

Tiffany Njugi

Professor Juliana Ward

ENGLWRIT 112H

2 November 2023

Black Women Maternal Mortality and Health Disparity Crisis

Imagine getting ready for the exciting arrival of your soon-to-be newborn child, and preparing for the day they arrive just to have the hope and joy stripped away from you by the very people who are supposed to protect your health. This was the reality of Brooke Smith, a Black woman who tragically experienced a stillbirth that could have been prevented if her concerns had been taken seriously by health professionals. Despite Smith visiting the hospital twice as it neared a few weeks before her due date because she could not feel the fetal movements anymore, her expressed concerns to nurses and doctors were dismissed as she was diagnosed with “false labor.” When she passed her due date, Smith visited the hospital once more. This was the visit that changed everything for her, the doctor who had been on call on her second visit informed her that her baby had died in the womb. The same doctor asked her when she last felt a movement, Smith said two days ago she felt violent kicking, resulting in the doctor replying that she should have come in earlier (Eldeib). This was the same doctor who diagnosed her with false labor a week prior and dismissed her concerns, shifting the blame on Smith for not coming in earlier instead of taking accountability for their failure to provide adequate care. This is a story heard time and time again from Black mothers nationwide.

Pregnancy is arguably one of the more mentally and physically difficult things a person can endure on their body. It is crucial for expectant mothers to not only go to the scheduled

doctor visits to ensure everything is running smoothly but also trust that healthcare providers are providing the care needed to minimize the risk of running into complications as much as possible during birth. However, this is not the reality for pregnant Black mothers in America who have been failed by the healthcare system countless times. The failure within the system to provide suitable care does not have to do with someone lacking a higher status or education, it comes down to one simple factor. Race. This factor is the main influence on the type of care a person is provided.

Why are stories such as Brooke Smith and others across the nation all too familiar? Why is one of the leading nations in the world facing such problems in their healthcare system? Compared to other developed countries, America has the worst maternal mortality rate with more than 700 people dying due to pregnancy and childbirth complications (qtd. in LoGiudice). However, there's a disproportion among those who are dying due to these complications, and it is found that Black mothers die at a staggering rate of three times higher compared to white counterparts (qtd. In LoGiudice). These rates do not exist because of a different biological aspect that black mothers possess compared to other mothers of different racial or ethnic backgrounds. They are deeply rooted in systemic racism and the implicit biases held by healthcare providers that result in inadequate care. "In 2017, the Robert Wood Johnson Foundation reported that 22% of Black women encountered discrimination when seeking medical care." (qtd. In Russell). The biases that some care providers hold can be the reason for a loss of life. The discrimination faced by Black women by healthcare professionals has led to high maternal mortality rates. Many have faced the dismissal of health issues that they've reported but not taken seriously, and it all boils down to the racism ingrained within the healthcare system that traces back to the era of Jim

Crow laws, segregation, and slavery (LoGiudice).

Some might argue that the root of the issue is the differences in socioeconomic status. Women who hold a higher status will have a protective shield against the discrimination faced by people of a lower status whether economically or socially. This might be the case in instances where race isn't a factor, but when it becomes a part of the conversation someone's status will not provide that protective shield that some have the privilege of attaining. The amount of melanin someone has, unfortunately, determines the care they are provided with and brands them whether they're worthy of adequate or inadequate care, the scarlet letter of medicine. A New York Times study found that "the richest Black mothers and their babies are twice as likely to die as the richest white mothers and their babies." (Kliff et al.). The CDC has reported that younger age, higher socioeconomic status, and higher education do not weaken the negative influence of racism and discrimination in health care (Julion). The root of the issue is not merely a conflict between the rich and the poor but between the color of someone's skin and how that reflects on the type of care they're provided with.

World-renowned Black tennis player, Serena Williams, is a prime example of status not affecting the care Black mothers acquire. The day after giving birth to her newborn, Williams reported to her providers that she was having trouble breathing and experiencing another pulmonary embolism. She asked the nurse for a CT scan and a blood thinner expressing her concerns for her health. The nurse dismissed them blaming the pain medication she was taking, possibly making her confused. It wasn't until Williams fought for herself and did not stand down that she was given a CT scan by the medical team. Which revealed her concerns to be right and showed multiple blood clots in her lungs (Salam). Why is it that Serena Williams had

to fight for herself for basic medical attention, especially in her vulnerable postnatal state? Her concerns should have been taken seriously at the very least. Her doctors and nurses should have been her health advocates, not the cause of further harm to her health.

The inequality in health care that targets Black women is not just caused by biases that are held by healthcare providers but a lack of information that healthcare providers are provided with during their education in medical school. For example, within the specialty of dermatology, it has been reported that there is a lack of representation of darker skin tones within textbooks. This directly leads to misdiagnosis and unnecessary suffering for the patient as a condition might appear different on another skin tone (Rabin). Medical schools not providing equal representation in textbooks that future doctors study from, and go on to treat other patients, fosters a system that creates more racial discrepancy in healthcare. Doctors need to be ensured that they are educated on the possible racial groups they might care for—for the sake of the lives of marginalized groups, such as Black Women.

I often think about what my future entails as a Black woman in America. The obstacles that have to be overcome to not only be respected but to just survive. If the most regarded greatest women's tennis player of all time was disregarded by her trusted providers where does that leave other black women? Having children and pregnancy for some women is seen as a gift, a beautiful journey that one would not trade for something, but this journey for Black women can be their death sentence. Our lives not having the same equal value as other non-Black women in the eyes of the system is something that has to be changed by directly attacking the system itself. This is where the challenge lies, addressing the issue at hand and addressing the cause of that issue, which would require not just calling out America's system but requiring

acknowledgment of the systemic racism ingrained in healthcare. America taking accountability and willingly progressing to act on dismantling the systemic barriers that push the healthcare racial inequalities. It means addressing implicit biases held by healthcare providers by requiring anti-racist and cultural competency training, diversifying the textbooks used in medical school and further passing policies and legislation to combat discrimination. Only by taking these steps will we begin to fight this crisis that poses a threat to the livelihood of Black Women in the nation. The failure to do so will result in the continuation and rise of avoidable Black maternal deaths, the continuation of devaluing the lives of Black women, and the increase of distrust between healthcare providers and Black female patients.

Works Cited

- LoGiudice, Jenna A. "Reducing Racial Disparities in Maternal Healthcare: A Midwifery Focus." SAGE Open Nursing, vol. 8, Nov. 2022, pp. 1–3. EBSCOhost, <https://doi.org/10.1177/23779608221138430>.
- Russell, Samantha. "Eradicating Racism From Maternity Care Begins With Addressing Implicit Bias." Nursing for Women's Health, vol. 25, no. 3, June 2021, pp. 167–69. EBSCOhost, <https://doi.org/10.1016/j.nwh.2021.03.005>.
<https://www.nytimes.com/interactive/2023/02/12/upshot/child-maternal-mortality-rich-poor.html>
- Eldeib, Duaa. "She Says Doctors Ignored Her Concerns About Her Pregnancy. For Many Black Women, It's a Familiar Story." ProPublica, 27 Dec. 2022, <https://www.propublica.org/article/stillbirths-pregnancy-mothers-parents-racial-disparities>
- Kliff, Sarah, et al. "Childbirth Is Deadlier for Black Families Even When They're Rich, Expansive Study Finds." The New York Times, 12 Feb. 2023. NYTimes.com, <https://www.nytimes.com/interactive/2023/02/12/upshot/child-maternal-mortality-rich-poor.html>.
- Julion, Wrenetha A. "Black Mothers Are Dying: The Toll of Racism on Maternal Health." STAT, 11 Jan. 2018, <https://www.statnews.com/2018/01/11/racism-maternal-health-erica-garner/>.
- Rabin, Roni Caryn. "Dermatology Has a Problem With Skin Color." The New York Times, 30 Aug. 2020. NYTimes.com,

<https://www.nytimes.com/2020/08/30/health/skin-diseases-black-hispanic.html>. 7.

Salam, Maya. "For Serena Williams, Childbirth Was a Harrowing Ordeal. She's Not Alone." The

New York Times, 11 Jan. 2018. NYTimes.com,

<https://www.nytimes.com/2018/01/11/sports/tennis/serena-williams-baby-vogue.html>.