

“Let’s talk about stress, baby” – Understanding Black women’s experiences of discrimination in the health care system during pregnancy: A review of the literature and proposal for future research

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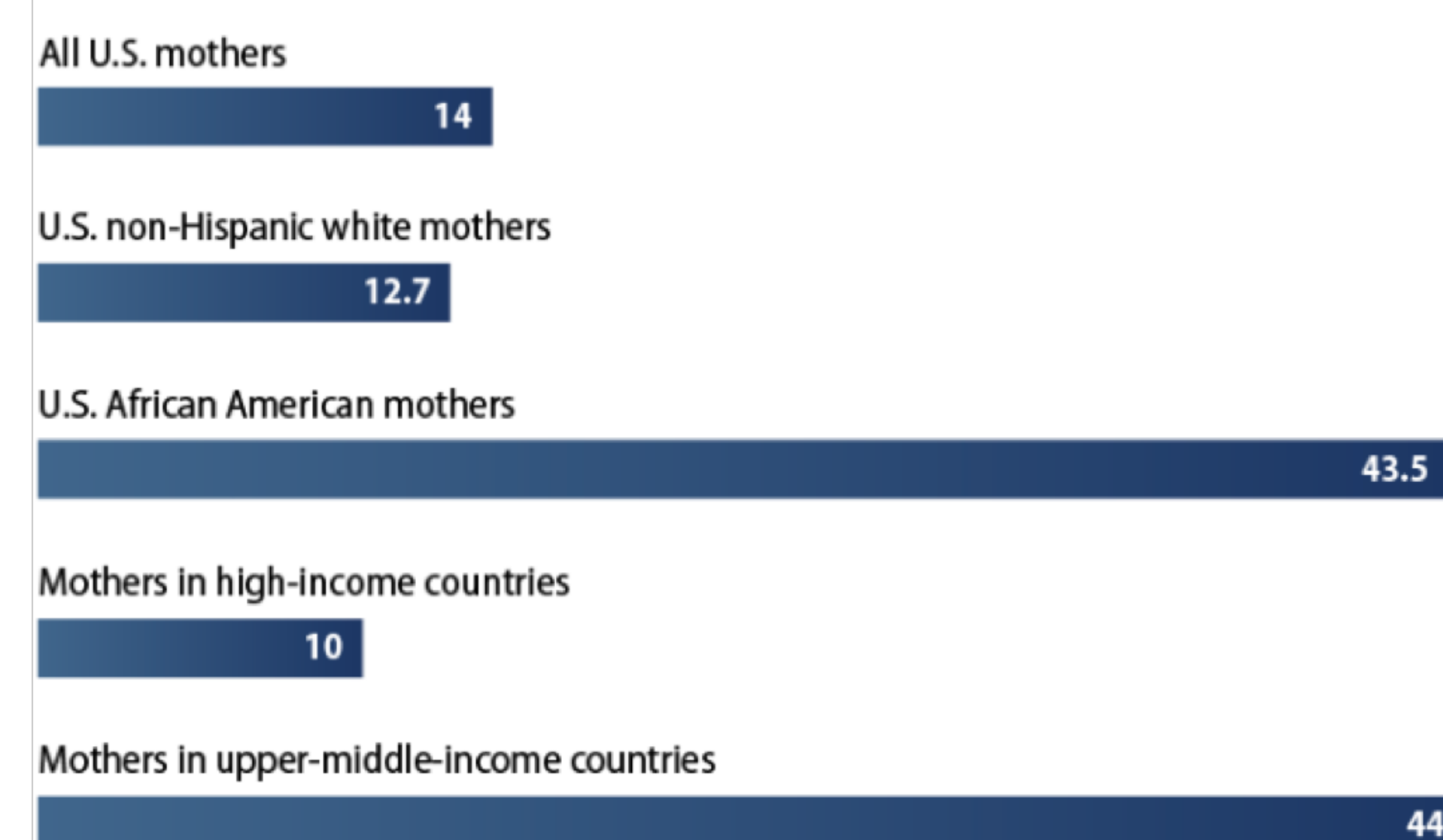
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Background

- Black women experience poor maternal and infant health outcomes when compared to women of other racial groups.
- There is evidence to suggest that stress from racism contributes to the observed racial disparities.
- For Black women, racism is further compounded by classism and sexism - what is now known as intersectionality.
- Little is known about how racism, sexism and classism work together within the health care system to influence the maternal health outcomes of Canadian Black women.

Maternal mortality rates in select countries and the United States

■ Total maternal deaths per 100,000 live births



Sources: Centers for Disease Control and Prevention, "Pregnancy Mortality Surveillance System," 2011–2013 data, available at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pms.html> (last accessed January 2018); The World Bank, "Maternal mortality ratio (modeled estimate, per 100,000 live births)," 2011–2013 data, available at https://data.worldbank.org/indicator/SH.STA.MMRT?end=2013&start=2011&year_high_desc=false (last accessed January 2018).

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Results

Controlling Images

- “The Jezebel”
 - Hypersexualized and sexually insatiable Black woman
- “The Welfare Queen”
 - Uneducated, single, poor Black woman with many children

Stereotype Threat

- Concern about confirming or being judged by others based on negative stereotypes about one’s group
- Fear of experiencing discrimination because of said stereotypes

Experiences of Prenatal Care

- Negative relationships with providers
- Discriminatory treatment
- Inconsistent support
- Unmet information needs

Methods

- A review of the clinical and social sciences literature suggests important intersections between the experience of racism and physiological outcomes
- A constructivist grounded theory study of Black women’s experiences during pregnancy will be conducted to elicit women’s experiences of racism during the prenatal and intrapartum periods.

Discussion

- Black women express a desire to develop trusting relationships with providers, but report relationships characterized by judgment, disrespect, and discriminatory treatment
- Black women appreciate when providers communicate clearly, provide continuous care, treat them with respect, and try to understand the context of their lives
- Desire to see more clinicians who are Black

Conclusion

- Pregnant Black women experience stress associated with both anticipated and actual experiences of discriminatory treatment in the health care system.
- Understanding Black women’s experiences can help with the development of educational materials for obstetric clinicians