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Black Maternal Health Crisis, COVID-19, and the Crisis of Care

THE UNITED NATIONS POPULATION FUND (UNFPA) projects that COVID-19 will have a “calamitous impact on women’s health.”¹ With the United States now the epicenter of the global COVID-19 pandemic, the disproportionate infection and death rates experienced by its most vulnerable people — Black mothers and Black birthing parents — constitutes a crisis of care.² In this essay, we will outline this crisis of care for Black mothers and Black birthing parents during the pandemic and offer activist-centered approaches to ameliorating their conditions using a critical intersectional feminist lens.

A critical intersectional feminist approach sees the present crisis as embedded in an ongoing capitalist dynamic in which the medical industry harms countless Black birthing parents. First, we will outline the parameters of the Black maternal health crisis as it has been exacerbated by COVID-19. Then, we will detail challenges for Black essential workers who are pregnant or are trying to conceive by situating the US response to the pandemic within the larger project of the capitalist drive for profit over humanity. Last, we will suggest immediate and long-term solutions promulgated by reproductive justice advocates and activists in

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1. United Nations Population Fund (UNFPA), “New UNFPA Projections Predict Calamitous Impact on Women’s Health as COVID-19 Pandemic Continues,” April 28, 2020, <https://www.unfpa.org/press/new-unfpa-projections-predict-calamitous-impact-womens-health-covid-19-pandemic-continues>.
 2. Movement for Black Lives, “National Demands for COVID-19,” 2020, <https://m4bl.org/covid-19-platform>.

the Movement for Black Lives and SisterSong Women of Color Reproductive Justice Collective, who use a feminist lens to address the black maternal health crisis.

THE PARAMETERS OF THE BLACK MATERNAL HEALTH CRISIS

The Black maternal health crisis is most apparent in the most diverse metropolis of the United States, New York City—where African American women are eight times more likely to die from childbirth than non-Hispanic white women irrespective of socioeconomic status and education.³ Amber Isaac's case is an instructive example of the neglect Black women are facing in healthcare during this global pandemic. In April 2020, Isaac, a twenty-six-year-old Black woman, died during childbirth due to complications from a condition that was ignored during telehealth visits. Isaac had earlier raised complaints related to what turned out to be her low blood platelet count. However, she was denied her request for an in-person appointment. By the time blood work was finally done that confirmed her condition, she had to be admitted to the hospital a month before her due date to induce labor, which then led to an emergency caesarean section.⁴ Her inadequate care was compounded by the low supply of blood during the pandemic, which resulted in Isaac being unable to get the infusion of platelets she needed during delivery. Had her earlier complaints been heeded, this situation could have been prevented.⁵ Her heart stopped as she gave birth to her son, Elias, unaccompanied by her partner due to COVID-19 restrictions. Although the COVID-19 safety precautions presented barriers to her receiving

3. "De Blasio Administration Launches Comprehensive Plan to Reduce Maternal Deaths and Life-Threatening Complications from Childbirth Among Women of Color," July 20, 2018, <https://www1.nyc.gov/office-of-the-mayor/news/365-18/de-blasio-administration-launches-comprehensive-plan-reduce-maternal-deaths-life-threatening>.

4. Ese Olumhense, "A Pregnant Woman Tweeted Concerns about a Bronx Hospital: She Died Days Later," *The City*, April 27, 2020, <https://www.thecity.nyc/health/2020/4/27/21247056/a-pregnant-woman-tweeted-concerns-about-a-bronx-hospital-she-died-days-later>.

5. "A New York Mother Dies after Raising Alarm on Hospital Neglect," *The Guardian*, May 2, 2020, <https://www.theguardian.com/us-news/2020/may/02/amber-rose-isaac-new-york-childbirth-death>.

adequate care, it was ultimately the racist disregard of Isaac's complaints that contributed to her death.⁶

Before the COVID-19 pandemic, Black mothers' maternal mortality rates were disproportionately higher than non-Hispanic white mothers.⁷ Nationally, Black mothers are nearly three times more likely to die in childbirth than non-Hispanic white mothers. This disparity is especially pronounced in New York City, where, as mentioned previously, Black women's maternal mortality is eight times higher than white women's.⁸ Critical and intersectional scholars point out that these conditions reveal the healthcare system to be a site where the mistreatment and inadequate care of Black mothers is not an anomaly. Black mothers experience high rates of separation from their infants after birth and do not receive consistent breastfeeding education nor consistent evaluations of health concerns through high blood pressure checks and cervical checks; they also experience more complications after receiving medical interventions such as epidurals, pitocin, and caesareans, as we saw in the case of Amber Isaac.⁹

Using a critical, intersectional lens to view the COVID-19 pandemic illuminates how Black birthing parents are mistreated and receive inadequate care, which may result in a higher number of deaths.¹⁰ The same conditions that structure inequalities for Black mothers and Black birthing parents in the healthcare system are only exacerbated for surrogates, Black queer and trans birthing parents, and undocumented mothers.¹¹

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6. Deidre Cooper Owens and Sharia M. Fett, "Black Maternal and Infant Health: Historical Legacies of Slavery," *American Journal of Public Health* 109, no. 10 (2019): 1342–45.
 7. Nicole Rousseau, *Black Woman's Burden: Commodifying Black Reproduction* (New York: Palgrave Macmillan, 2009).
 8. "De Blasio Administration Launches Comprehensive Plan to Reduce Maternal Deaths."
 9. Theresa Chalhoub and Kelly Rimar, "The Health Care System and Racial Disparities in Maternal Mortality," Center for American Progress, May 10, 2018, <https://www.americanprogress.org/issues/women/reports/2018/05/10/450577/health-care-system-racial-disparities-maternal-mortality>.
 10. UNFPA, "New UNFPA Projections Predict Calamitous Impact on Women's Health as COVID-19 Pandemic Continues."
 11. Noelia Rivera-Calderón, "What It's like Being a Queer, Latinx Parent-to-Be during the Coronavirus Pandemic," *Refinery 29*, May 1, 2020, <https://www.refinery29.com/en-us/2020/05/9766806/pregnant-queer-latinx-parent-coronavirus-pandemic>.

These conditions impact the child's relationship with the parents since what was considered an intimate, socially bonding experience through skin-to-skin contact is now denied. In the case of Black queer and trans folks, nonemergency reproductive procedures are on hold as recommended by the American Society for Reproductive Medicine.¹² This is of particular concern for older Black queer and trans birthing parents as there is a higher chance of experiencing health complications during their pregnancies and birthing processes when over the age of thirty-five.¹³ Also, Black and Brown undocumented mothers may have less access to testing or health coverage for COVID-19.¹⁴ This puts the birth parent and their child at risk because they do not have access to care. All of these situations put Black birthing parents in precarious situations at one of the most vulnerable time in their lives.

RISKS FOR ESSENTIAL WORKERS

As unemployment rates surpass one million workers, immigrant, Black, and poor people continue to make up the essential labor force with minimum employment protections or security during the ongoing COVID-19 pandemic.¹⁵ Those who are still employed and deemed "essential" risk exposure during their commutes or while in close proximity to other workers who do not have proper Personal Protective Equipment (PPE). Essential workers who are parents, or women who are currently pregnant, do not have the luxury to decide between quarantining and making a living. These communities are already at higher risk for pre-existing conditions due to environmental pollution, the lack of readily available healthy foods in what are known as food deserts, and higher carbon dioxide emissions.¹⁶ These conditions, among others, lead to higher rates of heart disease, cancer, and stroke commonly found in

12. ASRM, "Patient Management and Clinical Recommendations During The Coronavirus (COVID-19) Pandemic."

13. Ibid.

14. Rivera-Calderón, "What It's like Being a Queer, Latinx Parent-to-Be during the Coronavirus Pandemic."

15. Andrea J. Ritchie, *Invisible No More: Police Violence against Black Women and Women of Color* (Boston: Beacon Press, 2017); Dorothy Roberts, *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (New York: Vintage Books, 1997).

16. Paul Mohai, David Pellow, and J. Timmons Roberts, "Environmental Justice," *Annual Review of Environment and Resources* 34 (2009): 405–30.

African-American communities.¹⁷ These health conditions, in addition to work environments and stress produced by COVID-19, increase the risk of contracting the virus and of death after infection. Michigan is an example of this disparity, where Black people make up 33 percent of coronavirus cases and 40 percent of deaths, despite only being 14 percent of the state's population.¹⁸ Additionally, essential workers may lack health insurance or a health savings plan, or they may not have paid time off if they do get sick. Due to the lack of federal or state mandates, most pregnant essential workers do not have access to paid family leave, which results in working through their pregnancies and returning to work much sooner after birth. Black babies are commonly born underweight, and in some states, infants born to African American mothers die at twice the rate as infants born to non-Hispanic white mothers regardless of education level and socioeconomic status.¹⁹ It takes a birthing parent between six and eight weeks to recover from childbirth, and in some instances, up to two years post-birth if there are complications that require extended physical and emotional recovery.²⁰ Without critical attention to how essential Black workers and parents are affected by this ongoing crisis of care, the vulnerable will continue to face higher rates of death, especially during this pandemic.

HEALTH DISPARITIES DURING COVID-19

Health disparities among the Black community, specifically Black birth parents, have increased during COVID-19. Even before the pandemic hit, Black patients suffered from a lack of community health centers, inadequate funding for services to families and preventive education and resources, as well as an insufficient number of culturally competent medical professionals.²¹ These prior conditions have intensified the effect

17. Roberts, *Killing the Black Body*; Harriet A. Washington, *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present* (New York: Harlem Moon, 2006).

18. Fabiola Cineas, "Covid-19 Is Disproportionately Taking Black Lives," *Vox*, April 8, 2020, <https://www.vox.com/identities/2020/4/7/21211849/coronavirus-black-americans>.

19. Chalhoub and Rimar, "The Health Care System and Racial Disparities in Maternal Mortality."

20. CDC, "Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths."

21. Roberts, *Killing the Black Body*.

of the pandemic on Black patients. Due to COVID-19, community health centers are showing a decline in patient visits, decreased staffing, and an increase in telehealth support, with roughly half of medical consultations conducted virtually.²² These centers play a vital role in responding to the pandemic in communities that are disproportionately affected. Due to massive closures, there will be long-term financial implications that can impact the safety net of care provided to these communities. Community centers serve as primary care for racial and ethnic minority patients who have chronic conditions. Grassroots activists have documented how neighborhoods without well-funded community healthcare centers, birthing centers, and medical professionals and supplies simultaneously face culturally incompetent medical professionals in hospitals, which are most often located outside their communities.²³ Many recent studies have found that health disparities and provider attitudes are deeply connected.²⁴ Furthermore, scholars have found that healthcare professionals consider Black Americans to be less cooperative, less compliant, and less responsible in medical spaces.²⁵ Since COVID-19, medical professionals have experienced increased pressure to address the demand for testing, prevention, and education on respiratory conditions as well as to provide care under stressful circumstances and rising numbers of cases. Black Mamas Matter Alliance, a group that centers Black mothers in advocating for Black maternal health, explores how providers' attitudes along with implicit bias can impact patient-provider interactions, treatment decisions, treatment adherence, and patient outcomes.²⁶

Additionally, COVID-19 creates considerable risks for Black patients who are essential workers and more at risk for contracting the virus. There are deficits in PPE, ventilators, blood donations, bed space, and other

22. Bradley Corallo and Jennifer Tolbert, "Impact of Coronavirus on Community Health Centers," KFF, May 20, 2020, <https://www.kff.org/coronavirus-covid-19/issue-brief/impact-of-coronavirus-on-community-health-centers>.

23. Movement for Black Lives, "National Demands for COVID-19."

24. Owens and Fett, "Black Maternal and Infant Health"; Washington, *Medical Apartheid*.

25. William J. Hall, Mimi V. Chapman, Kent M. Lee, Yesenia M. Merino, Tainaya W. Thomas, B. Keith Payne, Eugenia Eng, Steven H. Day, and Tamara Coyne-Beasley, "Implicit Racial/Ethnic Bias among Health Care Professionals and Its Influence on Health Care Outcomes," *American Journal of Public Health* 105, no. 12 (2015): 60–76.

26. Currie, "Black Mamas Matter."

supplies necessary to protect medical staff and their patients.²⁷ Labor and delivery professionals face exposure to COVID-19 in over-capacity hospital settings.²⁸

Early in the pandemic, hospitals in Philadelphia showed an increase in women opting for elective inductions; women were perhaps using them as a way to gain a sense of control over the amount of time spent in the hospital when faced with the uncertainty of the pandemic.²⁹ Birthing parents who choose elective induction, without any medical need, have higher risks of infection in the mother or the fetus, uterine rupture, caesarean births, and fetal death. Induced labors also increase the risk of complications for the newborn and incur a greater need for pain management.³⁰ The American College of Obstetricians and Gynecologists and the Association of Women's Health, Obstetric and Neonatal Nurses have issued statements against the elective inductions.³¹ They also highlighted the roles doulas play in birth equity by recommending that doulas have greater access to birthing mothers in the hospital in order to increase the likelihood of positive birthing outcomes including shorter

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27. Emily Baumgaertner and Soumya Karlamangla, "Healthcare Workers Fear Greater Coronavirus Risk Due to Safety Gear Shortage," *Los Angeles Times*, March 15, 2020, <https://www.latimes.com/california/story/2020-03-15/amid-protective-gear-shortages-healthcare-workers-risk-becoming-part-of-the-problem>.
 28. A.J. Stephens, J.R. Barton, N.A.A. Bentum, S.C. Blackwell, and B.M. Sibai, "General Guidelines in the Management of an Obstetrical Patient on the Labor and Delivery Unit during the COVID-19 Pandemic," *American Journal of Perinatology* 37, no.8 (2020): 829–36.
 29. Sarah Gantz, "Coronavirus Is Changing Childbirth in the Philadelphia Region, Including Boosting Scheduled Inductions," *The Inquirer*, April 12, 2020, <https://www.inquirer.com/health/coronavirus/coronavirus-childbirth-scheduled-inductions-philadelphia-hospitals-pregnancy-pandemic-20200812.html>.
 30. International Confederation of Midwives, "Women's Rights in Childbirth Must Be Upheld During the Coronavirus Pandemic," 2020, https://www.internationalmidwives.org/assets/files/news-files/2020/03/icm-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf.
 31. American College of Obstetricians and Gynecologists Committee Opinion Number 561 "Nonmedically Indicated Early-Term Deliveries," *Obstetrics and Gynecology* 121, no. 4 (April 2013): 911–15; American College of Obstetricians and Gynecologists Committee Opinion Number 766, "Approaches to Limit Intervention during Labor and Birth," *Obstetrics and Gynecology* 133, no. 2 (February 2019): e164–e173; Association of Women's Health, Obstetric and Neonatal Nurses, "Continuous Labor Support for Every Woman," *Journal of Obstetric, Gynecologic, and Neonatal Nursing* 47, no. 1 (January 1, 2018): 73–74.

labors, decreased medical interventions, and increased satisfaction with the labor experience. These official statements serve as reminders to medical providers of their responsibility to provide optimal birth-centered care at a time when hospitals have limited visitation rights during and after labor and delivery to one additional person with the birth person. Given that many standard labor and delivery medical protocols already have a disproportionately negative impact on Black birth parents, we also expect that many of these changes to birthing practices and hospital policies during the pandemic (i.e., more frequent elective inductions and the reduced access to doulas) will result in additional negative health outcomes for Black women.

RETHINKING POLICY PROCEDURES

WITH A GRASSROOTS APPROACH DURING COVID-19

The demands for reproductive justice by activists and advocates are even more necessary today. The Movement for Black Lives released COVID-19 demands for healthcare after Black Mamas Matter Alliance (which was started by the SisterSong Women of Color Reproductive Justice Collective) issued a report titled “Black Mamas Matter: Advancing the Human Right to Safe and Respectful Maternal Healthcare.” Both organizations include a national contingent of Black grassroots activists and reproductive justice advocates who have been offering guidelines to ensure Black maternal health in an effort to achieve reproductive justice. They have demanded a radical distribution of resources in Black communities and a federally subsidized universal healthcare system for all. Below are immediate and long-term policy suggestions by these organizations and scholars, aimed at the mitigation of ongoing risks.

1. Immediate Needs: Health, Medicaid, and Insurance

Scholars, activists, and reproductive justice advocates recommend ensuring no cuts to Medicaid, but rather extending it. Although many states have gotten rid of Medicaid, or replaced it with a new system, there should be a standard federal response given the economic impact of the pandemic. With a high rate of unemployment during COVID-19, having continued access is needed to create a more accessible route to seeking care. Additionally, the Medicaid “global cap” should be eliminated, and immediate action should be taken to ensure that everyone has health

insurance, regardless of their immigration status.³² A global cap sets a “predetermined ceiling” of federal funding, which puts states at risk for having to cover additional costs that may include growth in enrollment, new treatments and prescription drugs, or pandemics such as H1N1 and COVID-19. This results in states being unable to meet the healthcare needs of their constituents. Increasing testing in communities, particularly those considered to be high-risk, can assist in pinpointing spread of the virus and addressing exposures more quickly.³³ Removing the cap will remove the problem of having to make tough decisions about where to allocate scarce funding, which disproportionately impacts Black and poor communities. Instituting a moratorium on all co-pays and removing COVID-19-related healthcare costs would also help increase access to care.

Pandemics put increased pressures on family finances. People may have to make hard choices such as whether to buy prescription drugs or go to the emergency room when necessary. Black people are more likely to wait until they are extremely sick before accessing medical services.³⁴ In these cases, healthcare personnel can miss the critical window to intervene before an illness worsens or becomes untreatable. In addition, the Movement for Black Lives recommends requiring insurers to cover non-formulary prescriptions.³⁵ Covering non-formulary prescriptions removes patients’ out-of-pocket costs, thus giving greater access to quality medications. Lastly, ensuring that there are enough ventilators where they are needed will enable people to get them instead of ventilator usage being denied on the basis of disability or age.³⁶

2. Recommendations Regarding Community-Based Resources

Activists and reproductive advocates recommend that home care and community-based services (such as midwives, doulas, and at-home support personnel) be seen as healthcare personnel and included in state plans

32. Movement for Black Lives, “National Demands for COVID-19.”

33. Black Mamas Matter Alliance, “Advancing the Human Right to Safe and Respectful Maternal Health Care,” Center for Reproductive Rights, 2018, http://blackmamasmatter.org/wp-content/uploads/2018/05/USPA_BMMA_Toolkit_Booklet-Final-Update_Web-Pages-1.pdf.

34. Washington, *Medical Apartheid*.

35. Movement for Black Lives, “National Demands for COVID-19.”

36. Baumgaertner and Karlamangla, “Healthcare Workers Fear Greater Coronavirus Risk Due to Safety Gear Shortage.”

for safety support equipment.³⁷ This includes mandating that birthing centers and postpartum counseling be covered under state provided insurance and incentivized for birthing parents. Additionally, providing free, safe, and accessible family planning and reproductive healthcare, including access to abortion, should be considered. Providing resources to community-based organizations that provide support to marginalized families, such as churches and community centers as well as programs such as Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), can improve maternal health outcomes, particularly for Black birth parents.³⁸

3. *Recommendations for Essential Workers*

SisterSong Women of Color Reproductive Justice Collective and the Movement for Black Lives recommend prioritizing workers' safety and standardizing procedures, particularly in service industries and for production and assembly-line workers.³⁹ Ensuring health protections for all workers who are considered essential or frontline (including healthcare workers, care-givers, grocery store and pharmacy workers, cleaning and janitorial services, lawyers, legal workers, social workers, childcare providers, delivery workers, etc.) can limit the risk of exposure. Workers should be provided with the necessary equipment and training to ensure their safety, including access to masks, gloves, hand sanitizer, disinfectant sprays, and cleaners.⁴⁰ Businesses should establish emergency standards as preventive measures to significantly lower risk for workers who are at highest risk due to their public exposure, including home aid workers, childcare workers, cashiers, etc. Small businesses that are considered essential should be given resources and/or reimbursed for the purchased of protective care equipment for their workers.

37. Nora Ellmann, "Community-Based Doula and Midwives," Center for American Progress, April 14, 2020, <https://www.americanprogress.org/issues/women/reports/2020/04/14/483114/community-based-doula-midwives>; Movement for Black Lives, "National Demands for COVID-19."

38. Black Mamas Matter Alliance, "Advancing the Human Right to Safe and Respectful Maternal Health Care."

39. Movement for Black Lives, "National Demands for COVID-19."

40. Currie, "Black Mamas Matter."

4. *Recommendations for the Long Term*

The Movement for Black Lives recommends that some of the immediate policies put in place to protect against COVID-19 should be applied as long-term solutions to ensure quality, equitable care for Black mothers and birthing parents.⁴¹ Many of the challenges for the United States during COVID-19 laid bare how a coordinated universal healthcare system could have responded more swiftly and collectively to the needs of doctors, patients, community advocates, and workers — without the cessation of private health insurance coverage or the variations in testing availability and protocols among states and municipalities. Accordingly, we must enact long-term investments in universal healthcare developed from a feminist and reproductive justice lens. Universal healthcare must be subsidized by federal and state governments, including for all US residents, documented and undocumented. Community health centers and birthing centers that include coverage of doulas and midwives, which have been shown to act as intermediaries for poor and Black parents, should be an integral part of universal healthcare coverage. To counter bias among medical professionals, there must be a concerted effort to diversify medical personnel and to expand the conception of birthing teams to include doulas and midwives.⁴² These changes must be implemented while collecting data on the effects of diversifying medical professionals, the quality of maternal health and postpartum care, and expanded birthing teams. Postpartum care needs to include one-year parental leave that is subsidized by the federal and/or state government and not at the discretion of employers.⁴³ Studies have shown that birthing parents can take between four months and two years to heal from childbirth, and it is an especially important bonding time for families.⁴⁴

CONCLUSION

These policy recommendations are imperative to subvert the crisis of care that Black birthing parents are facing during the COVID-19 pandemic. Activists, scholars, and practitioners outlined the Black maternal

41. Movement for Black Lives, “National Demands for COVID-19.”

42. Roberts, *Killing the Black Body*; Rousseau, *Black Woman's Burden*.

43. Black Mamas Matter Alliance, “Advancing the Human Right to Safe and Respectful Maternal Health Care.”

44. Owens and Fett, “Black Maternal and Infant Health.”

health crisis prior to this pandemic, but recent accounts have shown how quickly this crisis has been exacerbated by inadequate response and a failure to protect the most vulnerable populations. A critical, intersectional approach to medical care takes historical and modern oppressions into account in order to develop recommendations for holistic care. Implementing these recommendations will require a reimagining of medical practices and medical ethics to center patient care over profit.

Authors' note

This article emerges not only from our collective academic interest in racialized health disparities but also our experiences — one of us recently gave birth during the pandemic and another continues to serve as a doula. It has been challenging for us, as African Americans, to birth and to provide birthing support during this period. For the author who underwent childbirth, thoughts of death consumed the experience of pregnancy as death tolls climbed from both COVID-19 and police violence. This possibly contributed to a premature delivery via an emergency caesarean five weeks before the due date. The challenges of labor were exacerbated by invasive COVID-19 testing, compulsory masks, and the strict visitation policies that limited access to physical support. We offer this commentary as a call to arms: for special attention to improving the health outcomes for Black women during the pandemic, when COVID-related changes are compounding the vulnerabilities they already face. This call to arms is for the many unknown Amber Isaacs all over the United States.