

Why Black women are being told to speak up during and after childbirth

Black women are three times more likely to die from pregnancy-related causes as White women. “No one is coming to save us,” one advocate says.

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By Elizabeth Cohen

Thirty minutes after giving birth to her daughter, while enjoying a sandwich and chatting with her mother, Ariel Freeman felt a sudden gush of blood that soaked through the pad beneath her.

She called out to a nurse, who responded that postpartum bleeding was normal. After another gush of blood 20 minutes later, Freeman began to feel woozy. Again, she told the nurses, and they told her not to worry.

A voice inside her head told her to be louder.

The voice belonged to Tishania Bobb, a registered nurse in Brooklyn, who met regularly with Freeman during her pregnancy as part of a support program for first-time moms. Both women are Black, and they discussed that Black women are three times as likely to die from pregnancy-related causes as White women.

“That’s one thing she made sure she drilled in my head: Speak up. Something feels weird — speak up. It hurts — speak up,” Freeman recalled. “They won’t listen to us, so you speak up.”

Dizzy and weak, Freeman summoned the strength to yell out again and again to the nurses as her mother went into the hallway to find someone to help. Finally, 90 minutes after that first gush of blood, an obstetrician came to Freeman’s room.

He rushed her into emergency surgery. Freeman was having a postpartum hemorrhage, a leading cause of maternal death.

“If I didn’t say anything, I would have died. I would have sat there and bled out and died,” said Freeman, 32, who gave birth in a hospital in Brooklyn in 2022. “If I did not speak up for myself, I would not be here.”

Disparate care, dire results

While it's clear that advocacy alone won't solve the [Black maternal mortality crisis](#), many doulas, midwives, nurses and obstetricians are explicitly preparing Black women to speak up loudly for themselves in the delivery room.

"No one is coming to save us. [We need] to save ourselves is kind of my motto," said Rachel Hardeman, founding director of the Center for Antiracism Research for Health Equity at the University of Minnesota.

[Maternal mortality rates in the United States](#) are higher than in other high-income countries. More than 80 percent of pregnancy-related deaths are [preventable](#), according to the Centers for Disease Control and Prevention, and in 2020, the agency started the "[Hear Her](#)" campaign, which encourages health-care providers "to really listen when [a pregnant or postpartum person] tells you something doesn't feel right."

A [2019 maternal mortality report](#) from the CDC found that even Black women who have been to college face a greater chance of death than White women with less than a high school education. The study, which looked at data from 2007 to 2016, also reported that Black women with a college education or higher had a pregnancy-related mortality rate 5.2 times higher than White women with the same education level. Typically, higher education levels are associated with better health.

A 2023 CDC report [found](#) that 30 percent of surveyed Black women — compared with about 18 percent of White women — reported experiencing some type of mistreatment during pregnancy, such as having health-care providers ignore them or refuse their requests for help.

One reason for this is that doctors often wrongly believe that Black women have a higher tolerance for pain, said Ndidiamaka Amutah-Onukagha, director of the Center for Black Maternal Health and Reproductive Justice at Tufts University School of Medicine.

"We're just supposed to be bulletproof — in labor, in all parts of our lives. And that level of invincibility does not bode well for us," she said.

Work the chain of command

Bobb, who counseled Freeman during her pregnancy, works for the [Nurse-Family Partnership](#), a program in 40 states and D.C. that connects first-time mothers-to-be with a nurse.

"If you feel like your nurse isn't listening to you, you go ahead and you call on the charge nurse," Bobb said, referring to a managing nurse on a unit. "You're working the chain of command — you take the names of the people that are involved in your care."

In her first meeting with new clients, Kaytee Crawford, a doula in Minnesota, says she tries to assess whether they're truly happy with their obstetrician or midwife.

“Sometimes they'll say, ‘I don't feel like they are attentive to me, but I feel like they're attentive to the other folks in the waiting room, and they don't look like me,’” Crawford said. In such cases, she recommends that pregnant clients find a new provider.

Such self-advocacy requires many Black women to retrain their minds, said Cornelia Graves, a maternal-fetal medicine specialist and professor at the University of Tennessee Health Science Center.

“One of the things we learned early in life as Black women is that you don't really challenge authority. Because if you challenge authority, you're going to be [perceived as] angry, you're going to get in trouble, you're going to be seen as difficult,” she said.

Changing the system

Hardeman, a professor of health and racial equity at the University of Minnesota School of Public Health, said while it's important for Black women to advocate for themselves, it's also unfortunate that they have to do so.

“To ask Black birthing people, Black women, to change their behavior, to do things differently, to carry an extra burden of knowing when things might be going wrong or when they might be being treated poorly is incredibly unfair,” Hardeman said.

To help change the system, Amutah-Onukagha, a professor of Black maternal health at Tufts, said hospitals should adopt interventions known as maternal safety equity bundles and educate providers about their own biases and the history of racism in obstetrics.

In August, the American College of Obstetricians and Gynecologists (ACOG) released new guidance on the role that obstetrician-gynecologists can play in eliminating racial inequities. ACOG also offers free online courses about race and equity in obstetrics and gynecology.

Freeman, who gave birth two years ago to her daughter, Kennedy Britto, and has since trained to be a doula, says she won't wait for systemic change if she has another baby.

“I had to pretty much yell at them, ‘Hey, y'all have got to come in here and check this, because this is not okay,’” she said. “After all the things that I've experienced, next time I'll probably do it at home.”