

!FRONT PAGE WOMEN'S HEALTH

## Black women speak on motherhood during Black Maternal Health Week

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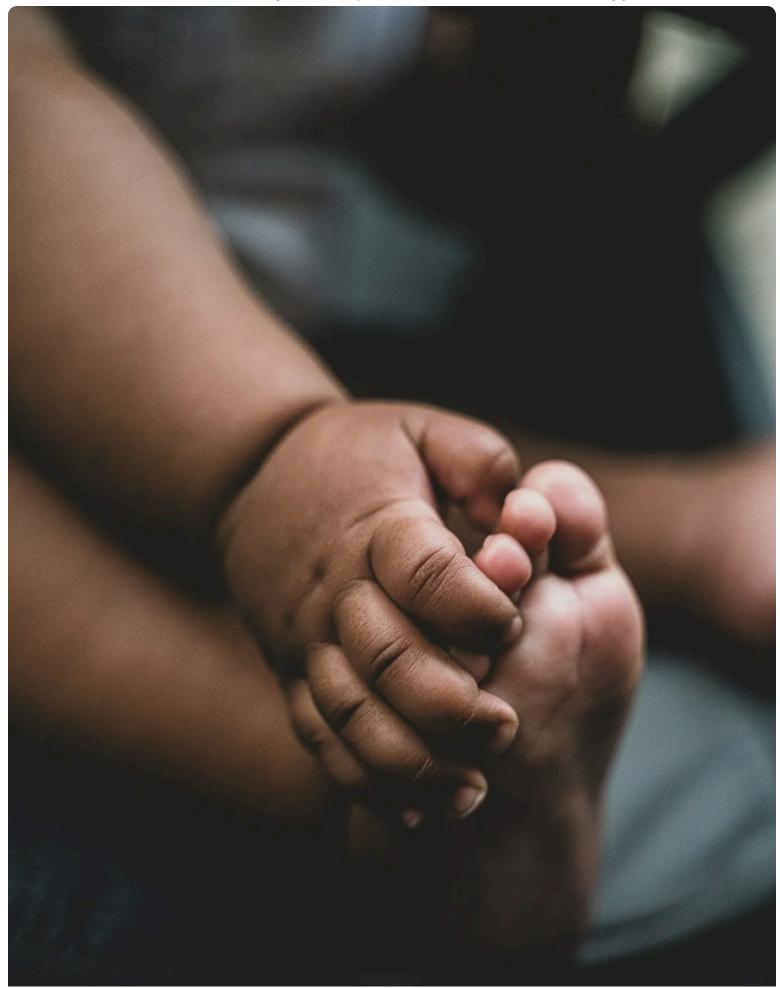
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Cristina Easton was 34 when she found out she miscarried her very first child.

The first issue? She never even knew she was pregnant.

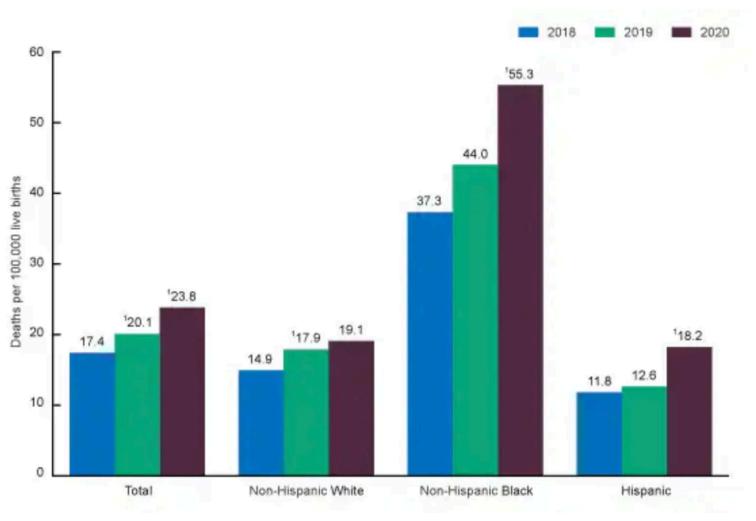
"I was told in a very matter of fact way," she recalls. "It changes you when you find out about a pregnancy that way. I never got the 'Oh my gosh—I'm so excited,' phase. I went to the emergency room because I was in significant pain."

Today, the experience and the coldness of it all sticks with her—even though she went on to have a healthy baby just two years later. Easton was just one of the women the *AFRO* spoke with for Black Maternal Health Week, recognized each year April 11-17.

"You spend your whole life trying not to get pregnant so you can go to school, get settled in your career and find the right person," Easton told the *AFRO*. "I never thought about miscarriage until it happened."

And she wasn't alone.

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2020

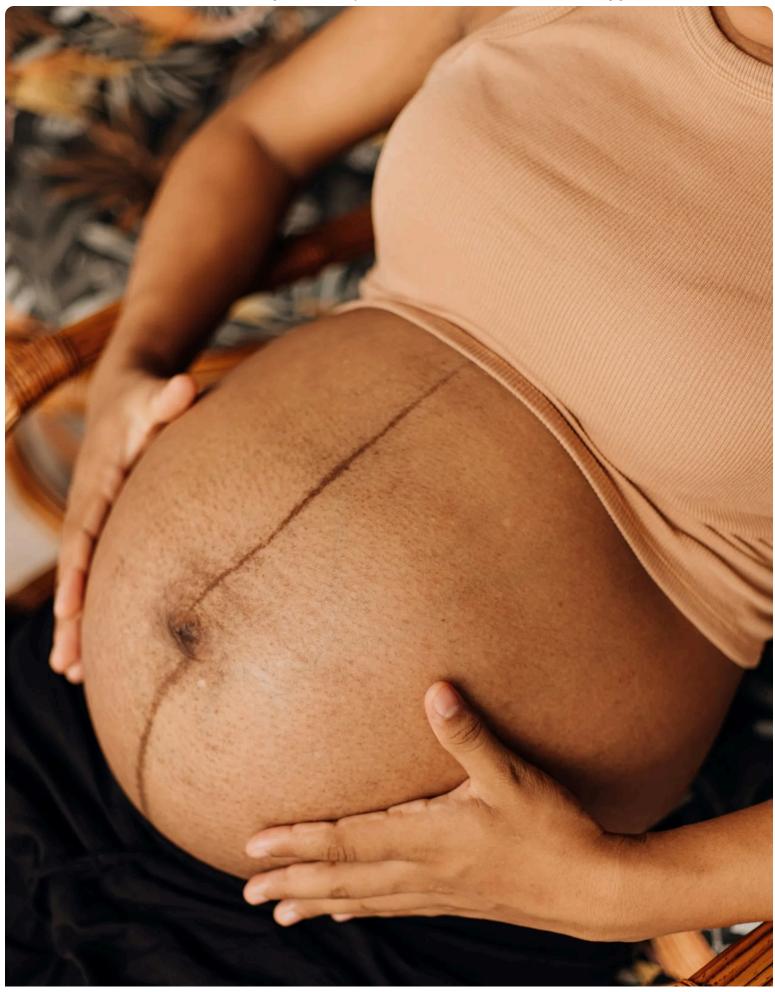


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According to the Center for Disease Control and Prevention (CDC), "Black mothers were more than twice as likely to experience stillbirth compared to Hispanic and White mothers" in recent studies.

The data is worse when it comes to Black maternal mortality.

"Black women are three times more likely to die from a pregnancy-related cause than White women," reports the CDC. "Multiple factors contribute to these disparities, such as variation in quality healthcare, underlying chronic conditions, structural racism and implicit bias. Social determinants of health prevent many people from racial and ethnic minority groups from having fair opportunities for economic, physical and emotional health."





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Experts have been ringing the alarm for years about rising maternal mortality in the Black community and solutions to the deaths which are—in large part—preventable.

"Recommendations include addressing implicit bias and improving cultural humility in the healthcare sector," according to the 2023 report titled, "Listen to the Whispers before They Become Screams: Addressing Black Maternal Morbidity and Mortality in the United States." Other suggestions include "diversifying the workforce, incorporating social determinants of health and health disparities into the medical and health professions curriculum, exploring the impact of environmental and occupational exposures on maternal morbidity and mortality, addressing the impact of structural racism on health outcomes and improving social policies and programs."

Easton, now a 40-year-old education consultant, agrees that awareness, a bias-free birthing team, close monitoring and community support kept her from becoming a statistic. As she was 35 when she conceived her second child, Easton says her doctor, Dr. Robert Atlas, and the team at Mercy Medical Center in Baltimore watched her closely, monitoring everything while she carried her child through what was considered a "geriatric pregnancy," due to her age.

It was during this time, for example, that she became aware of her low blood pressure.

"I credit my team because they were watching me," said Easton.

The World Health Organization (WHO) lists high blood pressure during pregnancy or postpartum as one of the leading causes of maternal mortality. When Easton's birthing team saw a blood pressure result that would normally be deemed "regular," they used the background information they had about her naturally low blood pressure and instead became alarmed. She was given compression socks and monitored closely. And with good reason.

A 2023 U.S. Preventive Services Task Force report showed that "the risk of dying of eclampsia and preeclampsia is about five times greater for Black individuals." According to the

National Institute of Child Health and Human Development (NICHD), "preeclampsia and eclampsia are pregnancy-related high blood pressure disorders."

"In preeclampsia, the mother's high blood pressure reduces the blood supply to the fetus, which may get less oxygen and fewer nutrients," reports NICHD. "Eclampsia is when pregnant women with preeclampsia develop seizures or coma."





Unsplash \_ Amr Taha

It was a risk that Ciara Stevens, a college access educator and mother of two, also had to face.

"I had my daughter in October of 2019. At the time I was preparing to turn 34, which is older than the typical maternal age. At the time one of my biggest fears was preeclampsia and gestational diabetes," recalled Stevens. "When I went into labor with my daughter they had to give both her and myself oxygen because my blood pressure was high. After giving birth we were both fine."

Stevens said her deliveries in both 2019 and 2023 had complications related to high blood pressure.

The risk of experiencing complications— and having concerns dismissed- are just two of the many reasons Black women experience anxiety related to childbirth.

Rashaun James, an instructional coach and mother of two, spoke about the anxious feelings she experienced during her pregnancy.

"I was very concerned about the doctors being dismissive or telling them that I was feeling unwell," stated James. "I feel like they look at Black women like we just 'get pregnant' by somebody and here you are with this baby. They don't always treat you like you're a real person with feelings—but you are."

When James conceived her twins, she had already had a miscarriage. She was mindful of how she took care of herself, but her greatest concern was something she couldn't control: her doctors and nurses being biased

"I had a miscarriage before my pregnancy, but when I was actually pregnant I had experienced some bleeding so I called the nurse and I was so scared. I asked her 'what should I do?"

"At that point, I had already announced my pregnancy. I knew that I was having twins and I was so scared that I had miscarried again," James stated. "I was asking her what to do and if we should come in and she

told me 'well we don't have a magic button or something that we can push to make it stop,'" recalls James. "I wondered would she have said that to a White woman."

When it comes to Black women and their pregnancies, many mothers are left advocating for themselves. Both James and Stevens advise all expecting mothers to get a second opinion from a different healthcare professional if the first one doesn't seem right. They also warn that Black women must learn to trust their bodies. Several of the mothers that spoke with the *AFRO* emphasized how important it is to stand firmly in their concerns during pregnancy, childbirth and the postpartum period.

"I tell people all the time that the medical field is to Black women, what police are to Black mendangerous! It just seems like more times than not they don't take our concerns seriously," exclaimed Jada Dunwoody-Brent, a flight attendant and mother of three. "I didn't have any issues with my pregnancies, but I recognize how important it is for us to look out for ourselves and if you can't look out for yourself—have someone who can"

Easton said mental health and support are key while making the transition into motherhood.

"Culturally, we're seen as the living superwomen – we're not. As a community, we aren't as quick to ask for mental health help or admit when we're struggling and I think that is important to address," she said.

"The crisis is often captured in deaths—but it's not always that you're going to die," Easton noted. "You cannot raise a child if you do not have the mental fortitude. If you're not right mentally you may not pay attention to certain things your body is telling you. You cannot take care of yourself and another human when your mind is not right—especially for Black women who already experience a lot of mental stress just existing in America in 2024."

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