Racial Inequities in Birth Outcomes: Birthing While Black and other stories of Black Motherhood

Rachel R. Hardeman, PhD, MPH
Assistant Professor
Division of Health Policy & Management
University of Minnesota, School of Public Health

Objectives

- Describe the history and origins of fertility and pregnancy in the U.S.
- Discuss the structural or systemic inequities that have contributed to disparities in birth outcomes
- Explore the well documented disparities in birth outcomes and ideas for interventions

What is a health disparity?

- A particular type of health **difference** that is closely linked with social, economic, and/or environmental disadvantage. (HP 2020)
- **Differences** in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States. (NIH)

What is a health disparity?

- "Health disparities adversely affect groups of people who have **systematically experienced greater obstacles to health** based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics **historically linked to discrimination or exclusion**" (HP 2020)

What is a health inequity?

- A **system** of structuring opportunity and assigning value based on ***[Fill in the Blank:*** *race, gender, ethnicity, sexual orientation, disability status, etc]*, which:
  - Unfairly disadvantages some individuals and communities
  - Unfairly advantages other individuals and communities
  - Saps the strength of the whole society through the waste of human resources

Camara Jones, MD, PHD, MPH

Inequities in Birth Outcomes

Preterm Birth

- In 2013, the overall PTB rate was 11.4%
- **16.3%** black infants were born preterm
- 10.2% of white infants and 11.3% of Hispanic infants
- The 2013 PTB rate for black infants was 60% higher than the rate for non-Hispanic white infants and 44% higher than the rate for Hispanic infants.
- Even after accounting for known risk factors (e.g. obesity, smoking, hypertension), PTB disparities b/w white and black infants persist

Low Birth weight

- In 2013, the rate of LBW for singleton births was 6.3% rate LBW for overall births was 8%)
- LBW and VLBW rates among Whites were 7% and 1%
- LBW and VLBW rates among Black mothers were 13% and 3%
- Given their heightened risk of death, the large disparity in VLBW is a major contributor to the mortality gap between Black and White infants

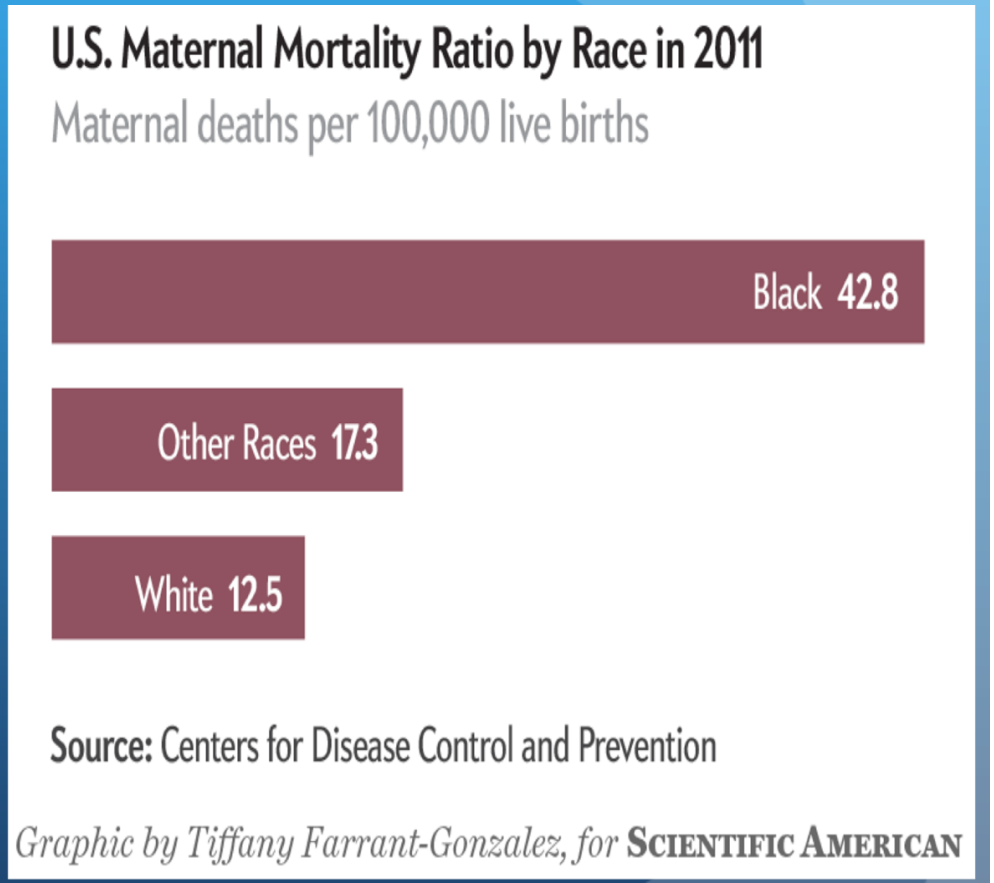
Infant Mortality

- In 2013, the overall US infant mortality rate was 6.1 infant deaths per 1000 live births.
- In 2013, preterm birth and related complications accounted for 42.5% of infant deaths to non- Hispanic black women.
- The rate for black women (**11.5 per 1000**) and 5.2 for white women
- This racial gap has widened as infant mortality rates have declined from **1960 to 2011**.

March of Dimes

Maternal Mortality

- Maternal mortality rates are higher in the US than in 16 other high-income countries
- For the last 40 years, Black women have been dying during childbirth at a rate **three to four times** that of white women.
- This racial disparity cuts across SES lines.



Health inequities in birth outcomes don’t just happen!

Why?

- To understand why there are inequities and thus disparities, we have to understand our history
- There is a long history that contributes to and in many cases has created the inequities in birth outcomes experienced by Black mothers

Slavery & Black Motherhood

- Race and fertility are intertwined because of slavery
- Slave master's control of black women's fertility and maximizing that for profit
- Pregnant Black women worked in the fields on plantations up until their labor began
- Afterward, they were seldom given a chance to rest, heal and bond with their babies
- Soon after birth, babies were often sold.

Slavery & Black Motherhood

- Destruction of the black family
  - Black women during slavery couldn't decide who their family would be—seen as breeders
  - Active separation of the family unit—destruction of community cohesion

Medical Apartheid

- South Carolina physician J. Marion Sims (“father of American gynecology”) developed instruments and medical techniques that laid the foundation for modern day obstetrics
- Sims preformed numerous experimental surgeries rationalizing that black women were closer to livestock than humans and thus had greater pain tolerance
- Medical advances wouldn't’t have been possible without unhindered access to the bodies of 11 enslaved black women

Harriet Washington

Eugenics Movement

- As the 20th century continued, control of Black women's reproduction took new forms:
  - Instead of forcing enslaved Black women to reproduce in order to increase slave owners' wealth, the state decided that Black women, and other women deemed unfit should not sully the human gene pool by having children
- Mississippi Appendectomy
  - Forced Sterilization of over 700,000 African American women in 1970s and 1980s
- In North Carolina, 40% of the 7,600 people forcibly sterilized were women of color
  - 2014—Legislature budgeted $10 Million for restitution for victims

Eugenics Movement

- In 2002, Oregon's governor issued an apology for forced sterilizations carried out on women who were in state care
- The Center for Investigative Reporting found that at least 148 female inmates in two California prisons were sterilized between 2006 to 2010 — and there may be 100 more incidents dating back to the late 1990s.
  - targeting those deemed likely to return to prison in the future. Pressure was applied particularly to women with multiple children,

Eugenics + Welfare

- Beginning in the 1970s, we see the intersection of eugenics and punitive welfare policies.
- After African-American women fought to receive maternity-related welfare benefits (which were initially mostly made available to white women), state eugenics boards began targeting African-American women on welfare for forced sterilizations.
  - Told that in order to continue receiving assistance, they had to get sterilized.
  - This continued into the 1980s and even the 1990s, when many states considered legislation that would make taking Norplant a requirement to receive welfare benefits.

Punitive Welfare Reform

- In 1996, President Bill Clinton passed the **Personal Responsibility and Work Opportunity Reconciliation Act (aka:** welfare reform).
- Based on racist stereotypes of unfit Black mothers, welfare reform replaced Aid to Families with Dependent Children, which provided guaranteed cash benefits to poor mothers, with Temporary Assistance for Needy Families (TANF), which provided time-limited assistance that came with various restrictions, including work requirements and family caps.
- It was believed among many people that poor mothers were having children in order to receive more welfare benefits.

Punitive Welfare Reform

- Regulation of the reproduction of poor mothers by denying them additional benefits if they have a child while receiving TANF

"As both biological and social reproducers, it is only natural that black mothers would be a key focus of this racist ideology. White childbearing is generally thought to be a beneficial activity: it brings personal joy and allows the nation to flourish. Black reproduction, on the other hand is treated as a form of *degeneracy.* Black mothers are seen to corrupt the reproduction process at every stage…They damage their babies in the womb through their bad habits during pregnancy. Then they impart a deviant lifestyle to their children through their example. *This damaging behavior on the part of Black mothers—not arrangements of power—explains the persistence of Black poverty and marginality.*" Dorothy Roberts, Killing the Black Body (1997: 9)

Birthing While Black

What Black Mothers Experience…

Birthing while Black

- Body of literature that communities of color are treated differently when encountering the health care system
  - Implicit (unconscious/automatic) bias
  - Microaggressions
  - Discrimination
- Not many of these studies focus on child birth
  - ICTC Black Birth Survey
  - LTM (some perceived discrimination questions)
- Not enough Quantitative Work!

Birthing While Black

- But there are far too many painful stories and anecdotes!
  - *"…from almost the moment my baby took her first breath, I was treated like a 14-year-old drug-addicted welfare queen, there to push out yet another daddy-less baby. Seriously."*
  - *"They tested my newborn for drugs (though I've never taken* an illicit substance in my entire life) without my consent — something I later found out hospitals do at disproportionately higher rates with black babies than white ones."
  - "The nursing staff was genuinely surprised (!) that the guy by my side, was my husband — and actually said that stupid shit out loud."

Reproducing Race
An Ethnography of Pregnancy as a Site of Racialization (Khiara Bridges, JD, PhD)

- "There was a fascinating racially significant chain of command in the clinic: white persons, with the most power and prestige in the clinic sat at the top of the hierarchy with their non-white assistants populating the ranks below them. Furthermore the racial dynamic within the clinic made even more fascinating by the racial composition of the patients served there—the large majority were racial minorities. This was a predominantly white group of providers practicing medicine upon a largely disempowered disenfranchised, marginalized and importantly non-white group of patients."

Birthing While Black

- These stories teach us a great deal about black women and the maternal-health care system in the US.
- It may be tempting to read them as cautionary tales
- Can’t ignore the complexity of black women's experiences of pregnancy and childbirth, which are shaped not simply by violence and coercion by patriarchal institutions but also by the multifaceted ways in which gender interacts with interlocking systems of race, class, age, ability, sexuality and nation

Causes of Adverse Birth Outcomes

"We carry our history in our bodies, how could we not?"

Nancy Krieger, PhD
Harvard School of Public Health

Causes?

- **Stress** due to daily exposures to interpersonal racism negatively impacts the health of pregnant Black women
  - Lifecourse
  - Weathering (biological vs chronological age)
- **Post Traumatic Slave Syndrome** (Joy DeGruy) theory that explains the etiology of many of the adaptive survival behaviors in African American communities
  - A consequence of multigenerational resulting from centuries of chattel slavery

Structural Racism

- A confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity among racial and ethnic groups
- Systems-level factors related to, yet distinct from, interpersonal racism, leads to increased rates of premature death and reduced levels of overall health and well-being.
- Like other epidemics, structural racism is causing widespread suffering, not only for black people and other communities of color but for our society as a whole
- Perpetuated when decisions are made without accounting for how they might benefit one population more than another, or when cultural knowledge, history and locally-generated approaches are excluded

Example

- ***"The Unique Impact of Abolition of Jim Crow Laws on Reducing Inequities in Infant Death Rates and Implications for Choice of Comparison Groups in Analyzing Societal Determinants of Health" (Krieger et al, AJPH 2013)***
- Explored associations between the abolition of Jim Crow laws (i.e., state laws legalizing racial discrimination overturned by the 1964 US Civil Rights Act) and birth cohort trends in infant death rates
- the Black infant death rate was 1.19 times higher (95% confidence interval [CI] = 1.18, 1.20) in the Jim Crow polity than in the non-Jim Crow polity,
- "Our results suggest that abolition of Jim Crow laws affected US Black infant death rates …"

Example

- "*Joint Effects of Structural Racism and Income Inequality on Small-for-Gestational-Age Birth*" (Wallace et al. 2015, AJPH)
  - Structural racism indicators were associated with higher odds of SGA birth
- "*The Effect of an Increased Minimum Wage on Infant Mortality and Birth Weight*" (AJPH, 2016 Komro KA et al)
  - If all states in 2014 had increased their minimum wage by ONE dollar, there would likely have been 2790 fewer LBW births and 518 fewer post neonatal deaths for the year

White Racial Frame

- Framing is a part of our socialization and the way we make sense of the world around us
- Frame of mind and frame of reference in regard to racial matters in our country
- Comprised of racial stereotypes; racial narratives and interpretations; racial images and language; racialized emotions; inclinations to discriminatory action and the white virtue center (comprised of superior white values and institutions, the white work ethic and white intelligence).
- The historical context may not be explicit but it is deeply embedded and engrained in our society
- It's the framework by which we are socialized and trained!
- The socialization creates a bias that most of us must exact effort to counter balance—

Examples

- "*Racism in the form of micro aggressions and the risk of preterm birth among black women*" (Slaughter-Acey JC, et al, Annals of Epidemiology 2016)
  - Racism in the form of micro-aggressions may increase the risk of PTB for women with mild to moderate depressive symptoms (so women with lower baseline risk of depressive symptoms)
- UVA study of Med students and Residents
  - 50% of white medical students and residents hold false beliefs about biologic differences between black and white people (e.g., black people's skin is thicker; black people's blood coagulates more quickly)

So Now What?

"…working towards achieving equity requires much more than good conversations and good intentions. It requires a willingness to examine one's own internal beliefs about people from different racial and ethnic backgrounds, as well as the level of privilege one may have had as a result of race and/or socio-economic status and the benefits that flowed and continue to flow."

-Nakima Levy-Pounds, JD

Understand Intersectionality

- An intersectional perspective reveals that black women suffer the combined effects of **racism** and **sexism** and therefore have experiences that are different from those of both white women and black men.
- This perspective enables us to analyze how structures of privilege and disadvantage, such as gender, race, and class, interact in the lives of all people, depending on their particular identities and social positions.
- Furthermore, intersectionality analyzes the ways in which these structures of power inextricably connect with and shape each other to create a system of interlocking oppressions, ‘matrix of domination.’

Low Hanging Fruit…

- Understand your implicit biases
  - https://implicit.harvard.edu/implicit/
- Consider your clinic; hospital; health care system; practice; Polices, Procedures, Mission statements, etc
  - What kind of language are you using? Who is impacted by policies and in what way?
- Are we creating inclusive climates? Who is represented on the walls of our clinics and practices? Who is represented in our brochures and pamphlets? What about among the staff?

Empathy

- On a very practical level, empathy can go a long ways
- Black women are told we aren't in charge of our bodies-always been someone else's property and for someone else's profit or benefit
- Relationship Centered Care (Cooper et al)
  - *"I must earn her trust if I hope to mean anything more to her. My demeanor, language and actions are critical to our ability to establish a relationship"*
  - *"When trust is established the time I spend with a woman on a monthly or weekly basis becomes a truly sacred space"*
  - *"As I honor her wisdom and experience, the countless structural divisions that exist between provider and patient start to crumble."*

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Perspective

Structural Racism and Supporting Black Lives — The Role of Health Professionals

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.

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Comments open through October 19, 2016

On July 7, 2016, in our Minneapolis community, Philando Castile was shot and killed by a police officer in the presence of his girlfriend and her 4-year-old daughter. Acknowledging the role of racism in Castile's death, Minnesota Governor Mark Dayton asked rhetorically, "Would this have happened if those passengers [and] the driver were white? I don't think it would have." Such incidents are tragic — and disturbingly common. Indeed, in recent weeks, our country has witnessed the well-publicized deaths of at least three more black men at the hands of police: Terence Crutcher, Keith Scott, and Alfred Olango.

Disproportionate use of lethal force by law-enforcement officers against communities of color is not new, but now we increasingly have video evidence of the traumatizing and violent experiences of black Americans. Structural racism — a confluence of institutions, culture, history, ideology, and codified practices that generate and perpetuate inequity among racial and ethnic groups[1] — is the common denominator of the violence that is cutting lives short in the United States.

The term "racism" is rarely used in the medical literature. Most physicians are not explicitly racist and are committed to treating all patients equally. However, they operate in an inherently racist system. Structural racism is insidious, and a large and growing body of literature documents disparate outcomes for different races despite the best efforts of individual health care

The Role of Health Professionals…

- Learn about, understand, and accept the United States' racist roots (Understand the history of Black motherhood in America)
- Understand how racism has shaped our narrative about disparities
- Define and name racism
- Recognize racism, not just race
- Center at the margins
  - culturally centered providers from within communities

Black Lives Matter: Claiming a Space for Evidence-Based Outrage in Obstetrics and Gynecology

While the phrase "Black Lives Matter" began inauspiciously—a hashtag on Twitter following the 2013 acquittal of George Zimmerman in the shooting death of Trayvon Martin[1]—it has been widely embraced by those describing the larger context of persistent inequities for Black Americans. The phrase is provocative by design, and its use conveys both urgency and frustration with the status quo.

in this piece because we believe these terms best reflect the sociocultural identification of the women about whom we speak.)

FAMILY PLANNING

The history of family planning for Black women is one of the most abhorrent in medicine, with eugenics campaigns and

MATERNAL FETAL MEDICINE

Black women in the United States from 2006 to 2010 were more than three times as likely to die a pregnancy-related death than White and Hispanic women, accounting for 14.6% of live births but 35.5% of pregnancy-related deaths (see Appendix). Black infants die at more than two times the rates

understanding that genetic testing is optional (AOR = 0.44; 95% CI = 0.22, 0.91), and are less likely to receive recommended influenza vaccinations during pregnancy (adjusted prevalence ratio = 0.80; 95% CI = 0.74, 0.86 for seasonal influenza; 0.75; 95% CI = 0.68, 0.82 for pH1N1).

Finally, at the time of birth, Black women are at least twice as likely to experience severe maternal morbidities. They have a significantly higher primary cesarean delivery rate (relative risk [RR] = 1.23; 95% CI = 1.17, 1.29), and are more likely to experience postpartum hemorrhage and peripartum infection

AJPH PERSPECTIVES

"We as the caretakers of women's health must realize that real action requires enough courage to embrace a fundamental shift in our perspective."

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Black women are also more likely to experience severe maternal morbidities. They have a significantly higher primary cesarean delivery rate (relative risk [RR] = 1.23; 95% CI = 1.17, 1.29), and are more likely to experience postpartum hemorrhage and peripartum infection

"We challenge OBGYNs to consider how accepting that Black women do worse in your research study, worse in your quality improvement project or are absent from your clinical trial as the status quo directly reinforces the lesser value our society has assigned to Black women's lives."

"What if OBGYN departments made racial equity the priority of all QI projects; how would study design change if the primary metric was whether they helped Black women? How would your interventions be modified if you could not claim success without racially equitable outcomes?"

References

- Bridges, Khiara. Reproducing race: An ethnography of pregnancy as a site of racialization. Univ of California Press, 2011.
- Roberts, Dorothy. Killing the black body: Race, reproduction, and the meaning of liberty. Vintage, 2014.
- Feagin, Joe R. The white racial frame: Centuries of racial framing and counter-framing. Routledge, 2013.
- Dominguez, Tyan Parker. "Race, racism, and racial disparities in adverse birth outcomes." Clinical obstetrics and gynecology 51.2 (2008): 360-370.
- Giscombé, Cheryl L., and Marci Lobel. "Explaining disproportionately high rates of adverse birth outcomes among African Americans: the impact of stress, racism, and related factors in pregnancy." Psychological bulletin 131.5 (2005): 662.
- Hardeman RR, Medina EM, Kozhimannil KB. Structural Racism and Supporting Black Lives — The Role of Health Professionals. NEJM. October 12, 2016DOI: 10.1056/NEJMp1609535
- Oparah JC, Bonaparte AD. Birthing Justice Black Women, Pregnancy and Childbirth. Routledge, NY: 2016.
- http://www.blackwomenbirthingjustice.org
- http://birthequity.org National Birth Equity Collaborative
- Eichelberger KY, Doll K, Ekpo GE et al. Black Lives Matter: Claiming a Space for Evidence-Based Outrage in Obstetrics and Gynecology. Am J Public Health. 2016 Oct;106(10):1771-2. doi: 10.2105/AJPH.2016.303313.
- Jones CP. Confronting institutionalized racism. Phylon 2002;50:7-22
- Gee GC, Ford CL. Structural racism and health inequities: old issues, new directions. Du Bois Rev 2011;8:115-132
- Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proc Natl Acad Sci USA 2016;113:4296-4301
- Krieger, N., Chen, J.T., Coull, B., Waterman, P.D. and Beckfield, J., 2013. The unique impact of abolition of Jim Crow laws on reducing inequities in infant death rates and implications for choice of comparison groups in analyzing societal determinants of health. American journal of public health, 103(12), pp.2234-2244.
- Komro, K.A., Livingston, M.D., Markowitz, S. and Wagenaar, A.C., 2016. The effect of an increased minimum wage on infant mortality and birth weight. American Journal of Public Health, 106(8), pp.1514-1516.

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hard0222@umn.edu