

# ADVANCING HOLISTIC MATERNAL CARE FOR BLACK WOMEN THROUGH POLICY



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## BACKGROUND

According to the U.S. Centers for Disease Control and Prevention (CDC), Black women experience pregnancy-related deaths at 3 to 4 times the rate of white women.<sup>1</sup> The CDC defines pregnancy-related deaths as those that occur during pregnancy or within one year of the end of the pregnancy due to pregnancy complications, a chain of events initiated by pregnancy, or an unrelated condition or illness that was aggravated by pregnancy.<sup>2</sup>

Additionally, Black women are also more likely than white women to experience complications known as maternal morbidities during pregnancy.<sup>3</sup> Maternal morbidity refers to any physical or mental condition, illness, or disability associated directly with pregnancy and/or childbirth. These morbidities do not necessarily result in death but have the potential to significantly affect a person's quality of life.<sup>4</sup> The most notable maternal-related morbidities Black women face are preeclampsia, hemorrhage, and cardiovascular conditions.<sup>5</sup>

Maternal mental health issues are also increasingly common among Black women, and Black women are least likely to have access to mental health screenings, treatment, and support before, during, and after pregnancy.<sup>6</sup> Black women are more likely than white women to live in geographic areas that lack quality maternity care and have greater difficulty accessing comprehensive reproductive health services that include affordable contraception and abortion care.<sup>7</sup>

Narratives of personal responsibility for poor maternal health and birth outcomes among Black women are debunked by data that show that Black women's rates of severe maternal morbidity remained disproportionately high, even when adjusted for factors such as income, level of education, obesity, geographic location, and other factors that could impact morbidity and mortality rates.<sup>8</sup> Thus, Black women's lived experiences, and the toll that racism can take on their mental and physical health, are central to addressing maternal mortality. The adversities Black women face – rooted in systemic inequality – span various aspects of their life beyond health. Inequity in educational opportunities, economic gains, safe communities, and affordable, quality housing are just a few.

In response to this national maternal health crisis, the Black Mamas Matter Alliance (BMMA) has devised a policy agenda to advance Black maternal mortality and morbidity through holistic maternal care. BMMA is a Black women-led cross-sectoral, multi-disciplinary alliance that centers Black Mamas to advocate, drive research, build power, and shift culture to advance Black maternal health, rights and justice. This policy agenda aims to inform policymakers about Black maternal health and present policy solutions to ensure Black women receive high-quality, holistic care and, ultimately, save Black women's lives.

Our policy agenda centers Black women and is aimed at upholding their reproductive freedom and right to birth justice. Birth justice is realized when women and trans people are empowered during pregnancy, labor, childbirth, and postpartum to make healthy decisions for themselves and their infants.<sup>9</sup> It is part of the broader reproductive justice movement, and aims to dismantle inequities based on race, class, gender, and sexuality. These inequities can lead to poor birthing experiences, particularly for Black women and low-income women.

## FRAMING

A reproductive justice framework must be used to inform and analyze policy solutions targeted to address Black maternal health. This is critically important to help ensure that proposed solutions center Black women and promote their rights and justice. According to Loretta Ross, a reproductive justice analysis offers a framework for empowering women that is relevant to every family.<sup>10</sup> Reproductive justice asserts that all people have the right to bodily autonomy, to have a child (or not have a child), to parent that child with dignity in safe and sustainable communities, and to determine their own reproductive and birthing experiences. The reproductive justice framework is grounded in human rights and informs the birth justice framework.

Another key aspect of our policy agenda is that it supports the realization of holistic care for Black women. When BMMA published our first Black Paper entitled *Setting the Standard for Holistic Care of and for Black Women* in April 2018, we outlined a vision for holistic care that calls for addressing gaps and ensuring continuity of care; affordable and accessible health care; confidential, safe and trauma-informed care; care that centers Black women and Black families; care that is patient-centered and patient-led; culturally congruent and competent care, among others. The policy solutions outlined in this document will help us achieve our vision for holistic care for Black women and get closer to realizing reproductive and birth justice for Black women and families.

During the 115<sup>th</sup> U.S. congressional session, there were over twenty bills introduced on maternal health. The bills that have received the most traction focus primarily on increasing funding for data accountability and the establishment of Maternal Mortality Review Committees (MMRCs), while others focus on issues like increasing access to health care and insurance coverage for pregnant and postpartum women; duplicating locally-based models of care like maternity care homes and home visiting programs; and promoting Medicaid reimbursement of doula care. Senator Kamala Harris (D-CA) introduced the Maternal Care Access and Reducing Emergencies (CARE) Act, a bill aimed at reducing racial disparities in maternal mortality by addressing the implicit bias, racism, and discrimination acted upon Black women while engaging with the health care system and care providers. This bill calls for implicit bias training of health care personnel working at various levels in the health care system, as well as increasing grant funds for maternity care homes.<sup>11</sup>

Capitol Hill's interest in maternal health is in part due to a recent increase in media attention to the issue of maternal health and racial disparities in maternal and birth outcomes. With the United States leading the list of developed countries with the worst maternal mortality rates, policymakers have found themselves grappling with how to save women's lives and achieve more equitable outcomes with some sense of urgency. At the state level, several bills aimed at addressing maternal mortality were introduced.

In New York, where Black women are 12 times more likely to die of pregnancy-related causes than white women, the Senate passed a bill to help reduce maternal mortality and morbidity by establishing a maternal mortality review board.<sup>12</sup> Unfortunately, the bill did not progress beyond the Senate. New York State officials also announced a pilot program to expand Medicaid coverage for doulas early in 2018.<sup>13</sup> In California, policymakers approved legislation focused on addressing maternal mental health such as postpartum anxiety, depression, and psychosis.<sup>14</sup> The bill would help to ensure that pregnant women are able to access treatment, diagnosis, and education for these conditions before they progress. Additionally, Georgia legislators approved \$2 million in state funding to support the state's maternal mortality review board as well as hospital-based quality improvement initiatives.<sup>15</sup> Other promising legislation on maternal health was introduced in Oregon, Colorado, Kansas, and Maryland.

While the introduction of new legislation is promising, we call for more comprehensive approaches to adequately address maternal health that center Black women and their lived experiences. Despite the increased policymaker focus and media attention on maternal health, the political environment and hostility towards women's health and reproductive justice have serious implications for this critical work. Efforts to deny health insurance coverage for people with pre-existing conditions, sabotage the Affordable Care Act, apply harsh work requirements on Medicaid enrollees, restrict access to comprehensive reproductive health services, and eliminate health insurance coverage of contraception and abortion have dominated recent political attacks on health care. These policy efforts directly impact Black women and families. They also have the potential to completely derail Black women's access to health care and, in turn, instigate and perpetuate poor reproductive and maternal health outcomes. While addressing maternal mortality is an important, proactive endeavor to promote women's health, we recognize that it cannot be divorced from the broader reproductive justice and human rights agenda. We support the full spectrum of reproductive health care for Black women, as outlined by the reproductive justice framework.

BMMA is committed to unapologetically advocating for Black women, engaging key stakeholders, and amplifying the voices of Black women. Black women's thought leadership – specifically using a Black feminist and womanist analytical lens – is what guides us. It is central to the vision we espouse in the fight to save the lives of Black women. Black women's thought leadership must be central to any effort aimed at addressing the urgent public health concern of Black maternal mortality. This is true for work being done to ensure holistic care, accountability in research, building power and community, and enacting policy solutions that propel Black women to thrive. It is important for Black women to hold leadership roles in research, advocacy, care provision, government, and other fields in order to move these efforts forward.

## POLICY PRIORITIES FOR ADVANCING HOLISTIC MATERNAL CARE FOR BLACK WOMEN

To further the goal of advancing policies grounded in the reproductive justice, birth justice, and human rights frameworks that improve Black maternal health outcomes, Black Mamas Matter Alliance is committed to the following three policy priorities:

1. *Identify and ensure mechanisms for engagement and prioritization of Black women and Black-women led entities in policy and program development and implementation.*

Engagement of communities most impacted in crafting policies and programs that impact their ability to thrive is a core human rights principle. Thus, Black women's thought leadership is critical to effective identification and implementation of solutions to reducing maternal mortality and morbidity exacerbated by prolonged exposure to structural racism, gendered discrimination and bias. Black women, when equipped with the birth and reproductive justice frameworks, are well-suited with the expertise and lived experience to inform comprehensive approaches and solutions that can address a variety of issues. When the voices and leadership of Black women are centered, relations among the individual, community, and systems with which they engage are improved. However, it is important that Black women are not engaged in an exploitative manner wherein ideas, strategies, and solutions are extracted from the Black community with no credit attributed nor any engagement in the implementation phase.

For far too long, policies and programs have been developed for the Black community without input from Black people; information and ideas have been taken from the Black community and provided to external entities for implementation; and Black women have been silenced, overlooked, and ignored as experts and changemakers within broader society. It is necessary to invest in and build capacity within communities for them to be able to implement and drive the solutions for themselves at the local, state, and federal levels. Black women must be respected as experts of their own community, trusted to affect change, and adequately resourced to do so.

### **Effective maternal health policies must:**

- Ensure Black women are prioritized participants at every level of decision-making around maternal mortality and morbidity
- Invest in the time and expertise of Black women-led organizations and community-based organizations that use reproductive justice, birth justice, and human rights frameworks
- Invest financial resources in Black women-led organizations and services
- Apply an intersectional lens to policy development and implementation in order to address racial disparities in maternal health

II. *Establish equitable systems of care to address racism, obstetric violence, neglect, and abuse.*

The human right to equality and freedom from discrimination evade Black women in America. These foundational principles cut across all human rights and are essential to realizing reproductive justice and birth justice. Black women's chronic exposure to racism, gendered discrimination, disrespect and abuse – within the health care system and beyond – directly impacts their ability to exercise bodily autonomy and be an active participant in decision-making about their health.

Furthermore, the systematic degradation of traditional birth work delivered by midwives and doulas and the increased medicalization of childbirth over time has thrust Black women into a system of service delivery that is inherently biased against them. Consideration of intersectionality – overlapping and interdependent systems of discrimination on an individual and/or group – is critical to understanding the complexities involved in addressing maternal mortality and morbidity among Black women. Because Black women experience various forms of racism, discrimination, and bias because of their race, gender, or class among others, efforts to improve systems of care without addressing racism and discrimination of all forms are inherently ineffective.

To effectively provide care to Black women, we must establish systems of care that are equitable and culturally relevant by acknowledging the value of traditional birthing practices and addressing racism, discrimination, and bias and, thus, dismantling existing systems of care that have created and perpetuated inequities in health care service delivery and ultimately resulted in grave disparities in health outcomes.

**Effective maternal health policies must:**

- Create opportunities for evaluation and redesign of health education curricula by Black-led organizations that center Black people
- Hold existing health care systems accountable for delivery of quality, comprehensive, patient-centered and trauma-informed care
- Prioritize the provision of resources for Black health care systems and Black-led care practices
- Redefine the concept of health care teams and recognize them as multi-disciplinary— including doulas, midwives, lactation consultants, perinatal health workers and other paraprofessionals (or non-licensed professionals)

III. *Expand and protect meaningful access to quality, affordable, and comprehensive health care coverage, which includes the full spectrum of reproductive and maternal health care services for Black women.*

Access to comprehensive, affordable reproductive and maternal health services and preventive care is critical to Black women's opportunity to realizing the human right to health, the highest attainable physical and mental health status. However, the narrative around access to care has largely centered on protection of the Affordable Care Act and expansion of Medicaid insurance coverage. Policies that include private insurers are often overshadowed by the focus on Medicaid. This is problematic when disparities in maternal mortality and morbidity cross socio-economic lines for Black women. Health care systems must acknowledge that Black women are not monolithic in their experiences and recognize the intersectionality of individual health decision-making in order to ensure access to high-quality, culturally relevant, and comprehensive health care services.

Moreover, maternal health stakeholders and policymakers have highlighted health care access as an overarching need without much consideration for the *quality* of the services provided. Black women are often geographically isolated to hospitals that deliver lower quality care, as made evident by the rates of poor pregnancy outcomes in those facilities. Research reflects that the needs of Black patients tend to be deemed less severe and lower priority than white patients.<sup>16</sup> Additionally, Black women tend to be recommended for procedures such as cesarean section<sup>17</sup> and hysterectomies at higher rates than white women.<sup>18</sup> These realities manifest in the form of pervasive feelings of disrespect and abuse for many Black women.

Accountability measures are needed to create a system where the expectation of high-quality health care is the standard. Additionally, it allows for providers within the system to maintain integrity of the profession, abiding fully to the ethical and moral codes to which they have agreed. Meaningful access to care looks beyond insurance coverage or geographic proximity to services to consider quality.

To effectively ensure that Black women have access to care services in their communities and that their experience of care is equitable and considers the entirety of the person within that dynamic, governments at all levels must expand and protect meaningful access to quality, affordable and comprehensive health care coverage.

**Effective maternal health policies must:**

- Provide financial resources for Black-led health care systems and practices
- Encourage and permit insurance coverage of services provided by perinatal health workers, community health workers, doulas, and other paraprofessionals working within community-based organizations and supporting persons during the perinatal period (conception to one year postpartum)
- Establish patient-centered methods to assess service delivery quality within the place of care (prenatal, birth, post-partum services and beyond)



## CONCLUSION

Black women die at alarmingly disproportionate rates, and data reflect that this is largely due to the experience of systemic racism and gendered discrimination in America. To adequately address this issue, policy and program solutions must center Black women's voices, experiences, and leadership. Black Mamas Matter Alliance will amplify, support, and promote Black women's leadership by identifying and creating mechanisms for Black women and Black-led entities to engage in policy and program development and implementation processes. This is critical to effectively expand and protect meaningful access to high-quality, affordable, culturally relevant and comprehensive maternal care provided in equitable systems that address racism and obstetric violence, neglect, and abuse.



## REFERENCES

- <sup>1</sup> Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Pregnancy-Related Deaths. Available at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm> Accessed November 30, 2018.
- <sup>2</sup> *Ibid.*
- <sup>3</sup> Admon LK, et. al. Racial and Ethnic Disparities in the Incidence of Severe Maternal Morbidity in the United States, 2012-2015. *Obstetrics & Gynecology*. 2018;132(5):1158–1166.
- <sup>4</sup> Koblinsky M, et. al. Maternal Morbidity and Disability and Their Consequences: Neglected Agenda in Maternal Health. *Journal of Health, Population and Nutrition*. 2012;30(2):124-130.
- <sup>5</sup> CDC Foundation. Report from Maternal Mortality Review Committees: A View Into Their Critical Role. Available at <https://www.cdcfoundation.org/sites/default/files/upload/pdf/MMRIARepor.pdf>. Accessed November 30, 2018.
- <sup>6</sup> Center for American Progress. Suffering in Silence. Available at <https://www.americanprogress.org/issues/women/reports/2017/11/17/443051/suffering-in-silence/> Accessed November 30, 2018.
- <sup>7</sup> National Partnership for Women and Families. Black Women’s Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities. Available at <http://www.nationalpartnership.org/research-library/maternal-health/black-womens-maternal-health-issue-brief.pdf>. Accessed November 30, 2018.
- <sup>8</sup> New York City Department of Health and Mental Hygiene, Severe Maternal Morbidity in New York City, 2008-2012. Available at <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf>. Accessed November 30, 2018.
- <sup>9</sup> Black Women Birthing Justice. What is Birth Justice? Available at <http://www.blackwomenbirthingjustice.org/what-is-birth-justice>. Accessed November 30, 2018.
- <sup>10</sup> Ross L and Solinger R. *Reproductive Justice: An Introduction*. Oakland, CA: University of California Press; 2017.
- <sup>11</sup> Sen. Harris Introduces Bill Aimed at Reducing Racial Disparities in Maternal Mortality. August 22, 2018. Available at <https://www.harris.senate.gov/news/press-releases/sen-harris-introduces-bill-aimed-at-reducing-racial-disparities-in-maternal-mortality>. Accessed November 30, 2018.
- <sup>12</sup> New York State Senate Passes Legislation to Improve Maternal Health Outcomes. June 20, 2018. Available at <https://www.reproductiverights.org/press-room/new-york-state-senate-passes-legislation-to-improve-maternal-health-outcomes>. Accessed November 30, 2018.
- <sup>13</sup> New York to Expand Use of Doulas to Reduce Childbirth Deaths. *New York Times*. April 22, 2018. Available at <https://www.nytimes.com/2018/04/22/nyregion/childbirth-death-doula-medicare.html>. Accessed November 30, 2018.
- <sup>14</sup> California Legislative Information. AB-3032 Maternal Mental Health Conditions. Available at [https://leginfo.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180AB3032](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201720180AB3032). Accessed November 30, 2018.
- <sup>15</sup> Georgia Maternal Death Rate, Once Ranked Worst in U.S., Worse Now. *The Atlanta Journal-Constitution*. September 28, 2018. Available at <https://www.ajc.com/news/state--regional-govt--politics/georgia-maternal-death-rate-once-ranked-worst-worse-now/qG8xWYMufoW2OEiiZNDrmM/>. Accessed November 30, 2018.
- <sup>16</sup> Schrader C and Lewis L. Racial Disparity in Emergency Department Triage. *Journal of Emergency Medicine*. 2013;44(2):511-18.
- Sonnenfeld N, et. al. Emergency Department Volume and Racial and Ethnic Differences in Waiting Times in The United States. *Medical Care*. 2012;50(4):335-341.
- <sup>17</sup> Martin J, et. al. Births: Final Data for 2016. National Vital Statistics Reports. 2018;67(1).
- <sup>18</sup> Bower JK, et. al. Black-White Differences in Hysterectomy Prevalence: The CARDIA Study. *American Journal of Public Health*. 2009;99(2):300-07.
- Robinson WR, et. al. For U.S. Black Women, Shift of Hysterectomy to Outpatient Settings May Have Lagged Behind White Women: A Claims-Based Analysis, 2011-2013. *BMC Health Services Research*. 2017;17(1):526.



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