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Saving Black Mothers: A Case for Midwifery

America's mothers are dying. Black women especially are being failed by the female reproductive health care system. According to a report published by the Centers for Disease Control and Prevention (CDC), Black mothers assume a risk that is three times greater than that of their White counterparts when they elect to conceive (Peterson et al.). Not only are they at a greater risk of dying, but "The Giving Voice to Mothers Study" found that Black mothers self-reported mistreatment at the hands of medical professionals at a rate that was 8.5% greater than that of self-reporting White mothers (Vedam et al.). While there is still much debate among the medical community as to the critical contributing factors and most effective approach to remedying this crisis, it cannot be disputed that a solution must be found—lives depend on it! The current medical model has proven itself lacking in virtue and therefore requires restructuring to better serve those brave enough to usher new life into existence. By mandating the adherence to the World Health Organization standards and incorporating midwives and doulas more extensively throughout female reproductive healthcare, America can restructure its approach to birth while encouraging higher levels of care from its current medical professionals.

Implementing a new approach to healthcare requires diligent scrutiny when validating alternate pathways, and a midwifery-focused structure has its fair share of critics. One of the greatest setbacks in addressing the maternal mortality rate is the lack of sufficient research into the underlying factors of this problem, especially in communities with higher rates of diabetes,

obesity, etcetera, to which most Black women belong (Thomas et al.). Without a proper understanding of the root causes, any proposed solution may not be fully informed and therefore lack in breadth. Funding is also at the forefront of the conversation and while a price should never be placed on a life, it would be remiss to pretend that fiscal concerns are not valid.

Susannah Luthi, a former health policy and politics reporter for Modern Healthcare, discovered that in Kentucky, at the start of 2018, both Anthem Blue Cross and Blue Shield Medicaid reduced funding for nurse midwives by ten percent (“Midwives Seek Rebirth in Maternity Care”). Then there are those who believe the root of this issue lies more so in the health of the individual mother as opposed to the current medical structure. Black mothers do have higher rates of hypertension and diabetes, which result in pregnancy being deemed higher risk.

Midwifery as a solution to improve the black maternal mortality rate is challenged by a lack of background knowledge, financial coverage, and pre-existing conditions.

Advocators for midwifery meet these challenges, however, with favorable statistics and specialized training that removes the trivialization placed on birth by the current medical model. Studies have shown that the integration of both nurse midwives and doulas significantly increase vaginal delivery while minimizing the chances for maltreatment, Cesarean section, pre-term birth, and other complications (Thomas et al.). By working with and coaching mothers through the labor process, the approach of these birth workers affords women greater control over their labor experience and a deeper connection to their bodies’ unique rhythm. As stated by Jessica Costa, Certified Nurse Midwife (CNM), the training nurse midwives undergo focuses on “viewing birth as a normal, natural process” and work to empower the woman prior to conception, during pregnancy, and post-delivery (Yousef). These professionals reposition women as the decision-makers for their medical needs, an approach which is desperately needed

by a population that has become accustomed to experiencing abuse at the hands of medical professionals. Aside from the physiological and spiritual benefits of holistic maternal care, it has also been shown that using alternative health professionals can reduce health costs in the long term because of the more successful outcomes. Referencing a paper published by the Centers for Medicaid and Medicare Services, Susannah Luthi claims that “the study concluded that birth centers could save about \$1,163 per birth, or \$11.6 million per 10,000 births on Medicaid” (“Midwives Seek Rebirth in Maternity Care”). As a demographic that has been largely mistreated and silenced by health professionals, establishing relationships with health care providers who take a compassionate and holistic approach can only improve the climate for black mothers.

Although there are valid arguments on either side of the issue, there is common ground that can be shared by supporters and opponents alike. Regardless of stance, it cannot be denied that the lives of America’s black mothers are worth saving. There may be different opinions on the best approach and most pressing contributing factors, but the value of human life is not something that can be disputed in this context. Supporters of holistic maternal care can agree with their opposers that more research is required in order to more fully understand the contributing factors of this crisis (Thomas et al.). Policy can only be as effective as it is informed. Across the board, it can be agreed upon that good health before conception gives mothers and children alike the best chances for a healthy pregnancy, labor, and delivery. Jessica Costa, CNM explains that both family practitioners and CNMs can be primary care providers for women, ensuring they are in optimal health prior to conceiving (Yousef). Those seeking to relieve this issue understand the importance of saving black mothers and wish to do so by

investigating the full scope of this problem while also advocating for better pre-conception health.

In the meantime, there are steps that can be taken now to reduce the number of black mothers who face dying during childbirth. By choosing to incorporate nurse midwives into women's healthcare earlier in life, costs can be reduced, and women can be better prepared for the birth process (Thomas et al.). Nurse midwives are fully capable of being primary providers for women from menstruation through and beyond menopause with rates much lower than other primary care providers, including OB/GYN doctors (Yousef). The call for Medicaid to cover doula and nurse midwife services is growing louder, even among stakeholders (Thomas et al.). With access being one of the greatest barriers facing Black mothers, this coverage could be lifesaving. As demonstrated by other health fields, incorporating higher standards for maternal health care, such as those outlined by the World Health Organization in 2017, as a means to evaluate professional performance could be used to elevate maternal care even outside of the holistic sphere. Saraswathi Vedam et al. refer to successes in reducing racial disparities in the field of hypertension management by utilizing ethical performance measures to encourage practitioners to administer more equal care ("The Giving Voice to Mothers Study"). This problem can be addressed through greater access to midwives throughout a patient's lifetime while requiring other health professionals to raise their standards of care.

Midwifery as the optimal approach to saving Black mothers is not a view held by all. Those who believe there are other ways of addressing this crisis cite a lack of research, questions surrounding funding, and the personal health of the mother as contentions for installing holistically focused maternal care more readily throughout the country. Supporters of midwife-lead maternal care insist that this model has already proven that it will reduce costs in the long

term while re-empowering black women with knowledge to make informed decisions alongside medical professionals who trust in the birthing process as a normal, physiological process unique to each mother. There are shared beliefs on either side that, while the lives of Black mothers are indisputably worth saving, more research is needed to construct informed policy and striving to optimize a woman's health in preparation for pregnancy can reduce risk factors while carrying. Utilizing the specialty of midwives more thoroughly within women's health care, calling for Medicaid coverage to increase access to these professionals, and implementing compassionate standards as means for performance review in the health field overall will begin to shift the tide for Black mothers from one of fear to one of hope. If this issue is to be remedied, America must make a change.

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