INSTITUTE FOR WOMEN'S POLICY RESEARCH

# Built for Our Survival: Reclaiming Black Birth from a History of Harm

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*Birthing While Black: The Urgent Fight for Maternal Health Reform Series*

## Introduction

**Women in the United States die from pregnancy-related causes at a higher rate than women in any other wealthy country in the world.[1]**

While all US women have experienced an increase in maternal mortality[2] over the past two decades, the rate among Black women has increased most precipitously. Today, **Black women are roughly three times more likely to die from pregnancy-related causes than White women, regardless of their economic or educational status.** The COVID-19 pandemic only exacerbated[3] what was an already dire trend for Black women.

The drivers of the Black maternal health crisis are vast and interconnected.[4] They include medical system failures, harmful gender norms, restrictive reproductive health policies,[5] medical racism,[6] and a broad range of social determinants of health,[7] such as food insecurity, unstable housing, transportation and health care access, and violence—just to name a few. There is also a deeper and often overlooked factor we must consider: *the economy itself*. After all, many social determinants are the products of an economic system rooted in racism and sexism, and gendered racism specifically.[8] That system was built on the exclusion of—and extraction from—Black women since the earliest days of the nation and has shaped every other socioeconomic system in the country, including the health system.

Discussions about maternal health are incomplete without an understanding of how the economy—and the narratives and ideologies it is built on—function as *root causes* of racial and gender health inequities.

> *We must consider reproductive health care as an economic issue, not only because that is how women experience it, but also because the overall approach to US economic policy has shaped maternal health care in a way that has been harmful to Black women, both as patients and as workers.*

Our economic and health systems have excluded Black women workers from the health profession and seeded modern-day occupational segregation. They have led to medical practices and a broader health system that fuels and reinforces gender and racial health disparities. The economic system that has driven historic levels of inequality has fast-tracked the erosion of the public sector, which has had wide-ranging implications for employment and access to care,[9] as well as increased medical debt for Black families. Over recent decades, these

trends have collided with the increasing vitriol toward reproductive autonomy,[10] hurting the health and economic security of Black women and their families across generations. All of these threads are part of the United States' maternal health story.

This brief is the first in the *Birthing While Black: The Urgent Fight for Maternal Health Reform Series* by the Institute for Women's Policy Research (IWPR). Throughout this series, we will tell the story of how we got here: What are the roots of our health and economic systems? Why have they evolved in ways that have continually harmed Black women and are increasingly bad for all of us? The series will examine different dimensions of the Black maternal health crisis, including the labor market segregation of health care workers,[11] data collection on maternal health outcomes, and links between the maternal health crisis and the proliferation of reproductive health restrictions. In this first brief, we begin with the history of our economic and health systems, link maternal health to IWPR's existing work on economic and health issues that uniquely impact the lives of Black women, and lay the groundwork for our forthcoming work on this topic.

As with all IWPR's work, we use the reproductive justice framework throughout this series to put maternal health in a broader context and illustrate the complex and intersecting systemic inequities contributing to this crisis. This framework allows us to identify the harmful combination of historical and present-day gendered racism and neoliberal economic ideologies that shape health access and outcomes.

Black women are

**3x more likely**

to die from pregnancy-related causes than White women, regardless of their economic or educational status.

> *Reproductive justice situates maternal health in a holistic context as part of the demand that all individuals should be able to realize the right to bodily autonomy, to have or not have children when they want, and to parent the children they have in safe and healthy environments.*[16]

This is a critical moment in time. The efforts of reproductive justice advocates, academics, and policymakers have pointed a spotlight on the Black maternal health crisis.[12] Their research has painted a picture of the extent of negative health outcomes and the depth of racial disparities that characterize them.[13] They have shown how those disparities look in rural[14] and urban communities, illustrating how one's zip code impacts access to care.[15] Their advocacy has led to state and federal policy proposals to tackle poor maternal health outcomes and create more equitable systems. There is unprecedented awareness of this problem and the demands to address it.

At the same time, the opportunities presented by these advances are precarious. Over the last three decades, policymakers have chipped away at the economic and health systems meant to support the well-being of women and their families. That erosion will likely be expedited by a second Trump administration as conservative policymakers continue to propose policy changes that threaten social policiesand programs. These so-called "austerity measures" will be intertwined with even more radical efforts to further restrict and criminalize access to reproductive health care. As we have already seen in the wake of the *Dobbs* decision, this combination is deadly for women across the nation—particularly for Black women and their families.

# HOW DID WE GET HERE?

## Understanding the roots of the current maternal health crisis requires starting from the very beginning.

One of the earliest chapters in the story of the US health system began in the early 1600s when Black enslaved women were first brought to this continent. For centuries, they were responsible for bringing life into the world and for sustaining it through midwifery—even when their own bodies, lives, and labor were exploited and abused. These women used skills and experiences passed down through generations to care for their own families and those of their enslavers. **Black women were our earliest obstetricians and nurses, charged with overseeing pregnancy and childbirth.** They cared for children, the sick, and the dying and produced herbs and medicines that addressed a wide range of health concerns in the absence of other cures.[17] This work was seen as the unpaid labor of Black women, and throughout the following centuries, it would continue to be underpaid and undervalued.

In the mid-1800s, White male physicians saw the promise of power and prestige in the consolidation of the United States' early health system, particularly in what we now know as obstetrics and gynecology. Under the guise of "modernizing" and "professionalizing" the health system, they vilified the work of Black midwives and healers, who they deemed uncivilized and dangerous. They diminished Black women's critical role in the provision of health care and excluded them from the burgeoning opportunities for paid labor in the health field.[18] They prohibited the entrance of Black practitioners into medical schools and the American Medical Association (AMA),[19] forced the closure of Black medical and nursing schools,[20] and barred Black women from working at white hospitals. White physicians ensured that lived experience and real-world knowledge would no longer be the basis for "claims to legitimacy."[21] Instead, "legitimate

## BLACK WOMEN IN MIDWIFFERY: A BRIEF TIMELINE

**1600s**

Black enslaved women are responsible for caring for women throughout pregnancy and childbirth.

**1700s & 1800s**

White male physicians consolidate knowledge, care, and power and vilify work of Black midwives and exclude them from "formalized" health care.

**1847**

American Medical Association founded, which excludeds Black practioners for most of the next century.

**1910**

Flexnor Report released, leading to the closure of all but two Black medical colleges, eliminating pathways for Black Americans to enter the medical field.

**1920s**

Sheppard-Towner Act pasess; federal govenrent funds joint nurse-midwife programs, requiring training and licensure. Black women and women of color are systematically excluded.

**1930s**

Jim Crow laws further segregate the health system throughout the South for patients and practitioners.

**1946**

Hill-Burton Act, which provides construction grants and loans to build hospitals throughout the country, allows for segregation in health facilities.

**1964**

Civil Rights Act passes, and the social justice movements of the time begin to reverse declines in midwife-attended births.

**1960s & 1970s**

Growing demands for midwifery dramatically increase the share of White women midwives; numerous requirements for training present barries for Black women entering the field.

**PRESENT DAY**

More than 85% of certified nurse midwives are White. Fewer than 7% are Blacks, ~5% are Hispanic, and ~0.6% are American Indian or Alaskan Native.

knowledge and claims to expertise were to be based on 'proper character' and the acquisition and utilization of biomedical knowledge instilled" through formal education.[22] That "formal education" systematically excluded Black people and legitimized anti-Black and gendered racism and violence. As Michelle Goodwin wrote: "In the wake of slavery's end, skilled Black midwives represented both real competition for white men who sought to enter the practice of child delivery, and a threat to how obstetricians viewed themselves. Male gynecologists claimed midwifery was a degrading means of obstetrical care. They viewed themselves as elite members of a trained profession with tools such as forceps and other technologies, and the modern convenience of hospitals, which excluded Black and Indigenous women from practice within their institutions".[23]

The efforts of White physicians to usurp power in the health sector had a particularly negative impact on the provision and quality of reproductive health care.[24] These early changes impacted Black women in two distinct ways. First, they seeded occupational segregation in health care that persists today, with Black women still holding the most dangerous, insecure, and low-paying jobs in the health sector. This has the dual result of harming Black women's income[25] and economic security *and* their health access and outcomes. Second, these changes were fueled by anti-Black racism and sexism, which was used to justify the exploitation and abuse of Black women's bodies in the name of advancing medicine. Doctors performed cruel and torturous procedures[26] on Black women who did not consent and who would never access the very advances that were being developed on their bodies.[27] The research and findings of these White doctors were praised and ultimately formed the foundation of medicine in the United States. **Racism and sexism were built into the very roots of our growing health and economic systems and continue to shape outcomes today.**[28] As Loretta Ross and Rickie Solinger write, "Past abuses of women's reproductive bodies live on in contemporary harms and coercions."[29]

Throughout the 20th century, the US health system as we know it today began to emerge as a patchwork quilt, with varying levels and quality of care available to individuals based on their race, class, gender, and immigration status. There were many times when political leaders acknowledged the country's gross health inequities and proposed different versions of universal health care as a common sense and much-needed solution. But at each turn, anti-Black racism and sexism reared its ugly head, and White conservative policymakers succeeded at blocking or undermining those efforts.[30] They kept high-quality and affordable health care out of reach of Black Americans and created a fractured system of care that would ultimately also fail many other communities.[31]

> *For generations, White policymakers' contempt for Black Americans and their refusal to redistribute federal and state resources to Black communities prevented the United States from developing a health system like so many of our peer countries enjoy.[32] Black women have shouldered a disproportionate burden of the harms caused by these decisions.*

The neoliberal economic ideologies that took root during the backlash[33] to the Civil Rights era—ideologies fueled by anti-Black racism and sexism—doubled down on the United States' historical approach to health care as a privilege, not a right.[34] As we will discuss in forthcoming briefs in this series, neoliberal policies solidified a health sector that prioritizes profits, privatizes public goods, and divests from public health. The result is a health system in which Black women are overrepresented in low-wage, insecure jobs and experience stark inequities in health care access and health outcomes.[35]

# OFFERING NEW PERSPECTIVES ON THE BLACK MATERNAL HEALTH CRISIS

**Since its founding nearly four decades ago, IWPR has been a leading organization in research, policy, and advocacy on gender justice.**

Our approach has always been intersectional because we deeply understand that economic security and health are two sides of the same coin. Too often, the issues that most impact women's lives are siloed: Conversations about Black women's health—and health disparities more broadly—are relegated to the public health or medical spheres, and conversations around Black women's wages, labor market segregation, and economic opportunities and outcomes live squarely in the economic sphere.

Our work brings these issues together because we understand that inequities in one system fuel inequities in the other—and that changes made to one system will be incomplete without meaningful changes to the other. There are economic policy shifts that would have an outsized impact on Black women and their families. Universal health coverage, paid leave, and child care would vastly improve the working lives of Black women. And robust investments in public health systems and curbing corporate concentration in health care would begin to improve health access and outcomes. However, the impact of either of these areas of policy change will be muted without complementary shifts in the other. **We need to address women's health and economic security the same way women experience them: intersectionally.**

IWPR has long focused on issues that impact—and are impacted by—maternal health: occupational segregation[36] in the labor market, the racial and gender wage gaps,[37] paid sick and family leave,[38] the educational advancement of young parents,[39] and the health and economic impacts of abortion access (or a lack thereof).[40] Throughout this series, IWPR will bring to bear its expertise on each of these issues and more to provide new insights into various dimensions of the Black maternal health crisis. Forthcoming briefs will include:

- An examination of how a **"collision of crises"** is exacerbating the maternal health crisis. This brief will look at three issues: the recent proliferation of anti-abortion legislation and the related erosion of the maternal health workforce and infrastructure; the expansion of family planning restrictions and the changing landscape of publicly funded clinics; and the increasing privatization and consolidation in the health sector.

- An overview of the **critical role of birth workers in Black women's maternal health**, particularly in the context of an eroding health care landscape and escalating threats to public programs and funding. This brief will explain the growing need for birth workers of color and the potential risks they will face in the current policy climate. It details the growing desire of Black women to become birth workers, the benefits they bring to Black women's health, and the barriers making it difficult to enter the field.

An analysis of the **maternal health labor market**, including a look at the history of Black and Indigenous women's role in maternal/reproductive health care and an explanation of why this work is undervalued and underpaid today. This brief will describe the scope of work and wages and occupational segregation in the maternal health sector, analyze how consolidation in the health sector impacts Black women workers, and how the lack of Black women physicians potentially impacts the quality of care and outcomes.

An inquiry into the **long-term impact of maternal morbidity and mortality on families and communities**. Roughly 40 percent of Black families with children under 18 are headed by single working mothers and Black women play an outsized role in caring for other members of their communities. This context is rarely discussed when we think about the long-term implications of the evolving threats. However, it is critical to consider the immediate and multigenerational impacts of Black maternal morbidity and mortality so that we can develop effective solutions.

An analysis of **current trends in public health data collection** on maternal health. There is significant variation between states' policies and methodologies for collecting maternal health data. Additionally, states are increasingly responding to reports of maternal deaths resulting from anti-abortion policies by eliminating their maternal review boards altogether.[41] This brief will detail the current state of data collection, describe the impact of those changes, and propose ways to move forward in the current political environment.

Our goal is to contribute to the rich body of work of reproductive justice experts who have already moved the needle on our understanding of the Black maternal health crisis and what is required to effectively address it. We intend for this series to pose new questions, offer different perspectives, and connect the dots on critical issues related to maternal health access and outcomes. We hope this work will ultimately help reimagine reproductive and maternal health as a public good—one that centers Black women and their families and ultimately works equitably for all women in all communities.

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**To see more from *IWPR's Birthing While Black: The Urgent Fight for Maternal Health Reform Series*, visit iwpr.org/birthingwhileblack/.**

**To learn more about IWPR's federal policy recommendations on maternal health, visit iwpr.org/maternal-health.**

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