

# Black Maternal Health Crisis

Sara Pixton

Addressing the need for improved prenatal care in the U.S. and mitigating racial disparities in maternal health care and outcomes



## History of the Issue

Throughout most of the earth's history, prenatal, birthing, and postpartum care was offered by midwives. Among the African people who were kidnapped and taken to America during enslavement were midwives who brought practices of traditional midwifery.



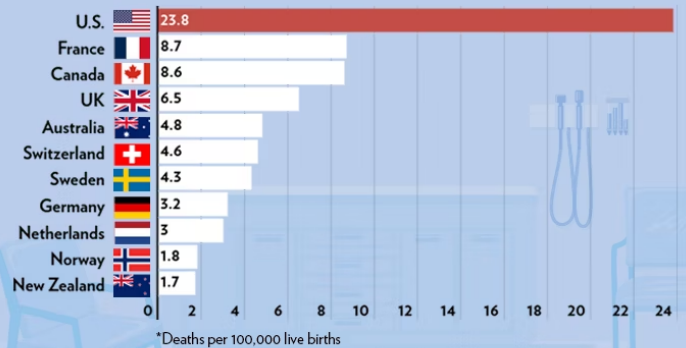
These midwives provided reproductive care in the U.S. until the 1800s, when modern obstetrics was developed by white men. Viewing midwives as a threat to their success as obstetricians, they spread false claims and ugly stereotypes about midwives, effectively driving the profession underground (International Confederation of Midwives, 2022).

Surgeon François Marie Prevoist developed cesarean techniques through experimentation on enslaved women (Owens & Fett, 2019). The “father of modern gynecology,” James Marion Sims, performed his research and experiments on enslaved black women without anesthesia. It was upon this racist foundation that modern gynecology and obstetrics was built (Holland, 2018).

Although tragic, it is then not surprising that racial disparities developed for Black birthgivers in perinatal health care. Racist medical stereotypes and inadequate care persist. As time passes, these disparities aren't resolving. The Black maternal mortality rate has doubled in the last 20 years (NPR, 2023), and is 3-4 times that of white birthgivers (Taylor et al., 2022).

## Definition of the Issue

### Maternal Mortality in the U.S. Far Outstrips That of Other Industrialized Nations

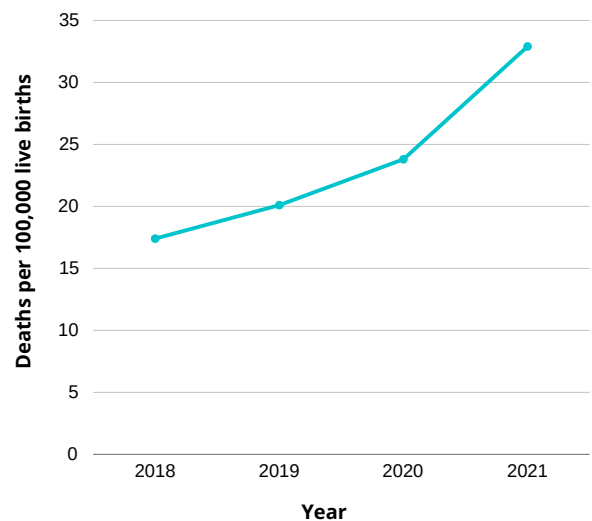


Source: <https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm>

Graphic source: Taylor et al., 2022

Maternal mortality in the U.S. is the highest of all industrialized countries. The overall mortality rate in 2020 was 23.8/100,000 live births (compared with rates of 1.7-8.7/100,000 in other wealthy countries) (Taylor et al., 2022).

## U.S. Maternal Mortality Rate



Data source: Hoyert, 2023

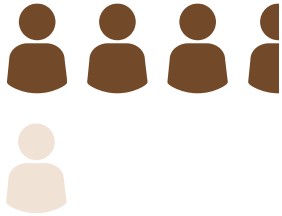
In 2021, the U.S. maternal mortality rate rose to 32.9. (Hoyert, 2023); it has been worsening since 2018 (before, it was not regularly reported) (Taylor et al., 2022).

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## Definition of the Issue (cont'd)



3-4 Black birthgivers die of pregnancy-related causes for every 1 white birthgiver who dies of pregnancy-related causes (Taylor et al., 2022).



20.1% of (1 in 5) Black birthgivers in 2020 had inadequate prenatal care, compared with 9.9% of White birthgivers (March of Dimes, 2023).

## Position Statement

### Health Care

NASW commits to the U.S. Department of Health and Human Service's Healthy People 2020: "to create a society in which social and physical environments promote good health for all, health disparities are eliminated, and all people attain high-quality, longer lives" (National Association of Social Workers [NASW], 2021, p. 159).

### Reproductive Justice

NASW's (2021) statement on Reproductive Justice asserts "the necessity of aiding women and men who are parents so that they may raise their children in safe, healthy, and supportive environments" (p. 281).

## Recommendations

### Diversify Maternal Care

A racially, ethnically, and professionally diverse team of professionals best serves the whole person during the perinatal time.

### Expand Maternity Care Teams

In addition to obstetricians, midwives, physicians assistants, advanced practice registered nurses, lactation consultants, and doulas meet the varied needs of pregnant and postpartum people.

### Provide Culturally Congruent Care

Conduct and share research on best practices for culturally congruent care.

### Expand Midwifery Care

Reclaim the history of midwifery by expanding opportunities for student midwives to shadow in clinics, hospitals, and freestanding birth centers.

### Establish Perinatal Workforce Grants

Expanding perinatal teams and training perinatal professionals in culturally competent care requires funding. Priority should be given to those who will diversify the perinatal workforce.

### Determine Barriers to Perinatal Health Education

Assess barriers to accessing and completing education and training in the field of perinatal health for low-income and BIPOC women.

**Each recommendation is part of H.R. 3523 - Perinatal Work Force Act (2023).**

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