SAVING THE LIVES OF MOMS AND BABIES:

ADDRESSING RACISM AND SOCIOECONOMIC INFLUENCERS

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The United States has the worst maternal health outcomes among high-income nations – despite spending $111 billion[1] yearly on maternal and infant care. People of color, particularly Black and Indigenous birthing people[†] and parents, bear the brunt of this fundamental failing. Today, there is more recognition than ever of the influence of structural forces on maternal and infant health and a heightened willingness to address those factors in a meaningful way. We cannot afford to waste this opportunity.

Reproductive justice leaders, community-based organizations, advocates, and decisionmakers have been working together to respond to the mounting public demand for concrete solutions to address the Black maternal health crisis – even before the multiple crises of the COVID-19 pandemic, a crumbling economy, and the escalation of ongoing racial violence. Now, as decisionmakers work to rebuild a better healthcare system, a better economy, and a better nation, the needs of Black, Indigenous, and other mothers and babies of color must be placed front and center.

While there is an unprecedented interest in combating the maternal health crisis, key strategies remain largely overlooked, including addressing structurally based inequities in unmet social needs, and working to dismantle the racism and misogyny that drives them. Yes, we must continue the work of ensuring that maternity care is truly equitable, accessible, respectful, safe, effective, and affordable, but this can only take us so far. Attaining optimal and equitable outcomes that all birthing people and babies deserve – and that our nation's shared prosperity demands – our strategies must include addressing these fundamental structural drivers that undermine our health.

This series was created to provide decisionmakers with a better understanding of how different socioeconomic needs, which are driven by racism and other structural inequities, affect the health of pregnant people and their infants, and to provide concrete recommendations about how to address these needs. We must use this historic moment to advance the comprehensive policies needed so we can all thrive.

† We recognize and respect that pregnant, birthing, postpartum, and parenting people have a range of gender identities, and do not always identify as "women" or "mothers." In recognition of the diversity of identities, this series prioritizes the use of non-gendered language where possible.

THE COVID-19 PANDEMIC HIGHLIGHTS HOW RACISM AND OTHER STRUCTURAL INEQUITIES SHAPE THE SOCIAL INFLUENCERS OF HEALTH

The ongoing COVID-19 pandemic's devastating effects on communities of color and people with low incomes have surfaced for the general public the harsh truths that these communities have known for generations: that their opportunities to be healthy and thrive are severely constrained by socioeconomic structural factors beyond their control that are deeply rooted in racism. Black, Indigenous, Latinx,†† Asian American, and Pacific Islanders have all suffered disproportionately from infection, hospitalization, and/or death due to COVID-19.[2] In addition, anti-Black and anti-Asian sentiments have fueled increased harassment and violence against these communities since the public health crisis began in March 2020.[3]

There is nothing inherently different about communities of color that explain these devastating outcomes. Rather, these inequities are the foreseeable consequences of historic and ongoing structural racism that have fed the social and economic factors that increase their risk of illness and death.

For example, people of color are more likely to be essential workers and have jobs that are not amenable to working from home, heightening their exposure to the virus.[4] At the same time, they are least likely to have access to paid leave or health insurance, making it harder to manage their health and to self-quarantine if required.[5] Communities of color are also the hardest hit by the pandemic's unemployment crisis,[6] which exacerbates their disproportionately high poverty rates.[7] On top of that, the diminishing affordable housing market and increased income inequalities have worsened housing instability in communities of color.[8] This has, in turn, increased the risk of homelessness, making it extremely difficult to adhere to stay-at-home orders. Structures of disadvantage rooted in racism and misogyny underlie all of these factors.

These structural inequities can have an outsize impact on pregnant and birthing people. Pregnancy and childbirth can be extremely challenging, both physically and emotionally, even in the best of times. It is even more so for Black, Indigenous, and other people of color, who face an extraordinarily high risk of complications and death. The global pandemic has exacerbated these

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†† To be more inclusive of diverse gender identities this bulletin uses "Latinx" to describe people who trace their roots to Latin America, except where the research uses "Latino/a" or "Hispanic," to ensure fidelity to the data.

challenges and risks. Stay-at-home orders and the need for social distancing have increased isolation at a time when many pregnant people feel especially vulnerable and need social support. Fear of contracting COVID, especially at a hospital during labor and delivery, adds another level of concern, especially for birthing people of color who face the dual risk of worse outcomes for pregnancy and COVID. New infection control policies in medical offices and hospitals have further isolated birthing people. In some cases, people were left to give birth without any trusted person by their side to support them.[9] Not having a trustworthy, emotionally supportive advocate during labor and delivery (whether a loved one or a doula) increases stress and anxiety during what is often an already nerve-racking experience, which in turn elevates the risk of complications for both mom and baby.[10]

The pandemic has highlighted, in sharp relief, the breadth and depth of the structural inequities that constrain opportunities and intensify risks for Black, Indigenous, Latinx, Asian American, and Pacific Islanders, at an unconscionable cost of poorer health and shorter lives.

CRAFTING SOLUTIONS TO THE MATERNAL HEALTH CRISIS REQUIRES UNDERSTANDING THE DRIVERS OF HEALTH INEQUITIES

The maternity care system fails all pregnant and birthing people in the United States – but some more than others. This is why solutions to the maternal and infant health crisis must be rooted in a robust understanding of the multiple, intersecting structural and social factors that drive these avoidable inequities and unnecessary and unconscionable suffering and death – including racism. It is imperative that we use frameworks that are holistic, intersectional, and just.

Our political, economic, justice, and cultural systems create systems of oppression based on racism, misogyny, xenophobia, and classism that directly impact maternal and infant health. Racist policies have perpetuated structural forces that created and sustain inequitable systems of housing, food stability, education, health care, and safety. These and other factors are determinants of health associated with poor maternal health outcomes that birthing people of color experience.

Black and Indigenous pregnant and birthing people are particularly vulnerable because of a combination of factors spanning health care access and quality and broader structural inequities that produce adverse social determinants of health. Concretely, they are more likely to live in maternity care deserts[11] and have difficulty accessing comprehensive reproductive health care services,[12] while experiencing racist discrimination in the health care system.[13] The interplay of racist discrimination in the health care system and the structural racism and discrimination faced by people of color in the United States more broadly has manifested in not only poorer birth outcomes, but also an increasing sense of mistrust of the medicalized health care community.

There is a long and painful history of eugenics and systemic manipulation in Black, brown, and Indigenous communities as well as continued mistreatment.[14] Distinctively, maternal morbidity and mortality rates in the United States highlight how systematic racism harms Black women. Protecting Indigenous infants and birthing people is especially challenging because of a lack of consistent, disaggregated data.[†††] In addition, the Indian Health Service, which holds the United States' treaty responsibilities to provide for the health of American Indian and Alaska Native people,[15] is chronically underfunded and often cannot provide needed services.16

Effective solutions will require approaches that understand and embrace the complexity of these inequities and their root causes. The analysis, development, implementation, and evaluation of new policies must be grounded in reproductive justice, which values the collective power of community-based leaders and community-centered policy and programmatic solutions. Using systems-level analysis will allow for a more robust understanding of the interlocking systems of oppression by examining the ramifications of historic and contemporary inequitable public policies and how they produce disparate maternal and infant health outcomes. Employing an intersectional approach creates a framework to factor in more than one axis of lived experience including race, class, gender identity, geographic location, sexual orientation and other status characteristics into diagnosing the multiple barriers people face and crafting more effective, tailored solutions. Only by approaching this work holistically will we be able to begin addressing the historical systems of oppression that have undermined maternal health both within the traditional health care system and beyond it.

IT'S TIME FOR IMMEDIATE SOLUTIONS TO ADDRESS SOCIAL AND ECONOMIC DRIVERS IMPACTING MATERNAL AND INFANT HEALTH

The pandemic has shown the country that people of color are the backbone of our economy and drive our prosperity. As we work together to rebuild our health care systems, our communities, and our broader economy, we cannot simply return to a "normal" composed of structures and policies that disadvantage communities of color. On the contrary, we need new policies and structures to dismantle inequities and affirmatively strengthen the factors that contribute to the health and well-being of mothers and infants, especially those from Black, Indigenous, and other communities of color.

This series identifies concrete ways to improve maternal and infant health by addressing 10 closely interrelated factors that directly influence the health of pregnant and parenting people and their infants. We identified these topics based on their urgency, the strength of the evidence

††† The lack of reliable and disaggregated data for Latinx and Asian American and Pacific Islander populations obscures maternal mortality and morbidity challenges some of their distinct communities face, such as Puerto Ricans and various groups of Asian Americans and Pacific Islanders.

linking structural and social influencers with maternal and infant health, and their disproportionate impact on Black, Indigenous, and other people of color. We began with available and up-to-date systematic reviews of the effects of specific social factors on maternal and infant health, but did not limit ourselves to these studies. Some of the most important factors did not have systematic reviews available, due to the biases still prevalent in scientific research. Moreover, we had to supplement systematic reviews with other reliable sources as a result of the persistent lack of racially and ethnically disaggregated data.

Women and families are being harmed by the policy decisions driving **climate change**, unhealthy **built environments**, and racist and xenophobic **immigration** policies. Lack of **paid leave** and **housing instability** are emblematic of economic structures that drive inequality. These and other social influencers of health interact to undermine **mental health**, fuel **substance use disorders**, and exacerbate the prevalence and harm of **intimate partner violence**. The over-policing and mass **incarceration** of communities of color are a direct result of many interacting social and economic factors rooted in structural racism. And no analysis would be complete without recognizing and understanding the physiological impacts of the toxic stress of **racism** that make being a person of color in the United States literally hazardous to one's health.

Though the chosen influencers may be topics with the most robust evidence, these are only a few of the many social, political, and economic factors that make it difficult for birthing people of color to thrive in our country.

THE OPPORTUNITY: WE CAN ACHIEVE EQUITABLE, OPTIMAL MATERNAL AND INFANT HEALTH

Inequities in maternal health outcomes are a manifestation of racism in our society. The ongoing maternal health crisis, which disproportionately affects Black, brown and Indigenous people, can be solved given the right tools, resources, and support. Decisionmakers must commit to improving maternal and infant health outcomes by addressing the structural and social determinants of health within a reproductive justice framework. The country is currently ripe with the opportunity to undergo a structural overhaul of the maternity care system and fix the entrenched racial, ethnic, and gender inequities that drive the crisis. Now is the moment to correct past and ongoing wrongs and to catch up to the higher standards set by our global counterparts to better achieve birth equity.

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