Dear Chairwoman Maloney, Hearing Co-chair Kelly, distinguished members of the committee and guest,

Thank you for conducting this hearing on Birthing While Black. As an organization of Black mothers and advocates of birthing people Mothering Justice knows this issue has not been given the attention it needs. We are hopeful that this will help us to look deeply into the historical and structural factors that are leading to the loss of our loved ones.

Black maternal and infant death rates force us to acknowledge that bias isn’t simply wrong, it’s deadly, but we have the opportunity to increase the probability of life for Black babies and decrease the fear of death from pregnant black women, if we choose to commit to long term solutions.

The Center for Disease Control reports that Black women are 3.3 times more likely than white women to suffer a pregnancy-related death. They also report a greater proportion of the deaths among Black women occurred in the later postpartum period, between seven weeks and a year after the delivery, compared with white women.

Researchers and medical professionals wanting to understand and combat these statistics focused on the environment of the mother and child, education and class level, health, age, hospital access and general health of mothers. What they learned was none of these factors were the cause. Black women's maternal and infant death rates were a result of medical staff ignoring the pain and concerns of black women. During labor and after.

Black women are dying from pregnancy related complications because their concerns aren’t being taken seriously by medical professionals. Also because they are often sent home from hospitals too early their overall health can be affected in detrimental ways.

Some 700 deaths related to pregnancy occur each year, while there are 3.8 million births. The figure for African-American women is 42.8 for every 100,000 live births, and for Native American/Alaska Native women, 32.5. While 13 white women die for every 100,000 live births, the rate for Hispanic women is even lower: 11.4.
Our work always aims to be an all inclusive approach, because every birthing person deserves exceptional care, we do this by centering Black birthing people and babies.

Our time in the community has produced dozens of heart-breaking stories. Women who were told they shouldn’t be having any more children because they were poor, new mothers have told horrifying stories about doctors dismissing acute pain, or being yelled at and demeaned because they cried and screamed during childbirth. Story after story filled with trauma instead of joy. Black mamas are constantly surviving the emotional; physical and mental weathering of the multi oppressive impact of racism and sexism while attempting to receive medical care.

Researchers have explained that structural racism directly impacts health through individually mediated (eg, stress response and related physiological processes) pathways and adversely affects health by increasing a person’s exposure to social structures that are detrimental to mental and physical health.

• We need a stronger focus on reducing racial bias in hospital settings.

• We need universal access to midwives, doula services and lactation consultants for every birthing person

• We need national paid family leave to close the racial and ethnic disparities in access to leave benefits

Our approach needs to be as intersectional as the problem. Because the Black maternal health crisis is not only in hospitals, but it is also in prisons, and woven through workplace policies. Instead of looking at charts and monitors we need to look at the big picture and how the pattern of racism is sewn into marginalized communities. The reconstruction of our economic infrastructure is both pressing and urgent if we ever want to live the values we say this country was founded on.

Thank you for your time and commitment to all birthing people and their future families.

Joining you in action,

Danielle Atkinson, Founding Director
Mothering Justice