Black Maternal Health In America

A Report on Black Maternal Health Disparities and the History Behind Them

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Executive Summary

Black maternal mortality rates are 3-4x higher on average compared to other racial groups. Black birthing people's experience in childbirth is defined by disparities in pregnancy, labor & delivery and postpartum treatment and outcomes. While many health disparities can be explained by the social determinants of health, research shows that disparities in maternal mortality do not follow suit, leading the public health and medical communities to dig deeper to find a root cause. The murder of George Floyd and the national reckoning it sparked highlighted what Black communities have known since slavery: that racism pervades every aspect of society, and specifically impacts the health and well-being of Black birthing people. This document will briefly discuss the history of the Black experience in the United States, the existing disparities in maternal mortality, and approaches to addressing systemic racism in obstetrics at the individual, community and system level.

Legacy of Trauma: The Black Experience

George Floyd's death was a watershed moment in U.S. history because it solidified a movement to promote Black lives and challenge the status quo. The growing Black Lives Matter movement has brought attention to the historical legacy of Black dehumanization that continues to permeate our criminal justice system and our healthcare system, specifically in regards to Black maternal health. To fully understand racism's harmful impacts on Black American's health, we must first acknowledge the sordid history of the Black experience in America.

The legacy of dehumanizing Black women became a standard narrative in American history through the institution of slavery. Once the Transatlantic Slave Trade was disbanded, Black women continued to provide a renewable source of slave labor [1]. The fate of Black children born to enslaved parents was no better, as they too were considered "property" and exploited for economic gains [2]. These unequal power dynamics placed stressors on Black women and their health; for example, over 58 percent of Black women were raped by their slave owners, sold for the sole purpose of procreation and used for medical experiments [3]. These historical examples of the Black experience in American created an indelible scar on Black maternal health that continues to produce harm today.

Maternal Mortality Disparities

Disparities in maternal mortality are well-documented, with Black women having death rates 3-4 times higher than all other racial groups. Studies show this disparity is not attributable to age, income, education, or health insurance status; for instance, Black women with a college degree have a higher maternal mortality rate than white women without a high school degree [4]. Perhaps more concerning is the trend in maternal mortality across the United States in recent decades: from 2000 to 2014, maternal mortality increased from 18.8 to 23.8 maternal deaths per 100,000 live births [5]. Encouragingly, maternal mortality rates in California have decreased by 55% since 2006, when the California Maternal Quality Care Collaborative (CMQCC) was established to study and address disparities in maternal health outcomes [6]. However, the Black-White disparities remain stubborn and persistent.

To understand the root cause of this particular disparity, taking a *life course perspective* is key. This approach recognizes that birth outcomes are products not only of the nine months of pregnancy, but are the consequences of varying exposures to stress over the course of a lifetime and across generations [7]. Stress responses have a range of biological effects, including on the cardiovascular, metabolic and immune systems; the collective "wear and tear" on the body that results from repeated exposure to stressors has been defined as the "allostatic load" [8]. Research shows that Black women have the highest allostatic loads of any demographic group, indicating elevated

exposure to stress and resultant earlier deterioration of health and well-being [9]. In the U.S., these detrimental impacts on Black maternal health have been linked to systemic racism in society and throughout medicine [10].

The Role of Cultural Humility

While extensive research and the experiences of Black women continue to support this conclusion, it has yet to be widely accepted by the U.S. healthcare system. The medical community is fairly comfortable condemning slavery and overtly racist practices, but resistance and discomfort arise when it comes to acknowledging the roles that implicit biases, microagressions and institutional racism play in creating and perpetuating health disparities. Yet research shows that Black individuals are treated differently from the moment they enter the healthcare system [11]. Studies have shown that Black children are significantly less likely than white children to receive antibiotics for respiratory tract infections [12]; Black patients are less likely to receive pain medication than white patients [13]; and minorities, specifically Black non-Hispanic and Hispanic patients, have significantly lower rates of epidural analgesia during childbirth [14]. Whether provider discrimination is conscious or unconscious, the detrimental effects on the health of Black women and infants remain the same.

The first step to begin addressing these disparities in treatment and outcomes is to promote cultural humility within obstetrical care. To this end, California passed Senate Bill 464 and became effective on January 1, 2020, which requires evidence-based implicit bias training for perinatal providers to help them recognize and begin to process their biases. One organization working toward racially equitable care by providing implicit bias training is i.D.R.E.A.M. for Racial Health Equity, a leadership, training, and advocacy network based in Los Angeles. Their training teaches providers to connect authentically with Black women in an effort to eliminate the patient-provider power imbalance, and to allow Black women to begin to heal from generations of racist practices. Through these trainings, iDREAM challenges maternal care providers to consider: What if the experience is the outcome?

By improving the experience of Black birthing people in obstetrical care, i.D.R.E.A.M.'s work is critical to addressing racism's role in Black maternal and infant health disparities. Thus far, i.D.R.E.A.M. has conducted cultural humility orientations for over 180 obstetrical providers at Cedars-Sinai Medical Center and Watts Health Corporation; and their collaboration with Maternal Mental Health NOW and "The Improving Outcomes Project" are just the beginning. As i.D.R.E.A.M.'s Executive Director, Wenonah Valentine, MBA, accurately declares: "The time is now to change the narrative from Black maternal and infant mortality (death and dying) to Black maternal and infant health (healing and hope)."

Resources & Literature		
County of LA Black Infant Health (BIH) Program	Black Infants & Families Los Angeles	California Maternal Quality Care Collaborative
California Department of Public Health Black Infant Health (BIH)	Maternal Mental Health NOW	Cherished Futures for Black Moms & Babies

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