

## “We cannot save Black women in America if we don’t start telling the truth”

By: Jennie Joseph, LM, CPM

Executive Director, Commonsense Childbirth Inc.

*Jennie Joseph is a British-trained midwife who fights to ensure that **every** woman has their healthiest possible pregnancy, birth, and postpartum experience with dignity and support.*

*Jennie created The JJ Way,<sup>®</sup> which is an evidence-based maternity model delivering readily accessible, patient-centered, culturally congruent care to women in areas that she terms “materno-toxic zones.” She is an Aspen Institute “Healthy Communities Fellow” and a member of the Congressional Black Maternal Health Caucus, Advisory Council.*

*She is the Executive Director of her own non-profit corporation, Commonsense Childbirth Inc., which operates a midwifery school and training institute, health clinics, and a birthing center in Orlando, Florida, where she has lived since 1989. Jennie is also the founder of the National Perinatal Task Force, a grassroots organization whose mission is the elimination of racial disparities in maternal child health in the United States.*

### Jennie’s Story

Is there a way to reduce maternal mortality and morbidity<sup>1, 2</sup> – poor health or death due to pregnancy and birth – in the materno-toxic zones of the United States right now?

I believe that the supporters and providers of maternal health care deserve and desperately need our support to be able to fulfill their mandate to safely take care of America's mothers and babies.

But first we need to understand the problem. Why is America lagging so far behind other developed nations when it comes to maternal health? How is it that 3 - 4 times as many Black women are suffering and dying than white women, every year?<sup>3</sup> And what is a “materno-toxic zone”?

In my work as a midwife and women’s health advocate,<sup>4</sup> I coined the phrase “materno-toxic” many years ago as a way to describe the **life-threatening impact** of the social determinants of health on mothers. In the United States today, so many zip codes – both urban and rural – are not conducive or supportive to raising families or protecting their health because of the harsh and inequitable living conditions they must endure. Put another way, if you yourself would not feel safe, comfortable, happy or empowered living there while pregnant, breastfeeding, or parenting young children, then you would be describing the environmental, structural, economic and social toxicity of living in a materno-toxic zone.

However not all materno-toxic zones are geographical or defined by a zip code or economics. The

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[https://journals.lww.com/greenjournal/Fulltext/2016/10000/Health\\_Care\\_Disparity\\_and\\_State\\_Specific.25.aspx](https://journals.lww.com/greenjournal/Fulltext/2016/10000/Health_Care_Disparity_and_State_Specific.25.aspx)

<sup>2</sup> <https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13245>

<sup>3</sup> [https://www.hsph.harvard.edu/magazine/magazine\\_article/america-is-failing-its-black-mothers/](https://www.hsph.harvard.edu/magazine/magazine_article/america-is-failing-its-black-mothers/)

<sup>4</sup> <https://www.nytimes.com/2018/02/14/opinion/pregnancy-safer-women-color.html>

weathering<sup>5</sup> – or wearing down from racism, classism, sexism, and both conscious and unconscious biases, which are perpetrated personally or institutionally to the point of ill health or even death – are equally toxic<sup>6</sup>. Essentially, mothers can suffer and experience the effects of being in a living, breathing, materno-toxic zone all of their own, based on **other people's** response or reaction to their race, socio-economic status, citizenship or 'othering' while they are pregnant, delivering their baby, or in the postpartum year – regardless of location. This is what I call “pop-up toxicity:” this is what is killing us, our loved ones, neighbors, community members, and our constituents. Celebrity, money, education, or power are NOT protective if you are Black, as demonstrated by what happened to Serena Williams<sup>7</sup>, Judge Glenda Hatchett's daughter-in-law Kira Johnson<sup>8</sup>, Dr. Shalon Irving<sup>9</sup> and far too many others<sup>10</sup>.

As a British-trained midwife with 40 years of practice, 30 of them here in the United States, this is what I see, and like other maternity care providers dedicated to helping mothers, it leaves me feeling frustrated, helpless, and overwhelmed. It would appear that in these United States, a materno-toxic zone can be created around you immediately, and can find you anywhere, particularly if you are Black while pregnant and parenting. I worked in a busy London hospital in the 1980s and over the ten years of practice, knew of only one maternal death. I remember it distinctly because the entire hospital reacted: we were so shocked and surprised that such a thing could happen that collectively we came together to grieve, commiserate, and support each other – similar to human behavior during any natural disaster. Now, living and working in the United States since 1989, I have become accustomed to hearing about, processing and *accepting the unacceptable*: that preventable maternal deaths are common, tolerated, and now – despite the vast amounts of money and resources being spent on obstetric care – rising<sup>11</sup>.

Black mothers are being blamed<sup>12</sup> for circumstances that are created by our broken maternity system, and even when inside of the purported safety of the hospital or clinical setting, judgment – unconscious or otherwise – is condoned and plays a large role in whether decisions are made or procedures performed, whether mothers are listened to or even afforded the dignity and respect of being human<sup>13,14</sup>. It seems that the historical and deeply embedded inequities which have been woven into our health care models, medico-legal system, insurance and reimbursement programs and policies, have us at this impasse – and that's before considering the lived-experience of being of color while pregnant or parenting, or even just existing in a materno-toxic zone<sup>15,16</sup>.

Nor can we blame the providers and supporters who are on the frontlines of this crisis, those who are

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<sup>5</sup> <https://www.self.com/story/weathering-and-its-deadly-effect-on-black-mothers>

<sup>6</sup> <https://www.colorlines.com/articles/meet-man-who-proved-discrimination-can-make-you-physically-sick>

<sup>7</sup> <https://fortune.com/2018/01/12/serena-williams-birth-story-black-women/>

<sup>8</sup> <https://www.theroot.com/kira-johnson-spoke-5-languages-raced-cars-was-daughte-1829862323>

<sup>9</sup> <https://www.propublica.org/article/nothing-protects-black-women-from-dying-in-pregnancy-and-childbirth>

<sup>10</sup> <https://www.nytimes.com/2018/04/11/magazine/black-mothers-babies-death-maternal-mortality.html>

<sup>11</sup> <https://www.mhfr.org/topics/maternal-health-in-the-united-states/>

<sup>12</sup> <https://www.scientificamerican.com/article/to-prevent-women-from-dying-in-childbirth-first-stop-blaming-them/>

<sup>13</sup> <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-019-0729-2>

<sup>14</sup> <https://www.americanprogress.org/issues/women/reports/2019/05/02/469186/eliminating-racial-disparities-maternal-infant-mortality/>

<sup>15</sup>

[https://journals.lww.com/jpnnjournal/Abstract/2019/04000/The\\_Ethics\\_of\\_Perinatal\\_Care\\_for\\_Black\\_Women\\_5.aspx](https://journals.lww.com/jpnnjournal/Abstract/2019/04000/The_Ethics_of_Perinatal_Care_for_Black_Women_5.aspx)

<sup>16</sup> <https://www.nytimes.com/2019/05/07/health/pregnancy-deaths-.html>

looking for solutions, who remember why and how their passion and compassion once drove them to serve in this maternity care arena, those that are still there. Vast numbers of perinatal professionals such as community midwives and doulas<sup>17</sup>, childbirth educators, lactation educators, community-health workers, home visitors, and health navigators are already aware, active, and deployed (compensated or not) in materno-toxic zones, reaching communities of need with practical and purposeful maternity care, advice, support, and education<sup>18</sup>. Their often gargantuan, and typically independent efforts, although extremely effective and essential to building collaborative interdisciplinary relationships, are not readily embraced, incorporated, acknowledged, funded, or sustained, despite data showing statistical significance for improved perinatal outcomes<sup>19</sup>.

It is time to re-configure and invest in an equitable maternity care system that is safe and accessible for everyone. Creating strong interdisciplinary collaborations between all maternal health care actors; breaking down our perinatal silos and hierarchies<sup>20</sup>; participating in ethical and purposeful research<sup>21</sup> and review boards; implementing policy changes<sup>22</sup> that address materno-toxic situations and environments<sup>23</sup>; and incorporating consumers and advocates at the tables of power. It is important to

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<sup>17</sup> <https://everymothercounts.org/wp-content/uploads/2019/03/Advancing-Birth-Justice-CBD-Models-as-Std-of-Care-3-25-19.pdf>

<sup>18</sup> [https://drive.google.com/file/d/0B\\_vxE9qdE1jDZ2Q2TGpLaTB6ME1qSGgyeDFkYnd5b0dRSWxV/view](https://drive.google.com/file/d/0B_vxE9qdE1jDZ2Q2TGpLaTB6ME1qSGgyeDFkYnd5b0dRSWxV/view)

<sup>19</sup> <https://www.usnews.com/news/health-news/articles/2019-06-19/whats-being-done-to-fight-maternal-mortality-in-america>

<sup>20</sup> [http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA\\_BlackPaper\\_April-2018.pdf](http://blackmamasmatter.org/wp-content/uploads/2018/04/BMMA_BlackPaper_April-2018.pdf)

<sup>21</sup>

[https://journals.lww.com/greenjournal/Citation/2019/08000/Race,\\_Research,\\_and\\_Women\\_s\\_Health\\_\\_Best\\_Practice.36.aspx](https://journals.lww.com/greenjournal/Citation/2019/08000/Race,_Research,_and_Women_s_Health__Best_Practice.36.aspx)

<sup>22</sup> <https://www.americanprogress.org/press/release/2019/05/02/469091/release-unprecedented-policy-blueprint-outlines-comprehensive-agenda-address-racial-disparities-maternal-infant-mortality/>

<sup>23</sup> <http://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>

acknowledge that we are **all** suffering and scared, whether as pregnant people, parents, providers, or even policymakers as these outrageous and seemingly intractable statistics point to our downward spiral, and as we collectively bear the continued trauma and disempowerment that this untenable situation brings.

Let's begin this change today - our support simply must include listening to women, to mothers, to families. Listening to their stories, their concerns, their desires, their fears. Listening to maternity health professionals and organizations, listening to those who have proven solutions. It is time to tell the truth about childbirth in America: we must come together to support the supporters, and each other, through this continuing human rights disaster. For tens of thousands of women suffering poor physical and mental health, mostly in silence, as a result of having a baby, and for all those who didn't make it but left hurting families behind - we must prevail.

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