Black Pregnancy in America: Injustice in the healthcare system

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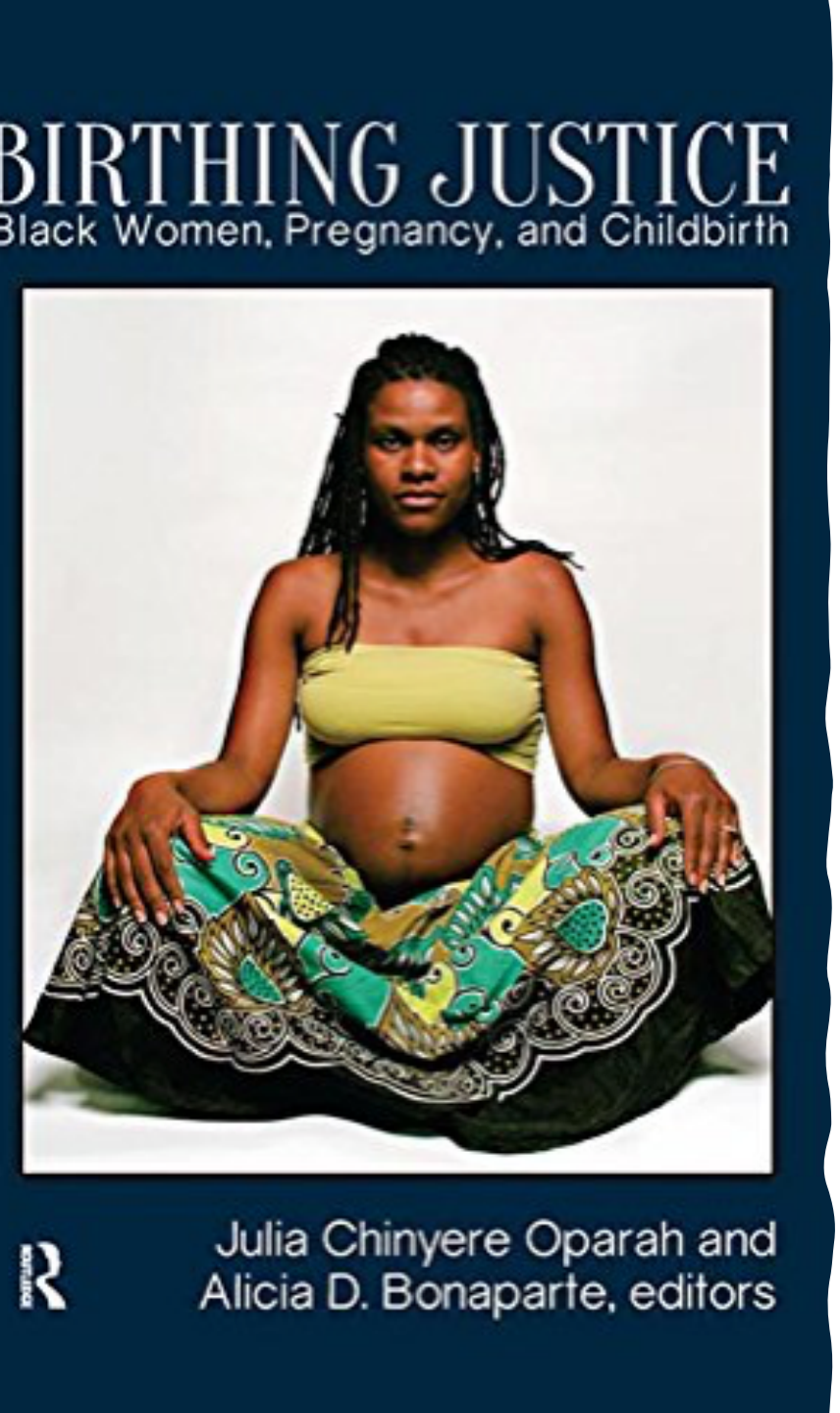
History

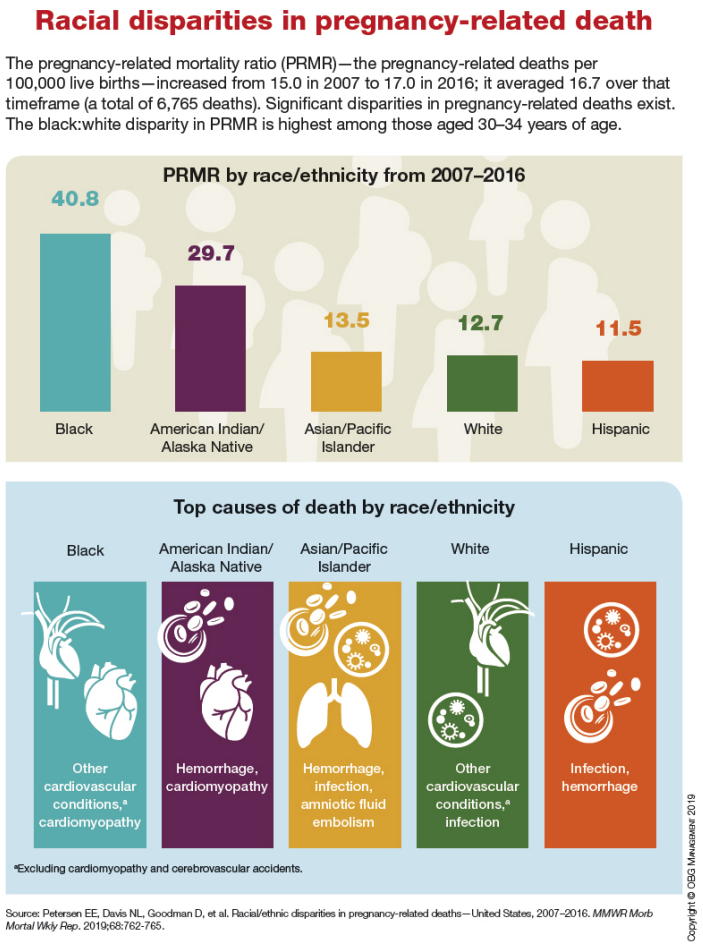
- Black maternal mortality and mistreatment has a long history beginning with the enslavement of African Americans. Black enslaved women suffered from horrible pregnancy related mistreatment. From sexual exploitation to reproductive control, the Black enslaved woman was seen only as a way to produce a larger labor workforce. This was clearly a common sentiment amongst legislative leaders along with President Thomas Jefferson who was quoted saying, “I consider a slave woman who can give birth to a child every two years as more profitable than the best man on the farm.” Black enslaved women suffered with a regulated birthing period of one child every two years from their mid teens until their early 40’s. The Black enslaved woman's worth was based entirely on their reproductive capability. However, genital trauma as a result of sexual abuse, childbirth or diseases impacted fertility therefore taking away a woman’s worth in the eyes of the slave trade. Because of this slave owners recognized the economic loss from these women which provided the environment and the opportunity for Dr. J. Marian Sims' gynecologic surgical experimentation on enslaved women who had sustained genital fistulas as a result of childbirth. Sims abused this power experimenting up to thirty times on a single woman, Anarcha, who was legally his property. These extremely painful surgeries were performed without anesthesia because of the belief at the time that Black women did not feel pain the same way. Because of his experiments, Dr. Sims has been named “the father of gynecology” without any reference to the women he experimented on that endured so much. Many are advocating for Anarcha and the other unnamed black women he experimented on as “The Mothers of Gynecology”. This horrible history for Black pregnancies paved a way for continued health care inequality all the way into the 21st century: this continues through racial segregation, poverty, access, poor quality of care, eugenics and the assault of forced sterilizations. (Brown, et a.)



Obstetric racism

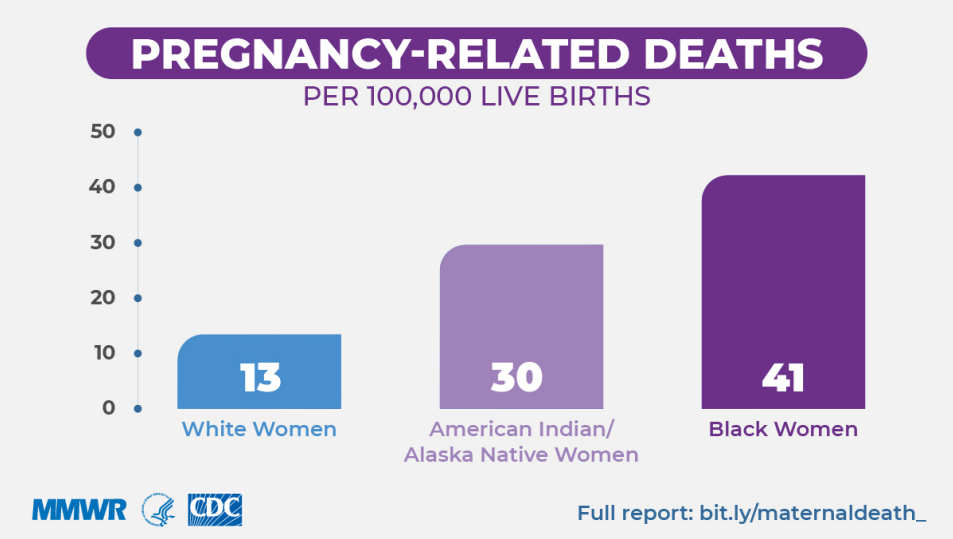
- Black mothers experience a disproportionate rate of mortality and pregnancy related complications. For example, Black mothers die during or within 1 year of giving birth at three to four times the rate of white mothers (Centers for Disease Control and Prevention, 2019, Smith et al., 2018). Black women are also three to four times more likely to give birth prematurely than white women. It's important to look at racism and how it affects these adverse health effects. Obstetric racism can present itself in many ways: critical lapses in diagnosis; being subjected to neglectful, dismissive or disrespectful treatment; being subjected to pain that was intentionally inflicted; and being coerced to undergo procedures; ceremonies of degradation, which represents the ways that Black women experience feeling or being degraded; medical abuse, which involves thinking or feeling that one was used for purposes of experimentation; and 'racial reconnaissance'. All of this implicit and explicit bias makes it that much easier for Black mothers to not receive the medical care they deserve, resulting in disproportionate deaths and illnesses in comparison to white mothers. (Davis)

Legislation



- While there is a lot of work to be done to ensure equality in health care for Black mothers, the disproportionate mortality rate has caught the attention of legislation. In 2018 Congress enacted the *Preventing Maternal Deaths Act* which provided states with 12 million dollars annually to find maternal mortality review commissions. In the official report by congress the act was created "To support States in their work to save and sustain the health of mothers during pregnancy, childbirth, and in the postpartum period, to eliminate disparities in maternal health outcomes for pregnancy-related and pregnancy-associated deaths, to identify solutions to improve healthcare quality and health outcomes for mothers, and for other purposes", The act is a way for state committees to review every pregnancy-related or pregnancy-associated death and use their findings to create recommendations on how to prevent future deaths. Because this act was only passed in 2018, it is still underway until 2023 so there have been no reported findings as of right now. But hopefully this Act will be the beginning of the legislative power needed to begin bringing justice to our health care fields. (Bridges)

Prenatal importance



- The prenatal period is incredibly important for a healthy pregnancy. Improving the health of women before their pregnancy could therefore improve her health throughout her pregnancy. In order to adequately improve the health of Black mothers in the preconception period racial and ethnic disparities in maternal and child health must be eliminated. We are still seeing disproportionate death rates because the issue of racism and biases in our health care has not been addressed enough. During 2011–2016, the maternal death rate for non-Hispanic Black and African American women was 42.4 deaths per 100,000 live births compared to 13.0 deaths per 100,000 live births for white non-Hispanic women. One proposed solution to help improve the health of Black mothers is “The Gabby System” which is a program trained to screen for PCC-related risk factors and identify health and social care needs. This program addresses many domains of life including; genetic health history; immunizations and vaccinations; sexual and reproductive health; infectious disease; health conditions and medication use; alcohol, tobacco and other drug use; social and emotional well-being; relationships and relational health; healthcare access and affordability; social determinants of health; nutrition and physical activity; and environmental wellness. So far, its effectiveness in regard to Black and African American women has yet to be determined, but it’s a good first step in seeking out justice for Black women in healthcare. (Walter, et al.)

Studies

- Researchers Renee Mehra, Lisa M. Boyd, Urania Magriples, Trace S. Kershaw, Jeannette R. Ickovics, and Danya E. Keene conducted a study on the judgement received by Black mothers in the healthcare system. They conducted interviews with 24 Black pregnant women in New Haven, Connecticut and asked them about their experiences in healthcare. This included experiences of gendered racism, and concerns related to pregnancy and parenting Black children. Their research found that “Women encountered racialized pregnancy stigma in everyday, health care, social services, and housing-related contexts, making it difficult to complete tasks without scrutiny. For many, racialized pregnancy stigma was a source of stress. To counteract these stereotypes, women used a variety of coping responses, including positive self-definition”. One important finding is how pregnancy related stigma and stress can contribute to poor maternal and infant outcomes through reduced access to quality health care, impediments to services, resources, and social support, and poorer psychological health. “Several participants perceived social service providers to be judgmental and unwelcoming based on their attitudes and lines of questioning”. Their research then focused on personal solutions for Black mothers experiencing racism related stress in their pregnancy. The four types of coping strategies they focused on were interconnectedness, spirituality, problem-oriented coping, and disengagement. These coping mechanisms can present themselves as “participants sought emotional support from family members, used prayer, challenged those who expressed false assumptions, or ignored the encounter”. One of the most important mechanisms being family involvement and the support system that comes from an accepting and involved family. (Mehra, et al.)

Sources

- Bridges, K. (2020). Racial Disparities in Maternal Mortality. *New York University Law Review*, *95*(5), 1229–1319.
- Brown, H., Small, M., Clare, C., & Hill, W. (2020). *Black women health inequity: The origin of perinatal health disparity*. ClinicalKey.
- Davis, D. (2020, November). *Reproducing while Black: The crisis of Black maternal health, obstetric racism and assisted reproductive technology*. ScienceDirect.
- Mehra, R., Boyd, L., Magriples, U., Kershaw, T., Ickovics, J., & Kenne, D. (2020). *Black Pregnant Women "Get the Most Judgment": A Qualitative Study of the Experiences of Black Women at the Intersection of Race, Gender, and Pregnancy*. ClinicalKey.
- Walter, A., Julce, C., Sidduri, N., Yinusa-Nyahkoon, L., Howard, J., Reichert, M., Bickmore, T., & Jack, B. (2020, September). *Study protocol for the implementation of the Gabby Preconception Care System - an evidence-based, health information technology intervention for Black and African American women*. EBSCOhost.