

Women of Color, the Health Care System, and the Pregnancy Experience: A Key Insights Series from USofCare's Listening Work on Maternal Health

PART 1: Differential Treatment, Stereotyping, and Racism in the Black Maternal Health Experience

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Overview: At United States of Care (USofC), we start our work toward building a better health care system by listening to people *first*. Using this people first approach, we arrived at our **United Solutions for Care** which are four goals and 12 solutions to improve the health care system based on what we heard over multiple years from people all across the country. Included in those 12 solutions was a call for better maternal and newborn care and increasing coverage for all of the ways people want to give birth like doula services, birthing centers, and home births.

Our health care system has failed maternal health severely. The racial disparity is especially stark: the mortality for Black women is nearly three times that of white women and calls into question why?

As we continue to deepen our listening work in this area our findings have revealed three overarching themes that are consistent, and in some cases go deeper into what others are hearing on this issue:

- 1) Differential treatment, dismissal and racism during the pregnancy journey
- 2) Knowledge and experiences with midwives and doulas¹
- 3) Lack of postpartum support

The first of this three part series highlights what we've been hearing from Black women about the maternal health crisis, including the role of racism and how they are treated, stereotyped, and dismissed while trying to have a baby.



How we are listening: In September of 2022, we held three focus groups in rural communities surrounding Orangeburg, South Carolina where we inquired about experiences with maternal health and the health care system to include the use of doulas and midwives. In January and February of 2023, USofC did a deeper dive in partnership with Wonder Strategies for Good, to conduct a series of in-depth interviews with 20 Black, Hispanic, and Asian women across the United States to better understand their birthing experiences within the U.S. health care system.² All of the women of color we spoke with came from a variety of geographies, ages, incomes, and education levels, and had various types of insurance during their pregnancy journeys that were shared with us.³ Additionally, all of the women interviewed were pregnant within the last three years, meaning that their responses sometimes included pregnancy and birth experiences within the context of the COVID-19 pandemic.

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What we are hearing:

- ★ Black women experienced dismissive and differential treatment based on their race.

“ As an African American woman, they [health care providers] look at you and feel like your pain is less than [someone] outside of my race.

- Black woman, Northeast

“ I feel like the nurse was minimizing my pain and it was more like well you had two babies before so you are used to this pain, or you've been through this rodeo before. You are okay. It was just like not being sensitive to what I am feeling or what I am saying.

- Black woman, Northeast

“ I have talked to other women that are non-African American and their experience is totally different from mine...I just feel like I just feel like sometimes as an African American I feel like they feel like we, as women, we are strong. We could get through it, or our pain is not as strong as another culture so our voice is not being heard that much. Also I feel when I walk into a doctor's office, they see my skin and they be like you have Medicaid or you know we don't accept Medicaid. I have insurance through my job and my husband's job. We have very good health insurance, so I just feel sometimes there is a stigma or a judgment that I face because of the color of my skin.

- Black woman, Northeast

- ★ Black women feel the undue burden of needing to always be strong even during one of the most vulnerable times in their lives. Yet, when they do advocate for themselves, they are negatively labeled as angry or aggressive.

“ It's like people are afraid to be aggressive about their health care, especially black women. Because, you know, we're [stereotyped as] “aggressive”. So we're trying so hard not to be the angry black woman that we get neglected. Because we don't want to speak up about it sometimes. And then some people like I don't care, I'm gonna be aggressive about it, but then they're upset that they have to be aggressive about it.

- Black woman, rural South

“ Everybody thinks we are just so strong like, “Oh you are a black woman, you can handle it. You'll get through it.” I would have loved a black woman to let her hair down and be vulnerable, you know, because we always have to be so strong and people assume that we are so strong but no, we are just like every other woman. We get tired.

- Black woman, Southeast

“ There's a whole thing about the strong black women complex, but it does affect us and help because it's like, oh, they can tolerate it. So we're supposed to be uncomfortable because we can deal with it

- Black woman, rural South

★ Black women were keenly aware of and concerned about racism and racial disparities in maternal health outcomes in the health care system.

“ I was very, very aware of what was happening with maternal health. Black women were a lot more likely to die in childbirth for not being listened to. Before I left the world to be a stay-at-home mom I was in the public health area, so I am very aware of that infant mortality, so that made me a lot mindful of every step I made, making sure that I was...doing my own reading to make sure that I wasn't given different information.

- Black woman, Midwest

Too often during our listening work we hear from Black and other people of color that they just want to be treated like a human being during their healthcare experiences. They want to be heard, respected, and given the same opportunities to achieve the best possible health outcomes. So how can we ensure that Black women and birthing people in this country do not continue to die or come close to dying at alarming rates during childbirth because of the color of their skin? We can all start by simply listening to them.

¹ These findings capture the perspectives of the women interviewed and may not be generalizable to the overall pregnant and birthing population.

² Individuals all self-identified as mothers and women.

³ All of the women interviewed were pregnant within the last three years, meaning that their responses sometimes included pregnancy and birth experiences within the context of the COVID-19 pandemic.