

# BLACK MATERNAL MORTALITY



**Black Lives Matter,  
But Black Wombs  
Create Black Lives**



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# HISTORY OF OB/GYN

- J Marion Sims
- obstetrical hardiness– the belief that black women feel less pain
- Medical mistrust
  - Breeding of slaves
    - African midwives– spiritual healers, provided pre and post natal care, holistic
  - Experimentation
  - Eugenics
- Granny Midwives– after Emancipation, previously enslaved midwives worked in the rural South.
  - Women in immigrant groups



**SHAFIA M. MONROE, DEM, CDT, MPH**

**“ONE OF THE DARKEST MOMENTS IN US HISTORY WAS THE SYSTEMATIC ERADICATION OF THE AFRICAN AMERICAN MIDWIFE FROM HER COMMUNITY, RESULTING IN A LEGACY OF BIRTH INJUSTICES.”**

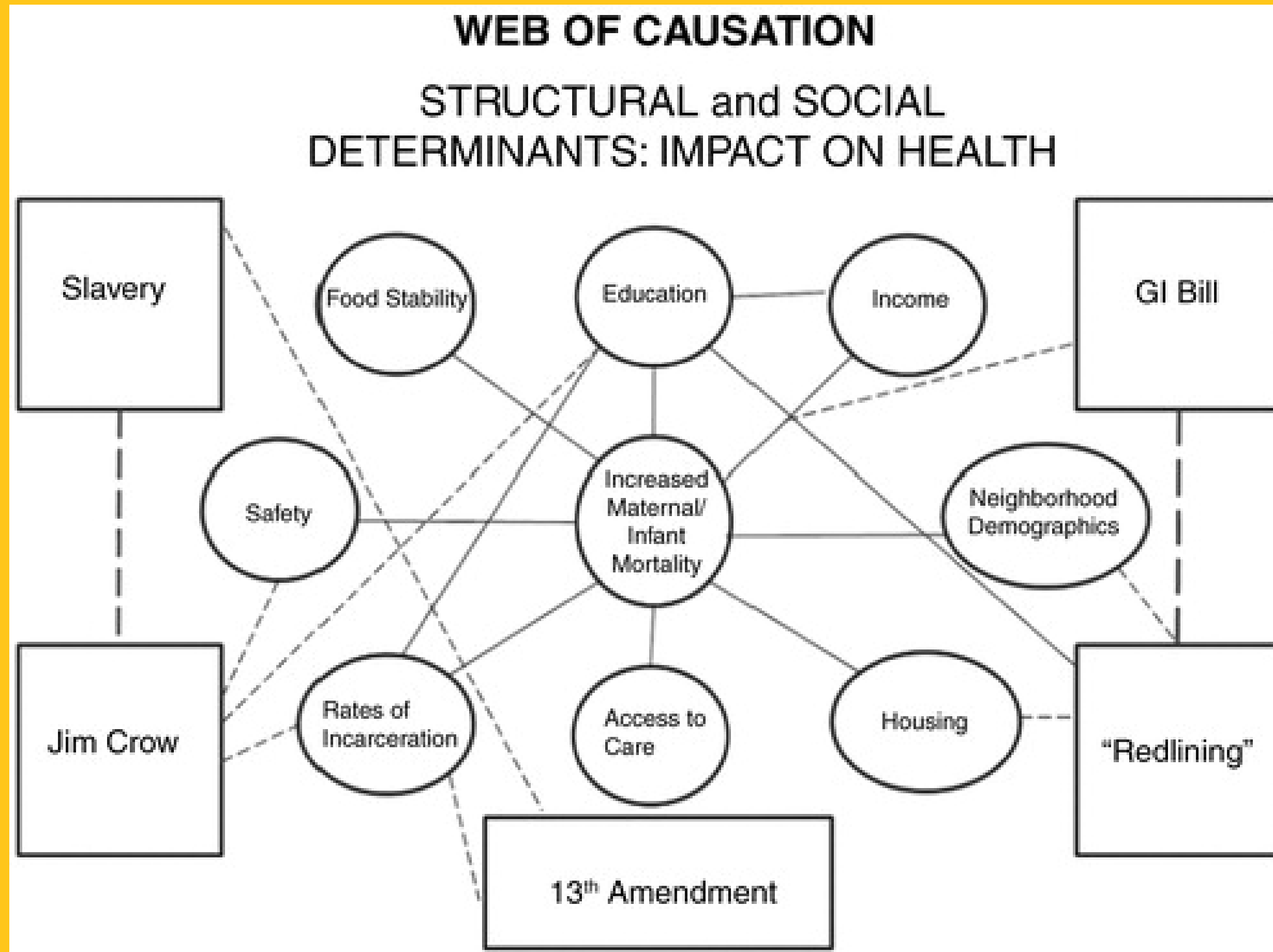
# MIDWIFERY VS BIOMEDICAL



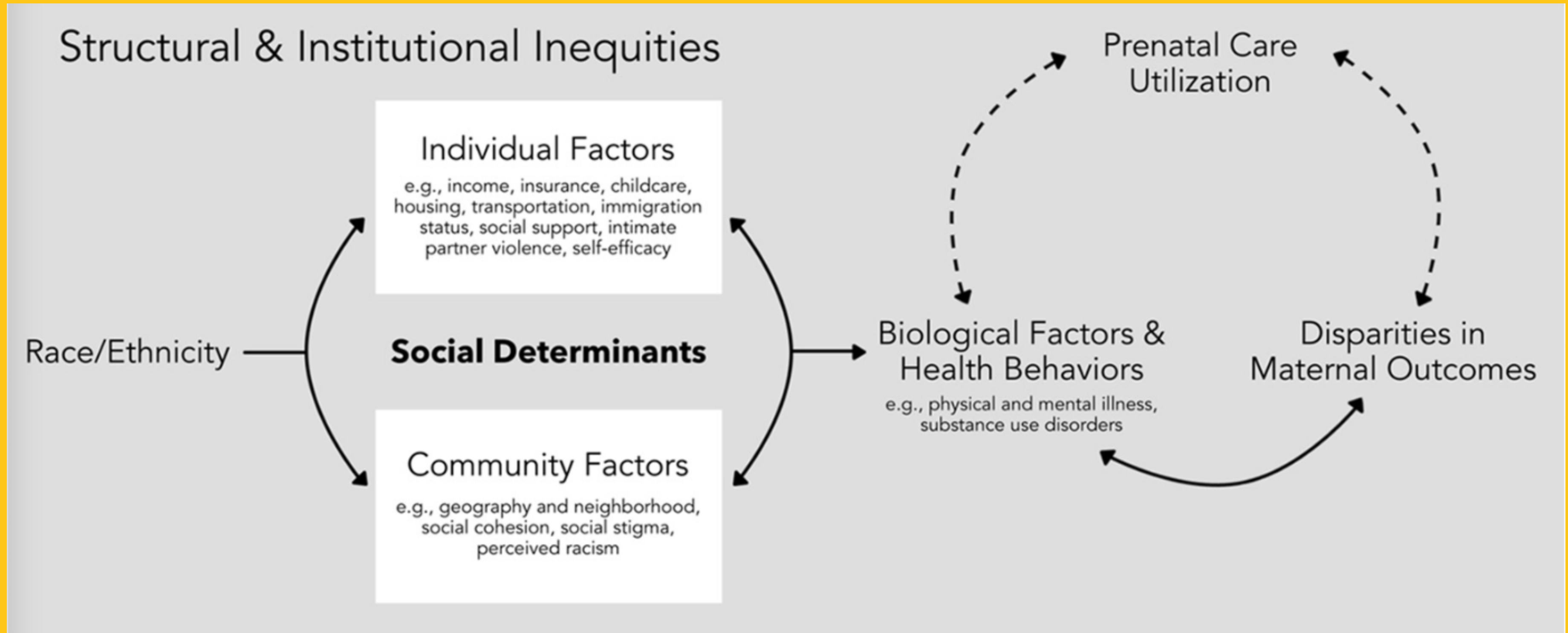
# DISCUSSION

- Assumption that women don't know how to give birth
  - more likely to be high risk (American, Black, Women)
- Doctor personal characteristics
  - willingness to step back so midwives can lead birth
  - attitudes towards women
    - selection process of medical schools, socialization in med school, male dominated field
  - delayed response to clinical warning signs, followed by ineffective care
- Hierarchy= loss of independence, confidence, creativity, problem solving
- Birthing centers with midwives and doulas are often private.
  - birth of your choice if you have \$\$\$\$
- Midwifery model in which doctors interfere is necessary will not happen as long as the powers that be are the biomedical model.
  - There are more “family-centered” care, but again, \$\$\$\$
  - Hospitals that serve low income women most likely don't employ this model

# SOCIAL DETERMINANTS OF HEALTH



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# FEATURES OF U.S. SYSTEMS

1. Hospital
  - a. financial barriers to care
  - b. a shortage of primary care providers
  - c. important gaps in quality of care
2. Higher prevalence of certain unhealthy behaviors
  - a. drug abuse, consumption of more calories
3. Wage gape- education gap, health inequities
4. Racially segregated communities
  - a. redlining, environmental waste, less parks, higher temperatures
5. Lack of paid family leave
6. Health insurance coverage (Medicaid)

# FATAL BIRTH COMPLICATIONS

The chronic stress of racism and social inequality may be underlying social determinants of racial disparities in health, including infant mortality, preterm delivery, and low birth weight.

- Loneliness and fear during and after childbirth, made physical state worse
- separation from baby due to complications
- issues with continuity of care and provider communication
  - hinders trust
- These women described a hectic, rushed delivery experience and said they did not receive a clear explanation of what transpired during or after birth
- felt out of the loop, not part of decision making process
- Hypertension, preeclampsia, cardiac arrest, hemorrhage, complications associated with C-section (higher mortality rate than natural birth)



# FATAL BIRTH COMPLICATIONS

**"I was expressing how I was feeling, and the nurse ruled it off as anxiety. And then I don't even remember how many hours later, they checked my hemoglobin, my hemoglobin was 5, and then all of the sudden it was like oh my god, oh my god, oh my god, what's going on?"**

**"As of today, I don't understand what happened. No one has a clear explanation, and I feel like I'm fighting against a system trying to find out what happened."**

**"I feel like I just expected a little more attention or feeling that they cared a little bit more"**

**"I think it's because of my race. I have pretty good insurance. I definitely think that my race has a lot to do with it"**

**"My problem was that I had three or four different doctors, and none of them talked to each other, as far as I could tell. So they would contradict each other to me in terms of when I could leave, in terms of when I'd get a particular test."**

# HOW TO COMBAT

- Identifying women who suffered complications of birth and offering them opportunities for postpartum debriefing or counseling
- Health service interventions
  - -patient-centered care
  - -communication skills
  - -implicit bias
  - -cultural humility
- More research on race and maternal health
- Better electronic health records
- psychosocial risk screening interviews
- community- engaged services
  - (e.g., midwifery maternity centers, nurse practitioner practices, maternal and child clinics, and outpatient clinics of hospitals)
- understanding of how inequities in outcomes based upon race, class, and gender are created by policy and practice
- improvements in equitable access to the SDOH

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## Midwifery vs. Biomedical

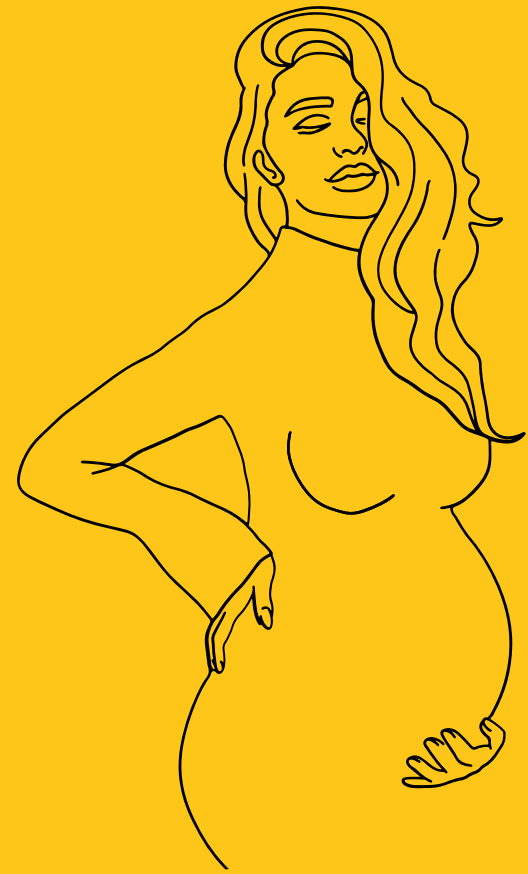
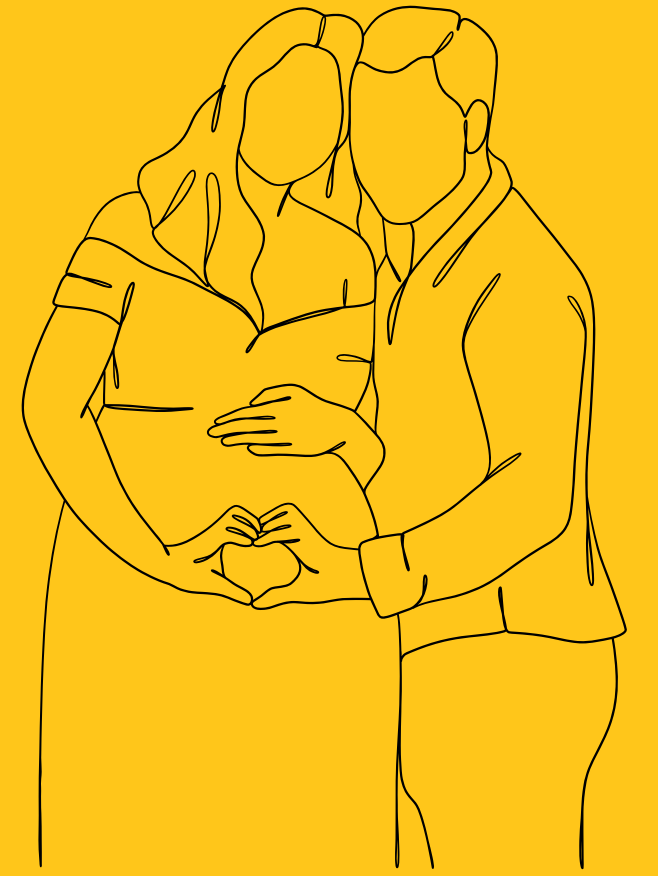
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**THANK YOU**

