

Hi, my name is Deboki Chakravarti, I'm a science educator, and today we're going to talk about the health of birthing parents -- and how race plays a role in it.

In this video, we'll be using the terms "birthing parents" and "maternal mortality." When we do, we're referring to everyone who gives birth, including trans and non-binary parents. But some of the data we'll reference is historical and may not be inclusive of trans and non-binary people.

One of the greatest achievements in public health history is safer childbirth. Between 1990 and 2015, the global mortality rate for birthing parents decreased 43 percent. And while that's great news, that doesn't mean every country saw huge decreases in the mortality rate.

Take the United States. In 2015, the U.S.'s mortality rate due to pregnancy was about eight times that of the Netherlands, Norway and Sweden.

And that outlook is even worse for people of color -- especially Black Americans, who are 243 percent more likely to die from pregnancy or childbirth-related causes than white Americans. This imbalance has existed for years and even grown in some parts of the country. Part of the reason is widespread health inequity, which is when an uneven distribution of resources between different groups of people affects their well-being.

Take health insurance. Black Americans are less likely to get insurance through their employer. So, many use Medicaid, a government-funded health insurance, instead. But Medicaid coverage only offers limited postpartum care and doesn't include thorough prenatal screenings in all states.

Besides access to health care, our health outcomes are also shaped by the broader conditions of where we live and work. And because of inequities in education, housing and employment, Black families are more likely to live in areas with above average air pollution. Which multiple studies have shown is associated with premature births and low birth weights.

But even if we focus on populations with greater wealth, higher education and all the other factors we often relate with better health outcomes, mortality rates for Black people remain strikingly high.

Studies show that Black birthing parents with college degrees are still three times more likely to experience severe complications from childbirth than white birthing parents who didn't graduate high school.

These health differences aren't because of genetics — they're rooted in racism. In fact, the chronic stress of dealing with racism has been connected to an increased risk of heart attack and stroke. And considering that cardiovascular issues are a leading cause of pregnancy-related death in the U.S., racism could be endangering Black birthing parents physically.

What's more, the U.S. has a long history of medical racism, which is the unequal treatment that people experience when receiving health care, based on their race.

Take the longstanding myth that Black people have higher pain tolerances than white people, which continues to affect medical care today. Numerous studies have shown that Black patients are often undertreated for pain for conditions like appendicitis and cancer. Which suggests that doctors may be more likely to underestimate the pain experienced by Black birthing parents too, and even dismiss their concerns surrounding pregnancy and childbirth.

So the difference in mortality between Black and white birthing parents isn't as simple as a single cause-and-effect. Which means public health officials need to address the issue in multiple ways.

First: by advocating for increased access to health care. Statistics show that birthing parents in countries with universal health coverage experience better health throughout their pregnancies. They get more frequent checkups and can spot pregnancy-related complications earlier.
Second: by acknowledging the ongoing impact of medical racism, and teaching providers to recognize and work against bias. This may include practicing patient-centered care, which is when health care providers take a patient's preferences, values and choices into account when making medical decisions.

Third: by increasing community-based organizations that provide birthing parents with prenatal, childbirth and postpartum support, like doula care. Doulas are non-medical professionals who help birthing parents with various aspects of pregnancy and childbirth, like communicating with doctors and nurses, or looking out for signs of distress. Research indicates that doula care leads to healthier pregnancies. And one case study of community-based doula groups working with people of color reported zero pregnancy-related deaths.

The risks Black birthing parents in the U.S. face are part of a complex health crisis, so improvements will take time. But by addressing medical racism and health inequity head-on with some of the solutions we've talked about, public health can make a real difference.

Thanks for watching! This video is part of a series created by Complexly and the American Public Health Association to shed a little light on the important work that public health does. To learn more, visit apha.org.

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