

Jada Jones

Professor Griffin

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Black Mamas' Lives Matter: The Severe Racial Disparity in Maternal Mortality Rates

Wet tears glide down the man's cheeks as he calms the screams of his daughter's voice. The father curls his daughter closer into his arms and kisses her forehead as she begins to fall asleep. From a bystander's perspective, this may be viewed as a common exchange between a father and daughter, but this is no ordinary scenario. In the hospital's waiting room, the father paces, and his tears continue to fall down his cheek as he sways his sleeping daughter side to side in his arms. To an ordinary bystander, it may look as if the father is crying tears of joy because of the birth of his first child. Unfortunately, his tears are tears of sadness because his wife, who is African American, has just become another statistic. The father is weeping, because ten minutes ago he had just received the news of his wife's death after she gave birth to their daughter Hope.

The United States is a powerful industrialized nation equipped with the funds to provide adequate maternal care to expecting mothers; so many individuals would assume that when ranked among other developed world powers, the United States would fall within the top 20 developed nations with the lowest maternal mortality rates. Unfortunately, this is far from the truth. If someone were to hear that, "[t]oday this is the most dangerous place in the developed world to give birth" (Young), many would not believe that this statement is referring to this developed wealthy nation, but it is in fact referring to the United States. The United States, an industrialized world leader, has a higher maternal mortality rate compared to many other industrialized countries. What's even more surprising is the fact that the number of maternal

deaths in the United States have only continued to significantly increase over the years. According to a CBS News article “Maternal Mortality: An American Crisis, “[t]he United States is ranked 46th when it comes to maternal mortality. That’s behind countries like Saudi Arabia and Kazakhstan” (Aviv). The reality of this statement should sound alarming, because “[i]n the U.S., that means at least two women are dying every day. And it’s not just deaths on the rise. So are “near deaths” ...60,000 a year across the country” (Aviv). If this statistic still doesn’t astound you, then consider the fact that “[b]lack women are three to four times more likely to experience a pregnancy-related death than white women” (Black Maternal Health 2). Currently in the United States, there is an ongoing maternal death epidemic occurring, but what’s even worse are the research studies that show a large racial disparity in the maternal mortality rates between black and white women. “According to the CDC, from 2011-2013, black women experienced roughly 43.5 deaths per 100,000 live births on average, compared to 12.7 deaths for white mothers” (Lockhart). Since then, this racial disparity has continued to increase. As a result of this gaping disparity, many black women are pointlessly losing their lives due to the inherent racism embedded deep within the medical care system and medical experts’ failure to immediately act on and listen to black women’s medical concerns. To decrease the large gap in maternal deaths between these two demographic groups, there needs to be more attention brought to this maternal epidemic, increased advocacy for the reformation of the United States health care system, and incentive programs placed to give black mothers the necessary tools, such as good quality maternal care, prenatal care, education, and counseling, that they need to have a healthy pregnancy.

Over time, research studies from university departments such as the Department of Obstetrics and Gynecology at the University of Alabama at Birmingham have shown an

increasing gap in maternal deaths between black and white women. Before these studies were conducted, some experts speculated that the cause of the racial disproportion between black and white women stemmed from other factors such as socioeconomic status, education, age, and other conditional factors. As a result of these speculations, researchers began to examine factors, such as level of education and socioeconomic class, to confirm if these factors contributed significantly to the large disproportion in maternal deaths between black women and white women. According to an article published by the organization Center for American Progress, “[m]ost research on health disparities in maternal and infant mortality focus on African American women’s greater exposure to risk factors around the time of pregnancy, including poverty and low socioeconomic status; limited access to prenatal care; and poor physical and mental health. Although African American women are more likely than non-Hispanic white women to experience these interrelated risk factors, research shows that this greater likelihood does not fully account for the racial gap in outcomes” (Novoa and Taylor). Moreover, studies have been conducted to prove that when factors such as income, education, and age were put under controlled conditions that these factors did not provide a reasonable explanation for the large disparity in maternal deaths between black and white women. In fact, “[n]umerous studies show that after controlling for education and socioeconomic status, African American women remain at higher risk for maternal and infant mortality. Indeed, one study showed that after controlling for income; gestational age; and maternal age and health status, the odds of dying from pregnancy or delivery complications were almost three times higher for African American women than they were for non-Hispanic white women.” (Novoa and Taylor). Contrary to popular belief, similar cases have been found to explain that “socioeconomic status, education, and other factors do not protect [black women] against this disparity” (Chalhoub and Rimar). A

wealthy pregnant black woman can have a college degree, but that does not mean that her chances of facing pregnancy complications or death after giving birth is any lower than a poor, uneducated black woman's chances. Take, "for example, Shalon Irving, an epidemiologist at the Center for Disease Control and Prevention, and a Black woman, died three weeks after giving birth from complications of high blood pressure. Even with two Master's degrees, a PhD., health insurance, and a strong support system Shalon Irving still died from pregnancy complications. When Black women with economic and educational advantages like Shalon Irving continue to die at higher rates than white women it shows that education and access alone won't solve this problem" (Davies). If you compare Shalon's status to a poor, uneducated black woman who can hardly offer good health care and lives in a health hazardous neighborhood, both woman are as equally at risk when it comes to having pregnancy-related complications during their pregnancy. Shalon Irving's story provides physical evidence that a black woman's level of education, age, or income does not protect black women from becoming another statistic, but instead, helps increase the racial gap in maternal deaths within the United States.

Many studies have been conducted to understand why the racial disparity of maternal deaths has continued to increase if factors such as income status, age, and education are not the primary reasons. Researchers have found that expecting black mothers are living in a country "where a host of injustices contribute to this devastating gap in well-being, including lack of access to health care, affordability, and quality of health care" (Newman). In the United States, black women are not only facing structural racism within the real world, but also institutional racism within the health care industry. Within the real world, black women face structural racism through their experiences with racist individuals and their prejudicial comments. On the other hand, within the health care system, black women face institutional racism due to health clinics'

failure to provide black women with access to maternity education programs and good quality prenatal care that white women are administered when they go to similar or better health facilities. The cause of this form of institutional racism stems from the problem that health professionals have their own discriminatory biases towards minorities, so, as a result, clinics fail to administer the same amount of care they would to a white expecting mother. The effects of this form of institutional discrimination in the health care system causes black mothers to face high levels of stress. In fact, an issue brief published by the Center for American Progress suggests that, “stress induced by racial discrimination plays a significant role in the high rates of black women’s maternal mortality. This trend remains consistent across *all* education levels and socioeconomic statuses, putting all black pregnant women at risk” (Pierre). Black mothers from various socioeconomic and academic backgrounds are visiting well-operated hospitals to seek counsel and to voice their medical concerns, but their complaints of pain or possible symptoms of pain are being ignored. Instead, black women are often dismissed after going through hours of labor and labor pains without being provided additional maternal care and support, access to prenatal care or counseling, and other forms of medical attention. Health professionals’ negligence towards black women’s grievances about health clinics’ failure to provide high quality of medical care stems from the fact that, “[r]acism disproportionately effects the quality of care mothers receive during childbirth. For example, research has shown that implicit racial bias may cause doctors to spend less time with Black patients, and that Black people receive less effective care. Providers are also more likely to underestimate the pain of their Black patients, ignore their symptoms, or dismiss their complaints” (Davies). Because health care facilities are administering low quality care to black women, most feel as if their pregnancy is less important and that their medical needs are not being taken as seriously as white women. The black

community's feelings are justified because studies have shown, "that higher levels of implicit bias among clinicians is linked with biased treatment recommendations for Black patients, as well as poorer quality patient-doctor communication and lower ratings by patients from racial or ethnic minority groups about the quality of their encounters with doctors" (Feldscher). When put into context, it is clear that "[t]he feeling of being devalued and disrespected by medical providers [is] a constant theme. The young Florida mother-to-be whose breathing problems were blamed on obesity when in fact her lungs were filling with fluid and her heart was failing. The Arizona mother whose anesthesiologist assumed she smoked marijuana because of the way she did her hair" (Lockhart). These examples represent a few black women who have felt as if their complaints of pain or other various medical symptoms were ignored which caused them to have a near-death or a fatal pregnancy experience.

If you take into account the economic and racial barriers black women face, a secondary cause for the large gap in maternal mortality rates between white and black women becomes clear. Some black women do not have the financial ability to access good health care or to live in less health hazardous neighborhoods. "In 2013, for every household income dollar earned by whites, Hispanics earned 70 cents and blacks just 59 cents. These economic disparities affect where people live, learn, work, play, and worship—and all of these factors can in turn impact health. For instance, if blacks or other nonwhites can only afford to live in poorer neighborhoods, they may face greater exposure to toxic chemicals, or have limited access to health care or healthy foods" (Feldscher). Since some black women are not as financially capable to gain access to good prenatal and maternal care, this financial setback serves as one reason to explain why black women are more vulnerable to pregnancy-related deaths and other health issues than white women. In fact, "[r]esearchers have also identified a connection between racial

segregation and the quality of care a patient receives: A black person who lives in a segregated community and undergoes surgery is more likely to do so at a hospital with higher mortality rates; facilities in such communities are often lacking in resources compared with those in primarily white areas” (Stallings). Due to these economic and health care disparities, black women face having a larger maternal mortality rate than any other race.

The increasing racial disparity in maternal mortality rates in black and white women is a major problem within the United States that needs to be brought to national attention. There are innocent mothers and, at an even greater rate, black mothers, dying during or after the birth of their child due to pregnancy complications that could have been prevented if they were provided with the adequate maternal care that they deserve. It is imperative that individuals understand this tragic truth and work to decrease this gap in maternal deaths between black and white women in the United States. Currently, there are some “[e]fforts at the local, state, and national levels to address maternal mortality [which] are ongoing and civil society advocates such as Black Mamas Matter [who] are calling for attention and action to address the unjust differences in preventable maternal mortality in the United States” (Maternal Health Task Force), but there are many additional solutions, in addition to raising awareness, that could be implemented to decrease this maternal disparity.

It is unfortunate that black mothers face more pregnancy-related complications than any other race because some cannot access the necessary reproductive health care, maternal care, prenatal care, support, and education that they need to have a successful pregnancy. In order to reduce the large gap in maternal deaths between black and white women, a major reform within the United States’ health care system needs to be the nation’s main focal point. There are other

solutions that can be implemented to decrease maternal deaths such as offering alternative professional birthing services, such as doulas and midwives, but the root of the cause for these increasing numbers in maternal deaths is due to the discriminatory bias that has been embedded within the health care system for years. The health care system in the United States has been labelled as a "fractured and unequal health care system [that has] gaps in health workforce training [that] further aggravate these racial disparities" (Pérez). Due to the existence of this discriminatory and biased health care system, more programs need to be put in place to teach doctors and physicians how to provide adequate maternal care to all of their patients regardless of the individual's ethnic background. This solution is necessary because black women are not receiving the same quality of care that white women are receiving and, as a result, black women are becoming less trusting of health professionals and less willing to go to health clinics because their "health struggles have been systemically minimized or dismissed, funneling them into medical facilities that are less equipped to handle their pregnancies" (Lockhart). By primarily focusing on eradicating the discriminatory bias embedded within the health care system, more women will become more trusting of the health care system and more women will have access to vital programs, such as educative programs on pregnancy, counseling, and adequate maternal and health care, that will help decrease the racial disparity in maternal mortality rates and help black women experience less pregnancy complications.

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