

# COVID-19 is a Great Opportunity for Black Women to Reconsider Hospital Birth

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“It’s been a four-year journey for us,” Bree Barry says during in an interview featured in the second installment of an ABC news series called *The COVID-19 Diaries*. “We knew right away [that we were pregnant]. I was hesitant and like, wanted to wait a little before celebrating, then lo and behold, corona happened.” (“Expecting during the unexpected: Pregnancy during the coronavirus crisis — COVID-19 Diaries”, 2020)

Barry’s story stands out from the other women interviewed for the segment. A registered nurse by trade, she tells the other women and the listening audience not to be fearful of COVID-19 during pregnancy. I want to believe her. She is a nurse after all. She is also a Black woman. I listen to the confidence in her voice and wonder: *Is she aware of the statistics of Black women dying during pregnancy? Is it time for Black women to reconsider hospital birth?* Hospital births for Black women were perilous before COVID-19 (<https://www.nationalpartnership.org/our-work/health/reports/black-womens-maternal-health.html>) – now they may be more dangerous than ever – particularly because of COVID-19’s disparate impact in Black communities (Brantley et al., 2020). That clearly sets the stage for the call for midwifery over hospital births. As a public health practitioner that has extensively researched maternal mortality among Black women in the United States, I believe now is a great opportunity to entertain the thought of alternative birthing practices.

The United States does not have the best track record when it comes to birth outcomes (“Black Women’s Maternal Health:”, 2020). Among all rich nations, the U.S. is dead last in terms of lowest maternal deaths. In fact, the United States is the only developed nation in which the rate of women dying due to pregnancy complications has actually been *increasing* (<https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm>) over the past 30 years (“Pregnancy Mortality Surveillance System | Maternal and Infant Health | CDC”, 2020). The United States healthcare non-system is responsible for many of these maternal deaths; deaths that could have been prevented through early and affordable access to care (MacDorman et al., 2016), any meaningful effort to provide quality care to expecting mothers in rural America, (March of Dimes, 2020) and healthcare providers taking women’s concerns about their health and their bodies seriously. Furthermore, racial disparities within the U.S. are starkly much more disappointing, yet somehow sadly expected (Martin & Montagne, 2020)

Black women in the United States are more than three times more likely to die due to pregnancy related complications than white women, regardless of health insurance status, educational attainment, or income (Peterson et al., 2020). It doesn’t matter if you are Beyoncé, Serena Williams, or a young Black woman writing an op-ed (like me) all statistics point to the same awful conclusion, Blackness (or anti-Blackness) is a risk factor for maternal death (Grey, 2020).

The mother of this high death toll is racism; more specifically, the physiological and physical toll that racism in all aspects of society take on Black women- from single motherhood due to high Black male incarceration rates (“Criminal Justice Facts | The Sentencing Project”, 2020) and police genocide (<https://www.jstor.org/stable/23884868?seq=1>) (Jennings, 2011), to dealing with bias from health care professionals, by the time a Black woman is ready to try for a baby, she is already at a greater health risk (Hall et al., 2015). Researchers at the Harvard School of Public Health coined the term “weathering effect” to describe the allostatic load too many Black women face that have negative and sometimes fatal consequences for their health (Roeder, 2020). COVID-19 offers a unique opportunity to Black women to embrace out-of-hospital birthing methods and midwifery care in a way that recent times have not afforded.

Midwifery is nothing new to the Black community. It is a sacred practice spanning thousands of years (Shewamene et al., 2017). In fact, most births in rural regions of West African countries still have midwives as the primary care provider. When West Africans were forced into slavery by Europeans in the Americas, midwifery practices continued, usually with one or two midwives responsible for the delivery of all the babies born on the plantation (Luke, n.d. 2018). Midwives are a constant presence throughout the pregnancy journey, as are doulas, who offer support, encouragement, and advocacy to expecting mothers (Hogan, 2020). Research has shown that women who plan and go through with a home birth have similar if not better outcomes in terms of health (Homer et al., 2019). Mothers who deliver at home also have significantly less medical intervention than mothers who deliver in hospitals (Janssen et al., 2009).

In a time when most physicians are communicating to their pregnant patients virtually and hospitals are only allowing one other person in the delivery room with the expecting mother, returning to midwifery, even for a short time, may be beneficial for Black women. Black women can deliver in the peace and comfort of their own home, surrounded by family members and friends instead of machines, without a crowd of white doctors and nurses talking down to them about what's happening in their own body or ignoring their valid feelings of pain and discomfort. Considering the immoral treatment of Black women in medicine, many Black women may feel like an unwanted guest at their own party, while birthing at home makes them the host.

Giving birth is already a stressful experience for many. Giving birth during a global pandemic can be terrifying, and giving birth during a global pandemic when you are statistically more likely to die during labor is unthinkable. Black women, consider this an opportunity to explore alternative birthing options, options that make your health and your body the priority it should always be. As for the rest of us, let us take this time in quarantine to remember all of our amazing healthcare providers, and actively urge the system they are part of to work just as hard for Black women and mothers.

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