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Black Births Matter: Addressing the Injustices of African American Mothers and Infants

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At the age of 36, a woman I know became pregnant. Pregnancies that occur in women over the age of 35 are considered high-risk for complications such as pregnancy-induced hypertension, gestational diabetes, and eclampsia and therefore warrant individualized, meticulous care and observation. She came from a stable family, was married, and had a well-paying job with benefits, yet none of that mattered because of her race and skin color. When going to her scheduled appointments, she realized that her doctor was assuming she had certain conditions, such as hypertension and heart conditions, and was basing her treatment on these assumptions, despite her telling her health care provider that she did not have them. This type of care continued throughout her pregnancy and heightened when she was in labor. To her, it appeared that her healthcare team was “scared” to treat her when they saw that she was bleeding during labor and started to treat her without her consent assuming she had some sort of a clotting disorder.

I could not believe what she was telling me. As a nursing student, I realize how dangerous making any assumptions can be, so I was shocked to hear how commonly this occurs. This woman not only was able to identify that she was being discriminated against but took matters into her own hands and “fired” her healthcare team in hopes of attaining unbiased care. While this woman and her child are healthy today, this is not the case for many other African American women and children who have faced the same disparities in healthcare and suffered life-threatening consequences.

I had the pleasure of meeting this woman through a college event called the Black History Exposition. This event occurs every year during Black History Month and is used to raise awareness on issues surrounding the African American community and celebrate the accomplishments of African Americans throughout history. Focusing on maternal and infant mortality, I participated in this event with a few classmates and we were able to create a booth and presentation on this pressing topic. Within the community of Owosso, Michigan, approximately only 1% of its citizens are of African American origin, while over 96% of its citizens are Caucasian (United States Census Bureau, 2019a). While the demographics may show a predominately White community, this community is surrounded by several predominately African American communities, such as Flint, Michigan, meaning that healthcare providers are regularly treating a variety of races. This opportunity allowed for light to be shed on how prevalent discrimination and racism still are in the healthcare community and how much change is needed.

Throughout history, minority groups have faced an overabundance of inequities and disparities surrounding topics such as education and employment opportunities and healthcare access. The United States Census Bureau (2020b) estimated that as of July 1, 2019, African Americans comprised about 13 percent of the nation’s population making it the third-largest

ethnic group in America behind Caucasians (76.3%) and Hispanics (18.5%). Unfortunately, even though African American, and Hispanic individuals account for a large percentage of the population, they still experience the same racial and social injustices that have been present for centuries.

African American women face a particularly difficult inequity surrounding their healthcare, especially when pregnant. For decades, the United States has used infant mortality rates as an indicator of health in pregnant populations. Efforts have been made to decrease these rates by expanding health coverage and implementing the national Healthy Start initiative. The Healthy Start Initiative was created with the intent of reducing infant mortality rates by 50% over a 5 year through the provision of proper prenatal care, ensuring basic health needs are met, and reducing barriers to healthcare access (National Healthy Start Association, 2015). However, only minuscule changes in the death rate gaps between races have been seen since the program was enacted. (Kirby, 2017). While rates are dependent upon location, Michigan had a rate of about 15.1 Black infant deaths for every 4.5 White infant death in 2018 (Michigan Department of Health & Human Services, 2020). These rates have decreased within the past few decades, but Black infants continue to die at a much higher rate than White infants.

As a White woman, I have the privilege of not having to worry about the countless risks and stressors that come with pregnancy for an African American woman. As a nursing student, I believe that healthcare is a basic human right. Unfortunately, right now, Black women do not receive the same healthcare, and this has contributed to the high rates of maternal and infant deaths in this population. In 2018, there were 21,643 recorded Black births in the United States accounting for around 22% of the births that year (Michigan Department of Health & Human Services, 2020). If all the births were single, over 43,000 Black individuals were directly and negatively affected by the inherent bias in healthcare. This number does not include other family members such as spouses, siblings, and extended family. With the current education and resources available, there is no reason that the basic right to safe, evidence-based healthcare should not be readily available for all ethnic groups.

Prior to partaking in a Black history exposition through my nursing program, I did not realize the extent of disparities faced by African American women negatively affected their care and health and that of future generations. African American women are faced with many factors that impact their healthcare including racism, income inequality, and lack of access to proper, individualized care. Healthcare workers must make it a priority to educate themselves to improve care and service to this community and thus decrease maternal complications and infant mortality rates in the African American community.

The Problem

When going to a scheduled doctor's appointment or the hospital for an emergency, many Caucasian patients do not realize how fortunate and privileged they are to receive care without being stereotyped or put into a specific category based on their external appearance. The term "implicit bias" occurs when healthcare providers unconsciously make assumptions about patients based on their ethnicity, race, or culture and then make decisions using these assumptions. By doing so, patients do not receive the individualized care they need. Even more so for African American women, holistic, individualized care is crucial as Black women are twice as likely as White women to experience life-threatening pregnancy complications (Taylor, Novoa, Hamm, & Phadke, 2019). Not only do these women have an increased risk of complications, but they receive poorer quality care than White women receive, and must cope with additional stressors like racism (National Partnership for Women & Families, 2018). The racism experienced by

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African American women is not always obvious in the healthcare setting. Commonly, racism occurs in ways such as providers underestimating pain, spending less time with these women, ignoring symptoms, and dismissing complaints leading to inequities in the care provided to Black women (Davies, 2018).

Maternal and infant death in African Americans can be attributed to several system factors as well as challenges African Americans face in their everyday lives. In 2017, African American women made only 63 cents for every dollar that a White, non-Hispanic man-made (National Partnership for Women & Families, 2018). This economic difference coupled with a lack of health insurance and a lack of access to proper prenatal care compounds her risk factors for complications. Additionally, Black women are predisposed to many conditions such as cardiovascular disease, stroke, diabetes, obesity, and stress (American Heart Association, 2015). Risks associated with pregnancy and birth in African American women include fibroids, early preeclampsia, low infant birthweights, congenital malformations, and Sudden Infant Death Syndrome (Ely & Driscoll, 2019). Because of these added risks, Black women require specialized, individualized care to monitor for and avoid complications with the worst being death.

During the exposition, I was able to hear many stories from Black women who had experienced complications and racism during their pregnancies and birthing of their children. I was shocked at how prevalent racism and discrimination still are in healthcare and how little is being done to address it. According to the National Partnership for Women & Families (2018), about 22% of Black women reported discrimination when going to a healthcare facility in 2017. Any amount of discrimination is too much. While I will never be able to personally experience or understand the racism and inequities present in healthcare as a White woman, I empathize with these women and can see how beneficial change would be in improving their healthcare.

Creating Justice

Creating change in healthcare for African American women needs to begin with us as healthcare professionals exploring our attitudes and stereotypes to eliminate them in practice. Realizing that there are social determinants of health present, but not automatically assuming they apply to every patient is a crucial step in providing safer, holistic, and more individualized care. Issues such as access to health coverage and paid medical leave are important, but the disparities leading to the high maternal and infant death rates are rooted in racism and implicit bias (Taylor, Novoa, Hamm, Phadke, 2019). Racism will not be eliminated overnight, but by acknowledging its presence, we will be able to make the change by looking within ourselves, reflecting, and identifying our unconscious assumptions present in and outside of the healthcare setting.

Alternative options have been tried in the past, but these attempts have made little to no progress in reducing the maternal and infant death rate differences between black and White individuals and improving overall care for African American women. These attempts include expanding access to health coverage, expanding paid family and medical leave, and programs such as Temporary Assistance for Needy Families and nutrition assistance (National Partnership for Women & Families, 2018). Unfortunately, none of these options address the root of the problem at hand. By looking inwards, we can identify the root of any racism and discrimination that is causing many disparities for Black women seeking and receiving healthcare.

Conclusion

More than ever before, we, as both healthcare providers and patients, need to work together as a team to eliminate the inequities present in our current healthcare system. While there are risks that come with any pregnancy, Black infants and their mothers have an overall

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much higher death rate and risk of serious complications when compared to other races. By working to eliminate the attitudes and stereotypes that are attributed to certain races, we as a community of healthcare providers will be able to provide safer, individualized care that is not based on assumptions. Safe healthcare should not be a privilege but needs to be prioritized as a human right. Looking forward to the future, creating justice for all is possible and realistic through reflection and correction of our judgments and assumptions.

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