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Addressing Maternal Mortality Rates of Black Women in the US: California's Example

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Addressing Maternal Mortality Rates of Black Women in the United States: California's Example

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By

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Abstract

This essay examines California's legislation, activism, and the role of women's clinics in serving Black communities in the fight against maternal mortality. Maternal mortality is a death related to pregnancy or childbirth. In the United States, maternal mortality rates have been increasing since the beginning of the 21st century and there is a significant racial disparity with Black women being at greater risk. Despite national rates increasing, California has managed to decrease maternal mortality rates (MMR) since the early 2000s by adopting legislation and policies that work to decrease preventable deaths, multidisciplinary maternity care for the protection of Black women, and the funding of women's clinics that can offer important health services for pregnant individuals. The steps that California has taken can serve as an example for the rest of the country to combat rising MMR of Black women.

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Image obtained from: https://www.instagram.com/amiabledoula/

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Image obtained from: https://www.instagram.com/amiabledoula/

Introduction

As an Interdisciplinary Studies student, combining pre-med courses with humanities, I was interested in finding a topic that would bridge my two focuses. As a mixed Black and Filipino woman pursuing a career in the medical field, I wanted to highlight topics that are too often not addressed for women like me. Women's reproductive and sexual health is a highly politicized topic, access to reproductive healthcare has become a highly polarized debate—for example, legalizing abortion. Considering the political climate and current state of our country, placing Black women in the spotlight was heavily inspired by the Black Lives Matter and Protect Black Women movements. Black women are belittled, dehumanized, and pushed aside, not only in medicine, but in American society. In this essay I hope to address just one of the ways that U.S. medicine is failing Black women and Black communities.

The exclusion of Black women and the insensitivity to their health issues is historically and systematically based in racism. In Sue Vilhauer Rosser's *Women's Health--Missing from U.S. Medicine*, Rosser dissects the ways in which women are often excluded from medicine due to the White androcentric perspective of medicine. In "Part Two: Ignoring Diversity among Women in Clinical Research and Practice", Rosser exposes how specific groups of women--elderly women, women of color, and lesbians—are often left out of important studies which results in a lack of data to represent them. "Chapter Six: Women of Color" asserts that women of color are often left out of important studies and research because they are "complete opposite" of the White male perspective that dominates medicine and clinical research. Black women make up the largest minority, non-indigenous group of women yet there is not much research that

focuses on common health issues that affect Black women.[1] Rosser suggests that non-traditional research approaches that recognize diversity and focus on specific racial and ethnic groups in the U.S. are required to be able to progress in medicine and better serve all communities in the country; (for further discussion this topic see Rosser (1994) *Women's Health: Missing from U.S. Medicine).* Acknowledging and surveying how the U.S. is failing to serve these communities is the first step to making changes.

An important and pressing issue in U.S. women's health studies is maternal mortality. As of 2018, the United States has the highest maternal mortality rates (MMR) among the highest-income countries even though most pregnancy related deaths are often preventable.[2] Defining maternal mortality encompasses a wide range of situations, for the purposes of this paper "maternal mortality" refers to the death of an individual due to pregnancy related complications that occur during pregnancy, during labor and childbirth, or postpartum (bleeding, infections, etc.) Globally, poverty plays a huge role in whether a pregnant individual can receive proper care for the duration of their pregnancy and for childbirth which affects MMR. For the U.S. to present some of the worst MMR, despite being one of the highest-income countries, must mean that the problem is not a lack of resources but inadequate care.

According to the CDC's Pregnancy Mortality Surveillance System, common causes for maternal mortality are cardiovascular conditions, hemorrhage, infection, and various kinds of embolisms (see figure 1). Since these conditions are mostly preventable, it stands to reason that while the U.S. may have a lot of wealth there are plenty of disparities that plague the country

[1] Rosser, Sue V. (1994) *Women's Health-- Missing from U.S. Medicine.* Indiana University Press, Bloomington and Indiana.
[2] Tikkanen, R., Gunja M. Z., FitzGerald, M., & Zephyr, L. (2020, Nov 18) "Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries." Commonwealth Fund. https://doi.org/10.26099/411v-9255

which could affect access to healthcare. Compared to the richest ten countries in the world, the U.S. is much larger, more ethnically diverse, and has the greatest wealth inequalities among the richest 25 nations.[3] There are still many people who struggle to afford adequate healthcare and without it, pregnant individuals would not be able to receive potentially life-saving screenings, tests, and pre-natal check-ups that could identify complications before it is too late. Not having access to post-partum, or after delivery, care could also pose a risk because there are deaths that occur after a woman has given birth or has already left the hospital.

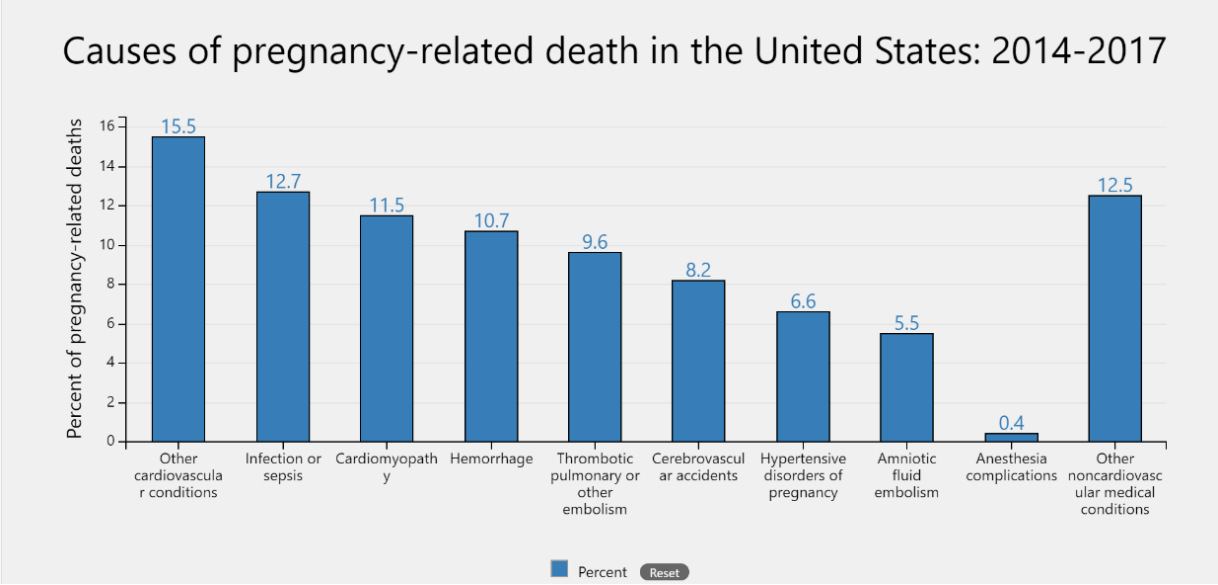

Figure 1: The causes of pregnancy-related death in the US between 2014 and 2017, with many of the causes being preventable.[4]

A deeper more complex concern regarding MMR in the United States is the issue of race: Black women experience MMR at alarmingly higher rates than White women.[5] As mentioned above, Black women are historically left out of medical research which could affect a medical professional's ability to recognize and treat certain conditions in Black women compared to

[3] Suneson, Grant. (2019, July 8.) These are the 25 richest countries in the world. USA Today.

[4] Centers for Disease Control (CDC). (2020, Nov) Pregnancy mortality surveillance system. Centers for Disease Control and Prevention: Reproductive health.

[5] Tikkanen et al.

White women. As Rosser would suggest, the need for research on ways to prevent maternal mortality in Black individuals would be of utmost importance. Part of this essay hopes to uncover some of the ways that society can support and protect pregnant Black individuals.

While the rest of the country is failing to address this dilemma, MMR in California have been decreasing since roughly 2003. California was proactive and put in place policies and other legislation to combat rising MMR such as the Family Planning, Access, Care, and Treatment (PACT) program and the California Quality Maternal Care Collaborative. Activism resulting from civil rights movements, Black Lives Matter, and Protect Black Women have inspired people to get involved in careers that support and protect pregnant women. One of these such careers is becoming a doula is a non-medical professional that supports women emotionally, mentally, and spiritually through pregnancy and birth. Other important tasks handled by doulas are advocating for their clients and translating medical terminology and test results. Another important factor is women's clinics that provide important family planning and pregnancy prevention services which can help to lower the risk of pregnancy related deaths. The descriptor "women's clinics" is used, instead of "abortion clinic" due to the social stigma around abortion and the fact that these clinics provide so much more than abortion services to both women and men. Despite national rates increasing, California has managed to decrease maternal mortality rates (MMR) since the 2000s by adopting legislation and policies, multidisciplinary maternity care for the protection of Black women, and funding women's clinics like Planned Parenthood. The steps that California has taken can serve as an example for the rest of the country to combat the rising MMR of Black women.

I. Rising Maternal Mortality in the U.S. & the Effect on Black Women

Before examining the actions that California has taken to decrease MMR, it is important to assess what the entire country is doing, or not doing. It is also important to look at the effects on the Black community and identify which areas need improvement. The following case study exposes areas of concern when addressing Black MMR.

Case Study: Kira Dixon Johnson (1976-2016)

Figure 2: Kira Johnson and her second son, Langston prior to the discovery of the complication

Charles Johnson and Kira Dixon Johnson were expecting their second child in the spring of 2016. Their first son was delivered through emergency C-section and they were prepared to have their second child delivered in a similar manner. The couple had moved to Los Angeles pursuing business ventures and decided to go to Cedars-Sinai Medical Center, a top-tier hospital. They were assured that the delivery would go well and that there was not much to worry about since they decided to have a scheduled routine C-section. Tragically, shortly after the operation Charles noticed that his wife was not doing well and sought out help from the medical team and was told that nothing was of concern. Several hours later, it was discovered that Kira was

bleeding internally and was rushed to the operating room. Kira passed away from internal bleeding that was caused by a laceration to her bladder, Kira left behind her two sons and her husband, Charles.[6]

Following Kira's passing, Charles started 4Kira4Moms, a non-profit that brings awareness to maternal mortality in the U.S. and specifically focuses on Black women and families.[7] To raise further awareness, Charles allowed the creators of the fictional medical TV show "The Resident", to use his family's story to create an episode that addresses the racial bias that affects maternal mortality.[8] Charles has dedicated his time and effort to advocating for women like Kira. Charles also shared his story as a testimony to Congress advocating for better maternal healthcare policies so that other families will not have to suffer as his did. In 2017, Charles' family decided to sue the hospital and the medical team for medical negligence for delaying Kira's treatment by dismissing their concerns about her condition. As of this writing, the verdict is still pending.

Unfortunately, stories similar to Kira and Charles' are far more common than one would expect. The United States displays some of the worst maternal mortality rates compared to other developed countries and Black women experience maternal mortality rates at significantly higher rates than White women. For Kira, even though her scheduled routine C-section was assumed to be an "easy" procedure she passed due to an overlooked problem. Majority of pregnancy-related deaths are preventable, and bleeding is a common cause that can be prevented or treated. Kira's

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[6] *H.R. 1318: Better data and better outcomes reducing maternal mortality in the U.S., before the U.S. House Energy & Commerce Subcommittee on Health,* 115th Cong. (2017) (Testimony of Charles Johnson IV).

[7] 4Kira4Moms. (2021.) Who we are. 4Kira4Moms.

[8] Haller, S. (2019, April) *Dad's story inspires 'the resident' episode, revealing racial bias in maternal mortality.* USA Today.

story is tragic not only for the loss of a mother, but also for the fact that her death could have been prevented. As a society, the United States is facing the troubling reality of not being able to provide sufficient medical care to prevent MMR.

Early 2000s: U.S. Maternal Mortality Rates on the Rise

Figure 3: "General view of the opening session of the Millennium Summit"[9]

In September 2000, the United Nations held The Millennium Summit in New York to develop and agree upon goals to achieve by 2015. This document, "The Millennium Declaration," sets goals for development, poverty eradication, peace and security, and environmental concerns. Included in this document under the "Development and Poverty Eradication" section of goals, is a goal that states, "By the same date, to have reduced maternal mortality by three quarters, and under-five child mortality by two thirds, of their current rates."[10]

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[9] *General View of the Opening Session of Millennium Summit*. September 6, 2000. Digital photograph. United Nations Millennium Summit Collection, New York.

[10] United Nations "Millennium Declaration". (2000.) New York: United Nations, Dept. of Public Information.

Maternal mortality is the death of a person caused by pregnancy or childbirth related factors. The United Nations set forth this goal to reduce maternal mortality by three quarters or 75% of their current rates. These goals were adopted on United States soil yet in the coming years it would be the U.S. that could not achieve these goals.

Due to the initiative created by the summit, global maternal mortality rates have been slowly declining since 2000 as the issues concerning access to healthcare have been addressed in countries where poverty is common. According to a report funded by UNICEF, WHO, UNFPA, World Bank Group, and the United Nations Population Division, majority of maternal deaths are preventable, and poverty is a big risk factor for pregnant individuals because they often struggle to find adequate pre-natal and post-partum care[11]. It is still incredibly dangerous to be pregnant in a country where clean water, adequate care, and basic resources are hard to obtain. For these developing countries installing necessary infrastructure can decrease MMR even further. In comparison, developed nations should be able to provide necessary resources for pregnant individuals and new mothers. While MMR are better in developed countries, they are still extremely high when considering that many of these deaths are preventable. The U.S. displays this dilemma: it is a high-earning country with high maternal mortality rates.

Even though the U.S. is one of the wealthiest countries in the world, maternal mortality rates are rising at alarming speed. According to MacDorman et al.'s observational study tracking maternal mortality rates in each state of the U.S., the maternal mortality rate has been increasing

[11] WHO, UNICEF, UNFPA and The World Bank (Geneva, 2019) *Trends in Maternal Mortality:2000 to 2017*. World Health Organization. Retrieved from: https://data.unicef.org/resources/trends-maternal-mortality-2000-2017/

since 2000 across the country[12] (see Fig 1 & 2). The conclusion from this study is that the U.S. did not meet the goal adopted at the Millennium Summit furthermore, it went in the opposite direction. The figures below show the states' maternal deaths increasing for two analysis groups encompassing most of the states, with the exception of California. Two other graphs, not shown, representing data of two smaller groups and one for Texas show the same increasing trend. Across the nation, it is shown that MMR are increasing so there must be a reason for why the U.S. is failing to bring these rates down.

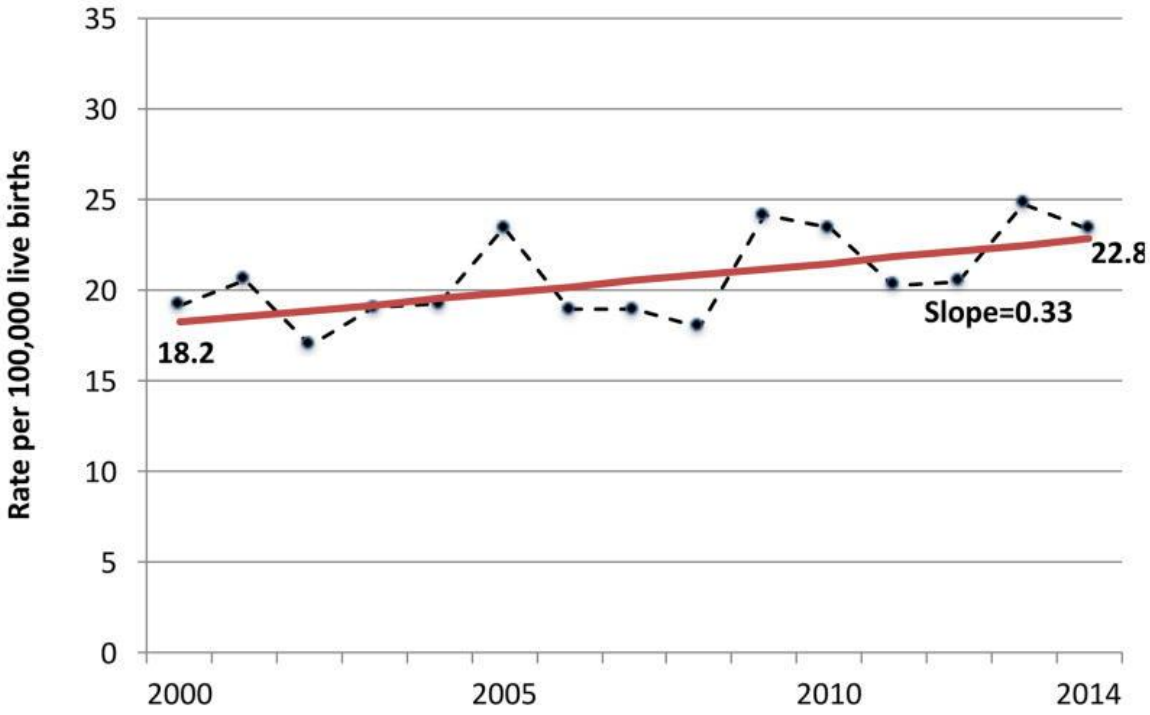

Figure 4: MacDorman, et al. Analysis Group 1 (24 States+ D.C.) of Maternal Mortality in The U.S.[13]

[12] MacDorman, M.F., Declercq, E., Cabral, H., Morton, C. (2016.) Is the United States maternal mortality rate increasing? Disentangling trends from measurement issues. *Obstetrics and Gynecology*, vol. 128, pp. 455-477,

[13] MacDorman et al.

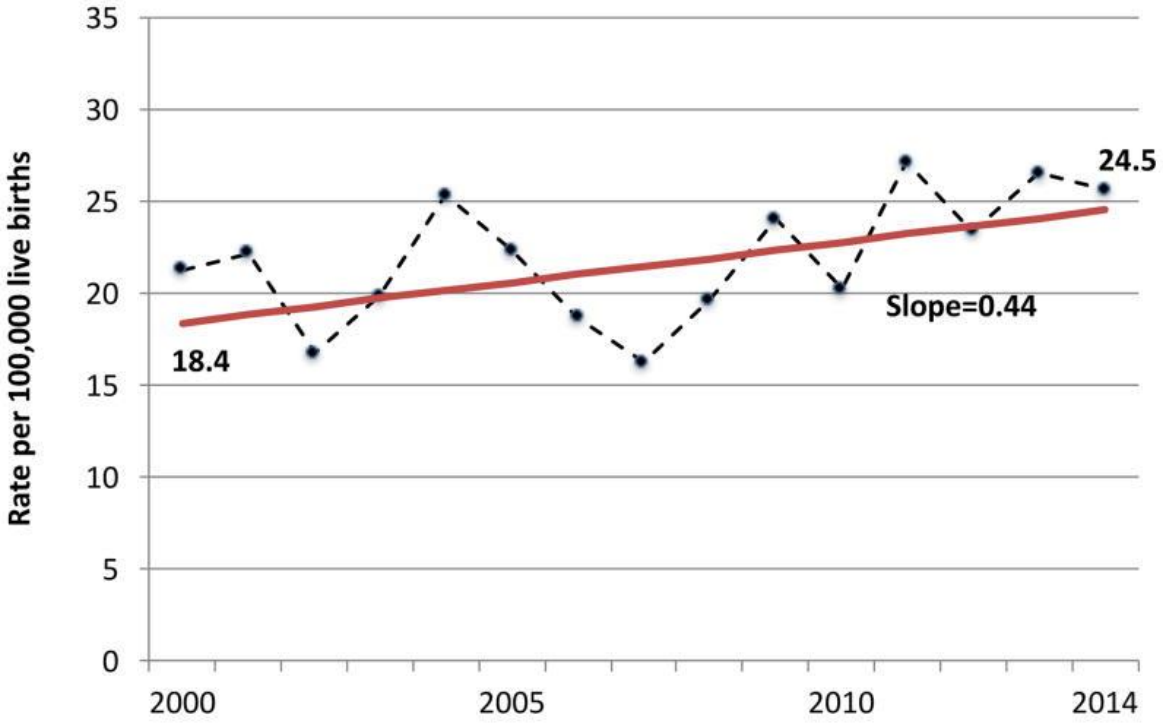

Figure 4: MacDorman et al. Analysis Group 2 (13 states) of Maternal Mortality in The U.S. [14]

What the U.S. Is Not Doing

In the study performed by Tikkanen et al., it was found that the U.S. had the worst maternal mortality rates compared to 10 other high-income developed countries such as Canada, The United Kingdom, Germany, and Switzerland. Tikkanen et al. searched to identify differences between the U.S. and these other countries to pinpoint why the rates in the U.S. are nearly double the rates of other developed countries. They found that in the U.S. compared to other countries: there are not as many maternal care-workers especially midwives, the standard of care is not well-regulated due to private healthcare insurance, paid- maternity leave is not guaranteed, and post-partum visits are not supplied with all forms of health insurance[15].

[14] MacDorman et al.

[15] Tikkanen et al.

Tikkanen et al.'s study is pointing to the bigger picture that the U.S. is failing to provide adequate care for women throughout and beyond their pregnancy.

The United States appears to have many deficiencies when it comes to maternal healthcare and one of the important differences was the supply of midwives in the U.S. Midwives are healthcare professionals trained in assisting in maternity and pregnancy similar to the function of a nurse but specifically for birth. Later on, the importance of a diverse, multidisciplinary team for pregnant individuals, during pregnancy and after birth, will be discussed with insight from a Doula. The other piece of the puzzle is that the U.S. does not have a standardized quality of care and due to privatized healthcare not all facets of birth are supported by all plans. This is related to the aspect of poverty mentioned earlier. When women and families cannot afford healthcare the risk of complications and death are increased significantly. In other countries where healthcare is provided by the government, there is always the option for women to go into a hospital and seek out care without the fear of being under or uninsured. Even further, some women must also worry about their race or ethnic group affecting the quality of care they receive.

The Unsettling Effect on The Black Community

Unfortunately, in many places, both developed and developing nations, Black women are at greater risk of death from pregnancy-related causes than White women. Though it is hard to pinpoint the exact reasons why Black women are at higher risk, we cannot ignore the White androcentric bias that Rosser wrote about. Black women are disproportionately affected and like Rosser mentioned they are usually "missing from U.S. medicine."[16] Signs of complications may not be as obvious due to the White androcentric bias present in medical education and practice.

[16] Rosser

In medical textbooks the signs and symptoms of various complications almost always present them on White skin, White bodies, and White people. The lack of research and observations on Black women could lead to their symptoms and signs being overlooked which results in tragedy for the Black community.

Maternal Mortality Rates of Black Women in the U.S.

Black individuals are more likely to die from pregnancy related complications at three times the rate of their White counterparts[17]. A recent study by the CDC on the trends in pregnancy related death shows the ratio of maternal deaths to the number of live births (see figure 5). From this study, it was found that from 2014 to 2017 Black individuals were dying at more than three times the rate of White counterparts. These numbers were found in both the U.S. and in other countries such as the United Kingdom. It is important to note that this is not just a problem in the U.S. where maternal mortality rates are exceedingly high, but it also appears in countries where maternal mortality rates are much lower. Being a pregnant Black individual is extremely dangerous no matter the location.

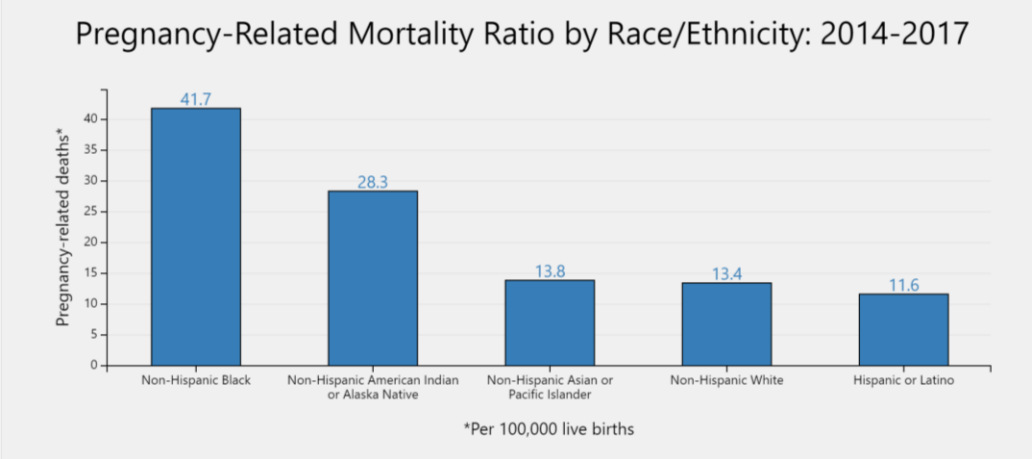

Figure 5: Rates of MMR by Race/ Ethnicity from CDC[18]

[17] Tikkanen et al.
[18] CDC.

These statistics are extremely concerning because of the potential implications that comes with this data. The difference between maternal mortality rates of White women and Black women is far too great to be ignored. Especially when considering that many of these deaths are preventable. The situation in the U.S. is rather grim, apart from California. California has taken initiative to bring down MMR and has been seeing success. In the following section, some of the ways in which California has been able to reduce MMR as the rest of the nation is seeing increasing rates.

II. California's Efforts: FPACT, CQMCC & Multidisciplinary Birth Care

Different from the rest of the U.S., California has been doing something remarkable regarding mortality rates since the start of the 21st century. While the rest of the U.S. has experienced climbing rates, according to MacDorman et al.'s study: California's rates have been decreasing since around 2003 (see figure 6). While these numbers do not reflect the Millennium Summit goal of decreasing by 75%, they are significant changes when considering the rates in the rest of the country. This feat leads to the question: What is California doing differently than the rest of the U.S.?

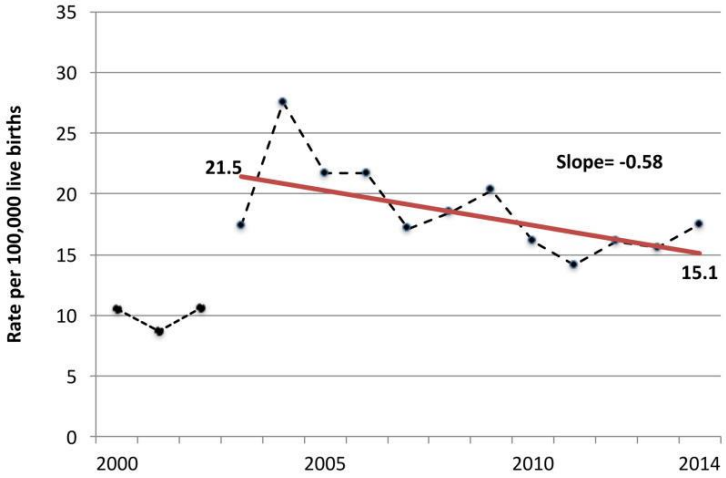

Figure 6: California's MMR Rates have been decreasing since 2003 according to MacDorman et al.

California's Policies and Initiatives

Unlike other states, California has enacted policies focused specifically on tackling the problem of rising MMR. The Family Planning, Access, Care, and Treatment Program and the California Maternal Quality Care Collaborative are two of the policies that have had a big impact on decreasing MMR. Not only have they made significant contributions to lowering MMR in California they have also directly addressed and dedicated resources to figuring out how to eliminate the difference in rates between Black and White women.

FPACT and Planned Parenthood

The Family Planning, Access, Care, and Treatment Program (FPACT), started in 1997, of California is a state program that provides family planning services for free to low-income women and men. Services that are covered by FPACT are family planning counseling and education, various contraception options, STI testing including HIV testing and treatment, cervical cancer screenings, and even some fertility services[19]. All of these services are available to eligible clients of any age or gender that go through the application process. To be eligible for FPACT an individual must be a resident of California, have a need for family planning services (such as pregnancy), have an income below 200% of the poverty line, and either have no health insurance or health insurance that does not cover the desired service. These services are available at many different providers including Planned Parenthood.

Planned Parenthood is a national nonprofit that was created over 100 years ago by Margaret Sanger. It all started with the creation of a small women's clinic that offered different

[19] California Department of Health Services (DHCS). (2021). Family planning, access, care, and treatment. https://familypact.org/

sexual and reproductive health services and now there are around 600 clinics nationwide and over 100 clinics in California alone[20]. California has the largest number of clinics in any one state. Planned Parenthood is the subject of much controversy as the services that they provide such as sexual education, abortion, and more recently transitional hormone therapy have been the subject of highly political debates. The mission of Planned Parenthood is to provide safe expert healthcare in a private setting, information and education regarding sexual and reproductive health, and to advance global health. Unfortunately, women's sexual and reproductive health has become a political issue in the eyes of many and so the services that Planned Parenthood can legally provide across the nation varies greatly.

The services that women's clinics like Planned Parenthood provide for both men and women are crucial in giving low-income individuals access to important sexual and reproductive healthcare that they otherwise would not be able to receive. As mentioned before, adequate healthcare, during and after pregnancy, is key to being able to prevent life-threatening conditions. When unintended pregnancies occur the lack of care during the first trimester could harm the mother and the fetus. By providing access to healthcare and information on how to plan to have a family and to take control of one's reproductive health, women's clinics can help to avoid maternal mortality in many ways including access to abortion services. Preventing unintended pregnancies through education, birth control, and even by providing safe termination of unintended pregnancies can help to save lives. When mothers are able to decide and plan when they have a family, they can be better prepared for pregnancy.

[20] Planned Parenthood. (2021) *Our history*. Planned Parenthood.

In 2020, Planned Parenthood served 2.4 million patients including over 300,000 men[21]. In response to the Black Lives Matter movement, Planned Parenthood also wanted to highlight their dedication to serving the Black community. They released an information sheet and statement acknowledging the different issues that the Black community faces,

"At Planned Parenthood, we know that racism and other systemic barriers have contributed to income inequality that makes Black people in the U.S. more likely to rely on federal- or state-funded programs to access essential and lifesaving health care[22]."

In addition to this statement, they highlighted that 16% of their patients were Black individuals and served upwards of 50,000 Black men. They also acknowledge, "Due to systemic oppression, Black people face greater obstacles to obtaining sexual and reproductive health services than White Americans." As Planned Parenthood is dedicated to safe healthcare for their patients and providing education, they are not quiet about the disparity between the care for Black individuals compared to White individuals. FPACT and Planned Parenthood are not the only government supported programs that have been dedicated to serving the Black community and reducing MMR.

2006: California Maternal Quality Care Collaborative

The California Maternal Quality Care Collaborative (CMQCC) was formed at the Stanford University School of Medicine in collaboration with the State of California in 2006. The CMQCC's goal is to reduce preventable deaths and racial disparities in California's

[21] Planned Parenthood. (2020.) *2019-2020 Annual Report.* Planned Parenthood.
[22] Planned Parenthood. (2020, February.) *Who we are: Black communities*. Planned Parenthood.

maternal healthcare systems[23]. The collaborative works closely with the State of California to conduct research on pregnancy-associated mortality and publishes reviews regularly. With their research they have created well-supported proposals for measures that were adopted by the government and quality review agencies. Measures for quality control of healthcare are still being developed by the CMQCC as they conduct more research.

Their most innovative contribution to maternal care is the Maternal Data Center that provides hospitals with comparative data and allows researchers to look at the progress and quality of care at a wide range of hospitals. Hospitals are recruited to actively participate in using this data center and as of the most recent reporting the data center hosts about 95% of all births that occur at hospitals in California[24]. The CMQCC has been a leading force in lowering MMR by creating this shared database that can be used to observe trends and control the quality of care. This database provides not only insight into the current state of maternal care but also allows for regulation. The data center is an effective way to survey and identify places where improvements can be made, including exposing how race of the patient might affect care.

From the data that is collected the CMQCC releases "Toolkits" on different scenarios that can be improved upon. For example, the most recent toolkit from 2020 was the "Mother & Baby Substance Exposure Initiative Toolkit" that details ways to improve treatment for mothers and babies that have been exposed to harmful substances such as opioids. The toolkits are built by a multidisciplinary team of maternal and newborn health experts and they create webinars, reports, and an interactive interface that hospitals can easily access. Also related to their toolkits is the resource library that hosts various papers, studies, and datasets on various topics. Included in the

[23] California Maternal Quality Care Collaborative. (2021) CMQCC.
[24] CQMCC

resource library are articles that specifically address care of Black women such as "The Ethics of Perinatal Care for Black Women"[25] and "Birthing Justice: Black Women, Pregnancy and Childbirth"[26]. The CMQCC has a host of different resources that are focused on decreasing MMR for all women and protecting Black mothers.

Serving the Black Community: Multidisciplinary Birth Care

California has also made steps towards addressing racial disparities in maternal healthcare that contribute to the tragically high rates of Black women dying from pregnancy-related complications. As mentioned earlier, due to the racist history of gynecology and the systematic exclusion of Black individuals from medicinal studies Black patients are often at higher risk for complications and inadequate care. FPACT, Planned Parenthood, and the CQMCC are all committed to addressing the racial disparities that plague the healthcare system. These policies and legislation have been extremely effective in lowering MMR for not just Black mothers but all mothers. However, there are other factors that can reduce MMR such as the inclusion of non-medical maternity care workers to create a multidisciplinary birth team.

In addition to the policies that are put in place, California has seen an increase in the prevalence and acceptance of Doulas. Doulas are, usually, non-medical maternity experts that handle the emotional, mental, and spiritual aspects of pregnancy; they also serve as a "translator" of medical terminology for their clients. No one could explain the importance and role of a doula better than one herself. Shania Bell is a young Black woman serving her community as a doula in Oakland, California. Ms. Bell can be found on Instagram under the handle: Amiabledoula. Her

[25] Scott, K., Britton, L., McLemore, M. (2019, April.) *The ethics of perinatal care for Black women*. CMQCC.
[26] Chinyere Oparah, J., Bonaparte, A. (2015, December.) *Birthing justice: Black women, pregnancy and childbirth. CMQCC.*

work, in her words, "is to advocate for a mom and her wishes, making sure her needs are met in the best way possible." Ms. Bell shares her perspective on her work, her ideology, and the importance of doulas to the Black community. It is important to note that not all doulas are of African American descent, they can be of any race or ethnicity and that they can serve all races and ethnicities as well.

Figure 7: Shania Bell, a Doula working out of Oakland, CA.

Interview: Words from a Doula, Shania Bell

The following is a compiled transcript of conversations with Ms. Shania Bell. To ensure that only accurate information was provided in the responses below, the text was reviewed by Ms. Bell and myself. It includes direct quotations from Ms. Bell and written context and analysis from myself. The full responses and transcription of the interview will be in the appendix.

Q: What does it mean to be a doula?

"I would say that being a doula is more emotionally and spiritual driven work than medicinal. I am not a medical professional; I support the emotional and spiritual well-being of the mothers I work with." (Bell, Shania. Personal Communication. Feb 26, 2021)

"We can educate people about sex, we can prevent certain stressors from getting in the way of high-quality help, we can assist in body mechanics and coach people on how to avoid hypertension or preeclampsia as their body changes, and we can always tell our patients what to anticipate in someone else's care. The hope is to prepare them to be mentally ready to work in harmony with changes and with other providers. My job is to keep things simple and natural, but this is also a very intimate line of work because I am allowed into this amazing experience." (Bell, Shania. Personal Communication. Feb 26, 2021)

Ms. Bell describes her work as being "a best friend, that's priority is to make sure their friend [the pregnant individual] is safe and healthy. Though Ms. Bell is not a medical professional now, she does have plans of changing that in the future. Doulas can have a wide array of qualifications and skills but in short, they are professional birth workers, "It involves constant learning and working to improve your practice." Some doulas are nutritionists, some are fitness gurus, or spiritual leaders; there is a wide array of descriptions for doulas. Ms. Bell wants

to emphasize that they are all certified and prepared to help with their patient's pregnancy journey.

Q: Why did you want to become a Doula?

"At first, I just knew I wanted to work with babies, but after going through my training I realized how important it is for Black women to be involved with this kind of care. I advocate for a mom and her wishes, making sure her needs are met first and foremost. I understand complications, medical terminology, and things to be able to translate that information to her … After experiencing how intimate it is, I knew this was what I was meant to do." (Bell, Shania. Personal Communication. Feb 26, 2021)

Ms. Bell feels a strong call to help others in her work and thinks it is important for Black women to be involved in birth care. From her perspective, the solution is simple: to take better care of Black women, Black women must be involved on the professional and medical side. Though she did not get into this work thinking about how significant her race is, she now realizes just how meaningful her position is, as a Black birth care professional.

Q: What does your work entail?

"I was taught that it was like "dating". When meeting with potential clients, you have to throw everything on the table. I let them know how I can help and what my approach is the best I can, and they can decide whether or not they think I am a good fit. I will also be honest and let them know if I think we will be a good team. You must have a compatible relationship and good feelings with each other if you are going to work together. It can be extremely stressful having someone that does not understand you and is not on your same page." (Bell, Shania. Personal

Communication. Feb 26, 2021)

"I really try to focus on what they need from me and try to employ therapeutic techniques and approaches to make them feel comfortable. Do they need me to translate medical terms or understand test results? Do they want help with exercises to prepare for birth or maybe just need some education? Do they need someone to talk to and process these complicated feelings? And most importantly do they need me to speak up for them?" (Bell, Shania. Personal Communication. Feb 26, 2021)

Figure 8: Shania Bell at work holding a newborn.

Ms. Bell works diligently to ensure that the relationship with each of her patients is a positive one. The patient-doula match must be compatible because it is highly personalized work. Patients should never feel "stuck" with their doula, it is a good fit when both parties are comfortable and communicate freely.

Q: What is your favorite thing about your work?

"Seeing a Family's happiness and health, knowing that I could aid in that makes me happy. Even though it is a hard journey and has ups and downs, we are bringing life into the world! It takes a team, a village, and a family; and a birth team should be just that, a wide array of people from different fields working together." (Bell, Shania. Personal Communication. Feb 26, 2021)

The importance of a multidisciplinary birth team to care for patients is crucial for their health and safety. Ms. Bell sincerely hopes that in the foreseeable future more doctors and hospitals will contract doulas to be able to support individuals through pregnancy. In a perfect world, mental health specialists, doulas, midwives, doctors, and the family would all work together to support the patient.

Q: In your work have you encountered or learned about racial bias and disparities?

"Something promising in California is that we are focused on recognizing the problem, teamwork, and implementing things that help. We also have a lot of political support in the forms of policies and legislation that help maternity workers give better care. I believe that Governor Newsom already has or is planning on signing a bill that implements racial bias training for folks who work in the maternity ward to improve care for patients[27]." (Bell, Shania. Personal Communication. Feb 26, 2021)

"So, I have had times where my professionalism, authority, and value are questioned [by doctors or other medical staff] whether it be due to my appearance or my age. [We] "radical birth

[27] Gov. Newsom has signed a bill into effect that implements racial bias training for maternity care workers. (see references)

workers" deeply respect our friends in white coats for all they do, when it doesn't harm or kill our patient, and we deserve the same respect." (Bell, Shania. Personal Communication. Feb 26, 2021)

"I am very aware of the higher rates of maternal mortality for Black women, and it is a hard talk for most of my clients, but I try to educate them about it the best that I can. That is one of the hardest talks with a client is explaining how they are at higher risk for certain complications and even death because of their race. This is part of my job I have to be as transparent as possible, as simple and natural as possible." (Bell, Shania. Personal Communication. Feb 26, 2021)

Q: What do you wish more people knew about your profession or your work?

"Doulas aren't just this extra person in the room. … Doulas are well educated, and we advocate for our clients in ways that medical professionals sometimes just can't, we have a certain emotional intelligence that doctors and nurses aren't geared for. We are not medical professionals and shouldn't be compared to midwives, but we are perfect translators for medical jargon and helping moms understand all of that. We are there to balance the room and make sure above everything else the patient lives a long healthy life." (Bell, Shania. Personal Communication. Feb 26, 2021)

"There's this common notion that doulas are like wannabe hoteps[28] and hippies that burn sage and are into vegan remedies, but if you look at the stats there's a reason why we're needed. Right now, I do believe that with the intensive care a doula provides we can decrease MMR. If

[28] "Hoteps" is a term used to describe individuals that desire a "back to nature" way of life or want to connect with a more natural and simplistic lifestyle. Similar to the term "hippies", it can have negative connotations as they can be viewed as disconnected from reality or uneducated.

doulas and physicians worked more closely, I think that it would greatly benefit our moms. We can save lives." (Bell, Shania. Personal Communication. Feb 26, 2021)

Doulas are so valuable in maternity care because they often spend more time with patients than doctors are able to. Where doctors may see patients once a month or even meet their patients at the time of birth, doulas can spend time with patients as frequently as a daily basis. A doula is with their patients building an intimate relationship in a way that medical professionals are not able to. This makes a doula the perfect mediator between patients and doctors. The doula is trained in medical terminology and can identify any concerning signs in the patient and relay that information to the physician. It can even go both ways; the doctor might have suggestions for the patient and can ask to the doula to help implement plans and work more closely with a patient. By working together, a doula and a doctor could create a healthy and safe pregnancy journey for their patient.

Q: Do you have any opinions on things that can be changed to better the quality of care for Black women?

"I think everyone should have a Doula, what is better than having a person dedicated to your well-being? As a Black woman myself, I think we need to stop victimizing and blaming Black women for their conditions. It seems to me that negative stereotypes about Black patients create a bias amongst some maternity workers. I'm not saying they are heartless but medical textbooks were not made to serve Black women. Implicit Bias training is important to address these racist notions. I am a Black woman and there are things that I understand that a White

doctor could never understand about Black patients." (Bell, Shania. Personal Communication. Feb 26, 2021)

"I, and other doulas I know, do a lot of pro bono work because we want to help and there are a lot of moms without insurance or are scared of interacting with medical professionals. And they have the right to be, when faced with the statistics of Black women dying at three to four times higher rates than White women. In my ideal world, my client and I walk into a hospital for an appointment with the doctor or the nurse and we communicate as a team. … Most doctors don't realize how important of a resource we can be for them and our patient." (Bell, Shania. Personal Communication. Feb 26, 2021)

Discussion and Distillation

Ms. Bell's insight into the world of maternity care workers in California reveals some interesting trends. Though this is just a single perspective, her professional experience as a Black woman in this field is incredibly valuable. A doula's dedication to the wellness of their patient is unmatched because they are working with their patients on intimate levels developing a very personal relationship. Doulas are not, usually, medical professionals, but they are professional birth care workers and experts. The single goal of a doula is to ensure the health of their patient and make sure they have the birth experience they desire. Ms. Bell hopes that moving forward doctors and nurses will be more eager to work with maternity care workers in other disciplines.

As mentioned in the section "What the U.S. is Not Doing" above, it appears the U.S. has a shortage of birth care workers compared to other countries with lower MMR[29]. The work that is done by doulas like Ms. Bell may be the missing link to decrease MMR in the U.S. Just like

[29] Tikkanen et al.

the multidisciplinary teams that create the CMQCC toolkits, a multidisciplinary birth team could prove to be a vital support network for pregnant individuals. Having a diverse expert birth team could be the key to treating pregnant individuals with utmost care and preventing life threatening complications. increasing the number of Black women involved in professional birth work could prove extremely valuable. Encouraging and supporting Black individuals to become professionals in this field will provide the necessary perspective to give adequate care to Black women.

Conclusion: California as an Example

While global MMR have been decreasing, rates in the U.S. have been climbing.[30] The U.S. is presenting some of the worst MMR among the most developed nations and it is not getting better. Black women are three to four times more likely to die of pregnancy complications than White women.[31] This is a concerning disparity that emphasizes the inadequate medical care for treating Black individuals. California has been successfully decreasing MMR and addressing the racial disparities in maternity healthcare while the rest of the country is struggling to tackle these issues. The work is far from being done but the progress California has shown is phenomenal when compared to the rest of the country. By putting in place initiatives like the Family Planning, Access, Care, and Treatment Program and the California Maternal Quality Care Collaborative, California has tackled the root of the problem: access to quality healthcare for pregnant individuals.

[30] WHO, UNICEF, UNFPA, The World Bank.
[31] Tikkanen et al.

These programs are also working to dismantle systemic racism in medical care and the medical profession by including underrepresented and ignored communities into research. The FPACT and CMQCC directly address the problem of Black MMR, like Sue V. Rosser suggested, by putting Black women back into U.S. medicine.[32] California has also become more accepting of doulas, whose valuable knowledge and skills help care and advocate for Black women. Moving forward and looking to the future, the establishment of multidisciplinary birth teams could greatly increase the amount of available quality birth care workers and therefore decrease MMR.

The situation in California is no rare feat, it is the result of much time and effort from a wide array of disciplines. There are concrete steps that the state has taken to address the racial disparities in maternity care and the quality of care. From the funding of the Family Planning, Access, Care, and Treatment Program and the establishment of the California Maternal Quality Care Collaborative to the individual work of healthcare professionals and maternity care workers like doulas. These concrete steps can serve as an example for the rest of the country to build upon. If all states enact similar programs and adopt similar attitudes towards maternal healthcare and well-being, then it would be possible to reduce maternal mortality rates in the U.S. and amend the racial disparity that affects Black mothers.

[32] Rosser

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Appendix A:

Interview with a Doula (full unedited responses)

Q: What does it mean to be a doula?

I would say that being a doula is more emotionally and spiritual driven work than medicinal. I am not a medical professional; I support the emotional and spiritual well-being of the mothers I work with. The work is dynamic and natural, ultimately it is staying true to what bodies are meant to do. I think it also means working with patients as equals, we should always see eye-to-eye. I don't want to overpower with my knowledge, they are getting enough of that from the doctors and nurses. We can educate people about sex, we can prevent certain stressors from getting in the way of high-quality help, we can assist in body mechanics and coach people on how to avoid hypertension or preeclampsia as their body changes, and we can always tell our patients what to anticipate in someone else's care. The hope is to prepare them to be mentally ready to work in harmony with changes and with other providers. My job is to keep things simple and natural, but this is also a very intimate line of work because I am allowed into this amazing experience.

Q: Why did you want to become a Doula?

At first, I just knew I wanted to work with babies, but after going through my training I realized how important it is for Black women to be involved with this kind of care. I advocate for a mom and her wishes, making sure her needs are met first and foremost. I understand complications, medical terminology, and things to be able to translate that information to her. I'm also trying to anticipate anything that could go wrong in order to bring her comfort and relieve stress. This work is beautiful. I honestly become really attached to the families and

mothers and babies because I am advocating for them, caring for them, and going through this experience with them. After experiencing how intimate it is, I knew this was what I was meant to do.

Q: What does your work entail?

I was taught that it was like "dating". When meeting with potential clients, you have to throw everything on the table. I let them know how I can help and what my approach is the best I can, and they can decide whether or not they think I am a good fit. I will also be honest and let them know if I think we will be a good team. You must have a compatible relationship and good feelings with each other if you are going to work together. It can be extremely stressful having someone that does not understand you and is not on your same page. I always look out for signs of previous trauma or ailments that might need further care before getting down and dirty with the birth plan. I really try to focus on what they need from me and try to employ therapeutic techniques and approaches to make them feel comfortable. Do they need me to translate medical terms or understand test results? Do they want help with exercises to prepare for birth or maybe just need some education? Do they need someone to talk to and process these complicated feelings? And most importantly do they need me to speak up for them?

More specifics on what we do include things like dietary coaching, helping build an exercise plan, and promoting intimacy. Doulas can have many different credentials, some of us are nutritionists, some could be fitness gurus, usually doulas spend a lot of time going through different kinds of training to better themselves in whatever field they think will help their work. It involves constant learning and working to improve your practice.

Q: What is your favorite thing about your work?

Seeing a Family's happiness and health, knowing that I could aid in that makes me happy. Even though it is a hard journey and has ups and downs, we are bringing life into the world! It takes a team, a village, and a family; and a birth team should be just that, a wide array of people from different fields working together. I am happy to be a part of this work. Sometimes westernized medicine really takes things much farther than they should be, so I enjoy bringing some balance and advocating for holistic and natural methods.

Q: In your work have you encountered or learned about racial bias and disparities?

Something promising in California is that we are focused on recognizing the problem, teamwork, and implementing things that help. We also have a lot of political support in the forms of policies and legislation that help maternity workers give better care. I believe that Governor Newsom is planning on signing a bill that implements racial bias training for folks who work in the maternity ward to improve care for patients. For me personally, ageism is a big deal. I am trained, certified, and extremely knowledgeable, but because I am fairly young not everyone sees me immediately as a professional. Healthcare workers can be apprehensive working with someone like me and there are some who have implicit bias about "radical birth workers". So, I have had times where my professionalism, authority, and value are questioned whether it be due to my appearance or my age. I mean, I don't need the validation or the appreciation from them but if we could work in harmony and connect through how we have the same goals, which is to prolong the quality of life for our patients, then maybe we could do some incredible things. Us "radical birth workers" deeply respect our friends in white coats for all they do, when it doesn't harm or kill our patient, and we deserve the same respect.

For my clients, preparing your body for birth is a big deal. Breastfeeding and hypertension are a big issue for black women. I am very aware of the higher rates of maternal mortality for Black women, and it is a hard talk for most of my clients, but I try to educate them about it the best that I can. That is one of the hardest talks with a client is explaining how they are at higher risk for certain complications and even death because of their race. This is part of my job I have to be as transparent as possible, as simple, and natural as possible. I also see it as my responsibility to anticipate any possible complication and advocate for them when I see something concerning.

Q: What do you wish more people knew about your profession or your work?

Doulas aren't just this extra person in the room. We are really smart, necessary, and we do this for public health and because we enjoy people! Doulas are well educated, and we advocate for our clients in ways that medical professionals sometimes just can't, we have a certain emotional intelligence that doctors and nurses aren't geared for. We are not medical professionals and shouldn't be compared to midwifes, but we are perfect translators for medical jargon and helping moms understand all of that. We are there to balance the room and make sure above everything else the patient lives a long healthy life. We focus on staying grounded and trying to keep things natural and figure out to best serve the patient in ways that doctors, nurses, and midwives can't because we have developed a more intimate relationship with them.

There's this common notion that doulas are like wannabe hoteps and hippies that burn sage and are into vegan remedies, but if you look at the stats there's a reason why we're needed. Right now, I do believe that with the intensive care a doula provides we can decrease MMR. If

Doula's and Physicians worked more closely, I think that it would greatly benefit our moms. We can save lives.

Q: Do you have any opinions on things that can be changed to better the quality of care for Black women?

I think everyone should have a Doula, what is better than having a person dedicated to your well-being? As a Black woman myself, I think we need to stop victimizing and blaming Black women for their conditions. It seems to me that negative stereotypes about Black patients create a bias amongst some maternity workers. I'm not saying they are heartless but medical textbooks were not made to serve Black women. Implicit Bias training is really important to address these racist notions. I don't get it why it is so hard to fight this, address the problem and fix it. I am a Black woman and there are things that I understand things that a White doctor could never understand for my Black patients. I, and other doulas I know, do a lot of pro bono work because we want to help and there are a lot of moms without insurance or are scared of interacting with medical professionals. And they have the right to be, when faced with the statistics of Black women dying at 3 to 4 times higher rates than White women. In my ideal world, my client and I walk into a hospital for an appointment with the doctor or the nurse and we communicate as a team. Like I could say, "Hey doc, Ms. Laigo and I have talked about going on more daily walks. Do you recommend anything else based on your chart and findings that I could help coach Ms. Laigo and her family on at home?" Then tell me and OUR patient their opinions and give advice. Most doctors don't realize how important of a resource we can be for them and our patient.