



Centering the Role of Scientists in Policy to End the Black Maternal Health Crisis

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"Education Conditioned Me to Think That Things Are OK The Way They Are" - Remarks from Dr. Lucinda Canty's Opening Keynote for the Black Maternal Health Conference, April 2023.

Health disparities in the US directly impacting Black, Indigenous, People of Color (BIPOC), low-income, and [LGBT](#) communities[1] have been making headlines, especially in the wake of rollbacks to policies and laws that will worsen health outcomes. In the last month, for example, you most likely came across news media that referenced the Black maternal health crisis in the US. This crisis is not new, but rather its visibility is new. As medical anthropologists Dina-Ain Davis and Alaka Wali explain,[2] there is *documented* evidence of medical racism against Black women that dates to the late 1840s. [Recent reports from the CDC\[3\]](#) that show there was a sharp increase in Black maternal mortality and morbidity rates for this population should not surprise anyone in the [scientific community](#). Rather what should give us pause (and spur us to action) are the implications of these findings: the consistent and increasing failures to ensure positive birthing outcomes for Black and Indigenous communities. As [Dr. Lucinda Canty](#) stated in her Opening Keynote address for this year's [Black Maternal Health Conference \(BMHC\) at Tufts University School of Medicine](#): "we have a system that is okay with Black people dying" and we have to question why that is the case.

For perspective it was far safer to give birth in the US in 1980 than it is in 2023, despite all the medical advances that have taken place in reproductive care in the last 43 years.[4]

What, then, is the responsibility of the scientific community and what role can we play to end the Black and Indigenous parental[5] health crisis in the US?

Two years ago, Vice President Kamala Harris inaugurated [a new White House initiative](#) Black Maternal Health Week.[6] The initiative was the first of its kind to address this national problem and emerged when the crisis was gaining visibility in the mainstream media with high-profile celebrities, such as [Serena Williams\[7\]](#) and [Beyoncé](#) sharing personal stories of the health scares they

experienced. Their coming forward also highlighted a sobering reality: when it comes to protecting Black life, class and resources might help, but do not guarantee a positive birth outcome. It is important to note, as well, the significance of adverse [Black maternal narratives](#) coming to light in the midst of multiple pandemics, including COVID-19 and the public health epidemic of anti-Black police violence. The Black maternal/parental crisis, can therefore be read as part of the continuum of violence against Black populations living in the U.S.

This year, the theme of Black Maternal Health Week (April 11-17) focused on bodily autonomy and joy—a sentiment that can easily be overlooked in the wake of trauma and/or death that expecting Black parents face in delivery rooms or in the postpartum period. Alongside a need to keep the focus on the positive aspects of intentional parenthood—to freely and willingly bring life to the Earth—during the entire month of April (and beyond), grassroots organizations and some government institutions have been sharing recommendations and calls to action to address this [global health crisis](#).

In early April, I had the opportunity to attend this year's BMHC in Boston. The theme was "Centering the Role of Nurses and Midwives in Addressing Maternal Health Inequities" and among the impressive 27+ speakers in attendance, primarily of African descent, attendees heard from medical personnel, community organizers, and academics^[8] that came together to provide a fuller picture of the Black and Indigenous communities they serve, to explain how decades of medical neglect and lack of human empathy harms them, and to discuss the strategies birth workers have used to protect their communities. Nicolle Gonzales, for example, a Diné nurse-midwife, birth worker, and founder of [Changing Woman Initiative](#) shared that since the pandemic began, the number of Native American and Indigenous women and birthing people who died from complications during and immediately after birth more than doubled. There is nothing inherently Black or Indigenous about the alarming figures like these. Adverse birth events are not a consequence of Blackness, Indigeneity, having different grades of melanin, or textured hair, but rather a confluence of factors, such as systemic and everyday forms of racism that contribute to negative social determinants of health among these populations. Gonzales also acknowledged her appreciation for being invited to speak at a Black-centered conference, remarking that Native and Indigenous women and birthing people in the US and around the globe would also benefit from a similar convening.

As I experienced this conference, particularly as a Black Latinx social anthropologist, I was intrigued by how the organizers of BMHC had chosen to deliver this information to an audience of mainly Black medical personnel and academics. In addition to breaks and opportunities for networking built into the conference, before the knowledge sharing took place, a Cape Verdian American spoken word artist and social worker, [Iva Brito](#) led us in grounding meditations. The grounding exercises felt important, as well, because we were going to be made privy to the traumatic stories of the speakers—both their own and that of their patients at the hands of individuals that engaged in discriminatory practices—with, at times, lethal consequences—before [Black and Brown midwives and nurses intervened](#).

I also appreciated the various calls to action of speakers, such as Gonzales, and US Black American Tanya Smith-Johnson, who provided the closing keynote address. A Navy hospital corpsman veteran, midwife, and policy director who has also worked with Native women in Hawaii and Black women in the southern US, Johnson reminded the audience that white allyship—in the true sense of the term—is not a new phenomenon. She laid out the role that white allies can play in protecting Black and Indigenous life. Evoking the civil rights era when white allies would use their bodies to shield Black folks from baton-wielding police, Johnson also explained why this health crisis is not a Black problem, but rather a white supremacist one that will require the support of people in positions of power to listen to Black birthing people, and to make space for Black birthing people to drive the solutions Black folks desire to ensure healthy and joyful Black futures.

I close this piece with a list of actionable items I came away with from the BMHC that can also serve scientists who play a role (large or small) in shaping policy, and a framing I would encourage you to consider applying when thinking about these issues.

- Educate yourself about the histories and present-day issues that Black and Indigenous populations experience in the health care industry, especially when it concerns inequalities in reproductive rights and [reproductive care](#) and sustainable solutions.Â This also includes becoming well-informed about the nuances related to ending racism and other biases in the health care system. The community-centered midwivesÂ [Dr. Jeffers et al. 2022](#)Â make the case for building a more equitable healthcare system that extends beyond race and gender matching for Black patients. Dr. Jeffers et al. suggest that given the diversity that exists *within* Black communities, if we are serious about making health care systems equitable and inclusive, this will require engagement with critical race lens and antiracist approaches. These are twin theoretical perspectives and practices that scientists could also embrace in policy.
- Share that knowledge with fellow white and non-Black POCs.
- Exercise your civil rights!
 - Write to [your legislators](#).
 - Join and volunteer for advocacy groups that are led by directly-impacted communities.
 - Vote for representatives who take closing health disparity gaps seriously and have a proven record and sustained commitment to pass legislation that directly address solutions to high mortality and morbidity rates.
- As the saying goes, with great privilege comes great responsibility! Leverage your power and influence, especially when you witness injustices or discriminatory practices against BIPOC in the workplace, public spaces, and among your community and family members.
- Leveraging your networks and funding opportunities to further support the work of BIPOC midwives and nurses who play a leading role in finding solutions toÂ the ongoing crisis.
- Support opportunities to increase the number and representation of Black and Indigenous midwives and nurses.[\[9\]](#)Â Given the current shortage and lack ofÂ representation of Black and Indigenous reproductive care providers, raising awareness of this issue is a critical first step to create truly integrated and equitable healthcare spaces.[\[10\]](#)Â
- [Reparations](#), [Reparations](#), [Reparations](#).

One approach I offer is to consider these racialized healthcare disparities as if they were an extension of the climate emergency. Much like US Americans can no longer deny the real impacts of global climate change in our lives, when it comes to Black and Indigenous birthing people in the US (and beyond our borders), we can no longer deny that birthing events are too often shadowed by social inequities that occur outside delivery rooms. In other words, the delivery room is a microcosm of the institutional andÂ *social*Â biases and practices that weather Black and Indigenous bodiesâ limiting life and contributing to our premature deaths broadly. The fact that birthing people in the US are [10 times more likely than other wealthy nations to die](#), should concern us--especially scientists working at the intersections of science, policy, and education.Â And just like scientists would not, from both an ethical and existential stance, ignore the climate emergency for 175+ years, it is time to step up, and take the necessary actions to end the Black and Indigenous parental crisis.

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[\[1\]](#) I recognize that these are not mutually exclusive categories.

[2] This is a forthcoming op-ed in the award-winning open-source website [Anthropology News](#).

[3] In mid-March 2023, the CDC released [a new report](#) that revealed that during the first year of the pandemic (2020-2021), there was a sharp increase in mortality rates for Black women and birthing people who died during birth or in the immediate postpartum period at 2.6 times the rate of white women and birthing people. In Nicolle Gonzales's remarks she explained that the Black and Indigenous midwives and nurses that serve these communities recognize that this may be a gross undercount since not all births and deaths during birth or postpartum are recorded, especially in rural areas or places where there are health deserts.

[4] The Maternal Outcomes for Translational Health Equity and Research ([MOTHER Lab](#)) at BMHC 2023.

[5] In this blog, rather than a "maternal" health crisis, I will use a "parental" to acknowledge transgender and non-binary individuals who have also experienced pregnancy, birth, postpartum.

[6] See also [President Biden's Proclamation on Black Maternal Health Week 2023](#).

[7] See also: Catherine D'Ignazio and Lauren Klein's open access chapter [Introduction: Why Data Science Needs Feminism](#)

[8] This includes undergraduates who work alongside of Dr. Ndidiamaka Amutah-Onukagha in the MOTHER Lab. Dr. Amutah-Onukagha is also the Founder and Director of the Black Maternal Health Conference.

[9] Tanya Smith-Johnson, BMHC 2023. Thank you Dr. Favorite Iradukunda for underscoring her excellent tips!

[10] Presently, [traditional midwives in Hawaii](#) will not be able to practice legally after June 30, 2023 due to their Representative Kyle Yamashita's unwillingness to hold a hearing for House Bill 955. Despite the fact that there is a shortage of birth workers in Hawaii too and that the bill cleared through two committees. This is just [one of the petitions](#) being circulated to support midwives in Hawaii.

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Note: The views expressed in this piece are those of the author and do not necessarily reflect the views of AAAS or the United States government.

Image: 2023 Black Maternal Health Conference,Â 5 Tools Production Company

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