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How We Care Matters: Reproductive Justice and the Black Maternal Health Crisis

Addisa Rigaud

This past summer, at the height of the civil unrest following the murder of George Floyd by the Minneapolis Police Department, as I sat on the lawn of the state capital, a call rang out and rippled past the thousands seated in peaceful protest. The call was to remember the Black women, remember our Black women. I had not forgotten them. At every action in which I participated, there they were: organizing logistics, mobilizing protesters, supporting each other. All while carrying a certain kind of pain only a Black woman could know. It was at an action at the governor's mansion where I witnessed multiple Black mothers speaking about the loss of their children to police brutality. These mothers bared their stories to a crowd of strangers via a megaphone and as they did so, emotions would well up and spill out. In response, the other Black mothers called out: "Take your time" and "we got your back!" There are moments in our lives that we recognize as truly pivotal even only as they are unfolding. As I sat bearing witness to a community of Black women supporting and caring for each other, I felt in community as well. I remember thinking, rather somberly yet with a certain degree of fury, that Black women shouldn't have to hurt anymore.

Organizations and political campaigns such as the Black Mamas Matter Alliance (BMMA) "envision a world where Black mamas have the rights, respect, and resources to

thrive..."¹ It is through their work and the uplifting of their work via public outrage and heightened focus on issues of racism plaguing the Black community, that I would learn that Black mamas weren't just hurting, they were dying. The Black maternal and infant mortality crisis is a multilayered issue that is compounded at every level by structural racism - The Black midwives mobilizing for Black lives taught me so. I feel called to Midwifery because I see it as a way to center my life around advocacy and activism in pursuit of Justice and Rights for Black women via the address of the standards of healthcare that are negatively impacting them. Us.

In the wake of the murder of George Floyd, no stone will be left unturned. The United States must be made anew - rebirthed. Sylvia Federici posits that "the construction of an alternative society must begin with a profound transformation of the activities by which we reproduce our lives and the relations that sustain them".² The push to "break with the constraints" that systems of oppression place "on our capacity to reproduce ourselves and our communities" is essential to all social justice movements. The sentiment is most certainly contained within protestors' rallying cries to "defund fund the

¹ "Black Mamas Matter Alliance," Black Mamas Matter Alliance, 2018, <https://blackmamasmatter.org/>.

² Alana Apfel, *Birth Work as Care Work: Stories from Activist Birth Communities*. (Oakland, California: Pm Pr, 2016).

police,” and it is most certainly central to the birth justice movement.³ Birth workers consider childbirth as having the potential to be an individual’s “first act of refusal...in life” to the nation’s reproduction of unjust conditions, so long as we transform our relationship to pregnancy and childbirth.⁴ Birth justice activists have been refusing reproductive health services that devalue life in order to recenter the “care” in our healthcare system.

The growing national consciousness surrounding the maternal health crisis has caused government agencies to look inward. As a result in 2020, for the first time in history, the United States has collected standardized maternal mortality data from all 50 states.⁵ The Center for Disease Control’s Pregnancy Mortality Surveillance System defines a pregnancy related death as “the death of a woman while pregnant or within 1 year of the end of pregnancy from any cause related to or aggravated by the pregnancy.”⁶ In 2018, the rate of pregnancy-related deaths, The Maternal Mortality Rate, was an estimated 17.4 per 100,000 live births.⁷ Let me be clear about what this means - according to the Centers for Disease Control, nearly 700 women and birthing people die every year.

³ Ibid.

⁴ Ibid.

⁵ “First Data Released on Maternal Mortality in Over a Decade,” www.cdc.gov, January 30, 2020, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2020/202001_MMR.htm.

⁶ Ibid.

⁷ Donna L. Hoyert, Sayeedha F. G. Uddin, and Arialdi M. Miniño, “Evaluation of the Pregnancy Status Checkbox on the Identification of Maternal Deaths,” *National Vital Statistics Reports* 69, no. 1 (January 30, 2020): 1–23, https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69_01-508.pdf.

Further, the CDC’s Pregnancy Mortality Surveillance System reveals that from 2007 to 2016 Black women and birthing people died at a rate 3.2 times that of white women and birthing people.⁸ Kira Johnson was one of these Black women. In 2016, Kira and her husband went to Cedars-Sinai Medical Center for a routine c-section, and after having suffered hours of negligence from her physicians, she passed within minutes of entering the operating room. The statistics offered are meant to do the work of summarizing the Black Maternal Health Crisis. Yet, as I employ them engender concern within my audience I remember the words of Charles Johnson, who reminds us all: “there’s no statistic to quantify what it’s like to tell an 18 month old that his mother is never coming home”.⁹

The recent increased media attention to Black Reproductive Health, Rights and Justice works to shed light on the “disparities in health”. Reproductive Health Equity Researcher, Rachel Hardeman, builds her research on the fact that our health is determined by social factors. These “Social Determinants of Health” include the conditions in which we are born, grow, age, live and work, our access to health services, income, education, etc. Further, Hardeman is among scholars whose work identifies social determinants at the root of many health

⁸ “First Data Released on Maternal Mortality in Over a Decade,” www.cdc.gov, January 30, 2020, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2020/202001_MMR.htm.

⁹ “Black Mothers Matter: Racism and Childbirth in America,” USC Annenberg, June 5, 2019, <https://youtu.be/DVi46ErwY00>.

inequities. Since structural racism dictates the systems, politics, structures and procedures embedded at all levels of our society, they are essentially dictating the Social Determinants of Health. Though, over time, the language that we use to describe this crisis no longer does the real work of explaining exactly why Black Reproductive Health Matters. Hardeman explains that within the conversation of Black Reproduction we must take care to use the words that describe exactly what we mean. In comparison to a “disparity,” a “health inequity” is systematic, socially produced, and results from circumstances stemming from social determinants of health that can be improved upon by human actions.¹⁰ Consequently, a shift in the language recognizes the root causes of these disparities as (structural) racism, rather than reproducing language that has historically been used to blame “Black mothers for structural inequities” and “obscuring the need for radical social change”.¹¹

Structural racism is exacerbating an already high rate of maternal mortality in the United States. According to the Center for Disease Control, 60% of maternal deaths in the United States are preventable.¹² An escalating maternal health crisis in a time rife

¹⁰ Rachel Hardeman, “Structural Factors and Inequities in Maternal and Infant Health,” youtube.com, University of Minnesota Pediatrics, May 16, 2018,

<https://www.youtube.com/watch?v=hDEgOTog9lw>

¹¹ Dorothy E Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 2017), xvi

¹² CDC, “Pregnancy-Related Deaths | VitalSigns,” Centers for Disease Control and Prevention, May 14, 2019, <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>.

with technological advancements and modern interventions in pregnancy and childbirth, is rooted in the inability of our reproductive healthcare system to truly provide full and effective reproductive care. In troubling the history of obstetrics, it becomes clear that the roots of the United States maternal health crisis is in the nature of obstetrics itself. Obstetrics medicalized pregnancy and childbirth and turned them into an industry. The medicalization of pregnancy and childbirth results from a combination of social processes: (1) the development and restriction of potentially maternal and infant life saving medical interventions, (2) the pathologization of pregnancy and childbirth, (3) the criminalization of midwifery and other forms of reproductive care, (4) the targeting of Black midwives and midwifery through public smear campaigns, and (5) the development of obstetric procedures on enslaved Black women.¹³ It is beyond the scope of this piece to provide a detailed account of the medical industry’s monopolization, pathologization and medicalization of pregnancy and childbirth. Yet, I want to emphasize that obstetrics’ devaluing of the lives of women and birthing people in pursuit of profit and power has led to the maternal health crisis,

¹³ Keisha Goode and Barbara Katz Rothman, African-American Midwifery, a History and a Lament,” *American Journal of Economics and Sociology* 76, no. 1 (January 2017): 65–94, <https://doi.org/10.1111/ajes.12173>;

Michele Goodwin, “ACLU News & Commentary,” American Civil Liberties Union, July 1, 2000,

<https://www.aclu.org/news/racial-justice/the-racist-history-of-abortion-and-midwifery-bans/>;

M. Ladd-Taylor, “Grannies’ and ‘Spinsters’: Midwife Education under the Sheppard-Towner Act,” *Journal of Social History* 22, no. 2 (December 1, 1988): 255–75,

<https://doi.org/10.1353/jsh/22.2.255>.

and consequently the Black Maternal Health Crisis. Thus, in the fight for Black women and birthing people's lives, it is not just access to reproductive healthcare that matters, it is the nature of the care that matters.

There has been a recent call to increase the number of Black reproductive health care professionals as a solution to the Black maternal health crisis. However, as demonstrated by the history of obstetrics and even the modern cesarean industrial complex, the problem is deeper and bigger than the common "representation matters" solution. Karen A. Scott, Assistant Adjunct Professor at UC San Francisco's and "recovering nurse," asks us to consider the Black Maternal Health Crisis as the failure to truly see and care for women compounded with "the inability to see Black births and Black women [and birthing people] as human". Scott labels herself a "recovering nurse" because she understands that even as a Black woman, she has been trained to reproduce conditions that "devalue," "degrade," "demonize," "pathologize," and "criminalize birthing while Black." She too has to unlearn the ways in which she was taught to reproduce the same implicit biases and structural racism that cost Black women and birthing people their lives.¹⁴

In order to remedy the Black Maternal Health Care Crisis, we must provide reproductive health care that recenters women and birthing people. SisterSong, a national organization whose goal is to "improve institutional policies and systems

¹⁴ "Black Mothers Matter: Racism and Childbirth in America," USC Annenberg, June 5, 2019, <https://youtu.be/DVi46ErwY00>.

that impact the reproductive lives of marginalized communities," pioneered the framework of reproductive justice. Reproductive justice "addresses the social reality of inequality, specifically, the inequality of opportunities that we have to control our reproductive destiny" by challenging "structural power inequalities in a comprehensive and transformative process of empowerment".¹⁵ Using the framework of reproductive justice we can see how midwifery and its associated facets of care have the potential to make birth a site of transformation.

In the face of a growing maternal mortality crisis we ask ourselves: "How do we improve the current situation?" "How can we consistently provide compassionate and respectful care for women and birthing people?" "How do we keep childbearing people and babies safe from harm?" "How should resources best be spent - on large hospitals, or on community services?" "How do we provide the correct level of medical intervention as to not negatively impact childbearing people and infants?" "how do we reach all women and birthing people, and ensure that our most marginalized and vulnerable communities have access to quality reproductive health services?"¹⁶ Midwifery has an inherent potential to be an answer to all of these questions. The Lancet Series on Midwifery defines the practice as:

¹⁵ "Reproductive Justice," Sister Song, 2014, <https://www.sistersong.net/reproductive-justice>.

¹⁶ Nora Ellmann, "Community-Based Doulas and Midwives," Center for American Progress, April 14, 2020, <https://www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doulas-midwives/>.

Skilled, knowledgeable and compassionate care for childbearing [people], newborn infants and families across the continuum from pre-pregnancy, pregnancy, birth, postpartum and the early weeks of life. Core characteristics included optimizing normal biological, psychological, social and cultural processes of reproduction and early life, timely prevention and management of complications, consultation with and referral to other services, respecting women's individual circumstances and views, and working in partnership with women [and birthing people] to strengthen [their] own capabilities to care for themselves and their families.¹⁷

The inherent potential of Midwifery to remedy the United States Maternal Health Crisis lies in its ability to transform our relationship to pregnancy and birth through a process of “social healing”. Midwifery has always been considered a “social healing” process with Midwives seen as important social and community figures who provide care to and empower women and birthing people. Social healing addresses all of the factors that might be affecting a woman or birthing person's pregnancy. Social healing gives women and birthing people the knowledge and support necessary for them to feel comfortable, safe, and in control of their

experience. Social healing is not one size fits all. It is personalized reproductive healthcare that acknowledges each woman or birthing person's individual needs. Social healers provide women and birthing people with access to resources, even if they might lead them outside of their practice. Social healers work to actively combat fear throughout the experience of pregnancy and childbirth; they do not manipulate it for their benefit. Social healers combat the pathologization of pregnancy and childbirth. Social healers provide reproductive care that recenters women and birthing people. Shafia Monroe impresses upon us the importance of Birth Workers as “on-the-ground revolutionaries.”¹⁸ When reproductive caregivers truly integrate a practice of “social healing,” birth really does become a site of transformation as women and birthing people receive the aid and empowerment they need in order to reproduce themselves according to their own desires.

¹⁷ Mary J Renfrew et al., “Midwifery and Quality Care: Findings from a New Evidence-Informed Framework for Maternal and Newborn Care,” *The Lancet* 384, no. 9948 (September 2014): 1129–45, [https://doi.org/10.1016/s0140-6736\(14\)60789-3](https://doi.org/10.1016/s0140-6736(14)60789-3).

¹⁸ Shafia Monroe, EBB 152 – Shafia Monroe on Traditional Black Midwifery, Spirituality, and Community Advocacy, interview by Rebecca Dekker, *Evidence Based Birth Podcast*, November 11, 2020, <https://evidencebasedbirth.com/shafia-monroe-on-traditional-black-midwifery-spirituality-and-community-advocacy/>.

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