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Intersectionality Explains the Discrimination Black Birthers Experience in the Healthcare System

By

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About 700 women die each year in the U.S. due to pregnancy or delivery complications, according to the Centers for Disease Control, and the risk of pregnancy-related death is three to four times as high for Black women as white women.

Obstetric racism is real and has been deadly. Serena Williams, considered by many to be the greatest tennis player of all time, provides a frightening example of the disparities experienced by



Black women and birthing people within the healthcare system.

Williams, who was in phenomenal physical shape had competed in professional tennis matches early in her pregnancy, and who had excellent prenatal care, gave birth to her first child in 2017 by C-section.



“Obstetric racism is real and has been deadly.”

Kimberlé Crenshaw, an Isidor and Seville Sulzbacher professor of law at Columbia Law School and a distinguished professor of law at the University of California, Los Angeles, coined the term intersectionality to describe the double bind of simultaneous racial and gender prejudice.

Intersectionality is the complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect, especially in the experiences of marginalized individuals or groups.

Crenshaw’s motivation for expanding our vocabulary was to foster a deeper understanding of discrimination to prompt us to consider the multiple types of discrimination a person can experience to understand their whole societal

Though first used as a legal theory, intersectionality has expanded our understanding of the unique discrimination encountered in the healthcare setting; coupling this with political determinants of health allows us to understand better the complexities experienced by women of color within healthcare systems.

One can easily deduce that Black women and birthing people must contend with not only sexism but also racism and assumptions about their socioeconomic status, which can mean their experiences are minimized or ignored.

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Intersectionality in medicine has a particularly troubling result given medicine already has a precedent of institutionalization of racism and bias. This results in Black women and birthing people lacking trust in medical providers and preferring to seek alternative approaches for staying healthy. Racism and sexism combined with systemic discrimination allow us to understand how Black women and birthing people continue to be marginalized even within efforts to aid them.

Actions can be taken to mitigate the impacts of implicit bias on Black women and other people of color. An Institute of Medicine report states, “Healthcare providers should be made aware of racial and ethnic disparities in healthcare, and the fact that these disparities exist, often despite providers’ best intentions.”

Physicians who have come to realize their own biases have had success in actively controlling their thought processes and changing how they address patients and their care. For these reasons, all healthcare professionals should receive training on an ongoing basis regarding the biases we all have based on gender and race to mitigate the effects of implicit biases.

Although multifactorial, Black women

remain the most vulnerable population related to experiencing death and the death of their babies. Intentional engagement in this process will reduce poor outcomes.



How Discrimination Exacerbates Pregnancy-Related Health Risks for Black and Brown Birthers

Pregnancy challenges all women with physical, physiological, and

Women of color experience higher rates of preterm labor, preterm delivery, hypertensive disease, preeclampsia (a complex hypertensive vascular disease in

The underlying causes making these issues more prevalent in Black women are multifaceted, but also due to various points of discrimination and systemic inequality in

psychological changes. Changes in weight, body contour, fluid retention (like ankle swelling), nausea, vomiting, cravings, and mood swings are some of the anticipated. Entering pregnancy with controlled or uncontrolled medical problems such as obesity, diabetes, and hypertension can predispose women to other complications in pregnancy that threaten wellness during and after the pregnancy experience.

pregnancy), and diabetes, all of which are common pregnancy complications. Many women of color enter the pregnancy state with poor nutrition, resulting in low iron and vitamin stores. Others may enter pregnancy with pre-existing medical conditions, which increases the risk of the aforementioned complications.

If a woman has a history of preterm delivery, she is at an increased risk of having a repeat preterm delivery. A short interval between pregnancies of less than 12 months may result in less physical and mental preparation to carry a full-term pregnancy. Additionally, family history may also play a significant role as well.

healthcare that results in poor management decisions made by the clinicians.

During labor and delivery, the risk of cesarean delivery, intrapartum and postpartum hemorrhage, and anesthesia complications are also potential risks for women at higher rates. Because of this, it's essential for Black women and birthing people to invest in their health before, during, and after pregnancy.

“Obstetric racism is real and will not be dismantled in the near future, unfortunately, but Black women and birthing people must continue to advocate for better outcomes.”

Signs and symptoms of health issues during pregnancy may include:

- Bleeding
- Severe nausea and vomiting
- Contractions early in the second or third trimester
- Water breaks at any time
- A persistent, severe headache
- Abdominal pain and visual disturbances
- Swelling during the third trimester
- Flu-like symptoms

This list is not comprehensive but will guide women to recognize potential danger signs. Finding a trusted provider who will be a partner during the pregnancy experience is the best way to ensure positive outcomes.

Obstetric racism is real and will not be dismantled in the near future, unfortunately, but Black women and birthing people must continue to advocate for better outcomes for themselves and their community. We will see the greatest improvements in Black and brown birther's well-being when the onus of the responsibility is placed on society and the structures responsible for these issues.

◀ Why It Was Important for Me To Reimagine the Birth Experience as a Black and Indigenous Woman How To Advocate for Yourself as a Black Birther ▶

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