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THE MOST UNPROTECTED PERSON IN AMERICA: THE AFRICAN AMERICAN WOMAN, MATERNAL AND INFANT MORTALITY

“The most disrespected person in America is the black woman. The most unprotected person in America is the black woman. The most neglected person in America is the black woman.” Expressed by Malcom X in 1962 , these sentiments have continually been echoed in literature about black women on the aspects of politics, civil rights and for the premise of today’s discussion, birthing outcomes.

Racial disparities and biases are persistent in the birthing outcomes of African American women. According to the CDC, “the risk of pregnancy-related deaths for black women is 3 to 4 times higher than those of white women”[2]. Such stark figures and statistics can be attributed to the history of behaviors and attitudes the United States exhibits towards African American women.

In the history of the United States, African American women have regularly been devalued. In the book, *Killing the Black Body*, the author Dorothy Roberts unveils deep

rooted systematic mistreatment of Black women’s bodies. Dorothy Roberts initiates the conversation on the racial oppression of black women and reproductive autonomy. Black



Art inspired by motherhood and self love - Guady Pleskacz

women have experienced such oppression in the midst of slavery. *Killing the Black Body* cited publications like the Philadelphia Inquirer that suggested “coerced contraception as a solution to the Black underclass”[11]. Besides publications, in the 1970s there were government sponsored programs in place to coerce young black women and welfare mothers into sterilization through campaigns to inject Norplant and Depo-Provera, while on the other hand their white counterparts were turning to fertility clinics to start families. Furthermore, Black mothers were blamed for perpetuating social problems, and transmitting defective or deviant genes to their children. The policies, attitudes and behaviors in the 1960s and 1970s of American History, are entirely fueled by racist assumptions on black procreation.

At the same time, *Killing the Black Body* features the mental and emotional abuse perpetrated by forces diminishing the meaning of motherhood for black women. “As Simone de Beauvoir wrote in *The Second Sex*, “Being



a mother is considered a woman's major social role. Society defines all women as mothers or potential mothers. Motherhood is compulsory for women: most little girls expect to become mothers... women have been defined in terms of motherhood, devaluing this aspect of a woman's identity is especially devastating. It cuts to the heart of what it means to be valued as a woman [11]. This notion is harmful and detrimental to the growth and voice of black women. Not only were black women degraded in this manner, but it goes on to spread in their lack of inclusion in the suffrage movement, many women's reproductive rights movements, and the civil rights movement.

Institutional conduct towards black women in today's healthcare system has notoriously been influenced by history. Reflecting on Dorothy Roberts' remarks, we are still ever in the presence of an outbreak of rhetoric and policies that put black women at a disadvantage in their healthcare outcomes. The U.S. is named one of the most dangerous countries amongst developed nations for women to give birth. According to The United Nations Children's Fund (UNICEF), most countries with higher income have newborn mortality rates of 3 in 1,000 on average in comparison to lower income countries. As of 2018, the U.S. reports a rate of 5.7 in 1,000. Taking into account race and ethnicity, non-hispanic black infant deaths account for 10.8 per 1,000, compared to non-hispanic white infant deaths account for 4.6 per 1,000. This may be alarming to some, but in reality, the U.S. has uncovered declining healthcare outcomes.

Maternal mortality is said to be worsening in the U.S., while 60 percent is preventable according to the CDC. Maternal mortality causes range from hemorrhage, hypertensive disorders such as eclampsia, sepsis, and embolism. Some of the leading causes of

infant mortality are preterm birth complications, intrapartum-related events, congenital abnormalities, and neonatal sepsis. Pakistan, Central African Republic, and Afghanistan have the world's highest infant mortality rates while sub-Saharan Africa and South Asia account for 86 percent of maternal deaths worldwide according to UNICEF. Although the U.S. birthing outcomes are more favorable than a number of developing nations, the U.S. still has work to do in efforts to combat rising mortality rates, especially amongst non-hispanic, black ethnicity. According to the World Health Organization, the United States is the only developed nation in the world with a rising maternal mortality rate.

UNICEF ranks the top five countries to give birth based on each country's infant mortality rate. These top countries in order of safety include Japan, Iceland, Singapore, Finland, Slovenia and Estonia. Japan's infant mortality rate is 1 per 1,111 babies. Iceland and Finland operate in such a way that provides universal health care and the addition of nurse-midwives as a vital part of healthcare personnel. Iceland and Finland also have low cesarean section rates. A common theme presented is the fact that most countries with lower infant and maternal mortality rates incorporate midwives as essential personnel in the healthcare team. Singapore ranks third with a rate of 1 per 909 babies. Such a rate may be attributed to its higher rank amongst countries with the most efficient healthcare, according to Bloomberg's annual rankings. Last but not the least, ranking with a rate of 1 per 769 babies, Estonia and Slovenia also place emphasis on the inclusion of midwives.

Many newborn deaths are due to complications that are preventable. Through UNICEF's global campaign "Every Child ALIVE", solutions are solicited to appeal to governments, health care providers and families to indeed keep every



child alive. This is done by intentional training and recruitment of doctors, nurses and midwives. There is a positive correlation between midwives and better birthing outcomes in various countries obtaining lower mortality rates. Furthermore, UNICEF hopes to guarantee clean, functional health facilities equipped with water, soap and electricity within the reach of every mother and baby, making it a priority to provide every mother and baby with the life-saving drugs and necessary tools, and empower adolescent girls, mothers and families to demand and receive quality care [13].

History and statistics place black women at a greater affinity towards lower odds of survival. This is regardless of other demographic factors that are investigated such as poverty, social status, economic status, and education level. Black women today are sharing stories about their struggles birthing in a system that does not believe them, for example, when they rate their pain. Hoffman et al. [5] and Mossey [10] reveal that “racial/ethnic minorities consistently receive less adequate treatment for acute and chronic pain than non-Hispanic whites, even after controlling for age, gender, and pain intensity. Pain intensity underreporting appears to be a major contribution of minority individuals to pain management disparities. The major contribution by physicians to such disparities appears to reflect limited awareness of their own cultural beliefs and stereotypes regarding pain, minority individuals, and use of narcotic analgesics”[5,10]. This is mirrored in a study by Staton et al. quantifying the fact that physicians were more likely to underestimate the pain complaints of black patients at 47% compared to nonblack patients at 33.5% [5]. “In the United States, these beliefs were championed by scientists, physicians, and slave owners alike to justify slavery and the inhumane treatment of black men and women

in medical research” [5]. Even a Dr. Samuel Cartright, during the 1800s, a highly respected doctor submitted to and disseminated information about the “Negro disease” suggesting that it made them “insensible to pain when subjected to punishment” followed by conclusions made by healthcare professionals indicating that African American people can tolerate surgical operations with little to no pain [5].

Dr. J. Marion Sims, also known as the father of modern gynecology developed many of the tools and surgical methods familiar to reproductive health, is another example of the racist history of reproductive health in the United States. Dr. J. Marion Sims is known to have initiated procedures on enslaved black women in the 1800s, without anaesthesia. Similar to Dr. Samuel Cartright, the rationale behind Dr. J. Marion Sims operating on enslaved black women without anesthesia was justified by his belief that black people do not experience pain like white people[6]. Today, statues honoring that honor contributions of Dr. J. Marion Sims to gynecology, but neglects the voices and stories of the enslaved black woman, have been petitioned and ordered for removal.

Birthing African American women have the right to be informed on all the available options for pain relief especially during labor. Preconceived assumptions about their pain tolerance only fails to provide them adequate care and attention in which their white counterparts receive. This extends beyond epidural, but invites the incorporation of non-pharmacological methods towards pain relief. Such methods are not limited to change in position, ambulation, breathing techniques and distractions such as music. There needs to be an increased obligation towards both nonpharmacologic and pharmacologic methods to better serve African American women. Fortunately, there are advocates, interest groups



and alliances in the United States working to reduce the number of maternal and infant deaths, while prioritizing the best interest of black women.

April 11th is the day that the United Nations sets as the International Day for Maternal Health and Rights. Black Maternal Health Week is recognized in the United States every year from April 11 - 17, including International Day for Maternal Health and Rights. The Black Maternal Health Week occurs in response to the battle toward considerably reducing maternal and infant mortality amongst African American women by demanding increased health quality and equity. Black Maternal Health Week presents a week dedicated to highlighting the voices of Black mothers nationwide and providing a platform to combine human rights, reproductive, and birth justice into one campaign.

The work that is being done across the nation to improve the birthing outcomes of African American women are as follows:

- Centered and black women led initiatives that aim to exemplify the stories and narratives of Black birthing women
- Petitions in various states, in place to work towards declaring the deaths of black babies and mothers a national crisis.
- Policy and funding changes
- Emphasis on doula services; coverage by private insurance and medicaid
 - The training of more women of color to become doulas and ensuring benefits and a livable wages
- Continuing to allow for important discussion on this topic to circulate

Doula's stand as beacons of support and guidance for birthing mothers. Doula's provide both emotional and physical support for women throughout their childbirth process. Research has shown that doulas, much like midwives, are paramount to the improvement of black births. Alongside emphasizing doula services, policy changes much like 'The Preventing Maternal Deaths Act' personifies an example of policy and funding changes approved by the U.S. senate to establish in-depth reviews and investigation of infant and maternal mortality rates. The goals of UNICEF are also mirrored through proposals to stimulate public reporting of infant deaths and stressing the need to train more providers and practitioners in effort to improve the quality of care and encourage

It is in the hands of the system to adequately shine a light on a body of women who have historically been at the bottom. It is time to unrelentlessly question the presence of racial disparities in pregnancy and birth. Poor birthing outcomes occur due to disrespectful treatment, discrimination and inadequate social training of healthcare providers. The facts have been outlined; however in order to uncover the truth, it is imperative that healthcare providers remember their oath to care for all and take time to actively listen to the real stories of black women who have been failed by the healthcare system. It is time to hone in on the resources available, and solicit all the methods and techniques possible to provide the best quality and evidenced based care.

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