



ADDRESSING AMERICA'S BLACK MATERNAL HEALTH CRISIS

Today, in the United States, Black mothers are three to four times more likely than white mothers to die from pregnancy and childbirth.¹ Black mothers are dying during pregnancy and childbirth at rates that are similar to those of developing countries with extreme poverty, lack of resources, and lack of providers.² Black women are twice as likely to die from complications such as heart attacks, blood clots, excessive bleeding, infections, and strokes.³ Black women in the South are disproportionately affected by preventable maternal deaths and illnesses due to low socioeconomic status and access to health care resources and quality care.⁴

Black women deserve the right to accessible, safe, and competent maternal health care that supports healthy pregnancies and births, and that provides access to affordable, quality healthcare that protects them from unnecessary complications or potential death. This principle is at the core of the Reproductive Justice framework. Reproductive Justice is the human right to control one's body, sexuality, gender, and reproductive choices. That right can only be achieved when all women and girls have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives.

BACKGROUND: THE BLACK MATERNAL HEALTH CRISIS

The United States has become the most dangerous industrialized nation in which to give birth, and American women are dying from pregnancy-related complications at alarming rates.⁵ In fact, American women are more likely to die from pregnancy-related complications than women in 45 countries, including both developed and developing countries.⁶ To make matters worse, pregnancy-related deaths have been steadily rising over the last three decades.⁷ Every year, around 700 women in the United States die from pregnancy or childbirth complications.⁸ Even more alarming is the fact that one population group, Black women, face far worse maternal health outcomes once the data is disaggregated by race and ethnicity.

Maternal mortality is the death of a woman while pregnant or within 42 days of the termination of pregnancy, and the maternal mortality rate is the number of maternal deaths per 100,000 over the course of a year. In the United States, pregnancy-related mortality rates for white women were 12.7 deaths per 100,000 live births, while pregnancy-related mortality rates for Black women were 42.5 deaths per 100,000.⁹ After decades of a declining maternal death rate, from about 607 deaths per 100,000 births in 1915 to about seven deaths per 100,000 births in 1987, the trend reversed beginning in 1987 and has continued rising ever since.¹⁰

While the increase in maternal mortality is often connected to a rise in chronic diseases, such as heart disease, hypertension, obesity, and diabetes, research increasingly shows that a wide range of other factors contributes to poor maternal health for Black women.¹¹ These factors include:

- availability of providers, clinics, hospitals, or health organizations;
- accessibility in terms of non-discrimination, physical access, affordability of care, access to information to allow parents to make meaningful and informed decisions;

- the existence of environmental stressors such as inadequate housing or food insecurity;
- systemic and bureaucratic barriers in the U.S. healthcare system;
- availability of family planning and educational resources;
- culturally competent practices that respect the culture of individuals and communities; and
- availability of quality, evidence-based, scientifically and medically appropriate care to meet the unique needs of Black women in their communities.

PRE-CONCEPTION HEALTH

Pre-conception health is a women's health before she becomes pregnant. Good pre-conception health requires knowing the specific health conditions and risk factors that can affect a woman during the course of pregnancy should she become pregnant.¹² Black women are more likely to suffer from complicating conditions, such as diabetes and obesity, that exist before pregnancy and that increase the likelihood of health complications during pregnancy and birth.

Additionally, federal debates and significant changes to healthcare legislation have resulted in significant cuts to programs, such as Title X and Medicaid, which offer healthcare services for women.¹³ Black and low-income women heavily depend on these services to meet their healthcare needs. Without access to care, Black women do not receive routine screenings for diabetes, hypertension, and cervical cancer. These illnesses cause maternal deaths if left untreated.

RACIAL DISCRIMINATION IN THE U.S. HEALTH SYSTEM

The foundation of the United States healthcare system is one that has historically neglected the needs of Americans on the basis of race and gender. At the intersection of both race and gender identities, Black women face immense harms to their reproductive health and well-being. Increased rates of premature births, infant mortality, and maternal death for Black women in the United States occur regardless of education, income, or health coverage, leading researchers to conclude that simply being a Black woman leads to increased rates of maternal mortality.

The racial health disparities that affect Black mothers exist regardless of whether they live in urban centers or in rural areas or whether they are affluent or low income. In Southern states, the disparity is even more considerable.¹⁴ Protective factors for other population groups simply do not hold for Black women because racial and gender bias occurs in every state, from doctor interactions with medical providers, to prescribing medications and informed consent. These types of biases mean that even conventional forms of access, like money and education, do not lead to better health outcomes for Black women.

Black women report that medical providers do not take their health concerns seriously, especially if they have a low socioeconomic status, already have children, or have pre-existing health conditions.¹⁵ Discrimination within healthcare settings affects a woman's ability to have a safe and healthy pregnancy. Women who are discriminated against are also less likely to return to a healthcare facility, which places their health and pregnancy in jeopardy. The doctor-patient relationship is developed through repeated interactions, and doctors are able to learn more about the patient through each successive visit. When women feel disrespected and disempowered, they are less likely to return for follow-up appointments, monitoring, and continued care.

Due to historical patterns of discrimination, Black women simply do not trust healthcare settings. For example, in the 1970s, women of color and women with low income were coerced into sterilization, often without informed consent. Many women were threatened with the withdrawal of welfare benefits if they

refused to be sterilized. In some states, doctors refused to deliver babies or perform abortions for Black women with low incomes if they did not agree to be sterilized after the birth of the child. For women living in rural areas or far from other health care providers, this was not a choice but an ultimatum. The doctors that are available may not have cultural competency training, thus creating a disparity between the quality of care Black and white women receive, even by the same medical provider.

Black women are placed in stressful situations where they must advocate for themselves, often in opposition to their providers for their health and well-being -- rather than working with providers who should automatically prioritize the needs of the woman. Finally, to add insult to injury, there is no nationwide standard or system in place to compel, collect, and analyze high-quality, comprehensive data on maternal deaths and complications in the United States.¹⁶ Local and State practices also vary substantially, which makes it harder to collect and analyze data. Without this critical data, it is difficult to access solutions to the problems that lead to low-quality maternal health care.

NEXT STEPS

Research shows that up to 60 percent of pregnancy-related deaths in America are preventable.¹⁷ To improve the maternal health of Black women, we must adopt a Reproductive Justice framework that provides for accountability, non-discrimination, equity, and empowerment.¹⁸ Providers, advocates, policy makers, and health organizations must:

- improve access and quality;
- address underlying determinants of health;
- prioritize social supports for Black women and Black communities;
- address nutrition and food security;
- ensure adequate, safe housing and safe communities;
- facilitate healthy occupational and environmental conditions;
- eliminate discrimination in law and practice;
- ensure accountability in all stages of decision-making; and
- include and empower women in all health care decisions.¹⁹

All women should have the right to safe and respectful maternal health care regardless of age, race, geographical location, and economic status. Comprehensive, culturally competent care is necessary to address the maternal health disparities between Black women and other population groups in America. Cultural competence enables providers, hospitals, and community organizations the capacity to respect diversity, conduct self-assessments, manage intersectional identities, and incorporate care that values the cultural contexts of the communities served.²⁰ A lack of cultural competency training often leads to miscommunication between providers and patients. Without such training, doctors do not trust that patients will follow advice and patients do not trust that medical providers have their best interests in mind.

Community-Centered Approaches to Care

Historically, Black women have obtained information through family and community-based centers. Traditions for care are passed down generationally and through conversations in a community setting such as churches, beauty salons, and community centers. This provides an opportunity to disrupt the spreading of misinformation, to identify the language of health spoken in the Black community, and to pass on information to women who already have the agency to improve their lives. In addition to providing culturally competent care, healthcare providers and others working in healthcare spaces must

make good-faith efforts to reach Black women, and other communities of women, where they are most receptive to receiving information. This, more often than not, will be in their very own communities.

State Responsibilities

States should seek to address and prevent the risk factors associated with poor maternal health outcomes and expand access to indigent women through Medicaid expansion and other programs. Each state must create a process to collect and assess data on maternal health that includes quantitative and qualitative methods. The data collection process should allow women to voice their concerns. The data must seek to prove a better understanding of the impact of race and socioeconomic status on Black women's health. Additionally, states should create systems to implement recommendations and hold health care providers and institutions accountable if they fail to meet Black women's needs.

In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national Reproductive Justice organization focused on lifting up the voices of Black women at the national and regional levels in our ongoing policy fight to secure Reproductive Justice for all women and girls. Our eight strategic partners include Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc. SisterReach, SPARK Reproductive Justice Now, The Afia Center and Women With A Vision.

¹ *Pregnancy Mortality Surveillance System*, CENTERS FOR DISEASE CONTROL AND PREVENTION,

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>, last updated Nov. 9, 2017

² Monifa Bandele, *Why Giving Birth Is Deadly for Black Women... and Why It Might Get Worse*, THE ROOT: BLACK MATERNAL HEALTH, Aug. 12, 2017, <http://www.theroot.com/tag/black-maternal-health>.

³ *Ibid.*

⁴ *A State Policy Framework for the Right to Safe and Respectful Maternal Healthcare*, BLACK MAMAS MATTER ALLIANCE, CENTER FOR REPRODUCTIVE RIGHTS. https://blackmamasmatter.org/toolkit-download/?download_nonce=13e6c1730c (last visited April 12, 2018).

⁵ Nina Martin, *U.S. Has the Worst Rate of Maternal Deaths in the Developed World, Lost Mothers: Maternal Mortality in the U.S.*, NATIONAL PUBLIC RADIO, May 12, 2017, <https://www.npr.org/2017/05/12/528098789/u-s-has-the-worst-rate-of-maternal-deaths-in-the-developed-world>; Marian MacDorman, *Is the United States Maternal Mortality Rate Increasing? Disentangling trends from measurement issues*, Journal of Obstetrics and Gynecology, Sept. 1, 2016, 128(3): 447-455. Monifa Bandele, *Why Giving Birth Is Deadly for Black Women... and Why It Might Get Worse*, THE ROOT: BLACK MATERNAL HEALTH, Aug. 12, 2017, <http://www.theroot.com/tag/black-maternal-health>.

⁶ *Deadly Delivery: The Maternal Health Care Crisis in the U.S.A.*, AMNESTY INTERNATIONAL, 2010 (On file with author).

⁷ *Pregnancy Mortality Surveillance System*, CENTERS FOR DISEASE CONTROL AND PREVENTION, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html>, last updated Nov. 9, 2017 See graph.

⁸ *Reproductive Health: Pregnancy-Related Deaths*, CENTERS FOR DISEASE CONTROL & PREVENTION (CDC), <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm> (last visited Jan. 11, 2018); Michael, Ollove, *NC's Maternal Mortality Strategy Relies on Medical Homes*, NORTH CAROLINA HEALTH NEWS, December 26, 2017, <https://www.northcarolinahealthnews.org/2017/12/26/21699/>. Last visited Jan. 18, 2017.

⁹ *Ibid.*

¹⁰ *Maternal Mortality Rates are "Stunningly High" for Black Women in Texas*, WOMEN IN THE WORLD, Oct. 31, 2017, <https://womenintheworld.com/2017/10/31/maternal-mortality-rates-are-stunningly-high-for-black-women-in-texas/>.

¹¹ *Why American women are increasingly dying in childbirth – especially Black women*, WOMEN IN THE WORLD, Aug. 9, 2018, <https://womenintheworld.com/2016/08/09/why-american-women-are-increasingly-dying-in-childbirth-especially-black-women/>.

¹² WomensHealth.Gov., *Preconception Health*, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE ON WOMEN'S HEALTH <https://www.womenshealth.gov/pregnancy/you-get-pregnant/preconception-health>. Last visited April 12, 2018.

¹³ *Maternal Mortality Rates are "Stunningly High" for Black Women in Texas*, WOMEN IN THE WORLD, Oct. 31, 2017, <https://womenintheworld.com/2017/10/31/maternal-mortality-rates-are-stunningly-high-for-black-women-in-texas/>.

¹⁴ Monifa Bandele, *Why Giving Birth Is Deadly for Black Women... and Why It Might Get Worse*, THE ROOT: BLACK MATERNAL HEALTH, Aug. 12, 2017, <http://www.theroot.com/tag/black-maternal-health>. ("In New York City, Black mothers used to die at seven times the rate of white mothers now they are 12 times more likely to die.")

¹⁵ *Maternal Mortality Rates are "Stunningly High" for Black Women in Texas*, WOMEN IN THE WORLD, Oct. 31, 2017, <https://womenintheworld.com/2017/10/31/maternal-mortality-rates-are-stunningly-high-for-black-women-in-texas/>.

¹⁶ Black Mamas Matter Alliance, Center for Reproductive Rights, *Research Overview of Maternal Mortality and Morbidity in the United States*, 2016 (On file with author).

¹⁷ *Building U.S. Capacity to Review and Prevent Maternal Deaths, Report from Maternal Mortality Review Committees: A View into Their Critical Role*, CDC FOUNDATION, <https://www.cdcfoundation.org/sites/default/files/files/MMRIARreport.pdf>.

¹⁸ *Advancing Maternal Health as a Human Rights Issue*, BLACK MAMAS MATTER ALLIANCE, CENTER FOR REPRODUCTIVE RIGHTS, (2017) (On file with author).

¹⁹ *Ibid.*

²⁰ *Documenting the Implementation of Cultural and Linguistic Competence: A Guide for Maternal and Child Health Bureau Finding Training Programs*. National Center for Cultural Competences, Georgetown University Center for Child and Human Development.