

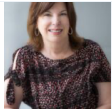
When giving birth becomes a matter of life and death

With pregnancy complications and deaths, national statistics show Black, American Indian and Alaska Native women fare poorly.

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Tambra Morrison takes a selfie with her daughter, Kalani, in January 2021, at their home in Dallas.



[Written By Jan Jarvis](#)

Did You Know?

Tambra Morrison, a mother of two, knew what to expect when she was about to deliver her third child.

But when her blood pressure shot up on Dec. 15, 2020, she was rushed to a Dallas hospital for an emergency cesarean section.

During a spinal epidural, she became worried when her neck and head started hurting. When she complained, the doctor said: “It’s normal.”

Her headache worsened and her blood pressure climbed following a successful delivery, and the 32-year-old grew anxious.

“I kept saying my headache was really, really bad and I was dizzy,” said Morrison. “It got to the point where I felt like I was not going to ever come home.”

Doctors gave her Tylenol immediately after giving birth. Two days later, she received additional treatment for a cerebrospinal-fluid leaking and the headaches. On Dec. 20, after Morrison received an epidural blood patch, the leak and the headaches ceased.

But shortly after Morrison was released from the hospital, the headaches resumed. Morrison went to a different hospital, where she was treated for postpartum [preeclampsia](#), a life-threatening condition that can permanently damage vital organs.

“I really feel like being a woman of color played a part in how they treated me,” said Morrison. “They just didn’t take me seriously.”

More than 50,000 women in the U.S. endure dangerous or life-threatening, pregnancy-related complications, reports the [Centers for Disease Control and Prevention](#). Black, American Indian and Alaska Native women are two to three times more likely to die from pregnancy-related causes than white women, researchers reported in a 2019 [Morbidity and Mortality Weekly Report](#) on racial and ethnic disparities in pregnancy-related deaths.

For decades, health researchers have investigated the reasons so many babies and their mothers die from pregnancy-related complications.

The maternal mortality rate was [17.4 deaths per 100,000 live births in 2018](#), according to the CDC. For infant deaths in 2018, the rate was [5.7 per 1,000 live births](#), with Black babies dying at twice the rate of white babies.

“There’s really just no reason for it (the death rate for Black babies),” said Dr. Amy Raines-Milenkov, assistant professor at the University of North Texas Health Science Center at Fort Worth. “This should not be happening.”

Raines-Milenkov, a member of the Texas Maternal Mortality and Morbidity Review Committee, said the problem lies partially with the way people look at the troubling issue. “It’s always been seen as a medical problem,” she said. “But really it is more of a social problem.”

Raines-Milenkov said cramped housing, a lower income and other factors over the course of a woman’s life are among the social issues that contribute to the problem.

D’Andra Willis, a doula in Dallas, sees how Black women are treated differently. For example, she said, doctors just prescribe Tylenol to Black patients when they’re in agony.

“When a (Black) woman says she is hurting, doctors just take it lightly.” said Willis. “That makes it hard for mommies to trust the medical system.”

Becky Spencer, a registered nurse and adjunct professor at Texas Woman’s University in Denton, Texas, said Black expecting mothers feel devalued because their symptoms are ignored.

“The really sad thing is how discounted and ignored their lived experiences are,” said Spencer. “I think that is an enormous contributor to maternal mortality.”

History has given Black women reasons to distrust healthcare in America, said Gretchen Ely, professor and director of the doctorate program in the College of Social Work at the University of Tennessee in Knoxville.

In the 1800s, for example, Dr. J. Marion Sims performed [experiments](#) without anesthesia on enslaved Black women, based on the notion that they did not feel pain the way white women did.

But socioeconomic status doesn’t seem to offer any protection against the U.S. healthcare system’s mistreatment of or indifference to Black women.

When tennis superstar Serena Williams [experienced serious complications](#) after her daughter’s birth, her efforts to alert nurses went largely ignored.

“It’s well-documented that educated black women lose their babies at higher rates than uneducated white women,” Raines-Milekov said.

Some research suggests that chronic stress causes Black women’s health to deteriorate, starting in early adulthood after years of racism and puts them at a much higher risk for premature deliveries. This phenomenon is called “[weathering](#).”

“Just because someone is educated, it doesn’t mean that they didn’t grow up in poverty,” said Raines-Milekov. “That they didn’t get their needs met or that they didn’t have access to healthy food.

“But it’s not just that one thing, it’s a whole lot of things,” Raines-Milekov said.

“Is (the expecting mother) getting paid sick leave when she’s ill; does she have health insurance so she can see a doctor before, during and after her pregnancy?”

The answer is complex, yet simple: “We need to value women’s experiences,” Spencer said. “We need to listen to what they have to say.”