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Black Maternal Mortality: A Result of the Haunting Past

Jaylynn Chantel Arnold
Psychology June 2023

Faculty Adviser: Dr. Carolyn West

Essay completed in partial fulfillment of the requirements for graduation with Global Honors,
University of Washington, Tacoma

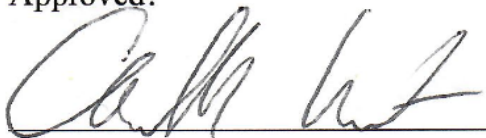
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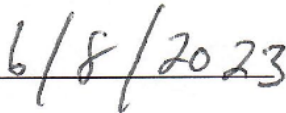
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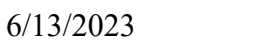
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Date



Date

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Abstract

Throughout history, Black women have been treated as less than human in a variety of traumatic ways for generations, all of which have negatively affected the physical and emotional

well-being of free and enslaved Black women. This consisted of being victims of medical abuse, sexual abuse, degrading stereotypes, and the right to easily access basic human needs such as quality healthcare. Current research has shown that within the United States, Black women have the highest rate of maternal mortality than any other ethnicity of women especially when compared to white women. Being that 84% of these maternal deaths are preventable, I argue that past experiences such as medical racism, sexual exploitation, racial segregation, and controlling images that stem from both slavery and the Jim Crow era are responsible for these disproportionate rates today. The purpose of this paper is not only to take us back in time to the darkest moments in history, but I also provide suggestions and solutions as to how this issue can be resolved so that Black women can be better supported in the future in terms of their wellbeing and health.

Keywords: Maternal mortality, Racism, Black women, History, Slavery, Jim Crow, Healthcare, Solutions

Introduction

According to the World Health Organization, maternal mortality can be described as “The annual number of female deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy” (WHO, 2023). While America is known for being one of the most developed countries, many are unaware that the United States also has one of the highest maternal mortality rates among developed nations. In fact, it has been reported that 700 women die each year in the U.S. due to pregnancy or delivery complications (BMMA,2023). While the maternal mortality rate has declined in other countries over the years, maternal mortality rates in the U.S. rose 78% between 2000 and 2020 amidst Covid-19. (WHO, 2023).

As if the rate of maternal mortality in America wasn't already concerning, there is yet another concern that must be addressed. It has clearly been evident through data and evidence that Black women suffer from the highest rate of maternal mortality with soaring rates measuring up to 55.3 deaths per 100,000 live births (BMMA, 2023). This rate means that for every 100,000 live births that occur in America, there are 55 maternal deaths, when roughly 300,000 babies are born each month in the U.S. (CDC, 2023). There is a three to four times higher risk of death from pregnancy-related causes among Black women than among any other racial group of women (Canty, 2021). This disparity is clearly distinguishable especially when the maternal mortality rates are compared to white women, being that the maternal mortality rate for White women lies at a rate of 19.1 deaths per 100,00 births. (BMMA, 2023). This wide disproportionality indicates that this crisis isn't just a coincidence, there is a deeper issue here that needs to be addressed.

In my research, I intend to explore the horrifying conditions that Black women, both free and enslaved, grappled with throughout America's haunting history. In this way, we will be able to gain a deeper understanding as to why Black women are burdened with the highest maternal mortality rates in the country. Concisely, I will discuss the mistreatment of Black women's bodies during the slavery period, this consists of Black women being used as test subjects without their consent, being stripped naked on the auction block, as well as the sexual abuse/violence they endured by their slavers and other white men in power. This paper also recognizes how hindrances such as stereotypes and structural racism have shaped the way Black women are viewed and how they experience life. Furthermore, this paper emphasizes the Segregation Era and its role in disadvantaging Black women. This includes stereotypes and the controlling images brought upon Black women that impacted the way society looked at Black women and the policies put in place to silence Black women. By navigating historical perspectives, we can develop more effective strategies to improve maternal health outcomes and reduce the soaring maternal mortality rates.

Black Maternal Mortality

Maternal deaths can be defined on three different scales. While they all align with the dimension of maternal deaths, they are not equivalent. This encompasses the terms *pregnancy-related death*, *pregnancy-associated death*, and *maternal mortality*. It is important that these three similar, but inequivalent terminologies are differentiated. Not only for the prevalence of enhancing clarity on the discussion of maternal mortality, but it is also a prevalent way to track these maternal deaths. This allows room for researchers to analyze the crisis as a means to reduce maternal mortality rates and overall improve maternal health. The Commonwealth Fund defines these terms as such.

Pregnancy-associated death: The death of a woman either while pregnant or in the timeline of one year after giving birth, regardless of the cause (Tikkanen et al., 2020).

Pregnancy-related death: The death of a woman while pregnant as well as within one year of the end of pregnancy due to a pregnancy complication, as well as deaths resulting from aggravation of pre-existing conditions by the physiological effects of pregnancy. This term is typically only used in the U.S. This CDC measure is typically expressed as a ratio per 100,000 births (Tikkanen et al., 2020).

Maternal mortality: The death of a pregnant woman or within 42 days (about 1 and a half months) of the termination of her pregnancy, regardless of the duration, site, or management of pregnancy, but not from an accidental or incidental cause (WHO, 2023). This term is often used in international comparisons, this measure is reported as a ratio per 100,000 births (Tikkanen et al., 2020).

As previously mentioned, the United States has one of the highest maternal mortality rates in comparison to other developed countries. In fact, The U.S. has been labeled as one of the “most dangerous” places in the developed world to give birth (Young, 2021). As of 2000, these maternal mortality rates have consistently been rising. This disproportionality can be examined through the lens of how countries differ in the way they provide care to women during pregnancy, childbirth, and delivery. First off, in America there is a shortage of both OB-GYN providers and midwives. Meanwhile in other countries, the supply for both providers are between two and six times greater. For example, Germany lies at a rate of 27 OB-GYNS per 1,000 live births and 30 Midwives per 1,000 births while the U.S. lies at a rate of 11 OB-GYNS per 1,000 live births and 9 Midwives per 1,000 live births (Tikkanen et al., 2020). There is emerging evidence that high-income countries with the lowest costs have incorporated

midwifery-led care into their health care systems, which has led to low intervention rates and better birth outcomes.

Contrastingly, the U.S. also differs in comparison to other countries in terms of postpartum care which refers to the aftercare of a woman who just delivered. This may appear as a nurse or midwife making regular in-home visits. A major emphasis is placed on prioritizing the physical and emotional recovery of the mother as well as the monitoring of her and her newborn's well-being. As opposed to the U.S, other countries require that women be seen at least once during the postpartum stage, however it varies in the U.S. depending on insurance and the state. I'd also like to note that in other high-income countries, postpartum care is covered by national insurance, but this is not the case here in the U.S. (Tikkanen et al., 2020). It has been reported that most maternal deaths occur after birth, yet the United States does not prioritize this type of care.

Within the U.S. Black women are three to four times more likely to die of pregnancy-related causes than their non-Hispanic White and Hispanic counterparts (Canty, 2021). It has been reported that roughly 84% pregnancy-related deaths are preventable (KFF, 2022), however America's maternal mortality rates are at an all-time high and Black women suffer from it the most. It has always been the case that African American women have been at a disadvantage compared to anybody else in American society in various aspects of their lives. Historically, race and gender have negatively affected the lives of Black women that largely stems from a history of institutionalized racism and sexism (Saluja et al., 2021). The various aspects of disadvantage range from being economically marginalized, socially marginalized, and politically marginalized, which are all responsible for impacting Black women's physical and mental health.

A study conducted in 2012 revealed that black mothers who reported experiencing racial discrimination were more likely to have suffered a negative birth outcome, such as preeclampsia or low birth weight, than those who did not report these experiences (Jackson et al., 2012). Sadly, there have been many cases that are also pretty recent that confirm these findings. As previously mentioned, Black women suffer from a maternal mortality rate of 55.3 deaths per 100,000 live births, while White women suffer from a rate of 19.3 deaths per 100,000 live births and Latina women suffer from a rate of 18 deaths per 100,000 live births (CDC, 2020). Among the reasons for the disparities observed are lower socioeconomic status and lack of prenatal care. Even though each of these factors contributes to maternal mortality, neither alone can entirely account for the disparity between black and white mothers as well as Latina mothers (Lister, 2009). However, there is still a disparity in maternal mortality for Black women who seek prenatal care early, according to several researchers. This implies that this crisis is not due to a race issue, but rather a racism issue.

Legendary professional tennis player Serena Williams can also testify to this. Following the birth of Serena's first child she began to experience health complications. Due to Serena's complicated health history, she had concerns that something wasn't right in which she alerted medical staff. Doctors and nurses dismissed the professional tennis players' worries. It took her repeatedly advocating for herself and pushing doctors to run tests for them to finally analyze what was going on with Serena. Eventually, doctors discovered that Mrs. Williams had a pulmonary embolism and needed life-saving treatment. In short, if Serena Williams didn't advocate for herself, it would have cost her life. Overall, Black women face a higher range of health problems, not just maternal mortality. This consists of cardiovascular disease, stroke, blood and bleeding disorders, obesity, and even stress (Chinn et al., 2021). Historically, Black

women were disadvantaged in more ways than one, which is why there are multiple factors responsible for these health disparities that affect our economic, physical, and emotional health. These factors consist of a variation in quality healthcare, underlying chronic conditions, structural racism, and implicit bias (CDC, 2023).

As a result of living under racism and sexism, Black women are more susceptible to these health complications, specifically maternal mortality. Research has demonstrated that enduring racism throughout life negatively impacts the health and wellbeing of Black Americans (Brantley, 2023). Racism and sexism have been embedded within multiple systems in our society. Black women are more likely to experience chronic stress due to these systems of oppression, which activates the body's stress response, leading to long-term physiological changes. Over time, stressors can adversely affect maternal health, increase the risk of pregnancy complications, and result in maternal death (Brantley, 2023). The purpose of my work is to expand our understanding of what is affecting the health and wellbeing of Black mothers through a Black feminist approach.

The mistreatment of Black women's bodies

Looking back, the mistreatment of Black women's bodies was deeply rooted and normalized across American society. What was meant to be sacred was disturbingly violated and abused. This consisted of Black women being used as test subjects without their consent, being stripped naked on the auction block while their private body parts were closely inspected, and finally enduring the ruthless sexual abuse that was perpetrated by their slavers and other white men in power. The mistreatment of Black women's bodies section focuses exclusively on how Black women and their bodies have been treated as less than human and have often been denied control of their bodies. These horrifying conditions that both free and enslaved Black women

experienced has had a long-lasting impact regarding how Black women are treated in various of our U.S. systems and how they experience life.

Medical racism

The United States has been faced with a long history of medical experimentation and medical racism (Washington, 2008). During the era of slavery, Black enslaved women had very few rights over their own bodies. Any decisions or choices associated with their bodies were traditionally made by the slave owners, according to which many slave owners agreed upon. In many cases, the bodies of enslaved Black women were often experimented on and not for the intent to learn how to heal them in the future, but instead to surgically restore their reproductive health for the purpose of allowing slavery to continue as well as to benefit the White women (Owens, 2017). These unethical experiments involved painful surgical procedures that were usually performed without anesthesia on the reproductive system/organs. Numerous enslaved black women suffered as a result of these practices by the men we now call the fathers of American gynecology (Owens, 2017). One of the most well-known of them is James Marion Sims.

James Marion Sims (1813-1883) was an American pioneering gynecologist during the 19th century (Owens and Fett, 2019). Interestingly enough, Sims was not just a doctor, he also happened to be a slave owner. He is greatly known for his success in developing an operation to repair vesicovaginal fistulas. Despite Sim's success, his legacy has been somewhat controversial considering that a vast majority of Sim's work and procedures were conducted on the population of enslaved Black women who, by definition, couldn't give consent. Concerning enough, due to his racist beliefs that Black people cannot feel pain as much as their white counterparts, Sim's treated enslaved patients without the use of anesthesia or their consent. While the exact number

of how many enslaved patients Sims actually experimented on is unknown, we know of three. Lucy, Betsey, and Anarcha.

As part of his experiments, Sims performed multiple surgeries on the same individuals, causing them a great deal of pain, discomfort, and the potential for infection for extended periods of time. There was no consent obtained from the enslaved women, they were not given anesthesia, and they received no aftercare other than having to heal themselves. Besides violating medical ethics, Sims exploited the bodies of enslaved women for years and dehumanized them (Christmas, 2021).

For example, Lucy was one of the first enslaved patients that Sims experimented on. Her operation consisted of trauma, being completely naked, restrained, and having an audience of 12 doctors who all happened to be white men. After the surgery, Lucy developed a terrible injury that took a couple months to recover from, Sims later reported that he thought that Lucy was going to die due to complications from the procedure (Christmas, 2021). While Sims was able to treat her injury, he was not successful in curing her condition. It has also been journaled that one of the enslaved women Anarcha underwent 30 surgeries in her course of time while staying with Sims before he was finally able to develop a successful cure for vesicovaginal fistula while treating her. In order for Sim's achievements to be possible, he would not have been able to do so without the labor and pain of Betsey, Lucy, and Anarcha as well as the unknown enslaved women that Sims treated.

In 2018, the statue of James Marion Sims, that was once located across from the New York Academy of Medicine in Central Park, was demanded to be removed due to our society's exposure and awareness to these traumatic events Sims engaged in for years (Cronin, 2020).

During our history, enslaved women were treated as less than human which led them to being used as test subjects throughout slavery as well as enduring other traumatizing experiences within the medical profession that were not mentioned. Although these painful historical experiences happened some time ago, they still leave wounds that still register in our society today and have caused a mistrust between Black patients and their medical providers (Phelps, 2021). Due to these unethical experiments, many Black women endure institutional racism and discrimination in the healthcare system today which is a leading reason as to why Black women have one of the highest maternal mortality rates in America. This might present itself in a variety of ways, including being disregarded or ignored by medical personnel, receiving inadequate treatment, or facing discrimination and stereotyping. This issue of racism within the medical system has also resulted in hesitancy in Black women to speak up or advocate for themselves in fear of being judged or not taken seriously (Phelps, 2021).

Essentially, a researcher conducted a study where a pre-test and a post-test were given to participants which contained nursing students. These tests specifically catered to any background knowledge or information participants had on Black women giving birth and Black maternal mortality. Results showed that all participants scored lower on the pre-test, then once they were educated on the subject of Black maternal mortality, all participants scored higher (Phelps, 2021). This study is a prime example that these conversations are not being had when they certainly should be, especially with Black women having the highest maternal mortality rates. Institutional racism, unawareness, and discrimination in the healthcare system today are not uncommon, it is precisely for this reason that Black women's voices have been silenced (NHLBI, 2021).

Sexualization and Sexual exploitation

The racialization and sexualization of black women's bodies is deeply rooted in both colonialism and slavery. For the longest time, Black women didn't have control over their bodies as the rights of their bodies were often placed in the hands of colonizers and slaveowners for the purpose of reinforcing white supremacy. As early as the 18th century Black women's bodies have been used for entertainment purposes, sexual services, reproduction, and economic gain. Often at times their bodies would also be fetishized and regarded as animalistic. Slave owners did not consider enslaved women human, but rather treated them as property. Their well-being and health were rarely prioritized and often neglected which resulted in Black women suffering from multiple conditions especially complications regarding sexual, mental and reproductive health. Despite all of the progress Black women have made since slavery, the legacy of slavery remains an important factor in pregnancy and childbirth experiences.

Enslaved Africans were taken from their native lands during the Atlantic Slave Trade and brought to America only to be forced to work in harsh conditions of labor as well as being exposed to mental and physical trauma. The horrific experiences of slavery suffered by both Black men and women enslaved and free during this time were equally devastating. However, the experiences between Black women and men are considerably different (Wilson, 2021). The value of a Black man was determined by his physical strength whereas, a black woman's value rested on their reproductive and sexual potential. Starting as early as adolescence enslaved women of African descent were expected to fulfill their enslavers needs which included reproduction, and enslaved Black females were commonly raped by their slaveowners.

Although there were laws in place that prevented interracial marriages and sexual relations as well as laws that prohibited sexual abuse and rape, these laws did not protect enslaved Black women. While these types of crimes often victimized Black women, the laws

only protected white women (Prather et al., 2016). The system of slavery in the United States encouraged the sexual exploitation and rape of black slave women by white slave owners (Holmes, 2016). It has been reported that 58% of all enslaved women aged 15–30 years old were sexually assaulted by their slave owners and other white men (West & Johnson, 2013). In order to protect themselves and their families, most Black women chose to remain silent, women testified against their attackers, but they walked away with no retribution, as if these horrendous acts never occurred.

In 1871, a Black woman named Harriet Simril testified before a Congressional Committee expressing that she had been brutally beaten and “ravished” by eight members of the Ku Klux Klan. During her testimony, Harriet revealed that her attackers broke into her home, then spit and threw dirt in her eyes as they dragged her out into the neighborhood where, in a matter of minutes, they brutally raped her, all because her husband refused to vote for the white supremacist ticket (McGuire, 2003). We can also look at the case of Rhoda Ann Childs. According to her statement, in the year of 1866 eight men, who were all white, demanded of Mrs. Child's husband; she expressed that her husband was not home. When the men discovered Mrs. Childs was alone, they abducted and sexually attacked her. According to Mrs. Childs' statement, all of the men took turns committing horrific acts against her, her home, and her family while the other men restrained her. She states, one of the men "ran his pistol into me, and said he had a hell of a mind to pull the trigger," soon after another man "applied the strap to my private parts until fatigued into stopping, and I was more dead than alive." Following the rape of Mrs. Childs by these men, the mob looted her home and assaulted Mrs. Child's innocent daughters (Equal Justice Initiative, 2020). These horrific acts of sexual violence carried on into the Jim Crow era as a means of imposing fear and terror on Black communities.

Slave auction blocks are another occurrence in history that blatantly proves that Black women's bodies were treated as property, exploited, and fetishized. A slave auction was a common practice during slavery in which black men, women, and children were marketed and sold to the highest bidder, but black women were routinely forced to stand naked on an auction block in front of a large number of white men who were trying to determine whether each individual was worth the price from their physical appearance and reproductive/sexual potential. When a Black female slave is displayed on the auction block, she is deemed public property, rapeable and usable (McKittrick, 2006).

It has been reported that during these degrading slave auction blocks, prospective customers had the chance to examine slaves in a very intimate and dehumanizing manner. This would often include slave buyers putting their hands in their mouths, making them perform humiliating actions, examining their genitals, as well as probing their private body parts with their hands and fingers (McKittrick, 2006). As if that wasn't bad enough, Black women would have to endure the trauma of being separated from their families, especially having their children taken from them and never seen again.

In addition to being treated as economic and reproductive property, Black female slaves were also viewed as usable sexual commodities, not just in America, but all parts of the world. A prime example of this is Sarah Baartman (1789-1815) also known as Saartjie Baartman. Baartman was a South African woman who was raised on a colonial farm, where she and her family were most likely servants. When she was just a child, both her mother and father died, leading her to get married to a Khoikhoi man at a very young age, but due to colonial expansion there was a conflict between the Dutch and the Khoikhoi people which resulted in her husband

being murdered in her early teenage years. The death of her husband forced Baartman to be sold into slavery where she would work as a domestic slave for a couple years (BBC, 2016).

Even though Baartman was unable to read and write, she allegedly "signed" a contract at the age of twenty-one which required her to travel to Ireland and Europe where she would perform and be displayed for entertainment purposes due to her large breasts and buttocks which were considered unusual by Europeans at the time, but shortly became highly fashionable. For example, we can look at the Victorian dresses that gained a vast amount of popularity during the late 19th century. Saartjie Baartman had been displayed prior to the Victorian dress being developed, and the body had a lot of similar features to the dress, it is possible that the dress was inspired by the body (Mason, 2014). Baartman became very popular very quickly and people would pay to see her. Her performances involved wearing revealing clothing, dancing and singing, and being displayed on a pedestal or in a cage, so that audience members could observe her body from a close distance. This also opened the door for Baartman to be sexually abused by the very people who watched her on stage.

Sarah Baartman allowed scientists to study and paint her before she died but refused their demand that she appears fully naked in front of them, claiming it was beneath her (BBC, 2016). At just the age of twenty-six Sarah Baartman ended up dying from unknown causes and instead of her body being peacefully rested and buried scientist used her body to create a plaster cast, dissect her brain and genitals, and preserved her skeleton so that they could be collected for display at a museum with the goal of supporting racist theories about Black people. It wasn't until Nelson Mandela, president of South Africa demanded her remains to be sent back to her home country to be honorably buried (BBC, 2016). The story of Sarah Baartman is just one of

the few that demonstrates how the bodies of Black women were mistreated, even after death. The mistreatment of Black women's bodies is still happening today, but in a more modern form.

It has been reported that today Black women are at higher risk of sexual violence than any other group of women here in the United States. In fact, Black women are disproportionately affected by sexual violence, with more than 20 percent of Black women subjected to being raped during their lifetimes (Green, 2017). The discussion of today's problems would be incomplete without an examination of the history of how Black women were routinely and institutionally raped, sexualized, and treated as property. Trauma has been passed down from generation to generation through a process called transgenerational trauma. People whose ancestors experienced trauma may suffer from depression, anxiety, post-traumatic stress disorder (PTSD), and other mental health conditions that are related to the trauma (Humantold, 2021). With this being said, chronic stress is one of the leading factors that contribute to Black women having the highest maternal mortality rate today, but the problem with this is that claims like this are thrown out there without taking into account the racism and sexism that led to this.

Racial Segregation

Despite the fact that the United States medical system plays a large part in the health disparities and inequalities that Black women face, Black women are also impacted by non-medical factors such as social determinants of health, which result in structural racism and institutional policies such as Jim Crow and redlining (Njoku et al., 2023). The purpose of this introduction is to set the stage for exploring the non-medical factors that contribute to poor maternal health, such as housing, income, and access to healthcare.

Jim Crow

The structural racism that originated during the Jim Crow era impacted various systems and social institutions within the United States, which are all responsible for contributing to the

modern challenges that Black women currently face in today's American society. From the late 1800s until the mid-1960s, the Jim Crow era in the United States was characterized by racial segregation and discrimination against African Americans which were legal and widely accepted throughout the country in ways that worked to neglect the health and wellbeing of black women and Black mothers.

Jim Crow was not a real person, but rather an exaggerated stereotype of a Black man that derived from a popular 19th-century song. The name Jim Crow was commonly used to describe laws, rules, and practices that promoted segregation in order to perpetuate white supremacy and maintain the disadvantaged status of Black people. The Jim Crow era was an era during which African Americans were denied their basic rights such as voting rights, job opportunities, and the right to an education. African Americans were also denied access to many public facilities, including schools, restaurants, public transportation, hospitals, and even water fountains (Chafe et al., 2014). As mentioned before Black people were also targeted with violence, harassment, and intimidation by white supremacist organizations, including the Ku Klux Klan, as well as police officers. As a result of segregation, black motherhood was profoundly affected. African American women encountered a number of obstacles and challenges that affected their duties as mothers and their journey to a healthy pregnancy.

Access to healthcare

One of the primary impacts of segregation on Black motherhood was the limited access to healthcare. During this time Black women either received poor quality healthcare or none at all. Reasons as to why Black women didn't receive healthcare range from a variety of factors. One of the reasons was that Black women were frightened of being put in the hands of a system that unethically experimented on them once, two they were rejected by healthcare workers and

hospitals due to their race, and finally there were rarely hospitals in their communities due to understaffing and underfunding, forcing them to close (Njoku et al., 2023).

In consideration of the fact that access to healthcare was limited, Black women who were pregnant did not receive prenatal care which is vital for the health of both the mother and the baby throughout pregnancy. The purpose of prenatal care is to monitor fetal development, manage maternal health, prevent complications, and provide education to mothers about how to care for their babies and themselves. Today, many Black women are still not receiving prenatal care due to the lingering effects of both slavery and segregation. It has been reported that when compared to White women, Black women are almost twice as likely to deliver a child late or without prenatal care (KFF, 2022). For this reason, Black women are at greater risk of complications such as early mortality during pregnancy without adequate prenatal care.

Residential segregation

Racial segregation also played an immense role in real estate, which back then worked to divide White people and people of color. This not only affected housing policies, but also environmental outcomes which have had a long-lasting impact on our society (Townsend, 2021). Black people were often denied loans or charged higher interest rates by banks and mortgage lenders as a way to keep them out of White neighborhoods. This is often referred to as redlining. It was often difficult for Black women to obtain wealth and provide stable housing for themselves and their families since they were unable to purchase homes or receive loans to repair existing homes. According to recent research, African American women living in segregated neighborhoods experience adverse birth outcomes even when individual and neighborhood poverty is controlled (Njoku et al., 2023).

It is imperative that pregnant women have a safe and healthy environment to ensure the best possible result for themselves and their infants. As a result of the lack of secure housing,

Black pregnant women are often at risk of exposure to environmental hazards such as smoke, lead, mold and rodents which may result in infant mortality and maternal complications (Hossain, 2007). As of today, the consequences of segregation have forced Black residents into low-income neighborhoods, which still places Black women at a disparity for secure housing.

Income

Aside from the racial discrimination that was apparent during this period, Black women also suffered economic implications and financial gaps. As a result, employment opportunities were limited, wages were low, occupational segregation prevailed, and wealth accumulation was hindered. Racial disparities in maternal health outcomes are primarily caused by socioeconomic inequities based on structural racism and discrimination. But differences in insurance coverage are also a factor. According to recent statistics, 30% of Black women in America fall into the Medicaid coverage gap, which offers healthcare coverage to low-income individuals, but Medicaid isn't available everywhere (Njoku et al., 2023). Furthermore, Medicaid limits the duration of postpartum care, typically ending 60 days after delivery, despite the fact that 50 percent of maternal deaths occur up to a year after giving birth (Jordan, 2023).

Many claims have been made regarding racial differences but fail to discuss the racial inequalities and segregationist policies responsible for these disparities among Black women today. As an example, "Black women are less likely to obtain prenatal care than White women", but there are rarely explanations for how this disproportionality transpired. It is vital that we acknowledge both racism and race as it helps us to identify and address social inequalities on both a systemic and individual level. Although segregation has come to an end in the majority of America, its impact continues to hinder people of color today. In reference to Black women's experiences, they have a hard time accessing healthcare or none at all, living in neighborhoods that lack essential needs, and facing severe income disparities which limit their access to quality

preconception and prenatal care and their chances of a safer pregnancy and delivery (Njoku et al., 2023). All of these factors have been linked to adverse reproductive and sexual health outcomes and can be used to unpack why Black women have the highest maternal mortality rate today.

Controlling Images and Stereotypes

Through the course of history, there have been numerous stereotypes that have been asserted against Black women pertaining to their character and physical appearance, all of which have been destructive and pervasive. A few of these stereotypes mainly depict Black women as hypersexualized, aggressive, as well as subservient. Some of these caricatures include the Jezebel, Sapphire, and the Mammy. These terms are not used as much today, but they have been substituted by more modern images/phrases that serve the same purpose (West, 2018). These stereotypes have often been used to justify the discrimination of Black women and have had a lasting impact on how society views them and are also responsible for shaping the way they experience different aspects in their lives.

Presently, images that circulate in American society today, align with the terms “Strong Black woman” and the “Angry Black woman”. Due to these harmful stereotypes and images engraved in our racist society, Black women are still facing discrimination and implicit bias in several institutions such as the education system, healthcare system, and even the criminal justice system. Black women in the United States are three to four times more likely than white women to die from pregnancy-related causes, and this difference is frequently ascribed to systematic racism and bias in healthcare. These harmful stereotypes contribute significantly to the higher maternal mortality rate. Discrimination and stereotypes are not inherent to institutions, but rather may emerge from individuals within them.

Jezebel

The historic image of the Jezebel stereotype can be described as a young, exotic, promiscuous, oversexed Black woman who uses her body and beauty to attract sex, attention, and valuables (Stephens, et al., 2003). In the slavery era, Jezebel served as a term of justification for the exploitation and oppression that was perpetrated against Black women by male slaveholders and other white men. In view of the fact that enslaved women were not allowed to consent due to their status of being property, this image reinforced the assumption that Black women were invulnerable to rape and unworthy of protection and sympathy due to their “inherent hypersexuality” (West, 2018).

There is no doubt that this particular stereotype did not just emerge from thin air. Women who were enslaved often used their bodies as a means of protecting themselves and their families. The fate of an enslaved woman who refused to comply with her slavers' sexual advances was uncertain. She could be sold, beaten, raped, or separated from her family if she refused to submit to their sexual advances. It is estimated that more than half of slave women conceded to sexual relations with White men, because they were in fear of their lives, thereby reinforcing the belief that black women were lustful and available to their owners (Ferris, 2002).

White Americans ultimately believed that black women were bad mothers because of this sexually promiscuous image, as this behavior was considered reckless and neglectful (Wynn, 2019). As a result, this type of image only made it harder for Black women to receive adequate care, especially in the healthcare system. It has been estimated that many Black women have been coerced into having sterilization operations which are responsible for permanently preventing pregnancy by doctors conditioned on their consent. (Wynn,2019). There have been

instances when doctors have refused to treat Black pregnant women, which can have serious consequences for the health of the mother and child.

Sapphire

The Sapphire image is the opposite of the Jezebel image, but they both similarly worked to disrupt the identity of Black women in a problematic matter. The Sapphire image represents Black women as loud, overly aggressive, and hostile. An example of this detrimental stereotype can be compared to Pam from a popular television show from the 90's called *Martin* or as seen in modern television is lead character Annalise Keating from "How to Get Away with Murder" (Toms-Anthony, 2018). In short, both characters are Black women who tend to be defined as domineering and aggressive. While research regarding the portrayal of Black women is limited, it does suggest that these inaccurate depictions can have detrimental effects on the perception of Black women worldwide resulting in Black women being treated inaccurately and improperly. (Warren-Gordon, 2022).

Slavery is a significant contributor to this oppressive perception. It has been shown throughout history that Black women were the most disrespected while also being the least protected. Examples include being stripped naked on the auction block, being used as test subjects, violently raped, and not having basic human rights. This only left one person with the responsibility of protecting them, which is themselves. Any form of Black women asserting themselves or speaking up presented them as "Angry Black women". Many Black women were silenced and shamed if they dared challenge social inequities, complain about their circumstances, or demand fair treatment (West, 2018). Given the prolonged trauma they endured, Black women felt powerless and frustrated, but instead society perceived Black women as "too emotional" or "too angry" (Wynn, 2019). As a result of the Sapphire image in reference to

obstetric care, this can be tied to a doctor dismissing any complaint or concern as the rantings of an “Angry Black woman, thereby dismissing it or not taking it seriously (Wynn, 2019). A further consequence of this oppressive image is to make Black women feel as though they are expected to suppress their voices. Briefly, Black women may refrain from voicing their concerns as a way to avoid being perceived as an "angry Black woman"

Black women experience a unique intersectionality of oppression based on both their race and gender (Crenshaw, 1989). Consequently, both the Jezebel and Sapphire (Angry Black women) image contribute to the way in which Black women are perceived and treated with reference to the healthcare system. According to research, healthcare personnel, including doctors and nurses, frequently harbor implicit biases towards Black women, resulting in a tendency for Black women to be judged before even receiving treatment. Outcomes of these biases include, the silenced voices of Black women, inadequate treatment, and the dismissal of Black women's concerns, all of which are factors that contribute to the high maternal mortality rate amongst Black women. To create a society that is inclusive and equitable, in which everyone is treated with dignity and respect regardless of their race or gender, it is necessary to recognize the harmful effects of stereotypes, and to amplify the voices and experiences of Black women.

Solutions and Suggestions

The disparities in maternal mortality rates among Black women became recognized as a crisis only recently, meanwhile maternal mortality has been a persistent issue for decades. As a result of the current high rate of maternal mortality among Black women in the United States, this issue is extremely complex and requires multiple approaches to solve from both the general public and Black women as well. The risk of dying from pregnancy-related complications is

significantly higher for black women than for white women, regardless of socioeconomic status or access to healthcare (Howell, 2023).

The recent crisis has also led to several possible solutions that could be taken in order to resolve this horrific issue. Some of these solutions include the need for more data on pregnancy related deaths in Black women, addressing racism and expanding healthcare facilities and providers in rural areas. Considering racism is a social construct that was developed and sustained by humans, it may be destroyed by efforts and actions taken by all people.

Addressing Racism

The first step in improving maternal care for Black women is addressing the racism and unconscious bias within the community and the healthcare system. The sky rocketing rates of maternal mortality amongst Black women is a racism issue not a race issue. From implicit biases to structural racism to overt discrimination, racism manifests itself in a number of ways, which can lead to poor health and inadequate treatment. By addressing racism, healthcare providers will be able to accurately improve the quality of care provided to Black women during pregnancy and childbirth. In addition, addressing racism will enhance providers understanding of Black women's experiences and create a space of trust between the provider and the patient, thereby ensuring Black women are heard. According to a study, 22 black women received adequate care when there was a sense of trust and effective communication between the provider and the patient (Lister, 2019).

Doulas

While it is great to have a doctor, Black women should also invest in having a doula. Doulas are somewhat similar to midwives, but they both have their own unique roles to fulfill. Doulas are not medical professionals, but rather they offer support to pregnant women prior, during, and even the postpartum stage by providing them with emotional, physical, and

educational support. Some roles doulas take on are being advocates, guided mediation, helping schedule medical appointments, and other various services. Research has demonstrated that working with a doula can improve maternal health in several ways, such as improving birth outcomes, speeding up labor, and enhancing the overall experience of pregnancy (Salinas et al., 2022). According to a 2013 study, women who worked with doulas were four times less likely to have babies with low birth weights and two times less likely to suffer health complications during pregnancy and birth (Gruber, 2013).

Eliminate maternity care deserts

Maternity care deserts are counties or locations within the US that lack or are limited in obstetric providers and healthcare facilities where women can receive prenatal, delivery, and postpartum care (March of Dimes, 2022). It has been reported that maternity care deserts are primarily located in rural areas which mainly affect Black populations due to structural racism (Kindelan, 2022). Without these facilities and providers, it creates a diversion of issues such as travel burdens, delayed and quality treatment, and overall health complications (Kindelan, 2022). With the help of city planning policies these maternity care deserts can be eliminated through the expansion of healthcare facilities that offer maternity care. Specifically healthcare facilities that focus on Black women's health. In doing so, this will allow Black women to have an equal opportunity to access healthcare services within a safe and comfortable environment without having to tolerate discrimination in traditional healthcare settings (Johnson, 2022).

More data

A study from 2005 found that data on pregnancy related deaths in Black women were underreported or marked as unrelated (Horon, 2005). Meanwhile, another study also found that data on maternal mortality is largely absent from public access data sets as well as the fact that the United States has been inaccurately reporting maternal deaths since the year of 2007

(MacDorman, 2018). This misleading and inaccurate data is merely responsible for this maternal mortality crisis steadily increasing here in the United States. By obtaining accurate data, researchers can better understand the issue here at play allowing them to make well-informed decisions and formulate targeted strategies to help reduce maternal mortality rates (Crandall, 2022).

Conclusion

Black mothers are dying at an alarming rate, in which they are 3 to 4 times more likely to die of pregnancy complications than White mothers, despite the fact that the majority of these deaths are preventable. This maternal mortality crisis among Black women is solely due to America's long, haunting, racist history. The excruciating pain and injustice that both free and enslaved Black women borne, continues to leave wounds on our society and is still felt by us Black women today. This involves the malicious mistreatment that was executed against Black women's bodies, living within a system that was purposefully created to work against us, in addition to the suffrage of societal perceptions that justified the sexual violence happening against Black women. Not only does this framework allow us to reflect, but it also may provide us with answers to decreasing or eliminating this health crisis. Solutions include, obtaining more data, addressing racism, eliminating maternity care deserts, and the assistance of Doulas throughout the different maternal stages. As a result of our haunting past, the voices of Black women have been silenced. We must now listen to, respect, and amplify their voices.

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