite their increasingly frantic pleas. Eventually, Kira was sent into a second surgery, where they discovered three liters of blood in her abdomen due to a postpartum hemorrhage. Her heart stopped on the operating table, leaving a heartbroken widower, and two motherless sons behind because of her likely preventable death (Taylor). Unfortunately, Kira's story, while heartbreaking, is far from being unique.

Along with both historical and in-

stitutional racism, Black mothers also have another battle to fight: stress. When humans are exposed to stressors, our central nervous systems release a flood of chemicals like adrenaline and cortisol. Evolutionarily, this process developed so that we could run away or fight any predators or attackers that were causing the stress, making it an extremely necessary and useful mechanism. However, when exposed to high levels of stress for extended periods, it can actually begin to harm or degrade essential systems in the body, like the cardiovascular, immune, and metabolic. To put it simply: stress can make us sick.

In an article titled "The Hidden Toll," published in The New York Times Magazine, author and journalist Linda Villarosa describes a theory developed by Dr. Arline Geronimus, a professor at the University of Michigan's School of Public Health, which Dr. Geronimus termed "weathering." Villarosa explains, "She believed that a kind of toxic stress triggered the premature deterioration of the bodies of African-American women as a consequence of repeated exposure to a climate of discrimination and insults" (Villarosa). Living as a Black woman in America causes such high-stress levels for such lengthy periods because they are exposed to frequent traumatic situations, insults, and consistent micro-aggressions. Enduring these experiences for long enough causes their stress response to become over-activated: a state that cannot simply be fixed with a bubble bath and cup of tea. Dr. Geronimus later went on to research "weathering" more deeply, and in a 2006 study, she and her colleagues concluded that "'persistent racial differences in health may be influenced by the stress of living in a race-conscious society. These effects may be felt particularly by black women because of [the] double jeopardy of gender and racial discrimination" (Villarosa). In short, dealing with racism in the United States can pit Black women's own bodies against them. This can be particularly detrimental during pregnancy when health complications are more prevalent, to begin with.

As I previously mentioned, the inequitable Black maternal mortality rate is an extremely multifaceted issue, which cannot be linked to a single factor or solved by any one solution. But to begin understanding the problem, history, current societal practices and beliefs, physiological factors, and medical practices all have to be heavily examined. There is a history of racism and discrimination against Black women and mothers dating back hundreds of years to American slavery. Many of the most helpful and widely used obstetric practices of today arose from despicable crimes committed against enslaved women. While these critical medical advancements stood the test of time, so did many harmful biases against the Black community; all too often leading to lowered standards of care, blatant medical negligence, and outright mistreatment. Along with the medical field, American society as a whole should be held accountable. It not only fosters an environment for Black mothers dying preventable deaths at horrifically high rates to fly under the radar, but it also endows these women with such heightened stress levels that they often develop physical ailments as a result. I wholeheartedly believe that this can eventually be remedied, but that will only happen when the medical community, and the general public, work together. This must all begin with education, awareness, and those tough conversations.

WORKS CITED

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