Guide

With the devastating Black maternal and infant mortality rates in the United States, exhaustion and fear are two emotions that you probably navigate everyday. Explore how systemic racism impacts your care, and how to access support and advocate for the wellbeing of yourself and your baby.

CLASS	Pregnancy: 27–40 Weeks
TOPIC	Care & Care Team
MODULE	Protecting Your Birth: A Guide For Black Mothers

2021

Insights

If you're a Black pregnant person reading this, I know that you are tired, not just from being pregnant but from the daily challenge of living in your Black body and all the conscious and subconscious stress that goes along with that. This guide is designed to help support and protect you as you begin to prepare for your birth experience. I hope that it may alleviate some of the work you have to do to advocate for yourself and your baby and give you permission to dive deeper into whatever self care looks like for you.

Key Points To Remember

Takeaways

- ○ When you're planning to discuss race and racism with your provider, consider having a support person (partner, doula, or chosen family) with you during the appointment.
- ○ You can email the Anti-racist Prenatal & Postnatal Care Preferences to your care provider ahead of time.
- ○ Discuss your concerns about pain management with your provider.
- ○ Switch your care provider if you're not feeling comfortable or safe during your experience.

A Framework For Understanding This Experience

Landscape

Black women are **three to four times more likely** to die due to pregnancy-related causes than white women.[1] This disparity can widen depending on your location and age. These statistics will continue to exist if we do not address the root cause of systemic racism.

Understanding that risk factors in health are directly affected by racism, it's critical to be informed about how racism may affect your pregnancy, birth, and postpartum experience.

Things to Try Out And Integrate Into Your Life

Skills & Strategies

You can use this guide to explore ways of communicating anti-racist birth preferences and building more safety into your care as your move through pregnancy and birth. The ideas and information presented in this guide first appeared in the New York Times article, "Protecting Your Birth: A Guide For Black Mothers," by myself, Erica Chidi, and Dr. Erica Cahill.[2]

At the end of this guide, you'll find LOOM's list of Anti-racist Prenatal & Postnatal Care Preferences. These care preferences were also co-created by Dr. Erica Cahill and me.

ACKNOWLEDGE RACE & RACISM IN THE ROOM

Bringing up race and/or racism in your care will be difficult. At LOOM, we acknowledge that it's unfortunate that you have to do this work in order to receive quality healthcare. If you are uncomfortable discussing your concerns or needs with your care provider, you might consider bringing your support person with you to an appointment or emailing the Anti-racist Prenatal & Postnatal Care Preferences to your provider.

CREATE A CARE PLAN ANTICIPATING THAT RACISM MAY IMPACT YOUR CARE

Racism has documented effects on health. During pregnancy, it can cause high blood pressure, chronic anxiety and depression, and increased risk for preeclampsia.[3] With this information, ask your doctor or midwife pointed questions about how they plan to assess these issues throughout the pregnancy.

IDENTIFY HOW RACISM MAY IMPACT BIRTH

Racism has contributed to an increased rate of unnecessary cesarean births amongst Black birthing people.[4] If a cesarean birth is proposed by your provider, move through the process of informed consent to best understand why. You can also watch the Negotiating Your Needs During Pregnancy video for more tools. Additionally, racism runs deep within the history of this country. There is a longstanding idea that Black bodies experience less pain than others, so Black people are often undermedicated for their reported pain.[5] This can affect your pain management options. Use this information to share any concerns you may have about how this could impact your birthing experience.

IDENTIFY HOW RACISM MAY IMPACT POSTPARTUM

The majority of maternal deaths occur during the postpartum period. High blood pressure, heart attacks, and preeclampsia are still risks for Black women after the baby is born. Knowing that there is an increased risk during this time, you can discuss assessment options with your care provider. You can ask for a blood pressure cuff to self-assess at home or a telehealth visit early in your postpartum period. Additionally, I recommended preparing for the postpartum period by gathering more support through partners, doulas, and chosen family.

Unique Factors That Affect Specific People Or Groups Within This Experience

Situational Awareness

We still don't understand why, but Black women receive diagnoses of fibroids roughly three times as frequently as white women. They also experience more severe symptoms and start to develop them earlier (in their 20s versus 30s for white women), and their fibroids tend to be larger and more numerous. We don't fully know what causes fibroids or why they're more prevalent among Black women, though research suggests that stress may be associated with an increased fibroid risk.

Most women with fibroids will experience little to no effect during their pregnancy. However, up to one third of women with fibroids may experience some increased risks and complications during their pregnancy and birth.[6] If you've been diagnosed with fibroids in the past, it's another component to consider in your care plan.

Here are factors to consider and discuss with your care provider if you've been told you have fibroids:

Fetal growth restriction, or intrauterine growth restriction (IUGR), is when the baby's whole body, or part of the baby's body, is measuring significantly smaller than expected for its gestational age. Larger fibroids have been associated with babies being born smaller than average at birth.

The presence of multiple fibroids, or fibroids greater than 5 cm, is also linked to higher incidence of preterm birth (when a baby is born earlier than 37 weeks).[7] If the fibroid is

located near or behind the placenta, there's an increased risk of bleeding during pregnancy and/or placental abruption, which is when the placenta partially or completely separates from the uterine wall before the baby is born, causing either concealed or visible bleeding.

It's important to know that birthing people with fibroids are 6 times more likely to need a cesarean birth. This can be due to multiple factors, like a fibroid blocking the birth canal, or the baby being in a breech position, which is when the presenting part of the baby is anything other than the head. A baby might not be in the optimal head-down birthing position because the presence and size of the fibroids can prevent the baby from turning its head down.

The presence and location of a fibroid can double the chance of having a miscarriage. A fibroid within the lining of the uterus can affect implantation of the fertilized egg or implantation of the placenta, which could lead to miscarriage.[6]

Finally, excessive bleeding in the postpartum period is called a postpartum hemorrhage. Fibroids larger than 3 cm have been associated with more bleeding after the baby is born.[7] This is because the size of the fibroid can prevent the uterus from creating the contractions needed to stop postpartum bleeding.

Here are more resources on this topic if you'd like to continue learning about how to support yourself and those in your community:

Black Women Are Hit Hardest by Fibroid Tumors (www.nytimes.com/2020/04/15/parenting/fertility/black-women-uterine-fibroids.html)

The Burden of Uterine Fibroids for African-American Women: Results of a National Survey (www.ncbi.nlm.nih.gov/pmc/articles/PMC3787340)

Understanding racial disparities for women with uterine fibroids (ihpi.umich.edu/news/understanding-racial-disparities-women-uterine-fibroids)

How You Can Take Care Of Yourself Physically, Emotionally, & Spiritually Inside Of This Experience

Self Care

Fighting to feel safe is hard work. It can be exhausting to advocate for your own medical care and wellbeing. It's important to engage with your care team and community so you can feel supported in the process. Carve out time to care for yourself physically, emotionally, and spiritually as you navigate pregnancy, birth, and postpartum.

A few self-care tools you can try:

- Bodywork/Massage
- Acupuncture
- Warm baths
- Talk therapy
- Create a deep care team, with multiple layers of support.
- Switch providers, if necessary.

Where We Found Our Information On This Experience

References

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Anti-Racist Prenatal & Postnatal Care Preferences

These care preferences were created to address the impact of racism on my care as a pregnant Black woman/person. As my care provider, these are ways for you to support me and make me feel safe.

IN PREGNANCY

- Educate me about the symptoms of preeclampsia from the beginning of pregnancy.
- Actively listen to me and confirm that you will take my report of any symptoms seriously.
- Closely monitor my blood pressure and heart disease risk factors throughout my pregnancy. If possible or needed, recommend or prescribe a home blood pressure cuff.
- Make space for my friends and family members I'd like to include in my care process. Please do not make assumptions about my family system or relationships.

IN LABOR AND BIRTH

- Allow me the opportunity to have my partner, chosen family and/or doula with me because continuous labor support has been shown to shorten labor, increase likelihood of vaginal birth, and make the birthing experience better.
- Make space for my cultural beliefs and ask me how you can support them.
- Help me plan to manage pain, since pain is often undertreated in Black women and reminding everyone on my medical team (nurses, residents, anesthesiologists, etc) of this fact.
- Allow me the opportunity to labor in whatever positions I choose as long as they are safe for me and my baby.
- Always ask for permission before any vaginal examinations or interventions are performed.
- If a cesarean birth is recommended, explain to me why and what happens if I choose not to.

DURING POSTPARTUM

- Support me in keeping my baby with me throughout our hospital stay.
- Discuss the postpartum symptoms that would be concerning and when I should contact you.
- Provide the best contact numbers for you or another provider if I am worried about my mental health.
- Plan an early visit with you, maybe by phone or Telemedicine.
- Create a culturally sensitive breastfeeding and/or chestfeeding support plan.
- Support me to take leave from work and space for adequate rest.

① These preferences were co-created by Erica Chidi and Dr. Erica Cahill for LOOM. ②LOOM is wellbeing platform platform empowering women through sexual and reproductive health education. ③Erica Chidi is co-founder and CEO of LOOM and Dr. Erica Cahill is a clinical assistant professor of Obstetrics and Gynecology at Stanford University, where she practices and teaches. ④These preferences were first cited in New York Times article, "Protecting Your Birth: A Guide For Black Mothers."