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# Racial Disparities in Maternal Health in the U.S

**Siona Wadhawan**[1]

[1]Tufts University Department of Community Health

## RACIAL DISPARITIES IN MATERNAL HEALTH IN THE U.S.

Black birth givers are 3 times more likely to die from pregnancy than their white counterparts (Center for Disease Control, 2022). While global maternal mortalities have been declining since the early 2000's, U.S. deaths have increased drastically, more than doubling between 2000 and 2014. Black mothers are dying at the highest rates of maternal mortality than any other racial group in America (Patterson et al., 2022).

Amid the reversal of Roe vs. Wade this year (Totenberg et al., 2022), access to quality healthcare continues to be under attack, impacting the livelihoods of birthing people across the nation. Now, more than ever, failures in the American health system require critical attention. The disparities in maternal health outcomes are a direct result of medical racism which was born and evolved out of chattel enslavement in the U.S. The repercussions of slavery have enacted and continue to enact violence against Black mothers. It is crucial to address the historical roots of maternal health inequities in order to find solutions. This paper will examine the legacies of enslavement in America and its role in shaping modern racial disparities in maternal mortality rates in the US today. Additionally, it will explore Black women led alternatives to healthcare in order to find methods for mitigation. The research will address public health specialists and policymakers in order to emphasize the gravity of this issue and the need for action to address these disparities.

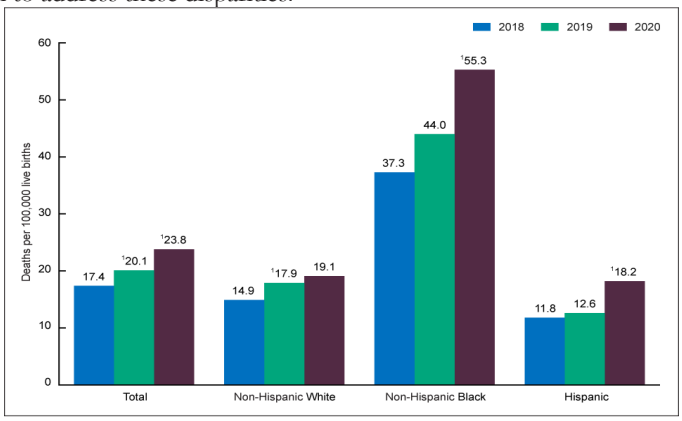


**FIGURE 1**: Center for Disease Control and Prevention. (2020). Maternal mortality rates in the United States. Retrieved from https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality-rates-2020.htm


Send correspondence to: SIONA.WADHAWAN@TUFTS.EDU

## THE ROLE OF SLAVERY IN PERPETUATING MEDICAL RACISM

The origins of medical racism and structural disparities in maternal health can be traced back to the system of American chattel enslavement established in the early 17th century. Because the practice of gynecology was developed during slavery, racist ideologies and attitudes towards African-Americans have embedded themselves into modern maternal health research and practices.

When the importation of African born slaves was banned by congress in 1808 (Owens, 2018), slave owners had to find new methods of increasing numbers of enslaved people on their plantations. In their research paper "Black Maternal and Infant Health: Historical Legacies of Slavery" (2019), authors Deidre Cooper Owens and Shara M. Fett examined the treatment of Black women during slavery. They asserted that the reproductive capacities of Black enslaved women were often exploited in order to uphold the labor force. "As far back as 1662, colonial Virginia legislators made Black women's childbearing a centerpiece of the system of chattel slavery when they passed a law stating that the status of a child would follow that of his or her mother" (2019). In addition to their physical labor, Black women were forced into performing reproductive labor for their plantation owners. As a result, sexual violence against enslaved women by their slaveowners occurred frequently. Because Black people had no legal agency at the time, slave owners were free to violate and impregnate Black women's bodies without repercussion (Equal Justice Initiative, 2020).

This harmful treatment of women during slavery, furthered racist attitudes towards Black women. They were largely seen as vessels for reproduction rather than human beings. Viewing Black women this way resulted in the integration of anti-Black ideologies into the practice of medicine especially within the field of gynecology. The commodification of enslaved Black women and their bodies made up a core element of the development of modern reproductive healthcare. In her book *Medical Bondage* (2018), author Diedre Cooper Owens explored how Black enslaved women were exploited for the advancement of gynecological research. She described how medical doctors in the south created partnerships with slave owners to improve maternal health outcomes and therefore produce more slaves. Through these partnerships however, doctors had access to enslaved women's bodies to experiment on in order to test surgical procedures. Many pioneering surgeons, including James Marion Sims, deemed the "father of gynecology" performed repeated medical trials on enslaved women. The author (2018) defined this phenomenon as the transformation of Black women into "medical superbodies", subjects that could be utilized for the advancement of medicine against their will. Owens (2018) posited that this constant experimentation of bodies was justified by racist conceptions of Black women at the time, "the black female body was further hypersexualized, masculinized, and endowed with brute strength because medical science validated these ideologies" (p. 44). Because Black men and women performed similar types of physical labor as enslaved people, doctors considered Black women to be very "masculine" subjects, less susceptible to experiencing pain than white women. As a result, little regard was given to their bodies when conducting experimentation. Their pain or discomfort during procedures often went ignored by doctors (2018).

These stereotypes about Black women's bodies continue to persist in the medical industry today. In 2018, the day after giving birth to her daughter, tennis star Serena Williams was in extreme discomfort and felt like she was developing a pulmonary embolism: a blood clot to the lung which is a medical condition she had experienced before (Medrano, 2018). However, when she reported her symptoms to a nurse, asking for a CT scan, her request was initially denied and she was told that her pain medication was making her confused. When she was finally able to receive a scan, it indicated that she did in fact have blood clots and had to undergo emergency surgery immediately. Had these clots not been caught, she would have died (Medrano, 2018). William's story is indicative of the medical racism that so many Black women continue to face across the country. In a report done by NPR and Propublica (Montagne, 2017), over 200 stories were collected of Black mothers who reported feeling ignored, dismissed, and under-valued by doctors when obtaining health care (Montagne, 2017). Further, this report shows how deeply ingrained racial discrimination is in the medical system, so much so that even those of immense fame and class privilege like Williams face are restricted from accessing life-saving care.

Black women's experiences continue to be neglected by healthcare providers today, demonstrating how legacies of slavery have shaped the quality of medical care that they receive. Racist ideologies have embedded themselves into the development of gynecology and continue to affect healthcare outcomes for Black mothers. Subconsciously or not, conceptions of Black women having higher pain tolerances and views of their bodies as commodities continue to be held by many medical practitioners today (Hoffman et. al, 2016). Medical discrimination has dire consequences for Black communities, especially when it comes to maternal health. If

doctors fail to center the needs of their patients, health complications will go overlooked, putting both the mother and their baby at risk.

## INSTITUTIONALIZED MEDICINE AND ITS IMPACT ON BLACK MATERNAL HEALTH TODAY

In addition to implicit bias and medical discrimination, legacies of Black subjugation and enslavement have also built into racist practices at the institutional level. In their paper, Egede et. al (2023), describe how these institutionalized policies became enacted. After the emancipation of slavery, the ratification of the 13th, 14th, and 15th Amendments granted formal freedoms to Black Americans. During the Reconstruction period, following the emancipation of slavery, many Black citizens took on political roles, prompting white supremacist backlash and the enforcement of Jim Crow Policies that mandated racial separation in schools, public facilities, and housing in the South (Egede et. al 2023) . To prevent the migration of Black Southerners into Northern cities looking to seek economic opportunity, Northern urban centers enforced exclusionary zoning and housing laws, later formalizing into the Home Owners' Loan Corporation (HOLC) in 1933 and what is today known as the institutionalized redlining: the practice of denying communities of color mortgages through grading neighborhoods with high concentrations of Black people and people of color as "unfit" for lending by the Home Owners' Loan Corporation (HOLC) during the 1930s (Shaker et. al, 2022). This practice meant a disinvestment in these areas, limiting access to employment, education, and healthcare specifically. A systematic closure of hospitals were observed in redlined areas (Churchwell et al., 2020), restricting critical access to medical care.

There is evidence to support how practices of redlining continue to shape health outcomes today. Recent research has determined associations between residence in historically redlined areas and higher risk of chronic diseases such as diabetes, hypertension, and early mortality due to heart disease (Churchwell et al., 2020; Krieger et al., 2020). Additionally, maternal health scientists have found elevated rates of preterm birth and pregnancy complications in formerly redlined neighborhoods underscore the need for a structural and historical lens in addressing Black maternal health inequities (Egede, 2023).

## RECLAIMING HISTORICAL ALTERNATIVES: BLACK MIDWIFERY

In order to minimize racial inequities in maternal care outcomes, the historical alternatives to traditional healthcare must be analyzed. Understanding the history of Black midwifery in the U.S. can inform how anti-racist medical care can be practiced in the future. Midwifery has been utilized for hundreds of years by Black women through the process of providing care and support for mothers during labor, delivery and post-birth outside of a traditional hospital setting (Tobell, 2021). In the early 17th century, American midwives were predominantly comprised of Black enslaved women who attended to the needs of other enslaved women as well as wives of the plantation owners. Black midwives were highly respected for their medical care. They utilized medical traditions practiced in West African societies to provide culturally competent care to other Black women and instill a feeling of community (Suarez, 2020). In their paper "African-American Midwifery, a History and a Lament" (2017), authors Keisha Goode and Barbarda Katz Rothman argued that Black midwives gave enslaved women a sense of humanity amidst their brutalizing environments: "In a culture of dehumanization and oppression, midwives (also dehumanized and oppressed themselves) operating as birth workers, healers, and other-mothers, served an important role as skilled caretakers and nurturers." Because they shared the lived experience of the women they tended to, African-American midwives were able to form cultural bonds and provide a space of trust and nurturing for enslaved mothers. This was crucial to preserving their wellbeing and livelihoods in such grueling conditions. Unlike male gynecologists at the time, midwives centered the needs of the mothers first and foremost.

Unfortunately, as modern medicine and gynecological practices continued to develop, midwifery became increasingly more stigmatized in the 19th century. Many male gynecologists attempted to stop midwives from practicing in order to gain further control over the reproductive industry. They pushed racist and sexist narratives about midwives being ignorant and unintelligent compared to male doctors (Suarez, 2020). As a result many Black women were pushed out of the practice and modern methods of midwifery have been largely co-opted by Western medicine. Today more than 90% of midwives are white, divorcing the practice from its origins in African traditions and culturally responsive care (Serbin & Donelly, 2016).

The history of Black midwifery is valuable for envisioning quality maternal healthcare options for Black mothers. As Goode and Rothman (2017) asserted, midwifery is an inherently radical practice because it is grounded in a resistance to "a medical industry that is rooted in the preservation of cis, white, male, straight, able-bodied Christian concepts of wellness and existence." Today, Black, Indigenous, and People of Color (BIPOC) are working to reclaim the practice of midwifery as an anti-racist and decolonial approach to maternal healthcare.

From the creation of various women of color led reproductive organizations including the National Black Midwives Alliance, National Birth Equity Collaborative, Sista Midwives Productions and many more, Black birth workers are pushing to better the experiences of BIPOC mothers when it comes to giving birth and decrease rates of maternal mortality (Suarez, 2020).

## CONCLUSION

Ultimately, the legacies of slavery in America have resulted in the continuation of anti-black racism in the medical industry today. The modern practice of gynecology is rooted in racist reproductive violence enacted on enslaved women, contributing to the continued dehumanization and devaluation of Black mothers in healthcare today. From sexual abuse and forced impregnation to medical experimentation, Black women's bodies were commodified into reproductive vessels and exploited by the healthcare industry. The racist ideologies developed by doctors at the time have continued into the modern practice of gynecology today. Black birthing people still face medical neglect by healthcare providers, contributing to negative medical experiences, and increasing their risk of maternal mortality. Additionally, legacies of enslavement have shaped modern policies and practices that continue to enforce structural racism and worsen health outcomes for Black mothers. In order to work towards minimizing these racial disparities, healthcare providers and policymakers must critically examine the historical practices that have influenced medical racism and re-evaluate how to approach their work with a culturally competent lens. Additionally, historical alternatives to traditional healthcare including Black midwifery practices demonstrate how anti-racist maternal care can be provided outside of traditional hospital settings. Rooted in a resistance to western healthcare, midwifery is a way for people of color to reclaim their traditional medical practices and better health outcomes. As birthing workers of color continue to advocate for their needs, it is essential that those with institutional power pay attention. By enacting policies to require implicit bias and anti-racist training in med schools to cover midwife services under health insurance programs, politicians can take action to bridge gaps in maternal healthcare.

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