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Birthing While Black: Examining America's Black Maternal Health Crisis

Testimony: Carmen Mojica

My name is Carmen Mojica. I am a Black Dominican woman born and raised in the Bronx. I am a certified professional midwife, human rights activist with a focus on reproductive and birth justice, educator, author, and mother. The focus of my work is on the empowerment of women and people of the African Diaspora. I utilize my experience as a midwife to raise awareness on maternal and infant health for women, highlighting the disparities in the healthcare system in the United States for women of color. I am one of the co-creators of Bronx (Re)Birth and Progress Collective, a group of Black mothers, doulas, and organizers who aim to build alternate solutions outside of the system that protect and honor birthing people in the Bronx and their families.

The subject of this testimony is on the Black Maternal Health crisis and a description of my work in the community as a birth companion (also known as a doula), midwife, community health work, and what I have witnessed.

In New York City currently, Black women are eight times more likely to die in childbirth than their White counterparts. This is sobering considering that nationwide the average is 3-4 times more likely. For my particular neighborhood of Parkchester and Soundview, which is Bronx Community District 9 and part of congresswoman Alexandria Ocasio Cortes' district, I would like to give context on what I witness locally and summarize significant data from Data USA and the New York City Department of Health and Mental Hygiene's Community Health Profile in 2018.

In 2018, Bronx County had a population of 1.43 million people. The five largest ethnic groups in Bronx County, NY are Hispanic (32.4%), Black or African American (28.9%), White Hispanic (13.5%), White (8.93%), and Black or African American Hispanic (6.66%). 59% of the households in Bronx County, NY speak a non-English language at home as their primary language, and 82.6% of the residents in Bronx County, NY are U.S. citizens. 91.8% of the population of Bronx County, NY has health coverage, with 42% on Medicaid. The second-highest rate of NYC severe maternal mortality and morbidity is in the South Bronx. The Bronx overall also has high rates of late or no prenatal care and preterm birth.

According to the New York City Department of Health and Mental Hygiene's Community Health Profile, 26% of the residents in my community district live in poverty, compared with 20% of NYC residents. Access to affordable housing and employment opportunities with fair wages and benefits are also closely associated with good health. Parkchester and Soundview's unemployment rate is higher than the citywide average of 9%.

It is important to start here because this aforementioned crisis does not exist in a vacuum locally for me. The Bronx overall health factors affecting the borough remain the highest in all 62 New York State counties, according to research by the Robert Wood Johnson Foundation and the University of Wisconsin in the 2019 County Health Ranking & Roadmap. What then happens is

that specifically for Black and also Latino pregnant individuals, the unstable nature of poverty and the lack of access to nutritious fresh food, stable housing, freedom from poverty-instigated violence in the community as well as state and law enforcement violence, and culturally sensitive, human-centered maternal health care contributes to why this crisis persists.

In my work, I have witnessed this data in real-time and how these factors continue to affect the outcomes for expecting families. I have seen how hard it is to be pregnant and also be homeless living in a shelter, having no work or low-paying jobs, and the stress of poverty. Especially during the time I spent working at a federally qualified health center as a maternal health community health worker, my caseload was full of stories of women who were recent immigrants to this country and were non-English monolingual speakers. I gave referrals not just to prenatal care but also English language acquisition classes, job fairs, immigration services, childcare vouchers, mental health services, food pantries, clothing, and essential good donation. Accompanying pregnant women as well as women with small children to their appointments, listening to their struggles living in poverty, and facing discrimination as well as xenophobia confirmed much of what I personally have always known living in the Bronx.

In my time as a birth companion at hospitals, I have seen doctors and hospital staff be disrespectful to women in labor in truly appalling ways. From ignoring requests to have vomit cleaned up, forcing invasive procedures in the midst of labor contractions, not being listened to by maternal health providers, being threatened with child protective services for declining procedures and vaccinations, and lack of access to education, maternal health professionals like midwives, doulas, and lactation consultants, it has been heartbreaking to see some of this persist despite my efforts with my individual clients to share evidence-based information and give them the best options available.

As a midwife, I would like to focus on how this lack of access to professionals, information, and birth location options impacts women in the Bronx. There has been a great focus on doulas as being able to help solve this crisis. Midwives becoming more prominent and an integral part of maternal health care in this country, as well as the Bronx, can and will change the outcomes we are seeing as well as save lives. I will say about the Bronx that the hospitals that have midwifery practices, North Central Bronx Hospital (NCBH) and Jacobi Medical Center, have a little over half of the births with midwives.

I exclusively serve as a birth companion when it will be at NCBH because I can trust that my colleagues will do all they can to provide my clients with respectful and evidence-based care. During my pregnancy, I received care at NCBH and was able to have an hour-long visit, which is a sharp contrast from the 15-minute visits that women normally have with other maternal health providers in my community. Midwives have longer visits with their clients because they cover more than just checking a mother's vitals and listening to the fetal heart tones. We are more often than not taking time to answer questions, get to know our clients on a deeper level and provide more in-depth education than the handouts that are given at other prenatal visits. This is part of the Midwifery Model of Care which was defined by the Midwives Alliance of North America as "a fundamentally different approach to pregnancy and childbirth than contemporary

obstetrics. Midwifery care is uniquely nurturing, hands-on care before, during, and after birth. Midwives are health care professionals specializing in pregnancy and childbirth who develop a trusting relationship with their clients, which results in confident, supported labor and birth”.

My client base is exclusively Black and Latina women. I can say with certainty that there is each woman I have supported has been impacted by all of these aforementioned statistics and what is typically known as social determinants of health. I have gratefully not witnessed maternal mortality but have seen much of what the national conversation on Black maternal health has been. It is why I have worked with the New York City Department of Health and Mental Hygiene’s Bureau of Maternal, Infant, and Reproductive Health on their efforts to address this problem on a citywide level.

I wish I could share more intimate details of what I have seen and the stories I’ve heard. I will say that this crisis is very much real and my fellow advocates are working around the clock to minimize the impact of a sorely lacking maternal healthcare system. Thank you for your time.