

Praying for a Healthy Birth, Black Mothers Fighting Racism Even in the Delivery Room

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I. Introduction

Having a baby is one of the most anxiety-inducing experiences in a woman's life. The days leading up to birth are often filled with thoughts such as: *will my baby be healthy? Will the doctor be on time? What if I need to have an emergency c-section?* Black women, however, face an additional worrying question, *will I receive adequate medical care?*¹ On average, Black women are two to three times more likely to die from pregnancy-related causes than white women.² These trends persist even across states with lower pregnancy mortality rates and across women from all educational backgrounds.³

II. Racism in Reproduction: a Hidden History of America

To understand the perpetuation of racism in the modern-day delivery room, one must understand the long-standing history of racism in all facets of Black women's reproductive health. At the start of American history, Black women's ability to procreate was harnessed to maintain the system of slavery by replenishing the enslaved labor force with every birth.⁴ Slave owners often used deceitful tactics to induce Black women and men to have sex to enhance the work force, often through preferential treatment or practices to encourage "prime" slaves to have sex to create an even better slave.⁵ During the post-Civil War era, Black women faced a new threat to reproduction, not the threat of hyper-fertility, but rather, the threat of sterilization.⁶ The turn of the twentieth century coincided with the popularization of eugenics, specifically in Black communities, where authorities like doctors and police officers, often deemed Black parents unfit, behaviorally

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¹ See generally MIKKI KENDAL, HOOD FEMINISM: NOTES FROM THE WOMEN THAT A MOVEMENT FORGOT 217-19 (2020). Kendal describes her attempt to receive lifesaving healthcare while experiencing a placental abruption and the racism experienced therein. *Id.*

² See *Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths: Black, American Indian/Alaska Native Women Most Affected*, CDC (Sept. 6, 2019), <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html> [perma.cc/JW6B-TYD5].

³ See *id.*; see also *Discrimination in Maternity Care*, GEORGIA BIRTH ADVOC. COAL., <https://georgiabirth.org/discrimination-in-maternity-care> [perma.cc/X7ES-TW4A] (last visited Feb. 16, 2023).

⁴ See DOROTHY ROBERTS, KILLING THE BLACK BODY, 22-5 (2017).

⁵ See *id.* at 25-27.

⁶ See HARRIET A. WASHINGTON, MEDICAL APARTHEID: THE DARK HISTORY OF MEDICAL EXPERIMENTATION ON BLACK AMERICANS FROM COLONIAL TIMES TO PRESENT 189-90 (2006).

challenged, and biologically deficient.⁷ Margaret Sanger, founder of Planned Parenthood, was a huge proponent of these eugenic practices.⁸ Sanger targeted Black neighborhoods as introduction points for birth control.⁹ Sanger's goal with targeting Black neighborhoods was to tamp down populations that were seen as unfit and would have a negative impact on political stability in the United States.¹⁰

As racism in the medical system grew, Black women experienced it at all fronts. Black women were routinely sterilized without consent and used as late-stage medical testing for birth control by doctors.¹¹ Furthermore, Black women were routinely prompted to become sterilized in order to be able to keep governmental benefits by legislative and judicial officials.¹²

III. Defining Racism in Medicine

A pregnancy-related death is defined as the death of a woman during her pregnancy or passing within one year of the end of the pregnancy, where the death has stemmed from a pregnancy complication.¹³ The Centers for Disease Control and

⁷ See *id.* at 191-92. The United States and Germany often shared eugenic practices, and Germany would later use eugenic practices learned from the United States on their Jewish population prior to and during World War II. *Id.* at 190-94.

⁸ See *id.* at 195-98. Sanger was an advocate for increasing birth control in Black women, and she specifically targeted predominantly Black neighborhoods when opening Planned Parenthood clinics. *Id.* As a result, Sanger's work contributed to Black women receiving received Inter-Uterine Devices ("IUD") and birth control at a higher rate than white women. *Id.*

⁹ See Roberts, *supra* note 4, at 73.

¹⁰ See *id.*

¹¹ See Washington, *supra* note 6, at 189-215. The author gives an in-depth look into the egregious medical experimentation that was performed on Black women up until the late 1990s and explains how this history impacts Black women's care today. *Id.* In 1973, in Montgomery, Alabama two sisters were able to expose decades of forced sterilization when they came forward with their own experiences. *Id.* at 203-4. The sister's parents were poor and illiterate and had been tricked into the girls sterilization. *Id.* In 1978, Physicians began administering Depo-Provera, a medication that had only been approved for cancer therapy, to poor Black women to study the effects as a birth control. *Id.* at 205. The Food and Drug Administration ("FDA") admonished the physicians at Emory University for this medical testing as Depo-Provera had been deemed an extreme carcinogenic five years prior. *Id.* at 206. Furthermore, between 1991 and 1992 Norplant, a hormonal birth control consisting of small surgically implanted rods in the arm, was administered to thousands of Baltimore high school girls. *Id.* at 207. The problem with this, is that Norplant had never been studied in girls this young and these girls were being used as test subjects, again using Black women's fertility for scientific gain without consent. *Id.*

¹² See *id.* at 203-05. There were attempts for bills to be passed in Mississippi that would increase Black women's benefits if they would have a hysterectomy. *Id.* Additionally, Black women receiving benefits would have their homes raided in the middle of the night to see if there was a male living with them, and if there was, one way that women would be allowed to keep their benefits would be to get a hysterectomy. *Id.*

¹³ See Press Release, Centers For Disease Control and Prevention, Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths: Black, American Indian/Alaska Native Women Most Affected (Sept. 6, 2019), <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html> [<https://perma.cc/C238-B5UB>]. A pregnancy related death

Prevention (“CDC”) points out that variability in the risk of death by race/ethnicity may be due to factors including not only quality of care but also structural racism and implicit biases.¹⁴ Structural racism has been defined as “a system in which public policies, institutional practices, cultural representation, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.”¹⁵ Implicit bias concerns our subconscious thoughts and feelings as well as perceived stereotypes about a particular race.¹⁶

Birth intervention is one area where structural racism and implicit bias plays out.¹⁷ Birth intervention includes giving medications during labor, cesarean sections, scheduling delivery dates, etc.¹⁸ Black women reported higher rates of medical intervention during their births, even when these women had specifically requested to have a natural birth, a birth with little-to-no medical intervention.¹⁹ Black women’s frustrations with their medical care is often displayed in surveys mothers fill out post-birth about their birthing experience at a particular hospital, but providers often do nothing with this information, and so the cycle of racism perpetuates with the next Black mother that walks into labor and delivery.²⁰

IV. The Lived Experience of Black Women in Labor

In conjunction with violating Black mothers’ birth plans, medical providers often dismiss Black mothers’ concerns and pains, if providers recognize them at all.²¹ Recent news drew attention to this issue when the story broke of how Serena Williams, a world-

can also stem from a chain of events initiated by pregnancy or the aggravation of an unrelated condition by the physiologic effects of pregnancy. *Id.*

¹⁴ *See id.*

¹⁵ *See* Keith Lawrence, et al., *Structural Racism and Community Building*, THE ASPEN INST. ROUNDTABLE ON CMTY. CHANGE 11 (June 2004), https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/aspen_structural_racism2.pdf [<https://perma.cc/M5SN-CFDJ>].

¹⁶ *See Implicit Bias*, PERCEPTION INST (Mar. 2, 2023), <https://perception.org/research/implicit-bias/> [<https://perma.cc/VFH9-XPYM>].

¹⁷ *See* Erica Chidi & Erica P. Cahill, *Protecting Your Birth: A Guide for Black Mothers; How Racism Can Impact Your Pre- and Postnatal Care – and Advice for Speaking to your Ob-Gyn About it.*, N.Y. TIMES (OCT. 22, 2020), <https://www.nytimes.com/article/black-mothers-birth.html> [<https://perma.cc/G74X-JYNU>].

¹⁸ *See* Lauren Jansen et al., *First Do No Harm: Interventions During Childbirth*, 22 J. OF PERINATAL EDUC. 83, 84 (2013), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647734/pdf/JPE22-2_A5_083-092.pdf [<https://perma.cc/V5V9-3V24>].

¹⁹ *See* Esther Choo, *The Elephant in the Delivery Room: How Doctor Bias Hurts Black and Brown Mothers*, NBC NEWS (Dec. 27, 2017, 8:26 AM), <https://www.nbcnews.com/think/opinion/elephant-delivery-room-how-doctor-bias-hurts-black-brown-mothers-ncna832616> [<https://perma.cc//QUM7-HXXS>].

²⁰ *See id.*

²¹ *See* Chidi & Cahill, *supra* note 17; *see also* Nevert Badreldin, et al., *Racial Disparities in Postpartum Pain Management*, HHS PUBLIC ACCESS (December 2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6905121/pdf/nihms-1539755.pdf> [<https://perma.cc/C9KQ-C99L>]. The authors note that Black women often reported higher pain levels than their non-Black counter parts after birth and received less adequate pain management. *Id.*

famous tennis player, had to beg for adequate medical treatment following the birth of her daughter.²² When Williams informed her nurse that she was in severe pain and believed she was suffering from blood clots, an issue Williams had battled previously in her life, providers dismissed Williams as being confused from her pain medication.²³ She told the nurse that she needed a computerized tomography (CT) scan and an intravenous (IV) drip of Heparin, a powerful blood thinner.²⁴ Later, the doctors conducted an ultrasound on her legs, which delayed adequate medical treatment. This delay allowed the blood clots to settle in Williams' lungs, which ultimately caused her to cough so hard that her cesarean section incision ripped open.²⁵

Unfortunately, Williams' story is not new or unique, rather her story was only able to gain attention because of Williams' fame.²⁶ There have been reports released for decades where Black women had complained that they could not breathe during birth, which the doctors dismissed as related to the patient's obesity.²⁷ In reality, these women were experiencing emergencies such as heart failure or fluid in their lungs.²⁸ Another story recounts how a Black woman who sought medical attention for severe cramping was given antibiotics for an assumed Urinary Tract Infection ("UTI").²⁹ The woman was actually in pre-term labor at 23 weeks and desperately needed medical intervention, but no doctors bothered to listen to her or check.³⁰ Another Black woman shared her experience of how an anesthesiologist assumed that she smoked marijuana because of how she styled her hair and almost gave her a life-threateningly high dose anesthesia because of the anesthesiologist's assumption.³¹

V. Community and Governmental Response

In response to the racism Black women face during birth, Black medical professionals have stepped in to fill the gap left by non-Black doctors.³² The number of

²² See P.R Lockhart, *What Serena Williams's Scary Childbirth Story Says About Medical Treatment of Black Women*, VOX (Jan. 11, 2018, 4:40 PM), <https://www.vox.com/identities/2018/1/11/16879984/serena-williams-childbirth-scare-black-women> [https://perma.cc/9H5E-9BSR].

²³ See *id.*

²⁴ See *id.*

²⁵ See *id.*

²⁶ See *id.*

²⁷ See Nina Martin & Renee Montagne, *Nothing Protects Black Women From Dying In Pregnancy and Childbirth: Not Education. Not Income. Not Even Being an Expert on Racial Disparities in Health Care*, PROPUBLICA (Dec. 7, 2018, 8:00 AM), <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth> [https://perma.cc/BXF7-DQ25].

²⁸ See *id.* See generally Kendal, *supra* note 1. Kendal discusses various experiences of Black women during labor and how they were often dismissed and their lives at risk. *Id.*

²⁹ See Martin & Montagne, *supra* note 21.

³⁰ See *id.*

³¹ See *id.*

³² See Nina Bahadur, *What It's Like to Be a Midwife or Doula Fighting Black Maternal Mortality*, SELF (Jan. 13, 2020), <https://www.self.com/story/midwives-doulas-black-maternal-mortality> [https://perma.cc/LG4D-HYWJ]. Jessica Roach is a clinic nurse, doula, and midwife. *Id.* However, she did not step into this field of birth work until her own trauma with her own

Black doulas and midwives is rising, as is the number of Black families seeking care from these providers.³³ Often, these doulas and midwives are called not only to help bring babies into the world, but also to protect women in their most vulnerable state.³⁴ Yet, this calling has also morphed into advocacy as Black doulas and midwives witness a greater trend in the birthing room of doctors and nurses not listening to their clients or respecting their wishes.³⁵ Organizations such as Parents as Teachers, have received congressional funding to provide doula services to women in St. Louis who are typically low-income Black women.³⁶ Parents as Teachers hopes to empower Black women during their pregnancy, labor, birth, and beyond.³⁷ While it is imperative that expecting parents learn as much as possible about giving birth and the possible choices that they can make during the birthing process, Black parents cannot unlearn medical providers' racist tendencies.

States and local governments have started declaring racism a public health issue.³⁸ In these declarations, state and local governments point to maternal mortality rates, police brutality, and shortened life expectancies for Black people.³⁹ These declarations are crucial first steps in moving away from the narrative that racial inequities are the fault of the individual, and shifting the burden on the system that has been created and designed to put Black people in a worse position than white people.⁴⁰ The problem with these declarations is, often, just as the name would state: governments are simply declaring that the problem exists but are not providing viable solutions.⁴¹ These declarations typically provide no specific actions that should be taken to combat racism, nor do they provide money to fund initiatives to combat racism.⁴² There has been bicameral movement in Congress to highlight racism in public health.⁴³ A bill, The Anti-Racism in Public Health Act of 2021, has been introduced into the House of Representatives which would declare

pregnancy where she experienced fear, shame, and sub-par medical care. *Id.* After that experience she became a Black birth worker to help other Black families ensure they never had to have similar experiences. *Id.*

³³ *See Id.* "Doulas, on the other hand, are non-clinical birth workerswho offer physical, emotional, and informational support to someone before, during, and after childbirth." *Id.*

³⁴ *See id.* Midwives and doulas often meet with their clients before birth so that they can know their clients wishes and advocate for their clients during birth should their client become uncomfortable. *Id.*

³⁵ *See id.*

³⁶ *See* Erica L. Green, "I Don't Want to Die": Fighting Maternal Mortality Among Black Women, N. Y. TIMES (Jan. 20, 2023), <https://www.nytimes.com/2023/01/18/us/doula-black-women.html> [<https://perma.cc/NM4Q-HLZS>].

³⁷ *See id.*

³⁸ *See Why Declaring Racism a Public Health Crisis Matters*, HARVARD T.H. CHAN SCH. OF PUB. HEALTH (2020), <https://www.hsph.harvard.edu/news/hsph-in-the-news/racism-public-health-crisis-bassett/> [<https://perma.cc/9EDP-8W8Y>].

³⁹ *See* Harmeet Kaur & Skylar Mitchell, *States Are Calling Racism a Public Health Crisis. Here's What That Means*, CNN HEALTH (Aug. 14, 2020, 10:32 AM), <https://edition.cnn.com/2020/08/14/health/states-racism-public-health-crisis-trnd/index.html> [<https://perma.cc/STF8-7NU2>].

⁴⁰ *See id.*

⁴¹ *See id.*

⁴² *See id.*

⁴³ *See* Anti-Racism in Public Health Act of 2021, H.R. 666, 117th Cong. (2021). The goal of the bill is to establish a National Center on Antiracism and Health and law enforcement violence prevention program within the CDC. *Id.*

racism a public health crisis, analyze data, and administer research and grant programs to address racism and its impact on health and wellbeing⁴⁴. Whilst the bill has support from the House and the Senate, it has not gained enough traction in either legislative body to be formally voted on and enacted into law.⁴⁵

VI. Proposed Long-Term Solutions

In an effort to combat racism in the delivery room, we must continue to shift the burden of improving health outcomes for Black mothers away from the individual woman giving birth and onto the system that has been designed not for her benefit, but for the benefit of the system.⁴⁶ One way that this goal could be accomplished is if the CDC were to declare that racism is, in fact, a public health issue.⁴⁷ This declaration would give even greater recognition to the issue of racism in healthcare.⁴⁸ Federal recognition of systemic racism would allow the CDC to direct funding to further research the maternal mortality rate in Black women on a federal and grassroots level.⁴⁹

Furthermore, there needs to be a greater focus on system-level issues, such as the availability of adequate healthcare in the community, better screening practices for Black women of underlying health issues during their pregnancy, and access to support for navigating the medical system.⁵⁰ Often, providers rush Black women through their appointments and do not give Black women adequate information to help them make the best decisions for themselves. These providers also often fail to advise Black women of warning signs about what preterm labor is and when to seek medical help.⁵¹ There also needs to be more implicit bias training in the healthcare field so providers can actively be educated on their biases and how they are negatively affecting their patients. This education of implicit bias works to break down internalized racism often held by doctors against their patients that providers might not even recognize that they have.

What is clearer than ever is that the delivery room is one of the most dangerous places for a Black woman to be, and there must be systematic changes to stop this injustice. An important change that the government and healthcare field can make is shifting from the view that a Black mother's health is an individualized burden to a reflection that Black mothers are forced to navigate a system rooted in racism. This reflection needs to lead to changes at all levels of the healthcare field to provide better protections for Black women in the delivery room.

⁴⁴ *See id.*

⁴⁵ *See id.*

⁴⁶ *See* Washington, *supra* note 6, at 401. Washington highlights the fact that a lot of the institutions that Black women are expected to trust are built on historic racism such as Planned Parenthood. *Id.*

⁴⁷ *See Why Declaring Racism a Public Health Crisis matters*, *supra* note 37.

⁴⁸ *See id.*

⁴⁹ *See* Anti-Racism in Public Health Act of 2021, H.R. 666, 117th Cong. (2021). This Bill would allow for Congress to allocate money to issues involving systemic racism including Black maternal mortality rates. *Id.*

⁵⁰ *See* Kendal, *supra* note 1, at 234-35.

⁵¹ *See* Martin & Montagne, *supra* note 21.