

APPROVAL OF HONORS PROGRAM SENIOR PROJECT

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Project Title

The Long Road To Black Women's Health Equity

This Senior Project is approved as acceptable

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April 25, 2023

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Honors Thesis

North Carolina Wesleyan University

Spring 2023

Abstract

This paper seeks to explain how the traumatic historical events and present-day inequalities in the healthcare system have led to distrust in the health care systems specifically among African American women. This is an issue that must be addressed in order to minimize the prevalence of maternal and infant mortality among African American mothers. This paper examined the healthcare concerns and anecdotal stories among Black women. The author suggests future efforts to help mitigate the treatment of these women in healthcare facilities, through advocacy for educational resources and to bring awareness to women in need of valuable health-based knowledge and assistance through the creation of a nonprofit organization.

Introduction

In recent years, the mantra of "Black History is American History" has gained strength. It is a statement often made during Black History Month in February, and a time when Black heroes from our history are given positive attention. On the contrary, some believe it necessary to highlight the troubling images from America's past so that the troubling past will not be forgotten. Often the quest to include more negative historical images from Black history reveals that many Black individuals from recent times are unaware of some of the events of their past. This is true of young adults, middle-aged adults, and older adults of other racial or ethnic groups.

Americans of all races and ethnicities do not equally learn about significant events in American history. Even today's African Americans lack understanding or have an incomplete knowledge of important events relevant to Black history. Some of the most important elements of Black history include the Transatlantic Slave Trade, American slavery, the Tuskegee experiments, and how "healthcare" was carried out during the times of slavery. These significant events have all impacted the general health of Black women.

Transatlantic Slave Trade: Identity Destroyed, The New Jane Doe

For over 200 years, it has been claimed that African Americans have been treated unfairly by the healthcare system (Byrd & Clayton, 2001). When African slaves were transported to the United States, they received the worst healthcare of any racial or ethnic group at the time (Byrd & Clayton, 2001). During the 1600s, Western Europeans kidnapped millions of Africans from various West African countries. They were enslaved, stripped naked, and placed on a ship sailing from the Atlantic region to the Americas. According to Slavery In America (2018) "this boat ride lasted anywhere from three weeks to more than three months" (p.#6).

The boat ride was only the beginning of the traumatic events (Slavery in America, 2018, p.11). Many people died as a result of the unsanitary conditions, overcrowding, disease spread, and brutal treatment by their kidnappers. For instance, bodies were thrown overboard by their kidnappers in order to get rid of them. When they became ill, the blood, defecation, and mucus from their inhumane treatment aggravated the situation, prompting some to commit suicide to escape the agony. This was just the start of their ordeal. The enslavement of Blacks did not end until the 18th century (Slavery in America, 2018).

After being kidnapped and taken to a new location they had no knowledge of, they were given new names they had never heard of and were further separated from their families and friends. They were also coerced into becoming Christians and learning English. Their identity was further eroded when their heads were shaved, regardless of gender or age, which was an “unspeakable crime in African culture at the time” (Bryd & Tharps, 2014, p. 10). They were forced to accept their new life or face being murdered or brutally beaten until they did. Many of the kidnapped Africans did not even speak the same language or belong to the same tribe, but they were forced to cope with their new circumstances together.

These enslaved people were immediately sold to random Caucasian men. Their sexual organs were touched and manipulated without their permission, and their dignity was taken away when their features were deemed acceptable for profit and put up for auction. What people do not consider is the psyche of these enslaved people when they arrived. They were forced to become new people with no rights and were overworked for years. The brutal treatment did not end there because they were forced to mate with each other like animals in order to produce more money for their owners.

Consent, marriage, and having children for love were all rights taken away from them. As a result, many of these children's parents became estranged. Many of the parents who were forced to have sexual relations were placed in difficult situations because their children, husbands, and wives could be sold at any time. Women and girls were also raped by their white owners with no regard for justice because, as property, their owners were not wrong in the eyes of the law. Some of these rapes resulted in pregnancies, and their children served as a reminder of rape.

Many white men refused to accept their rape victims' children as their own, and their children were enslaved alongside the others. “Thirty-one percent of all rape victims developed some form of post-traumatic stress disorder at some point in their lives, and some had to live with it for the rest of their lives” (Kilpatrick, 2000, para.3). Biracial children who were often the product of rape helped support colorism in the Black community because biracial slaves or slaves of lighter skin tones were allowed to work in the house rather than being subjected to the hot sun of the South. These biracial enslaved children also lived in the house at times, however they were not treated like white children or even treated like the child of a slave master. They were still expected to complete duties around the household and were still looked at as less than human though they were half white.

“This caused envy in the slave community because it was unjust; additionally, many white owners thought light-skinned female slaves were more beautiful because they were closer to whites in appearance or shade because they were frequently the result of a slave owner raping a slave” (Uzogara et al., 2014, para.3). After a person's dignity is destroyed and their identity is snatched away from them through violence, they are told they are inferior and ugly. What else can a person do but envy someone who is similar to them but treated better because of the color of their skin? Many slaves at the time began to hate themselves because of this reason and conformed to their

circumstances. At this point in their lives, their mental health and physical health has undoubtedly suffered.

They are trapped in a never-ending cycle of doing what they are told by a master who will kill them, beat them senseless, or separate them from their families if they rebel. Blacks were also barred from learning and writing. There was no one to save them, so they turned to the only religion they could practice openly for guidance on their journey. To heal mental illness, slaves would frequently turn to church and prayer, praying for an individual's healing.

Slave Women Maternity and Infant Health

They would do this because the masters' care for them was inadequate. They were not treated humanely. When African slaves gave birth, the woman and her baby were to be cared for by other slave women. Many times, they were forced back to work right away, with no time to nurture their infant or rest after experiencing child labor. “They were forced to work during their pregnancies, and many were afraid to give birth for fear of having their child taken away and sold” (Reproduction and Resistance, 2022, para.1). “Enslaved women were forced to nurse white babies, which in result would take from their own children” (Reproduction and Resistance, 2022, para.1). Feeding another woman's child with one's own milk was a sort of labor, but it could only be done by lactating mothers who had given birth to their own children (West & Knight, 2017).

“Enforced wet-nursing was an important part of pregnant and lactating enslaved women’s everyday duties“ (West & Knight, 2017, para. 1). “To avoid this and other inhumane practices done to enslaved Black women during the time, they learned how to use herbs to prevent pregnancy or regulate their cycles” (Reproduction and Resistance, 2022, para.1). “They would even use it for abortions on a regular basis” (Reproduction and Resistance, 2022, para.1). These herbal recipes

were passed down from elders who had ties to their African roots. They had to be careful about their African practices and rituals, though, because masters would find out.

“Enslaved women used to chew on cotton roots to end or prevent pregnancy; when their masters noticed this pattern, they were punished with violent beatings” (Reproduction and Resistance, 2022, para.1). African Americans have a tumultuous relationship with the healthcare system. Throughout the 18th, 19th, and even 20th centuries, many Caucasian “philosophers, physicians, and scientists had taken part in creating and pushing racial inferiority mythology and stereotypes in the healthcare system” (Bryd & Clayton, 2001, p.115). This is due to significant “inequalities within the care system, which just so happens to have had a greater impact on people of color or marginalized groups” (Racism, Inequality, and Health Care for African Americans, 2019, p.1). Inequalities include insurance discrimination, services and resources supplied in particular areas based on poverty and race, and poor treatments. Currently, African Americans account for approximately “14% of the US population” (Moslimani et al., 2023, para.1).

Civil Rights Movement and Medical Care

Many people identify the late 1950s and 1960s civil rights movement with freedom fighters or activists who organized movements and strikes for equality. “However, doctors and other healthcare professionals organized marches to end worker segregation in hospitals, contributing significantly to the civil rights movement through medicine and the healthcare system” (AMA, 2016, p. 2). There were few black people in the medical field at the time, this was important to Black physicians and it was important that African Americans had an individual they could relate to and who was concerned about their welfare. This was significant because many African Americans were turned away from white-only hospitals regardless of their circumstances, forcing

them to travel long distances to a hospital that accepted African Americans. Even African American pregnant women during the civil rights movement had to plan for having a child at either their home with the assistance of family or Black doctors in the area.

The Tuskegee Experiments/Sterilization of Black Women

Pregnant women could travel to hospitals, but they were usually low staffed, and in some instances not well-funded because of discrimination. Many African Americans, upon learning of this, would rush to these hospitals to improve their chances of survival; some of this fear stemmed from hearing about the Tuskegee experiments. However, most of the time, these hospitals were underfunded, lacked necessary equipment, and were frequently overcrowded. Not only was the fear of having complications a worry for African Americans trying to access hospitals that catered to them, the talk of the Tuskegee experiments spooked them as well. The Tuskegee experiments were unethical; African American men, particularly younger ones, were targeted and used as guinea pigs.

“At the time, African American men lived only until approximately the age of 45, which was less than white males and black women” (Alsan & Wanamaker, 2018, p.1). “This pattern was explained as primarily due to chronic illnesses such as heart disease, and cancer” (Alsan & Wanamaker, 2018, p.1). From 1932 to 1972, Caucasian researchers discovered Tuskegee, Alabama, which housed many low-income African Americans. The researchers provided “free healthcare” to syphilis patients. Instead of studying these people and treating them with penicillin, they allowed the men to deteriorate in order to see how syphilis killed the body. Alsan & Wanamaker (2018) state that many of these men passed away, were blind, or infected their spouses and other women in their life with this sickness (p.1).

The Tuskegee Experiments had a significant impact on African Americans, and the white medical staff would perform autopsies on the men's bodies without permission, and despite being compensated and fed meals, the participants were misled about the purpose of the experiment and told they had “bad blood” (Alsan & Wanamaker, 2018, p.3). Due to the fact that males were the breadwinners and the heads of their households, this had a tremendous influence on African American families at the time. If they fell ill and were unable to work, their wives and families suffered, and if they passed away, their loved ones suffered and sank further into poverty. Mistrust has been created in the African American community as a result of these experiments, and “mistrust is more likely to discourage preventive and non-emergency medical care” (Alsan & Wanamaker, 2018, p.4). Though there are many misconceptions about what happened in the Tuskegee experiments, many African Americans are wary of trusting doctors today because of the experiments. Black women were affected as well by the Tuskegee experiment.

Not too long after, Black women's reproductive rights were threatened by white men, through the process of “sterilization and eugenic control” (Taylor, 2020). Sterilization is when a procedure is done that removes, stops, or kills a living thing. Eugenics is the study of how reproduction can be controlled within the human species to produce desirable or preferred effects in society (Taylor, 2020). So, in result Black women were used in these tests and procedures against their will. At the time in the early 1900s Blacks were considered less worthy than whites and did not want them “overpopulating” and being the majority. They were “demonized, and their procreation was regarded as improper for what whites desired in society. (Taylor, 2020, para.18).

“A doctor by the name of Harry J Haisdelden had chastised Black women in his studies and preyed on vulnerable low-income Black Women for his studies. He allowed numerous Black babies to die, because he felt that eugenics proved that Black children were defective” (Taylor,

2020, para.16). “A few doctors and hospitals during the 1970s according to a report from the *Boston Globe* that a hospital in Boston and in New York were performing hysterectomies on Black, Latino, and Native women at alarming rates” (Taylor, 2020, para.19). “Also, during the early 1900s through the 1970s hospitals in many states had no policies that protected the rights of patients of color and they did not need their consent [for procedures]” (Taylor, 2020, para.18). The goal of medical professionals in eugenics during this time was to reduce the number of women of color on assistance from the government. However white women during the time were on the same assistance.

University of Illinois Study

Unethical experiments like the ones detailed above have created mistrust in the African American community and healthcare facilities. A study conducted by the University of Illinois Survey Research Laboratory and the Westside Health Authority, a community advocacy organization, gathered “nine groups of African American individuals to understand the meaning of African Americans' confidence and mistrust of doctors” (Jacobs et al., 2006, p.5). Four of the nine groups (n = 34) were men, and five of the nine groups (n=32) were women. African-Americans were present in both groups, in terms of gender, all groups were equal (Jacobs et al., 2006, p.5). Gender-matched men and women were recruited separately by African-American research assistants.

“The study required African American women to be at least 40 years old, as well as males of African American descent who were at least 18 years of age” (Jacobs et al., 2006, p.5). “This was done in order to ensure that the researchers found out why African-American women were avoiding breast and cervical cancer, so if they were at least 40 they were eligible for breast and

cervical cancer screening ”(Jacobs et al., 2006, p.5). The study discovered that even though all of the participants had recently seen a doctor in the previous year, they only felt comfortable because of how much trust they had in the physicians, and they all felt that they only trusted medical professionals who had interpersonal and technical proficiency (Jacobs et al., 2006 ,p.5). However, it was discovered that individuals in the sample had a difficult time trusting “foreign doctors” due to language barriers and cultural differences; the majority of participants stated that they were more concerned with the “character of the physician and less concerned with the color of their skin” (Jacobs et al., 2006, p.6). The character of a physician was the most important to the participants, and many frequently described how “greed, racism, and experimentation were the most stressed concerns they had when visiting a hospital because it resulted in them being treated differently as patients based on their race” (Jacobs et al., 2006, p.6).

At the end of the experiment, the African Americans in this sample reported that their mistrust of doctors was influenced by beliefs about physician greed and racism, as well as the anticipation of experimentation in routine medical care. Naturally, the desire for and acceptance of medical care are inversely correlated with mistrust (Jacobs et al., 2006, p.6). “As a result, at some point in their lives, some of the participants refused or delayed important surgeries, procedures, and tests that were required to help them recover” (Jacobs et al., 2006, p.6). They were all concerned about being experimented on in some way if they let doctors do these things.

“In conclusion, participants believed that the Tuskegee legacy and the reinforcement of their expectations of mistreatment were the primary causes of their mistrust” (Jacobs et al., 2006, para.6). “African Americans avoid participating in medical research today due to concerns about being used as guinea pigs and malicious attempts to intentionally cause illness” (Scharff et al.,

2010, para.18). “As a result, these ethnic groups are underrepresented and misrepresented in medical research in all fields” (Scharff et al., 2010, para. 18). “Mistrust has always been the reason why African Americans have put off seeking medical care and disease testing; they usually seek health care when the problems they are experiencing become life-threatening” (Scharff et al., 2010, para. 18).

African Americans avoiding physicians might also seek alternative methods. Many African American women, for example, consider whether they will give birth in a hospital, a women's birthing center, or at home or in a homelike setting. This is an important decision for African Americans and a highly debated topic because depending on where they live, Black women in the “United States have a 2 to 6 times higher risk of dying from pregnancy-related complications than white women” (Stepans, 2000, para. 1). Preterm births are more common in Black and Latina women than in any other race, and they are mostly brought on by socioeconomic conditions and prejudice (Jang & Lee, 2022, para. 9).

The Root of The Problem

“Data from 1979 to 1992 revealed that the overall pregnancy-related mortality ratio among black women was 25.1 deaths per 100,000” (Hopkins et al., 1999, para 1). Many of these fatalities were caused by “hemorrhage, pregnancy-induced hypertension, and embolism” (Hopkins et al., 1999, para 2). African American women are “approximately three times more likely than white women to die from bleeding” (Chichakli et al., 1999, para. 3). Black women are also “more susceptible to maternal morbidity, which is any health condition that is caused by and/or exacerbated by pregnancy and childbirth that has a negative impact on the woman's well-being and/or functioning” (NIH Office of Research on Women's health, 2023, para 1). Many of these

women who had near-death experiences or died during childbirth had stated before going into labor that they were not taken seriously or listened to by doctors when they were experiencing negative symptoms (Martin, 2017).

Surprisingly, low-income women of color are not the only women of color not being listened to. For example, Serena Williams, an African American professional tennis player was in this exact situation. “Serena Williams described her near-death experience by stating that she knew her body well enough to recognize when something was wrong, and that she had previously experienced blood clots, injuries from her career, and not being taken seriously when requiring medical attention” (Roeder, 2019, para.1). “When she became a mother, she stated that it was one of the worst experiences she would ever experience, in a hospital. When she spoke gaspingly, stating that she needed a CT scan and an IV of the blood thinner Heparin because she was concerned about developing another blood clot” (Roeder, 2019, para.1). “The nurse in charge of Williams suspected that the pain medication she was receiving was confusing her” (Roeder, 2019, para. 2). “However, Williams, wary of her previous experiences, ordered a test and claimed that there was a problem with her swollen legs; an ultrasound was performed, and nothing was found” (Roeder, 2019, para 3).

“However, due to her persistent questioning and requests, she was eventually sent for a lung CT, where doctors discovered several blood clots” (Roeder, 2019, para.3). “Physicians then rushed and gave her Heparin, which resolved the medical emergency” (Roeder, 2019, para. 3). This is a prime example of the United States failing its African American mothers, demonstrating how African American patients' concerns have been ignored due to the mindset that Black women are strong and that they overexaggerate. It has been argued that in the United States, African American women are often considered “more masculine” than White women. Black women are

not frequently associated with the concept of a "typical woman" and are viewed as more similar to Black men than to White women (American Psychological Association, 2020, para.2).

This is a significant problem, and it is probable that Black women may continue to encounter such attitudes if they are not adequately informed about the social determinants that could influence how they experience being in a hospital and about their rights while there. Because of her socioeconomic background, prior hospital experience, and education, Serena Williams was able to save her own life. Possibly if a woman has more resources, she will have more access to life saving knowledge. Some anti-racist and feminist movements have failed to support Black women's reproductive rights because Black women lack knowledge of their rights both in and outside of the hospital (American Psychological Association, 2020, para.2).

So African American women have taken it upon themselves to create their own programs to address threats towards their reproductive rights and concerns. For example, African American women and their families have turned to doulas for home births. "A doula continuously supports a patient before, during, and immediately after childbirth to ensure that they have the healthiest, most satisfying experience possible" (Dona International, 2022, para. 1). "Many of the Black elite use doulas of color due to the fact that they are more relatable not only due to their race, but also due to their culture, experiences, and language" (Dona International, 2022, para.1). "This has allowed the middle class and high-class African Americans to be free of the fear of prejudice, racism, and stigma. Not only has this helped the families that belong to these social groups mentally, but it has also been associated with lower cesarean rates, higher Apgar ratings, shorter labors, and greater rates of breastfeeding initiation and retention (Wint et al., 2019, para.2).

Due to the complexity of the system and the discrimination that many African Americans (AA) experience when interacting with it, a case has also been made for doulas as disruptors of

unpleasant interactions with the healthcare system (Wint et al., 2019, para. 2). However, as useful as doulas have been, the cost, which varies depending on whether the doula is part of an organization or a private contractor, is a significant factor due to racism, sexism, and other institutional barriers that contribute to income inequality (Black Women's Maternal Health, 2018, para.2). Many low-income African Americans may lack the necessary insurance to hire a doula, forcing them to seek out a hospital or birthing center that accepts their insurance (Black Women's Maternal Health, 2018, p.1). However, depending on their state and the type of insurance they have, many of the low-income hospitals and birthing centers may not be comfortable because so many of the staff are underpaid and overworked (Black Women's Maternal Health, 2018, p.2). “The average annual salary for Black women in the United States is \$36,303 per year, which is \$20,702 less than the median annual salary for white, non-Hispanic men” (National partnership for women & families, 2022, para.3).

“Many lower-income Black women are uninsured, and hospitals that serve primarily Black people have lower quality maternity care, with 75% of Black women giving birth at hospitals that serve primarily African Americans” (Black Women's Maternal Health, 2018, p.2). Maternal complications are more common in hospitals serving people of color than in other hospitals (Black Women's Maternal Health, 2018, p.2). “Furthermore, they perform worse on 12 of 15 childbirth outcomes, including elective deliveries, non-elective cesarean births, and maternal death” (Black Women's Maternal Health, 2018, p.2). A reproductive rights activist named Loretta Ross stated that poverty, racism, environmental degradation, sexism, homophobia, and injustice all threaten black women's power to decide what happens to her body in the United States (Taylor, 2020, para. 22). Though all women’s reproductive rights have been threatened in recent times, women of color tend to be the most marginalized.

Latino and low-income white women experience similar obstacles. Many low-income Latino women have to go to clinics and health departments because they may not be citizens of the United States. So, in many cases they do not have insurance. This may be because they do not have a social security number and are low income. Like other individuals who are also low-income, in some instances they cannot afford insurance or pay out of pocket. Many of these clinics and health departments are free of charge as long as a woman enters family planning programs.

Though white women may not receive race-related discrimination, they can experience economic discrimination. Because of where they live and the substandard income supporting their home, they may be forced to go to the nearest clinic or health departments that are around in their neighborhood regardless of their race. This is called “structural inequality” ; it is “when an individual's personal, interpersonal, institutional, or structural factors have an effect on the unequal distribution of health opportunities and outcomes” (Negussie, et al., 2017). Outcomes such as racism, sexism, classism, ableism, xenophobia, and homophobia are possible (Negussie, et al., 2017). These are common examples of the structural inequality that ultimately affects the environment an individual will live in.

WRAL- Critical Term Documentary

A documentary by WRAL (Raleigh, NC) hits these topics right on the head. In the documentary Critical Term WRAL reporter Julian Grace and Christin Severance Investigative Reporter and Anchor address how marginalized women have been treated in the present day. In this recent (2022) documentary entitled *Critical Term: Why Are Black Mothers and Babies Dying?*, According to the Centers for Disease Control and Prevention, African American mothers are three to four times more likely than white women to die from pregnancy-related causes. “Approximately 60% of these deaths could have been avoided” (Critical Term, 2022). According

to *Critical Term* (2022), many of the deaths of African American babies and mothers were caused by systemic racism and implied bias, which has led to misconceptions about Black women and their pain tolerance. These myths and misconceptions can be found in textbooks and journals from the past and present. An undisputed fact, however, is that Black babies are two times more likely to die as white infants before the age of one in North Carolina.

A program named The Alliance of Black Doulas for Black Mamas which was led by Jacquelyn McMillian-Bohler of Duke University School of Nursing, Stephanie DeVane-Johnson of Vanderbilt University School of Nursing, and Venus Standard, of University of North Carolina School of Medicine is trying to stop this problem. This program trains Black women to be doulas. The goal of the program is to reduce the number of African American women who die during childbirth by providing doulas, which are typically very expensive. The program also assists African American women by providing them with "a trained and trusted professional who can help parents-to-be make healthy decisions and choose proper prenatal care that can make a difference in maternal health and birth outcomes" (Critical Term, 2022). "It has been found that having a doula can have many benefits depending on the individual" (Rosen, 2004, p.25). Doulas provide a woman and her family with physical, social, and emotional support during pregnancy, birth, and the postoperative period" (Gruber et al., 2013, para 1).

"Doulas are also in charge of assisting women through labor along with their families" (Stockton 2011, p. 2). A doula assists the woman in making decisions based on her needs, beliefs, views, and factual knowledge. (Steel et al, 2015, para. 2). "Also, when helping women and their families make informed decisions for births, and postpartum plans they take the time and are trained to listen to the couple's worries and what they expect from their birthing team" (Steel et al., 2015, para.5). "This helps build a relationship between the Doula and the family, trust is needed

in order for things to go well and to help create a peaceful and calm environment for the baby and the mother” (Steel et al., 2015, para. 5). Doulas are trained and accredited in particular areas, but they can also provide advice on obstetric interventions (Steel et al., 2015, para. 5).

Surprisingly it has been found that “doulas tend to be white women as are their patients. “This is because doulas are not covered by insurance which means that mostly white middle class women and high-class women have easier access” (Salinas et al., 2022, para. 5). Though doulas tend to be used by white women, times are changing, and the doula community has become more diverse in recent years, with studies revealing a burgeoning trend that includes Black and Latina doula support workers who serve local communities of color. “Doulas' impact on maternal health outcomes for women of color has also been studied, including how doulas moderate racism and contribute to these groups' sense of empowerment” (Salinas et al., 2022, para. 6). Doulas are important in this case, especially for Black women, because many experts say that black women are dying, along with their babies, because they have not been listened to.

For example, Ashley Richardson, who was interviewed in a *Critical Term*, miscarried five times. All five pregnancies were lost at 10 weeks or less, and she had no idea why she miscarried so many times for years. She thought her bad luck had ended when she became pregnant for the sixth time with her son Pharaoh. However, as with the previous pregnancies, there was a problem: Her son was born twenty-two days early.

Her son had breathing difficulties when he was born because his lungs were not fully developed. He sadly died not long after birth, after Richardson repeatedly asked doctors if something was wrong while giving birth to him. Doctors dismissed her concerns, and even when her son was fighting for his life, her concerns about whether or not her son was okay were dismissed (Critical Term , 2022). Doctors and hospital staff also left her in a hospital cubicle right

next to other women giving birth. As her baby lay dead in his hospital bassinet, she felt alone and distraught as she heard other babies' cries.

Not long after, a doctor entered Ashley Richardson's room and finally listened to her concerns as she grieved for her son. The physicians claimed that she was finally told that she qualified for testing to determine why she was losing her babies after six failed pregnancies and a premature birth. “It is surprising, however, that it took doctors so long to decide who qualified for a study when she was already technically high risk when pregnant with her sixth child“ (Critical term, 2022). She later discovered, following an outpatient procedure fixed by her doctor, that not enough blood was getting to her babies while she was pregnant, which slowed their development. Richardson was finally listened to and given the care she needed to fix her underlying health issues, and she was able to have two successful pregnancies and subsequent births.

It was discovered that her miscarriages were avoidable, and that if she had been considered high risk prior to this point, the issue could have been resolved and the babies saved. Richardson was not an outlier; many women have had the same exact experience. Other women who were interviewed became doulas because of their tragedies, Raven Marshall who lost twins, and Cindy Mcmillian who lost her son after childbirth are two examples (Critical Term, 2022).“The U.S. Ranks 33 out of 36 developed countries for infant mortality, and North Carolina ranks in the top ten of the worst states for infant deaths” (Centers for Disease Control and Prevention, 2022). Belinda Pettiford of North Carolina Department of Health and Human Services reports that in 2020, more than 800 infants die before their 1st birthday.

Black babies have more than twice the risk of dying before reaching the age of one in North Carolina, but research shows that 60% of deaths in the state were preventable (Critical Term, 2022). According to the Centers for Disease Control and Prevention (CDC) (2023), the deaths

were preventable because many of them were caused by poor quality of care, underlying chronic conditions, structural racism, or implicit bias. Implicit bias is prevalent in the healthcare industry; this results in someone being treated differently without their knowledge, making many Black women dissatisfied with the system. Dr. Rachel Urrutia of the University of North Carolina School of Medicine believes that “Black women are distrusting healthcare for legitimate reasons, and that it is not the mother’s fault that their daughters avoid the hospital and do not take care of themselves due to implicit bias” (Critical Term, 2022).

Dr. Urrutia also tries to educate society and dispel stereotypes by stating that many of the Black women who died and whose children died during childbirth are married or have some form of companionship, despite the fact that many people believe they are single mothers. Keisha Bentley, a co-writer for the Edwards Samuel Dubois Cook Center on Social Equity, backs up Urrutias' claim by sharing data from the Center. “According to the study *Fighting at Birth: Eradicating the Black-White Infant Mortality Gap*, African Americans with a college education were more likely to die during or around childbirth than white women with only a high school education” (Critical Term, 2022). This again is due to the misconception that African American women have a higher pain tolerance than other races of women. Physicians have been affected by misconceptions that promote racist ideas that Black women's pain is exaggerated and that they do not require pain medication or special attention.

J. Marion Sims, known as the "Father of Gynecology," bears some of the blame for these racist beliefs. He is well-known for conducting experiments on enslaved women against their will. They were not given anesthesia because they were thought to be more pain-tolerant than whites (Sims,1884). *Pearson Education Nursing: A Concept-Based Approach to Learning, Volume 1* is an example of a modern textbook. There is a section in the textbook entitled "Focus on Diversity:

Cultural Differences in Pain Response" that was published in 2015, which claims to list "cultural common differences in pain response." (Critical Term, 2022). It is stated that "Blacks frequently report greater pain intensity than other cultures, and they believe that suffering and pain are avoidable" (Critical Term, 2022).

In J. Marion Sims autobiography, *The Story of My Life* he states that when trying to find patients to experiment on which happened to be slave women, in order to have access to them he made this proposition to the owners of the negroes:

"If you will give me Anarcha and Betsey for experiment, I agree to perform no experiment or operation on either of them to endanger their lives, and will not charge a cent for keeping them, but you must pay their taxes and clothe them. I will keep them at my own expense. Remember, I was very enthusiastic, and expected to cure them, everyone, in six months. I never dreamed of failure and could see how accurately and how nicely the operation could be performed. It took me about three months to have my instruments made, to gather the patients in, and to have everything ready to commence the season of philosophical experiment. The first patient I operated on was Lucy. She was the last one I had, and the case was a very bad one. The whole base of the bladder was gone and destroyed, and a piece had fallen out, leaving an opening between the vagina and the bladder. That was before the days of anesthetics, and the poor girl, on her knees, bore the operation with great heroism and bravery " (Sims, 1884, p. 237).

This excerpt from Sims' book shows exactly how Sims viewed African Americans during the time. He describes them as brave, and instead of expressing empathy, he goes on to describe such an unpleasant and painful surgery. In some ways, it is inhumane, and he never mentions how the women were never asked if they wanted the surgery or how they felt; their masters were asked, because they were considered property at the time. Despite the fact that Sims' contribution to the

medical world was used by the medical world, it increased implicit bias. This notion has been extremely damaging to the Black community.

Health Concerns

These opinions now seen as racist were taken seriously and viewed as fact at the time when they were, in fact, stereotypes. Some physicians have used these opinions in their past and for some present practices. Tensions have arisen between some members of the Black community and medical institutions. Many Blacks believe that dealing with problems on their own is preferable to being judged or treated by prejudiced doctors. Many Black people in the United States have high-risk diseases that are not being treated properly due to their fear of these biases. Some of these high-risk diseases include hypertension, cardiovascular disease, and diabetes.

“Most know of hypertension as high blood pressure” (Centers for Disease Control and Prevention, 2023, para. 1). When compared to other women and white women, Black women have the highest rates of hypertension. “Stressors such as racial discrimination, gender discrimination, and caregiving stress have a disproportionate impact on Black women” (Kalinowski et al., 2021, p. 1). “In the United States, hypertension affects 116 million adults and is the second leading cause of death after cardiovascular disease” (Kalinowski et al., 2021, p. 1). People of color have historically and continue to have high rates of hypertension and hypertension-related morbidity and mortality.

“Hypertension affects slightly more than half of Black women, whereas 39% of non-Hispanic white women and 38% of Hispanic women have it” (Kalinowski et al., 2021, p. 1). Despite the availability of treatment, “only 26.5% of Black women with hypertension are actively being treated, despite services being provided and physicians raising awareness” (Kalinowski et al., 2021, p. 2). Though changing an individual's diet can help with this issue, this is not always

feasible because many low- income individuals' access to healthy foods are limited because of food deserts, available funds, and fixed incomes. “Psychosocial stressors can contribute to hypertension development” (Kalinowski et al., 2021, p. 2). “Discrimination, financial stress, and caregiving are specific stressors for the Black community” (Kalinowski et al., 2021, p. 2).

“Blacks experience more stress and stressful life events than whites, which has been linked to the stressors listed above” (Kalinowski et al., 2021, p. 2). As a result of their ethnicity paired with their gender, black women typically endure gender and race-related stressors, as well as specific stressors centered on sexism and racism (Kalinowski et al., 2021, p. 12). “Both of which can contribute to hypertension disparities and poor health outcomes, particularly in the absence of proper treatment or diagnosis” (Kalinowski et al., 2021, p. 12). It has been discovered that the "Superwoman Schema" prevents many Black women with high blood pressure and other high-risk conditions from receiving treatment or a diagnosis because of perceived weakness and because they would rather put others before themselves despite knowing that doing so has a negative impact on their health. “Many Black women may feel obligated to be strong and to avoid showing emotions and vulnerability.

One of the main causes of maternal deaths among women worldwide is preeclampsia. Preeclampsia is a blood pressure disorder that appears in pregnant women (Boakye et al., 2021). According to the US Centers for Disease Control and Prevention, Black women have a three to four times higher risk of dying during pregnancy than white women do. “Preeclampsia affects about 1 in 25 pregnancies in the United States, and those who have it have a higher risk of developing cardiovascular disease and chronic hypertension in later life” (Boakye et al., 2021, para.11).“Healthcare facilities have responded to this issue by informing the public about how good nutrition, or a healthy diet consisting of an increase in fresh fruits and vegetables and a

reduction in salt intake, can help people maintain a healthy weight and prevent obesity” (The Office of Minority Health, 2021, para. 4). Good health can be obtained by regularly exercising and leading an active lifestyle (The Office of Minority Health, 2021, para.5).

Additionally, patients can seek their doctor for guidance on a specific diet or exercise plan (The Office of Minority Health, 2021, para. 4). Additionally, they can quit smoking and drink less alcohol (The Office of Minority Health, 2021, para.5). Another underlying issue that African American women often deal with before, during, and after pregnancy is diabetes. Diabetes is an issue in the body where there is not enough insulin being made in the pancreas. This is abnormal.

The body also does not produce enough insulin and in odd cases of diabetes the body may not even respond to insulin, and the body cannot make sense of it, which makes blood sugars rise to high levels. Researchers McNab, Quinn, and Tobian (1997) “discuss in their literature review how non-insulin dependent diabetes has touched about 16 million individuals in the United States, about 25% of Black women are affected in the United States”(p.159). “Healthcare facilities have responded to this issue by recommending prescreens and early detection in African American women who may be considered more susceptible to diabetes” (p.159). “Though diabetes does differentially affect African Americans, gestational diabetes in African American women is understudied. There is an urgent need for improved health resources and epidemiological research on women who have early term births who have or have not been diagnosed with gestational diabetes” (Scott et al., 2020, para. 1).

Just like hypertension and diabetes, COVID-19 has affected African Americans at an alarming rate. According to the researcher Martiza Vasquez Reyes (2020) about 97.9% out of every 100,000 African Americans who caught COVID died from the virus. This shows that COVID-19 seems to look worse depending on the social class, and the race of an individual. This

ultimately decides how much accessibility individuals have to the health care system. When it pertains to African American women, studies have shown that many African American women were affected by COVID-19 financially.

These women were more likely to be in positions that did not cover expenses that the pandemic took away. In many instances African American women were more likely to have a higher mortality rate because they did not have insurance, or their insurance did not cover all of the hospital care needed in order to recover from severe cases of COVID-19. Not only does COVID-19 affect Black women physically but psychologically Black women suffer tremendously. This is due to the fact that black women typically experience higher stress, worry, and despair, which only got worse under quarantine (Maternal mortality jumped during COVID-19 pandemic, 2022, para. 1). “Also, many individuals do not know that the secondary reason for maternal deaths in 2020 was COVID, about 14.9% of women died” (Maternal mortality jumped during COVID-19 pandemic, 2022, para. 3).

Research notes that “32% of the women that died from COVID were Latino, and Black ” (Maternal mortality jumped during COVID-19 pandemic, 2022). “In the researchers' investigation there was a large increase in deaths due to conditions related to COVID-19 because of its respiratory and viral aspects” (Maternal mortality jumped during COVID-19 pandemic, 2022, para 4). Some of the women had preexisting health concerns however when they contracted COVID some of their conditions worsened, for example diabetes or cardiovascular disease (Maternal mortality jumped during COVID-19 pandemic, 2022, para. 4). COVID also had caused issues with the health care system, since many things were unknown about COVID in 2020. Physicians did not know how to tackle certain issues, also hospitals had limited staff and capacity “which could have led to delayed prenatal care that could have meant that risk factors for pregnancy

complications went undetected” (Maternal mortality jumped during COVID-19 pandemic, 2022, para. 5).

Though more research is still being done to understand the full effects of COVID-19 on African American women, researchers, mental health specialists, as well as ”physicians and other medical professionals need to have these important conversations with each other and their patients more often” (Walton et al., 2021, para. 20).

Conclusion

These traumatic historical events and present-day inequalities in the healthcare system listed above led to distrust in the health care systems among African American women. Black Policies and programs that prioritize healthy maternity and child outcomes for black women because of their greater susceptibility to racism and discrimination have the potential to fix the dilemma (Smith et al., 2018). If a non-profit organization could possibly be created or at least if the idea is pitched to individuals in the non-profit field for pregnant women of color and low-income women. This non-profit could be useful because it could help educate marginalized women and will help in reducing the number of women experiencing discrimination. It would also help provide availability of transportation so that these women could access services, if they are experiencing financial issues. Additionally, it can help women locate facilities that offer pre-screenings for medical issues that might affect their pregnancies as well as screenings during and after pregnancies. This organization would be called Equity's Heart.

Equity's Heart would provide Black women of childbearing age with the support and information they need to make wise decisions about their bodies, their lives, and their futures. Equity's Heart would also provide health education and support to all women in the state of North Carolina. Equity's heart would also provide essential information to low-income women about

their options and dangers while pregnant or trying to conceive, as well as where they can find inexpensive and safe reproductive health care. As well as aim to educate women on contraceptives and provide them with information on alternative healthcare providers, such as doulas. What individuals can do after reading this paper to help African American women and low income women is to get the word out and share the information they learned with others, as well as donate to clinics and organizations that engage in women of color-specific interventions programs that pride themselves in helping these women.

They can even go as far as helping individuals who can benefit from that information in order to actually have an impact on black birth outcomes (Smith, 2018). But in order to achieve true health equity, all women of color must also receive assistance; when it comes to racial disparities, Latina women frequently come in second. Latina women can also be the subject of this study's future research, as they have the second-highest death rate among all women. Although Latinas currently have the greatest birth rate of any ethnic group in the US, many of these mothers are teenage girls, and many of these women lack formal education (Hoyert, 2020). The path to Black health equity remains long however “Knowledge is power”. For black women, the knowledge of factors relating to their optimal care and optimal health becomes their power. This knowledge is only the beginning for these and other women.

The path to Black health equity can help overcome the medical traumas of the past and continue to provide more fair treatment under better conditions. With the improvements to Black women’s health care, the long road to black women’s health equity can be that much shorter.

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Appendix

“Pamphlet Advertising Services of Equity’s Heart”

EQUITY'S HEART



**BECAUSE ALL HEARTS BEAT THE SAME
PORQUE TODOS LOS CORAZONES LATEN
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HABLAMOS ESPAÑOL!

FACTS DATOS SOBRE LA ATENCIÓN MATERNA

- In the United States, hundreds of women die during pregnancy the following year. Thousands more experience unexpected birth outcomes that have a major impact on their health in the short or long term. More than 80% of deaths that occur could be avoided. pregnancy-related deaths can be avoided by identifying urgent maternal warning signs, administering treatment in a timely manner, and providing first-rate, educated care.
- Compared to White women, Black women have a three times higher risk of dying from a pregnancy-related cause. These inequities are believed to be caused by a number of variables, including variations in healthcare quality, underlying chronic illnesses, institutional racism, economic inequities, and unconscious bias. Many members of racial and ethnic minority groups are unable to access equal opportunities for physical, and emotional health because of social determinants of health.
- Among developed countries, the United States has the highest rate of women dying of pregnancy-related complications during or within 12 months of the end of pregnancy.

EN ESPAÑOL

- En los Estados Unidos, cientos de mujeres fallecen durante sus embarazos o al año siguiente. Miles más experimentan resultados inesperados de nacimiento que tienen un impacto importante en salud a corto o largo plazo. Más del 80% de estas muertes podrían haberse evitado. Muchas muertes relacionadas con el embarazo pueden evitarse identificando señales de advertencia maternas urgentes, administrando el tratamiento de manera oportuna y brindando atención educada y de primera categoría.
- En comparación con las mujeres blancas, las mujeres negras tienen un riesgo tres veces mayor de morir por una causa relacionada con el embarazo. Se cree que estas inequidades son causadas por una serie de variables, incluyendo variaciones en la calidad de la atención médica, enfermedades crónicas subyacentes, racismo institucional, inequidades económicas y sesgo inconsciente. Muchos miembros de grupos minoritarios raciales y étnicos no pueden acceder a la igualdad de oportunidades para la salud física y emocional debido a los determinantes sociales de la salud.
- Entre los países desarrollados, Estados Unidos tiene la tasa más alta de mujeres que mueren por complicaciones relacionadas con el embarazo durante o dentro de los 12 meses posteriores al final del embarazo.

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WHO ARE WE? LOS ANTECEDENTES DEL PROGRAMA

Our goal at Equity's Heart is to provide all women, but particularly low-income women, with the support and information they need to make wise decisions about their bodies, their lives, and their futures. Founded in 2023 Health Equity provides health education and support to women in the state of North Carolina. We provide essential information to low-income women about their options and dangers while pregnant or trying to conceive, as well as where they can find inexpensive and safe reproductive health care. We also aim to educate women on contraceptives and provide them with information on alternative healthcare providers, such as doulas.

EN ESPAÑOL

Nuestro objetivo en Equity's Heart es proporcionar a todas las mujeres, pero especialmente a las mujeres de bajos ingresos, el apoyo y la información que necesitan para tomar decisiones sabias sobre sus cuerpos, sus vidas y su futuro. Fundada en 2023, Health Equity proporciona educación y apoyo en salud a las mujeres en el estado de Carolina del Norte. Tratamos de proporcionar información esencial especialmente a las mujeres de bajos ingresos sobre sus opciones y peligros mientras están embarazadas o tratando de concebir, así como dónde pueden encontrar atención de salud reproductiva barata y segura. También tenemos como objetivo educar a las mujeres sobre los anticonceptivos y proporcionarles información sobre proveedores de atención médica alternativos, como las doulas.

OUR SERVICES NUESTROS SERVICIOS

In Rocky Mount, North Carolina, Equity's Heart Administration offers low-income families free access to healthcare as well as free educational materials and programs regarding maternal health women. We will attempt to locate a clinic that meets your specific needs after establishing whether or not your family is eligible to take part in our program. When you get there, you'll fill out a number of forms before getting the medical attention you need. There are also forms available in Spanish as well, and a translator will be available if necessary.

EN ESPAÑOL

En Rocky Mount, Carolina del Norte, Equity's Heart Administration ofrece a las familias de bajos ingresos acceso gratuito a la atención médica, así como materiales educativos y programas gratuitos sobre salud materna a las mujeres de bajos ingresos. Revise los requisitos para ver si su familia es elegible, luego revise la lista.

Si es así, encontrar una clínica calificada es todo lo que es necesario para tener acceso a la atención médica. Cuando llegue allí, llenará una serie de formularios antes de obtener la atención médica que necesita.

Hay formularios disponibles en español también, y un traductor estará disponible si es necesario.

WHY CHOOSE US? ¿POR QUÉ ELEGIRNOS?

When a woman needs our help, we get in touch with them as soon as we can. Our objective is to move as quickly as we can to assist low-income women and help them avoid health risks and challenges that may arise as a result of their living situation, their financial situation, or their race or ethnicity. Information regarding health departments and clinics will be provided based on a woman's address or preference. We provide educational material on things to avoid while seeking maternal care or health care, resources they may turn to, and programs that offer maternal care to women who might struggle to pay for the services.

EN ESPAÑOL

Cuando una mujer necesita nuestra ayuda, nos ponemos en contacto con ella tan pronto como podamos. Nuestro objetivo es actuar lo más rápido posible para ayudar a las mujeres de bajos ingresos y ayudarlas a evitar los riesgos y desafíos de salud que puedan surgir como resultado de su situación de vida, su situación financiera o su raza o etnia. La información sobre los departamentos de salud y las clínicas se proporcionará en función de la dirección o preferencia de la mujer. Proporcionamos material educativo sobre las cosas que debe evitar al buscar atención materna o atención médica, los recursos a los que pueden recurrir y los programas que ofrecen atención materna a mujeres que a menudo tienen dificultades para pagar los servicios.

CONTRACEPTIVES AFTER PREGNANCY

***THIS IS NOT AN EXHAUSTIVE LIST OF ALL CONTRACEPTIVES**

Condoms

Condoms are about 85% effective at preventing pregnancy and are ALWAYS FREE at our health departments. A new condom should be used every time you have sex.



Patch

The patch is a hormonal birth control method that's about 93% effective. A new patch should be applied weekly.



Birth Control Implant

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Non-Hormonal Vaginal Gel

Non-hormonal vaginal gel is inserted each time you have sex. Vaginal gel is about 86% effective at preventing pregnancy.



Oral Contraceptive (the pill)

If taken correctly, birth control pills are about 93% effective at preventing pregnancy.



Birth Control Shot

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Vaginal Ring

A vaginal ring is a small ring that's inserted into the vagina and replaced monthly. Vaginal rings are about 93% effective at



Intrauterine Device (IUD)

IUDs must be placed by a clinician and are 99% effective at preventing pregnancy. IUDs last for 3 to 10 years.



Emergency Contraception

Also known as "the morning after pill," emergency contraception is a pill taken as soon as possible (within 3 days) after unprotected sex. This method is up to 95% effective if taken within the recommended timeframe.



NEAREST CLINICS AND HEALTH DEPARTMENTS WE RECOMMEND

**NASH COUNTY NORTH CAROLINA
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322 S. FRANKLIN STREET
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**NASH COUNTY HEALTH DEPARTMENT
214 S BARNES ST
NASHVILLE, NC 27856-1204
PHONE: (252) 459-9819**

**NORTH CAROLINA
EDGECOMBE COUNTY HEALTH DEPARTMENT
122 E SAINT JAMES ST
TARBORO, NC 27886-5016
PHONE: (252) 641-7531**

**HEALTH DEPARTMENT ROCKY MOUNT
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252-985-4100**

**NASH GENERAL HOSPITAL
2460 CURTIS ELLIS DRIVE
NASH UNC HEALTH CARE
ROCKY MOUNT, NC 27804
252-962-8000**

**"BECAUSE ALL HEARTS BEAT THE SAME"
"PORQUE TODOS LOS CORAZONES LATEN IGUAL"**



**1429 EQUITY ST. ROCKY MOUNT NC.27804
202-341-6000
EQUITYSHEART@GMAIL.COM
HABLAMOS ESPAÑOL!**

SIDS

- Sudden infant death syndrome (SIDS) is the sudden and unexplained death of a baby younger than 1 year old. A diagnosis of SIDS is made if the baby's death remains unexplained even after a death scene investigation
- About 2,300 babies in the United States die of SIDS each year. Some babies are more at risk than others.

EN ESPAÑOL

El síndrome de muerte súbita del lactante (SMSL) es la muerte súbita e inexplicable de un bebé menor de 1 año de edad. Se realiza un diagnóstico de SMSL si la muerte del bebé permanece inexplicable incluso después de una investigación de la escena de la muerte

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EQUITY'S HEART

EQUITY'S HEART

FACTS DATOS SOBRE LA ATENCIÓN MATERNA

**VISIT US!
CAN'T VISIT? CALL US!
CAN'T CALL? EMAIL US!**



**¡VISÍTANOS!
¿NO PUEDES VISITAR? ¡LLÁMANOS!
¿NO PUEDES LLAMAR? ¡ENVIENOS
UN CORREO ELECTRÓNICO!**

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- In the United States, hundreds of women die during pregnancies or the following year. Thousands more experience unexpected birth outcomes that have a major impact on their health in the short or long term. More than 80% of deaths that occur could be avoided. pregnancy-related deaths can be avoided by identifying urgent maternal warning signs, administering treatment in a timely manner, and providing first-rate, educated care.
- Compared to White women, Black women have a three times higher risk of dying from a pregnancy-related cause. These inequities are believed to be caused by a number of variables, including variations in healthcare quality, underlying chronic illnesses, institutional racism, economic inequities, and unconscious bias. Many members of racial and ethnic minority groups are unable to access equal opportunities for physical, and emotional health because of social determinants of health.
- Among developed countries, the United States has the highest rate of women dying of pregnancy-related complications during or within 12 months of the end of pregnancy.

EN ESPAÑOL

- En los Estados Unidos, cientos de mujeres fallecen durante sus embarazos o al año siguiente. Miles más experimentan resultados inesperados de nacimiento que tienen un impacto importante en su salud a corto o largo plazo. Más del 80% de estas muertes podrían haberse evitado. Muchas muertes relacionadas con el embarazo pueden evitarse identificando señales de advertencia maternas urgentes, administrando el tratamiento de manera oportuna y brindando atención educada y de primera categoría.
- En comparación con las mujeres blancas, las mujeres negras tienen un riesgo tres veces mayor de morir por una causa relacionada con el embarazo. Se cree que estas inequidades son causadas por una serie de variables, incluyendo variaciones en la calidad de la atención médica, enfermedades crónicas subyacentes, racismo institucional, inequidades económicas y sesgo inconsciente. Muchos miembros de grupos minoritarios raciales y étnicos no pueden acceder a la igualdad de oportunidades para la salud física y emocional debido a los determinantes sociales de la salud.
- Entre los países desarrollados, Estados Unidos tiene la tasa más alta de mujeres que mueren por complicaciones relacionadas con el embarazo durante o dentro de los 12 meses posteriores al final del embarazo.

Referencias/ la referencia

Centers for Disease Control and Prevention. (2023, April 3). Working together to reduce Black Maternal Mortality. Centers for Disease Control and Prevention. Retrieved April 10, 2023, from <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>
<https://www.childrenshospital.org/conditions/sudden-infant-death-syndrome-sids#:~:text=What%20is%20SIDS%3F,review%20of%20the%20clinic%20history.>

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IGUAL**

WHO ARE WE? LOS ANTECEDENTES DEL PROGRAMA

Our goal at Equity's Heart is to provide all women, but particularly low-income women, with the support and information they need to make wise decisions about their bodies, their lives, and their futures. Founded in 2023 Health Equity provides health education and support to women in the state of North Carolina. We provide essential information to low-income women about their options and dangers while pregnant or trying to conceive, as well as where they can find inexpensive and safe reproductive health care. We also aim to educate women on contraceptives and provide them with information on alternative healthcare providers, such as doulas.

EN ESPAÑOL

Nuestro objetivo en Equity's Heart es proporcionar a todas las mujeres, pero especialmente a las mujeres de bajos ingresos, el apoyo y la información que necesitan para tomar decisiones sabias sobre sus cuerpos, sus vidas y su futuro. Fundada en 2023, Health Equity proporciona educación y apoyo en salud a las mujeres en el estado de Carolina del Norte. Tratamos de proporcionar información esencial especialmente a las mujeres de bajos ingresos sobre sus opciones y peligros mientras están embarazadas o tratando de concebir, así como dónde pueden encontrar atención de salud reproductiva barata y segura. También tenemos como objetivo educar a las mujeres sobre los anticonceptivos y proporcionarles información sobre proveedores de atención médica alternativos, como las doulas.

OUR SERVICES NUESTROS SERVICIOS

In Rocky Mount, North Carolina, Equity's Heart Administration offers low-income families free access to healthcare as well as free educational materials and programs regarding maternal health women. We will attempt to locate a clinic that meets your specific needs after establishing whether or not your family is eligible to take part in our program. When you get there, you'll fill out a number of forms before getting the medical attention you need. There are also forms available in Spanish as well, and a translator will be available if necessary.

EN ESPAÑOL

En Rocky Mount, Carolina del Norte, Equity's Heart Administration ofrece a las familias de bajos ingresos acceso gratuito a la atención médica, así como materiales educativos y programas gratuitos sobre salud materna a las mujeres de bajos ingresos. Revise los requisitos para ver si su familia es elegible, luego revise la lista.

Si es así, encontrar una clínica calificada es todo lo que es necesario para tener acceso a la atención médica. Cuando llegue allí, llenará una serie de formularios antes de obtener la atención médica que necesita.

Hay formularios disponibles en español también, y un traductor estará disponible si es necesario.

WHY CHOOSE US? ¿POR QUÉ ELEGIRNOS?

When a woman needs our help, we get in touch with them as soon as we can. Our objective is to move as quickly as we can to assist low-income women and help them avoid health risks and challenges that may arise as a result of their living situation, their financial situation, or their race or ethnicity. Information regarding health departments and clinics will be provided based on a woman's address or preference. We provide educational material on things to avoid while seeking maternal care or health care, resources they may turn to, and programs that offer maternal care to women who might struggle to pay for the services.

EN ESPAÑOL

Cuando una mujer necesita nuestra ayuda, nos ponemos en contacto con ella tan pronto como podamos. Nuestro objetivo es actuar lo más rápido posible para ayudar a las mujeres de bajos ingresos y ayudarlas a evitar los riesgos y desafíos de salud que puedan surgir como resultado de su situación de vida, su situación financiera o su raza o etnia. La información sobre los departamentos de salud y las clínicas se proporcionará en función de la dirección o preferencia de la mujer. Proporcionamos material educativo sobre las cosas que debe evitar al buscar atención materna o atención médica, los recursos a los que pueden recurrir y los programas que ofrecen atención materna a mujeres que a menudo tienen dificultades para pagar los servicios.

D

CONTRACEPTIVES AFTER PREGNANCY

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