



BLACK WOMEN, REPRODUCTIVE HEALTH AND MATERNAL CARE

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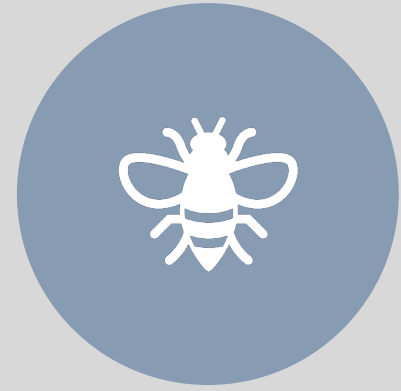
Background



CARE



SUPPORT



EMPATHY

Background and Context

It has been documented for some time that the experiences of black and minority women during maternity have been poor, which correlates with black women being the most likely to die during childbirth.

Research from both the UK and the US has revealed huge disparities when it comes to maternal health. Anekwe (2020) in an article in the *British Medical Journal* noted that according to the *Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries Across the UK* report, conducted by researchers from Oxford University, black women are five times more likely to die, and Asian women twice as likely to die, compared with white women. They found that between 2014 and 2016 the rate of maternal death in pregnancy was 8 in 100,000 for white women, 15 in 100,000 for Asian women and 40 in 100,000 for black women.

Christine Ekechi, a consultant obstetrician and gynaecologist at Imperial College Healthcare NHS Trust in London, noted in an article in *Medical News Today* in August 2020 that black women in the UK are negatively affected by racial bias in medicine.

In the United States, African-American women, and also indigenous American women, are three times more likely than white women to die during pregnancy. In New York City, black women are 12 times more likely to die during childbirth than white people.

Facts and Figures CONTD.

The US Experience

- According to the Center for Disease Control and Prevention (CDC) black women are dying at three times the rate of white women in birth-related deaths. In 2019 the CDC also released data indicating that black women over 30 years of age are 4-5 times more likely to die in childbirth than white women in America. Taylor (2020) also highlights that black women are more likely to experience severe maternal morbidity, known as “near misses”.
- Women of colour in America also have poor access to reproductive healthcare which can leave them vulnerable to many risk factors during pregnancy.
- Many African-American women report that their feelings during pregnancy are often dismissed as mere “baby blues”. Backes-Kozhimannil et al. (2011) examined data from 29,601 women in New Jersey between 2004 and 2007 and found that black women were less likely than white women to get treatment for postpartum depression. Those who did ask for help were still less likely to receive follow-up care, maybe due to not having access to health insurance.
- Some women are traumatised during childbirth when the baby has a serious health complication or if she survives a life-threatening health complication at the time. Trauma can also be caused when a woman feels that her concerns are not being regarded or if she is being ignored during pregnancy.
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The US Experience CONTD.

- Taylor (2020) opines that structural racism is a key factor in understanding the social determinants of maternal health, as the devaluation of women of colour is replicated in healthcare practices and policies.
- Bond (2021)
- Taylor (2020)

Solutions and Recommendations

- The NHS Long Term Plan aims by 2025 to halve maternity-related deaths, stillbirths, neonatal mortality and serious brain injury.
- Empowering BME mothers during their initial contact with health services and throughout
- Implicit bias training for healthcare workers and greater awareness of micro-aggressions which may occur indirectly and unintentionally
- More empathy for women in interactions related to reproductive health and maternal care
- Awareness of Interventions for pregnant BME mothers covering diet, weight management, stress and mental health
- Postnatal care and support for mothers
- Integrating restorative practices as a recourse for mothers in situations where a lack of due care as been felt and in cases where harm has occurred.

Possible Solutions

- In the US there has been research looking at the significance of non-clinical birth mothers ('Doulas'). Some research has linked Doulas with improved health outcomes as they provide emotional support. Gruber et al. (2013) studied 225 mothers with Doulas. They found that mothers with Doulas were four times less likely to have a baby with low birth weight and were two times less likely to have birth complications. 77% of pregnant participants were black and 44% of Doulas were white and 41% were black.
- The physical and emotional support provided by these birth workers, especially in the UK context, requires more research.